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LETTER TO THE EDITOR

The tobacco endgame: the importance of targets and geography

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'Smoking is one of the leading causes of all statistics'
Liza Minnelli

The World Health Organization (World Health Organization, 2015) report 'Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past' (2015) sets a target of a minimum 30% relative reduction in the prevalence of current tobacco use in persons aged 15 years or over by 2025. This target is based on a baseline of smoking prevalence in 2010.

However, many countries have set much more ambitious targets, with a number having taken the denormalization of smoking philosophy so far that they have set national targets by which they aim to be smoke free. The apparent simplicity of this goal however is deceptive. Geography plays an important role in determining what exactly is meant by 'smoke free'. This term has very different meanings in different countries. For the sake of clarity, it is important to acknowledge first that, in terms of smoking targets at a national scale, for almost all countries smoke free does not actually mean free of tobacco smoke, i.e., a smoking prevalence of 0%, with the exception of Bhutan, which has banned the cultivation, harvesting, manufacturing and sale of tobacco (although even there, individuals can import it and then smoke it) (Royal Government of Bhutan 2010).

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Finland has set the most stringent criterion of a 2% smoking prevalence target by 2040 (Senthilingam 2017; WHO 2014). However, this working definition of 'smoke free' is not shared by many other countries. For example, 'smoke free' target rates of < 5% have been adopted by the Governments of Ireland (by 2025) (Irish Department of Health, 2013), New Zealand (by 2025) (Ministry of Health 2018), Scotland (by 2034) (The Scottish Government 2013) and Canada (by 2035) (Government of Canada 2017; Public Health Ontario 2017). It is interesting to note that the Canadian Public Health Association (CPHA) (2011) has advocated for a 'smoke free' target of < 1% by 2035.

From a public health perspective, the ideal target is undoubtedly a 0% prevalence of tobacco use. However, such differentiation in targets raises many questions. These include questions about success, SMART objectives (Fill 2009) and 'realpolitik'. What is success? It must be acknowledged that every percentage point decline in smoking prevalence is a 'silent victory' for public health (Ward 2007). It is perhaps enlightening to note the famous quotation by Otto von Bismarck that 'Politics is the art of the possible, the attainable'. The < 5% target adopted by countries such as New Zealand, Ireland, Canada and Scotland may be politically opportune and more achievable than the more exacting criteria adopted by Finland. Targets we are often told need to be SMART, that is specific, measurable, achievable, relevant and time delimited (Fill 2009).

A significant concern is that by setting a smoking prevalence target of 5% rather than 2%, we effectively abandon some of our most marginalized and excluded communities to tobacco-induced death and disability. After all, it is well known that increased smoking rates are common among more socio-economically deprived populations (European Commission 2014), those with mental health issues (HSE 2017), and the LGBTQ community (Lee et al., 2014).

A denormalization approach to smoking may have the unintended impact of 'othering' smokers. When this creation of an abnormal outgroup is combined with a target that is

successfully met at some point in the future, there may be little political will to support further efforts to extend tobacco control. Thus, a 5% target rather than a 2% target could also potentially, in time, result in more than a twofold tobacco-induced mortality differential between states such as Finland and those such as Canada, New Zealand or Ireland.

However, the unfortunate reality may be that discussions about the tobacco endgame are a moot point within the foreseeable future. It is clear that even the conservative targets adopted by New Zealand and Ireland for 2025 currently appear unobtainable within a 7-year time frame. The addictive nature of the product, combined with the ever-evolving challenge posed by 'Big Tobacco', appear to make this failure within such a short timeline a certainty, with re-assessments of these targets seeming inevitable. It is important that there be a clear and transparent dialogue about what really constitutes 'smoke free', what level of tobacco-induced mortality and morbidity is deemed acceptable, what is possible, and what steps governments are willing to take to meet their revised targets.

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