TOBACCO CONTROL POLICY IN THE UK

INTRODUCTION

Tobacco use majorly in the form of smoking is one of the leading causes of lung cancer and death globally. According to studies, 15% of all types of cancer are caused due to smoking, and this proportion is higher in men than women due to the higher tendency in men to be a smoker (Jha et al., 2006). This trend is mostly seen in higher-income countries as compared to lower–income countries where women are comparatively fewer smokers (Kuper et al., 2002). Smoking is still one of the major causes of morbidity and mortality in the UK, which can certainly be avoided. The burdened cost of smoking according to the National Health Service (NHS) in England in 1996 an estimated £1.4-£1.7 billion. It was estimated to be £ 1 billion in 2006 and £2.7 billion in medical expenses (Callum et al., 2011). Hence, it is one of the health emergencies that need to be controlled, and several policies have been introduced in this regard to bring about a decline in smoking and tobacco use in other forms also. Some of the previous policies include A Tobacco Control Plan for England, 2011; a Smoke-Free Future, 2010; smoking Kills, 1998. The current applicable policy is Smoke-Free generation: Tobacco Control Plan for England 2017. In this essay, we will be analyzing and evaluating the Smoke-Free Generation plan.

POLICY EXPLANATION – SMOKE-FREE GENERATION (2017) UK

Smoking is one of the preventable causes of premature deaths in the UK and needs to be controlled. The trend in smoking had declined as compared to 1972 when half of the adult population in the UK was a smoker, but in the next two decades, the trend declined, and it came down to one-third due to several efforts by the Government such as publicity campaign to bring attitudinal change, increase in taxation, smoking cessation service and investment in custom to prevent tobacco smuggling (Simpson et al., 2010). Tobacco consumption caused 125,000 deaths in 2019 and estimated 55,000 deaths due to cancer (Brown et al., 2018). The reduction in smoking trend is appreciable but is not enough, as still 200 deaths every day are being caused due to smoking, 8% of 15-year-old kids still smoke, and 10% of pregnant women still smoke. Smoking rates are high among underprivileged people who already suffer from poor health and co-morbidities. Smoking is killing poor people at a much higher rate, as much as 9% more than rich people (Allen et al., 2016). The Government has laid out the smoke-free generation – tobacco control policy. The national ambition is to create a smoke-free generation. The policy aims at reducing smoking below 5%, to reduce the prevalence of 15-year-old smokers from 8% to 3% or below, and in adults' reduction from 15.5% to 12%. The reduction of smoking in adults from 15.5% to 12% or below is the policy (ASH,2017). The inequality gap in smoking that exists between individuals working in routine and manual occupations and the general population is to be reduced. Smoking is injurious to the health of all individuals. However, for pregnant ladies, it carries an

increased risk as the unborn child will also be harmed as it compromises the local and systemic immune response, which leads to severe consequences in pregnancy. Lower maternal weight gain, low birth weight, and compromised fetal neurological birth development are some of the major health concerns associated with pregnancy smoking (Kataoka et al., 2018). The policy also aims at providing equal priority to individuals with mental health illnesses at par with individuals without it; to achieve this, the policy aims at making all the mental health inpatient sites smoke-free area by 2018 and to collect data on smoking and mental health to support the individuals to quit smoking as the trend shows that individuals with mental health illness tend to rely on smoking to be relieved more (Taylor et al., 2021). The policy also aims at making evidence-based innovations by looking for safer alternatives and by finding innovative technological advancements that help in lessening the harmful impact associated with smoking. To achieve these aims, the plan of action is divided into four segments consisting of the first action, which is the prevention itself; the second action is to provide support to smokers to be able to quit it; and the third is to be able to eliminate variations in smoking rates and to maintain high duty rates to make tobacco unaffordable for most of the public. The policy also plans to stop illicit tobacco (ASH,2017) (Global and Public Health,2017).

ETHICAL FRAMEWORK:

Although medicine and healthcare have been practiced throughout human civilization, public healthcare, as a discipline with organized systems to run it, evolved in the last hundred years. When healthcare is considered for the public, there is always a possibility that the policies are intrusive for a certain section of the population. The question of how much healthcare policies can infringe on individual rights gives rise to the scope of ethics in public healthcare. Every public healthcare policy must be evaluated through proper ethical guidelines because of the moral complexity of policies. It should be noted that ethical guidelines for public health should be different from medical ethics. Public health ethical guidelines need to prefer the greater good over individual privacy. For instance, a doctor may need to inform the Government of a certain patient's illness to restrict a pandemic. Here, physician-patient privacy is breached for the safety of the public. In this article, we will be using the Kass ethical framework, which is a six-step analytical tool for the evaluation of public health policies in terms of ethical conduct(Kass, 2001).

The first step of screening a health policy should be based on the primary goal of the policy. The final goal has to be mentioned in terms of the reduction of morbidity and mortality in the targeted population. The process goals or intermediary goals can be something other. For instance, the decrease in the sale of tobacco after an advertisement campaign on ill-effects of tobacco usage, but the final goal should be a reduction of mortality from tobacco abuse-related diseases such as chronic

bronchitis. Then comes the evaluation of the effectiveness of the policy in achieving those goals. The steps of the policy are judged by the data already present in the literature (Kass, 2001). If sufficient data can back up the assumption of the success of the policy, one needs to move on to the third step of the ethical framework. At this stage, the potential burdens of the policy are assessed. The burdens are generally privacy or confidentiality of the individuals, the autonomy of decision-making by the public, or health risk in case of a new drug trial. Only a favorable risk-to-benefit ratio should be an incentive enough to carry on with the policy. In the fourth point, we try to minimize this burden(Kass, 2001). The best policy is that one which takes up the path that consists of the least amount of burden. Whenever more than one alternative is present, the path with the least threat to autonomy, justice, and privacy to the public must be inculcated (Kass, 2001). The fifth step deals with the fair distribution of benefits and burdens among the whole population, which is targeted for the policy. For instance, the data suggesting the male population is more prone to smoking should not influence a policy to overlook the female population when it comes to a study conducted on the injurious effects of smoking on public health. Smoking women are also prone to health issues. Finally, the sixth step considers the balance between benefits and burdens. Where the burden is higher, the benefit or the importance of the policy should be equally heightened(Kass, 2001).

APPLYING ETHICAL FRAMEWORK

We want to evaluate the policy "Smoke-free generation: tobacco control plan for England" under the ethical guidelines outlined by Nancy E. Kass. The first point is the evaluation of the goals of this policy. The objective includes reducing the smoking population of 15-year-olds from 8 to 3%. Reduce smoking among adults and pregnant women from 15.5% to 12% and 10.7% to 6%, respectively. It also had the objective of decreasing the gap in the number of smokers between the general population and manual workers (Global and Public Health,2017). The Kass framework asks for the goals to be directly related to the population's morbidity and mortality. Although the goals, reduction of different smoking sub-groups populations, are not directly linked to mortality, they are valid enough as smoking directly harms human health, especially pregnant women and their unborn children. The habit of smoking directly causes morbidity, such as heart disease, cancer, and COPD. According to Kass's framework, improvement of healthcare among hard-to-reach and neglected population is an extremely relevant public health goal; thus, targeting low-earning, disadvantaged manual workers to reduce their smoking is an important public health objective.

The policymakers used statistical data to identify that, generally, smokers start early at an impressionable age of 18. Most of the time, the young smoker is encouraged by an active smoker in the family. Thirdly, it has been observed that although tobacco is not allowed to be sold to kids below

18 years old, lapses are happening from the sellers who are selling tobacco to under-aged people. The policymakers suggested that they will be more stringent about the regulation of tobacco products and review sanctions to use law enforcement officers to act against tobacco sellers who are repeat offenders (Global and Public Health,2017). It is an effective tactic as the Government has the power to be strict in terms of tobacco sales to minors. A review by Kunst *et al.* shows a stronger implementation of the ban on tobacco sales decreases the access to tobacco to minors. (Nuyts et al., 2018). Thus the aim to achieve a reduced number of 15-year-old smokers can be achieved. The policy would like the increase taxation of cigarettes to decrease their usage. It is a well-tested strategy (Bader et al., 2011). WHO also recommends this strategy as the single most useful one (Organization, 2015)

There are certain potential burdens associated with this policy which include loss of autonomy and liberty of an individual amongst smokers as the tobacco curbing policies generally aim at banning the use of tobacco, and in the UK, the legislation has banned smoking in all public areas. It comes as a blow to individuals who are dependent on smoking heavily, and this policy may seem like an act of paternalism by liberal individuals. The concept of paternalism is categorized as soft or hard, and in this scenario, it may be seen as hard paternalism, which is subjecting smokers to the policies which impact their autonomy and liberty to smoke on the basis of the governmental judgment of the situation than themselves (Coggon, 2020). The plan aims to promote the quitting of smoking in individuals, and if the smokers choose to quit, they need to take professional help, but the policy lacks any detailing of maintaining the data of the smokers in confidentiality. Adolescent smokers tend to be reluctant to reveal their smoking habits and seek help due to the lack of confidentiality offered at well-care centers (Theis et al., 2019). Many mentally ill patients already feel reluctant and are emotionally vulnerable groups to help them open up about their addiction, and to take up the program offered at primary care centers offering confidentiality and privacy is a must.

To minimize the associated burdens with the tobacco policy, the Government can focus on increasing awareness regarding the reason why individuals take up smoking and by promoting a better lifestyle or lifestyle activities to be followed by the general public through mass media campaigns. As stress is one of the major reasons why individuals resort to smoking and some alternatives to reduce stress, such as yoga and physical activities, can be promoted via campaigns. The problem of autonomy needs to be addressed in tobacco laws, and that can be done by removing the blanket ban on smoking and rather encouraging individuals to shift to electronic cigarettes and nicotine-free chewing gums to be able to wean off the habit. The burden associated with confidentiality can be mitigated by providing tools that will help maintain the details of the smokers confidential in the screening and counseling centers for adolescents (Theis et al., 2019). Inserting promotional advertisements on cigarette packets

to use vaping products instead of using warnings which tends to stigmatize (Choi et al., 2021) smokers will be a more responsible move towards encouraging people to shift to a less harmful alternative.

The fifth basis of the policy evaluation is whether the policy is fairly implemented for populations of different sections of society or not. It also requires checking whether one section of society is burdened and other benefits from the policy or not. The policy of higher taxation on tobacco products apparently seems a good move, but it hurts the low-income manual working population who are prone to higher addiction to nicotine (Chaloupka et al., 2012). As they cannot get out of smoking instantaneously, the higher taxation will definitely hurt them economically. Using a vape is also difficult for them; thus, poor smoking populations will be burdened by the higher taxation policy. The policy implementation is unfair to young adults as banning them from buying the products may leave an impression on their mental health, and many of them tend to obtain tobacco products illegally. The lower-income group mothers are more prone to smoking during their pregnancy compared to mothers from the higher-income group (Ahmad and Billimek, 2007). The policy does not discriminate against pregnant women due to their social standards and income. Trusts and local councils impartially give them all support. Carbon monoxide level testing for pregnant women to check whether smoking or not is prevalent in all social groups(Bowden, 2019). However, these types of tests carry a certain risk to newborns, and other alternatives to them should be found.

The benefits and burdens of the program can be fairly balanced by incorporating suggestions and recommendations from various policymakers. The good that will be caused by the policy is certainly set to outweigh the harm caused, but certain modifications are needed from an ethical point of view. Providing smokers some alternatives to smoking is certainly a better option in the long run. The focus on prevention strategy should be strengthened as it will not only discourage budding smokers but will be a more economical approach also. The planning and implementation of the policy should be evidence-based, and hence more resources and funding should go into research to find out the vulnerable groups and to study the trend and factors regarding the trends in smoking more accurately and bias-free (Sanderson, 2002).

DISCUSSION

The policy of tobacco control in the UK has been evaluated using the KASS framework, and it was observed that the policy did meet a few of the criteria of the ethical framework but suffered from some drawbacks. The policy aims to reduce smoking in the adolescent population and pregnant women and also in mental health patients by 2022. The policy, however, aims to achieve its goal through prevention first, which is indeed a possible intervention to achieve its goal. But the burdens

associated with the policy implementation, such as loss of autonomy in decision-making regarding smoking, is a real problem, and banning smoking will not help in quitting

it. The lapse in maintaining a system that will ensure the confidentiality and privacy of those who seek help in quitting is missing from the policy. The policy aims to help quit smoking mentally ill patients, which is much more challenging as they are an emotionally vulnerable group. The problem of the policy implementation is also associated with high taxation of tobacco as the burnt will be born by the poor people who tend to smoke more, as per the statistical data. However, despite such lack, the implementation of the policy will bring in more good than harm as smoking is known to be the number one preventable cause of death worldwide, and thus the benefit from the policy will also save second-hand smokers. Some unintended harm, such as stigmatization of people who smoke, can be created. The policy is effective but needs proper fund allocation and some recommendations to revise the policy. Increasing the tobacco task is not a plausible option; rather, alternatives to smoking, such as vaping, and nicotine-free chewing gums, should be made more marketable and promoted through mass media campaigns to encourage people to shift to the healthier alternative of smoking. Lifestyle changes such as yoga and daily exercise should be promoted on a large scale to battle the common reason, which happens to be stress and anxiety in adults, due to which they resort to smoking.

CONCLUSION

The assignment aimed at evaluating the tobacco control policy of the UK – the smoke-free generation 2017 against the Kass framework. The policy was evaluated against all the six ethical determinants of the Kass framework, and it was found that the policy is mostly in alignment with the ethical framework but does suffer from minor falls such as lack of autonomy and lack of any privacy of data related to smokers or burden of high tax to poor people. Considering the major health harm that is associated with smoking, such as cancer, asthma, COPD, and cardiovascular disease, it can be said that if this policy effectively reduces the number of smokers in the UK, then the good caused due to this policy will outweigh the harm caused due to implementation of the policy. Although this policy is better in terms of the areas and groups it focuses on, such as pregnant women and mental health patients, it can bring a positive decline in smokers in the UK. A few recommendations, such as the promotion of alternatives to smoking, such as vaping, can be done instead of introducing a blanket ban on smoking or imposing high taxes on tobacco products.

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