



smoking out the truth

a challenge to the
Chief Medical Officer

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HARDLY A WEEK is allowed to pass without some new scare story about the perils of 'passive smoking'. One of the latest, based on an experiment in an Italian garage, is that tobacco smoke is more lethal than car exhaust fumes. Another was that 'passive smoking' is even more dangerous than direct smoking. Meanwhile the number of deaths attributed to environmental tobacco smoke (ETS) has been variously projected from 'about several hundred' – in an adult population of above 40 million! – all the way up to 10,000 or even 12,000 a year.

As a lifelong pipe-man I have increasingly come to mistrust the dogmatic vehemence with which the stop smoking (SS) brigade recycle their denunciations of 'passive smoking'. Certainly, my smoke may be irritating or even upsetting to sensitive bystanders, as are popcorn, perfume and garlic on crowded tube trains. But lethal? Despite a barrage of media publicity, most non-smokers in my experience remain unmoved by dire warnings that tobacco smoke – massively diluted in the atmosphere – could actually kill them. It is this commonsense implausibility that has goaded the tight network of anti-smoking lobbyists – ever more shrilly – to demonise ETS and brandish mounting estimates of its death toll.

But it was when the Chief Medical Officer Sir Liam Donaldson trespassed onto my territory of economics – claiming that the Irish ban on smoking in 'public places' was actually good for business because takings had increased – that I was emboldened to question also his scientific credentials. Now of course if that were true a ban, enforced by 'tobacco control officers', massive fines and, ultimately, imprisonment, would no longer be necessary. Everyday market forces would lead publicans to exclude smokers as a simple way to increase profits.

Instead there are well-vouched stories from the real world that many Irish pubs have suffered a drop in trade of 15/25% in town/country districts. At whatever level the Irish figures eventually settle, this single sample of wishful thinking suggests that zeal in such a noble cause as reducing smoking can lead even our senior medical man to strain after 'evidence' to bolster his subjective preconceptions.

So my **first question** for the CMO is: *Would he acknowledge that his counter-intuitive judgement on the commercial 'benefits' of the Irish (as of the New York) ban has already proved rather facile?*

Sticking with dubious economics, Sir Liam's 2004 annual report further claims that smoke-free workplaces would bring annual benefits of up to £2,700 million. Although he dismisses any testimony from the tobacco industry as tainted, he relies on the Department of Health's own staff obligingly to serve up figures *from unrevealed sources* on such 'costs' as smoking-related absenteeism (£70-140 million), smoking breaks (£430 million), and 'health benefits' (precisely £2,171 million).

I would not embarrass the CMO by asking how seriously he expects us to take such figures

On top of such wild estimates of benefits, his tame economists conjure up two disbenefits: one hard-looking figure of £1,145 million as lost tax to the Exchequer (presumably from an *assumed* reduction in cigarette sales), and another wholly esoteric invention of 'loss of satisfaction' to smokers (£700 million). I would not embarrass the CMO by asking how seriously he expects us to take such home-produced figures on the benefits of banning smoking!

BLACK ART OF EPIDEMIOLOGY

OF COURSE much of the propaganda endlessly recycled by the anti-smoking lobby looks much more impressive, and even scientific. But all of it turns out on close inspection to be fatally flawed, as judged by conventional standards of scientific validity or statistical significance. Rather than examine such criticisms, the medical mafia close ranks like a religious sect and scornfully dismiss them as coming from the hated tobacco industry. So I'd better come clean at the outset.

Not only have I been contentedly sucking my briars and meerchaums for well over half a century, but I am a former chairman, now president, of FOREST, the leading European defender of smokers' rights. It follows that I would take a good deal of convincing about the

dangers of so-called ‘passive smoking’ – but then *so should politicians and journalists require convincingly hard evidence* before seriously contemplating an unprecedented coercive ban that must destroy the everyday pleasures of millions of ordinary people, as well as disrupting and damaging many tens of thousands of businesses after they have invested heavily in air filtration and separate non-smoking areas to placate their critics.

At least, as chairman and president of FOREST for almost two decades, I have had good reason to look more closely at the black art of epidemiology, of which the CMO was once a practitioner. Its purpose in ordinary language is to seek correlations between diseases and their *possible* cause or causes. Since it is impossible to measure scientifically or to control precisely the *amount* of smoke to which people may be exposed in changing atmospheric conditions, a surrogate measure has to be improvised.

The favoured method has been cunningly christened ‘spousal smoking’. The big idea is to estimate the long-term (even lifetime) exposure to ETS of a selected group of *non-smoking* lung cancer ‘cases’ and compare the result with the exposure of a matched ‘control’ group of professed non-smokers without lung cancer. Thus the non-smoking wives with cancer are asked to recall how many cigarettes a day were smoked in their homes by their parents and later by their husbands (or, in one survey, by up to half a dozen previous partners!). If the wife had meanwhile died of lung cancer then her next of kin – husband, children or even nephews or nieces – may be interrogated.

We are here in the realms of anecdotage. One questionnaire I have studied actually asked of them: ‘How many months of the year did she keep the windows of her house open during her adult life?’ How’s that for cod science! However solemnly such data is collected, tabulated, calibrated, manipulated and presented, we must keep constantly in mind that they are all purely *subjective estimates* without any reliable or consistent relation to objective reality. Let readers – smokers and non-smokers alike – pause and try to remember or guess how many cigarettes were smoked a week, a month or a year *in the house and in their presence* by their parents or close relations!

Anyway, how could you quantify the amount of smoke about the house? One indication of the difficulty is that when a Swedish toxicologist from Stockholm University, Professor Robert Nilsson, tried conscientiously to measure typical indoor exposure to ETS, he could do no better than come up with the equivalent of the effect on individuals of smoking between one cigarette a week and two cigarettes a year.

My **second question** is: *Does the CMO, from his earlier academic study of epidemiology, consider that what I would call ‘secondhand recollections’ of what he and his friends call ‘secondhand smoke’ are likely to be accurate within a very wide margin of approximation, say within 50 or even 100% or more?*

SMOKE AND MIRRORS

EVEN THE MOST scrupulous investigators inevitably face the demonstrable impossibility of their subjects being able to achieve accurate recall of exposure decades earlier. And even if such vague gropings were not sufficient to discredit all such ingenious research, there are two further major imponderables.

The first is that some former (and even current) *smokers* among the lung cancer cases will pass themselves off as *non-smokers* in order to shift the blame for their cancer on to smoking by others. In the trade this deception is labelled ‘misclassification’ and it is not uncommon. It has been found that self-reported ‘non-smokers’ can include between five and 25% of past or even current smokers.

The second defect is that while *the* cause of cancer eludes discovery, it is well known to be multifactorial – that is, associated with a multitude of possible causes or contributory factors. To isolate the effect of ETS on the lung cancer cases would require scrupulous examination of all possible alternative causes, to check whether the cancer cases differed from the control group, for example in genetics, diet (especially fruit, vegetable and fat intake), alcohol, urban living, lifestyle, stress, exposure to car exhaust, radon, asbestos, etc. (In the trade these alternative explanations of cancer are called ‘confounders’.)

Instead of attempting to exclude such influences, much research crudely assumes that ‘cases’ differ from ‘controls’ wholly or mainly in estimated exposure to ETS. And researchers who do give a nod in the direction of enquiring about diet content themselves with desultory questions about consumption of fruit, vegetables and fat. Again, let readers ask themselves how many fried breakfasts, cabbages, lettuces, apples, bananas, etc they have consumed at various stages of their lives!

This has nothing to do with science, which requires well-defined, separable, stable elements that can be isolated and tested by repeated laboratory experiments yielding consistent results. It is pseudo-science, based upon fallible recall, arbitrary opinion and biased human

judgement which is then worked up into slippery statistics projected, as I like to emphasise, to two decimal places.

In all these investigations ‘proof’ of death by ‘passive smoking’ turns ultimately on comparing two spectacular, speculative, subjective guesstimates of relative exposure to ETS: that of the non-smoking lung cancer cases and that of the healthy control group. To repeat, it is essentially the relationship between these two guesstimates of exposures that is used to calculate the increased risk of lung cancer from ETS.

My **third question** for the CMO is: *Can he doubt that even the most conscientious attempt to measure and calibrate the (assumed) fatal concentration of ETS in varying conditions – from open windows to full air conditioning – presents formidable, even insoluble, problems, rather like nailing jelly to the ceiling?*

**This is pseudo science based upon fallible recall
and biased human judgement**

FANCY STATISTICAL FOOTWORK

CALCULATING the increased risk involves what one participant in all this nonsense has described as ‘a veritable ballet of fancy statistical footwork’. Thus answers to the questionnaires (perhaps including fruit and vegetable consumption!) must first be rendered into malleable statistics before the risk of lung cancer associated with ETS can be calculated by a formula that divides the odds of exposure of the lung cancer cases by those of the (healthy) control group. There emerges a fraction called the ‘relative risk’ (RR) which is taken to indicate the enhanced risk of lung cancer from ‘passive smoking’.

In effect, the exposure of the control group is regarded as a baseline (equal to 1.0) and the ‘excess’, if any, in the lung cancer cases is used to measure the precise increase in risk from ETS to, remember, two decimal places. It is this appearance of precision that assembles a rag-bag of often biased recall, rough estimates, impressions, subjective guesswork and anecdotal gossip, and invests the result with a spurious impression of scientific authority.

I should add that, since the risk of lung cancer among the general population is generally pitched at around 10 per 100,000, a relative risk of 1.1 would imply an increase from 10 to 11 per 100,000! Yet a whole industry has been spawned by epidemiologists straining to pitch the phantom statistical difference in assumed risk higher than before.

The **fourth question** is: *What weight would the CMO allow for such ‘confounding factors’ as ‘misclassification’ (of smokers as non-smokers), diet and ‘publication bias’ when most studies reveal small estimated differences in relative risk commonly around 10 to 30% (RR of 1.1 - 1.3)?*

An awkward fact is that the results of the many studies on the effects of ETS exhibit little consistency in RRs, with a dispersion (in those on spousal smoking, for example) ranging from 0.51 (based on eleven cancer cases) to 4.82 (based on eight). On the most strict reckoning a large majority of results show that the relative risk *could be negative* (ie below 1.0) which implies a *reduced risk* of lung cancer from higher exposure – that is, a *protective effect from ETS* – just as inoculation protects against subsequent infection.

Of course, since each research study examines only a small sample of the total universe (some fewer than a dozen cases of lung cancer), allowance must be made for a margin of error, which is conventionally pitched at 5%. The resulting 95% probability is shown with a varying ‘confidence interval’ which conveys the range within which the true relative risk is likely to fall. For example, the result of the Butler study in 1988, based on a tiny sample of eight lung cancer cases and a probability of only 90% (in place of 95%), yielded a ‘best estimate’ for the RR of 2.02 (that is, twice the risk of lung cancer from ETS exposure) but the range of the confidence interval is shown as 0.48 - 8.56 at 90%. In layman’s language this means we can be 90% certain (not even 95% in this study) that the true relative risk fell *somewhere* between 0.48 – which implies a strong *protective effect* from exposure to ETS – and 8.56, which implies a much enhanced risk of cancer.

To non-statisticians – as to any honest professional – the only safe conclusion from such an ambiguous result must be that the research was *completely inconclusive*. Yet the Butler study was eagerly selected for inclusion in the benchmark report by the US Environmental Protection Agency (EPA) examined below. Perhaps that 8.56 possibility looked too good to miss!

If laymen dare to question any of these guesstimates and projections the sophisticated statisticians take refuge behind their computers which have been heavily programmed to

incorporate a variety of elaborate assumptions and statistical techniques. And since researchers have discovered that the bigger the reported risk the better the chance of attracting funding and getting their results published (known in the trade as ‘publication bias’), they have exerted much ingenuity, as we shall see, in what is known as ‘data dredging’ – that is, torturing the statistics until they confess!

If laymen dare to question these guesstimates the statisticians take refuge behind their computers

Even so, of 80 recorded case studies of ‘spousal smoking’, 57 show an increased risk of cancer which is not (definitively) statistically significant (because the confidence intervals range below 1.0) and ten show a *reduced* risk which is likewise equivocal. That leaves twelve studies (that is, one in seven) showing an increased risk which the medical mafia might seize upon as statistically significant – on the basis, remember, of the dubious data fed into their computers.

I have no space to extend my review to cover the proliferating research projects into ETS exposure in the workplace, which was hoped to provide ammunition for smoke-free offices. It will have to suffice to report the verdict of the International Agency for Research on Cancer which has become increasingly watchful for evidence against smoking. In a recent monograph it concluded:

‘In total, 23 studies have been published on [workplace] exposure to secondhand smoke ... Only one study reported a statistically significant association between exposure to secondhand smoke at the workplace and risk for lung cancer.’

THE GREAT STATISTICAL HOAX

IN 1992 the EPA issued its keynote judgement on ‘passive smoking’ as a cause of cancer and declared tobacco to be a ‘Group A human carcinogen’. It did not conduct any new research but, from the 40 studies of ‘spousal smoking’ then available from around the world, chose eleven published results from the USA. These were carefully selected as likely to support its

boldly declared 'a priori hypothesis that a positive association exists between exposure to ETS and lung cancer'.

Combining the results of different studies into a 'meta-analysis' is thought legitimate only if the researches are comparable in design, data collection, statistical procedures, etc. These eleven studies were far from complying with such criteria. Over half the studies embraced fewer than 30 lung cancer cases and the widely varied results were presented by the EPA – as we have seen – on a weaker statistical probability of 90% in place of the conventional 95%. Even so, three of the eleven studies reported a best estimate for a relative risk of below 1.0 which implies a *reduced* chance of cancer for those most exposed to ETS (ie a *protective* effect).

On the strictest test (which requires the lowest reading of the confidence interval to be above 1.0) only a single study survives as statistically significant – even, remember, at the weaker 90% probability! Yet it was on the slender basis of this rigged meta-analysis, claiming a weak combined relative risk of 1.19, that the EPA declared ETS a certain cause of lung cancer. The range of the confidence intervals spread from 0.30 to 8.56. That is, as we have seen, from a highly protective effect of ETS against lung cancer to a much higher risk of going down with the disease!

Even if all this statistical manipulation had yielded a consistent and strong association, we would still have to remember the accountants' caution of GIGO: garbage in, garbage out. The basic truth on which we must keep a firm hold is that the raw data from which all these ingenious calculations proceed were nothing more than crude, subjective estimates of varying-term exposure to an imprecise artefact which the medical mafia have shrewdly christened 'environmental tobacco smoke' or 'secondhand smoke' and tendentiously labelled 'passive smoking'.

Little wonder, then, that when the EPA was challenged in a US court the verdict was that it had wilfully disseminated false information, although on appeal the North Carolina Court was ruled as having no jurisdiction over the agency.

My **fifth question** therefore asks itself – indeed screams out for a direct answer: *Has the CMO studied the EPA's 1992 'benchmark' study and, if so, does he seriously consider it acceptable, let alone conclusive, evidence of the dangers of 'passive smoking'?*

A QUESTION OF INTEGRITY

I HAVE LEFT to last my most serious charge against the integrity of those (probably a tiny minority) of the stop smoking brigade who have some familiarity with all these statistical pitfalls. Even where the figures show a 20, 30 or 50% or higher increase in relative risk of lung cancer from exposure to ‘passive smoking’ they should know that scrupulous epidemiologists would not take that as *proof* of any *significant correlation*, let alone as the *cause* of cancer. I rest my case on three magisterial quotations from expert sources which cannot be dismissed as tainted by tobacco interests:

On the slender basis of this rigged meta-analysis,
the EPA declared ETS a certain cause of lung cancer

WHO International Agency for Research on Cancer, 1980: ‘Relative risks of less than 2.0 may readily reflect some bias or confounding factor, those over 5.0 are unlikely to do so’ (WHO/IARC, 1980 Science Publication 32, Lyon, page 36).

Sir Richard Doll, 1981: ‘When relative risk lies between 1 and 2 ... problems of interpretation may become acute, and it may be extremely difficult to disentangle various contributions of biased information, confounding of two or more factors, and cause and effect’ (The Causes of Cancer, Doll and Peto, OUP, 1981, page 1,219).

National Cancer Institute, 1994: ‘In epidemiological research, relative risks of less than 2.0 are considered too small and usually difficult to interpret. Such increases may be due to chance, statistical bias or effects of confounding factors that are sometimes not evident’ (NCI, Abortion and Possible Risk for Breast Cancer: Analysis and Inconsistencies, October 1994).

So my **sixth and final question** is: ‘Does the CMO attach any weight to the cautions expressed by leading epidemiologists against deriving proof of cause from anything less than a doubling of assumed statistical risk – that is, a relative risk above 2.0?’

The reason anti-smokers throw such scrupulous cautions to the wind is a crude suspicion, even superstition, which might be expressed as: *there's no smoke without death*. In the stilted, giveaway words of the 1998 report of the Scientific Committee on Tobacco and Health (SCOTH): 'The consideration as to whether passive smoking is causally related to lung cancer *starts from the standpoint* [my italics] that active smoking is recognised as a major cause of lung cancer.'

So we see that the whole make-belief, and the accompanying abracadabra, turns on the semantic trick of describing ordinary breathing – in the presence of a smoker – as 'passive smoking'. It is precisely as though the campaigners against obesity chose to prejudge the ordinary process of eating as 'passive weight-enhancing'!

The whole make-belief turns on the semantic trick of describing ordinary breathing as 'passive smoking'

WHO DARES DISSENT?

PRIVATELY I have encountered Very Important Persons in the medical world who, in response to my earnest enquiry about 'passive smoking', have dropped their voices and looked around furtively before assuring me there was 'nothing in it', except for a possibly adverse effect on serious asthmatics. Since my VIPs would prefer not to be quoted I conclude with two prominent authorities who did venture to put their doubts on the record – and brought retribution upon their heads.

Take the plight of a venerable scientist commanding universal respect as the first to establish a link between cigarette smoking and cancer, namely Sir Richard Doll. In 2001, in the relaxed atmosphere of the BBC Radio 4 programme *Desert Island Discs*, this 90-year-old doyen of epidemiologists confided to presenter Sue Lawley: '*The effect of other people smoking in my presence is so small it doesn't worry me.*' When the gist was publicly quoted there was an immediate outcry from the anti-smoking propagandists at ASH, in response to which Sir Richard felt obliged to state he was only 'speaking personally'. But of course, how else would an honest man – even a conscientious anti-smoker – be expected to speak?

Since then I was surprised to hear that Sir Richard seems to have overcome his doubts. Following a 2004 newspaper report in which he appeared to have retreated from that view, I wrote to him seeking clarification. He replied courteously as ever that he had not abandoned his belief that relative risks between 1.0 and 2.0 are 'difficult to establish' but he now added that they were not 'impossible to establish'. He reaffirmed his long-standing view that ETS 'should be accepted as a cause of lung cancer, albeit one which produced only a small risk'. It suggested less than whole-hearted support for the alarmists who use statistics to justify a ban on smoking in public places.

A more overt example of intimidation followed the publication by the prestigious *British Medical Journal* in 2003 of a study by two American medical scientists, Enstrom and Kabat, who drew on data from the American Cancer Society which tracked 118,000 Californians over 40 years (1959-1998) and concluded: 'The results do not support a causal relationship between ETS and tobacco-related mortality ...'

Publication in the *BMJ* provoked a fierce barrage of 140 letters, many of which treated the editor to lectures on 'the evils of tobacco' and accused him of being 'naive', 'stupid', 'mad', 'irresponsible' or having 'darker motives'. Every known lobby, including some new ones such as Smoke-Free Educational Services and Saving Kids, joined forces in an attempt to bully the editor to withdraw.

Instead of retraction or resignation, which the lobbyists impudently demanded, the then editor, Dr Richard Smith, was stung into a robust rejoinder. He explained that, although 'passionately anti-tobacco', the *BMJ* was not 'anti-science' and 'the question [of whether passive smoking kills] has not been definitively answered'. (Little over a year later, at a fringe meeting organised by the Institute for Public Policy Research during the 2004 Labour party conference in Brighton, he appeared to have retreated from that view, although without revealing his reason.)

SUPPRESSION OF DEBATE

THERE have been further reports on the subject in the past year, including one from SCOTH in April 2004 and another from the International Agency for Research on Cancer in May. Neither however appeared to add anything in the way of fresh evidence but played the old game of regurgitating earlier studies. The summaries I have seen do not even begin to allay my suspicions. Thus the press release on the IARC monograph, running apparently to 1,500

pages, included a completely inconsequential statement that: 'Non-smokers are exposed to the same carcinogens as active smokers', which blithely begs the question of the amount/frequency/extent of exposure.

The brief SCOTH review (nervously marked 'restricted' and 'for members' use only') reported on recent studies which mostly failed to reach statistical significance, but on a 'pooled analysis' showed an excess risk of lung cancer from passive smoking of – surprise, surprise – 24%, which is almost exactly the figure this committee has been pedalling for years! Apart from smacking of 'data-dredging', this pooled analysis defies belief by claiming that almost identical (average) results should emerge from dozens of studies, conducted by different researchers presumably with differing degrees of competence (and hunger for 'significant' results), all purporting to measure exposure to such an elusive will of the wisp as environmental smoke.

We must keep constantly in mind that this assortment of contrived 'evidence' is based, as we have demonstrated, on nothing more substantial than estimates, guesswork, subjective recollections and even gossip by the next of kin of selected wives who claimed never to have smoked but were married to or lived with smokers and may have died of lung cancer.

A conscientious student coming to this important, even life and death, topic for the first time must be struck by the apparent lack of doubts about the crude *modus operandi* of research into the assumed lethal potential of 'passive smoking'. The uncanny unanimity of the whole tribe of vocal practitioners – who constantly quote one another's findings with unquestioning approval – might arouse suspicions of collusion, especially in the efficacy of peer review.

A lively-minded student new to these mysteries would surely conclude there was ample scope for the keen discussion and disputation about methodology and interpretation common among most other ambitious academics competing for attention and publication. The suppressed truth is that there *are* many highly qualified statisticians and scientists who dissent from the overbearing consensus on 'passive smoking' but who lack any influential outlet for their heretical views.

The lengths to which the anti-smoking establishment is prepared to go to smother rival views was blatantly displayed in October 2004 when the Tobacco Manufacturers Association booked a room at the Royal Institution in London for a seminar on 'The Science

of ETS'. Specialists representing alternative viewpoints were invited to take part in the hope of civilised debate. Here was an opportunity at least to narrow differences of expert opinion and perhaps improve on the ramshackle methodology.

Instead there was an immediate outcry against Baroness Greenfield who as well as being professor of Pharmacology at Oxford University is a director of the RI. The chairman of the Royal College of Physicians protested vociferously against Lady Greenfield's decision to hire out its public rooms to people who would use them to 'cast doubt on whether passive smoking is harmful and to promote the idea that ventilation might be a solution for public places'. (A characteristic of those demanding an outright ban on smoking is that they veto talk about ventilation, which of course blows a large hole in their bogus assumption that ETS is a stable, uniform entity.)

A characteristic of those demanding an outright ban on smoking is that they veto talk about ventilation

Baroness Greenfield responded patiently by explaining that the RI did not endorse any of the industries that hire its premises, adding robustly: 'If we blocked this in a politically correct way, where would we be with the drinks industry or food companies. We would have Alcoholics Anonymous and the anti-obesity lobby objecting too.'

Here we glimpse the absolutist character of the anti-smoking campaigners. Having boycotted the seminar at the RI they would presumably wish also to suppress this modest essay if only their power extended to control over the printing presses. Instead they will have to content themselves with closing rank either to ignore any public response or to denounce the author as a lackey of the international tobacco cartel! We may, alas, expect that their many allies in the media will hesitate to give my critique publicity, less from honest doubt than from fear of being stigmatised as soft on smoking.

I understand the Chief Medical Officer was invited to participate in the TMA seminar but declined. Such resistance to open public debate may suggest to onlookers a certain lack of confidence in the ability of the anti-tobacco crusaders to carry the day. Why otherwise

should these high-minded, would-be saviours of millions of stubborn smokers fail to understand that their participation in such a debate might have impressed sceptics more than all the shrill propaganda, intimidation and ever more gruesome advertising on television?

COLLECTIVE CONVICTION

AFTER MUCH anxious pondering I have come to the settled conclusion that what we are witnessing here is a variant of political correctness which I would call ‘collective conviction’. I define this condition as *a dogmatic shared sense of absolute certainty among a mutually supporting intellectual elite*. It is not unique to the smoking debate, or rather non-debate. On other important topics, such as ‘global warming’, we have seen how a ruling consensus is first established by the conceit of a coterie of prominent, articulate pioneers. The Big Idea then spreads by the contagion of novelty and fashion until it infects almost the whole intellectual class. Finally, as Hayek showed in his scholarly essay on *The Intellectuals and Socialism*, the pervasive influence of journalists and other ‘second-hand dealers in ideas’ completes the chain of collective conviction by establishing a new consensus which comes to dominate public discussion, opinion and, ultimately, public policy.

I witnessed this process at close hand in my own subject of economics after the last war when the novel theories of J M (later Lord) Keynes led to a radical school of thought that spawned powerful lobbies among trade unions, industrialists, academics and footloose political activists which came to dominate public thinking and policy on the central questions of unemployment and planning. As with the issue of ‘passive smoking’, the broadcasting and print media largely fell in with the new ‘spirit of the time’ and it took some courage for a comparative handful of independent, non-conforming economists, mostly associated with the Institute of Economic Affairs, to withstand the stampede and keep alive the classical tradition of free markets and monetary policy. The tables were eventually turned on the Keynesians not only by the superior logic of their critics but by the brute force of the resulting inflation and disorder which those critics had long predicted.

If the fashionable claims of those I might call ‘passive thinkers on passive smoking’ could similarly be put to the test of experience I have not the least doubt they would be equally discredited. As it is so much intellectual capital has been invested in this will of the wisp of ETS that, as we saw with the Royal Institution seminar, its practitioners fiercely oppose even the usual processes of civilised open debate with their equals who dare to disagree. Indeed, dissent is taken to disqualify sceptics from participating in serious public discourse!

THE VERDICT

MEANWHILE most laymen, journalists and politicians who have jumped on the bandwagon of 'passive smoking' have no idea that the evidence turns out to be no more than statistical projections based on varying recollections of the exposure to tobacco smoke by (self-proclaimed) non-smoking wives married to smokers – who may spend more time smoking in their studies or workshops or local pubs than puffing over their partners!

What are we to make of those 'experts' who have led the bloodcurdling chorus of death on ETS?

The first question to ask anyone pontificating on the dangers of ETS is not whether they have studied the neat statistical projections concocted from variable answers to questionnaires on 'spousal smoking' – which a minority may well have done. The knock-out question is to ask whether they have actually inspected the original questionnaires about long-term 'exposure to ETS' on which the 'relative risks' are then ingeniously calculated to two decimal places!

But what are we to make of those 'experts' who, with few brave exceptions, have led the bloodcurdling chorus of death from ETS and keep any scientific doubts to themselves? The best that can be said is that, like the members of SCOTH, they are driven on by such a single-minded obsession with cancer that they have allowed themselves to be persuaded that any means of stigmatising and punishing smokers may be justified in the 'good cause' of reducing such a self-evidently risky and 'anti-social' activity. This is the fatal fallacy that the end justifies the means, including exaggeration, spinning, deception and – when that does not work – the outright persecution of dissenters.

The more militant anti-smokers have allowed their hatred of cancer to give way to contempt, if not hatred, for some 12 to 14 million of their fellow men and women who continue to smoke. They think nothing of inventing further statistics to bring smokers into public obloquy. Thus they have dishonestly claimed that smokers cost the NHS £0.8 billion, then £1.5 billion, then £1.7 billion, deliberately ignoring the tax on tobacco which brought into

the Exchequer over £10 billion (£10,000,000,000) a year until smokers were driven to buy a quarter of their cigarettes from Europe where taxation is lower.

They have further ignored the visible evidence that the spread of air conditioning and ventilation is transforming – and improving – the atmosphere in more and more pubs and restaurants. They affect not to notice the consideration and courtesy which most smokers increasingly display in the presence of non-smokers. They appear to be unconcerned that a smoking ban would almost certainly lead to the spread of obesity and drug addiction.

Having already escalated the war against smokers – from harsh taxation, gruesome (often false) health warnings on cigarette packets, to vivid TV advertising, all of which would cost millions of pounds at commercial rates, whilst unprecedentedly deploying legal censorship against rival commercial promotion of tobacco brands – our ‘keepers’ are understandably frustrated that at least a quarter of the adult population dare to defy them by continuing to smoke. So by natural progression they have recruited children, neighbours and colleagues into the battle.

A ban on smoking in public places would represent a triumph of prejudice and propaganda

The campaign was launched in 1975 by Sir George Godber, a former Chief Medical Officer, who addressed the World Health Organisation on the need to move on from frightening smokers about damaging their own health to frightening non-smokers about the lethal effects on the health of innocent bystanders: ‘We must foster an atmosphere where it is perceived that active smokers would injure those around them, especially their family and any infants or young children.’

Since then huge amounts of public and charitable money have been lavished on persistent ‘research’ which has failed to yield any consistent or statistically significant evidence against the artefact of ‘passive smoking’. Instead we have witnessed the prostitution of science as the final solution, short of attempting to extinguish the last cigarette by outright prohibition, backed by whatever police invigilation and ultimately imprisonment may prove necessary.

The American experience with prohibition of alcohol after the First World War suggests that a legal ban on smoking in 'public places' will not succeed in permanently stopping so well-entrenched and time-hallowed, if potentially hazardous, a relaxation as smoking. The evidence against the danger of ETS remains in my view quite unequivocal. The imposition of a ban on smoking in so-called 'public places' would therefore represent a triumph of prejudice and propaganda masquerading as science. It has no place in a free and tolerant society and must in the long run risk bringing science itself into further disrepute.

POSTSCRIPT

HAVING re-read this essay I am not tempted to censor any of my harsh judgement on the perpetrators of the pseudo-scientific fraud of 'passive smoking'. Hatred of cancer is perfectly understandable, like hatred of road deaths, medical incompetence or child molesting. The dangers of heavy cigarette smoking may justify a steady educational campaign on the possible consequences, especially directed at the young. But hatred of cancer is no excuse for hatred of smokers nor for stirring up the wholly phantom fear of 'passive smoking', especially by cynical politicians, to whip up support for illiberal, intolerant policies of prohibition.

A modest taste of this mania was recently displayed by a dedicated minority of peers who deliberately chose the final, thinly-attended sitting before Christmas 2004 to spring a vote on smoking policy within the House of Lords. After a bad-tempered debate, the few remaining areas where smoking was still permitted (including such convivial places as the Peers Guest Room and the Bishops Bar) were whittled down to a single room less than 30 feet square where neither food nor drink are served.

The speeches from the mostly Labour anti-smokers were full of the familiar unsupported assertions of the harm caused by 'passive smoking', especially to members of staff. (Their claim of unanimous support from unions – here as elsewhere – is of course not borne out by direct enquiry among employees.) From the Cross-benches (where I sit) I could detect not the least whiff of interest in the contrary case which was enthusiastically voted down by 88 votes to 53. To judge by the senior heavyweights who voted with me for preserving choice, including Geoffrey Howe, David Steel, Jean Trumington, Jack Weatherill, Betty Boothroyd, David Stoddart, Patrick Jenkin and Gerry Fitt – I could console myself only with the reflection that the vote may have gone the other way in a better-attended House!

The very latest outrage comes, no longer surprisingly, from Scotland, once the home of steady reason, moderation and commonsense but now a cockpit for radical pressure groups. Following a patently bogus period of ‘public consultation’, first minister Jack McConnell came up with the predictable announcement of a comprehensive smoking ban in all indoor ‘public’ places, including private clubs and privately-owned bars and restaurants. To justify this draconian measure, to be implemented in 2006, he claimed that ‘passive smoking’ is associated with 1,000 deaths a year in Scotland alone.

I do not expect the media to call him to task for such a reckless exaggeration that puts even SCOTCH in the shade with its cagey estimate of ‘about several hundred extra lung cancer deaths a year’ for the whole of the UK. However it bears constant repetition that this flimsy supposition relates to an adult population above 40 million and is based upon a trivial elevation of a statistical fiction called ‘relative risk’ – a ‘risk’, as we have seen, of nothing more than exposure to an arcane, esoteric, semantic artefact which anti-smokers delight in bandying around as ‘environmental tobacco smoke’.

But good may yet come out of so much mischief. Might not all these brazen inventions provoke an overdue public response to such a plainly irresponsible political game as ‘Think of a number – and make it larger than the last time!’. Might such blatantly obvious puffing up yet stir a growing number of respected voices to join me in publicly calling the bluff on the entire ‘passive smoking’ industry?

As I have hinted, what finally inspired me to probe more deeply into the mysteries of ‘passive smoking’ was partly the memory of those Very Important Persons who, looking around and lowering their voices, whispered in my ear: ‘There’s nothing in it.’ Now, having confirmed they were right, I have attempted to set forth the case for the prosecution against the anti-smoking brigade. My real challenge, however, is over the heads of this clique band, led by a plainly partisan Chief Medical Officer. It is directed to all who value independent, open, public debate. What is now most urgently required is more rigorous scrutiny of the puffed-up phantom of ‘passive smoking’.

Ralph Harris
February 2005



about FOREST

FOUNDED in 1979 FOREST neither promotes smoking nor do we deny the serious health risks associated with smoking. Instead we defend the interests of adults who choose to smoke; we promote freedom of choice for employers and proprietors who wish to accommodate smokers on their premises; and we speak out against those who want to discriminate against smokers or ban smoking in all public places. Last but not least, we promote greater courtesy and tolerance between smokers and non-smokers.

Our patron is TV chef and restaurateur Antony Worrall Thompson; our president is Lord Harris of High Cross, former general director of the Institute of Economic Affairs; and our Supporters Council includes artist David Hockney, musician Joe Jackson, inventor Trevor Baylis and Oscar-winning playwright Ronald Harwood.

FOREST spokesmen are regularly quoted in the national and local press and frequently appear on television and radio. In recent years we have been invited to submit written and oral evidence to the Health and Safety Commission (1999), House of Commons Health Select Committee (2000), Greater London Authority Investigative Committee on Smoking in Public Places (2001), the Scottish Parliament Community Care Committee (2002), the Scottish Parliament Health Committee (2004) and the Welsh Assembly Committee on Smoking in Public Places (2004).

Like most smokers FOREST accepts many of the current restrictions on smoking in public places. There is a huge difference however between restrictions and a total ban and our goal is a society that can accommodate those who want to smoke without inconveniencing those who do not want to breathe other people's tobacco smoke.

Specifically, we welcome the introduction of more smoke free areas (together with designated smoking areas), and we positively encourage the installation of better ventilation and modern air filtration systems that will improve air quality for everyone, smokers and non-smokers alike. For further information see our website (www.forestonline.org) which is updated daily with news and information about the smoking debate.



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