

Comments on the Green Paper

"Towards a Europe free from tobacco smoke: policy options at EU level"
presented by the European Commission

1 May 2007



Preliminary remarks:

On 30 January, the European Commission presented a Green Paper entitled "**Towards a Europe free from tobacco smoke: policy options at EU level**" and asked for comments from civil society.

Netzwerk Rauchen – Forces Germany e.V. is a non-party-based and economically independent association which seeks to combat discrimination against smokers and to encourage a climate of tolerance between smokers and non-smokers, and as such is helping to raise public awareness of the political and scientific issues involved.

The main focus of our activities is in Germany, although our insights and approaches may also enhance the ongoing debates in other Member States.

Question 1:

We reject the idea of a "smoke-free Europe" on principle. The consumption of tobacco has been an enduring form of enjoyment and lifestyle in Europe for 500 years.

Despite the succession of repressive and discriminatory measures against smoking, people have not allowed their lifestyles and consumption habits to be dictated by public authorities. The smoking of tobacco has never allowed itself to be suppressed, and continued throughout the major upheavals and revolutionary phases of European history without which the free and democratic European Union of today would be inconceivable.

The enjoyment of tobacco has been a thorn in the side of many despots and dictatorial regimes even as late as the 20th century. In the last 20 years, an increasingly radical anti-smoking campaign has taken shape which is being directed from outside the EU. The term "smoke-free" was introduced during the 1980s as the battle-cry of right-wing puritanical fundamentalists in the USA and, via the US health authorities, led to a WHO campaign against tobacco which a German news magazine described a "world war against cigarettes". This campaign is largely being financed by pharmaceutical firms hoping to significantly increase their turnover of nicotine replacement products and psychotropic drugs.

In order to give drastic curbs on personal freedom an appearance of legitimacy, the weapon of choice is the alleged health risk to non-smokers in the vicinity of tobacco smoke. According to the current state of knowledge in epidemiological and toxicological research, this can be exposed as the "passive smoking myth". Unfortunately, politicians and the media have up to now largely refused to give detailed and objective consideration to the issues involved, and instead place their trust in institutions with close links to the WHO and its campaign, with the result that a broad, mainstream trend has emerged in which the myth of passive smoking has been imprinted in people's minds for propaganda purposes.

For the reasons set out above, the "smoke-free initiative" should be rejected from the outset because it is based on pseudo-scientific manipulation and deception.

Furthermore, the initiative distances itself from the idea of a 'Europe for everyone' in that it seeks to stigmatise a large section of the population as "worth eliminating", and to subject it to extreme discrimination.

The best way to ensure that non-smokers are suitably protected and not bothered by smoke, while at the same time protecting smokers against the prospect of their lifestyle being rendered impossible, is by allowing the establishments concerned the freedom to take their own decisions on a decentralised basis.

In the past, an increasing number of smoking bans were introduced without any need for legislative measures, and in most cases without discrimination against smokers being intended or occurring as a result. Blanket intervention from above raises the question of whether State intervention is proportional and suited to local conditions.

Statutory bans on smoking are therefore clearly the wrong approach. Where these are nevertheless imposed against one's better knowledge, they must consider the interests of the establishments concerned, and of smokers and non-smokers, and must take account of the basic rights of all those involved.

Question 2:

We reject both the idea of smoke-free environments being imposed from above (see previous comments) and the idea that the EU should have powers in this field. Given its current problems of legitimacy, the EU would be well-advised not to exceed its remit and interfere, or rather meddle, in the minutest details of how people in the Member States live their lives.

The apposite remarks made in this context by the President of the European Parliament, Professor Hans-Gert Pöttering, about dictating how people should behave will return to haunt the European Union in terms of the acceptance it enjoys in the Member States and among ordinary people.

Question 3:

As regards the subject of smoking bans and ambient smoke, we have carried out our own analyses and made material available to the public.

These findings show that, contrary to the majority of widely held views, there are no grounds for the assumption that so-called "passive smoking" presents any risk to health in toxicological or epidemiological terms. On the other hand, it has been demonstrated that total bans on smoking will lead to problems.

Regrettably, the European Commission has failed to examine and reconsider the commonly held prejudices which characterise this whole debate, and instead is taking a biased approach and quoting exclusively from sources in favour of controls on tobacco.

For example, the statement that there is no safe dose for ambient smoke is incorrect. In many Member States, reference and threshold values exist – also in relation to the workplace – for the (potentially) harmful substances contained in tobacco smoke. The limit values applying in Germany were not exceeded in any tests to measure air pollution in interior spaces. There is thus no need to take action.

The statement that epidemiological research shows that ambient smoke is a cause of illness is also incorrect. No causal link has been established up to now. In addition, meta-analyses show that the statistical risks of illness for persons exposed to tobacco smoke are for the most part insignificant and are in some cases lower than the risk level for persons who do not inhale tobacco smoke to the same extent. In all cases the risk is so low as to be inconclusive.

The assertion that children and young people are at particular risk should be dismissed as the myth that it is. The facts just referred to apply here too. In the case of cot deaths in particular, there is absolutely no plausible causal link. As regards lung cancer, research even tends to indicate that children who grow up with ambient smoke contract the illness less frequently than children who grow up in a smoke-free environment.

Nor is there any sound basis for alleging that risks exist even where the level of exposure is much lower than in ambient smoke.

Other prejudices expressed in the Green Paper for propaganda purposes include:

- smoking causes economic harm (whereas the truth is that, overall, smokers reduce the burden on the social security system and make a not inconsiderable contribution to tax revenue);
- hotels and restaurants benefit from statutory smoking bans (whereas the truth is that in Ireland, Scotland, Belgium and also in the USA, smoking bans have led to significant falls in turnover and job losses in parts of the catering sector);
- the majority of people are in favour of strict bans on smoking (whereas the truth is that the differences between Member States in the size of these majorities demonstrate clearly that decisions should be taken not at European level, but in the Member States and their regions; surveys in Germany show that most people are in favour of smoke-free areas in catering establishments, but are opposed to absolute bans being imposed by legislation);
- the "lower" social classes benefit from measures to tackle smoking (whereas the truth is that an above-average proportion of these people smoke and, given that they are less able to defend themselves and avoid any targeted measures, the adverse effect on their lifestyle would be especially serious);
- bans on smoking in public areas and in hotels and restaurants reduce exposure to ambient smoke (whereas the truth is that, for many people, the level of exposure increases through smoking being restricted to the private sphere);
- the EU has run information and education campaigns (whereas the truth is that these are disinformation and hate campaigns, which culminated in the computer game for adolescents entitled "Don't kiss smokers" and giving advice to that effect).

Question 4:

Criticism should in particular be levelled at the idea of "denormalising" the smoking of tobacco. The idea is to denigrate unpopular lifestyles and patterns of behaviour as abnormal and non-conformist in order to lend legitimacy to even worse discrimination and marginalisation. Freedom of choice and diversity within Europe must be the norm, instead of over-regulation and forcing people to conform. As an organisation based in the Federal Republic of Germany, and precisely because of Germany's history of totalitarianism in the 20th century, we are opposed to people being treated in such a way, and to a narrow concept of "health" again being misused to force people into line in an authoritarian manner.

"I am against people being dictated to in any way, even as regards seeking to shape people's behaviour".

(Hans-Gert Pöttering, President of the European Parliament, in March 2007, with reference to EU Commissioner Kyprianou)

We endorse this view.

We have had enough of calls for everything to be smoke-free and smokeless, and of the anti-tobacco Taliban in Brussels, and are calling for a return to a civilised, decent, tolerant and non-discriminatory way of treating each other, as well as for the peaceful coexistence of all Europeans irrespective of their smoking habits, body weight, alcohol consumption and any other criteria shaping our obsession with health.

References and sources

Websites:

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