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# Freedom of choice and the tobacco endgame

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## Abstract

Endgame proposals strive for a tobacco-free (or at least cigarette-free) society. Some endgame proposals are radical and include, for example, a complete ban on cigarettes. Setting aside empirical worries, one worry is ethical: would such proposals not go too far in interfering with individual freedom? I argue that concerns around freedom do not speak against endgame proposals, including strong proposals such as a ban on cigarettes. I first argue that when balancing freedom with public health goals in tobacco control, the latter win out. But I also argue that, in principle, a concern with freedom itself already justifies endgame measures. First, such measures can increase people's lifetime freedom, that is, the freedom they have across their entire lives. Second, such measures can facilitate a better interpersonal distribution of freedom by increasing aggregate societal freedom and by reducing inequalities. Overall, freedom does not preclude strict tobacco control but supports it.

## KEYWORDS

autonomy, freedom, liberalism, paternalism, public health, tobacco control, tobacco endgame

## 1 | TOBACCO CONTROL AND FREEDOM

Smokers lose around 10 years in life expectancy.<sup>1</sup> An estimated one in two smokers die of smoking-related conditions, with an estimated eight million dying each year.<sup>2</sup> Yet tobacco control also offers tractable ways to save lives. If smokers quit early enough, their health and life expectancy can often recuperate. And tobacco control efforts in recent decades have shown that public policy can save many millions of lives.

Given its awesome potential to save lives, the case for (some form of) tobacco control seems largely settled. However, there is still disagreement about how far tobacco control should go. Recently,

so-called *endgame* proposals have received growing attention: rather than trying to reduce smoking, their aim is complete eradication or, depending on formulation, at least reducing smoking to very low numbers (at least below 5%). Endgame proposals include a complete ban on cigarettes,<sup>3</sup> a partial ban limited to those born after a certain year,<sup>4</sup> and proposals like a 'sinking lid' and others.<sup>5</sup> Some countries,

<sup>1</sup>Jha, P., Ramasundarahettige, C., Landsman, V., Rostron, B., Thun, M., Anderson, R. N., McAfee, T., & Peto, R. (2013). 21st-century hazards of smoking and benefits of cessation in the United States. *New England Journal of Medicine*, 368(4), 341–350. <https://doi.org/10.1056/NEJMsa1211128>

<sup>2</sup>WHO. (2020). *Tobacco fact sheet*. Retrieved October 15, 2021. <http://www.who.int/news-room/fact-sheets/detail/tobacco>

<sup>3</sup>Grill, K., & Voigt, K. (2016). The case for banning cigarettes. *Journal of Medical Ethics*, 42(5), 293–301. <https://doi.org/10.1136/medethics-2015-102682>; Conly, S. (2013). *Against autonomy: Justifying coercive paternalism*. Cambridge University Press; Proctor, R. N. (2013). Why ban the sale of cigarettes? The case for abolition. *Tobacco Control*, 22(Suppl 1), i27–i30. <https://doi.org/10.1136/tobaccocontrol-2012-050811>

<sup>4</sup>Berrick, A. J. (2013). The tobacco-free generation proposal. *Tobacco Control*, 22(Suppl 1), i22–i26. <https://doi.org/10.1136/tobaccocontrol-2012-050865>; Khoo, D., Chiam, Y., Ng, P., Berrick, A. J., & Koong, H. N. (2010). Phasing-out tobacco: Proposal to deny access to tobacco for those born from 2000. *Tobacco Control*, 19(5), 355–360. <https://doi.org/10.1136/tc.2009.031153>; Daynard, R. A. (2009). Doing the unthinkable (and saving millions of lives). *Tobacco Control*, 18(1), 2–3. <https://doi.org/10.1136/tc.2008.028308>

<sup>5</sup>Warner, K. E. (2013). An endgame for tobacco? *Tobacco Control*, 22(Suppl 1), i3–i5. <https://doi.org/10.1136/tobaccocontrol-2013-050989>; Malone, R. E. (2010). Imagining things

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like Finland, have publicly committed to the tobacco endgame. As the only country so far, Bhutan has even instituted a ban on sale of cigarettes—although, as I write this, they have paused the ban because of the ongoing Covid 19 pandemic. Of course, many empirical questions remain: do such proposals work? Do they lead to an unregulated black market that will, on balance, make things worse? I here do not engage with those questions. Rather, I respond to what I think is the central ethical worry: are radical policies, like a complete cigarette ban, not excessively paternalistic and violate respect for individual freedom?

In this article, I argue that a concern with freedom of choice does not speak against even the most radical endgame proposals, like a cigarette ban (conditional on such proposals being effective). Instead, a concern with freedom supports them. Among those measures, I mostly talk about a cigarette ban. For public health, cigarettes are by far the most common and harmful tobacco product. Moreover, a cigarette ban is the most radical proposal. But my argument is meant to apply more generally. If freedom justifies a complete ban, then it is easy to justify weaker endgame proposals too. And if freedom justifies endgame proposals, it is easy to justify weaker, 'standard' tobacco control proposals by extension.

There are three strategies to make that case.

First, you could point to *externalities*: of the eight million estimated deaths per year, an estimated 1.2 million die through second-hand smoke.<sup>6</sup> It is a common liberal idea that freedom of choice can be restricted to prevent harm to others. Given the vast harm to others, this argumentative strategy still leaves room for much stricter tobacco control. But it is not the argument I pursue here. I want to argue that even being mostly concerned with (potential) smokers themselves gives us sufficient freedom-based reason for endgame proposals.

Second, you could hold that something like a cigarette ban does reduce freedom but then argue that, on balance, a concern with freedom is overridden by other considerations. The public health effects of cigarettes are so detrimental that they override any concern with freedom. Of course, this argument has the difficulty that we lack a clear criterion of how to balance pro tanto concerns (where a concern is 'pro tanto' when it speaks for something but can be overridden by other concerns). But I show below that even without such a criterion, we can make the argument.

Third, you could hold that a concern with freedom of choice itself justifies endgame proposals. I present two sub-arguments to this effect. First, tobacco control can make people more free by increasing their lifetime freedom, that is their freedom aggregated across time. Call this the intrapersonal freedom argument. Second, strict tobacco control can bring about a better distribution of freedom between persons. Call this the interpersonal freedom argument.

Note that within the endgame discussion, there is some disagreement about whether electronic nicotine delivery systems (ENDS) or other forms of harm reduction products should form part of a strategy to move people away from combustible cigarettes or whether they are among the products to be eradicated. Apart from some comments, I here mostly bracket this issue, seeing as I do not have space to address the many empirical disagreements that run through this debate.

I proceed as follows. I introduce freedom of choice in Section 2, argue that public health concerns outweigh a concern with freedom in tobacco control in Section 3, defend the intrapersonal freedom argument in Section 4, and the interpersonal freedom argument in Section 5. I conclude in Section 6.

## 2 | FREEDOM OF CHOICE

Freedom is a rich value. We can distinguish at least the following dimensions:

*Psychological freedom*: (a) *Volitional autonomy*: people have volitional autonomy to the extent that they can pursue their conception of the good without being constrained by autonomy-reducing psychological forces such as addiction; (b) *rational agency*: people have rational agency to the extent that their decision-making capacities allow them to choose from external options in line with their preferences and/or conceptions of the good.

*Freedom of choice*: People are free to the extent that they have external options to choose from.

*Freedom as non-domination*: People are free to the extent that they are not subject to the dominating power of other agents.<sup>7</sup>

In this article, I am only concerned with the second dimension: freedom of choice. I make this restriction to have enough space to develop the arguments in detail, not because the other dimensions do not matter.<sup>8</sup> Freedom of choice is not about what people do or how they live but about the external options they have. The choice dimension is a central—although often insufficient—component for any person to lead an autonomous life.

But what is freedom of choice? Of the many theoretical discussions, let me highlight three issues that will be relevant later.

First, what obstacles to a person's actions are sources of unfreedom? Some theorists think only interpersonal constraints can reduce someone's

otherwise: New endgame ideas for tobacco control. *Tobacco Control*, 19(5), 349–350.

<https://doi.org/10.1136/tc.2010.039727>; Thomson, G., Wilson, N., Blakely, T., & Edwards, R. (2010). Ending appreciable tobacco use in a nation: Using a sinking lid on supply. *Tobacco Control*, 19(5), 431–435. <https://doi.org/10.1136/tc.2010.036681>

<sup>6</sup>WHO, op. cit. note 2.

<sup>7</sup>Pettit, P. (2014). *Just freedom: A moral compass for a complex world*. W. W. Norton & Company; Skinner, Q. (2012). *Liberty before liberalism*. Cambridge University Press.

<sup>8</sup>Different existing arguments seek to show that tobacco control is compatible with autonomy and freedom. For example, nicotine addiction reduces volitional autonomy (see Schmidt, A. T. (2020). Is there a human right to tobacco control? In M. E. Gispén & B. Toebes (Eds.), *Human rights and tobacco control* (pp. 26–43). Edward Elgar Publishing; Grill & Voigt, op. cit. note 3). And most smokers wish they did not smoke, so external conditions that make it harder for them to smoke can increase their autonomy (ibid). Finally, tobacco control can strengthen freedom as non-domination. Smokers are often of lower socioeconomic status and, globally, predominantly from low- and middle-income countries. Strong tobacco control can thus help protect vulnerable populations against the dominating power tobacco companies can exercise over their lives (Grill & Voigt, ibid).

freedom—mere ability constraints are insufficient. For example, being imprisoned is a constraint that makes me unfree, whereas my inability to jump really high is typically not a source of unfreedom. Call this

*The restraint view:* A person is free to  $\phi$ , if and only if she is not subject to any interpersonal constraints with respect to  $\phi$ .

Other authors argue that the absence of 'social' or 'interpersonal' constraints is a necessary but often insufficient condition for freedom. It also matters what *abilities* (or capabilities) you have. For example, a person suffering from an incapacitating illness might not be subject to many interpersonal constraints. Yet if she is unable to leave her bed, her freedom of choice is still diminished. So, on this view, better health can increase your freedom. Call this

*The ability view:* A person is free  $\phi$ , if and only if she is able to  $\phi$ .<sup>9</sup>

Second, someone's specific freedom to do something is different from her *overall freedom*, that is, how free she is overall. As we will see below, one important question is whether a person's overall freedom is determined only by how many options she has or whether it also matters how good those options are.<sup>10</sup>

Third, we can determine a person's overall freedom at one point in time (call this point freedom) but also across a period of time (call this period freedom or intrapersonal freedom).<sup>11</sup> For intrapersonal freedom, we might for example care not only about how free someone is at one point in their life but aggregated across their entire life. Below in Section 3, we will see why this distinction is so important in judging paternalistic policies.

Invoking freedom in normative arguments is trickier than often appreciated. For example, someone might argue that a policy proposal, like a cigarette ban, violates freedom, because it takes away an option. However, many policies take away options but also add others. Or they reduce one person's freedom yet increase another's. Invoking freedom in normative arguments, I suggest, requires looking at three questions:

1. How does a policy affect a person's overall freedom (point freedom)? And how significant is this effect compared with other, non-freedom effects?
2. How does a policy affect a person's intrapersonal overall freedom?
3. How does a policy affect a society's interpersonal distribution, that is, how freedom is distributed between persons?

I take up these three questions in the following three sections.

Before doing so, let me acknowledge that while most prominent writers on freedom implicitly follow this focus on distributions of freedom, not everyone will be happy with this distribution-centred approach. For example, Robert Nozick views freedom as being about property rights that impose deontic side constraints that must not be violated at any cost. I here do not discuss Nozick. This exclusion is also somewhat justified, seeing that most authors think he does not have a plausible theory of freedom of choice.<sup>12</sup> Moreover, his anarcho-libertarian view also makes for too stark a contrast with most normative debates around public health. Somewhat less radical than Nozick, others might hold that the value of freedom is not primarily about the government promoting freedom but about the government *respecting* individual freedom. Respect here could imply that the government has a strong pro tanto duty not to actively interfere with individuals but only a far weaker duty to prevent others from interfering. Note that some authors, including myself, have argued that many such 'respect-based' views might be compatible with tobacco control, endgame measures included. For it is typically thought that a duty to respect individual decisions can be overridden when the individual lacks sufficient rationality or autonomy in making that decision. For example, individuals might forfeit a right to use self-harming products, when they are seriously irrational, addicted or uninformed—conditions that apply often enough to cigarette use.<sup>13</sup>

For the purposes of this article, we can ignore these debates. I here focus on freedom of choice and simply assume that the state has a duty to bring about or facilitate certain distributions of freedom of choice.<sup>14</sup>

### 3 | THE OUTWEIGHING CLAIM

Many tobacco control measures limit our choices. For example, such measures might determine where people can or cannot smoke. Or they make cigarettes less affordable through taxes. A ban on cigarettes could even make smoking illegal across the board. So, endgame proposals would, other things being equal, restrict freedom of choice. At a given point, people will thus have less overall freedom.

<sup>9</sup>For examples of the restraint view, see Carter, I. (1999). *A measure of freedom*. Oxford University Press; Kristjánsson, K. (1996). *Social freedom: The responsibility view*. Cambridge University Press; Steiner, H. (1994). *An essay on rights*. Wiley; Berlin, I. (1969). Two concepts of liberty. In H. Hardy (Ed.), *Four essays on liberty* (pp. 118–72). Oxford University Press. For examples of the ability view see Schmidt, A. T. (2016). Abilities and the sources of unfreedom. *Ethics*, 127(1), 179–207. <https://doi.org/10.1086/687335>; Cohen, G. A. (2011). Freedom and money. In M. Otsuka (Ed.), *On the currency of egalitarian justice, and other essays in political philosophy* (pp. 166–200). Princeton University Press; Kramer, M. H. (2003). *The quality of freedom*. Oxford University Press; Sen, A. (1999). *Development as freedom*. Knopf; Parijs, P. V. (1997). *Real freedom for all: What (if anything) can justify capitalism?* Clarendon Press. Note that the ability view does not imply that the government must try to increase all possible abilities no matter how trivial. First of all, which abilities to focus on depends on what criterion of interpersonal distribution one subscribes to (point [3] on the next page). But even a criterion that implies increasing overall freedom need not imply trying to facilitate all abilities no matter how trivial. Some abilities lead to many further abilities and are thus more 'fecund' than others. And some abilities are simply more valuable than others. The more fecund or valuable an ability, the more it will contribute to a person's overall freedom. So, we should prioritize such freedoms over trivial abilities. The point about value can be made if one assumes—as those who defend the ability view typically do—that overall freedom is a function of both quantity and quality.

<sup>10</sup>For more on this discussion, see van Hees, M. (2012). *Legal reductionism and freedom*. Springer Science & Business Media; Kramer, *ibid*; Sugden, R. (2003). Opportunity as a space for individuality: Its value and the impossibility of measuring it. *Ethics*, 113(4), 783–809; Carter, *ibid*; Pattanaik, P. K., & Xu, Y. (1990). On ranking opportunity sets in terms of freedom of choice. *Recherches Économiques de Louvain/Louvain Economic Review*, 56(3–4), 383–390. <https://doi.org/10.1017/S0770451800043955>

<sup>11</sup>Schmidt, A. T. (2017). An unresolved problem: Freedom across lifetimes. *Philosophical Studies*, 174(6), 1413–1438. <https://doi.org/10.1007/s1098-016-0765-5>

<sup>12</sup>Carter, *op. cit.* note 9, pp. 70–72; Cohen, G. A. (1995). *Self-ownership, freedom, and equality*. Cambridge University Press.

<sup>13</sup>Schmidt, *op. cit.* note 8; Halliday, D. (2016). The ethics of a smoking licence. *Journal of Medical Ethics*, 42(5), 278–284. <https://doi.org/10.1136/medethics-2013-101347>; Goodin, R. E. (1989). The ethics of smoking. *Ethics*, 99(3), 574–624.

<sup>14</sup>Although I defend such a picture in Schmidt, *op. cit.* note 9; Schmidt, A. T. (2014). *Freedom and its distribution* (DPH thesis). University of Oxford.

But even ardent liberals also care about values besides freedom. If those values are strong enough, they can sometimes override freedom. I think for endgame measures, those other considerations are strong enough. Call this

*The outweighing claim:* In tobacco control, public health concerns outweigh freedom concerns.

To defend the outweighing claim, one could proffer two arguments: first, show that public health concerns are very weighty and, second, that removing the option to smoke would not be a prohibitively weighty reduction in freedom.<sup>15</sup>

The first argument, I think, is obvious: cigarette consumption is the leading cause of (somewhat easily) preventable death. Moreover, smokers incur great morbidity and disability risk and are financially worse off. Each year, an estimated 1.2 million also die from second-hand smoke.<sup>16</sup> Moreover, the untimely deaths of family members and friends can cause severe emotional hardship. Finally, cigarettes raise concerns of justice.<sup>17</sup> For example, smoking intensifies the social gradient of illness and mortality. And tobacco companies often deliberately exploit vulnerable populations.

The second argument would show that we would not lose that much freedom of choice, if the option to smoke were taken away. For this point, briefly return to measuring overall freedom. Some authors argue that measuring freedom is a purely *quantitative* exercise: the more options you have, the more freedom you have.<sup>18</sup> For those authors, it does not matter *how good* those options are. Moreover, the actions one is free or unfree to do are individualized by their spatio-temporal extensions.<sup>19</sup> Now, a smoking ban would not be dramatic on the quantitative view: the purely physical option of using particular 'sticks' and being free to place them in our mouths could be replaced by any number of other sticks, such as carrots.

However, most freedom theorists think the quality of options also matters when measuring freedom. Other things being equal, better options increase our freedom more than bad options. But is the option to smoke sufficiently valuable to weigh heavily in our measure of freedom? This, of course, depends on what theory of value we use. Proposals here include welfarist, preference-based and objective list approaches. I lack space here to go through them. But on any of those accounts, it seems hard to come by strong arguments as to why the option to smoke should be prohibitively valuable. Most people have no interest in smoking but rather a preference for smoke-free environments. And the vast majority of those who smoke also wish they could quit.<sup>20</sup> So, not having the option to smoke might be valuable for them. Moreover, smoking makes people more

stressed and, likely, less happy.<sup>21</sup> Of course, some features make smoking attractive, such as opportunities for socializing, rituals and looking cool. But such upsides are unlikely to make the option to smoke valuable all things considered.

But even without surveying all those reasons, I think a thought experiment shows that we intuitively think the option to smoke is not sufficiently valuable to outweigh public health concerns. Imagine cigarettes had not yet been introduced. Now, a company invents them and seeks approval to bring them to market. Assume the regulatory authority had the information and evidence we have. It is clear that they would refuse to approve cigarettes and that their refusal would be morally justified.<sup>22</sup> In this case, population health outweighs the freedom to smoke. But now if *withholding* cigarettes is all things considered justified, should *withdrawing* the option to smoke cigarettes not also be? Call this the *equivalence argument*.

The equivalence argument supports the outweighing claim. However, the equivalence argument by itself does not settle the question. I elsewhere argue that there can be reasons why *withdrawing* existing options is a greater reduction in a person's freedom than *withholding* non-existing options.<sup>23</sup> This is so, if we think the *quality* of options matters for freedom. And an option can become more valuable, if it has been around for a while. Accordingly, withdrawing options can sometimes reduce freedom more than withholding an equivalent option. For example, options can become valuable, if they become part of people's community and identity, if that option has entered people's plans, and if removing the option would come with transition costs for individuals.<sup>24</sup> However, while these reasons apply to cigarettes, they only apply weakly. Given how strong the countervailing considerations are, such reasons are too weak to justify prioritizing freedom. Given limited space, I cannot repeat the argument here. But I think it is clear the equivalence argument at least creates a strong burden of proof: the moral dissimilarity between withdrawing cigarettes and withholding them would have to be extremely strong if a concern with freedom should outweigh public health concerns. On balance, it seems more likely that the outweighing claim is true.

What is more, I think the outweighing claim becomes nearly inescapable, if we include *future generations*. As Grill and Voigt write: 'For future people... the arguments against a ban are much weaker than for current people. The arguments for a ban, on the other hand, are just as strong.'<sup>25</sup> Including future generations means that the public health benefits of the tobacco endgame become *much* larger, given how many

<sup>15</sup>Also see Grill & Voigt, op. cit. note 3 on this.

<sup>16</sup>WHO, op. cit. note 2.

<sup>17</sup>Kniess, J. (2020). Tobacco and the harms of trade. *Journal of Political Philosophy*, 28(3), 296–306. <https://doi.org/10.1111/jopp.12172>; Voigt, K. (2010). Smoking and social justice. *Public Health Ethics*, 3(2), 91–106. <https://doi.org/10.1093/phe/phq006>

<sup>18</sup>Carter, op. cit. note 9; Steiner, H. (1983). How free: Computing personal liberty. *Royal Institute of Philosophy Supplements*, 15, 73–89.

<sup>19</sup>Carter, op. cit. note 9.

<sup>20</sup>Grill & Voigt, op. cit. note 3.

<sup>21</sup>Kahneman, D., & Deaton, A. (2010). High income improves evaluation of life but not emotional well-being. *Proceedings of the National Academy of Sciences*, 107(38), 16489–16493. <https://doi.org/10.1073/pnas.1011492107>; Parrott, A. C. (1998). Nesbitt's paradox resolved? Stress and arousal modulation during cigarette smoking. *Addiction*, 93(1), 27–39; West, R., & Hajek, P. (1997). What happens to anxiety levels on giving up smoking? *The American Journal of Psychiatry*, 154(11), 1589–1592.

<sup>22</sup>Schmidt, A. T. (2016). Withdrawing versus withholding freedoms: Nudging and the case of tobacco control. *The American Journal of Bioethics*, 16(7), 3–14. <https://doi.org/10.1080/15265161.2016.1180442>; Conly, op. cit. note 3, p. 169; Khoo et al., op. cit. note 4; Goodin, op. cit. note 13, p. 611.

<sup>23</sup>Schmidt, *ibid*.

<sup>24</sup>*Ibid*.

<sup>25</sup>Grill & Voigt, op. cit. note 3, p. 300.

future people we should expect. At the same time, the worry around freedom becomes far weaker: if future generations never have the option to smoke, then we only need to withhold the option from them. We do not need to *withdraw* it. And withholding an option typically meets with a lower justificatory burden. So, the endgame's vast long-term benefits and the much-reduced concern around individual freedom together make a strong case for the outweighing claim.

I think we should accept the outweighing claim. However, my case in this article does not depend on it. In the next two sections, I argue that a concern with freedom itself already decides the case in favour of endgame measures. For such measures, if effective, would increase freedom. Accordingly, we need not balance freedom with other values, as freedom itself speaks for tobacco control.

## 4 | THE INTRAPERSONAL FREEDOM ARGUMENT

The first argument starts with an intuitive thought: sometimes, reducing your current freedom can increase your future freedom. Remember the point freedom and period freedom distinction above. When we are concerned with overall freedom, this can be about how much freedom a person has at one point in time. However, if we care about freedom, we should not only care about our current freedom but also about our future freedom extended across time.<sup>26</sup>

Reasoning about future freedom is already familiar from John Stuart Mill's classic discussion of voluntary slavery. Mill argues that: '... by selling himself for a slave, he abdicates his liberty; he forgoes any future use of it beyond that single act. [...] The principle of freedom cannot require that he should be free not to be free'.<sup>27</sup>

Intrapersonal freedom is a way to make sense of this idea: while having the option to sell yourself as a slave increases your point freedom, choosing such an option would massively curtail your future freedom. So, to safeguard freedom across time, we should sometimes ban or at least regulate those options that, once chosen, reduce people's future freedom. As an aside in an op-ed, Amartya Sen applies Mill's idea to cigarettes:

...how should we see the demands of freedom when habit-forming behaviour today restricts the freedom of the same person in the future? Once acquired, the habit of smoking is hard to kick, and it can be asked, with some plausibility, whether youthful smokers have an unqualified right to place their future selves in such bondage.<sup>28</sup>

The option to smoke cigarettes carries the risk of addiction and thereby greatly reduces one's future options in expectation.<sup>29</sup> Now, one

source of 'unfreedom' might be psychological: addiction is often thought to reduce people's volitional autonomy. So, by becoming addicted to cigarettes, people reduce their future volitional autonomy. While important, I here focus only on freedom of choice. But the argument works for freedom of choice too. Say we estimate how much future freedom a person has in expectation if she takes up smoking. If the probability is high enough that she will become addicted, we should expect her to lose many future options. One source of reduced freedom is life expectancy. You cannot have freedom of choice when you are dead. Cigarettes drastically reduce life expectancy. Accordingly, in expectation, smokers have lower lifetime freedom. Another source of reduced freedom is financial. Nicotine addictions are expensive. Most addicts wish they were free of their desire to smoke. If they were, they would also gain disposable income to spend on other projects and preferences, which would greatly increase their future freedom (considering how costly an addiction is when aggregated across a lifetime).<sup>30</sup> Finally, cigarettes also increase morbidity risk during life years lived and can curtail physical functioning. With fewer physical abilities, cigarette addicts have less expected future freedom.

How robust are these arguments across theories of freedom? The arguments concerning reduced life expectancy and reduced effective disposable income are available to both the ability view and the restraint view. On both views, having a shorter life means less freedom. And, as G. A. Cohen has argued, less money means less freedom, even if freedom is understood purely as the absence of interpersonal interference. Money gives you the power to remove interpersonal constraints: having the money to buy a plane ticket, for example, removes the physical constraints that would stop you from boarding without a ticket.<sup>31</sup> But some versions of the restraint view would hold that illness and disability as such do not reduce freedom. So, that sub-argument is more easily made with the ability view.

Arguments like the intrapersonal freedom argument also have their critics. Jessica Flanigan, for example, argues that applying (something like) the intrapersonal freedom argument to strict tobacco control betrays double standards. For applying such an argument to other comparable choices would lead the argument ad absurdum:<sup>32</sup>

... the choice to take out a long-term mortgage, enlist in the military, enrol in medical school, marry, have a child, pursue internet fame early in one's life or move

<sup>30</sup>Of course, one might respond that cigarettes are expensive, in part, because they are heavily taxed. If there were no taxes, people's future earning potential would be higher and their expected lifetime freedom reduced to a lesser degree. Unfortunately, reducing such taxes also increases the probability that people take up smoking and die, which in turn means they reduce expected lifetime freedom more (see below for more on what determines expected lifetime freedom).

<sup>31</sup>Cohen, op. cit. note 9. This also addresses a worry about drawing a comparison with Mill's case of selling oneself into slavery: in the slavery case one exposes oneself to external social constraints, whereas in the cigarette case one exposes oneself to future physical constraints. While these cases are of course different, it is not the case that cigarette smoking does not affect one's expected future freedom understood as the absence of interpersonal constraint: because cigarette smoking reduces one's life expectancy and one's available spending potential, it reduces the number of freedoms one has in the future, even on the restraint view.

<sup>32</sup>Also see Richard Arneson's slippery slope response to Gerald Dworkin: Arneson, R. J. (1980). Mill versus paternalism. *Ethics*, 90(4), 470–489; Dworkin, G. (1972). Paternalism. *The Monist*, 56(1), 64–84.

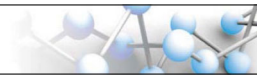
<sup>26</sup>Schmidt, op. cit. note 11; Carter, I. (2013). Distributing freedom over whole lives. In A. Gosseries & P. Vanderborght (Eds.), *Arguing about justice: Essays for Philippe Van Parijs* (pp. 135–143). Presses universitaires de Louvain.

<sup>27</sup>Mill, J. S. (1859). *On liberty* (1979 ed.). Penguin.

<sup>28</sup>Sen, A. (2007, February 11). Unrestrained smoking is a libertarian half-way house. *Financial Times*. <https://www.ft.com/content/c8617786-ba13-11db-89c8-0000779e2340>

<sup>29</sup>Grill & Voigt, op. cit. note 3.





to a small town may constrain a person's options going forward. But people are generally entitled to make these choices even if they limit their options on balance over the course of a life.<sup>33</sup>

However, the objection is not sound. It is not the case that to increase future freedom—or increase lifetime freedom—we should remove any option that can reduce future freedoms. To find out which options could be removed is a little technical, but it depends mostly on three factors: first, how likely I am to choose that option, second, how much less future freedom does that option give me compared to all other options I have ('relative fecundity'), and, third, what distribution of freedoms across time should we aim for.<sup>34</sup>

For example, moving to a small town might in some ways reduce my freedoms, as I might have fewer cultural options available (assume that's correct). But, of course, removing the option to move to a small town would be a heavy restriction on people's freedom of movement and their freedom aggregated across time. Because not being able to move to any small town would reduce someone's freedom at every stage of their life. Adding up this loss of options across time can be a massive reduction in freedom. Such a restriction would have to be offset by the freedom gains of (forced) big city living. But that's unlikely to be the case. Moreover, moving to a small town is a largely reversible choice—one can typically move away again—so one does not really lose many future freedoms.

Or consider mortgages. Flanigan is right, of course, that having a mortgage binds your future self in ways that renting does not. But that does not by itself imply that, in expectation, people become freer across their lifetime, if they cannot buy houses through mortgages. Any such restriction always involves a reduction in freedom. Moreover—unlike being a smoker—buying a house can also increase your lifetime freedom: building equity can help you increase your future wealth and thereby your future freedom. So, again, the intrapersonal freedom argument does not extend to mortgages.

Of course, some of Flanigan's examples might indeed raise lifetime freedom worries, but that does not seem so counterintuitive. Consider for example enlisting in the military. It seems there is a worry about future freedom when a person puts their future self at grave risk and restricts their future self through enforceable long-term labour contracts. Indeed, for other fields, we do not allow labour contracts that would legally bind employees to a company for so many years. So, in the military example, the intrapersonal freedom worry does apply. But remember a concern with freedom is often just *pro tanto*. The military is not just any old company. Countries seem willing to make an exception for the military, because they might think that security concerns outweigh concerns around intrapersonal freedom (whether they are right, I leave open here). So, that the intrapersonal freedom perspective creates a *pro tanto* reason against enlisting is not a reason to reject the intrapersonal freedom perspective.

So, each case is different and must be analysed on its own merit. But just a quick look at Flanigan's examples reveals that cigarettes are different from cases like moving to a small town, marrying (provided it includes a divorce option), or getting a mortgage. Many people are sufficiently likely to consume cigarettes. And when they consume cigarettes, they are sufficiently likely to become addicted. And, once addicted, cigarettes massively reduce expected future freedoms, because they massively increase mortality and morbidity. Of course, removing the option to smoke also comes with a *ceteris paribus* reduction in freedom. But—unlike options like getting a mortgage or moving to a small town—cigarette's freedom-reducing effect far outweighs their positive contribution to freedom.

So, not all options with a lower relative fecundity must automatically be banned. This also matters for options within tobacco control. For example, I earlier mentioned that there is some strong disagreement about how far ENDS, such as e-cigarettes, should be part of an endgame strategy. ENDS likely have a far lower morbidity and mortality risk than conventional combustible cigarettes. Accordingly, it is not obvious that the intrapersonal freedom argument would extend to ENDS. This would depend on empirical details about addictiveness, likely consumption pattern, likely mortality and morbidity effects and so on. Discussion of these empirical details is unfortunately beyond my scope. But we can say, with some confidence, that people's expected lifetime freedom would be higher, if they only had the option to consume ENDS but not combustible cigarettes.

## 5 | THE INTERPERSONAL FREEDOM ARGUMENT

The argument in this section is that endgame measures—again assuming they work—would improve the overall distribution of freedom between persons. From a public policy perspective, we should care not only about one person's freedom but about individual freedom across society. And even if having the option to smoke cigarettes increases some people's freedoms, it brings about a distribution of freedom that, from a societal perspective, is worse. Call this the *interpersonal freedom argument*.

Note that, to keep things simple, I first focus on within-country tobacco control policies and the distributions of freedom within a country's existing population. Below I briefly discuss what happens if we extend the argument to include global and future populations.

How should we distribute freedom between persons? Instead of a detailed ranking or measure, I here just give two—hopefully uncontroversial—properties a ranking of interpersonal distributions should have.<sup>35</sup> First, other things being equal, distributions that contain more aggregate freedom between individuals are to be preferred over distributions that contain less. More aggregate freedom is better than less.

<sup>33</sup>Flanigan, J. (2016). Double standards and arguments for tobacco regulation. *Journal of Medical Ethics*, 42(5), 305–311. <https://doi.org/10.1136/medethics-2016-103528>

<sup>34</sup>Schmidt, op. cit. note 11.

<sup>35</sup>See Carter, op. cit. note 9 for more on interpersonal distributions of freedom and different proposals.

Second, other things being equal, distributions in which freedom is more equally distributed are to be preferred over those where they are distributed more unequally.<sup>36</sup> The second, distributive principle might, for example, be justified by fairness: it might be objectionable, if some people have so much more freedom than others. Or we could appeal to a decreasing marginal value of overall freedom: having additional freedom matters less the more you already have.<sup>37</sup> Of course, the aggregative and the equality concern can conflict. Sometimes more aggregate freedom might come at the cost of less equality or vice versa. Luckily, we can ignore this issue here, as there is no such conflict for the interpersonal freedom argument.

Return to tobacco control. The interpersonal argument holds that strict tobacco control can bring about better overall interpersonal distributions of freedom. There are two sub-arguments.

First, considering my intrapersonal freedom argument from the previous section, we should expect that the aggregate amount of freedom in a society should go up, if those possibly addicted to cigarettes either stop or do not start. Cigarettes cut short so many lives each year and cause illness and disability. Eradicating cigarettes would thus greatly increase aggregate freedom.

Second, stricter tobacco control likely also facilitates a more *equal* distribution of freedom. First, there is an inequality in the genetic predisposition to become addicted to nicotine.<sup>38</sup> Tobacco control can reduce the resulting differences in lifetime freedom between groups that are predisposed to develop nicotine addiction and those that are not. Effective tobacco control here reduces inequalities that are, at least in part, the result of natural disadvantage.<sup>39</sup> But the probability at birth of becoming addicted to cigarettes later in life also has a social gradient. The lower your socioeconomic status, the more likely you are to become a smoker. Cigarettes compound the social gradient of health. Moreover, with lower disposable income, people of a lower SES lose a higher proportion of their disposable income on cigarettes. Effective tobacco

control thus reduces some of those class-based inequalities in lifetime freedom.<sup>40</sup>

So, strict tobacco control might bring about distributions of freedom with more and more equally distributed freedom.

I have made the argument so far in the familiar context where countries enact tobacco control policies for their own population. Note how the argument becomes even stronger when we extend it *internationally*. Eighty per cent of all cigarettes are now consumed in low- to middle-income countries.<sup>41</sup> The social gradient of health also holds globally. Moreover, the proportional loss in disposable income due to tobacco addiction typically also tends to be higher for those who have a comparatively low income on a global scale (although they typically also consume cheaper tobacco products). Therefore, the interpersonal freedom argument provides a strong reason for tobacco control internationally, because of both the greater magnitude and inequality involved.

What happens to the interpersonal distribution argument if we include future generations?

First, should the egalitarian principle only be concerned with inequalities between people that exist at the same time or should it also consider inequalities between members of different generations? If the latter, then the egalitarian principle's implication is not so obvious, because future generations are likely to have higher levels of freedom due to technological, medical and economic progress. That might mean giving slightly greater priority to people alive today. But, of course, one might reject intergenerational egalitarianism and focus on distributive concerns between temporally co-existing individuals only.<sup>42</sup> I leave such tricky philosophical issues aside here. Either way, these different options do not seem to undermine the interpersonal freedom argument.

Second, if we focus on the aggregative principle, then including future generations makes the argument stronger. Tobacco control not only helps those currently at risk but also prevents millions, potentially billions, of future people from smoking. This is a major attraction of endgame measures: if effective, they save future generations from the tobacco scourge. So, the vast amount of freedom that future generations might gain implies we should push for the endgame.

## 6 | CONCLUSIONS

I have defended endgame tobacco measures—and by extension weaker tobacco control measures—against what is likely the strongest ethical objection: a concern around freedom of choice.

First, I argued that a concern with people's momentary overall freedom is outweighed by competing considerations, particularly around

<sup>36</sup>First, I make the assumption, which I defend elsewhere, that societal freedom is a function of the freedom held by individuals Schmidt, A. T. (2020). Does collective unfreedom matter? Individualism, power and proletarian unfreedom. *Critical Review of International Social and Political Philosophy*. Advance online publication, 1–22. <https://doi.org/10.1080/13698230.2020.1830350>. Second, someone might think inequality does not matter but priority does ('prioritarianism' or 'the priority view'): Parfit, D. (1997). Equality and priority. *Ratio*, 10(3), 202–221. If correct, we could just substitute the equality principle with a priority one without changing the outcome of my argument. Finally, one might hold that we only ought to make sure individuals have sufficient lifetime freedom. Although I do not find sufficientarianism attractive, some of my arguments could still be run, if we think that, in expectation, cigarettes move freedom levels below this sufficiency level. This seems plausible given how deadly cigarettes are.

<sup>37</sup>If you measure individual overall freedom both based on the options' quantity and quality, then the measure will partly (but not completely) reflect such decreasing marginal value.

<sup>38</sup>Hall, W., Madden, P., & Lynskey, M. (2002). The genetics of tobacco use: Methods, findings and policy implications. *Tobacco Control*, 11(2), 119–124. <https://doi.org/10.1136/tc.11.2.119>

<sup>39</sup>Luck egalitarians will feel the pull of wanting to reduce inequalities that are, at least partly, due to factors for which individuals are not responsible. But one need not be a luck egalitarian to think that responsibility, and lack of responsibility, matter for inequality. I argue elsewhere that relational egalitarians too will consider responsibility and consider it relevant when inequalities are due to factors beyond an individual's control (although for different reasons) (Schmidt, A. T. (2021). From relational equality to personal responsibility. *Philosophical Studies*. Advance online publication, 1–27. <https://doi.org/10.1007/s10998-021-01711-3>). Plus, there are instrumental and non-egalitarian reasons for considering responsibility relevant.

<sup>40</sup>At the same time, tobacco control can impose stronger burdens on people of lower socioeconomic status, for example through steep taxes. Moreover, public health measures often have a higher uptake by people with higher socioeconomic status, which could have an unequalizing effect. On balance, however, we should expect the effect of tobacco control to be more equalizing. See Voigt, op. cit. note 17 for more.

<sup>41</sup>WHO, op. cit. note 2.

<sup>42</sup>I discuss intergenerational egalitarianism in Schmidt, A. T. (2020). Egalitarianism across generations. Manuscript. Grill, K. (2020). E-cigarettes: The long-term liberal perspective. *Nicotine & Tobacco Research*, 23(1), 9–13. <https://doi.org/10.1093/ntr/ntaa085>, also discusses what those issues imply for ENDS.



public health. While endgame proposals raise a worry about people's freedom of choice, that worry is outweighed by public health concerns, particularly if we include the interests of future generations.

Second, I argued that we might not even need to balance freedom of choice with other goods in this case, because tobacco control itself can increase people's intrapersonal freedom, that is, their freedom across time.

Third, strict tobacco control can also improve the interpersonal distribution of freedom by increasing aggregate societal freedom and by reducing smoking-related inequalities. The case becomes even stronger if we move from national to international distributions and include future generations.

Overall, if endgame measures are effective, a concern with freedom of choice does not speak against such measures but supports them instead.

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#### CONFLICT OF INTEREST

The author declares no conflict of interest.

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