

Facts about Smoking & Tobacco

by John Spritzler

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1. Regarding smoking and lung cancer, R.A. Fisher, the father of modern statistical inference methods, came under heavy attack when in 1958 he famously declared that there was in fact no evidence that smoking **CAUSED** lung cancer, only evidence that it was **ASSOCIATED** with lung cancer (and as all scientists had to admit, even if reluctantly in this case, association does **NOT** imply causation.) [Fisher RA. Lung cancer and cigarettes, Nature, 1958, vol. 182 4628pg. 108]

Fisher's point was that the association could be the result of some unknown factor that caused people to get lung cancer and also caused people to smoke. While this was a logical possibility, nobody had evidence that it was true, until

recently.

A recent scientific paper linked to below, concludes this way:

"Our results here are also of historical interest. Over 50 years ago, Fisher (34) suggested that there might be a genetic variant responsible for both smoking behavior and lung cancer. He proposed that this common genetic cause might explain the association between smoking and lung cancer and thus that smoking may not itself in fact have a causal effect on lung cancer. Our results here show that, in some respects, Fisher was at least slightly correct. In previous studies, the variants on chromosome 15q25.1 have been shown to affect smoking behavior (3–9); here we have provided fairly conclusive evidence that these variants also affect lung cancer through pathways other than by increasing smoking behavior. Thus, there is indeed a common genetic cause of smoking and lung cancer."

[source: <https://academic.oup.com/aje/article/175/10/1013/89994>]

2. Proponents of ever-more-restrictive health regulations ignore that people want and need to make their own personal decisions. Sir Michael Marmot, chair of the World Health Organization Commission on the Social Determinants of Health, has found that people with little control over their lives suffer from ill health, as much or more, than as those who smoke or are obese. He writes (referring to why people think poorer people have a higher mortality rate than wealthier people, which his study and others have shown to be the case):

The second assumption people make is, “It must be due to behavior, to lifestyle. People down at the bottom smoke more; they eat more French fries; they do less exercise. Surely that must be the reason.” What we found in Whitehall was the same social gradient mortality in people who’d never been smokers as in smokers. So yes, it is the case that the lower you were in the hierarchy,

the more likely you were to smoke, and smoking is an absolutely, fundamentally important cause of premature death and illness. But it was not the main explanation of the social gradient. In fact, a combination of smoking, blood pressure, cholesterol, overweight, sedentary lifestyle, explained no more than about a quarter of the social gradient in mortality. So it wasn't medical care and it was not primarily lifestyle.

So then the question is: What is it? It's all very well ruling out the negative; what's the positive? We were very interested in how the circumstances in which people live and work affect health through this most important organ, the brain. And in people who are above the minimum level of absolute material conditions required for good health, the gateway to health inequalities is through the mind. We have strong evidence that there are two important influences on health in explaining the hierarchy in health. The first is autonomy, control, empowerment.

People who are disempowered, people who don't have autonomy, people who have little control over their lives, are at increased risk of heart disease, increased risk of mental illness. In the Whitehall studies, increased risk of absence from work and increased risk of decrements in functioning, in physical, psychological and social functioning. So autonomy, control, empowerment turns out to be a crucial influence on health and disease. And there are good biological reasons why that might be the case.

The second is what I loosely call social participation. It's being able to take your place in society as a fully paid-up member of society, as it were, to benefit from all that society has to offer.

Now, in part that's social supports and social networks, but it also functions at a psychological level. It's self-esteem; it's the esteem of others. It's saying that I can benefit from the fruits that

society has to offer.
[source: <https://unnaturalcauses.org/.../file/MichaelMarmot.pdf>]

THE MORAL OF THE STORY IS THIS:
those who care about public health should focus FAR MORE on preventing working class people from being treated like dirt than on making them quit smoking.

3. Regarding the claim by some people that smoking makes the place stink, note the following:

Prior to about the 1960s, before people were told that cigarette smoking was bad for one's health, hardly anybody complained that cigarette smoke was a pollutant or disagreeable to them. Smoking was associated with glamour, not disgust. Our tastes, and our beliefs about what is or is not disgusting, are culturally determined. In the U.S. until about the 1960s most people thought yogurt

was disgusting; now after an intense PR campaign by yogurt companies, people crave it.

4. Read this typical [report](#) (about the German Chancellor Helmut Schmidt) of a very old person in good health at a very old age who has been chain smoking all his/her life:

"Schmidt is now hard of hearing and walks with the help of a frame, yet is in remarkably good health for a man of 95 who has chain-smoked all his adult life."

5. Regarding smoking and asthma, note that tobacco smoke is not listed as a cause of asthma by the National Institutes of Health: <https://www.nhlbi.nih.gov/health-topics/asthma> (click on the causes section).

6. Anti-smoking "experts" are paid by Big Pharma.

<https://cfrankdavis.wordpress.com/2014/11/08/anti-smoking-experts-paid-by-big-pharma/>

7. "Two Stories In One: No Link Found Between Secondhand Smoke And Lung Cancer; And No One Seems To Care"

<https://www.acsh.org/news/2013/12/11/two-stories-one-link-found-secondhand-smoke-lung-cancer-one-seems-care>

8. An article about the risk of second hand smoke [reports](#):

Though repetition has little to do with "the truth," we're repeatedly told that there's "no safe level of exposure to secondhand smoke."

OSHA begs to differ.

OSHA has established PELs (Permissible Exposure Levels) for all the measurable chemicals, including the 40 alleged carcinogens, in secondhand smoke. PELs are levels of exposure for an 8-hour workday from which, according to OSHA, no harm will result.

Of course the idea of "thousands of chemicals" can itself sound spooky. Perhaps it would help

to note that coffee contains over 1000 chemicals, 19 of which are known to be rat carcinogens. "Rodent Carcinogens: Setting Priorities" Gold Et Al., Science, 258: 261-65 (1992)

There. Feel better?

As for secondhand smoke in the air, OSHA has stated outright that:

"Field studies of environmental tobacco smoke indicate that under normal conditions, the components in tobacco smoke are diluted below existing Permissible Exposure Levels (PELS.) as referenced in the Air Contaminant Standard (29 CFR 1910.1000)...It would be very rare to find a workplace with so much smoking that any individual PEL would be exceeded."

-Letter From Greg Watchman, Acting Ass't Sec'y, OSHA, To Leroy J Pletten, PHD, July 8, 1997

Indeed it would.

Independent health researchers have done the chemistry and the math to prove how very very rare that would be.

9. Poor people tend to smoke more than wealthier people. The [data show this](#) overwhelmingly. Why?

Here's one explanation. Poor people, in contrast to wealthier people, have little hope of improving their life in the long term by making sacrifices in the short term. A middle class person can expect to gain a high-paying job in a professional career by making the sacrifice as a young person that is required to get an advanced college degree. A poor working class person, in contrast, may perceive his/her high school prom as the high point of his/her life after which everything is downhill in a lousy job at best. This different mode of thinking about life is likely why a poor working class person may think it makes no sense to sacrifice the enjoyment of smoking today--[instant gratification](#)--for some supposed health

benefit decades in the future, while a middle class person may think it makes perfect sense.