



the smoking issue

an essay by
JOE JACKSON

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JOE JACKSON is a musician and writer who has researched smoking issues in depth, and has recently attracted attention for protesting against smoking bans. This essay was written for his website (www.joejackson.com) in response to many enquiries, interview requests, etc. Joe has agreed to allow the smokers' lobby group FOREST (www.forestonline.org) to print and circulate his essay. He is a member of FOREST, but wishes it to be known that the essay was not commissioned by FOREST, and he has received no money from tobacco companies or anyone else.

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INTRODUCTION

MY ARTICLES in the *New York Times* and *Daily Telegraph*, protesting against smoking bans and antismoking hysteria, have attracted a huge amount of attention. Since this has unfortunately become such a contentious issue, and since I'm now constantly asked to discuss it, I'm going to take this opportunity to set out my position as clearly as I can, without the 'filter' of editors, the time constraints of radio, etc. This essay was primarily written for my website, but it can be freely downloaded, copied and circulated.

I'm 'pro-choice' on smoking, not just because I want to smoke (I don't even smoke very much) but also because I'm concerned about certain worrying political and cultural trends. The antismoking movement is on such a roll at the moment, and smoking has been so thoroughly demonised, that some of what I have to say is bound to raise a few eyebrows. All I can say is that my views are carefully considered and extensively researched.

DANGERS OF SMOKING

A COUPLE of years ago I considered giving up my own moderate enjoyment of tobacco because of the constant barrage of horrific statistics. But antismoking propaganda in the USA (I was living mostly in New York) seemed so overblown, so hysterical, that I became sceptical. So instead of giving up smoking, I started doing research. At first my mind was pretty open; I half expected to find that smoking was even worse than I thought, and I decided that, since I wasn't a hardcore nicotine junkie, I could live without it. Instead, I've been astonished, again and again, by how flimsy much of the antismoking evidence really is. By now I'm absolutely convinced that the dangers of smoking (and 'secondhand smoke' in particular) are being greatly exaggerated, for a number of reasons, many of which have less to do with health than with politics, money and fashion.

People used to be guided by intuition, experience, observation, moderation, pleasure, folklore, the testimony of friends and acquaintances, and their family history. Increasingly, though, we're expected to be guided by government statistics. The problem is that so much

of what we're told is politicised, out of context, out of proportion, or just plain false. The bald statement 'Smoking Kills!' makes us sceptical right away, since we can see for ourselves that, in most cases, it doesn't.

One good example of this lack of balance and perspective is the way we're told that smokers have a higher risk of lung cancer, without being told what the overall 'baseline' risk is in the first place. The statistics always sound alarming; we're told that smokers have a '600% increased risk', for instance, because this sounds worse than six. Other sources (the majority, it seems) insist that smokers are actually ten (1000%) times more likely to get lung cancer. Others quote the pioneering studies of Sir Richard Doll who reckoned that 166 in 100,000 smokers die from lung cancer, as opposed to 7 in 100,000 nonsmokers, so you have a 24 times higher risk of getting lung cancer if you smoke.

Native Americans smoke much more than white Americans, yet have half the rate of lung cancer

Antismokers aren't lying when they tell you that smokers are, statistically, more likely to die of lung cancer. But they don't tell you, for instance, that only a minority of those deaths could be considered 'premature'. They also don't point out a basic statistical fact: that a large increase on a very small number can still be a very small number. (Think of it this way: if you buy 20 Lottery tickets instead of one your chances of winning would go up by 2000% – but could still be infinitesimal.) So, if you're good at maths you can figure this out for yourself: even if you accept Prof Doll's numbers, your chances of NOT getting lung cancer are still more than 99%! Besides, we still don't actually know what causes cancer or how to cure it, and lung cancer (with, incidentally, about 40 risk factors in addition to smoking) is particularly hard to treat.

This understandably drives doctors and scientists crazy, and they are anxious to bring down lung cancer rates in any way they can. Targeting smoking – something quite a few people viscerally dislike anyway – seems like a good bet, especially when smokers are a minority. And the more smoking is targeted the fewer resources are allocated to lung cancer research. Health professionals have 'closed ranks' on this issue and, like Nancy Reagan, they're trying

to make a problem go away by telling us to 'just say no'. As for nonsmoking lung cancer victims... well, too bad.

We are also told that 'Smoking Causes Heart Disease' even though there are something like 300 risk factors for that, and some very large studies (for instance, the well-known study of the citizens of Framingham, Massachusetts, which has been going on since 1948) have shown the link with smoking to be rather weak. Still, such is the imperative to demonise smoking, these and other diseases are labelled 'smoking-related' and every death from them just added to the 'smoking-related' tally – whether or not the sufferers smoked! At the same time, the large number of smokers (more than half) who die of these diseases at normal (ie. old) ages have their deaths attributed to smoking even when this cannot be proven. Still no one puts this all into *perspective* and points out that a majority of us will live into our seventies and die of either some sort of cancer, some sort of heart trouble, or some other 'smoking-related' disease whether we smoke or not. Cancer, especially, is mostly a disease of the old, and the main reason it looms so large these days is that we're living longer.

We are told that an 'estimated' third of all smokers will die of the habit, and then this mysteriously goes up to a half, and then the 'estimated' starts to be dropped in favour of just a statement of 'fact'. Still we're never told what exactly is meant by a 'smoker'. In many cases it's only people who've smoked over 20 cigarettes a day for decades – more moderate cigarette smokers or cigar or pipe smokers don't count. In other studies a 'smoker' is anyone who has smoked 100 cigarettes in their lifetime; in others, someone who quit five months ago is a 'nonsmoker,' while in others someone is called a 'smoker' when they quit 20 years ago! Estimates of deaths from smoking are based mostly on speculative mathematical projections and should be treated with much more scepticism than is currently the case. For instance, until very recently, a completely arbitrary 13% of cervical cancer deaths were attributed to smoking but it has now been proven that almost 100% are caused by a virus.

Most of us can't think of more than one person we've known who has died from smoking – and even then the chances are that they died in their seventies and that, if we think about it, we can't be absolutely sure they didn't die from a combination of factors, some unknowable. It simply cannot possibly be true that anywhere near a half of everyone who ever smokes is doomed to a premature death. If that were true we would have worked it out long ago from our own experience, and hardly anyone would smoke and tobacco would be illegal. But still the statistics grind on. We are told that 120,000 people a year in the UK are 'estimated' to die from 'smoking-related diseases'. Yet the number of death certificates

which declare ‘cause of death: smoking’ is actually only a few hundred. It’s much harder to establish smoking as the cause of death than we are led to believe.

No-one suggests either that diet, lifestyle or genetics may be factors. Native Americans smoke much more than white Americans, yet have half the rate of lung cancer. The Greeks, Japanese, Italians and Spaniards are the world’s heaviest smokers, but are all right at the top of the life expectancy charts, with lower rates of ‘smoking-related’ disease than Americans or Northern Europeans. The Japanese have especially low rates of lung cancer – though these have risen over the last couple of decades *at the same time as smoking has declined*. Meanwhile, Chinese women have one of the highest in the world even though only 2% of them smoke. Such facts are rarely mentioned, since in an antismoking climate they are inconvenient – as is any suggestion that air pollution from cars, etc, might be a factor in ‘smoking-related’ diseases. Much easier just to keep bashing smoking!

In the UK, at least, class is (perhaps predictably) invoked in the smoking debate. We are now being told that the working class has much more disease and premature death than the middle class, and that the biggest reason is that they smoke more. But poorer and less-educated people are also much more likely to have bad diets, drink too much, have higher cholesterol, exercise too little, work too hard, and have higher exposure to stress, pollution, and all kinds of other things which are factors in ‘smoking-related’ disease, and which are impossible to separate from smoking itself. You can always find something to single out as the ‘curse of the working classes’. In 1920s America it was booze; now it’s tobacco.

Dr Ken Denson of the Thame Thrombosis and Haemostasis Research Foundation (one of the few British doctors currently willing to speak out against what he calls the antismoking ‘witch hunt’) has argued persuasively, in many medical journal articles and letters, that rates of ‘smoking-related’ disease could be brought way down just by encouraging smokers to eat more fruit and vegetables and less fat, and/or exercise more. (One recent study has shown that one-pack-a-day smokers who exercise live longer than sedentary nonsmokers.) In Dr Denson’s view, the medical community is failing to offer smokers protection by not educating them about all their options, and by instead relentlessly pushing a kind of zero-tolerance prohibitionism which will inevitably backfire.

There are other ways in which antismoking zeal doesn’t actually help smokers or anyone else. For instance, tremendous progress has been made in research and development of safer cigarettes; but this has been systematically crushed by the ‘antis’ since it could

undermine their efforts towards total prohibition. Even today's regular cigarettes are safer than the unfiltered, high-tar cigarettes which were the norm in the 1950s, when much of the scientific antismoking evidence was first established. But for antismokers the only good news is bad news – an attitude we shall see again in this essay's sections on secondhand smoke and on air filtration/ventilation.

We are told that smoking is a joyless addiction when for millions it's a great pleasure

Likewise, there is a huge difference in risk between smoking five or ten cigarettes a day and smoking 40 or 60; and although this seems glaringly obvious it is currently taboo in medical circles to even suggest it. Instead we are told that there is 'no safe level' of smoking – when there are safe levels of every imaginable kind of poison, pollution, radiation, carcinogens, etc. In fact, tobacco is the only 'recreational drug' which does not impair brain function or alter behaviour, and it actually has a beneficial effect on certain diseases, notably Alzheimer's and Parkinson's. There is quite a bit of evidence that a normal healthy person can smoke up to ten cigarettes a day with no ill-effects whatsoever, and even some benefits, eg. stress reduction, weight control, and improved concentration and memory. (The Framingham study has shown that smokers of up to ten cigarettes a day have less heart disease than nonsmokers.)

We are told that smoking is nothing but a joyless addiction, even though we can see that for millions of people it's a great pleasure, and that more and more people are smoking moderately. It is in any case hard to draw clear lines between 'addictions', habits, and favourite pastimes or rituals. Many people are indeed addictive when it comes to smoking but, then again, many people are addictive with alcohol, coffee, many drugs (including prescription ones), sugar, sex, dieting, the gym, or TV soap operas. The term 'addiction', like many other things in the smoking debate, is politicised and overused in a further attempt to make smokers look bad and feel guilty. We are also told that cigars and pipes are no safer than cigarettes; yet even if you don't know that cigar smoke is chemically different to and less carcinogenic than cigarette smoke, and almost never fatal, isn't it obvious that you're safer when the smoke is not inhaled?

In recent years, claims for the evils of smoking have become so hysterical that ordinary people are ceasing to believe them which has worrying implications for the credibility of health authorities. A recent report showed that the sperm count of British men seems to have declined over the last couple of decades. The researchers had no idea why but doctors and journalists immediately rushed to blame it on smoking. No-one pointed out that over the last couple of decades people have smoked much less. Similarly another recent scare tried to blame infertility and impotence on smoking *and perhaps even passive smoking*. No-one pointed out that people smoked more in the period of the two world wars and just after than at any other time in history. And what did we have in the 1950s? A baby boom! It's questionable what purpose is served by these kinds of reports except to create a climate of paranoia.

Then there was the recent gruesome ad campaign on UK TV showing that smoking 'clogs up your arteries' with disgusting goo. This ad was so phoney it was sent up by the satirical magazine *Private Eye* which rightly pointed out that nonsmokers' arteries clog up too, that there are many causes, and that the link to smoking is tenuous. Anecdotally, too, we know that smokers are now castigated at every opportunity as though tobacco were responsible for every possible human ill. A friend of mine recently broke her wrist and her doctor told her it might not heal as quickly as normal because she smoked. It actually healed more quickly than expected, but you can bet no one attributed that to her smoking.

I'm quite sure that heavy long-term smoking has an adverse effect on the health of quite a few people, sometimes to the point of being a, or even *the*, decisive factor in their deaths. If you perceive the risk of even moderate smoking to be unacceptable then don't smoke, and good luck to you. Nonsmokers often simply cannot understand why anyone would persist in doing something which is commonly reckoned to take about five years off of their lives. But apart from the fact that this is just a guess, and can't apply to everyone, I wish that nonsmokers would stop for a minute and imagine how they would feel if something *they* loved were being similarly targeted. Many good arguments can be made against eating meat or drinking alcohol. But if you love steaks, or wine, how would it feel to be constantly nagged by doctors and politicians into becoming a vegetarian or a teetotaler? You might well prefer to keep on enjoying your favourite pleasures and take your chances. You might feel that five extra years without them is not such a great prospect. You might even feel like rebelling by eating or drinking more than ever.

The question of one's own philosophy of how to live comes into play here, of course. Mine, just for the record, is to enjoy life as much as possible whilst also applying as much

moderation, common sense and consideration for others as I can manage. I also believe that pleasure is extremely important to human beings, that our pleasures should be given up only as an absolute last resort, and that if the medical establishment were to see things more in that way – ie. as human beings – we would be hearing very different statistics and different advice. Finally I believe that what I choose to do to my own body is entirely my own business.

All the diseases supposedly caused by 'passive' smoke have multiple causes

There's another philosophy, though, which feeds into antismoking, and goes something like: work hard to avoid absolutely everything which current opinion holds to be bad for you, and do as much as possible of what current opinion holds to be good for you, and maybe you can attain perfection or invulnerability. Often this mindset is accompanied by a zealous desire to whip others into shape, and/or a feeling that if anything goes wrong it must be someone else's fault, so let's find someone to blame – or sue. This is all very American and I don't think it's an accident that antismoking mania has spread primarily through the countries most influenced by America: Canada, Australia and the British Isles. But in my opinion it's not only a dreary way to live but not guaranteed to work any better anyway.

So I concede that smoking isn't exactly 'good for you' in the same way that eating an apple or going for a swim might be good for you. But I've also become firmly convinced that it's nowhere near as harmful as we're currently led to believe and that the statistical books are being routinely cooked in order to frighten and bully us into conforming to some ideal, standardised, manageable, and fashionable norm of 'health' which cannot suit everyone. A more realistic approach would be something more like that generally taken with alcohol: keep it away from children, educate us about the risks, counsel moderation, offer help to those who become dangerously addicted or sick – and then, let us take responsibility for ourselves and *leave us alone*. Instead, smoking has become the scapegoat *du jour*; fashionable to blame for a whole range of problems we don't really know what to do about, a distraction from more serious and intractable problems, and convenient to cover up all sorts of incompetence and corruption in health institutions. And nowhere is this more evident than in the junk science bonanza that is 'secondhand smoke'.

THE SMOKESCREEN: 'SECONDHAND SMOKE'

AGAIN AND AGAIN smoke-haters tell us that any debate about an individual's choice, or right, to smoke is negated by the fact that he or she 'inflicts' smoke on others. And yet we all, on a daily basis, have things 'inflicted' on us which are harder to escape than tobacco smoke: all kinds of pollution, carcinogens, allergens, smells, noise, etc. Surely the real issue should be not whether we can construct a self-righteous moral argument, but whether something is, in fact, doing us any real harm.

Two or three decades ago the more politically savvy members of the antismoking movement started saying (and this is quite well documented) that they weren't going to make much more progress unless they could somehow show that smokers were harming not just themselves but others around them. The war against tobacco could then be escalated to a whole new level. Smokers could be portrayed as at best anti-social and, at worst, murderers! Nonsmokers who previously didn't care much about people smoking around them could be incited to righteous intolerance. As for people who'd always hated smoke – they're the front line, the hardcore supporters who don't care how bad the science is as long as it appears to legitimise their demands for a smoke-free world. This is the basis for a huge upsurge in anti-smoking sentiment and the spread of draconian, anti-democratic smoking bans. And as many scientists, academics and probably even a few politicians are well aware, it's pretty much a hoax.

As I write this 147 studies have been done on secondhand smoke (SHS) also known as 'passive smoking' or environmental tobacco smoke (ETS). Many of them are ridiculously flawed since exposure to, and the effects of, SHS are extremely hard to measure. (Thirty-six of the studies are 'childhood' ones in which a group of people – often an insignificantly small group – are simply asked to recall who smoked around them when they were children, and how much, whether windows were open etc.) The vast majority of studies (including the biggest and most credible ones) are inconclusive: ie. they show both positive and negative effects from SHS, do not reveal any consistent pattern, and have to be 'thrown out'.

Only 24 studies have managed to show a 'statistically significant' risk which, in this context, means simply that the data is 'coherent'; ie. it all falls on the 'risk' side. But it's important to realise that *the risks are still so small they would not be taken seriously in any normal scientific context*. Your backyard barbecue produces far more carcinogens. Higher cancer risks have been found in eating mushrooms, drinking milk, using mouthwash, wearing a bra, and

keeping pet birds. Statistically, you are much more likely to die in a bicycle accident, or from being left-handed and using right-handed things, than from exposure to smoke. (I swear I'm not making this up!)

How many bar workers have actually, demonstrably, died from passive smoking?

Besides, even if they could show a high degree of statistical significance, SHS studies have all kinds of other problems, including biases and confounders (conflicting factors) which are not taken into account. Just as with 'active' smoke, all the diseases supposedly caused by 'passive' smoke have multiple causes. Then there's the fact that the most numerous and (marginally) most convincing studies are those which look for disease in the nonsmoking spouses of smokers – spouses who invariably have the same diet and lifestyle risk factors as the smokers. Ultimately, even if you could find a really convincing way to test the effects of SHS, you could never prove that it was the cause of someone's illness anyway.

Nevertheless, many people now believe that SHS must, intuitively, be harmful since 'active' or 'primary' smoking is so harmful. But the dangers of smoking are exaggerated in the first place, and even the actual levels of SHS exposure are exaggerated to an incredible degree. The largest study to date on levels of SHS exposure was published by the US National Centre for Environmental Health, which studied 10,000 exposed nonsmokers for levels of cotinine (a nicotine derivative which is thought to demonstrate the level of tobacco smoke exposure). The mean cotinine level of the nonsmokers was 1/500th of that of the active smoker. And by the way: (a) there are other sources of cotinine, including, for instance, tomatoes, and (b) showing that people have small amounts of cotinine in their blood is not the same as demonstrating that it's doing them any harm.

The whole issue of passive smoke exists only at the outer limits of significance, both in the strict scientific and in the more general sense. Proving anything at all is like trying to thread a needle with a sledgehammer. For instance, 28 studies to date have shown more evidence of risk *reduction* than elevation. So you could, if it were politically expedient to do so, construct an argument that SHS is *good* for you. It would be a fraudulent argument but only

fractionally more so than the argument that SHS is a grave threat. Epidemiology (the study of the causes of disease) is an inexact science at best, and in such studies a risk factor of any less than 200-300% is considered so weak as to be essentially meaningless. The best the antismokers have been able to come up with is 20-30%. Based on this, and other creative uses of statistics, the 'antis' are quite happy to spread fear and alarm, blithely inventing hundreds or thousands of deaths which 'must be' occurring from SHS, despite the total lack of actual proven, documented cases.

Anyone who actually goes to NY bars and clubs knows the ban is extremely unpopular

This last point is worth emphasising: it is a fact that there is not one death certificate, anywhere in the world, stating 'cause of death: passive smoking'. Indeed there is not one documented case in which passive smoke has been proven to have killed someone, or even made them seriously ill. Health professionals are challenged over and over again to produce one, and consistently fail to do so. Instead they just repeat the party line: that 'experts agree' or 'studies have shown' that (in the UK) SHS kills anywhere from 700 to 12,000 people a year and we just have to take their word for it.

The huge discrepancy in the numbers alone tells you that these are not body counts but statistical computer projections. In the case of 'active' smoking this is routinely done in order to hype the danger. In the case of 'passive' smoke, it's done to manufacture a danger which doesn't exist or, if it does, it's probably too small to be measured. The first is exaggeration; the second is nothing less than fraud.

Anyway, I ask the reader to refer once again to his or her own experience and common sense. How many of us have known *anyone* who has died from SHS? How many bar workers have actually, demonstrably, died from SHS? Bearing in mind that people have smoked in bars for hundreds of years, and that when more people smoked and air filtration was non-existent bars were much smokier, we're now told there is 'no safe level' of exposure to secondhand smoke. This means that if you go into a well-ventilated bar once a year and someone on the other side of the room is smoking, you could get lung cancer!

Incidentally it is not true that much of the research which casts doubt on the dangers of SHS emanates from the tobacco industry. Only two studies have received tobacco money. But regardless of the actual sources and funding of SHS studies, the overall picture is the same. For instance, the World Health Organisation admitted that the risks found in its own major study were statistically insignificant, and the US Environmental Protection Agency's classification of SHS as a 'Class A Carcinogen' was such a travesty of science that it was declared invalid and thrown out by a federal court (though it's still widely quoted). The aforementioned Sir Richard Doll admitted in a 2001 radio interview that he personally had no qualms about secondhand smoke.

In 2003 the *British Medical Journal* published the results of a major secondhand smoke study (Kabat/Enstrom, UCLA), one of the largest of its kind, which found the link between SHS and coronary heart disease and lung cancer may be considerably weaker than the antismokers would have us believe. After being predictably attacked by the antis the editor defended the *Journal* in an editorial stating that the dangers of SHS are unproven. Dr Elizabeth Whelan, president of the American Council on Science and Health, commenting on the New York smoking ban, has stated that 'The role of ETS in the development of chronic diseases is without scientific basis. There is no evidence that any New Yorker – patron or employee – has ever died as a result of exposure to smoke. The link between secondhand smoke and premature death... is a real stretch.'

There are many more examples but here, for good measure, is a quote from a well-known antismoker, the American activist Stanton Glantz, at an Australian conference in 1990: 'The main thing the science has done on the issue of ETS, in addition to help people like me pay the mortgage, is it has legitimised the concern that people don't like cigarette smoke. And that is a strong emotional force that needs to be harnessed and used. We're on a roll, and the bastards are on the run.'

I'm sure that many antismokers are well-intentioned and either really believe that SHS is deadly or hate smoke so much that they feel it 'must be' hurting innocent bystanders. But anyone who actually studies the evidence objectively would have to conclude that (a) SHS is nothing to worry about, and (b) the dangers have been exaggerated for purely political or propagandistic reasons: ie. to stigmatise smokers, incite intolerance of smoke, and make smoking 'socially unacceptable'. You'd think that antismokers would be happy that secondhand smoke, at least, isn't really hurting anyone. On the contrary: to admit such a thing would be to surrender their most effective weapon.

SMOKING BANS

SO, AN ANTI-SMOKING fanatic is elected Mayor of New York and passes a ban on smoking in every bar, restaurant and nightclub, claiming that ‘secondhand smoke’ has killed more New Yorkers in the last two years than the catastrophe of September 11th! He further exploits that tragedy by claiming (and this has been dutifully repeated in the media) that ‘the hospitality industry is doing better since the ban was passed’. But the ban was introduced in mid-2003, when *the whole city economy* was starting to recover from the huge post-9/11 slump. Then, to confuse things still further, Mayor Bloomberg includes in ‘the hospitality industry’ hotels, restaurants (which were already nonsmoking except in separate bar areas, an arrangement which was working pretty well), fast-food outlets, Starbucks, and even liquor stores. So, if McDonalds hires a couple of thousand new employees, or if more people buy booze to take home because they can’t smoke in a bar – it all supposedly demonstrates the success of the smoking ban!

Meanwhile anyone who actually goes to NY bars and clubs knows that the ban is extremely unpopular and causing all kinds of problems, ‘bad vibes’, and significant loss of trade. (Why would the Empire State Restaurant and Tavern Association be suing the city if business were booming?!) Employees (whom the ban is supposed to ‘protect’) hate having to be cops, and for less tips at that. Some lose their jobs as smaller bars go out of business. Even jukebox companies are protesting because people are standing out on the street smoking instead of feeding their machines! Many bars defy the law and let people smoke, but they all have to display a notice with a phone number to call ‘to report violations’. In other words, to ‘rat on’ your neighbours.

What has the ban really achieved, except lost business, anger, confusion and social tension? No lives have actually been saved, and people who simply don’t like smoke could have been accommodated by (a) good air-cleaning systems and (b) a market-driven choice of smoking and nonsmoking spaces. (If there’s so much popular demand for a ban, why did it need to be enforced by law in the first place? And why did Bloomberg wait until after he was elected before even proposing it?)

It is important to make this distinction: the ‘nuisance factor’ of smoke, to those who dislike it, is a separate issue. It is not a health or safety issue concerning doctors or politicians, but a service issue, mostly concerning the hospitality industry. The only real justification for a total legal ban would be *incontrovertible* proof that SHS is a deadly health hazard. If that is

ever anywhere *near* proven, I will give up smoking immediately, law or no law, since I am not a murderer. Besides, if we're going to accept such low thresholds of risk as a basis for public policy, we should certainly ban workers from kitchens (since cooking food produces carcinogens) and also ban music, since it is well-established that loud music damages peoples' hearing. What about bartenders in dance clubs?

If there's a genuine demand for non-smoking venues the free market will sort it out

Incidentally, since the 'strongest' evidence of SHS risk comes from 'spousal' studies, there is a stronger case for banning smoke in the home than in a bar. The fact that there is no effort (yet) to do so suggests a respect for property rights. But publicans, restaurateurs and night club owners have property rights too. Their establishments are not funded by taxes nor is anyone actually compelled to enter. They have as much right to set their own smoking policy as you do in your own living room.

A couple of other arguments for smoking bans need to be briefly addressed. One is that 'smokers are the minority'. True enough: about 26% of Britons, for example, are reckoned to smoke. But in pubs this goes up to around 50%, and in some pubs it's quite apparent that smokers are the majority. Also, when it comes to nightlife, *nonsmokers* are not necessarily *antismokers*; in fact they mostly don't mind smoke as long as there isn't too much of it. So blanket smoking bans in bars and clubs are *not* demanded by a majority of the people who go to them (and if they were, why was there not even *one* nonsmoking bar in New York before the ban?). But, ultimately, percentages are not the point. The hospitality industry is, by definition, meant to be welcoming and inclusive. That's why there are meatless dishes on the menu, bottles of Pernod behind the bar even though hardly anyone ever drinks it, etc, etc. Even if smokers were only 5%, that alone does not justify throwing them out onto the street.

It is disingenuous too to say that smokers are not being barred from the bar, but just barred from smoking. This is like telling a vegetarian that his favourite restaurant has been turned into a steakhouse – but he's still welcome! For many of us a drink and a smoke complement

each other so perfectly that being forbidden to smoke is not only infuriating but a genuine loss, the loss of a cherished pleasure and a part of our lifestyle. One smoker I know describes it as ‘like being forced to eat chips with no salt’.

To say that smoking bans in ‘public places’ (including, let’s not forget, private property like bars and clubs) are justified in order to get more smokers to quit is equally wrongheaded. For one thing it is social engineering; an inappropriate politicisation of a personal decision. It is also ineffectual as long as smoking remains legal since the most determined and addictive smokers (the ones who really ‘should’ quit) will simply smoke more elsewhere. Often they smoke more than ever, out of sheer defiance. Again and again doctors and politicians fail to understand that *pleasure* and *free choice* are just as important to people as ‘health’; in fact, they are *part* of ‘health’. Depriving people of their pleasures makes them unhappy. Nagging, bullying and coercing them makes them angry and rebellious as well.

Still another spurious argument is that smoking bans are justified so that no-one’s clothes or hair will ever have to smell of smoke. This complaint is sometimes heard from bartenders who feel for some reason that they should be exempted from the millions of people who have to take a shower and change their clothes after work. Once again, this can be mostly resolved by more choice and good air-cleaning systems (about which more in a moment). And if there are still some occasions when the air gets smokier than it should, is a bit of give-and-take on the part of nonsmokers really too much to ask?

No doubt it must be pleasant for someone who dislikes smoke to know that he or she can go anywhere, any time, and never be bothered by the slightest whiff. Personally I’d feel more comfortable if dogs were universally banned because I’m allergic to them. But I like to think I see the bigger picture and if anyone proposed a dog ban I would oppose it. I ask nonsmokers to consider this: you don’t have to deal with smoke in your home, your office, your car, in shops, schools, cinemas, theatres, planes or trains. But tobacco is still *legal*. How, in a free-market democracy, can you say that we can never, at any time or in any place, enjoy it in a social setting?

If the antismokers are right about SHS we should not smoke at home either (unless we live alone) so as not to endanger our family members. So if smoking is banned in every bar – and even in private clubs – where *can* we smoke? Only on street corners, which – as the antismokers are well aware – makes us feel bad and *look* bad. And then we’re in trouble for making noise or leaving fag ends on the pavement! Some cities are even proposing to ban

smokers from certain main streets so that children will not be corrupted by the sight of us. Why not go all the way and put us in the stocks, to be pelted with garbage?!

This is Prohibition in all but name. At least Prohibition was honest and unequivocal. The crusade against tobacco attempts instead to make life so miserable for smokers that we will all eventually give up 'of our own accord'. But tobacco can't be 'un-invented' and there will always be many people who enjoy it. Smokers are not going to go away. If tobacco were prohibited by law you'd have all sorts of other problems – illegal trafficking, etc. Besides, there isn't a government in the world which wants to give up the enormous tax revenues they get from tobacco.

The agenda is being set by zealots supported by government and the pharmaceutical industry

Sooner or later the pendulum will have to swing back towards accommodating smokers with a sensible mix of free choice, tolerance, and technology. And the best venues for smoking will always be well-ventilated pubs, clubs, bars, and restaurants (or at least some restaurants or parts of restaurants). At the same time, if there's a genuine demand for more completely nonsmoking venues, the free market will sort it out.

A NOTE ABOUT AIR-CLEANING

THE GREAT IRONY of so much of the debate over smoking bans is that there is no longer any excuse for a smoky environment anyway since modern air-cleaning systems can continually suck out smoke (along with less visible pollutants, allergens etc.) and recirculate fresh air. This fact is regularly buried by antismokers and suspiciously absent from media debate. Antismokers like to present a stark choice: (a) noxious, choking clouds or (b) nice clean air. But good air-cleaning systems are widely available and the best can make the air in a smoking venue noticeably cleaner than filthy city air *outside*.

Tobacco smoke particles have been measured at about one micron; a good system can remove everything down to 0.30 of a micron. Tests have shown that the air in a smoking

venue with a good air-cleaning system is cleaner than the air in a nonsmoking venue without one. In such an environment, smokers and nonsmokers can relax and socialise *together*. Sure, you see a wisp of smoke here and there, but smoke buildup and haze are eliminated. There is nowhere near enough smoke to make you cough or hurt your eyes, and the smell is almost or, with the best systems, *completely* eliminated. It's not even very difficult to create 'air curtains' to completely prevent smoke passing from one part of a room to another (in front of the bar, for instance). In my opinion the availability of this technology in so-called 'public' places also reinforces the argument that it's the bar or club, rather than the home, which is the last refuge of the smoker.

Antismokers always claim that no air-cleaning system is 'good enough'. James Repace, a professional antismoking activist in the US, recently stated that it would take 'hurricane force winds' to rid a bar of smoke. This should surprise anyone who has ever managed to clear most of it just by opening a window. Anyway, it's simply not true. Fairly standard air-cleaning systems are considered 'good enough' for laboratories working with toxic chemicals, and for hospitals with infectious disease wards. I can't imagine why they're not good enough for a bar. With proper technology 'secondhand smoke' – even if it was a proven hazard – is reduced to levels that it's childish to worry about. Only the most fanatical, ideologically-driven antismokers have a problem with such an environment. But these are the people currently being allowed to set the agenda.

The Nazis were fierce antismokers and today's 'antis' use a lot of the same tactics and rhetoric

HEALTH, POLITICS OR PROFIT?

FREE CHOICE and air-cleaning are important issues. But the central problem is really the unchecked spread of politicised 'junk science' and the fact that health lobbies are increasingly allowed to be the final authority on matters of public policy. The British government is proposing to tax fatty foods and dairy products and force people to exercise; the French government is proposing to fine bar owners for serving more than a specific amount of alcohol to customers; and the Italian government has passed a law to restrict the

amount of sugar served in cafes, with fines for employees who let anyone have an extra lump! Health authorities are being given sweeping powers which often transcend constitutional law. Bloomberg's health inspectors in New York have powers to enter and search which exceed those of the police. They have, among other things, raided private offices and fined people for the crime of Being in Possession of an Ashtray.

Meanwhile the media are happy to spread any scare if it makes for a good headline. (Recently we've been told that we can get cancer from hair dye, antibiotics, soft drinks and even oral sex!) The curious result of all this is that although we're living longer, healthier lives than ever, we are, at the same time, turning into paranoid hypochondriacs! And although this phenomenon is not limited to smoking, smoking seems to be at the top of the agenda at the moment. And the agenda is being set by zealots and supported by two huge financial pillars: government and the pharmaceutical industry.

The more I investigate the 'tobacco wars' the more obvious it becomes that this is not so much a health issue as a political one. The much-demonised tobacco companies made some big mistakes in the 1960s-1980s and fell out of favour. The whole story is a bit beyond the scope of this essay but, briefly, they reacted to revelations that smoking was riskier than previously believed by going into 'denial mode', which then enabled their opponents to inflate the dangers of smoking more and more. Then came the lawsuits, and they started to go from denial to capitulation. They are now widely banned from advertising and in the US, since 1998, even banned from presenting any evidence which would contradict the anti-smoking orthodoxy (in exchange for immunity from further lawsuits).

Antismokers keep portraying the tobacco industry as an insidiously influential 'evil empire' and anyone who's even remotely 'pro-smoking' as a tobacco industry stooge. But in reality that industry has been largely silenced. Tobacco companies are mostly keeping quiet and contenting themselves with expanding markets in China, Eastern Europe, etc. Many smokers are angry at tobacco companies for 'selling us out'. The Philip Morris website, for instance, should get some kind of award for corporate masochism; looking at it I thought I'd wandered into an antismoking website by mistake.

But they're saying what they have to say in order to stay in business. I agree that a corporation like Philip Morris is fundamentally cynical and concerned with making money, rather than health or any kind of moral principle. What I don't see, though, is how this makes them any different to McDonalds, or Coca Cola, or GlaxoSmithKline, or Halliburton.

Lo and behold, since 1998 we've seen a huge increase in *unopposed* antismoking propaganda, and also in advertising for 'smoking replacement' products: the nicotine patch, gum, etc. And it doesn't take a lot of digging to discover that big pharmaceutical companies are the biggest contributors to the antismoking crusade. The Robert Wood Johnson (of Johnson & Johnson) Foundation alone has contributed over *half a billion dollars* to antismoking campaigns, including even many small 'grass-roots' ones which lobby legislators. They and other drug companies reap the benefits by selling 'politically correct' nicotine. Typically though smokers go on and off them, sometimes for years, spending a lot of money in the process. Eventually many do quit smoking but they feel depressed; they've been deprived of a favourite pleasure, and one which has antidepressant qualities. So, what's next? Prozac, Paxil, Zoloft.

Ex-smokers are a potentially *colossal* worldwide market for the pharmaceutical industry. (A small but telling example: Mayor Bloomberg, after pushing through his smoking ban, bought, with city money, over a million dollars' worth of nicotine patches to give away to prospective quitters!) Behind all the 'public health' rhetoric is a high-stakes corporate battle for the future control of nicotine and the pharmaceutical industry currently has the edge. This strikes some people who haven't thought about it as a 'conspiracy theory'. Well, I don't generally believe in conspiracies; I think human beings are not usually smart enough to sustain them. But I do believe that alliances of interest can arise and gather a momentum which can, on the surface, look like genuine or necessary social change – at least for a while.

Ex-smokers are a potentially colossal worldwide market for the pharmaceutical industry

'Big Pharma' also gives generously to local governments which take an antismoking stance, and advocacy groups (various heart or lung associations or antismoking groups such as ASH) seem able to get endless amounts of money for antismoking campaigns from politicians who see 'public health' as a good bet and who don't question the antismoking agenda. The more such groups exaggerate the danger of whatever they're crusading against, the more money they get. ASH, in particular, get millions of pounds to say and do anything they like, including blatantly false propaganda, so long as it's antismoking.

The British government is also giving cash incentives to doctors to get their patients to quit. Hard though it may be to accept, the antismoking lobby is not ‘unbiased’ nor free of vested interests. There is now an anti-smoking *industry* and it’s no wonder they’re on a roll. The right lawsuit – based on the overwhelming evidence that ‘secondhand smoke’ is a fraud – could bring the whole thing crashing down in flames. But under American law, at least, it’s very difficult for bar owners, for instance, to challenge smoking bans on the basis of junk science, since they do not have ‘standing’ on that issue.

The anti-smoking lobby has become a speeding juggernaut with no brakes. Some doctors and politicians have even suggested that smokers who get sick should be refused treatment because their diseases are ‘self-inflicted’ and they are a ‘burden’ on health services. Think about this for a moment. These are the same people who tell us that smokers die younger. If that’s so, we are *saving* the state money. Besides, just about every health problem you can think of could be said to be self-inflicted; and yet smokers contribute more in taxes than anyone. In the UK this amounts to over £9 billion per year!

Since only a minority of smokers get sick – and since, cynically speaking, lung cancer is a ‘cheap’ cancer, with most victims dead within a few months – we are not a burden but a *benefit*. But more and more outrageous lies are simply repeated as though they were facts. As Hitler’s Minister of Propaganda, Herr Goebbels, famously said: a lie, when repeated often enough, becomes the truth. (The reference is not gratuitous: the Nazis were fierce antismokers and today’s ‘antis’ use a lot of the same tactics and rhetoric.)

SMOKING, CULTURE AND FASHION

I’VE ALREADY alluded to the abuse to which smokers are subjected these days but as any smoker will know I’ve barely scratched the surface. In fact, the sheer nastiness of much antismoking rhetoric and policy is one of the things which has always made me suspicious. There are many much bigger problems which are not attacked with anywhere near the same quasi-religious zeal. Alcohol causes enormous damage, not just to the drinker but to others, in all kinds of ways which are much more apparent than the alleged effects of ‘secondhand smoke’. And yet, in the boozy culture of Britain at least, drunken excess is often excused with a smile and a wink. Aids is a huge problem which can certainly be ‘self-inflicted’ or knowingly spread, but sufferers are treated with great deference. Air pollution is a huge problem yet people are not abused for driving cars (although some people are now attacking drivers of SUVs in a way which reminds me of the scapegoating of smokers).

Obesity and the ill-effects of junk food look like being next on the health crusaders' list. The British government has started talking about an 'epidemic' of obesity, which makes me suspicious since I know that 'epidemics' can be *created* for political reasons just by modifying the way you do your statistics. Nevertheless we don't hear vicious abuse heaped onto people with bad diets, or the media calling them 'filthy burger-eaters' etc. It is not considered acceptable to call people 'fat' or for that matter to say that Indians smell of curry, or Italians of garlic, and yet it's now quite acceptable to say that 'smokers stink', smoking is a 'filthy habit,' and so on. And people who rant and rave about smokers in this fashion seem to be blissfully unaware that they're insulting millions of their fellow citizens.

Smokers are the only minority whose minority status is quoted as justification for abuse

The 'smoking is filthy' myth is one that, as someone who likes to be clean and well-groomed, I've always taken exception to. The aesthetics of smoking are surely completely subjective (you don't like smoke, I don't like dogs, what's the big deal?). Where is the 'filth,' exactly? Sure, an overflowing ashtray isn't particularly nice. But cigarette ends and ash are *garbage* and as such are meant to be disposed of as quickly as possible, along with the chicken bones, fish heads, wine dregs, and so on.

To those who claim that fashion has nothing to do with all this, I like to quote a 1947 survey by noted psychologist turned ad consultant Ernst Dichter which showed that the vast majority of nonsmokers loved the smell of smoke. Of course, there have always been people who hate it. What's new is that they have become empowered, and incited to new heights of self-righteousness, by modern 'healthist' trends, junk science, and an overzealous desire to appear 'clean' and 'progressive'.

Smokers are now the only minority who are not only abused but whose minority status is quoted as *justification* for abuse. In politically correct Britain we mustn't be nasty to Muslims or gay people, even though they are reckoned to comprise only about 3% and 5% of the population respectively. Meanwhile smokers, as already noted, are more than a quarter! Despite howls of protest from antismokers who are (or claim to be) motivated only by health

concerns, I have to say that the disproportionate abuse of smokers can only be explained by some other motive: a sour and punitive puritanism, or a lurking desire in society to have some minority to beat up on, and feel superior to, now that all other minorities seem to be off limits.

Take the increasing restrictions on smoking *outdoors*. Los Angeles has the worst air quality in the US: a recent report by the American Lung Association blames it for lung cancer, heart disease, asthma, and death (wait a minute, aren't those all caused by smoking?!). LA weather forecasts include a Smog Index and the moon at night often appears a dirty brown colour. And yet LA is banning, or has banned, smoking in parks, on beaches and boardwalks. (Incidentally, LA also has America's highest murder rate but doesn't ban guns.)

The New York smoking ban extends to 75% of a restaurant or bar's outside space, *to be separated from the outdoor smoking section by a specified distance*. (These are the same people who tell us that even a separate smoking room inside is unacceptable because smoke can drift!) Of course, few New York establishments have enough outdoor space to strictly comply with the law so they can't allow outdoor smoking at all. The message here seems to be: traffic fumes, screeching bus brakes, reeking garbage trucks, boomboxes, dogs, panhandlers and God knows what else are all acceptable accompaniments to a New Yorker's al fresco dinner – but not an occasional whiff of tobacco smoke. And what about office buildings which, after banning smoking inside, put notices by the doors saying, 'No smoking within nine feet of this entrance'. Why not an ashtray and somewhere to sit?

Smokers these days are united by tales of woe and I've heard some real horror stories, including examples of physical assault. The reaction to my *NY Times* piece has been mostly positive but I've also been subjected to some vicious, gratuitously personal attacks. I probably shouldn't be surprised. Even the dead are not exempt from abuse. When Leonard Bernstein (a heavy smoker) died of cancer, aged 74, he was taken to task in the *NY Times* for depriving the musical world of a few more years of his presence. Had he died at 74 and been a nonsmoker no one would have batted an eyelid. Would he have lived a few more years if he hadn't smoked? Who knows? Besides, it was his choice, wasn't it? Anyway, the chain-smoking Chinese leader Deng Xiaoping was similarly excoriated as a 'bad example to youth' when he died at the age of 92!

I do believe that some antismokers are well-intentioned, and that others are misled by activists with a more cynical agenda. However, many antismokers are just plain Nagging

Nannies or people who like having a politically correct cause to put some energy into, or people who can't bear to see other people indulging in risky pleasures and apparently getting away with it. Ex-smokers (like Mayor Bloomberg) are often the worst. When they say that giving up has made them unpleasantly sensitive to smoke they have my sympathy; when they insist that therefore the law should ban smoking everywhere so as to guarantee their own personal comfort, they do not.

I also believe that many of them are bitter and resentful at being deprived of a favourite pleasure, and that their bitterness is vented at people who have the nerve to carry right on doing it. (Actually, since the number of smokers has greatly declined in recent years, 'ex-smoker syndrome' may have more to do with the current antismoking mania than we usually realise.) Whatever your personal feelings about tobacco, it should be apparent to any thinking person that something has gotten way out of hand here. If nothing else, it's ripe for some major sociological study.

Thanks for listening.

what can be done?

THIS ESSAY is not just one man's cranky vendetta. The truth is out there, and there are many people speaking out, even if their voices are, at the moment, largely being drowned out by the anti-smoking juggernaut. For more facts and figures, go to www.davehitt.com/facts, or www.junkscience.com, or especially FORCES International (www.forces.org) a non-profit network of volunteers (including many reputable academics and scientists) who are trying to fight the spread of politicised junk science. They are quite well established in the US, Canada, Italy and the Netherlands.

In the UK, FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) is the leading opposition group (www.forestonline.org). In New York, NYC CLASH (Citizens Lobbying Against Smoker Harassment: www.nycclash.com) have tons of info on their site, and are also specifically fighting the NY smoking ban, as are the New York Nightlife Association (www.nyna.com). *All of these groups desperately need support and money!* Only FOREST gets any funding from the tobacco industry (and not as much as you might think).

For info on air-cleaning systems, check out Tornex (www.tornex.com) or Atmosphere Improves Results (www.airinitiative.com). I also recommend the following books, which you can probably find online rather than your local bookstore: *For Your Own Good* by Jacob Sullum; *Murder A Cigarette: The Smoking Debate* by Ralph Harris and Judith Hatton; *Science Without Sense* and *Junk Science Judo* by Stephen Milloy; and *What Risk? Science, Politics and Public Health*, edited by Roger Bate.

If you are able in any way to speak out against corrupt science and smoking bans, I urge you to do so. Contact the above groups, contact politicians, write to newspapers. Help turn back this tide before the 'healthists' win this one and then move on to something else. I personally have no political axe to grind, I'm just a citizen who has investigated this issue and feels strongly about it.

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