Extra Velvet

Further notes on Velvet Glove, Iron Fist

Christopher Snowdon

18th and 19th century anti-smoking sentiment (p. 24)

The 19th century smoking revival inevitably saw the return of anti-smoking sentiment. In 1806, Johann Wolfgang von Goethe accused tobacco of being the companion to drunkenness and wrote that "smokers pollute the air far and wide and asphyxiate every respectable individual who cannot smoke in self-defence. Who can enter the room of a smoker without feeling nausea?"

Immanuel Kant called smoking a habit-forming nuisance, Balzac said it "infests the social state" and an anonymous French journalist wrote that smoking was "a fashion that nicely darkens your teeth, perfumes and softens your breath, and makes your mouth look like a chimney."

In America, smoking came under renewed attack from the church-goers and teetotallers who associated it with drunkenness. At the close of the 18th century, Adam Clarke, a Methodist clergymen, published a discourse against tobacco in which he appealed to users to quit for the sake of their health and for the salvation of their soul.

Benjamin Rush, Surgeon General of the American Continental Army and a zealous temperance man, expressed his fear that tobacco dried the mouth and encouraged the desire for alcohol (strong alcohol at that - he emphasised that "insipid liquor" would not suffice). It was an argument that came to be repeated many times in the years ahead.

19th century Australian anti-smoking movement (p. 25)

The antipodean anti-smoking movement had a number of friends in government, foremost amongst them being the Presbyterian Dr. Andrew Ross who became a member of the New South Wales parliament in 1880 and was a forceful voice in government against alcohol, meat and tea for many years.

Another prominent figure of the time, but a very different character, was E. S. Cole, the author of the popular *Funny Picture Book* and the owner of the largest book shop in the Southern hemisphere. Cole published anti-tobacco tracts aimed at children including one with the title 'The blessing and the curse of tobacco and the substitution of a

healthy apple-eating habit for an unhealthy tobacco-smoking habit' (1904).

19th century anti-smoking hyperbole (p. 43)

Meta Lander wrote in *The Tobacco Problem* (1882):

"A leading oculist of the United States asserted before a Science Congress, in one of our cities, that he had examined the eyes of twelve thousand of the boys and girls of that city; that he found four per cent of the boys color-blind, while but ten girls were thus affected. The boys could tell black from white, but they could not tell blue from green, or the different shades of various colors. 'I find,' said he, 'the average boy of twelve with a cigarette in his mouth, which is dipped in nicotine.'"

Dr. Charles Pease (p. 52)

From the *New York Times*, 16 November 1910:

His voice shaking with emotion, Dr Charles G. Pease spoke on 'The Sin of Tobacco Smoking,' his remarks being interrupted now and then by exclamations from the tender-hearted women in the audience: "Oh awful!"
They referred to the ravages of the cigarette as pictured by Dr Pease.
"Take a cigar,"went on Dr Pease. "Hold a piece of white paper above it. Let the smoke accumulate on the paper. After that scrape off the accumulated smoke. Put it on the tongue of a cat. What will happen? The cat will die."
"Oh!" cried a large woman in a rear seat.

The demise of the Anti-Cigarette League (p. 62)

Deprived of the formidable Lucy Page Gaston, the Anti-Cigarette League was fighting an uphill battle and the group waned in the 1920s. Nevertheless, its members carried on and were joined by the Anti-Cigarette Alliance in 1927 whereupon they shifted their focus away from political lobbying and towards the education of children. The anti-cigarette cause continued to have a number of advocates in government and a Constitutional Amendment to ban tobacco nationwide was even tabled in 1930. It was roundly rejected.

Marlboro's dominance (p. 107)

In 1975, Philip Morris's *Marlboro* finally overtook RJ Reynolds' *Winston* brand to become the USA's biggest-selling cigarette. The company bought out rivals Liggett three years later. Philip Morris' dominance came at the expense of American Tobacco whose once ubiquitous *Pall Mall* and *Lucky Strikes* brands now had a mere 11% share.

Difference between ASH and earlier anti-smoking groups (p. 108)

The 19th century Temperance movement was largely made up of middle-class Protestants who wanted to instill their values in the working class. They sought to persuade the masses with tracts, meetings, songs and speeches.

The emergence of ASH in the late 1960s represented a sea-change. ASH had no members, only donors. They all but ignored the public and went after politicians, judges and the press directly. This was, in part, a necessity brought on by scarce funds and limited numbers of volunteers, but it was also a reflection of John Banzhaf's belief that the law had to be changed if people would not voluntarily do what the health groups believed to be best for them.

Today, most health groups (and *all* anti-smoking groups) follow the ASH template. Their membership is small but they are well connected with the media and often funded by the very government it lobbies. Whether the issue is smoking, eating, drinking or any other perceived vice, voluntary health organisations are few and far between and genuine grass-roots activism is almost non-existent.

Smoking as a nuisance (p. 118)

In the early 1960s, surveys showed that 45% of people said they found smoking 'annoying'. By the early 1970s this figure had risen to over 60%. In the 1980s, the sociologists Troyer and Markle showed that annoyance levels rose in line with the number of reports about smoking and health in the media. They suggested that people were using 'annoying' as a byword for 'unhealthy'.

Carbon Monoxide tests (p. 133-134)

In 1889, Dr. Wahl tested CO concentrations in artificial situations using a machine and generated the smoke from 20 cigars in a room measuring 66m^3. He found a CO concentration of 156ppm (parts per million). In 1923, another scientist estimated that 10 people smoking continuously in a very small room measuring 22m^3 - admittedly an unrealistic scenario - could reach up to 210ppm, a very high, though not necessarily dangerous, level.

With better equipment at hand, modern scientists were not able to come close to replicating such high concentrations. When DeRouane and Verduyn (1974) conducted similar experiments in a room measuring 50m^3 they got no higher CO concentrations than 7.5ppm.

Secondhand smoke can only generate these levels of CO in experimental conditions. Hoegg (1972) achieved a peak of 69.8ppm only by having 24 cigarettes smoked continuously in an unventilated 25m^3 room. Therefore, even when smoke was released into a room little bigger than a wardrobe, CO levels were comparable with the air in a busy city street.

This is not to say that city-dwellers were exposed to dangerously high levels of carbon monoxide in the street; the EPA was (and is) notorious for setting 'safe' levels well below the point where physical harm was biologically plausible. All the same, while outdoor urban settings often exceeded their limits, smoky bars, restaurants and offices did not.

James Repace's cigarette equivalent estimates (p. 136-9)

Repace estimated that each nonsmoker in America inhaled 1.43 mg of tar every day - ie. one tenth of a cigarette. This figure has never been verified and it is significantly more than the *New England Journal of Medicine*'s estimate that nonsmokers in a smoky room absorb the equivalent of just 0.004 cigarettes an hour. Researchers in England have since shown that nonsmokers living and working with nonsmokers are exposed to the equivalent of six cigarettes per *year*, or one sixtieth of a cigarette per day.

Donna Shimp (p. 151)

Donna Shimp set an important precedent in 1976 when she sued New Jersey Bell Telephone, her employer of fifteen years. Claiming to be allergic to tobacco smoke, Shimp had her requests for more ventilation and nonsmoking areas turned down and eventually left the company. She sued and won on the basis that the firm had failed to provide her with a healthy working environment. This precedent persuaded other companies to introduce nonsmoking areas for fear of litigation.

In 1993, in the wake of the Disabilities Act (which guaranteed accommodation for those with disabilities, including asthmatics), and the EPA report which classified secondhand smoke as a carcinogen, fear of lawsuits panicked US employers into redoubling their efforts against environmental tobacco smoke. In many cases, such as Pizza Hut and McDonalds, this meant banning smoking entirely. In the USA and Canada, smoking was allowed in some part of 58% of all buildings in 1991. By 1994 that percentage had fallen to just 29%.

Lung cancer survival rate (p. 165)

5 year survival rate is no more than 15% but rises to 50% if the disease is found early. Despite this, regular screening for smokers - and nonsmokers - has never been used as a tool in the battle against lung cancer.

('Tests "may triple lung cancer survivial"', *Daily Telegraph*, Roger Highfield, 19/9/07)

Prop 99 restrictions (p. 167)

Spending millions of dollars whipping up hatred against 'Big Tobacco' was not explicit electioneering but the revulsion it created towards the tobacco industry can only have assisted the passage of further smoking bans. In addition to the notorious anti-smoking commercials, Prop 99 allowed cigarette taxes to be used for education. The Coalition for a Healthy California immediately went to work 'educating' the public about the upcoming ban on smoking in bars.

53,000 passive smoking deaths per year (p. 174)

Anti-smoking groups led the public to believe that the EPA had declared that 53,000 deaths (rather than 3,000) were due to passive smoking every year. This was a combination of the agency's 3,000 lung cancer deaths plus a speculative 50,000 supposedly made up of deaths from coronary heart disease and other cancers. In fact, the EPA had not studied heart disease at all and since there are around 300 different factors that can contribute to cardiovascular ailments (1), the association with even active smoking was not clear.

The 50,000 figure for heart disease did come not from the EPA but from Stanton Glantz of Americans for Nonsmokers Rights who picked ten studies, meta-analysed them and, although only three showed a statistically significant association, declared that there was an increased risk of 1.30 (ie. 30%) for nonsmokers married to smokers. He then extrapolated his findings over America's population of 250 million to reach an annual death toll of 37,000 for heart disease and then added a further 12,000 deaths for 'other cancers' (2).

Although the EPA did not accept Glantz's figures, they were published in the journal *Circulation* in early 1991 and became indelibly linked with the EPA report. Anti-smoking groups, including the American Cancer Society, implicitly and, at times, explicitly, told the public that the EPA had announced that secondhand smoke was killing 50,000 Americans a year (3). This figure has never been endorsed by any official agency, let alone the EPA. "It was totally inappropriate for these numbers to be linked with the EPA in any way," said Robert Axelrad, director of EPA's indoor air division, who added that Glantz "basically just screwed up."(4)

Since coronary heart disease (CHD) is more common than lung cancer, any estimate based on low epidemiological estimates (such as Glantz's 1.30 figure) will invariably lead to a much higher hypothetical death toll. But whilst smoking is the leading cause of lung cancer deaths and smoking alone can cause lung cancer, CHD can be caused by a number of agents of which smoking is by no means the most significant one. It is the very fact that CHD is brought on by multiple factors - diet, genetics, alcohol and stress to name just four - which makes it so much more common than lung cancer.

Since the lion's share of epidemiological research into the subject consists of spousal studies, a shared diet and shared lifestyle are very significant considerations to bear in mind when assessing CHD risk. That smoking is often part of a generally less healthy lifestyle is not in doubt. That this lifestyle is to a greater or lesser extent shared by the spouse is likely, if not inevitable.

A study conducted by Ichiro Kawachi in 1997 studied 32,000 nurses over 10 years and found that those exposed to ETS were almost twice as likely to die of CHD than those who weren't. Their risk, in other words, was about the same as active smokers, a deeply improbable finding. The author of the study accepted that confounding factors must have distorted results and admitted to asking his subjects about ETS exposure just once during the decade over which they were monitored.

Hole (1987) fell victim to the same errors or, at least, to the same certainty of chance. His statistics suggested that nonsmokers exposed to ETS had an elevated risk of 2.01 (for CHD) over the unexposed group, a figure so close to the risk of 2.27 he found for active smokers as to be quite unbelievable. That confounding factors were at work was quite obvious. The similarity in risk was far more likely to be the result of shared lifestyles rather than being because passive smoking was as dangerous as smoking, a theory that is not borne out by everything we know about dose-response relationships and how little ETS nonsmokers inhale in real-life conditions.

(1) 'Passive smoking and heart disease', *Circulation* Vol 84, No. 4, Oct. 1991, p. 1878

(2) Glantz & Parmley, 'Passive smoking and heart disease', *Circulation*, Vol. 83;1: Jan 1991

(3) The ACS attributed the 50,000 figure to the EPA until challenged about it by a smokers' rights researcher. They told her that it had been a mistake and reattributed it to 'Stanley (sic) Glantz'. 'ACS admits "mistake" in ad', Wanda Hamilton, 10/8/98, www.forces.org

(4) 'Secondhand smoke study challenged at Uk', Lexington Herald-Leader, Clint Riley, 10/6/91, p.A1

Effect of tax rises on the poor (p. 180)

Opposition to raising the price of tobacco had traditionally been made on the basis that such measures were regressive. They hit the poor harder than they hit the rich. In simple economic terms, this was undeniable, but the anti-smokers changed the parameters of the argument by

painting the poor as beneficiaries of tax rises, rather the victims. Far from being regressive, they said, higher tobacco taxes disproportionately benefitted the poor since they 'encouraged' more of them to give up smoking.

This argument stood up only if one divorced the concept of regressiveness from its origins in economics and applied it to health, where it had never belonged. It required one to be blind to the fact that history had consistently shown the poorest smokers to be the least responsive to anti-smoking policies and the least likely to give up. Since only a small minority of poor smokers quit smoking as a result of tax rises, the main consequence of such a policy was to push the majority into greater poverty.

A 1994 report titled *Poor Smokers* (issued by the British Policy Studies Institute) found that increased cigarette taxes were much more effective in making the middle classes give up than the poor. At that time 42% of working class men smoked compared to just 15% of middle-class professionals. In the 1940s, the ratio had been about the same for all classes.

Higher taxes meant all smokers lost money but the proportion of income taken in tax was always highest amongst the poor. Health groups tended to see the world as they wanted it to be rather than as it was and often expected more from their policies than was realistic. The vast majority of smokers continued with their habit after any tax rise and the poor, as a whole, got poorer.

The young were supposed to be particularly likely to be deterred by high prices. It became an article of faith that a 10% increase in tax resulted in a 7% drop in teen smoking, but most increases in tobacco tax resulted in a negligible fall in consumption at best. Teen smoking rates in Britain after 1970, to cite just one obvious example, bore no relation to the high rates of tax levied on cigarettes. New York City trebled cigarette tax between 1991 and 2001 but teen smoking rose significantly.

Anti-smoking in Canada - the story of Rob Cunningham (p. 183)

It was in Canada that Rob Cunningham had a road-to-Damascus moment akin to that of John Banzhaf's twenty years earlier. Like Banzhaf, Cunningham was an ambitious law student but was still at University - a freshman, no less - when he began his anti-smoking career.

While writing a paper about banning tobacco advertising in 1988, Cunningham discovered that the minimum legal age for buying cigarettes in Ontario was 18. Despite being a twenty-three year old who had never smoked, Cunningham was shocked that he had hitherto been unaware of this fact and quickly formed the Student Movement Aimed at Restricting Tobacco (SMART).

The young activist recruited under-18s to go into thirty shops to attempt to buy cigarettes and found that twenty-five of the outlets were willing to do so. With a keen eye for publicity, Cunningham called a press conference to announce this news and, in a move that would have made Banzhaf proud, filed a private prosecution against Shoppers Drug Mart which resulted in a $25 fine.

After graduation, Cunningham continued to be intimately involved with the anti-smoking movement and was employed as a senior policy analyst at the Canadian Cancer Society. In 2006, he gave a presentation in Halifax, Nova Soctia (home of the Multiple Chemical Sensitivity scare - see Chapter 14), in which he recommended health warnings be printed on individual cigarettes (1).

(1) http://www.gov.ns.ca/hpp/publications/TC/Halifax-2006.pdf

Judge William Osteen and the EPA (p. 194)

Events took a further twist in 2002 when Osteen's dismissal of the 1992 EPA report was itself ruled invalid, albeit on a technicality. The appeals court ruled that since the EPA had not proposed any legal restrictions on smoking, its findings could not be legally overruled. Neither the EPA's dubious findings nor Osteen's criticism of the agency's conduct were at issue. The fact that the report had been widely cited by activists and politicians and had been highly influential in forming policy was strictly irrelevant. The ruling effectively declared that the EPA could say

whatever it wanted about secondhand smoke without contravening the law. Both the EPA and anti-smoking group now cite this case as proof that the 1993 report was not only legally valid but scientifically sound.

The whole episode illustrates the near-impossibility of challenging the secondhand smoke science which was used to justify smoking bans. Governments could not be legally challenged since they took the advice of the medical community in good faith. The medical community could not be sued because, like the EPA, they merely 'interpreted' the epidemiological studies available to them and did not have the power to legislate. Individual epidemiologists could not be sued because shoddy or misleading science was not against the law. There was not a link in the chain that could be broken by a court of law.

Attempts to prosecute the tobacco industry after the MSA (p. 200)

The Master Settlement Agreement provided a large measure of indemnity for the American tobacco industry but it did not guarantee its survival and it was not long before lawyers developed a new game-plan. Florida's Lawton Chiles, the author of the flagrantly unconstitutional Medicaid Third-Party Responsibility Act, died after suffering a heart attack while using his exercise bike in 1998 but even without his input, the Department of Justice was able to find a new angle. They now decided to portray tobacco industry executives as gangsters. Barely a year after Big Tobacco had settled with the government, the Clinton administration filed a $280,000,000 lawsuit using racketeering laws that had originally been drawn up to prosecute the Mafia. Anti-smoking groups called for full 'disgorgement' of past profits knowing it would ruin every one of the defendants.

Not unreasonably, the government's lawyers depicted the infamous December 1953 meeting of tobacco executives as the starting point of a massive fraud on the American people. Less plausibly, they accused the cigarette companies of manipulating nicotine levels to increase addiction. However, the law required the prosecution to show that the 'fraud' was ongoing, something the industry's capitulation of 1997 clearly disproved. Despite these drawbacks, the court found against the industry but, as was now becoming something of a judicial tradition, the decision was reversed on appeal.

Canadian attempts to emulate the US were given a lift when their own Supreme Court ruled that a recent effort by British Columbia to sue the tobacco industry was lawful. The province had passed a Florida-inspired bill to relieve the prosecution of the obligation to provide proof in its case against Big Tobacco. The industry appealed but the Supreme Court allowed British Columbia to proceed with its $8.6 billion (US) action, albeit asking them to provide some evidence to give it legal credibility. As in America, the Canadians demanded that the tobacco industry reimburse the state for the cost of treating smoking related diseases even though, by this time, taxes on cigarettes were so high that the Canadian government was making $9 billion a year from them.

Demonisation of tobacco industry (p. 203)

The title of the 2006 book *Ending the Tobacco Holocaust* echoed Stanton Glantz's "concentration camp guards" comment. In thrall to its own rhetoric, the anti-smoking movement found it harder and harder to distinguish between one scenario in which men, women and children were herded onto trains to be systematically starved, beaten and exterminated in gas chambers and a second scenario in which people made a lifestyle choice which may or may not lead to them dying earlier, but usually in old age, and in their own beds. Anti-smoking advertisements have since compared the tobacco industry to the terrorists who committed the atrocities of 9/11.

US anti-smoking adverts in the 1990s (p. 204)

The state-funded American Legacy Foundation, like the Californian anti-smoking groups, were forbidden from using money collected from cigarette taxes for political lobbying, but they were free to launch a $150,000,000 advertising campaign that vilified the tobacco industry to such an extent that the California state government eventually called a halt to it. No one could accuse these adverts of subtlety. One commercial showed body bags being dragged out of Philip Morris's headquarters. Another depicted a tobacco executive in Hell picking up an award for the 'most deaths in a year' in front of an applauding crowd that included

Adolf Hitler. So entrenched was anti-industry sentiment in the movement that when these commercials were pulled, FDA director David Kessler asked in exasperation: "How can you run an anti-smoking campaign and not vilify the industry?"

("The American Legacy Foundation's "Truth Campaign": Using tobacco funds for anti-smoking ads', Martin Morse Wooster; www.enterstageright.com/archive/articles/0700smoking.htm)

Michael Siegel's workplace ETS study (p. 208)

In 1993, Michael Siegel, a long-standing member of Americans for Nonsmokers Rights, gathered together six old studies to show that secondhand smoke in the workplace was not just as 'hazardous' as spousal smoking but even more so. His tentative conclusion was that these studies "*suggested* that there *may* be a 50 percent increase in lung cancer risk among food service workers that is *in part* attributable to tobacco smoke exposure in the workplace" (my emphasis).

The cautiousness of this analysis was scarcely reflected in the ANR's comments to the press (Siegel himself spoke of the "devastating effect" secondhand smoke was having on workers). But the authors of the original studies had avoided drawing such any such conclusion. Some of them had even explicitly warned against doing so and none of them had conducted the studies with tobacco in mind; they had merely compared cancer rates in those who worked in different occupations. The original researchers had not asked their subjects if they worked in a smoky environment, were exposed to ETS at home or had worked in the bar and restaurant work for any significant length of time. It was Siegel's assumption that certain groups of workers were exposed to high levels of ETS.

Here was a paper that even an amateur could tear to pieces and it was an amateur who did so. An illustrator from Connecticut by the name of Martha Perske had become interested in the passive smoking debate while at the University of California Berkeley, and began reading the medical journals which published the key epidemiological reports on the subject. Disturbed that laws were being passed on the back of shoddy evidence, she wrote a critique of Siegel's report called *Cooking the Books* in 1997. She accused Siegel of cherry-picking evidence by, for example,

including an increase in lung cancer in men while ignoring a significant decrease in women, and disregarding a decreased risk for 'food counter workers' while citing an increased risk for 'other food workers'.

In California, Siegel's paper, plus the ubiquitous EPA report - was deemed sufficient to expand state smoking bans to encompass bars, cafes and restaurants.

Failure of anti-smoking education programs (p. 213-4)

One flaw in the campaign to eliminate teen smoking was the presupposition - by now widely held - that smoking was simply not pleasurable. Similar efforts against LSD, cocaine and marijuana did not pretend that users would not enjoy the physical sensations, only that the consequences for the mind and body were not conducive to a happy life. But anti-smoking education for high school youths endorsed the view that tobacco was worthless, pointless and disgusting and that people only smoked because of peer pressure, 'image' and addiction.

This approach backfired when the teenagers tried cigarettes, discovered that they provided a pharmacological 'kick' and became sceptical about other information they had been given by authority figures - including that about the health hazards of cigarettes.

Australia's meta-analysis on secondhand smoke (p. 219)

With the end of the century looming, Australia commissioned an assessment of the ETS evidence prior to implementing further smoking restrictions. Taking their cue from the EPA, the Australian National Health and Medical Research Council meta-analysed 34 epidemiological results dating from 1981 to 1997. Of these, 25 were of no statistical significance at all. 17 showed very low (insignificant) increases of 1.01 to 1.50, 4 showed a 'protective' effect of 0.7 to 0.99 and 2 showed no change at all (ie. a relative risk of 1.0). Only 4 studies were cohort studies, the rest relied on critically ill cancer patients - some in their seventies and eighties - recalling previous exposure to ETS.

The meta-analysis gave the Australian team a relative risk for lung cancer of 1.30 - a 30% increase, for nonsmoking spouses married to

smokers. Like the EPA, the team then multiplied the relative risk by the exposed population of the country to produce a media-friendly death toll. But while the US population was big enough to magnify even the slightest relative risk, the population of Australia was only 19 million. The EPA, albeit using rather more creative mathematics, had claimed 3,000 lung cancer deaths per year in the US were due to passive smoking. The Australian figure was just 11.

Such a figure is so far within the margin of error as to be laughable. Epidemiology had stepped through the looking glass. Australians were being asked to believe that people were dying in numbers so tiny that they could never be measured in the real world. The risk was so negligible that a population of 19 million saw an annual death toll that barely made it into double figures, and even then only on a laptop computer.

Era of absurdity (p. 230)

In 1998, Congress took revenge of a sort on the soldiers who had done so much to popularise cigarettes throughout history by voting to withhold millions of dollars set aside to pay for the smoking-related diseases of ex-servicemen on the basis that smoking on duty constituted "willful misconduct". This, despite the US government issuing cigarettes in soldiers' rations up to and including the Vietnam war.

('Veterans livid about 'willful misconduct' tag on smokers', Bill McAllister, *Washington Post*, 30/5/98; p. A4)

Effect of smoking bans on bars and restaurants (p. 231)

There was the usual presumption that any study showing a negative effect on trade had seen tobacco industry money at work somewhere along the line. But so many studies showed a deleterious effect on business that linking them all to the tobacco industry required a lively imagination. The economist Michael Pakko challenged Stanton Glantz's figures and methodology and even succeeded in getting him to publish a correction to one of his studies that showed bans had no ill effect on the night-time

economy. But Pakko was dismissed by anti-smokers for no better reason than that he had committed the twin crimes of being an outspoken libertarian and having opposed Prop 10 back in 1980.

A report by Masotti et al (1991), which again showed a negative effect on trade from a smoking ban, was branded 'industry-funded' even though, by the anti-smokers' own admission, there was "only weak evidence of connection with the tobacco industry."

Some studies that were held up as evidence of smoking bans being a boon for business actually showed nothing of the sort. Bourns & Malcomson (2002), for example, was cited as supporting the pro-ban stance despite showing a 10% drop in beer sales.

Every disease is a smoking-related disease: colon cancer (p. 235-41)

One study announced that smokers had a 60% increased risk of developing colon cancer and a 500% greater chance of rectal cancer (1). Its authors blamed tobacco for 1 in 10 deaths from colorectal cancers despite this finding going against decades of previous research. Several studies into secondhand smoke had deliberately used colon cancer patients as a control group because "colon-rectum cancers have been shown in epidemiological studies not to be related to cigarette smoking."(2) Such studies, including those of Garfinkel and Fontham, had shown that colon cancer patients were no more likely to have been around tobacco smoke than random population samples.

Two years later, a further study came along which served to emphasise the inevitability of chance in this science of statistics. It found that passive smoking increased rectal cancer risk by 50% in men, a tenth of the original estimate but, for some reason, not at all in women (3).

(1) *International Journal of Cancer*. 2001 Feb 15;91(4):585-7 'Long-term tobacco smoking and colorectal cancer in a prospective cohort study', Terry et al.
(2) Garfinkel et al, 'Involuntary smoking and lung cancer: A case-control study'; 75:(3), Sept. 1985; pp. 463-469
(3) *Cancer Epidemiology Biomarkers & Prevention* Vol. 12, 882-889, September 2003, 'Associations between Smoking, Passive Smoking', GSTM-1, NAT2, and Rectal Cancer' Martha L. Slattery et al.

Attempts to link smoking with impotence (p. 239)

A fresh bout of data dredging - this time of 50 to 80 year olds - produced a study which purported to show that 33% of men exposed to secondhand smoke were impotent. It also suggested that 30% of cigar smokers and 24% of cigarette smokers were similarly affected in this area. The unlikely conclusion was that cigar smoking was particularly dangerous as far as impotence was concerned. "There seems to be a message here for old and young men," announced The Center for Social Gerontology

But what, really, was the message? That in any smoky bar there will be more impotent nonsmokers than impotent smokers? That cigarettes are less harmful than cigars? Or could it perhaps simply be that older people are more likely to be impotent and are more likely to smoke cigars?

Scottish smoking ban (p. 254)

Swallow Hotels vowed to challenge the ban in court, and accused the Scottish Assembly of pushing through the legislation as a *fait accompli* without listening to the views of the public. Edinburgh City Council Football Club joined them in their fight and in Inverness-shire one man filed an action claiming the ban interfered with his human rights.

In the Channel Island of Guernsey, by contrast, a proposed ban failed to generate much debate from either side. A lengthy public consultation process yielded just eight letters, two from the same person. When the ban was inevitably announced later in the year some islanders were stirred to action but only fifty people turned out to protest at a rally, somewhat fewer than its organisers - Support Our Smokers - had hoped for.

Konrad Jamrozik's study (p. 260)

Jamrozik's paper acknowledged assistance from Deborah Arnott of Action on Smoking and Health (ASH) and admitted that "the calculations in this paper were commissioned by SmokeFree London, a collaboration of 33 local borough councils in London concerned with extension of smoke-free policies in that city".

On the day the BBC covered the Jamrozik study for the second time, *The Lancet* published an article praising the comprehensive smoking ban Ireland had undertaken the previous year. Quoting Irish Prime Minister Bertie Ahern, it tacitly accepted that the agenda had always been to force smokers to quit rather than to protect nonsmokers. Ahern said that 7,000 smokers had given up the habit in the year since the ban, although there was no suggestion that this was an unusually high number (by comparison, 14,000 gave up in the counties of Avon, Gloucestershire and Wiltshire in the twelve months up to September 2005).

The scheme had been a success, *The Lancet* said, but it was not without criticism: "It is just a shame that Ireland has framed their ban as a protection of workers' rights, and not a move to guarantee the public's right to health." The following month *The Lancet*'s editorial urged governments around the world to increase cigarette prices by 50%.

ASH threaten passive smoking lawsuits (p. 261)

No court of law has ever ruled that passive smoking caused a person to develop a disease. In Australia, a barman who claimed to be only a light-smoker developed lung cancer and sued his former employer, winning $20,000 out of court.

In 1992, a court in New South Wales found for the plaintiff in a secondhand smoke case for the first time when it ruled that a psychologist who claimed to have had her asthma *exacerbated* by a work environment in which almost everyone smoked. She was awarded $85,000 and businesses around the world took note: it was risky business to allow smoking at work. But it was not followed by a wave of successful lawsuits. In Britain two women with similar illnesses, allegedly

contracted in their smoky workplaces, received £2,500 and £25,000 each, again in out of court settlements.

Thoroughness of ASH's campaign strategy (p. 261)

ASH's 2002 Year Planner gives an idea of just how tireless the group was in seeking out media attention for the anti-smoking cause. The entry for December alone gives a taste of how a well-organised, if slightly obsessive, campaign can roll along if directed at newspapers with column inches to fill.

The entry for December 17, the end of Ramadam, suggested arranging "a photocall with local Muslims telephoning the Asian helplines of Quit or NHS." For Winter Solstice, ASH recommended writing "a press release about the stats of how smoking can shorten all your days like the winter shortens the days."

Worth reprinting in full is their re-write of 'The Twelve Days of Christmas' - 'The Twelve Tobacco Control Days of Christmas' - which makes up in passion what it lacks in scansion:

"On the twelfth day of Christmas my true love sent to me...

12 million quitting
Il-legal sales a-ceasing
10 pipes not-puffing
9 Workplace smoke bans
8 Ads bans binding
7 Smoke-free sports sponsors
6 Cig companies closing
5 Pounds a pack
For-est disbands
Free NRT
Two healthy lungs
And a new generation smoke-free"

Introduction of English smoking ban (p. 263)

"The first of July is not when action stops," said Chief Medical Officer Sir Liam Donaldson, days before the English smoking ban came into force, "it's a launch pad from which we can make massive strides." (1) He and ASH aimed to make the country the world-leader in tobacco control by putting forward proposals that had hitherto been confined to the most tobaccophobic parts of North America.

In England, what had been promoted as a cheap and easy public health measure was quickly mutating into a costly and elaborate operation. It was now anticipated that the ban would cost £50 million a year to enforce, including a £12 million advertising campaign to sell it to the public (2). Thousands of officials were dispersed around the country to police the ban and were authorised to visit pubs out of uniform and film patrons undercover. "We won't be afraid of making an example of people or businesses if they try to make a stand," said one (3).

Exceeding the anti-smokers' wildest dreams, the government suggested that it now wanted the ban extended to outdoor areas where there was "a close group of people" which would presumably include beer gardens. In addition, a 'shop-a-smoker' hotline was pencilled in, something that even the obscure but vocal East Surrey Primary Care Trust felt might make smokers feel "persecuted." For the time being, at least, none of the British anti-smoking groups would go as far as Nebraska's GASP branch which asked people to dial 911 if they spotted a breach of smoking regulations.

The pub chain JD Wetherspoon was delighted by the ban. Since committing itself to turning all its outlets smoke-free by May 2006, its share price had plummeted and the company found that trade was down in those pubs which had banned smoking. In the light of the new law, JD Wetherspoon held off on making any more of their pubs smoke-free until the ban came into effect; hardly a ringing endorsement of the 'bans boost business' theory.

(1) 'Parents warned not to smoke at home', *The Observer*, Denis Campbell, 24/6/07
(2) BBC.co.uk/news, 1/12/06
(3) BBC.co.uk/news, 'Thousands to police smoking ban', 15/02/07

Businesses introduce smoke-free policies (p. 268)

Politicians and employers rushed to pass anti-smoking rules and regulations for fear of being seen to even tacitly condone cigarette use. The removal of the last public indoor smoking spaces would have powerful symbolic value for the denormalisation campaign and anti-smokers worked to speed their disappearance. No exceptions could be tolerated, even in circumstances where nonsmokers would never be present.

In New Zealand, following the 2005 smoking ban, a meat-packing plant spent a million New Zealand dollars creating a smoking room for its employees. This was a necessity since any worker who went outside had to change clothes, shower and change again before coming back in. The smoking room was to be used solely by smokers, it had two sealed automatic doors and was equipped with an extractor fan and two exhausts. The company was taken to court, lost its appeal and the room had to be abandoned. The judge symphathised with its predicament - the company was obviously not risking the health of its nonsmoking staff - but explained that to rule otherwise would allow "the wholesale creation of smoking rooms."

(*New Zealand Herald*, 'Meat works loses smoking room appeal', 29/9/06)

German resistance to tobacco control (p. 268)

German entrepreneur Alexander Schoppman banked on growing dissatisfaction from smokers by setting up his own luxury airline - Smintair - which would be the first European carrier to allow smoking on all flights for many years. Schoppman is a rum character who believes that lung cancer is primarily caused by diesel fumes, but since aeroplane smoking bans in Europe came about as the result of unilateral action rather than legislation, he is free to set up a smokers' airline. It is doubtful that the anti-smoking lobby will turn a blind eye to this flagrant attempt to roll back the years and his venture could be destroyed at the stroke of a pen if the EU sees fit. The World Health Organisation has already been in touch with him.

SmokeFree Movies (p. 274)

One unintended consequence of the California ban was that movie stars who had once been able to hide from the paparazzi in bars and clubs were now forced outside to smoke. Appearing in tabloid newspapers and the growing number of celebrity magazines, the resulting photographs revealed how many Hollywood players smoked cigarettes. Anti-smoking activists, unable to accept that it was their own policies that had created this situation, appealed to the actors to set a better example to their fans.

Hillary Clinton (or, one suspects, some subordinate) went to the trouble of watching every film produced in 1996 and found that 77% showed some form of smoking.

'Astro-turfing' of anti-smoking movement (p. 278)

Grass-roots groups were thin on the ground but large numbers of volunteers were no longer necessary to enact anti-smoking legislation. One US anti-smoking group reported that successful city-wide, and even state-wide, smoking bans could be brought about by just 3 to 5 key activists and up to 50 supporters pulling the strings.

Total smoking ban on trains in Britain (p. 290)

When GNER became the last UK train company to close the final solitary smoking carriage it explained that it had received over a hundred requests asking it to do so. What could inspire someone to go to the lengths of putting pen to paper to abolish something they would never need nor use boggled the mind. It must surely have been the result of an organised letter-writing campaign on the part of one of Britain's anti-smoking groups.

John Stuart Mill (p. 291)

Nazi propaganda against tobacco preached that exceptional wartime circumstances meant that individuals owed it to the state to keep themselves fit to fight and breed. This state-of-emergency angle is one that Mill would have recognised. He accepted that temporary restrictions could reasonably be enforced during periods of extreme crisis or by "small republics" who were "in constant peril," but that they should be lifted the moment the threat subsided. We know, however, that laws passed to meet short-term dangers frequently remain on the statute books long after the emergency has gone. We can be sure that tobacco did not feature in Hitler's plans for a postwar Europe just as British pub opening times, severely curtailed as a response to the outbreak of the First World War, were not relaxed again for another eighty years.

Exploiting public fears offers the best chance for those who espouse illiberal policies to have their case heard. Identity cards were made compulsory for British citizens during the Second World War but were swiftly abolished after peace was restored. Since then, both Conservative and Labour governments have sought to bring them back to meet every perceived crisis from football hooliganism to terrorism and illegal immigration. If the public can be led to believe that they live in exceptional times and are faced with unique perils they are better disposed to sacrificing their ancient liberties. Once the principle has been established that it is acceptable for the state to intervene in the private habits of its citizens in one arena, it becomes easier to cite precedent to justify interventions in others.

'Environmentalists, anti-capitalists and technophobes' (p. 299)

Like the anti-smokers, anti-industrialists had a long history that went back at least as far as the 19th century's 'Back to the Land' movement. With its romanticisation of rural life, environmentalism thrived in Victorian Britain. Then, as now, the era of rapid industrialisation was regarded by some as the moment when Western society went dangerously askew.

In the late 20th century, protest groups of this persuasion felt more strongly than ever that advancements in scientific technology were

not so much the answer to the world's ills as the probable causes of them. Paradoxically, they retained their faith in science, but only because the type of science they were most interested in (epidemiology and, latterly, climatology) was now devoting so much of time and effort to confirming their gut instincts.

Just as the protest groups needed scientists to validate their causes, the medical community needed campaigners to push their programme of behaviour modification. This symbiotic relationship was politically fruitful but presented a serious threat to scientific objectivity. With doctors lobbying for legislation and political activists posing as medical experts, the line between the two became blurred. This was epitomised when prominent members of nonsmokers' rights group began carrying out epidemiological studies into passive smoking despite having little or no qualification to do so. Many radical anti-smoking activists of the 1970s have gone on to careers where they wield significant influence. Simon Chapman (MOP-UP and BUGA-UP) is currently the editor of Tobacco Control. Stanton Glantz (GASP and Americans for Nonsmokers' Rights) is now a professor at UCSF. James Repace (GASP) went on to work at the EPA, where he helped instigate the infamous secondhand smoke report of 1992.

The other danger of this cosy relationship between scientists and activists is that any programme formulated by 'anti' groups is, almost by definition, reactionary. Inherent in the Social Theory was the belief that people were doing, eating, drinking or breathing something that was bad for them. Since it did not offer technological solutions that might render the supposed hazard safe, they could only seek to proscribe and regulate behaviour.

When accused of authoritarianism, the spokesmen for public health protested that they were only offering advice. In the early stages of a campaign this was often true, but when politicians endorsed public health programmes they expected results and almost invariably set targets to measure their success. These targets could be for anything from per capita salt consumption to the number of road fatalities but the reputation of the statesmen involved, along with the jobs of thousands of public health employees, depended on them being met.

While the Department of Health insisted that the UK's smoking ban was not designed to force people to stop smoking, they had been given until 2010 to reduce the smoking rate from 25% to 21%. Similar

targets were set for other areas of the nation's health. Whether by persuasion or coercion, these targets had to be reached.

Estimates of smoking-related deaths (p. 303)

Today, the World Health Organisation says that half of those who die from its long list of smoking related diseases do not die "prematurely" - ie. before they reach the age of 70. Of these, more than a quarter die at the age of 85 or over.

If, as seems likely, cancer rates do indeed continue to rise in the next decade they will do so primarily because people in Asia and Africa will be living long enough to develop cancer, something the WHO barely acknowledges, yet alone celebrates.

'Junk food', class bias and trans-fats (p. 304)

Protecting children is the most politically acceptable way to begin a campaign against behaviour, but this usually requires the state to assume the role of parent. Preventing the sale of tobacco to minors is quite a different issue to banning 'junk food' advertising, since children are not in charge of the weekly shopping. The often-used argument is that advertising exploits 'pester power' to sell products, thereby implying that some parents are incapable of saying 'no' to their own offspring. No doubt some are, but, if so, such a ban is not really aimed at children but at 'bad' parents.

Although they would not be so indelicate to suggest that the working classes are unfit to carry the burden of parenthood, the middle class seemingly have no problem ignoring the whinings of their own children. "Ruby doesn't like junk food," said one woman interviewed by *The Guardian* about her children, "but that's because we've taught her it's bad for her. If we hadn't, advertising would definitely have been a problem... It's absolutely a good idea for there to be a ban."

The enforcement of bourgeois habits on the lower orders remains the constant theme in reforming movements of all kinds. Michael Siegel has identified class bias in recent anti-smoking proposals, including one

in Oregon that would criminalise parents who smoke in their home around their children. Of the latter case he wrote:

> "I really do think there is a socio-economic/racial and a class issue here. Basically, well-off anti-smoking advocates are telling poorer less well-off Americans how to live their lives and how to raise their children. That's truly what this amounts to... It's really a shame to me that this is coming from within my own movement."

The historian Lawrence James (author of *The Middle Class*) has described the emerging anti-obesity campaign as "the latest of the middle class's perennial - and doomed - attempts to reform the lower orders."

The very definition of what constitutes 'junk food' is riddled with class connotations. Chips are labelled fattening while others foods high in carbohydrates, such as pasta, escape mention. Alcopops are the target of new taxes while wine is celebrated. A similar paradox exists with margarine and butter. Despite acquiring a reputation as something of a health food, margarine has never been tremendously popular with the middle class and the upper class positively revile it. The latest health scare over trans fats threatens to return margarine to the doldrums where, deep down, they believe it belongs.

Margarine came into vogue during the 1960s when it began to be marketed as 'high in polyunsaturates, low in saturated fats', something that meant nothing to the general public but which, it was assumed, must be a good thing. Why else would they be publicising the fact?

The saturated fats in question had been linked to high cholesterol and heart disease and were present in high quantities in butter. Polyunsaturates, on the other hand, were linked to a reduced risk of heart disease and arthritis. Choosing margarine was, it seemed a no-brainer.

However, later epidemiological research suggested that polyunsaturates were linked to skin cancer, asthma, Alzheimer's and - once again - heart disease. The Food Standards Agency has now recommended that no one should get more than 2% of their daily energy from trans fats. In fact, the average Briton gets only 1.1% of their energy through trans-fats. 97% of Britons eat within the FSA's 'safe' level.

Media coverage of obesity (p. 304)

The BBC's coverage of obesity helped frame Britain's attitudes towards it. In the three months after Parliament voted for the smoking ban (March-May 2006), the BBC covered 33 obesity stories on its website. Obesity featured in only 19 stories in the same period in 2005. The editorial slant changed substantially as the campaign gathered momentum. 2005 saw lighthearted headlines like 'Overweight people may live longer' and 'Junk food may be the healthy option'. A year later, typical headlines were 'Call for a fertility ban for obese' and 'Pregnant women put unborn children at risk.'

Some of this media coverage was based on demonstrably false information. In December 2006, the BBC quoted Professor Anthony Barnett of the University of Birmingham as saying:

> "The World Health Organisation recently suggested 70% of deaths will be due to obesity-related illnesses in the future." (1)

When I told Professor Barnett that he had been thus quoted, and asked him for the source of this unlikely figure, he replied:

> "If they [the BBC] did, it is news to me! I am sure I never said that. Not sure where they got "my" quote from!" (2)

(1) 'Obesity "could bankrupt NHS"', BBC.co.uk, 15/12/06
(2) E-mail from A. Barnett to the author

Salt (p. 308)

It was difficult to whip up hatred against something which, when all said and done, kept people alive, but this did not stop the guardians of public health trying, and with the salt industry, they felt they had a legitimate target.

The theory that salt intake was a factor in heart disease emerged in the 1970s and had become widely accepted by the public despite a lack of supporting evidence. The issue was complex, resting firstly on a belief that salt raised blood pressure and secondly that high salt intake raised

heart attack risk in those with hypertension. Both sides of the debate had conflicting evidence to support them but the main flaw was that normal, healthy adults had never been shown to benefit from a reduction in salt consumption, even in studies lasting many years.

When 462 studies were reviewed in 2007, it was concluded that "the contention that salt restriction will reduce cardiovascular risk is an argument of hope over reason." Numerous studies had seen thousands of subjects modifying their diet for years whilst dying at the same rate, and from the same diseases, as those who did not. Obese subjects, and those with high blood pressure, often benefitted from reducing their salt intake but for the general population, salt did not appear to pose any risk.

What *was* known, without any doubt, was that there was salt in every cell of the human body and that without it, we would very quickly perish. It was an unlikely villain but, in the USA, the Center for Science in the Public Interest said that this 'forgotten killer' was responsible for 150,000 deaths in the US every year and twice sued the FDA for classifying it as GRAS ('Generally Recognised As Safe').

The FDA themselves recommended a daily 'safe' limit of 1.5 grams of sodium and 2.3 grams of chloride a day. Most Americans consumed three or four times that amount without suffering any ill-effects and, for some, the FDA's prescribed amount would not be enough to keep them alive. A salt tax was mooted in the pages of the *British Medical Journal*, as was a plan to cut Britain's 'sodium intake' by two thirds. In a *BMJ* editorial, the salt industry - who had the temerity to point out that the Department of Health had found no link between salt consumption and high blood pressure in ordinary, healthy people - was described as being "practised in the arts of mitigation and delay." "Real progress," said the *BMJ*, "will need the additional 'stick' of legislation."

It is unlikely that many people adhered to the FDA's salt consumption guidelines or any of the other edicts issued by health organisations around the world, not least because few ordinary citizens would be able to calculate how many grams of sodium they were eating. But however incomprehensible, unrealistic or easy to ignore such advice was, it poured forth relentlessly, reaching a nadir when medical groups sought to regulate how much water people drank. The oft-cited guideline of eight to nine cups per day took no account of whether one was labouring in the sun or sitting in a cool office, living in a hot desert or a drizzly suburb or, for that matter, whether they had large or small cups.

In 2004, the American Institute of Medicine belatedly recognised the transparent drawbacks of this one-size-fits-all approach when they magnanimously allowed the public to "let thirst be their guide", although they took the opportunity to raise the recommended daily potassium intake to 4.7 grams.

Mercifully, state regulation of water, salt, sugar and fat consumption remains unenforceable. Had they stopped at issuing Quixotic guidelines, the worst that might be said of those behind such campaigns would be that they wasted time and money. Their aim, however, was not so much to force compliance with these guidelines as to generate sufficient public alarm to clear the way for the more authoritarian measures.

Alcohol consumption in the UK (p. 313)

The UK comes 18th in the world rankings for alcohol consumption, below Slovakia, the USA, New Zealand, Venezuela and - at number one - Australia.

('Feckless, dirty, sozzled Britain - it's all a myth', *Sunday Times*, Roland White, 9/9/07, Review, p. 10)

National Action Against Obesity (p. 319)

In America, a stick-thin obsessive named MeMe Roth formed the National Action Against Obesity to campaign against, amongst many other things, Girl Scouts selling biscuits for charity. She objected to "using young girls as a front to push millions of cookies."

Further examples of extremism in Britain (p. 328)

Welsh politicians found it easier to make friends with the anti-smoking lobby than it was to stay friends. The British Medical Association went ballistic when it transpired that the Welsh Assembly was building an outdoor smoking shelter. A bemused spokesman for the Assembly pointed out that the construction had been commissioned two years ago

and was there to stop smoking employees catching colds in the Welsh winter, but Dr Richard Lewis, Welsh secretary of the BMA, said he found the shelter "quite extraordinary" and said "it sends out completely the wrong message to members of the public."

Sending the right message always came first, even if it meant sacrificing health to do it. In Lincoln, a hospital refused to treat a man with leg problems unless he gave up smoking even though his disease had not been brought about by smoking and even though he might die without the operation. "To proceed with treatment whilst patients smoke gives the wrong message as it condones the habit," said the hospital's spokeswoman.

Surgeon General Carmona (p. 331)

Richard Carmona also claimed that all forms of tobacco were equally harmful, a demonstrably absurd statement. Realists never doubted that some people would always desire nicotine and while smokeless products were probably not be 100% safe, such alternatives offered a way for smokers to drastically reduce the risk to their health. Even ASH (UK) supported the legalisation of snus to help smokers quit. This was a view not shared by the World Health Organisation who, in 2006, issued a statement saying that all tobacco products were equally harmful.

The 'quit-or-die' approach had been readily endorsed by health groups since 1986 when Surgeon General Koop warned against the "tragic mistake of replacing the ashtray with the spitoon" and the oral pathologist Brad Rodu brought down the traditional firestorm in the 1990s when he published the book *For Smokers Only: How smokeless tobacco can save your life* which explained that smokeless tobacco was 98% safer than cigarette smoking. Denounced for sending out 'the wrong message', this book was condemned as unethical despite the fact that, as the the title suggested, it was only designed only for what Rodu called "the last generation" of smokers who could not go cold turkey.

By 2006, the effect of severe restrictions on where people could legally smoke had resulted in a gradual move towards smokeless alternatives. A small rise in the use of such products amongst adolescents (from 8.9% to 11.2% of all tobacco consumed) prompted the WHO to demand urgent action of an unspecified nature:

"Forms of non-cigarette smoking, such as waterpipes, also known as "shishas", "narghiles" or "hubble-bubbles", are gaining wider acceptance around the world, especially among young people in cafés and on college campuses."

From the press release that the WHO put out to celebrate World No-Smoking Day in 2006, one could be forgiven for thinking that cigarettes played only a minor role in tobacco's mounting death toll. The WHO estimated that 1.25 million people were dying every year from smoking related diseases, a figure upped to 5 million when adding in heart diseases, and declared that this would double to 10 million by 2020. According to the WHO we would be lucky to see even this doubling of the death count if teenagers continued to forsake cigarettes for smokeless substitutes. "Given the high rates of non-cigarette tobacco use among the young, especially girls, previous estimates of 10 million deaths a year by 2020 could be conservative," warned Dr Charles Warren of the Global Tobacco Control Program.

Allen Carr (p. 333)

As the stop-smoking guru Allen Carr lay dying of lung cancer, he wrote *Scandal*, a deathbed denunciation of the British anti-smoking establishment. He accused anti-smoking groups and politicians of being unduly influenced by the manufacturers of nicotine replacement therapy. As a man who had made millions from his EasyWay smoking cessation system, Carr had a transparent conflict of interests but less so, one may argue, when he had only days to live. He had always maintained that nicotine drugs were ineffective and led, at best, to users becoming hooked on patches and gum insead of tobacco.

Carr drew attention to the government's policy of levying taxes on nicotine replacement drugs in line with cigarettes, guaranteeing that the treasury would not lose money when smokers changed over to these drugs, a dishonourable ruse that made a mockery of their stated desire to see mass abstinence at any cost. ASH pilloried his tract within days of his death but was later forced to publish an apology.

The Scottish heart attack miracle (p. 336)

Desperate to reinforce the smoking ban/heart attack hypothesis, in 2009, two anti-smoking advocates accused sceptics of being "conspiracy theorists" and "denialists." The latter term was evidently designed to invoke comparisons with Holocaust denial.

The focus of their attention was a widely reported study which claimed a 17% fall in acute coronary syndrome in Scotland after the smoking ban. Debunking the study was a simple matter since the Scottish government published detailed statistics for all hospital admissions in the country. Those statistics showed that the decline in acute coronary syndrome admissions had been around 7%, very much in line with long-term trend and very far from the findings of the ambitious epidemiologists who had announced the more celebrated figure of 17%.

This fact did not go entirely unnoticed by the British media. *The Times* included it in its 'Worst Junk Stats of 2007' and the BBC covered the story with an item titled 'The facts get in the way of a good story.'

Rumours of a Scottish miracle died down for a time but were revived when the study was published in the respected *New England Journal of Medicine* in July 2008. Unfortunately for its authors, publication was swiftly followed by the appearance of further data from the Scottish NHS, this time showing an 8% *rise* in acute coronary syndrome admissions in the second year of the smoking ban.

Electrosensitivity (p. 354)

There is, as *The Times* reported in reference to the 'evidence' for electrosensitivity, a "self-justification on the part of researchers who want grants renewed and the determined desire of scientists not to miss a health horror on their watch."

ASH's motive for extending smoking bans (p. 356)

In a press release that has since been deleted from the web, John Banzhaf's ASH admitted that they viewed smoking bans as a valid way of 'discouraging' smoking regardless of the risk from passive smoking:

> "Since restrictions of smoking are one of the most effective --
> and virtually the least expensive -- way to help smokers quit,
> it is no surprise that there is growing support for smoking restrictions,
> even if no nonsmokers' health is being put at risk by the smoking, suggests Banzhaf."

In the same year, Banzhaf boasted:

> "Here we are literally reaching into the last frontier -- right into the home...
> No longer can you argue, 'My home is my castle. I've got the right to smoke."

('ASH helps Newsweek expand story on nonsmokers' rights', 21/02/06, ASH press release)

Publication bias (p. 365)

In 2000, the BMJ published a report exploring the seldom mentioned topic of publication bias. With the medical community generally in favour of public smoking bans it seemed reasonable to ask how many studies that might exonerate secondhand smoke were not being published, or not even being sent for review.

Were papers being withheld and if so, how many? The answer, as Copas and Shi (2000) admitted, was that no one really knew, but they did know that large studies were more likely to be published than small studies, unless the smaller studies showed particularly exceptional results or showed results that supported the editorial stance. While accepting that they could only guess how many studies had been denied publication, the authors found that even withholding a small number distorted overall results. Taking the passive smoking/lung cancer figure of 1.24, which the SCOTH report had announced as its best guess, they found that if 10% of papers had been withheld from publication the real figure would fall to 1.18, if 20% had been withheld it would be 1.18 and if 40% were withheld it would be down to just 1.11.

In an informative article titled 'Why most published research findings are false', the epidemiologist John Ionnidis explained how prevailing bias works in practice:

"Let us suppose that in a research field there are no true findings at all to be discovered. History of science teaches us that scientific endeavor has often in the past wasted effort in fields with absolutely no yield of true scientific information, at least based on our current understanding. In such a "null field," one would ideally expect all observed effect sizes to vary by chance around the null in the absence of bias.

The extent that observed findings deviate from what is expected by chance alone would be simply a pure measure of the prevailing bias. For example, let us suppose that no nutrients or dietary patterns are actually important determinants for the risk of developing a specific tumor.

Let us also suppose that the scientific literature has examined 60 nutrients and claims all of them to be related to the risk of developing this tumor with relative risks in the range of 1.2 to 1.4 for the comparison of the upper to lower intake tertiles. Then the claimed effect sizes are simply measuring nothing else but the net bias that has been involved in the generation of this scientific literature.

Claimed effect sizes are in fact the most accurate estimates of the net bias. It even follows that between "null fields," the fields that claim stronger effects (often with accompanying claims of medical or public health importance) are simply those that have sustained the worst biases."

(Public Library of Science, PLoS Med. 2005 August; 2(8): e124)