Original Investigation

E-cigarettes: The Long-Term Liberal Perspective

Kalle Grill PhD

Department of Historical, Philosophical and Religious Studies, Umeå University, Umeå, Sweden

Corresponding Author: Kalle Grill, PhD, Department of Historical, Philosophical and Religious Studies, Umeå University, 901 87 Umeå, Sweden. E-mail: kalle.grill@umu.se

Abstract

The debate for and against making e-cigarettes available to smokers is to a large extent empirical. We do not know the long-term health effects of vaping and we do not know how smokers will respond to e-cigarettes over time. In addition to these empirical uncertainties, however, there are difficult moral issues to consider. One such issue is that many smokers in some sense choose to smoke. Though smoking is addictive and though many start young, it does not seem impossible to plan for and implement cessation. Yet many choose not to do so and we arguably have some reason to respect this choice. I propose that liberal opposition to strict tobacco control, based on respect for choice, is mitigated when e-cigarettes are available, since they are such a close substitute. Making e-cigarettes available to smokers might therefore not only enable switching in practice, but may make tougher tobacco control more justified. Another moral issue is that making e-cigarettes widely available might induce many people to vape, who would otherwise have neither vaped nor smoked. If this is so, the price of using e-cigarettes to accelerate smoking cessation may be a long-term vaping epidemic. Since vaping is less harmful than smoking, both individuals and society will have less reason to end this epidemic and so it may endure longer than the smoking epidemic would otherwise have done. This raises further questions around the weighing of reduced harm to current smokers against increased harm to future vapers.

Implications: Because they are a close substitute, e-cigarettes makes tougher tobacco control more morally and politically feasible. Because e-cigarettes are less harmful than combustibles, making them available may accelerate smoking cessation but also lead to a long-term vaping epidemic, as we have less reason to combat vaping, once established. Moral evaluation of this possible scenario requires considering at least three things: (1) the cost of addiction to autonomy, in addition to health effects, (2) possible distributional effects due to differences between current smokers and future vapers, and (3) the fact that a possible vaping epidemic affects mainly future people and future society.

Introduction

The intense debate on the pros and cons of e-cigarettes and other alternative nicotine delivery systems is to a large extent empirical. If everyone agreed on the facts, there would be much less disagreement on policy. However, there are also potential disagreements in values, which may not be obvious. In this article, I discuss two moral issues that are relevant for evaluating the case for promoting the availability of e-cigarettes as a public health policy.

Proponents of e-cigarettes tend to believe that making them available to smokers will increase smoking cessation, without creating a strong gateway effect that undermines these gains by increased smoking initiation. Proponents typically also believe that the long-term health effects of vaping are rather limited, at least compared with smoking. Critics of e-cigarettes, on the other hand, are typically more skeptical of the potential impact on smoking cessation, since dual use may ease the negative impact of smoking and so decrease the incentive to quit. Critics also tend to be more concerned about both the possible impact on smoking initiation and the long-term health effects of vaping.1

If e-cigarettes are either consistently positive or consistently negative in all health dimensions, then the remaining moral issue is only how exactly they should be either promoted or prevented,
at least as far as public health policy is concerned. In this article, I will assume that e-cigarette availability will increase smoking cessation, but that many will take up vaping as an independent habit. These assumptions, which I will discuss further, motivate discussion of the two moral issues, which are relevant regardless of whether e-cigarettes are recommended by doctors under prescription, made freely available on the market, or are promoted in some other way. I will not discuss details of regulation such as appearances, flavors, or nicotine concentrations, but assume that, as for other products on the market, including combustibles, there will be some sensible regulation.

The first moral issue is the value of respecting the choices of current smokers, and how this value plays out differently depending on the availability of e-cigarettes. The second moral issue is the value conflict between, on the one hand, health benefits for current smokers, and, on the other hand, health costs and substance dependency for future users. By future users I mean people who have not yet faced the choice of whether or not to smoke, or vape, because of their young age or because they are not yet born. These two are not the only moral issues at stake. For example, critics of e-cigarettes may hold that society has (even) stronger reason to avoid the introduction of a new drug than it has to facilitate the decreased use of an already existing drug, even if the harms and benefits at stake are exactly the same. The reason for my focus is simply that I consider respect for choice the strongest objection to traditional tobacco control measures, while I consider a possible long-term vaping epidemic the strongest objection to the promotion of e-cigarettes. However, the reader need not agree with the centrality of these issues in order to benefit from the discussion of them.

As the title of this article indicates, I will explore these issues from a liberal perspective. By liberal I mean a political perspective from which freedom of choice is an important value, though not necessarily a priority in all circumstances.

E-cigarettes Strengthen the Liberal Case for Traditional Tobacco Control

I believe there is an important connection between the availability of e-cigarettes and the justifiability of tobacco control. To clarify this connection, I must start this section by describing what I take to be the main liberal arguments for and against tobacco control.

From a liberal point of view, if people want to harm themselves, and they can do so without harming others, we have strong reasons not to interfere. This antipaternalist sentiment provides, I believe, the strongest argument against tobacco control, whether in the form of taxes or in the form of selective or general bans. As argued by John Stuart Mill in On Liberty, markets may be justifiably regulated in the interest of efficiency and taxes may be collected to finance many state functions, but the intentional restriction of lifestyle choices is an interference with individual liberty.

Against this background, liberal arguments for traditional tobacco control measures can be sorted into four categories. First, liberals may hold that the massive health benefits of tobacco control outweigh the real cost in terms of liberty and autonomy. Second, liberals may believe that tobacco control increases long-term liberty and autonomy, because one is more free and more in control of one’s own life when one is not dependent on an addictive and expensive drug, and because being alive and healthy is a precondition for being free and autonomous. Third, liberals may hold that we have less reason to allow others to harm themselves when their decisions are unformed and irrational, or in conflict with their own values, and note that the decision to smoke often has these properties, because of the addictiveness of tobacco, and because many smokers started as minors. Fourth, liberals may argue that tobacco control is in line with smokers’ preferences, because most smokers want to quit and many (though not most) support stronger tobacco control, including bans.

I believe that these arguments, together, provide a strong case for tobacco control. However, the fact remains that many adults, being about as informed and rational as people are for the most part, and not necessarily addicted in a way that undermines responsible agency, have the capacity to plan for cessation, opt not to make such plans, but instead continue to buy cigarettes. We arguably have some reason to respect these choices, even if they are suboptimal both in terms of health outcomes and in terms of long-term liberty and autonomy. Furthermore, though the aggregate harms of tobacco are immense, they may not be worse than the aggregate effects of other lifestyle-related harms. According to the Global Burdens of Disease studies, dietary risks cause more harm than tobacco use. Moreover, even if the harms of smoking are great in the aggregate, not all individual smokers face serious health risks. Even people who are heavy smokers for many years face on average rather limited health effects if they stop before they contract smoking-related diseases. For example, those who quit smoking before they turn 30 have approximately the same life expectancy as never-smokers. Against this background, there is a valid liberal, antipaternalist argument against tobacco control, even if there are also strong liberal arguments on the other side.

Proponents of e-cigarettes hope that the existence of a very close substitute to the combustible cigarette will induce smokers to switch to the less harmful habit. From a moral perspective, the existence of this close substitute also means that the affront involved in frustrating or burdening the choice to smoke is mitigated. It is, I propose, less disrespectful to burden or prevent some option, if there is a very similar option available. For example, consider restrictions in some countries on how many rounds professional boxing matches may contain (such as the previous restriction to four rounds in Sweden, after a complete ban 1970–2006). Preventing 12-round boxing matches between willing boxers is less disrespectful if they can at least go eight-round matches than if they can only go four rounds, or not box at all. It may of course be debated whether vaping is like going an eight-round boxing match instead of a 12-round match, or if it is more like doing another sport altogether. However, the similarity or potential similarity of the e-cigarette to the traditional cigarette, in terms of taste, nicotine content, shape, and even the hand movement and the inhalation required, arguably makes it a very close substitute, much closer certainly than traditional cessation devices or substitutes such as chewing gum, skin patches, drugs (varenicline tartrate and bupropion hydrochloride), or Swedish snus.

E-cigarettes may also mitigate liberal objections to tobacco control in another way. In addition to their choice and desire to smoke, smokers typically have preferences regarding tobacco control measures, with some favoring such measures. This is part of the fourth liberal argument mentioned above. Because the human mind is complex and not perfectly rational, a person may want you to prevent them from doing something that they at the same time want to do, or at least choose to do. Smokers may choose to smoke while they want to be prevented from smoking. When this happens, there are arguably reasons of respect on both sides of the issue. Before the
Long-Term Vaping Epidemic the Price of Accelerated Smoking Cessation

Recently, a number of studies have predicted the costs and benefits of making e-cigarettes available to smokers, under various assumptions. Important assumptions include the impact from e-cigarette availability on smoking initiation and cessation, as well as the health impact of e-cigarette use. As stated in one of these studies: “If the initiation rate and risk of the new product [e.g. e-cigarettes] are high enough, then the potential mortality benefits from switching among smokers can be offset.” There seems to be rather wide agreement that for any given individual, vaping is much less harmful than smoking, given similar intensity and duration.

Different studies make different assumptions, either based on observation of previous trends in the relevant behaviors, or simply based on conjecture. In this section, I will first explain why it may be reasonable to assume that vaping, once widespread, will be lasting, and then discuss some general moral considerations that this assumption gives rise to and that might influence how we evaluate different projections, apart from the obviously important aggregate health effects.

The reason some public health experts propose that we should welcome the e-cigarette and promote its wider use is of course that they believe this will help many smokers make the switch to a less harmful habit. They may be mistaken. Perhaps e-cigarettes will induce dual use and so only delay the eventual eradication of smoking. If so, the case for e-cigarettes is without merit, from a public health perspective. Therefore, the scenario that is worth discussing, ethically speaking, is that in which e-cigarettes do cause a more rapid turn away from combustibles, in part because they are properly manufactured, marketed, and regulated. As it happens, I believe that this is a likely scenario should we decide to accept or promote e-cigarettes.

The reason other public health experts propose that we should resist e-cigarettes is that they believe that many people, who would not otherwise smoke, will end up dependent on these alternative nicotine delivery systems. This includes new users, but also current tobacco smokers who might for example use e-cigarettes to sustain their tobacco dependence by vaping in contexts where combustibles are not legally or socially accepted, but who would otherwise have stopped smoking altogether at some future date, under pressure from traditional tobacco control measures. These experts may also be mistaken. If so, the case against e-cigarettes is without merit. Therefore, the scenario that is worth discussing, from an ethical perspective, is that in which e-cigarettes cause widespread and long-term dependence. As it happens, I believe that this is also a likely scenario.

Paradoxically, the relative harmlessness of e-cigarettes may increase its social cost in the long term. If vaping is indeed much less harmful than smoking, and if the reason it has such potential to bring down smoking is that it produces a very similar experience, including the nicotine intake, then it seems obvious that, in the future, we will have much weaker reason to try to diminish vaping than we now have to diminish smoking. There will still be reasons to resist vaping, and policies may be invented that can do so efficiently, but, ceteris paribus, it seems that both individual vapers and society as a whole have less reason to worry about vaping than about smoking, and so it is likely to remain with us longer. Therefore, it is not unlikely that the price we have to pay for a more rapid decrease in smoking rates is widespread long-term unhealthy nicotine dependence. The case of Swedish snus may possibly provide some empirical support for this conjecture, with snus use relatively stable 2004–2018, while smoking rates declined substantially. If I am right that tougher tobacco control measures will be more feasible with e-cigarettes available, then promotion of e-cigarettes will likely help us get over the current tobacco epidemic sooner. In that sense, we face one or other prolonged nicotine-fueled epidemic whatever we do. However, at least in rich countries, the trend over the past several decades, without e-cigarettes, has been increased tobacco control and declining smoking rates. Smoking rates are declining globally as well, though absolute numbers of smokers are increasing (since global population size is increasing). I therefore assume, somewhat optimistically perhaps, that the status quo is that smoking will decline and eventually be more or less eradicated, at least in relatively well-functioning countries, which are the only countries for which it is practically relevant to discuss public health policy from a moral perspective. In contrast, since it is less harmful, if we allow vaping to become an established lifestyle, control measures may never be very tough.

In evaluating the not unlikely scenario of a sustained vaping epidemic, I propose that there are at least three moral aspects to consider, in addition to aggregate health effects: (1) possible downsides of addiction other than poor health, (2) the distribution of health...
effects in the population, and (3) the fact that much of the health effects will impact on future people, who do not yet exist.

One possible cause of disagreement between proponents and critics of e-cigarettes is the value placed on being free from addiction. Proponents generally grant that e-cigarettes are about as addictive as combustibles, given similar nicotine intake, which may be needed to induce switching in the first place. Now it may be that being addictive to a harmful substance has an inherent cost that is independent of the health risks. Philosophers disagree about the nature of addiction, but one recent and plausible proposal claims that addiction implies a pattern of mistaken evaluations, reinforced by resistance to correction, in part fueled by impulses to continue the addictive behavior that bypass deliberation. \(^{11}\) On this view, to be addicted is to have diminished self-governance, to be less in control of one’s own life. Especially for liberals, this is an important cost that cannot be measured simply in terms of the negative outcomes of the mistaken evaluations. A harmful lifestyle is bad, but to lack control over whether or not to keep that lifestyle makes it even worse. There are many competing accounts of the nature of addiction, but many of these imply some independent cost.

Another possible cause for disagreement may be different evaluations of how harms are distributed in the population. Smokers are generally worse off than nonsmokers, along several dimensions. \(^{16}\) For those who value equality, this is one reason for tobacco control. \(^{4}\) On the other hand, we do not know so much about the characteristics of future vapers. Perhaps vaping will not to the same extent burden the otherwise disadvantaged. One reason for why smoking is so prevalent among the disadvantaged is that they have been targeted by tobacco advertising. \(^{15}\) If this can be avoided for e-cigarettes by regulation, or if e-cigarettes, which have a higher threshold cost, will anyway be marketed to people who are in general better off, this may lead to less unfortunate distributive effects.

This potentially more favorable distribution of harms may be even more favorable if we are optimists about the future. It may be that the ongoing improvement of average living standards and general human wellbeing will continue, despite looming environmental disasters. If so, since much of the potential harm of e-cigarettes will occur in the somewhat distant future, e-cigarette harm and dependency will befall people who are in general better off than those current smokers that will benefit from accelerated smoking cessation.

A final distributional consideration is that the harms to each vaper is smaller than the harms to each smoker. Some people, including some philosophers, have the intuition that if some harm must be suffered, it is better if this harm is spread over more rather than fewer people. \(^{17}\) Therefore, the same aggregate loss of (quality-adjusted) life-years may weigh less heavily, morally speaking, if it is shared among a larger number of future vapers than if it is shared among a smaller number of current smokers.

I value equality and I believe that future vapers will overall be better off than current smokers, so I believe that the prevention of harm to current smokers weighs more heavily, morally speaking, than the equivalent prevention of harm to future vapers. I do not believe that harms, in terms of wellbeing, weigh less heavily if they are distributed over more people, but I recognize that this is a respectable position that some proponents of e-cigarettes may hold.

The third and final possible cause for moral disagreement that I will mention here is the moral status of people who do not yet exist. Models of cessation and initiation behavior that include concrete predictions of the aggregate health effects of e-cigarettes typically span only 20–50 years into the future. However, the potential e-cigarette epidemic may last much longer than that. If so, the overwhelming majority of those who will bear the burden do not currently exist. This means that it is less clear that our choice of policy now can harm them, because were it not for our actions today, they may not ever exist. This is so because our identities arguably depend on what particular gamete cells combine to form a zygote and are in that sense very fragile. If different policies are adopted, this may affect people’s lives in many small ways, causing fertilizations to happen slightly sooner or later in different ways, which seems enough to cause other persons to be created. This is the so-called nonidentity problem, ie, the problem that it seems one cannot be harmed by an action without which one would not have existed, since there is no relevant alternative under which one would have fared better. \(^{18}\) In contrast, those who would benefit most from increased smoking cessation exist now and are often harmed by their unhealthy habit.

Many philosophers resist the nonidentity problem by affirming that it is equally bad if future people are worse off as if currently existing people are worse off, even if the former evaluation involves a comparison between the fates of different individuals (ie, between those that might exist in a worse state and the different individuals that might instead exist in a better state). \(^{19}\) On this more impersonal view of future people, however, we may ask whether what is important is only the fate of future individuals, or whether it also has some relevance what the future will look like in general. Though the idea of the “tobacco-free society” is certainly in large part motivated by concern for particular individuals, current and future, it may also invoke visions of what kind of society we leave to our descendants, somewhat independently of how many individuals will be affected. Just as it may have had some value to preserve coral reefs for the future, independently of how many people would then have experienced these reefs, it may have some value to leave to our descendants an environment in which harmful and addictive drugs are not readily available, independently of how many people will otherwise use these drugs. I am myself rather drawn to these sorts of evaluations. For those who are not, however, it may be helpful to see that others are, and that this may in part explain their concerns with accepting e-cigarettes and so decreasing the chance of ever achieving a nicotine-free society.

**Conclusion**

What is the best policy on e-cigarettes depends to a large extent on empirical questions concerning smoking and vaping behavior and concerning the health risks of vaping, in addition to the more well-known health risks of smoking. In a global context, these factors are in turn influenced by such hard-to-predict factors as product development, cultural trends, the strength of global tobacco lobbying, developments in international trade agreements and so on. However, there are also important moral dimensions, which are either complementary to the obvious importance of aggregate health effects, or which indicate that some health effects should weigh more heavily than others, morally speaking.

I have argued that, from a liberal perspective, if e-cigarettes are available to smokers as a close substitute, it is less problematic to use public policy to promote quitting. In that sense, the moral and policy case for tougher tobacco control is strengthened by the availability of e-cigarettes.
I have further argued that, since vaping is substantially less harmful than smoking, we will have less reason to combat the vaping epidemic that may result from promoting e-cigarettes than we now have to combat smoking. Therefore, the price of accelerated smoking cessation may be high vaping rates in the long term.

I have, finally, discussed three possible grounds for moral disagreement that may be relevant for evaluating this long-term scenario. First, addiction arguably has a cost in terms of decreased control over one’s life, in addition to its health costs, and even if these are relatively minor. Second, future vapers may in general be better off than current smokers, in which case harm to the latter may weigh more heavily, morally speaking. Third, many future vapers do not yet exist, which arguably means we cannot harm them by implementing major policy changes to promote vaping. On the other hand, what is relevant is arguably not only harm to individuals, but also population effects. From this wider perspective, it may have some value to create a nicotine-free living environment for our descendants, independently of aggregate health impact, which may be a reason to oppose e-cigarettes.

I have provided some arguments for promotion of e-cigarettes and some arguments against. I have not said where I think the balance lies and it is not the purpose of this article to do so. I am inclined to think that e-cigarettes can be used to combat smoking in many contexts and that the price of a likely vaping epidemic is worth paying, or rather worth imposing on future generations. However, I recognize that this judgment involves both empirical speculation and a difficult balancing of moral values.

Supplementary Material
A Contributorship Form detailing each author’s specific involvement with this content, as well as any supplementary data, are available online at https://academic.oup.com/ntr.

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