



Preventing risk of
smoking-related
disease among adults
versus preventing
initiation to vaping.

Simplistic lifeboat thinking not applicable.



MAREWA GLOVER & CARL V PHILLIPS

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Introduction

Drastic measures are being taken across a number of countries to restrict access to nicotine vaping products. While the United Kingdom (UK) is running “switch to vaping” campaigns, the central government in India has joined a handful of other countries in banning the sale of electronic cigarettes. Several U.S. states have recently banned the sale of electronic cigarettes or particular flavors, and national action is threatened. New Zealand was about to consider legislation modelled on the UK model, but is now also considering e-liquid flavor bans and limits on the concentration of nicotine in vaping products.

Lobby groups organized and funded by dedicated anti-tobacco organizations (though sometimes fronted by parents or public health academics and researchers), argue that the restricted access or outright bans are necessary to stop young people from experimenting with, and becoming addicted to vaping nicotine. Consumer representatives and tobacco harm reduction advocates, who have been celebrating that millions of smokers have stopped smoking by



switching to vaping, are alarmed about how this will interfere with the trend toward risk reduction.

The usual telling of the story is that we must choose to damage the health of one of the two groups, adult smokers and young never-smokers, to benefit the other. In reality, fighting the battle on those terms is lose-lose.

To encourage discussion of the realities of the ethical dilemma and policy options, we have produced a cartoon and an accompanying essay. We see these as a start, not a finish. We would like to see others write about how this dilemma is playing out in their countries. Thus, we are soliciting extensions, rejoinders, and other relevant contributions that we could add to this document.





I guess we didn't need to throw him overboard after all.



YAY!
SAVED!

Don't worry about it.
He was a **SMOKER** anyway.



Simplistic “lifeboat” thinking is what we should really toss overboard

Do we give some adult smokers the chance to save themselves from disease by vaping instead? Or do we save teenagers from a lifetime of addiction to the scourge of vaping? Tough choice. Except that it is not a choice we genuinely face.

Lifeboat ethics is a favorite thought experiment for freshman classes or barstool debates. The term traces to a 1974 essay by Garrett Hardin (1), but the idea goes back much further. You are in a lifeboat and due to inadequate sustenance or risk of foundering, someone has to be thrown out. How do you choose? Should it be the old person or the already weak young person? Should it be the poor who already have lousy lives or the rich who caused the problem in the first place?

In the accompanying cartoon by Marewa, the first panel presents the standard lifeboat metaphor. A storm is approaching and someone must be thrown overboard to save the children because the raft is supposedly too full. The characters respond to the moral quandary by deciding to select randomly. The man who got the short straw is cast to the sharks, a bit precipitously it turns out: the storm dissipates and everyone (else) is rescued shortly thereafter.

Cartoon decisions

Who to throw overboard to save the others makes for spirited and interesting debate. The problem is that this is a debate about a choice that we almost never really face. The debate is about a cartoon, an absurdly simplistic portrayal, of moral choices. Marewa's cartoon (in the other sense of the word) starts with that question but then reveals that the question was a cartoon, and that no such choice was needed.

Many thinkers in moral philosophy doubt the value of analyzing lifeboat dilemmas and similar questions like the trolley problem (2). Yes, these debates can theoretically help clarify underlying moral principles by stripping away distracting details. But they also tend to trick us into thinking that we should be making our decisions based on those moral principles when the

reality of the situation rarely gives us those stark choices.

To take the clearest problem with lifeboat ethics, consider what in economics is called the “possibility frontier”. In between the choices of saving all the smokers while dooming all the teenagers and vice versa lie a lot of other choices. There is some curve in the space between them that offers other possibilities. To put 100% of our focus on a single stark goal is usually very costly in terms of what else we have to give up. Thus the curve is typically “concave upward” (illustrated at (3)). That is, the halfway compromise does not give us 50% of what we would get from each of the two extreme choices, but something like 80% of each.

If you have ever played a computer game where you have to divide your resources between guns and butter, or between farming and forestry or whatever, you will recall that some mix of the two works best. Devoting 100% of your resources to a particular choice is expensive and inefficient. Backing off a bit allows you to afford quite a lot of the other choice because the initial progress is always cheapest and usually most beneficial. Real life is like that too. Policies that restrict access and step up enforcement might accomplish half as much (if the goal is curbing teenage vaping) as the bans that are currently being implemented, while only making adult vapers a little worse off.

For the case of e-cigarette bans, however, the real errors are far worse than

not optimizing the tradeoff.

Real life is not so simple

A typical discussion about one of the stark-choice thought experiments will include someone saying, “but instead of throwing someone overboard, maybe we should just...” The standard response is, “no, there are no other options, stick to the question.” I (CVP) am as guilty as the next philosopher of sometimes being the one saying “stick to the question” But the pesky student is right. There are always alternatives and other complications.

Of course, there are always some tradeoffs to be made, and in public health sometimes those tradeoffs require lifeboat-style thinking about which sacred good must be lost. Sometimes one person’s health is traded off against another. More commonly freedom and happiness are traded off against health. Those who advocate prioritizing freedom and happiness enthusiastically join those who prioritize health in debating the simple abstract tradeoff. Then, when the question eventually turns to policy making, everyone is still thinking about making a lifeboat-style choice. But there is no need to make such a decision, and indeed probably no way to implement it.



Maybe we should just wait. It would be wise to make sure the storm is really going to hit the boat before throwing someone to the sharks, as happened in the cartoon. Is teenage vaping a temporary fad that will soon die down as fast as it increased? Will young adults get bored of their teenage vaping and just stop, rather than experiencing “a lifetime of addiction”? It seems plausible that either or both of these will happen. We should demand at least some reason to believe they will not happen before throwing adult consumers overboard. And even if they do not happen, the “storm” -- a lifetime of enjoying the use of an approximately harmless product -- hardly seems like more than a light squall. We might decide to toss someone to his death to save children’s lives, but would we do it merely to keep the kids from getting seasick?

Moreover, might throwing someone overboard be counterproductive? Are we sure the boat would not be safer with an extra adult helping stabilize it or bail water when the storm hit? It might be nice to keep the grownups around -- like the manufacturers and sellers of high-quality safe e-cigarette products. Shifting to a primarily black market, thanks to bans, will not necessarily reduce teenage access. Indeed, it might increase it, since black marketeers tend not to post “We Card” signs. Meanwhile, product quality (including safety) will decrease for everyone, and some adults will lose access.

Lifeboat and trolley problems, as difficult as they sometimes are to decide, are just too easy. Each choice benefits someone with certainty, while hurting

someone else. But real policies have complicated effects that might hurt everyone. It is not entirely clear that we should even want to discourage teenage vaping, even if no one needs to be thrown overboard. All the evidence suggests it is mostly a replacement for smoking, and we have no reason to believe smoking will not replace any reduction in vaping.

Asking the wrong question usually results in the wrong answer

There are a lot of complicated questions here: What will a particular policy really do? Who should have the burden of proof about the various uncertainties? How much certainty is enough? What is the optimal tradeoff along the possibility frontier?

But one thing we should not be asking is, “do we want to take everything away from adult vapers in order to stop teenage vaping?” That lifeboat question does not describe an option that really exists. Actions that are taken based on the illusion that we are living in a simple lifeboat problem will never produce the best possible outcomes and are quite likely to do more harm than good.



Disclosures

This paper was produced by the Centre of Research Excellence: Indigenous Sovereignty & Smoking. Dr Glover founded the Centre after receiving a grant from the Foundation for a Smoke-Free World, an independent non-profit organization whose purpose is to improve global health by ending smoking in this generation. The Foundation has a pledge agreement with Philip Morris International (PMI) that secures funding and ensures complete autonomy to pursue its mission to end smoking in this generation. PMI and the tobacco industry, generally, are precluded from having any control or influence over how the Foundation spends its funds or focuses its activities. Independence is explicitly outlined in the Foundation's bylaws. In turn, neither PMI nor the Foundation exercises any influence over the presentation of our findings, and they will not be aware of this paper until it is published. The contents, selection and presentation of facts, as well as any opinions expressed in this publication are the sole responsibility of the Centre and the authors and under no circumstances shall be regarded as reflecting the position of the Foundation for a Smoke-Free World, Inc.

About the authors

Marewa P Glover, MSocSc, DipPsych(Com), PhD

Dr Marewa Glover is a Māori behavioural scientist and former Massey University Professor of Public Health. Marewa has led and collaborated on many studies resulting in over 100 scientific publications. Her dedication to reducing tobacco smoking harm and advocating for a harm reduction approach to smoking was recognized in 2019 when she was named one of three finalists in the prestigious New Zealander of the Year Award. In 2018, Marewa established her own Centre of Research Excellence: Indigenous Sovereignty & Smoking which aims to reduce harms associated with tobacco use among indigenous people worldwide. Elucidating the role of loss of sovereignty and the health implications of institutional racism is a key focus of her research.

Follow the work of the Centre on our Facebook page or sign up for our publications on www.coreiss.com or follow Marewa on Twitter: [@MarewaGlover](https://twitter.com/MarewaGlover)

Carl V Phillips, MPP PhD

Carl V. Phillips is an educator, epidemiologist, economist, policy analyst, and philosopher of science. He was a pioneer of tobacco harm reduction (THR), the philosophy that tobacco product users should not be punished for their choices and should be allowed to make informed decisions, particularly about consumption choices that will reduce their risk. His work as a professor of public health and medicine in the 2000s laid much of the groundwork for today's THR advocacy.

Phillips is currently a freelance researcher, editorial and scientific consultant, and litigation support consultant. He also served as the Chief Scientist and COO of CASAA, which at the time was the leading THR consumer advocacy

organization. His publications -- journal articles, other scholarly works, THR blog (<https://antithrlies.com>), general blog (<https://ep-ology.com>), social media posts (@[carlvphillips](#)), reporting at the short-lived The Daily Vaper (bit.ly/CVP_DV), new science lesson series (<https://www.patreon.com/carlvphillips>), and various other publications -- constitute the largest collection of writing on THR and the related science, philosophy, and policy analysis. He writes everything from highly technical statistical analyses to popular education material.

Phillips received his PhD in public policy (with a focus on economics) from Harvard University. He did postdoctoral fellowships in public health (University of Michigan) and philosophy of science (University of Minnesota). He has held faculty appointments at University of Texas, University of Alberta, Minnesota, and Harvard. His pioneering work on quantifying uncertainty in epidemiology studies, from the late 1990s, won several major awards. His elusive career goal is to figure out how people can learn to identify the accurate information about a complicated controversial topic without becoming experts in the subject matter.

Endnotes

1. Hardin G. Lifeboat ethics: The case against helping the poor. Psychology Today, September 1974. Available from: http://www.garretthardinsociety.org/articles/art_lifeboat_ethics_case_against_helping_poor.html
2. Wikipedia. Trolley problem. Available from: https://en.wikipedia.org/wiki/Trolley_problem
3. Tutor2u. Production possibility frontier. Study notes. Available from: <https://www.tutor2u.net/economics/reference/production-possibility-frontier>

