

and computers and to interview relevant staff members – all essential parts of an investigation.

But often, journals need to start a process that could lead to retracting a study in the absence of an institutional investigation – or while an investigation, or inquiry, is ongoing⁵. Are cases such as this an opportunity for journals and institutions to discuss establishing channels through which to exchange information, in the interest of expedited outcomes – as part of due process? *Nature's* editors would be willing to play a part in such discussions.

Retractions are part of publishing research, and all journals must be committed to retracting papers after due process is completed. Although a paper can be retracted for many reasons, when the cause is potential misconduct, institutions must conduct thorough investigations.

This case is not yet closed. Both the university and the funder need to formally announce the investigation's results, and what action they intend to take. They should not delay any more than is necessary. When there is credible evidence of potential scientific misconduct, investigations should not be postponed. There is strength in collaborating to solve a problem, and nothing to be ashamed of in preserving the integrity of the scientific record.

1. Snider, E. *et al. Nature* **586**, 373–377 (2020); retraction **610**, 804 (2022).
2. Dasenbrock-Gammon, N. *et al. Nature* **615**, 244–250 (2023); retraction **624**, 460 (2023).
3. Durkee, D. *et al. Phys. Rev. Lett.* **127**, 016401 (2021); erratum **130**, 129901 (2023); retraction **131**, 079902 (2023).
4. Smith, G. A. *et al. Chem. Commun.* **58**, 9064–9067 (2022); retraction **60**, 1047 (2024).
5. Garfinkel, S. *et al. JAMA Netw. Open* **6**, e2320796 (2023).

Any plan to make smoking obsolete is the right step

The United Kingdom is correct to attempt to end the single largest preventable cause of illness and death, as was New Zealand before its government changed its mind.

“If cigarettes had never existed and were invented tomorrow, what would happen? They would not be legalized.”

Two years ago, Javed Khan, former head of the London-based children's charity Barnardo's, posed this question and then answered it. Smoking is the world's single largest preventable cause of illness and death. Khan had been asked by the UK Department of Health and Social Care to lead a review on how to make smoking obsolete. In the United Kingdom, 12.9% of people over age 18 smoke; the goal is to cut that to less than 5%.

In the United Kingdom, people younger than 18 cannot

“One evidence-informed law to end smoking for future generations could be just the start.”

legally buy cigarettes. But all too many start smoking during childhood. By 18, those young people are often well on the way to a lifelong habit. The legal age was raised from 16 in 2007; this change led to reduced levels of frequent smoking among young people (C. Millet *et al. Thorax* **66**, 862–865; 2011). Khan's team proposed to raise the minimum age further, by one year each year. Draft legislation approved by members of Parliament last week actually goes further: by 2027, no one born after 1 January 2009 would ever be able to buy tobacco legally.

If the law is passed, it will be only the second time that any country has enacted legislation to end smoking for future generations. Researchers, clinicians, policymakers and the leaders of all major UK political parties are in favour of it. At a time when many societies seem deeply polarized, it is reassuring to see this broad support. However, many practical details need to be ironed out, including how to monitor the law's effects and avoid backsliding.

Modelling studies forecast that numbers of smokers will fall (see page 695), but households with the lowest incomes tend to have more smokers and will need comparatively more support to stop smoking or to not take it up. At the same time, vigilance is needed to prevent the law from being undermined. In that respect, researchers need to study what has happened in New Zealand. In 2022, it was the first country to introduce legislation to end smoking for future generations, which helped to inspire the UK law. But there has since been a change of government – and, in a surprise move, New Zealand's law was repealed.

The new administration said the law hampered freedom of choice, and it drew attention to the loss of revenue from taxation. It also argued that such a law is not needed, because smoking is in decline in New Zealand (as it is in many high-income countries), and contended that the law would drive unregulated tobacco sales.

These are legitimate concerns. But they were studied before the legislation was enacted. Some of the researchers involved in that process are shocked that a government that says it is committed to decisions “based on data and evidence” seems to be repeating arguments from the tobacco industry that do not stand up to scrutiny.

In some ways, it seems as if the tobacco industry has no need to be concerned. Partly because sales in high-income countries are falling, the industry prioritizes sales and marketing in low- and middle-income countries (LMICs). Globally, around 1.3 billion people smoke, and 80% of them are in LMICs. But one evidence-informed law to end smoking for future generations could be just the start. New Zealand helped to inspire the UK policy. If the United Kingdom inspires others, two data points could become a trend that ushers in the end of the tobacco industry.

Cost–benefit analysis is not always appropriate when talking about protecting human health and saving lives, but the consensus of evidence is that the cost of treating tobacco-related illnesses and the days, months and years lost to ill health caused by smoking outweigh any monetary benefits from taxation. The original New Zealand proposal and the UK one are right. Tobacco, a product that kills its users, would never be permitted if it was introduced today.