

SMOKE, LIES AND THE NANNY STATE

Joe Jackson



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For thousands of years in the Americas, and about 500 years pretty much everywhere else, tobacco has been a friend to mankind. It has been used to relax, to stimulate, and to treat various ailments. It has been a vital part of rituals both social and spiritual. It has been used as currency. Whole communities have been founded on it - including, arguably, the United States of America.

Wait a minute. Scratch that! Smoking is a vile, filthy habit that will almost inevitably kill you. No one smokes willingly; they are simply pathetic addicts, duped by evil tobacco companies. Tobacco is a plague which must be wiped out.

Like most people these days, I was more inclined, up until a few years ago, to believe the second paragraph than the first. I was a very moderate smoker and almost gave up. But something about the sheer hysteria of the antismoking movement, and the various holes and contradictions in their arguments, made me suspicious. Some time in the late 1990s I arrived in Los Angeles and, as my taxi pulled out of the airport, I was confronted by a huge red billboard: SECONDHAND SMOKE KILLS. I thought: even heavy smokers take several decades to develop lung cancer. Surely a nonsmoker, even regularly exposed to smoke in the air, would have to live to be about 300 to catch up? And how exactly would you know it was smoke that killed them, as opposed to, say, the appalling LA smog?

Since then I've researched the smoking issue in depth. I've unravelled reams of statistics, met with doctors and academics, and networked with scores of other researchers and activists who are trying to get at the truth. I'm now convinced that the dangers of smoking - and particularly 'passive' smoking - are greatly exaggerated, for reasons which have more to do with politics, power and profit than objective science. I believe the antismoking movement - especially lobby groups like ASH (Action on Smoking and Health) - has far too much money and influence, and that their dishonesty and bullying tactics should be worrying even to those who hate tobacco.

This essay is in four parts. The first examines the risks of smoking; the second, 'secondhand smoke'; the third, smoking bans; and the fourth (and perhaps most important) some broader social and political contexts. There is also a list at the end of further sources, resources and ways to get involved. Since my intention is to offer an introduction to some of these issues, rather than a textbook, I've refrained from footnotes or lists of sources, but I can promise the reader that they can all be found - and backed up over and over again - through that list.

Joe Jackson

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Joe Jackson is a musician and writer best known for hits such as 'Is She Really Going Out With Him?', 'It's Different For Girls' and 'Steppin' Out'. In 1999 he wrote A Cure For Gravity, "a book about music thinly disguised as a memoir", and in 2000 he won a Grammy for Best Pop Instrumental Album for the non-orchestral Symphony No.1. Born in England in 1954, Joe lived in New York for 20 years from 1983 to 2003, when he returned to London. He is a Fellow of the Royal Academy of Music and was recently awarded an Honorary Doctorate by the University of Portsmouth, his home town. A "social smoker", Joe has researched the subject of smoking in depth and in 2004 wrote a widely-read essay, 'The Smoking Issue'. He has also written articles on the subject for the New York Times, Daily Telegraph and Guardian, among others. He is currently living and working in Berlin.

ONE

COMMON KNOWLEDGE

It has become 'common knowledge' that smoking is one of the worst things you can possibly do to yourself; 'all the experts agree'. Of course, 'all the experts' once agreed that masturbation caused blindness, that homosexuality was a disease, and that marijuana turned people into homicidal maniacs. In the 1970s and 80s British doctors told mothers to put their babies to sleep face-down. Cot deaths soared, until a campaign by one nurse succeeded in changing this policy, which we now know to have claimed something like 15,000 lives.

Most medical practitioners, institutions, and lobby groups are hard-working and well-intentioned. But they can just as easily be clueless, biased, or corrupt, not to mention increasingly, and worryingly, embedded with the pharmaceutical industry. Yet while presidents and prime ministers are routinely castigated as liars and crooks, it's rare to encounter even what I would describe as healthy scepticism towards health professionals. Why should this be so?

I believe that we have to put our faith in someone, and that as our faith in political and religious leaders has declined, we have become not only excessively reverent towards doctors and scientists, but increasingly willing to allow them to dictate our lifestyles and laws. Health is seen as an unqualified good. Who can be against 'health'? Likewise, 'science' is equated with integrity and certainty. It has become our religion.

Unfortunately, there is precious little genuine science to be found in the pronouncements of media pundits and politicians. Instead we're fed a steady diet of 'junk science': facts out of context and out of proportion, insubstantial claims based on dubious methodology, and clever games with statistics. Like the perennial pub bore who holds forth with great authority on any number of topics, the average politician or newspaper editor tends to promote whatever 'science' suits his or her prejudice or agenda.

THINGS TO BEAR IN MIND

I'm getting to the smoking issue, but I believe it's essential to start off by pleading for a much more sceptical attitude towards health authorities, not to mention people who use 'health' as window-dressing for their agendas. I'm also trying to disentangle emotional prejudice and fashion from reason. In the half-century I've been on this planet, I've seen no worse example of hopeless entanglement than in the debate - or lack of debate - over smoking.

Smoking has always been something which many people love and many others just don't get. As far as they're concerned, it quite literally stinks. They therefore tend to believe any horror story they hear about it.

There have also always been people who wanted to stop us smoking. A pretty dismal bunch they've been, too, from Sultan Murad IV of Turkey (who had smokers castrated) to Adolf Hitler. But whatever your personal feelings about tobacco, it's worth bearing in mind that antismokers have always exaggerated its dangers. They've always *had* to, since it's not enough to tell people - young people especially - that something they enjoy just might end up making them sick in, say, 40 years' time. But let's try to be more specific.

LUNG CANCER, AND CONVENIENT NUMBERS

We seem to be obsessed with cancer these days, perhaps because the idea that something is still beyond the power of doctors and scientists scares the living daylights out of us. I don't mean to trivialise; my father died of cancer. I do think, though, that we're overly zealous in our search for scapegoats (recent media reports have claimed that we can get cancer from hair dye, soft drinks

and oral sex). I also want to point out – turning the negative into a positive for once – that cancer is mostly a disease of the old, and another reason it looms so large is that we're living longer and mostly healthier lives than at any time in history.

Lung cancer is the disease most strongly associated with smoking, though even this is a statistical rather than a causative link. In other words, it has been statistically shown that smokers are more likely to get lung cancer, rather than scientifically shown that the cancer is specifically caused by the smoking. This is a more important distinction than it might seem. Much of the antismokers' case is based on statistics, and statistics is not science.

It does make sense – so long as you don't mind bullying people out of their pleasures – to try to bring down the rate of lung cancer by getting people to quit smoking. But the evidence linking smoking with lung cancer is much less convincing than we are led to believe. For one thing, there is much disagreement about what the actual risk factor is.

The general consensus seems to reflect the pioneering studies of Professor Sir Richard Doll in the 1950s and 60s, which are still regarded as 'benchmarks'. Doll reckoned that about 160 in 100,000 smokers developed lung cancer as opposed to 7 in 100,000 nonsmokers; so you have about a 24 times greater risk if you smoke. This can also be expressed as '2,400%'. But beware of estimates of 'increased risk', especially when expressed in percentages; they're a good sign that someone is trying to frighten, rather than to inform.

If you buy 25 lottery tickets instead of one, your chances of winning go up by 2,500%. But though the number sounds impressive, your actual chances of winning are still minuscule.

Likewise, if Prof Doll was right, you still have a 99.8% chance of *not* getting lung cancer. This is nothing more or less than a re-presentation, or re-packaging, of the same data. But it immediately sounds a lot less scary. Especially if smoking is something you love.

MORE INCONVENIENT NUMBERS

Statistics always present one version of reality while leaving out many others. For instance: antismokers' increased-risk estimates leave out the fact that a majority of lung cancers happen within, or beyond, the normal range of death. In other words, if lung cancer is going to get you, it'll probably do so around the time when *something* is going to get you, whether you smoke or not.

There are also many contradictory statistics out there for those who care to look. Native Americans have half the rate of lung cancer of white Americans even though they smoke much more. Very few Chinese women smoke and yet they have one of the highest lung cancer rates in the world. Lung cancer rates practically everywhere have been rising since about 1930 and in some cases (e.g. American women) have not peaked yet, despite the fact that smoking rates have gone steadily down. Japan, one of the world's heaviest-smoking nations, is also in the top two or three in life expectancy. Japanese rates of lung cancer and heart disease have nevertheless been rising for the last 3 decades – at the same time as their smoking rate has gone down. Perhaps this is because their diet and lifestyle have become increasingly Americanised. I really don't know. All I'm saying is that 'inconvenient' facts should be investigated, rather than swept under the carpet.

The more you look into this sort of thing, the murkier it gets. Even the term 'smoker' is defined differently in different studies; some only look at heavy long-term cigarette smokers (there is very little risk in cigar or pipe smoking anyway) but others define anyone who has smoked 100 cigarettes in their life as a 'smoker', others count as smokers people who quit 20 years before, and so on.

Antismokers maintain that smoking is responsible for about 90% of lung cancer deaths. But the Lung Cancer Alliance, a US lobby group, maintains that a half of lung cancer victims have never smoked.

All cancers have multiple risk factors (about 40 have been identified for lung cancer) and no one really knows why some people get sick and others don't. Lung cancer is the easiest disease to link with smoking, but even in this case, the danger cannot possibly be anywhere near as great as we're currently being told. Of course, many people have given up since the US Surgeon General's announcement, in 1964, that smoking could cause lung cancer. But no matter how many people quit, it's never enough for the antismoking zealots. This is why they've turned their attention more and more to:

THE SMOKING-RELATED DISEASE

This is one of the antismokers' cleverest inventions. To say that a disease is 'smoking-related' is *not* the same as saying that it is directly caused by smoking, or that there is any actual proof of anything. It means simply that someone has decided that smoking *may be a factor* in that disease.

Over the last couple of decades, more and more diseases have been added to the list, often with very little evidence. Heart disease was one of the first, even though it has something like 300 risk factors, and some major studies (for instance, that of the citizens of Framingham, Massachusetts, which has been going on since 1948) have shown not only that the link with smoking is weak, but that moderate smokers have less heart disease than nonsmokers.

More recently it has become fashionable to blame smoking for just about everything, from 'clogging up' of the arteries (which happens to everyone as they get older) to blindness (well, they can't blame masturbation any more) to AIDS. It has also become fashionable, every time a smoker dies, to try to find a way to blame their death on smoking.

Recent media scares have claimed that smoking 'may' cause impotence or infertility. But people smoked more during the two world wars than at any other time in history, and what did we have in the 1950s? A baby boom! Other scares have found their way onto cigarette packets. 'Smoking causes ageing of the skin' says one. Well, maybe, for some people, but there are clearly more important factors. Like the sun. And ageing.

The fact is that many statistics about smoking (and especially 'secondhand' smoke) are simply made up. For instance, until cervical cancer was recently proven to be caused by a virus, a completely random 13% of cases were attributed to smoking. Many of the estimates of smoking deaths are produced by one computer program. It's called SAMMEC (Smoking Attributable Morbidity, Mortality, and Economic Cost) and depending on which data you feed in, and which you leave out, it can produce pretty much any number you want.

The great thing about the 'smoking-related disease' is that it allows you to create the perception of a raging epidemic. The UK government says that 100,000 or 120,000 deaths per year (depending on who is speaking at the time) are caused by 'smoking-related disease'. The impression given is that these are all deaths specifically, and provably, caused by smoking, but it is no such thing. It includes nonsmokers who die of bronchitis or strokes, and smokers who die of heart attacks in their 80s. It includes people who quit smoking decades before. It is not exactly lying, but it is deliberately misleading, it is fearmongering, and in my opinion these people should be ashamed of themselves.

THE DOSE MAKES THE POISON

This is an old, but often ignored, scientific axiom. What it means is that there are safe and unsafe levels of *everything*. A little bit of arsenic is just fine. A significantly large amount of orange juice could kill you. But antismokers are now trying to sell us a scientific absurdity: that smoking is dangerous *at any level*.

It would seem obvious that there's a big difference between smoking five a day and fifty a day. Heaven forbid, though, that we should use our own common sense. In fact there is a great deal of evidence that moderate smoking - up to about ten a day - is not harmful, and indeed has clear benefits. Apart from pleasure (which current medical thinking deems irrelevant) it relieves stress, helps with weight control, and protects against or relieves the symptoms of quite a few diseases, including Alzheimer's, Parkinson's, ulcerative colitis, and cancers of the intestines and womb. Several doctors have admitted this to me in private, but you won't hear it from the medical institutions and lobby groups who have worked so hard to build smoking into Public Health Enemy No 1.

A couple of years ago I had the pleasure of meeting with the late Dr Ken Denson, head of the Thame Thrombosis and Haemostasis Research Centre in Oxfordshire, who was a rare and inspiring objector to what he called the antismoking 'witch hunt'. Dr Denson had devoted ten years to researching smoking, and published several medical journal articles eloquently arguing that the evidence, if looked at impartially and *in total*, was equivocal. He had unearthed countless studies showing that changes in diet could offset any risks, that moderate smokers who exercised had less disease than nonsmokers, and so on, and simply wanted to know why such studies were ignored while anything appearing to show the slightest risk was trumpeted from the rooftops. In Dr Denson's view, doctors were failing smokers by preaching zero-tolerance instead of balance and moderation. He also suggested that we talk about 'smokers-related' rather than 'smoking-related' diseases, since a majority of smokers have tended to have overall unhealthy lifestyles.

In Britain we're now being told that the working class and poor have much more disease than the middle class, and the main reason is smoking. But poorer and less-educated people are more likely to get poor health care, have bad diets, drink too much, work too hard, exercise too little, be more affected by stress and pollution, etc etc ... all factors in 'smoking-related' disease which are impossible to separate from smoking itself. You can always single out something as the Curse of the Working Classes. In 1920s America it was booze; now it's tobacco.

P.A.S. (PATHETIC ADDICT SYNDROME)

Antismokers tell us that people only smoke because they are 'addicted to nicotine', and that most smokers actually want to quit. But most smokers enjoy smoking, and few people *want* to quit something they enjoy. Nag and frighten them enough, though, and you can certainly get them to believe that they *should*.

'Addiction' is not a clearly-defined scientific term, and it's very hard to separate 'addictions' from habits, rituals, or pleasures that we constantly repeat because they are, well, pleasurable. Probably everyone is 'addicted' to something: alcohol, sugar, caffeine, drugs both legal and illegal, sex, television, dieting, gambling, shopping, computer games, football, cars, or the gym. Of course, I recognise that some people find it hard to be moderate. But I think this is a question of personality, or perhaps genetic predisposition, rather than the 'fault' of the substance in question - or whoever sold it to you.

The Elizabethans who were the first European smokers observed that tobacco could become a habit which some found very hard to break. But, as Iain Gately points out in his excellent history of tobacco, *La Diva Nicotina*, they would have been baffled by our concept of 'addiction', since they believed that all human beings were granted by God the gift of free will. The idea that a man could be enslaved by a plant would have seemed to them absurd. I must confess this view makes more sense to me than the fashionable contemporary one which sees helpless victims everywhere, all needing to be protected either from themselves or from evil forces such as tobacco companies - who, conveniently, can then be sued for large sums of money.

Nicotine is not harmful. It is a naturally occurring substance present not only in tobacco but, for instance, tomatoes. The potentially harmful ingredients in a cigarette are tar and carbon monoxide created by combustion, along with various other common carcinogens and poisons at infinitesimal levels. (Note to you ex-hippies who've jumped on the anti-tobacco bandwagon: this

is also true of other smokeables). Anyway, if nicotine is dangerous, why on earth are doctors trying so hard to sell it to us in the form of patches, gums and inhalers? (That question actually opens up something of a can of worms, as we shall see later.)

Antismokers have to keep pushing 'addiction' since they either cannot believe, or cannot admit, that people not only freely choose to smoke but enjoy it. 'Addiction' also works to further stigmatise smokers by portraying us as contemptible junkies. Of course, if you're smoking out of pure compulsion and aren't even enjoying it, I would say you might as well quit. After all, if you're going to do something which not only has potential health risks but increasingly gets you treated like dirt, then you may as well at least get some pleasure from it. But many thousands have quit of their own accord, and many others are smoking moderately, or only at certain times, or switching to cigars. I meet these people all the time, but according to antismokers they don't exist. I personally only smoke when I'm having a drink. Perhaps I don't exist either.

HOW TO BE HEALTHY

I think there are two different approaches to living a healthy life. One is to try very hard to avoid everything which current opinion holds to be bad for you, be guided by 'experts' and statistics, feel very guilty about any human imperfection, and generally believe that if you work hard enough, you can achieve invulnerability. This is very American. The other is to enjoy yourself, be reasonably moderate, be sceptical of the 'experts', and let the chips fall where they may. This approach is more European - or used to be. These are broad stereotypes, but they're both reasonable and most people are drawn more to one than the other. The problem comes when the first group starts to dictate to the second. Especially when there's no real proof, that either approach works best.

I believe the war against tobacco is part of a broader effort to turn us away from traditional pleasures, cures, and comforts, and to turn us into consumers of therapies and technical, or pharmaceutical, alternatives. We have, for instance, become overwhelmed by abstruse claims and counter-claims on the subject of nutrition. Thirty years ago, we didn't even hear about 'nutrition'; instead we had something called food, which had worked pretty well for thousands of years. Now we all flail around in a minefield of polyunsaturated fats, antioxidants, amino acids, Omega-3, etc etc, so confused about the basic business of feeding ourselves that we are increasingly reliant on 'experts' to guide us. This is good business for the 'experts', but the rest of us have just ended up with not only more stress and anxiety, but more obesity and diabetes.

I want to further explore the bigger picture later in this essay, but what I'm suggesting here is that antismokers are, among other things, using tobacco as a scapegoat for health problems which have much more to do with diet and other factors. I accept that there is an element of risk in smoking. But 'Smoking Kills' is a meaningless statement, since you cannot prove that smoking is the specific and unique cause of *anyone's* death, and the vast majority of even heavy long-term smokers live to normal old age - as we can see from our own experience if only we stop allowing ourselves to be mesmerised by statistics.

I also don't think I should be coerced into quitting smoking, any more than I should be coerced into becoming a vegetarian or a teetotaller, even though I'd have a lower 'increased risk' of colon cancer in the first case and liver damage in the second. We are becoming a strangely risk-averse culture, and in strangely selective ways. Every prescription drug has potentially nasty side-effects, which kill thousands of people every year; but if we have a pain, or even just feel sad, we shrug our shoulders and take them. Thousands of people die every year in road accidents, yet we shrug our shoulders and get into our cars. When any risk is associated with a pleasure, though, we struggle to relinquish that pleasure, and we turn life into a stressed-out obstacle course.

This is perverse. Human beings are pleasure-seeking creatures. What is more conducive to health: pleasure or fear? Pleasure and free choice are not just 'nice work if you can get it'; they are crucial. Our doctors and politicians seem to have forgotten this, and are becoming mean-spirited and dictatorial as a result.

TWO

THE HOLY GRAIL

Again and again, smoke-haters tell us that no one has the right to 'inflict' smoke on them. But we all have things 'inflicted' on us every day - pollution, carcinogens, smells, noise - which, unlike tobacco smoke, are very hard to control by ventilation or segregation. Perhaps, rather than constructing a self-righteous moral argument, we should be asking whether something is, in reality, doing us any harm.

'Secondhand smoke' - also known as 'passive' smoke or, from now on in this essay, environmental tobacco smoke (ETS) - has always been the antismokers' Holy Grail. If it could be proven - even just perceived - to be harmful, then all the smoker's arguments about rights, choice, tolerance and so on, could be blown away. During the 1970s, the more politically savvy members of the antismoking movement started talking about a need to show that tobacco smoke was hurting innocent bystanders. They were becoming increasingly frustrated that, despite their well-publicised scientific (and pseudoscientific) revelations about the evils of tobacco, and despite various antismoking campaigns, increased taxation, and more and more restrictions on the tobacco industry, people had the nerve to keep right on smoking in large (though decreasing) numbers. At a World Health Organisation conference in 1975, former British Chief Medical Officer Sir George Godber announced that:

"It would be essential to foster an atmosphere where it was perceived that active smokers would injure those around them, especially their family and any infants or young children who would be exposed involuntarily to ETS."

Antismokers then started actively looking for 'proof'. One of the first studies they seized upon, in 1981, was that of Prof Hirayama in Japan, which showed a possible risk from ETS. Although the risk was trivial, the methodology was dubious, and the director of Hirayama's own Institute cautioned against taking the study too seriously, it was seen as 'encouraging' and ETS studies started to proliferate rapidly. By 1990 the well-known American antismoking activist Stanton Glantz was able to declare:

"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."

WHERE ARE THE BODIES?

I have absolutely no doubt that 'secondhand smoke' as any of us might experience it in real life, does not hurt anyone, except perhaps in very extraordinary cases. The problem with 'my' side of this argument is that it takes a bit of effort to understand, and a bit of time to explain, whereas antismokers have snappy soundbites ('Secondhand Smoke Kills!'). You really don't have to be a rocket scientist, though, and all the evidence is readily available online. Both FOREST and FORCES International, for instance, have on their websites the full downloadable details of every ETS study ever done (see the list at the end of this essay). I'll leave it to them, and other researchers, to explain in more detail, but the main points in a nutshell are:

(1) *Lousy Methodology.* People assume that ETS studies are produced by noble and brilliant men in white coats who have infallible ways of knowing things - ways which we cannot possibly understand. But it's simply not possible to isolate and measure the long-term effect on individuals of tobacco smoke in the air. Thus most ETS studies are statistical junk science, based on giving people silly questionnaires asking them to recall who smoked around them during their childhood, how much, whether the windows were open, etc. Studies are also not corrected for 'confounders', or conflicting factors (for instance the fact that the nonsmoking spouses of smokers invariably share the same dietary and other 'lifestyle' risk factors).

(2) *Inconsistency.* At this writing, 70 studies have been done on ETS. Since many of them can be divided into sub-categories ('childhood,' 'spousal,' and 'workplace') we could also express the grand total as 147. Of these, only 24 have shown any risk increase. However ...

(3) *Statistical Insignificance.* Those 24 studies have not found anything close to the kind of proof we should be concerned about. The numbers are so low and so unreliable that they could easily be accounted for by a whole range of conflicting factors. Epidemiology (the study of the causes of disease) is not considered a hard science because so much of it is conjecture. Epidemiologists have an established rule that anything under a consistent doubling or tripling of risk (ie 200–300%) is meaningless. This means that the often-cited '25% increased risk' of disease for nonsmokers exposed to ETS is actually *an insignificant increase on their already insignificant risk.*

(4) *The Best Studies Prove Nothing.* The studies which show risk from ETS are not even the best ones. The biggest and most scientifically credible studies to date are the 10-year European one by the World Health Organisation (published in 1998) and the 39-year Californian one by Profs. Enstrom and Kabat (published by the British Medical Journal in 2003). Both failed to find any real danger from ETS (to be more precise: the WHO admitted its results were not statistically significant, then buried them and stopped talking about them; Enstrom and Kabat concluded that some risk from ETS could not be ruled out but was essentially too small to measure).

(5) *High-Profile Studies Have Been Discredited.* The California smoking ban – the one that got the ball rolling – was based on a study by the Environmental Protection Agency which was such a travesty of science that it was declared invalid and thrown out by a Federal Court. Though the EPA was able to get Judge Osteen's decision overturned by arguing that he did not have jurisdiction over them, his conclusions about the science have never been challenged. Other much-hyped studies have been complete hoaxes; for instance, the one claiming that heart attacks in the small town of Helena, Montana, decreased right after, and because of, a smoking ban.

(6) *Selective Use Of Data.* Antismoking groups perpetuate the myth of ETS by cherry-picking data from the few studies they like, and then extrapolating statistics from them. Many studies are actually 'meta-analyses,' in which carefully-selected pre-existing studies are combined and the statistics 'stirred around' a bit. The results are then presented as a 'new study.'

(7) *Bias.* Virtually all ETS studies are produced by groups with an avowed antismoking agenda, and are mostly financed by pharmaceutical companies, which have a vested interest in getting us all off fags and onto nicotine patches and antidepressants.

(8) *Where Are The Bodies?* Estimates of thousands of deaths from ETS are based on statistical computer projections. There is not one death certificate, anywhere in the world, citing ETS as cause of death. *There is not even one documented case of death proven to have been caused specifically by ETS. Antismokers have been challenged over and over again to produce one, and have refused every time.* They now say simply that their position is 'proven' and refuse to debate it any further.

Statistically (here we go again) higher cancer risks have been found for eating mushrooms, wearing a bra, or keeping a pet bird than for ETS. A bartender has a much higher statistical chance of dying in a bicycle accident, or from being left-handed and using right-handed things, than he or she has from exposure to tobacco smoke. I swear I'm not making this stuff up.

INTUITION AND SUPERSTITION

Many people now believe it's intuitively obvious that 'passive' smoke must be harmful, since they believe 'active' smoking to be so deadly in the first place. This brings me back to the beginning of this essay, when I mentioned that ETS immediately seemed to me, intuitively, to be highly dubious.

But I've tried very hard not to fall into the trap of believing what one wants to believe. I base my conclusions about ETS on several years of rigorous research, and I've found the arguments of the researchers who believe ETS to be a fraud much more thorough and convincing than those

of the antismokers, which generally fail to rise much above the level of 'ETS kills because we say so.' The World Health Organisation, for instance, insists that 'ETS kills' even though its own major study proved that it doesn't. This is a classic example of not letting the facts get in the way of an agenda.

Unfortunately, it's also absolutely typical. The antismoking movement - especially since the 'discovery' of ETS - has come to resemble a faith-based, evangelical religious one much more than it does anything truly scientific. You are just supposed to *believe*, and not ask any awkward questions. Anyone who dares to do so must be in league with the Devil (ie Big Tobacco). Any health professional who expresses doubt is bullied into getting back 'on-message' (this happened to Prof Doll himself, when he admitted in a radio interview that the effect of ETS was so small it didn't concern him, and to Dr Richard Smith, former editor of the *British Medical Journal*, when he defended Enstrom and Kabat).

Another example, among many: in 2004 the Tobacco Manufacturers' Association sponsored a conference on ETS at the Royal Institution in London, at which several scientists spoke out against the fraud, and representatives of ASH and other antismokers were invited to debate them. Not only did they refuse to do so, they also publicly attacked the Royal Institution for daring to host the event at all. If health is the new religion, antismokers are its Spanish Inquisition.

If it's not extending the metaphor too far, the US Surgeon General could be the Pope, upholding dogma and doctrine to the bitter end. Surgeon General Richard Carmona's parting shot before he retired in 2006 was to state that 'the debate is over' about ETS. But his report added nothing new: just the same old '20-30% increased risk', 'no safe level', 'ventilation ineffective', and so on, as well as a great deal of shameful fearmongering ('evidence suggests possible links between ETS and breast cancer', etc) and science-fiction statistics. Of course the Surgeon General wants us to think 'the debate is over'; a true debate has not taken place, and if and when it does, a lot of people like him are going to look pretty bad. ETS is to the Surgeon General what those Iraqi weapons of mass destruction were to President Bush.

NEEDLES AND SLEDGEHAMMERS

Getting back to 'active' versus 'passive' smoking: the largest study to date on ETS exposure was published by the US National Center for Environmental Health, which studied 10,000 exposed nonsmokers for levels of cotinine (a nicotine derivative thought to demonstrate the level of tobacco smoke exposure). The mean cotinine level of the nonsmokers was found to be 1/500th of that of the active smoker. And by the way: (a) there are other sources of cotinine, including vegetables, 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.

Proving anything at all about ETS 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 ETS is *good* for you. It's not impossible that a few very unlucky people, exposed to a lot of smoke, may become ill or even die. But such a possibility exists in every interaction between humans and any kind of substance. What people need to understand is that if you want to prove something badly enough, and you do enough studies, and juggle the numbers enough, you can 'prove' just about anything. But to claim that ETS is a grave threat to public health is dishonest fearmongering on an outrageous scale. So why is it happening?

Anyone who really studies the evidence must come to one inevitable conclusion: that the intention is not to protect the public from a threat, but to stigmatise smokers and make smoking 'socially unacceptable!' You'd think antismokers would be glad that 'passive' smoke, at least, isn't hurting anyone. On the contrary: to admit as much would be to surrender their most effective weapon.

THREE

THE NAKED BAR

At this writing, smoking bans are a political fad, spreading across North America and, increasingly, Europe. Politicians these days love to ban things. In the case of smoking, they figure it makes them look good ('healthy!') and that there won't be too much opposition (the majority doesn't smoke and doesn't care much). As for the smokers: they're filthy and stupid, right? Who cares about them?

There is a lot of emotive nonsense talked about smoking bans, and I'd like to try to cut through some of it. There are three possible justifications for smoking bans, and antismokers shuffle between them like Three-Card Monte sharks. But none of them stands up to closer scrutiny.

(1) '*Some (or many) people don't like smoke.*' Sure, but this is a matter of taste, as well as, arguably, fashion. (I recently came across an article by psychologist Ernst Dichter in which he states that while everyone likes the smell of smoke, most people have to acquire the taste. It was written in 1947.)

It is madness for governments to pass laws on the basis of taste and fashion. Where are they supposed to stop? I don't mind smoke in a pub, but there are quite a few things I *do* mind. Dogs (I'm allergic to them). Big TV screens. People shouting into mobile phones. Loud music. Bad music. Bad beer. Can I have a ban or two of my own, please?

If people don't like smoke, ventilation should be improved. If that's not enough, there should be separate rooms, and if *that's* not enough, a choice of smoking and nonsmoking venues. But matters of taste and fashion are for the free market to decide, not the government.

Smokers may be a minority (albeit a large one) but it is a misunderstanding of democracy to say that the tastes of the majority should be imposed on everyone (Thomas Jefferson warned against 'the tyranny of the majority'). Anyway, I don't believe the majority does want smoking bans; I think that even in the current antismoking climate, most people would, if given the option, prefer reasonable and considerate restrictions and some sort of choice. Smoking has been a part of British pub culture, for instance, for hundreds of years, and most people who go to pubs are still willing to accept it so long as the air isn't too smoky, and so long as people who are truly traumatised by smoke have some nonsmoking places to go to. I have some sympathy for these people, but for them to insist that smoking be banned in every pub in the country just in case they may want to someday go into one of them is pure selfishness.

Meanwhile there are some of us for whom a bar counter without ashtrays is naked, and a bar which forbids smoking is just not a bar. It's like a fish and chip shop which forbids salt and vinegar. It is an abomination.

(2) '*Bans force people to cut down or quit.*' From a libertarian point of view, this is an inappropriate politicisation of a personal choice. From a practical point of view, though, it doesn't really work. Smoking is still legal and the hardcore smokers who really 'should' quit, don't. Statistics showing a decline in smoking after bans have not been very impressive, and in any case are hard to separate from the ongoing long-term trend. Irish smokers, according to one tobacco industry source, are smoking one less cigarette per day. In Italy, sales of cigarettes have actually gone *up*. Bans may get some people to quit, but it just makes most of us angry and defiant.

There are, of course, smokers who want to quit, and who support banning smoking in the belief that it will help them. These guys are beloved by antismokers and greatly over-represented in the media. Personally I find them both rather pathetic (since they want the state to make their decisions for them) and selfish (since the bans they support affect millions of other smokers who have no intention of giving up). With friends like these, who needs enemies?

(3) '*The public, and especially employees, must be protected from 'secondhand smoke' in enclosed spaces.*' This is the only potentially plausible rationale for bans, but it's phoney, and many advocates of bans know it. Even if it were true, why are they also banning, or trying to ban, smoking *outside* bars, or in parks or on beaches? When was the last time you heard an antismoker

apologising to smokers for the inconvenience, and trying to make sure we have comfortable outdoor seating with heat lamps?

On the contrary: some American states or towns have banned people from smoking in their own cars, and on the front porches of their own homes, and are encouraging people to call the authorities to report 'secondhand smoke' drifting from a neighbour's garden. Smoking rooms in workplaces have been shut down, and signs saying 'NO SMOKING WITHIN 25 FEET OF THIS ENTRANCE' placed outside. Workers are then harassed for taking longer cigarette breaks. Smokers who've been chased outside are also harassed for making noise or mess. But outdoor ashtrays and pocket ashtrays are not promoted because this would be 'encouraging smoking'.

Isn't it obvious what's going on here? Smoking bans are intended to make smoking as difficult and uncomfortable as possible, to make smokers look bad, and to advance what antismokers call the 'de-normalisation' of smoking.

POPULAR PROHIBITIONISM?

Antismokers claim that smoking bans are popular and good for business. As usual, there's a grain of truth in their argument, which is that many places were too smoky, so many nonsmokers, even those who initially oppose bans, are pretty happy with the result when they pass. Anyway, when a ban becomes law - enforced by steep penalties - people have not much choice but to make the best of it. Smokers are too beaten-down to riot in the streets. The hospitality industry does not collapse. Smoking isn't the only reason people go out.

Nevertheless, there is not one smoking ban which has arisen out of popular demand. Besides, if there were that much demand, laws would not be needed. It's also simply not true that bans are good for business. Certainly some venues are successful at transforming themselves into different kinds of venues. But bans have caused losses of money and jobs in every city, state or country they've been passed, at least, according to the people who ought to know - the operators of bars, clubs and restaurants.

An independent survey of the impact of the first year of the New York ban specifically on bars and clubs, for instance, found losses of 2,650 jobs, \$50 million in earnings and \$71.5 million in gross state product (including knock-on effects on everything from beer distribution to jukeboxes). Mayor Bloomberg (an ex-smoker turned antismoking crusader) claims the hospitality industry is doing *better* since the ban. But he includes in 'the hospitality industry' everything from hotels and fast-food joints to liquor stores, and fails to mention that the ban was introduced just as the whole city economy started to recover from the disaster of 9/11. Similar tricks have been used by antismokers everywhere.

Meanwhile many NY bars let people smoke illegally, but they all have to display a notice with a number to call 'to report violations' - ie, 'rat on' your neighbours. The UK government is proposing to do the same thing - with a toll-free number, no less. These are the tactics of the Stasi or the KGB; of regimes without popular support who are reduced to making citizens fear each other.

LIES, DAMNED LIES, AND POLLS

'Antis' also claim that polls show public support for bans, but this is generally done by: (1) scaring the pants off of people over ETS, (2) getting them to concede that public places and workplaces should be free of this scourge, and (3) classifying pubs, clubs and restaurants as public places and workplaces.

But a pub is not a 'public place'. It is not supported by taxes, nor is anyone compelled to enter. It is private property, and publicans have the right to decide their own policy on smoking (or dogs, or mobile phones). As for being a workplace, the whole point of nightlife venues is that

they are places to get *away* from work, and not to be nagged like naughty schoolchildren. The few people who *are* working should be there on that understanding. And even if there is some small risk involved, why can they not choose to accept that risk, when people continue to work down mines, on oil rigs, in lifeboats, fighting fires, and so on? A motorcycle courier does more damage to his lungs in a day than a bartender in a properly-ventilated club. Besides; according to a poll in the *Publican* magazine, 95% of British bartenders are opposed to a ban anyway.

Ignoring such facts, antismokers practically squealed with delight when some representatives of the UK hospitality industry actually joined in with calls for a total ban, rather than some sort of compromise. The reason *why* was brushed aside: they were terrified that any places which could still allow smoking would have an 'unfair' advantage.

Ultimately, though, no argument based on rights, freedom of choice, economics, tolerance or tradition, has been allowed to stop smoking bans. They are all overruled by the doctors - as though pubs are now to be defined not only as 'public' or 'work' places, but as health spas or clinics. Well, of course doctors want smoking bans. But putting the doctors in charge of public policy is like putting the plumbers in charge of Architecture.

GETTING RID OF SMOKE, NOT SMOKERS

The great irony of the current wave of 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. Good 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 1 micron; a good system can remove everything down to .30 of a micron. Tests have shown the air in a smoking venue with a good air-cleaning system to be cleaner than the air in a nonsmoking venue without one. The smell is rendered barely noticeable, or at any rate probably less noticeable than the smell of the food, the beer, or for that matter the other customers.

None of this sits well with antismokers. Ironically, the smokier the atmosphere, the happier they are, since it helps them to whip up intolerance and get smoking bans passed. They have, therefore, worked hard to keep the subject of air-cleaning off the agenda. When pressed, they 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 hospital infectious disease wards; I can't imagine why they're not good enough for a bar.

So beware of antismokers who tell you that while air-cleaning systems can render the air less 'offensive', they can't get rid of all sorts of nasty toxins and carcinogens. This may, technically, be true, in that no matter where we go, or what we do, there are always toxins and carcinogens which are impossible to remove. But remember: 'the dose makes the poison'. Yes, tobacco smoke contains arsenic; so does your tap water. Tobacco smoke contains benzene; so does coffee. In every case, the *amounts* of toxic chemicals in tobacco smoke are so negligible that even frequent prolonged exposure is not going to hurt you.

THE REAL DAMAGE

I believe smoking bans are doing great damage, and not only economic damage. They promote intolerance, social tension and a 'stool pigeon' culture. They ostracise a large and law-abiding segment of the population. They set a worrying precedent for all kinds of other social engineering. And they bring Nanny into Nightlife: the last place she belongs.

But I am frankly tired of seeing libertarian arguments against smoking bans scornfully rejected by the ETS fear-mongers. The real issue is that, no matter what the Surgeon General says, *the only plausible rationale for such bans is false*. If it isn't, and 'secondhand smoke' really is a major public health hazard, then tobacco should be made completely illegal, to stop us murdering our families, pets and house plants too. If ETS is really that bad, then tobacco is worse than heroin or cocaine. I've never heard of anyone dying from 'passive injecting' or 'passive sniffing'. If the feeble evidence on ETS justifies banning smoking in a bar, we should also be banning music (since it might get too loud and damage someone's hearing) and the cooking of food (since cooking, especially grilling or frying, produces carcinogens).

The worst damage caused by smoking bans is the damage to the truth. According to Dr. Elizabeth Whelan, President of the American Council on Science and Health and no friend of tobacco:

"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."

FOUR

BECAUSE THEY CAN

A year or two ago I stayed in a hotel in Florida in which every room was nonsmoking, and festooned with big notices threatening anyone who smoked with a \$200 'cleaning fee'. With my mind boggling as I imagined all the vile things I could do *without* incurring such a penalty, I asked the manager to explain. The Florida smoking ban only applies to places serving food, and certainly not to homes - and while I was in Florida, my room *was* my home. I was told simply that this was the policy, and treated from then on with utter contempt.

Back in the UK, I went to take a train from London to Portsmouth, my home town, and saw a notice saying that the one smoking compartment on the train was being scrapped because of an accident involving cigarette ash somehow getting into the air-conditioning system. There was a phone number to call if I wished to 'discuss' this. The conversation went as follows:

ME: I'm calling to ask why you're scrapping the smoking compartment.

SOUTHWEST TRAINS EMPLOYEE (sounding very surprised): Yes, that's right, all our trains will be completely nonsmoking as from July.

ME: But is it really because of one accident? What are you going to do if you have an accident involving ... say, a suitcase? Or a bicycle? Or if someone burns themselves with hot coffee, are you going to ban coffee?

STE: Oh ... well ... actually that's not the main reason. The main reason is, the majority of our customers tell us they prefer a nonsmoking environment.

ME: But the majority of the train *is* a nonsmoking environment. There's only one smoking section, consisting of half a carriage, and there are, what, at least six, sometimes eight or ten carriages?

STE: Yes sir, I see what you mean, but our policy is now nonsmoking throughout.

ME: Well, if the policy is already decided, why do you bother putting 'call this number to discuss' on the poster? I mean, there's nothing anyone can do about it, right?

STE: Look ... God, I'm sick of this. I'm actually a smoker myself!

ME: Really?

STE: Yes, and I have to answer these calls ... well, there aren't many calls, actually, because you're right, there's nothing anyone can do about it. It makes me sick, to be honest, but what can you do? I'm really sorry.

These stories are actually pretty mild compared to some I've heard from smokers who've been subjected to everything up to, and including, physical violence. But the point in both cases is that people are banning smoking not because they have anything to do with the medical establishment, or because of any legal obligation, but just *because they can*.

KICKERS AND SPITTERS

In an earlier version of this essay, I suggested, facetiously, that perhaps smokers should be put in the stocks, to be pelted with rotten vegetables. On reflection, there's a good analogy to be drawn there. In the days when people *were* put in the stocks, citizens were allowed, even encouraged, to kick and spit on them as they passed by. Now, it may be that there were some pretty bad guys in those stocks. But don't you have to wonder, just a little bit, about those law-abiding folk who relished the opportunity to do a bit of kicking and spitting, all the while wearing a halo of self-righteousness?

Smokers are now beset by kickers and spitters. Why? A psychiatrist I know suggests that people are projecting their fear and hatred of cancer onto smokers. I'm more inclined to think there is a lurking need in society to have *some* minority to beat up on, and feel superior to, now

all the other minorities are out of bounds. Whatever the reason, it's open season on us, and no gratuitous restriction or insult is considered out of bounds. One British newspaper columnist recently described smoking as 'masturbating in public'. Even the dead are not exempt from abuse. When Leonard Bernstein and Johnny Carson died of lung cancer, aged 74 and 79 respectively, they were cruelly taken to task by the rabidly antismoking *New York Times* for depriving their fans of a couple more years of their presence. The chain-smoking Chinese leader Deng Xiaoping was excoriated as a 'bad example to youth' when he died aged 92.

One of the meanest myths of all, in my opinion, is the one that smokers are putting an unfair burden on health services because our diseases are 'self-inflicted'. Think about this for a minute. Just about every disease you can think of could be said to be 'self-inflicted'. What about AIDS? What about people who have heart attacks while jogging? This argument can be extended *ad infinitum*, and indeed this is already happening, with people being discriminated against for being overweight, and health authorities seeking more power to enforce what they consider to be healthy lifestyles, and to actually withhold treatment from those who don't comply.

Anyway, these are the same people who tell us that smokers die younger, in which case we're *saving* the state money. And finally, are we forgetting how much smokers contribute in taxes? In the UK, this amounts to roughly £10 billion a year. Smokers are not a burden but a benefit.

But the sheer nastiness towards smokers on the part of the antismoking movement and its corporate and media bandwagon-jumpers is one of the things that made me suspicious of them in the first place. If a medical authority advises me that smoking may be bad for my health, it could be argued that they're just doing their job. When they start calling me stupid, pathetic, antisocial, filthy, stinking, etc, then something else is going on. It seems to me they're either (a) betraying an aesthetic bias which should not be their concern, but certainly helps explain their zeal; or, (b) tacitly admitting that smoking has such a powerful appeal that honest health warnings are not enough.

There are reasons for this antismoking hysteria, though, which go beyond fashion or prejudice.

EVIL EMPIRES (1)

Not so long ago, tobacco companies sponsored events, generated enormous advertising revenue, and were generally seen as pillars of the community. Then came the US Surgeon General's declaration that smoking was a cause of cancer. For quite a while, Big Tobacco fought back, but they couldn't prove that their products weren't causing lung cancer (any more than their opponents could, in reality, prove that they were) and judges were more inclined to side with the Surgeon General. As the lawsuits started going against them, Big Tobacco steadily went from denial to capitulation.

Finally, in 1998, the tobacco companies cut a deal with their enemies called the Master Settlement Agreement. This obliges them to raise their prices and pass on the money directly to antismoking campaigns; cease advertising; close down their PR and research departments; turn over all their documents; and generally become model citizens. In return they got some immunity from further lawsuits, but otherwise not much more than the right to stay in business.

I am no great fan of the tobacco industry. I'm quite sure they have their fair share of liars and crooks. But they've been victimised on an incredible, even unconstitutional, scale. They may well be fundamentally cynical, in that they have no social or moral obligations; they exist to make money. But that's true of any corporation.

Along with the trials of Big Tobacco came the realisation that it could be more profitable, both financially and politically, to be anti- than pro-smoking. Lawyers, tax authorities, and all kinds of health lobby groups looking for funding, have gotten in on the act as more and more

money has been made available for 'tobacco control' (around \$880 million per year in the US from the MSA alone). And no politician wants to be seen as 'anti-health', or as an apologist for Big Tobacco, who, no matter how compromised they are, are still portrayed as an insidiously powerful 'evil empire'. Every movement needs a villain.

EVIL EMPIRES (2)

Just as Nature abhors a vacuum, other interests have moved into some of the spaces left by Big Tobacco. Foremost among these is one whose wealth, power and influence are now soaring to heights unimaginable 20 or 30 years ago: Big Pharma, or the pharmaceutical industry.

It never ceases to amaze me that people do not see the vested interests on *both* sides of any debate about tobacco. Of course arguments should be judged on their own merits. But if antismokers are going to make so much of the Big Tobacco connection - to the point of branding all dissent 'tobacco industry propaganda' whether or not there is any connection - then it should at least be noted that they too are open to accusations of bias.

There are over 1.2 billion smokers in the world. Convince them all that smoking kills, and that they are addicts needing therapeutic help, and you have a colossal market for pharmaceutical nicotine, in the form of patches, gums and inhalers. Smokers are also a target market for antidepressant drugs.

So it's no coincidence that Big Pharma is now a major driving force of the antismoking movement. Johnson and Johnson, through its Robert Wood Johnson Foundation, has spent *over half a billion dollars* on antismoking campaigns. Much of the research cited by antismokers is financed in one way or another by pharmaceutical companies. There are countless examples of drug companies rewarding politicians who take an antismoking stance: Novartis, a maker of nicotine patches, is a donor to the UK Labour party, and has been trying to work with the government to make their products available through the National Health Service, while the health minister responsible for the Italian smoking ban is currently on trial for corruption involving Pharma paybacks.

EVIL EMPIRES (3)

Another driving force in the antismoking movement is the World Health Organisation, a body whose very name, to most people, commands awed respect, but which is quite rightly provoking more and more criticism from those who look a bit more closely. The WHO was created in 1948 by the United Nations to fight communicable disease and malnutrition, especially in the developing nations which really need such help. Recently, though, its priorities have shifted to tackling 'lifestyle' issues such as smoking, diet, obesity, and road safety, mostly in prosperous Western countries. These are the countries where the WHO has its offices and staff (its HQ is in Geneva) and it now spends an astonishing three-quarters of its budget just on keeping them afloat.

These are also the countries where the WHO has to get its funding. In recent years it has done this by (a) pandering to the fashionable hang-ups of liberal middle-class Americans and Europeans, and (b) getting into bed with Big Pharma. In 1999 the WHO created the Partnership Project on Tobacco Dependence. Its official partners are three major pharmaceutical companies: Glaxo Wellcome, Novartis Consumer Health, and Pharmacia & Upjohn. The WHO is also closely tied to the International Monetary Fund, many of whose directors and advisors are, or have been, directors of and advisors to pharmaceutical companies.

In 2005, the WHO and its partners created the Framework Convention on Tobacco Control, which has been signed by over 100 nations. Signatories are obliged to stop tobacco advertising, 'educate' people about the horrors of both 'active' and 'passive' smoking, and 'protect' nonsmokers with smoking bans (though the details are to some extent flexible). The fact that such actions contravene the constitutions of some of the countries involved, or the fact that the WHO's own

research failed to find any real danger in ETS, or the fact that even in relatively tobacco-phobic Britain the government's own Office for National Statistics shows that 68% of the population doesn't want a smoking ban - not to mention legitimate questions about how much power an unelected, unaccountable body should have - are all completely thrown aside.

WHY I'M BLOODY FURIOUS

This what it comes down to.

Firstly, I'm bloody furious that I, a responsible adult, am forbidden to have a smoke with a social drink - anywhere in the country. What makes me more furious, though, is that the National Health Service is in disarray, with doctors and nurses being laid off, hospitals closing, and people waiting months for important surgeries; and yet they spend millions of pounds of taxpayers' money (my money!) on slick TV commercials, with Spielberg-esque special effects of sinister tendrils of 'secondhand smoke' enveloping innocent victims, to spread fear and intolerance and to depict smokers like me - with no good proof - as murderers.

I'm bloody furious that the USA fails to address major issues of terrorism, poverty, violent crime or environmental disaster, but spends well over a billion dollars a year on dishonest antismoking propaganda.

I'm bloody furious that AIDS, typhoid and dysentery are rampant in the developing world, and that more than 2 million children a year die simply from lack of access to clean water; yet the World Health Organisation spends millions trying to bully the comfortable citizens of prosperous countries out of their pleasures, when those citizens will live long and generally healthy lives anyway.

I'm bloody furious at the self-righteousness which accompanies the current antismoking climate when it is, is to a large extent, a political and economic phenomenon. The unprecedented success of the antismoking movement over the last 7-8 years corresponds directly to unprecedented infusions of cash from the Master Settlement Agreement and the WHO's pact with Big Pharma (in addition, of course, to punitive taxation and other less tangible forces such as 'political correctness'). Quite simply, the tobacco industry has been outmatched by a rich and powerful antismoking industry, whose tactics are about as righteous as those of the street fighter who, having knocked his enemy down, proceeds to give him a damn good kicking.

Every prohibitionist movement is essentially about power and profit, dressed up as health and morality. Any time a human pleasure can be shown to carry some risk, the doors are opened for those who want to tax, sue, regulate, legislate and discriminate. The story of Absinthe, for instance, parallels antismoking every step of the way: the same pseudo-science, selective and out-of-proportion propaganda, fearmongering, stigmatisation of the user, and largely unrecognised vested interests (in that case, the French wine industry).

Finally I'm bloody furious that 'public health' is rapidly accumulating powers which totally bypass the democratic process. This can be seen at many levels: Mayor Bloomberg's health inspectors have powers to enter and search which exceed those of the police (they have, among other things, raided peoples' private offices and fined them for the crime of Being In Possession Of An Ashtray). But it goes right to the top, with the WHO dictating policy to democratically-elected governments. Though it may strike some as a 'conspiracy theory', all the evidence suggests that health authorities and their pharmaceutical allies are establishing a supra-national nanny state which will increasingly dictate our lifestyles whether we like it or not.

VALETUDINARIAN FASCISM

For the last couple of years I've been going to a London gym where, while running on the treadmill, I've been presented with hours of music videos - on TVs with no sound. OK, some of them are fun, but they all seem to be governed by strict rules. No one looks older than about 25. Everyone is

slim and attractive, and the cameras linger on their sculpted abdominal muscles. The high-energy dancing never stops. Eventually I realised why these videos were making me uncomfortable. They were reminding me of the Nazi propaganda films of Leni Riefenstahl, in which great processions of perfect young Aryan specimens performed sports and gymnastics to inspire the German nation.

Then there are the 'reality' and 'makeover' shows on TV, in which people are humiliated into becoming thinner, younger-looking or more stylish. Sure, it's good to be fit and healthy. But it's also fashionable and narcissistic, and we are in danger of becoming a society of chronic valetudinarians.

A valetudinarian is someone neurotically obsessed with the state of their health (a close cousin of a hypochondriac, which is someone who always thinks they're sick). Such a condition leaves us vulnerable to all sorts of manipulation, as does the parallel obsession with 'safety'. The idea of 'zero-risk' is also fashionable, but I believe that the more we are encouraged by authorities to demand it, the more we are infantilised. A mature person should accept that 'zero-risk' is an illusion.

The smoking issue is part of a much broader one, in which 'public health' is less and less about healing the sick and more and more about social engineering of the well. And we play right along. We're allowing our pleasures, habits, quirks and imperfections to be redefined as syndromes needing (profitable) therapeutic intervention. We are constantly in search of scapegoats and panaceas, and seem (particularly in the USA) to see life as a rather desperate game, to be played very hard, with whoever lives the longest being the winner. The trouble is that we're forgetting how to enjoy playing.

Have we created a fertile ground for a Jihad against tobacco? Or is our culture actually being created by antismokers and similar crusaders themselves? I think it's probably a bit of both. Either way, it gives me the creeps.

IN CONCLUSION

I've painted a pretty bleak picture here, and I'm sure some readers will think: surely it's not that bad. Well, perhaps it isn't. I admit, for instance, that many antismokers are well-intentioned. But I have to call it as I see it: many are also ignorant, naïve, prejudiced, or just plain bullies. Some of the worst are the ex-smokers, who compensate for the loss of a love by turning it into a hate. Whatever their motivations, though, antismokers have used fearmongering and junk science to turn millions of people into scapegoats, and to build a powerful prohibitionist movement which has placed itself beyond criticism or accountability.

I take some comfort in the belief that while they're winning most of the battles, they can't ultimately win the war. You can't 'un-invent' tobacco, and there will always be many people who love it. A backlash will surely come; even now there are glimmers of hope. The Dutch parliament, unlike the UK parliament, actually had a thorough and open-minded debate on ETS, and in 2005 voted *against* a smoking ban. Instead the hospitality industry will manage the introduction of better ventilation and more nonsmoking areas by 2009. There was, however, *not one word* about this in the US or UK media.

In the near term, things will get even worse not just for smokers but for anyone whose lifestyles or habits are deemed to be 'risky' or 'unhealthy'. Those of us who want to resist need to get educated. There's no point in pleading for our 'rights'; as long as we're perceived as committing both suicide and murder, we don't have any. What needs to be addressed much more boldly is the antismokers' scientific dishonesty, as well as their conflicts of interest. These things are provable in a court of law.

In the meantime, party in whatever spaces they leave you, do whatever it takes to stay sane, and thanks for listening.

SMOKING, 'SECONDHAND SMOKE' AND RELATED ISSUES: SOME SOURCES AND RESOURCES

www.forestonline.org: Long-established UK smokers' rights group, and the only one on this list receiving tobacco industry funding.

www.forces.org: FORCES International has chapters in the US, Holland, Denmark, Italy and Germany. Their site contains massive research archives.

www.smokersclubinc.com: Large site with tons of links

www.davehitt.com/facts: Concise explanation of the ETS fraud

www.davehitt.com: See the article "Name Three"

www.antibrains.com: Michael McFaddens's site, another good concise source

http://.pasan.TheTruthIsALie.com: Pennsylvania Smokers' Action Network; more McFadden and one of the more interesting of such sites

www.junkscience.com: Debunkers of 'scientific' scams and scares, including ETS

www.freedom2choose.info: Fighting the UK ban, with some good articles

www.sadireland.com: 'Smokers Against Discrimination' (Ireland)

www.cagecanada.ca: 'Canadians Against Government Encroachment'

www.nycclash.com: Fighting the New York smoking ban

http://tobaccoanalysis.blogspot.com: Interesting blog by Dr Michael Siegel, an antismoker turned critic of the movement

http://cleanairquality.blogspot.com: Very informative blog, with loads of links, by a nonsmoking ventilation-systems engineer

www.spiked-online.com: Skeptical/libertarian site with some good stuff on smoking

BOOKS AND ARTICLES

For Your Own Good by Jacob Sullum (Free Press/Simon and Schuster)

Murder A Cigarette by Ralph Harris and Judith Hatton (Duckworth, London)

Slow Burn by Don Oakley (Eyrie Press)

La Diva Nicotina by Iain Gately (Scribner UK)

Dissecting Antismokers' Brains by Michael J. McFadden (Aethna Press)

What Risk? Science, Politics and Public Health, edited by Roger Bate (Butterworth-Heinemann)

Science Without Sense and Junk Food Judo by Steven Milloy (Cato Intstitute)

Passive Smoke: The EPA's Betrayal of Science and Policy by Gio B Gori and John C. Luik (Fraser Institute, Vancouver)

Health, Lifestyle and Environment: Countering the Panic by Berger, Kristol, Le Fanu, et al. (Manhattan Institute)

Polluted Science by Michael Fumento (American Enterprise Institute)

The Tyranny Of Health by Dr. Michael Fitzpatrick (Routledge)

Culture Of Fear and Politics of Fear by Frank Furedi (Continuum)

The Joy Of Smoking by Sue Carroll and Sue Brealey (John Blake, London)

The Case Against Smoking Bans by Thomas A Lambert: the Cato Institute's report, downloadable at: www.cato.org/pubs/regulation/regv29n4/v29n4-4.pdf

Who, What, Why? Trans-national Government, Legitimacy, and the WHO by Roger Scruton (Institute of Economic Affairs) downloadable at: www.data-yard.net/87/scruton_who.pdf

Lies, Damned Lies, and 400,000 Smoking-Related Deaths by Robert A. Levy and Rosalind B Marimont: downloadable at: www.cato.org/pubs/regulation/regu21n4/lies.pdf