“Yes, it's rotten science, but it's in a worthy cause”
The tobacco industry's immoderate love of quote mining

Pascal Diethelm
Or...
Quote mining in tobacco denialism
Ceci n'est pas une pipe.
Brands of denialism

- Climate denialism
- Evolution denialism
- Moon landing denialism
- AIDS denialism
- Vaccine denialism
- Alzheimer denialism
- Cholesterol denialism
- ADD/ADHD denialism
Brands of denialism

- Climate denialism
- Evolution denialism
- Moon landing denialism
- AIDS denialism
- Vaccine denialism
- Alzheimer denialism
- Cholesterol denialism
- ADD/ADHD denialism
- Tobacco denialism
Tobacco denialism

“The evidence that smoking and/or exposure to tobacco smoke cause disease is inconclusive.”

Tobacco denialism – Recent variant

“There is no evidence that **plain packaging** is an effective tobacco control measure.”
United States of America
vs. Philip Morris, et al. (“RICO” trial)

August 2006
Judge Gladys Kessler releases her Final Opinion:

(1653 pages)
Judge Kessler’s final opinion

Defendants ...
... falsely denied the adverse health effects of smoking
... falsely denied that nicotine and smoking are addictive
... falsely denied that they market to youth
... falsely denied that passive smoking causes disease
... suppressed documents, information, and research
What is Denialism?

Denialism is characterized by:

1. **Conspiracy** - Suggesting opponents have an ulterior motive for their position or are part of a conspiracy.
2. **Cherry picking** - Selecting an anomalous critical paper supporting their idea, or using outdated, flawed, and discredited papers in order to make their opponents look like they base their ideas on weak research.
3. **False Experts** - Paying an expert in the field, or another field, to lend supporting evidence or credibility; bypassing the peer review process.
4. **Moving the Goalpost** - Dismissing evidence presented in response to a specific claim by continually demanding some other (often greater) piece of evidence. Denialists use the absence of complete and absolute knowledge to prevent the implementation of sound policies, or the acceptance of an idea or theory.
5. **Other Logical Fallacies** - Usually one or more of false analogy, straw man, red herring or quote mining, and even plain lies and insults.

Logical fallacies

**False analogy** Because both a watch and the universe are extremely complex, the universe must have been made by some cosmic watchmaker.

**Straw man** Misrepresentation of an opposing view so as to make it easier to attack.

**Red herring** Deliberate attempts to divert attention from what is important.

**Quote mining** Quotations, carefully and sometimes expertly taken out of context.

**Reductio ad hitlerum**

Hitler was against smoking. Therefore, tobacco control people are “health nazis.”
STALINE ET HITLER FÉLICITANT PHILIP MORRIS

BRAVO, VIEUX!

ON N'ÀURAIT PAS FAIT MEILLEUR

MERCI, LES GARS, ÇÀ M'TOUCHE BEAUCOUP
Logical fallacies

**False analogy**  Because both a watch and the universe are extremely complex, the universe must have been made by some cosmic watchmaker

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**Quote mining**  Quotations, carefully and sometimes expertly taken out of context

**Reductio ad hitlerum**

Hitler was against smoking. Therefore, tobacco control people are “health nazis”
Quote mining

The practice of **quoting out of context** is an *informal fallacy* in which a passage is removed from its surrounding matter in such a way as to distort its intended meaning.

Arguments based on this fallacy typically take two forms:

- As a *straw man* argument, which is frequently found in politics, it involves quoting an opponent out of context in order to misrepresent their position in order to make it easier to refute.

- As an *appeal to authority*, it involves quoting an authority on the subject out of context, in order to misrepresent that authority as supporting some position.

(Definition adapted from Wikipedia)
Example
HOUSE OF LORDS
SELECT COMMITTEE ON ECONOMIC AFFAIRS
INQUIRY INTO GOVERNMENT POLICY ON THE MANAGEMENT OF RISK

Submission by Imperial Tobacco Group PLC on Environmental Tobacco Smoke and Policy on Smoking in Public Places

Introduction

1. This submission is made by Imperial Tobacco Group PLC (ITG) in response to a specific request made by the House of Lords' Select Committee on Economic Affairs for evidence on the science of Environmental Tobacco Smoke (ETS) and the assessment of risk in relation to government policy.

Background

2. The vast majority of people in the UK are now reported to believe that ETS is harmful to the non-smoker. That belief has been fostered over the past three decades by individuals and organisations campaigning specifically for the regulation of smoking.

3. An example of one such campaign group is Action on Smoking & Health (ASH), a non-governmental organisation which describes its methods as including "advocacy and lobbying of all relevant stakeholders for practical public policy measures to control tobacco ...". In deploying that methodology, ASH asserts that exposure to ETS causes death and disability from diseases ranging from cervical cancer to stroke, claims that such assertions are based on science and calls for regulation to ban smoking in public places.

4. When this issue first arose over 30 years ago, many of the then critics of smoking expressed the view that ETS did not appear to cause harm to non-smokers. On occasions, they did so when specifically addressing the question whether or not there was scientific evidence to justify regulation of smoking in public places.

5. For example, Dr. Ernst Wynder, the first major researcher to link cigarette smoking with lung cancer, said in 1974 that he did not believe that “passive smoking really hurts the health of somebody who sits next to you.” Ten years later, in 1984, Dr. Wynder concluded:

   "Should lawmakers wish to take legislative measures with regard to passive smoking, they will, for the present, not be able to base their efforts on a demonstrated health hazard from passive smoking."
Submission by Imperial Tobacco Group PLC
on Environmental Tobacco Smoke and
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9 February 2006

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The quote

“[I]n private conversation, I recently heard an authoritative leader in the world of public health epidemiology make the following statement: ‘Yes, it’s rotten science, but it’s in a worthy cause. It will help us get rid of cigarettes and become a smoke-free society’.”

Alvan Feinstein, professor of medicine and epidemiology, Yale University School of Medicine
In Toxicologic Pathology, Vol. 20, Number 2, 1992
Environmental Tobacco Smoke: Current Assessment and Future Directions

CARR J. SMITH, STEPHEN B. SEARS, JAMES C. WALKER, and PATRICIA O. DELUCA

R. J. Reynolds Tobacco Company, Research & Development, Research Group Technical Center, P.O. Box 1485, Winston-Salem, North Carolina 27102

ABSTRACT

Scientific information on environmental tobacco smoke (ETS) is critically reviewed. Key areas addressed are differences in chemical composition between mainstream smoke, sidestream smoke, and ETS; techniques for measurement of ETS; epidemiology, in vitro and in vivo toxicology; and chamber and field studies of ETS. Reports of acute and chronic effects. Questions concerning estimation of ETS exposure, time of day, and circulation of ETS are addressed. The risk assessment of ETS is also discussed. Some potential environmental health issues are reviewed. The need for additional research is emphasized with a view toward understanding potential effects of ETS on health and comfort.

Keywords: smoke chemistry; epidemiology; toxicology; sensory; measurement techniques; environmental tobacco smoke (ETS)

INTRODUCTION

Reports that nonsmokers experience acute and chronic health effects from tobacco smoke are relatively recent additions to the scientific literature. The reported acute effects include upper airway reactions as well as increased heart rate and respiratory problems. Epidemiologic studies have reported associations between passive exposure to environmental tobacco smoke (ETS) and lung cancer, cardiovascular disease (CVD), and other respiratory diseases. In addition, a limited number of studies have been conducted on animals exposed to surrogate areas of ETS.

In 1980, White and Froehl (148) concluded that 10% of all deaths among nonsmokers were due to exposure to secondhand smoke. This work has been confirmed by other studies. In 1983, the Environmental Protection Agency (EPA) issued a report estimating that 3,500 US lung cancer deaths per year are attributable to ETS (139). Most of the research reported to date concerning ETS and health effects is from epidemiologic studies. However, these studies have not provided a clear picture of the health risks associated with ETS exposure. The results are often inconsistent, and there are no reports of associations, those associations are very weak. Consequently, a variety of techniques, including meta-

CRITIQUE

A new part of the current industrial study is the claim that passive smoking is responsible for respiratory and other health effects in children. Because young children so rarely engage in direct smoking, pediatricians have not been involved in the research, and the evidence for passive smoking in children, a fertile new opportunity has arisen for self-help groups, grants, and publications. Nevertheless, if the science is as "vivacious" as the public health authority admits, does the end really justify the means? If objectivity, precautions against bias, and careful operating guidelines are essential for a "bad guy" to get fair treatment in a court of law, should those principles be applied to the study of passive smoking? A parallel question, without any in-depth analysis of the current accusations about passive smoking, would suggest that many scientific principles have vanished. I shall cite 3 overt examples:

1) Many of the pediatric researchers seem unaware of the frequent disparity between symptoms and objective evidence of illness when people are exposed to a "bad guy". Perhaps the most striking demonstration of this phenomenon is...
REVIEW ARTICLE

Environmental Tobacco Smoke: Current Assessment and Future Directions*

CARR J. SMITH, STEPHEN B. SEARS, JAMES C. WALKER, AND PATRICIA O. DELUCA

R. J. Reynolds Tobacco Company, Research & Development, Bowman Gray Technical Center, P.O. Box 1487, Winston-Salem, North Carolina 27102
Environmental Tobacco Smoke: Current Assessment and Future Directions*

Carr J. Smith, Stephen B. Sears, James C. Walker, and Patricia O. DeLuca

R. J. Reynolds Tobacco Company, Research & Development, Bowman Gray Technical Center, P.O. Box 1487, Winston-Salem, North Carolina 27102
Moreover, results from scientific studies conducted to date do not sufficiently support conclusions concerning health effects that might be associated with exposure to ETS.
Environmental Tobacco Smoke: Current Assessment and Future Directions*

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ABSTRACT

Scientific information on environmental tobacco smoke (ETS) is critically reviewed. Key areas addressed are differences in chemical composition between mainstream smoke, sidestream smoke, and ETS; techniques for measurement of ETS; epidemiology, as in vitro and in vivo technology; and chamber and field studies of potential or physiological effects. Questions concerning estimation of ETS-exposure, mutability of various carcinogens, calculation of lifetime dose, control of confounding variables, use of meta-analysis, and the relationship between ETS-concentrations and human responses all emphasize the need for additional research in order to assess potential effects of ETS on health or comfort.

Keywords: Smoke chemistry; epidemiology; technology; sensory; measurement techniques; environmental tobacco smoke (ETS)

INTRODUCTION

Reports that nonsmokers experience acute and chronic health effects from tobacco smoke are relatively recent additions to the scientific literature. Health-related adverse health effects include upper respiratory infections as well as perceived odor and irritation. Epidemiology studies have reported associations between exposure to environmental tobacco smoke (ETS), lung cancer, cardiovascular disease, and other respiratory diseases. In addition, a limited number of studies have been conducted on animals exposed to surrogate aerosols of ETS.

In 1980, White and Froehl (148) concluded that nonsmokers who were exposed to tobacco smoke in the workplace had an increased risk of lung cancer as compared to nonsmokers. A peripheral observation was that exposure to ETS is associated with an increased risk of lung cancer and other respiratory diseases in children. In 1980, the Environmental Protection Agency issued a report on the relationship between ETS and lung cancer. This report concluded that ETS caused lung cancer and increased the risk of lung cancer in children. In 1983, the Environmental Protection Agency issued a report on the relationship between ETS and lung cancer. This report concluded that ETS caused lung cancer and increased the risk of lung cancer in children.

ETS and health effects from epidemiology studies, however, have not provided a clear picture of relative risk associated with ETS exposure. The results are often inconsistent, and when there are reports of associations, those associations are very weak. Therefore, a variety of techniques, including meta-analysis, have been used to address the question of whether there is a true association between ETS and health risks.

From the 1970s (27, 80, 122, 131), the first reports of studies to assess the relationship between exposure to tobacco smoke and cardiovascular disease in nonsmoking adults appeared in the 1970s (27, 80, 122, 131). The first studies of the relationship between exposure to tobacco smoke and cardiovascular disease were published in the 1970s (27, 80, 122, 131).

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CARR L._icon Smith, STEPHEN B. Sears, JAMES C. Walker, and PATRICIA O. DeSALBA
R. J. Reynolds Tobacco Company, Research & Development, Reoown Gray Technical Center, P.O. Box 1485, Winston-Salem, North Carolina 27102

ABSTRACT
Scientific information on environmental tobacco smoke (ETS) is critically reviewed. Key areas addressed are: differences in composition between mainstream smoke, sidestream smoke, and ETS; techniques for measurement of ETS; epidemiology, in vitro and in vivo toxicology; and chamber and field studies of ETS exposure, variability of various routes of ETS exposure, and the role of ETS as a causative factor in cancer and cardiovascular disease. The evidence indicates that ETS is a significant public health hazard.

INTRODUCTION
ETS is a complex mixture of gases and particles that is produced when a person smokes a cigarette. The smoke is inhaled by the smoker and released into the air, where it can be inhaled by others. ETS is a major public health concern because it contains many toxic chemicals, including nicotine, carbon monoxide, and tar. These chemicals can cause a variety of health problems, including respiratory and cardiovascular diseases.

REVIEW
ETS is a complex mixture of gases and particles that is produced when a person smokes a cigarette. The smoke is inhaled by the smoker and released into the air, where it can be inhaled by others. ETS is a major public health concern because it contains many toxic chemicals, including nicotine, carbon monoxide, and tar. These chemicals can cause a variety of health problems, including respiratory and cardiovascular diseases.

ETs and Lung Cancer
ETS has been linked to an increased risk of lung cancer. A large study conducted by the National Cancer Institute found that people who were exposed to ETS had a 30% higher risk of developing lung cancer than those who were not exposed. This risk was even higher for children who were exposed to ETS in their homes.

ETs and Cardiovascular Disease
ETS is also a major risk factor for cardiovascular disease. A study published in the Journal of the American Medical Association found that people who were exposed to ETS had a 20% higher risk of developing heart disease than those who were not exposed.

COURT
ETs and the "Bad Guys"
When accused of a new offense, does someone regarded as a "bad guy" have the right to due process and a fair trial? Public health advocates say that the legal system is biased against those who smoke, and that this is harmful to public health. They argue that smokers should not be treated any differently from other people, and that the public should be educated about the health risks of smoking.

ETs and Lawsuits
In recent years, there have been many lawsuits filed against tobacco companies. These lawsuits are based on the claim that the companies knew about the health risks of smoking and failed to warn the public. The tobacco companies have argued that they were not responsible for the health problems caused by ETS, and that they should not be held liable.

ETs and Public Policy
ETS is a major public health issue, and there has been a lot of debate about how to address it. Some experts argue that public health policies should be designed to protect all members of the population, while others argue that these policies should be designed to protect the most vulnerable populations. There is a need for more research and public education to help people understand the risks of ETS and to encourage healthy behaviors.
Environmental Tobacco Smoke: Current Assessment and Future Directions

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ABSTRACT

Scientific information on environmental tobacco smoke (ETS) is critically reviewed. Key areas addressed are: differences in chemical composition between mainstream smoke, sidestream smoke, and ETS; techniques for the measurement of ETS; endpoints of ETS; and the contamination of the environment by cigarettes. The evidence reviewed demonstrates that ETS exposure is a significant public health issue.

INTRODUCTION

Reports that nonsmokers experience acute and chronic health effects from exposure to tobacco smoke are relatively recent additions to the scientific literature. Several acute effects include upper respiratory tract and gastrointestinal symptoms. In addition, reports from numerous epidemiology and public health studies have been conducted on animals exposed to ETS and humans exposed to ETS. A number of studies have examined the health effects of ETS exposure in an epidemiology context. The evidence reviewed demonstrates that ETS exposure is a significant public health issue.


JUSTICE, SCIENCE, AND THE "BAD GUYS"

When accused of a new offense, does someone regarded as a "bad guy" have the right to due process and a fair trial? The rights of "bad guys" are inherent in the legal systems of civilized societies, it is also a part of justice in the "morality of scientific evaluation." I ask these questions because, in private conversation, I recently heard an authoritative figure in the world of public health epidemiology make the following statement: "Yes, it's rotten science, but it's in a worthy cause. Why help up grit of cigarettes and become a smoke-free society?"

The statement, of course, referred to the data and evaluations assembled in the past few years for accusations about what is commonly called environmental tobacco smoke and informally designated as passive smoking. According to the accusations, some of the type of exposure causes to 2% of the prime evils attributed to direct smoking: lung cancer and cardiovascular disease. In fact, several of the recent cardiovascular studies found that the risk was even higher for passive smokers than for direct smokers. (The authors tactfully refrain, however, from stating the implicit conclusion that people who cannot avoid passive exposure should lower their risk by beginning to smoke directly.)

A new form of the current indictment is the claim that passive smoking is responsible for respiratory and allergic diseases in children. This is a grave charge, especially when children are exposed to tobacco smoke. In the past, I have argued that there have been no sound scientific investigations of the risk to children from passive smoking. Now, I argue that the research industry devoted to studying cigarettes and smoking has failed to provide an adequate evaluation of the effects of passive smoking in children. A new form of the current indictment is the claim that passive smoking is responsible for respiratory and allergic diseases in children. This is a grave charge, especially when children are exposed to tobacco smoke. In the past, I have argued that there have been no sound scientific investigations of the risk to children from passive smoking. Now, I argue that the research industry devoted to studying cigarettes and smoking has failed to provide an adequate evaluation of the effects of passive smoking in children.


Justice, Science, and the “Bad Guys”

When accused of a new offense, does someone regarded as a “bad guy” have the right to due process and a fair trial? If such a right is inherent in the legal systems of civilized society, is it also a part of justice in the “courts” of scientific evaluation? I ask these questions because, in private conversation, I recently heard an authoritative leader in the world of public health epidemiology make the following statement: “Yes, it’s rotten science, but it’s in a worthy cause. It will help us get rid of cigarettes and become a smoke-free society.”
There thus appears, in this issue of this journal, a review of passive smoking written by four people (3) who have the worst possible background for scientific acceptability. They are not even “hired-gun” outside consultants; they are actually directly employed by the tobacco industry.

Many readers will adamantly refuse even to examine a report from such sources. The few who actually begin reading will probably do so with clenched teeth and firm preconceptions. Nevertheless, if science depends on evidence and reasoning, rather than on the sponsoring source, the report is a fascinating document.
Environmental Tobacco Smoke: Environment and Future Directions*

Discussant: ALVAN R. FEINSTEIN
Sterling Professor of Medicine and Epidemiology
Yale University School of Medicine
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<td>Feinstein</td>
<td>Industry Consultant; Special Account #4 (1970); Council for Tobacco Research Special Project #2 (1966), #86 (1976-81), #135 (1986-91); SHEB Research Account (1990); PM funded (1990-96); Yale University Sterling Professor of Medicine &amp; Epidemiology.</td>
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<td>Fagan</td>
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<td>Chairman (1990-1994); Department Head of Immunopathology, Scripts</td>
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Good morning, Ladies and Gentlemen. I'm Steve Parrish, Senior Vice President of Philip Morris U.S.A. We've asked you here this morning to discuss the risk assessment on Environmental Tobacco Smoke that we understand will be finally, officially released by EPA on Thursday, January 7.

We have not seen the final report, but we expect it to be little changed from the previous draft, and I think everyone in this room is aware of what the conclusion will be.

In the past, you have been skeptical of what we have to say on ETS. In fact, my only hope is that you apply perhaps 10% of the skepticism you reserve for my company, my industry and me to the EPA. If you go just that far — if your skepticism could take you just a few steps beyond reporting this as an "EPA reported and the tobacco industry said" story — then I am confident you will conclude that what the EPA wants you to see is not nearly what the science supports.

What the EPA wants you to see is a risk assessment that no one but tobacco interests will challenge, because it's about tobacco, and it seems that virtually everyone is willing to believe virtually anything negative about tobacco without scrutiny.
Press briefing by Steve Parrish, general counsel and senior vice-president, Philip Morris
6 January 1993

Again, I don’t expect you to believe me. But let me give you a quote reported by Dr. Alvan Feinstein of the Yale University School of Medicine and attributed to an “authoritative leader in the world of public health epidemiology”: “Yes, it’s rotten science, but it’s in a worthy cause.”

What the EPA wants you to see is a risk assessment that no one but tobacco interests will challenge, because it’s about tobacco, and it seems that virtually everyone is willing to believe virtually anything negative about tobacco without scrutiny.
IS EPA BLOWING ITS OWN SMOKE?
How Much Science Is Behind Its Tobacco Finding?

By Michael Fumento
Los Angeles

"Taken together, the total weight of evidence is conclusive that environmental tobacco smoke increases the risk of lung cancer in nonsmokers."

So declared Environmental Protection Agency Administrator William Reilly at a news conference earlier this month, announcing the impending release of an EPA report attributing approximately 3,000 deaths a year to passive smoking, or environmental tobacco smoke.

Yet many in the scientific and medical community say the data the EPA cites does not bear out its conclusion.

While virtually all scientists agree that smoking is unhealthful — both for smokers and those around them — it's the degree to which smoking is unhealthy, and the way the government musters its scientific case, that raises questions.

Some scientists and policy analysts say they couldn't care less about tobacco company profits or even the rights of smokers are worrying aloud that the EPA report is paving the way for justifying new health-based government regulations and programs without any real science behind them.

Said Bonner Cohen, editor of EPA Watch based in Chantilly, Va.: "It's not a question anymore of how to make the science look good, it's a question of how to make the science look bad, to get the desired result out of the EPA's report of some 372 pages, page by page by page."

But, Reilly insists that the report is based on an exhaustive and comprehensive collection of data, taking into account all relevant public health studies and expert analysis.

"You can bet your next paycheck that OSHA (The Occupational Safety and Health Administration) will have all smoking in the workplace," said John Shankland, the environmental policy analyst at the Heritage Foundation.

Although, in unveiling the report, Reilly expressly referred to cancer in children and in the workplace, the statistical analysis in the EPA report actually ignored the studies that looked for lung cancer.

Rather, the EPA survey is based on 11 American studies of the workers of smokers. The report discussed, but did not put into its statistical analysis, the results of 19 other studies done outside the United States.

In an analysis of those 11 studies, the EPA found that there was a statistically significant difference in the number of lung cancers suffered by nonsmoking spouses of smokers, equal to 119 such cancers in nonsmoking spouses of smokers compared to 100 lung cancers in nonsmoking spouses of nonsmokers.

This finding of statistical significance allowed it to rank passive smoking as a Class A carcinogen, the highest risk ranking possible.

Statistical significance, while sounding like arcane academic talk, is actually quite important. It is used to account for the possibility that something happened — in this case the 19 additional lung cancers — by chance...

But critics say that, using its own previous statistical standards, the EPA report shows no such significance.

"Frankly, I was embarrassed as a scientist with what they came up with. The main problem was the statistical handling of the data," said Wehner, who heads a panel of scientists and doctors that analyzed the draft version of the EPA report for the tobacco industry.

"Meta-Analysis"

One aspect of the problem, say critics, involves the combination of the 11 studies into one big group — what the EPA called a "meta-analysis."

The EPA has never before done this. Critics say such combinations may be valid, but if the studies weren't done in the same way, the results will be like comparing apples to oranges and pears.

"Not everyone agrees," said Stanton Glantz of the Institute of Health Policy Studies at the University of California, San Francisco. "I review reports like that for the State of California, and the work the EPA did is absolutely first rate, one of the best pieces of science I've seen about anything."

But Wehner said the study was faulty.

"To get scientifically valid data, there are very strict rules and requirements on how and when you can apply meta-analysis, and virtually all of them were violated in the EPA analysis," he said.

"Confidence Intervals"

The 11 studies together actually reflected 10 studies that showed no statistically significant increase in cancer and only one that did. When the EPA says that the weight of 11 studies showed harm from passive smoking, it really means one positive combined with 10 neutrals.

More important than the use of the meta-analysis, say critics, is the EPA's use, also for the first time, of a less rigorous statistical analysis...

Epidemiologists — those who study disease and accident patterns to establish why they occur — calculate "confidence intervals" to express the likelihood that a result could have happened strictly by chance.
Yale University epidemiologist Alvan Feinstein, writing in the journal Toxicological Pathology, said he recently heard a prominent leader in epidemiology admit of the EPA's work on passive smoking: "Yes, it's rotten science, but it's in a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society."

Another critic, Alfred P. Webster, president of Biomedical and Environmental Consultants Inc., in Richland, Wash., said: "I did work for the EPA in the past and thought of them reasonably well, but when I saw that report, I was really embarrassed. It was a bad document."

"To weigh that smoking cancer..."
From: PROFS:VCH0021A/ECLXCSL1
Sent: Monday, February 15, 1993 10:36 AM
To: Johan Puotila
Cc: Marie-Claire Nas; G. Wirz; Helmut Reif; PROFS:#PRINTER/HARDCOPY; Stig Carlson
Subject: USE OF QUOTE "YES, IT'S ROTTEN SCIENCE BUT IT'S

MSG FROM: ECLXCSL1--VCH0021A TO: HREIF --VCH0021A 15.02.93 16:36:47
To: JPUOTILA--VCH0021A Johan Puotila

From: A. J. Andrade
Subject: USE OF QUOTE "YES, IT'S ROTTEN SCIENCE BUT IT'S
IN A WORTHY CAUSE"

I would advise against using this quote in any PM materials relating to the EPA ETS Risk Assessment. Alvin Feinstein, a Yale University epidemiologist, attributes this quote to a "prominent leader in epidemiology" who was being critical of the EPA's work on ETS. However, the individual who was quoted remains unidentified. Even if we cited Feinstein's article in Toxicological Pathology I would be uncomfortable since Feinstein has consulted with the U.S. tobacco industry in the past and has not identified the source of the quote.

Regards.

Tony

cc: MNAS --VCH0021A Marie-Claire Nas GWIRZ --VCH0021A G. Wirz HREIF --VCH0021A Helmut Reif HARDCOPY--#PRINTER SCARLSON--VCH0021A Stig Carlson
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THE SOCIAL CONSTRUCTION OF A HEALTH MENACE
A CAUTIONARY TALE

BERNARD LIEBERMAN

RESEARCH MEMORANDUM SP-206.1
A TALK GIVEN IN MADRID, SPAIN ON OCTOBER 27, 1993 TO LATIN AMERICAN JOURNALISTS AT A MEETING ON THE NATURE AND ACTIVITIES OF THE ANTISMOKING MOVEMENT
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Yes its rotten science but it's in a worthy cause. It will help us get rid of cigarettes and become a smoke-free society.

Professor Feinstein, who has no links to the tobacco industry as far as I know (and I know a lot about that),
To the Editor
[Name of Paper]
[Address]

To the Editor:

Many people who are calling for total smoking bans in public places have been citing the Environmental Protection Agency’s report on environmental tobacco smoke as evidence for their position. They are building their case on shaky ground.

A number of people in the scientific community have pointed out that the report is based more on the EPA’s desire to eliminate smoking than it is on the available scientific evidence. In a recent article in a professional journal, Dr. Alvan Feinstein, professor of epidemiology at Yale University, reports hearing a colleague say of the EPA report, "Sure it’s rotten science. But it’s in a good cause." Dr. Feinstein went on to question the manipulation of science in pursuit of a particular social policy agenda.

The fact is, some non-smokers may be annoyed by tobacco smoke in the air, but it does not represent any substantial danger to their health. Total smoking bans in public places, which exclude about one-fourth of the American adult population, are an overreaction to an issue that is relatively minor. If smokers and non-smokers are accommodated in designated smoking and non-smoking areas of restaurants and other public places, there is no need for bans.

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Sincerely,
Canned op-eds
(prepared by Philip Morris)

CORRUPTED SCIENCE
By [Name]

With the release of its recent report labeling environmental tobacco smoke (ETS) a Class A carcinogen, the Environmental Protection Agency (EPA) has sacrificed objective scientific inquiry to the Agency's anti-smoking policy goals.

What the EPA did was simple, and judging from the lack of skepticism in the media, quite effective. It reduced its own scientific standards.

The Agency reviewed 30 epidemiological studies from around the world. Twenty-four of these studies failed to demonstrate an overall statistically significant association between ETS and lung cancer in non-smokers using a 95 percent confidence level, the standard of confidence generally required by the EPA and the scientific community. (The lower the confidence level the more likely the results of a study were due to chance.)

In developing its risk assessment, the EPA chose 11 studies that had been conducted in the United States. None of these studies had originally been able to demonstrate an overall statistically significant increased risk using the 95-percent confidence level.

Those are the facts based on the EPA's traditional methods of evaluation. But "traditional methods" did not allow the EPA to claim a statistically significant increased risk of lung cancer for non-smokers exposed to ETS.

One might compare the Agency's situation to that of a football team that is unable to kick a field goal by the ordinary rules of the game -- so the EPA changed the rules. In effect, they moved the goal posts closer and widened the bars.
Canned op-eds
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Some members of the scientific community may be tempted to turn a blind eye to the EPA's ideologically driven science because they believe the only victim is tobacco. In fact, in a recent article in a professional journal, Dr. Alvan Feinstein, professor of epidemiology at Yale medical school, quotes an associate as saying that the EPA's report on ETS was "rotten science," but that it served a good cause -- i.e., the elimination of public smoking.
Some members of the scientific community may be tempted to turn a blind eye to the EPA's ideologically driven science because they believe the only victim is tobacco. In fact, in a recent article in a professional journal, Dr. Alvan Feinstein, professor of epidemiology at Yale medical school, quotes an associate as saying that the EPA's report on ETS was "rotten science," but that it served a good cause -- i.e., the elimination of public smoking.
POTENTIAL PLACEMENT FOR
"IT'S TIME FOR A CLOSER LOOK AT THE EPA"

The attached op-ed criticizes the supine press coverage of the EPA and explains why the activities of the Agency require more intense scrutiny. It is directed primarily to a college-educated general audience and is suitable for the op-ed page of most non-tabloid metropolitan dailies.

The piece could be modified for the tabloids by moving the figures on the Agency's size and cost to the top. The lead then becomes "waste and bureaucracy at the EPA." For this venue, the discussion of science would be eliminated and material on "killer showers" and lawsuits by the EPA's own employees could be added.

A less conventional placement for this piece would be The Columbia Journalism Review or other media-focused publications. For this kind of outlet, the theme would be "the press needs better knowledge of science." It would be expanded to include material on Times Beach, Alar and other "scare stories". The point here would be to raise the issue of uncritical media acceptance of "scientific findings" within the media itself.

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ETS MANUAL - CONTENTS

1. PREFACE
2. COMMUNICATIONS PRINCIPLES
3. ETS KEY MESSAGES
4. QUESTIONS AND ANSWERS
5. ENVIRONMENTAL TOBACCO SMOKE - AN OVERVIEW
6. CLAIMS ABOUT SPECIFIC DISEASES
   - Lung Cancer
   - Heart Disease
   - Adult Respiratory Disease
   - Respiratory Disorders in Children
   - SIDS
7. US EPA REPORT ON ETS
8. EPIDEMIOLOGY
9. ETS IN PERSPECTIVE
10. RISK PERSPECTIVES
11. INDOOR AIR QUALITY
12. QUOTABLE QUOTES
13. MEDIA ARTICLES
14. ECONOMIC IMPACT
15. ACCOMMODATION
16. DISKETTES MAC/PC
12. QUOTABLE QUOTES
QUOTABLE QUOTES

Some of the following quotes are from articles containing views that are not consistent with the industry’s positions. When using these quotes, be sure to note that, for example, “on this point” the author is in agreement with the industry or that, “while we do not think alike on every issue, the industry and (the author) believe…”

- A CRITICAL LOOK AT THE EPA REPORT ON ETS
- A CRITICAL LOOK AT THE EPA
- WEAKNESSES OF EPIDEMIOLOGY
- WEAK ASSOCIATIONS
- CONFOUNDING FACTORS
- INDOOR AIR QUALITY
- SCIENCE AND PUBLIC POLICY - RISK ASSESSMENT
- SMOKING IN THE WORKPLACE
- SMOKING IN PUBLIC PLACES
- AMERICAN EXTREMISM

22 pages containing about 100 quotes
“Most environmental risks are so small or indistinguishable that their existence cannot be proven.”


"It certainly seemed to me that by and large the media accepted the EPA report without too much scrutiny."

"Despite all the talk about the media being anti-establishment, reporters tend to accept official pronouncements, especially on scientific issues."

D. Shaw, Los Angeles Times, quoted in Whiffs of Risk by Jacob Sullum Mediacritic - Spring 1995

"Yale epidemiologist Alvan Feinstein related in Toxicological Pathology that he recently heard a prominent epidemiologist admit that the EPA's second-hand smoke study and corresponding panic campaign were rotten science, but it's a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society."


"James Le Fanu warned in the Sunday Telegraph of London a few years back that we could reach a situation where health activists, using dubious scientific evidence, will be in a position to blackmail us into behaving the way they think we should. It is not an attractive prospect. Well, Dr. Le Fanu, the future is now."


"Clearly, the outcome of cost-benefit analysis hinges on which factors are considered and how they are measured. Those parameters are .... to be influenced, consciously or not, by the policy preferences of the people doing the analysis."

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- "The director of the University of Kentucky's tobacco and health research program yesterday dismissed a federal report on secondhand smoke as 'not good science.'"
- "John Diana, director of the Tobacco and Health Research Institute at U.K., said the federal Environmental Protection Agency 'manipulated statistics and used studies that supported their hypothesis while ignoring others that conflicted with it. They didn't consider some factors relating to disease production.'"

- "Another piece of junk science from the EPA is the notion that thousands of non-smokers die of lung cancer from the smoke of smokers -- a/k/a environmental tobacco smoke (ETS)."
- "The EPA's recent declaration that ETS is a 'Class A carcinogen' was achieved by a quite shameless abandonment of regular scientific procedures... Though it claimed to have proved the association by a 'meta analysis' or combining of the existing studies, the EPA simply abandoned the conventional 95 per cent confidence level and applied a 90 per cent test in order to claim the result was statistically significant."
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‘Taking liberties with science’

ETS science and double standards

07/05/98
Anti-tobacco groups: ETS science

"Yes it's rotten science, but it's in a worthy cause. It will help us get rid of cigarettes and become a smoke-free society"

(An authoritative leader in the world of public health epidemiology, as quoted by Prof. A. Feinstein)
Cancer Risks for Thee, but Not for Me

By JERRY TAYLOR

The (American) Journal of the National Cancer Institute caused quite a stir by publishing an epidemiological study in October, suggesting that women who have abortions are 50% more likely to develop breast cancer than women who do not. The right-to-life crowd predictably seized upon the study as one more reason that abortion should be illegal—it causes cancer. "Not so fast," countered epidemiologists; a 1.5 risk ratio (as epidemiologists put it) "is not strong enough to call induced abortion a risk factor for breast cancer." That statement by Eugenia Calle, director of the analytic epidemiology for the American Cancer Society, is not some political correct attempt to protect the reputation of abortion. It reflects the scientific consensus on what is and is not statistically significant when examining small groups of individuals for analytic purposes.

"Epidemiological studies in general are probably not able, realistically, to identify with any confidence any relative risks lower than 1.5." Dr. Calle noted. Since epidemiologists normally take seriously only risk factors of 3.0 or greater, Lynn Rosenberg of the Boston University School of Medicine agreed with most scientists that the breast cancer study was "far from conclusive, and it is difficult to see how [it will] be informative to the public."

So those Americans who choose to have abortions are safe from paternal regulation for the time being. Those who choose to have a cigarette, however, aren't so lucky. The same risk ratio that was so widely pounced on by scientists as insignificant and inconclusive when it comes to abortion was deemed by the very same scientists an intolerable health menace when it comes to secondhand smoke. Actually, that's not quite true. The 1.3 risk factor for a single abortion was significantly greater than the really hard to detect 1.18 risk ratio for intensive, 40-year, day-in-day-out, pack-a-day exposure to secondhand smoke (as figured by the U.S. Environmental Protection Agency).

And that's just the beginning. The EPA refused to regulate electromagnetic fields emanating from power sources (alleged by some to pose a cancer risk) because, according to the agency, "the relationship risks in the published reports have seldom exceeded 3.0." Similarly, some studies have found that drinking pasteurized milk results in a 2.1 risk factor for lung cancer. Almost no one, however, has gotten arounded about the evils of the death-dealing dairy industry. So what gives? Perhaps the medical community is simply too cynical than the political community. Yale epidemiologist Alvan Feinstein related in Toxicological Pathology that he recently heard a prominent epidemiologist admit that the EPA's secondhand smoke study and corresponding panic campaign were "rotten science, but it's a worthy cause. It will help us to get rid of cigarettes and become a smoke-free society."

Or perhaps it is simple but honest subconscious bias. A study by George Carlo et al., published in the journal Risk Analysis, surveyed 1,461 epidemiologists, toxicologists, physicians and general scientists on various health risks, including secondhand smoke. Half of those surveyed were read a vignette designed to reflect mainstream scientific thinking on secondhand smoke; 70% of those individuals thought it a serious environmental health hazard and 85% felt that public health intervention was indeed necessary.

The second group surveyed was the same vignette but, instead of being told that the facts related to secondhand smoke, it was told the discussion pertained to "substance x." Only 33% of those scientists and physicians thought that substance (in reality, secondhand smoke) a serious health hazard, and only 41% felt that "substance x" warranted public health regulation.

An antismoking activist might argue, however, that the lack of action against one particular set of risks does not justify lack of action against others. Perhaps the U.S. government should regulate pasteurized milk, limit exposure to electric fields and ban abortion as a cancer risk. Yet what's missing here is any appreciation of the difficulty of assuming that correlation necessarily equals cause or any understanding of statistical probabilities.

For example, we know that diet and exercise are the most important contributing factors for cancer. And we also know that smokers on average get far less nutrition and exercise than nonsmokers. Are nonsmoking wives of smokers (the population subgroup examined by EPA to arrive at its 1.18 risk ratio for secondhand smoke) more or less likely to share their husbands' lifestyles and dietary patterns?

Ragnar Rylander of the University of Gothenburg wrote recently in the Archives of Environmental Health that "social factors were three to four times more important [risk factors] than ETS [environmental to back smoke] exposure." He noted that "there is increasing evidence that dietary habits are related to several kinds of respiratory disease, including lung cancer and chronic bronchitis," and these dietary habits of smoking men are often shared by their nonsmoking spouses. Dr. Rylander asked, "Could it be that we are committing a fundamental error by placing ETS in the category of a contributive factor when in reality we may be studying a co-factor?"

Correlation simply does not explain causation, no matter how impressive the statistics. Consider an epidemiological study published in Holland that found that keeping birds correlates with a sevenfold increase in the risk of lung cancer—a correlation three times more significant than that of secondhand smoke. Similarly, biochemist Bruce Ames of the University of California at Berkeley is fond of showing his students a graph with two lines representing data from 1960 to the present. The two lines almost completely match. The students invariably say yes, the two sets of data must be related. Yet one line represents the number of mating storks in Germany, the other, the number of live childbirths.

And then there is the messy problem for epidemiologists of sheer randomness. If one flips a coin 50 times, it's unlikely that the results will be evenly split between heads and tails. If one side shows up more often than the other, this tells us nothing. Now consider that more than half of the epidemiological studies on secondhand smoke included 40 or fewer subjects, and seldom did risk ratios differ much from the above example. Some studies, in fact, showed negative correlations—that being exposed to secondhand smoke actually reduces the risk of lung cancer.

James Le Fauw warned in the Sunday Telegraph of London a few years back that "we could reach a situation where health activists, using dubious scientific evidence, will be in a position to blackmail us into behaving the way they think we should. It is not an attractive prospect." Well, Dr. Le Fauw, the future is now.

Mr. Taylor is director of natural-resource studies at the Cato Institute in Washington.
Cancer Risks for Thee, but Not for Me

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The (American) Journal of the National Cancer Institute caused quite a stir by publishing an epidemiological study in October suggesting that women who have abortions are 50% more likely to develop breast cancer than women who do not. This finding adds one more reason that it is legal—it causes cancer and other epidemiologists put it this way to call induced abortion a breast cancer risk.

That statement by the National Cancer Institute, however, is not the only study to attempt to protect the public from this risk. Epidemiologists have been examining small groups of people for years to determine if there is a link between certain habits and risk of developing cancer.

Epidemiologists have found that occupational risk factors are not the only cause for concern. They also found that there is a higher risk of developing cancer among people who smoke cigarettes. The EPA's secondhand smoke study and corresponding panic campaign were “rotten science, but it's a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society.”

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That statement by a member of the evening press is not meant as evidence that induced abortion causes breast cancer. It reflects the scientific basis of the study and is not statistical in nature.

"Epidemiological studies are not focused on analyzing small groups of people, but rather on analyzing large groups of people."

Dr. Calle, a leading epidemiologist at the National Cancer Institute, is quoted as saying that the study is not statistical in nature and is not meant to cause concern for the public.

So those American women who have abortions are safe from breast cancer for the time being. They may not have a cigarette, however, since a study of women who used the same risk ratio that was used to predict breast cancer in women who used cigarettes showed no increase in risk.

The second group surveyed was conducted on women who used the same cigarette but, instead of being told that they were at increased risk of breast cancer, they were told that they were at increased risk of lung cancer.

The researchers found that women who used cigarettes were twice as likely to develop breast cancer as women who did not. This is the same result as the original study, but it is not statistically significant.

Dr. Rylander asked: "What is the main cause of breast cancer?" and "Are we not equal in the risk of breast cancer?"

Dr. Rylander concluded that if we are equal in the risk of breast cancer, then we are not equal in the risk of lung cancer. The researchers also found that women who used cigarettes were twice as likely to develop lung cancer as women who did not.

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The American Journal of the National Cancer Institute caused quite a stir by publishing an epidemiological study in October suggesting that women who have abortions are 50% more likely to develop breast cancer than women who do not. The Right-to-life crowd predictably seized upon the study as one more reason that abortion should be illegal—it causes cancer. "Not so fast," countered epidemiologists; a 1.5 risk ratio (as epidemiologists put it) "is not strong enough to call induced abortion a risk factor for breast cancer."

That statement by Roberta Callie, director of the New York State Department of Health, came in a letter to the American Journal of Epidemiology. "The relationship risk is not conclusive when it comes to abortion was deemed by the very same scientists an intolerable health menace when it comes to secondhand smoke. Actually, that's not quite true. The 1.3 risk factor for a single abortion was significantly greater than the really hard to detect 1.29 risk ratio for intensive, 49-year-old, day-in-day-out, park-a-day exposure to secondhand smoke (as figured by the U.S. Environmental Protection Agency).

And that's just the beginning. The EPA refused to regulate electromagnetic fields emanating from power sources (alleged by some to pose a cancer risk) because, according to the agency, "the relationship risks are difficult to see how [it] will be informative to the public."

So those Americans who choose to have abortions are safe from paternal regulation for the time being. Those who choose to have a cigarette, however, aren't so lucky. The same risk ratio that was so widely pounced upon by scientists as insignificant and insignificant and insignificant as it is, is just one of the many reasons why it is easy to be an addict.

Dr. Rylander asked: "Could it be that we are committing a fundamental error by placing ETS in the category of a causative factor when in reality we may be studying a co-founder?"

Or perhaps it is simply an unconscious bias. A study by George Carlo et al., published in the journal Risk Analysis, surveyed 1,461 epidemiologists, toxicologists, physicians and general scientists on various health risks, including secondhand smoke. Half of those surveyed read a vignette designed to reflect mainstream scientific thinking on secondhand smoke; 70% of those individuals thought it a serious environmental health hazard and 85% felt that public health intervention was indeed necessary.

The second group surveyed was read the same vignette but, instead of being told that the facts related to secondhand smoke, it was told the discussion pertained to "substance x." Only 33% of those scientists and physicians thought that substance (in reality, secondhand smoke) exposure. He noted that there is increasing evidence that dietary habits are related to several kinds of respiratory disease, including lung cancer and chronic bronchitis, and that dietary habits of smoking men are often shared by their nonsmoking spouses. Dr. Rylander asked: "Could it be that we are committing a fundamental error by placing ETS in the category of a causative factor when in reality we may be studying a co-founder?"

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THE WALL STREET JOURNAL EUROPE THURSDAY, JANUARY 5, 1995

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Cancer Risks for Thee, but Not for Me

By JERRY TAYLOR

The (American) Journal of the National Cancer Institute caused quite a stir by publishing an epidemiological study in October suggesting that women who have abortions are 50% more likely to develop breast cancer than women who do not. The Right-to-life crowd predictably seized upon the study as one more reason that abortion should be illegal—it causes cancer. "Not so fast," countered epidemiologists; a 1.5 risk ratio (as epidemiologists put it) "is not strong enough to call induced abortion a risk factor for breast cancer."

That statement by Virginia Calle, director of the National Cancer Institute, is a classic example of what epidemiologists call "the relationship risks in epidemiology." When a study shows a risk factor, it does not mean that the risk factor is the cause of the disease. The risk factor may be an effect of another factor, or it may be a chance occurrence.

Dr. Rylander asked:
"Could it be that we are committing a fundamental error by placing ETS in the category of a causative factor when in reality we may be studying a co-founder?"

Or perhaps it is simply an unconscious bias. A study by George Carlo et al., published in the journal Risk Analysis, surveyed 1,461 epidemiologists, toxicologists, physicians and general scientists on various health risks, including secondhand smoke. Half of those surveyed were read a vignette designed to reflect mainstream scientific thinking on secondhand smoke; 70% of those individuals thought it a serious environmental health hazard and 85% felt that public health intervention was indeed necessary.

The second group surveyed was read the same vignette but, instead of being told that the facts related to secondhand smoke, it was told the discussion pertained to "substance x." Only 33% of those scientists and physicians thought it a substance (or really, secondhand smoke) hazard. He noted that "there is increasing evidence that dietary habits are related to several kinds of respiratory disease, including lung cancer and chronic bronchitis," and those dietary habits of smoking men are often shared by their nonsmoking spouses. Dr. Rylander asked: "Could it be that we are committing a fundamental error by placing ETS in the category of a causative factor when in reality we may be studying a co-founder?"

Mr. Taylor is director of natural-resource studies at the Cato Institute in Washington.
‘I Can’t Help Myself’: Addiction as Ideology

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ADDICTION AND PHILOSOPHY
In one sense it is perhaps curious that a symposium on addiction should include a paper by a philosopher. Addiction, as we are constantly told, is, after all, a medical, indeed a scientific issue for which the tools of the philosopher might seem ill-suited or out of place. But to allow that addiction is a medical problem, a disease to use the vocabulary favoured by some, is to concede precisely the point which is at issue, namely, what should we mean when we use the word ‘addiction’, or more importantly, do we mean anything at all when we use the word. And if the question is genuinely one of the meaning of or the appropriate employment of a word, the philosopher might well have something useful to say.

The philosopher has legitimate business here, however, not simply because the problem of addiction is a problem about meaning; he has a role in the debate because the problem of addiction goes to the heart of our conception of what human beings are like—what philosophers like to call the free will problem. What the proponents of the concept of addiction as disease assert is that addiction is a condition wherein a subject’s actions are caused by something over which he literally has no control. In the grip of an addiction his actions cease to be voluntary in any meaningful sense so it is correct for him to say ‘I can’t help myself’. Such claims are certainly not trivial for those things over which I have no control are those things for which I cannot reasonably be held accountable. Nor, it should be added, are such claims normal. One of the most important things to note about the addiction as disease model is how radically at odds it is with our normal, everyday concepts about ourselves and others. Most of the time both individually and as a society we believe exactly the opposite of what the disease model claims: we believe that individuals can choose, can do otherwise, and can be held responsible for their actions.

Now the concept of addiction is both too vast and too complicated to be dealt with as a generality. I want to focus my attention on one particular way in which the idea is used—in the claim that smoking tobacco is addictive. More specifically, I want to argue that the claim (1) smoking is addictive is an ideological as opposed to a properly scientific claim and that (2) as an ideological claim it suffers from several irredeemable weaknesses that make it inappropriate as a basis for public policy on smoking.

ADDICTION AS IDEOLOGY
Let us begin with addiction as ideology. What does it mean to call addiction an ideology? What I do not mean is that the concept of addiction is without meaning or that it is necessarily untrue. What I do mean is that in calling smoking an addiction one is making an ideological as opposed to a scientific claim. By ideology I mean an unchallenged, unexamined set of beliefs, ideas and claims that are formulated and advanced by a group of people both to explain something and to shape the behaviour of others, but which are open to serious challenge. The ideologue is thus the ‘true believer’, the creator of a social truth that is beyond inquiry and doubt.

The claim that smoking is addictive is ideological in two senses: one in terms simply of the debate about addiction and a second in terms of what one might call the ideology of smoking. In the first sense, the claim smoking is addictive is ideological in that it is an explicit attempt to change how it is that we both conceive of and regulate smoking. It is an attempt to move the explanatory framework for smoking from ‘I smoke because I choose to’ to ‘I smoke because I have no choice but to’. It is, in short, an attempt to explain smoking not as the product of reasons but as the product of causes that lie beyond the volition of the smoker. Smoking is to be understood not as a decision on the part of the smoker but as an irresistible pharmacological property of a drug. People smoke, the ideology suggests, because they are addicted: smoking is never a choice, only a disease. Despite the fact that such a claim is advanced as scientific it
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Out of place. But to allow that addiction is a medical problem, a disease to use the vocabulary favoured by some, is to concede precisely the point which is at issue, namely, what should we mean when we use the word ‘addiction’, or more precisely, what it is that makes it inappropriate as a basis for public policy on smoking.

The identification of addiction as an ideology is ideological in two senses: one in terms simply of the debate about addiction and a second in terms of what one might call the ideology of smoking. In the first sense, the claim that smoking is addictive is ideological in that it is an explicit attempt to change how we think it is that we both conceive of and regulate smoking. It is an attempt to move the explanatory framework for smoking from ‘I smoke because I choose to’ to ‘I smoke because I have no choice but to’. It is, in short, an attempt to explain smoking not as the product of reasons but as the product of causes that lie beyond the volition of the smoker. Smoking is to be understood not as a decision on the part of the smoker but as an irresistible pharmacological property of a drug. People smoke, the ideology suggests, because they are addicted: smoking is never a choice, only a disease. Despite the fact that such a claim is advanced as scientific it...
CONCLUSION

What emerges then from a careful examination of the case for smoking as addictive is not the incontestable mass of scientific fact that its proponents describe but instead an ideology founded on corrupted science and plagued by problems of logic, clarity, and embarrassing counter-examples. Rather than providing the justification for a new series of public policies designed to control smoking, it provides fresh evidence of how pervasively public policy can be subverted when it adopts what appears to be the working maxim of the anti-smoking movement, ‘Yes, it’s rotten science, but it’s in a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society’.
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What emerges then from a careful examination of the case for smoking as addictive is not the incontestable mass of scientific fact that its proponents describe but instead an ideology founded on corrupted science and plagued by profound conflicts of interest. The anti-smoking movement has a working maxim and occasionally purports to know just how pervasive public policy can be subverted when it adopts what appears to be the working maxim of the anti-smoking movement, ‘Yes, it’s rotten science, but it’s in a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society’.

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6 Responses to “Passive Smoking: A Risk Too Small to Worry About?”

DaveA Says:
February 3rd, 2010 at 9:17 pm

My name is Dave Atherton from www.freedom2choose.info a smokers right's group in the UK. Active smoking is as bad as the scientists make out, 7 years early mortality and 86% of lung cancer cases are smokers. However you are right on the money as far as passive smoking goes. It is largely an invention/exaggeration of the anti smoking lobby.

It is best summed up here.
"Yes, it's rotten science, but it's in a worthy cause. It will help us to get rid of cigarettes and become a smoke-free society" so said Alvan Feinstein, Yale University epidemiologist writing in Toxological Pathology in 1999 on passive smoking."

There have been over 80 studies done into passive smoking and 16% say it is a risk, 14% protective and 70% show no risk or protection.

Non smokers breathe in 0.009 of a cigarette per hour in a smoky bar to 0.001 sitting at a bus stop. The barman would breathe in if they worked 40 hours a week for 50 weeks the equivalent of 18.5 cigarettes a year. Sir Richard Doll also found that those who smoke up to 3 a day run no higher risk of lung cancer and early mortality.

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Want to cure your asthma? Start smoking

"Yes, it’s rotten science, but it’s in a worthy cause. It will help us to get rid of cigarettes and become a smoke-free society” said one WHO official. This is what we’re up against.

This week saw the junk science machine firing on all V12 cylinders, and with the benefit of an up-rated turbo charger. If Tobacco Control was in Formula1, Adrian Newey and Ross Brawn’s creations would perform like a tractor in comparison; Sebastian Vettel and Lewis Hamilton would be relegated to being marshals at a corporate track day.

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David Atherton is Chairman of Freedom2Choose, which seeks to protect the informed choices of consenting adults on the issues of smoking. Follow him on Twitter: @DaveAtherton20

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intervention, we should be reminded of how it works in terms of epidemiological associations, namely that "No evidence of an association" is not the same as "Evidence of no association" (Stoto 2000: 352). So, how could studies on the effects of passive cigarette smoking reach such divergent conclusions?

In January 1993, the US Environmental Protection Agency (EPA) classified environmental or secondhand tobacco smoke as a Group A carcinogen. This category includes radon, asbestos, and benzene, and is reserved for the most dangerous carcinogens (Environmental Protection Agency 1992). It was immediately controversial, in part because of its likely and widespread policy implications. Widespread? It is utterly breathtaking to observe the worldwide social and economic changes effected in the subsequent decade by restrictions on smoking in workplaces, restaurants, and airplanes. It is arguably one of the sharpest, quickest, and most thoroughgoing changes in health policy in the history of civilization.

The report is a key link in the chain that led to the following unequivocal statement: "Environmental tobacco smoke (ETS) is known to be a human carcinogen based on sufficient evidence of carcinogenicity from studies in humans that indicate a causal relationship between passive exposure to tobacco smoke and human lung cancer . . ." (Environmental Health Information Service 2001 (original emphasis)). Does it matter that the report was based in part on a meta-analysis of 11 US studies of smokers' spouses? That it excluded a number of studies done outside the United States (although it did include a number of studies from around the world)?

Well, this is low-hanging fruit, and it will be easy to wish for a large, randomized, double-blind, placebo-controlled trial while we pluck the existing results and carry them to the policy market. There is, that is, nothing to lose, at least in terms of public health. As it was put once, "Certainly it will break few compassionate hearts if the effect of a meta-analysis is to reduce the exposure of children, say, to tobacco smoke (Goodman 1998b: 160). Fair enough, but if one doubts the ability of research synthesis or systematic reviews to identify or tease out causal relations, then an over-hasty acceptance of such a tool might come at a price of reduced credibility. In other words, being right will not be adequate if word gets out that you didn't care about the methods. Feinstein again, passing on the remark of someone evaluating the consequences of the EPA study (1992): "Yes, it's rotten science, but it's in a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society."
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Case studies in public health policy 117

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Data Synthesis and Computer-Based Research

Ever-increasing demands for data and evidence to inform guidelines and best practices have made it clear that we need computers to help us sort out all our information. Indeed, we now turn with increasing frequency to various forms of research synthesis to make sense of the data. The computational tools of meta-analysis and data mining will give us our best examples; they provide ways of eliciting conclusions, answers, or even mere suggestions from the apparent mess of data. They provide us with many case studies about whether and when to use a computer in making scientific decisions. Debates over meta-analysis, which often turn on its methods and reliability, remain important for any discussion of ethics in epidemiology in general, and ethics-computing-and-epidemiology in particular [30].

Consider the important historic case of meta-analytic studies of the effects of environmental tobacco smoke. In 1993, the US Environmental Protection Agency, relying on a meta-analysis of 11 studies of smokers’ spouses, classified environmental or “second-hand” tobacco smoke as a Group A carcinogen along with radon, asbestos, and benzene [31]. No problem so far—tobacco smoke is bad, people agree tobacco smoke is bad, a study shows that tobacco smoke is bad. The problem is that meta-analysis continues to engender intense debate about its accuracy and reliability. It might be, in other words and just for the sake of discussion, that we (in 1993) actually lacked adequate scientific warrant to rank environmental tobacco smoke as a Group A carcinogen. At any rate, the debate elicited the following remark: “Yes, it’s rotten science, but it’s in a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society” [32]. This quote is two-sided: on the one hand the self-righteous among us are prepared to accept a certain amount of scientific uncertainty so long as the public health policy goal is achieved—how sure do we have to be, scientifically, to recommend an anti-smoking policy for city restaurants? On the other hand, uncertain science is precisely the basis for the pushback by opponents of anti-smoking regulation. And what tobacco science was to the 1990s, climate change science is to the early part of the twenty-first century. How much certainty is required (and what counts as good data) that the planet is warming and that humans bear some responsibility before public health policy to restrict carbon emissions takes place?

The ethics-computing-public health tension has been described as follows:

In one respect, the very idea is incoherent: If one believes the science to be flawed, then how can it support a worthy cause? How even can the cause become worthy in the absence of credible evidence? (If environmental smoke does not harm children, then there is no reason to protect them from it, and so protecting them cannot be worthy.) But granting for the sake of discussion that the cause is worthy, it is nevertheless a severe form of ethical shortsightedness to suggest that the credibility of scientists, government institutions, and policy makers is a fair trade for a victory on one policy issue. Even the most craven utilitarian would recognize this to be a bad bet [27].
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Anti-smoking zealots are the real threat

Aram Bakshian Jr.

Whether you smoke or not, aren't there times when the sheer arrogance of the anti-smoking zealots gets to you?

My turning point came some years back at a New Year's Eve party in Washington. There I was, standing in the corner of a high-ceilinged drawing room watching several well-heeled hemp-heads pass around a joint. While I don't believe in better living through chemistry, I do believe in minding my own business, so I said nothing. I did, however, decide to smoke a cigar.

Boy, was that a mistake. Just as match touched Macunado, an enraged haridian, still bieriey-eyed from her last drag of controlled substance, snarled, "You don't think we're going to let you smoke that thing in here, do you?" She was breaking the law, not me — and it wasn't even her house. Yet she was coming on like a cross between Carrie Nation and a puff adder on Benzedrine.

Consider "passive smoking."

In the early 1990s, the Environmental Protection Agency found that, using its established risk standards, it could not link passive smoking to statistically credible health risks. What happened?

Instead of admitting that it had lost fair and square, the EPA changed the rules to get the results it wanted, adopting blatantly skewed standards. As one anonymous senior public-health researcher confessed in a 1992 article in "Toxic Pathology": "Yes, it's rotten science, but it's in a worthy cause. It will help us get rid of cigarettes and become a smoke-free society."

This past June, Food and Drug Administration Commissioner David A. Kessler engaged in a similar act of deception before the House subcommittee on health and the environment when he claimed to have uncovered a sinister plot on the part of the tobacco industry — specifically the Brown & Williamson Tobacco Corp. — to raise nicotine consumption by developing a new, secret "Y-1" hybrid tobacco leaf in Brazil.

Sounds very ominous, but it turns out that the primary reason for the Y-1 research was to develop a lower-tar, not higher-nicotine, leaf. In addition, far from being a sinister "secret," Y-1 research was well-known to several federal agencies, including the Department of Agriculture, which had actually developed the tobacco-breeding line that became Y-1.

Smoking may not be a nice habit. It may be dumb and it may be annoying. So are nose-pick-

ing, humming off-key, failure to use a deodorant and voluntary public flatulence.

Smoking can be unhealthy for the person who does it. So can wolfing down vast amounts of low-class, high-cholesterol, junk food of the kind beloved by our non-inhaling commander in chief. But there is no conclusive evidence that "passive" smoke poses a scientifically demonstrable health hazard to nonsmokers.

Prohibition was the most disastrous social experiment the United States ever indulged in. It was also the most politically correct one by the standards of the time. It was pushed through — step by step, year by year, culminating in national prohibition of alcoholic beverages in 1933 — because, in the words of a popular writer of the day, George Ade: "The non-drinkers had been organizing for 50 years and the drinkers had no organization whatever. They had been too busy drinking." Never again.

Even the usually interventionist New York Times has sounded a sceptical note about the FDA's claim that it has no intention of banning cigarettes.

"It gets tricky," we read in the July 3 issue, "because if the FDA declares nicotine an addictive drug — the almost inevitable next turn in this fast-moving plot — the legal wheels start turning in auto pilot: If it's a drug, the FDA must declare it safe, which is impossible..."

The last thing America needs is yet another piece of Catch-22 interference from the federal social police.

Do me a favor, Uncle Sam. Get off my back and out of my lungs. And — if that's what they want to do — let my people smoke.

Aram Bakshian Jr. served as an aide to Presidents Richard M. Nixon, Gerald R. Ford and Ronald Reagan. He wrote this article for the Los Angeles Times.
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Do the Right Thing
book by Mike Huckabee
Governor of Arkansas 1996-2007
Presidential candidate
Nov. 2008
New York Times Best Seller

Extract: Section on pages 113-115
Junk Science

AUGUST 4, 1993

Hitler said, “The broad mass of a nation ... will more easily fall victim to a big lie than to a small one.” That’s the spirit behind the junk science of today that Congress uses to gain greater control over our lives.

What we’re being told about AIDS is a good example of junk science. Rethinking AIDS, a publication of the San Francisco–based Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis, points out that female prostitutes often have two hundred to three hundred partners a year. You’d naturally assume that they would have much higher exposure to HIV/AIDS than the vast majority of heterosexuals and contribute to an explosion of the disease. Paradoxically, according to the March edition of Rethinking AIDS, no heterosexual epidemic has occurred and no evidence of female prostitutes transmitting HIV/AIDS into the heterosexual community exists for any Western nation. Prominent researchers in the United States, Germany, Spain, Italy, and Britain conclude that the acquisition of HIV by men from female prostitutes is almost always drug-related.
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AUGUST 4, 1993

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What we’re being told about AIDS is a good example of junk science. *Rethinking AIDS*, a publication of the San Francisco–based Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis, points out that female prostitutes often have two hundred to three hundred partners a year. You’d naturally assume that they would have much higher exposure to HIV/AIDS than the vast majority of heterosexuals and contribute to an explosion of the disease. Paradoxically, according to the March edition of *Rethinking AIDS*, no heterosexual epidemic has occurred and no evidence of female prostitutes transmitting HIV/AIDS into the heterosexual community exists for any Western nation. Prominent researchers in the United States, Germany, Spain, Italy, and Britain conclude that the acquisition of HIV by men from female prostitutes is almost always drug-related.
Junk Science

HIV/AIDS denialism

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The bulk of junk science comes from the Environmental Protection Agency (EPA). It puts out breathless lies such as kitchen appliances and cellular telephones cause cancer. It's now investigating the possibility that showers are linked to cancer because chemicals in tap water are more fully released in the spray of a shower. Then there's the EPA-sponsored hoax that secondhand, or passive, smoke is a class-A carcinogenic along with asbestos and benzene. The February 1993 edition of the Washington-based Complete magazine reports that Yale University epidemiologist Alvan Feinstein, writing in the Toxicological Pathology journal, reported that he heard a prominent leader in epidemiology support EPA's work on passive smoking, saying, “Yes, it's rotten science, but it's a worthy cause. It will help us to get rid of cigarettes and to become a smoke-free society.” That's it in a nutshell: Scientific lies are being used to control us.

Then there are “scientific” predictions. Paul Ehrlich, environmentalist guru and mentor to Vice President Al Gore, told Britain's Institute of Biology in 1969, “If I were a gambler, I would take even money that England will not exist in the year 2000.” And we thought British prime minister John Major only had to worry about his economy.
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Governor Mike Huckabee

Do the Right Thing (Book)

Unknown journalist

Complete (Magazine)

Alvan Feinstein

Toxicological Pathology (Scientific journal)

“a prominent leader in epidemiology”

“heard him saying”
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Here’s the plot as Senator Timothy Wirth (D-Colo.) confessed, as reported in Michael Fumenton’s *Science under Siege*, “We’ve got to ride the global warming issue. Even if the theory of global warming is wrong, we’ll be doing the right thing, in terms of economic policy and environmental policy.”
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Feinstein’s argument recycled for climate change denialism

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LESSON
Researchers Find No Evidence Plain Packaging ‘Experiment’ Has Cut Smoking

The plain packaging experiment in Australia has not deterred young smokers, professors from the Department of Economics at Zurich University and the University of Saarland found in a report released today, while newly released industry sales data show that tobacco sales have actually increased since the introduction of plain packaging.

The study undertook a statistical analysis of smoking prevalence data for Australians aged 14-17 years old. It used the same data chosen by anti-smoking groups, as well as techniques that were biased in favour of finding evidence of a significant effect of plain packaging on reducing youth smoking, but as the study concludes, “no such evidence has been discovered”.

Professor Wolf and Professor Kaul explained: “We used statistical methodology that gave every possible leeway for detecting a possible plain packaging effect. Nevertheless, the data does not support any evidence of an actual effect of the Australian Plain Packaging Act on smoking prevalence of minors.”

In addition, newly released industry data now shows that legal tobacco sales actually rose incrementally by 59 million cigarettes in the first year plain packaging was introduced. This increase reversed the long-term decline of legal sales volumes in the country since before 2009.

Plain packaging in Australia has not reduced smoking rates and has had no impact on youth smoking prevalence. Consumers aren’t smoking less, they are just buying cheaper alternatives like roll-your-own cigarettes or turning to branded packs available on the black market.
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Quotes have a life of their own.
The tobacco industry knows how to take advantage of this fact by implanting quotes that serves its purpose.
Notably via quotes, the message of the tobacco industry is created, amplified and disseminated by:

- University professors
- The media, notably the financial/economic press
- Politicians
Conclusion (3)

When the tobacco industry quotes a health scientist to support its position on an issue, there is a good chance that the scientist:

- is dead (he/she cannot refute the claim);
- does not exist (the quote is manufactured); or
- is paid by the industry (even if he is misquoted, he/she will keep quiet)
Thank you!
Ceci n'est pas une pipe.