



## FORCES International

### **PASSIVE SMOKE: AN INSTITUTIONAL PROBLEM** **Fabricated risks attributed to passive smoke**

The case against passive smoke (environmental tobacco smoke or ETS) is mainly based on statements that it causes lung cancer or cardiovascular disease in non-smokers. This short analysis examines what is considered the strongest evidence, that on lung cancer. What follows applies *equally* to the risk for cardiovascular disease and for *any* other disease attributed to ETS, as the methodologies of the studies are essentially the same.

The possible risk of ETS for lung cancer could be determined if the frequency of lung cancer is greater in non-smokers exposed to ETS. Because it is impossible to find persons never exposed to ETS, the only real possibility is to observe if the frequency of lung cancer is higher or lower in non-smokers that are more or less exposed. A study would then require a reliable measurement of both the extent of individual exposure and of the frequency of lung cancers in different groups of non-smokers. Because there are many other proven risks for lung cancer, a study also must find whether individual lung cancers in non-smokers might be linked to other risks and not to ETS.

The following analysis reveals that no study of ETS and lung cancer has met these simple requirements, and therefore was not capable of determining risk.

**1. Nonexistent Measurements** - Because lung cancer is a disease that develops slowly and manifests itself for the most part at an advanced age, the exposure to ETS needs to be measured over the lifetime of non-smokers. This is what ETS studies claim to have done, even though it could not have been a measure of exposure starting from any person's birth through the 60-70 years needed for lung cancer to develop, nor a backwards reconstruction of a person's exposure from old age to birth, both tasks being obviously impossible.

So impossible, in fact, that **ETS exposure has never been measured at all**. Instead of an independently objective measure, 60-to-70-year-old non-smokers have been asked to recall what their personal exposure to ETS *might have been* during their lifetimes. Typically, such people were asked to recall how many cigarettes, cigars or pipes had been smoked in their presence since early childhood. Their reveries – elicited in a few minutes usually over the phone, or even provided by proxy recalls of the relatives of deceased persons -- were recorded by the studies as *precise numbers* devoid of error and uncertainty. It is well known how difficult it is to remember what one ate one week ago, never mind 20 years ago or during childhood; how could it be possible to remember, with an absurd expectation of precision, the total exposure to smoke over the 50-60 years of a prior lifetime? **The only compelling conclusion is that without dependable measures of exposures, the ETS studies produced statistical estimates of risk that are illusory.**

**2. Fatal Flaws** -According to summaries conducted by groups that have an interest in finding elevated risks for ETS, the average of all studies on lung cancer and passive smoke published up to May 2006 (about 75) claims a risk elevation of some 20 per cent. Such a relatively low elevation is not credible because the studies have not accounted for a whole series of other known risks of lung cancer, and prejudices and biases that are inevitably present. Here a few examples.

It is known that people with lung cancer are more prone to amplify their recall of exposure (recall bias) than those who are not so affected, and for obvious emotional reasons. Another example is that some declare of being non-smokers without saying they have been smokers, and therefore contaminate and bias the results (misclassification bias). Yet another one: there are over 30 risk factors for lung cancer reported in the professional literature – over 300 of them for cardiovascular diseases – and their very likely interference in ETS studies has never been credibly measured and corrected for. It is therefore exceedingly probable that the small risk elevation of 20 per cent is **fictitious** because of interferences that **are not and cannot be calculated**. **Singly or combined, these considerations are sufficient to explain the glaring inconsistencies of different studies, and erase the credibility of the claimed risk of ETS.**

**3. The Absurd Methodology** The overwhelming majority of ETS studies does not define risk on the necessary basis of higher or lower frequency of cancer in function of higher or lower exposures to ETS, as it should be done. Rather, self-declared non-smokers all with lung cancer and exposed to ETS have been compared to self-declared non-smokers without lung cancer, the latter *also exposed to ETS* because **it is impossible to find never exposed people**. To illustrate, studies may have found that non-smokers without lung cancer recalled ETS exposure at a 100 rate, while non-smokers with lung cancer recalled exposure at a 120 rate. With an absurd logic, *the studies presume that having remembered 20 per cent more represents 20 per cent more risk!*

Such presumption also implies the equally absurd reasoning that a 20 per cent excess exposure – **which is impossible to verify or measure in the first place** – had been responsible for all the lung cancers of the non-smokers with the disease, while non-smokers who remember only a little less exposure remain totally immune from lung cancer.

**Conclusion - No study of ETS and lung cancer has provided a credible and accurate measurement of ETS exposure. The overwhelming majority of the studies has not measured different frequencies of lung cancer in different groups. Lacking reliable measurements, the statistical analyses of the studies are illusory. No study can guarantee that some of the non-smokers studied were in fact smokers or had been smokers. No study could exclude that the lung cancers observed might have been caused by other risks and not by ETS. The overwhelming majority of studies adopted improper and absurd methods of risk calculations. The majority of studies did not report differences of risk, and many claimed a reduction of risk. Independently or combined, these considerations negate the credibility of claimed ETS risk for lung cancer, and are equally applicable to ETS studies of cardiovascular and other diseases.**

The statement of the US Surgeon General is based **solely** on the studies discussed above. All smoking bans are also based **solely** on this body of evidence.

-- **The FORCES International Board Of Directors**

For detailed information, complete bibliography and full scientific reference material up to May 2006 visit:

[www.forces.org/passivesmokefraud.htm](http://www.forces.org/passivesmokefraud.htm)

For further information and contacts on this document write to:

[passivesmokefraud@forces.org](mailto:passivesmokefraud@forces.org)

## WE NEED YOUR HELP TO FIGHT THIS INSTITUTIONAL FRAUD

The false representation of the evidence available on passive smoke is an essential instrument firstly to implement total smoking bans worldwide – including in private residences; secondly to create social hatred against innocent citizens; which in turn will lead to the de-legalization of tobacco as a final act. This blueprint for social engineering can and will be used to persecute other categories of citizens through the use of fraud by the health authorities. FORCES is the only organization in the world that has had the clear vision to fight this fraud since 1996 with direct and uncompromising resolve. **We need your help: we need money** to acquire the means to educate people, such as the ability to broadcast audio-video over the Internet and through the media. **We need volunteers** who donate time and labour. **We need the support of other organizations in the fight** for the return to honest health authorities, putting aside any differences that may arise, not only in the name of liberty, but in the cause of institutional honesty.

If you want to help *contact us immediately*.

[www.forces.org](http://www.forces.org) || [info@forces.org](mailto:info@forces.org)

## WE NEED YOU!

**Copyright note** - FORCES International (FORCES, Inc.) waves any and all copyright on this document, and encourages its unlimited distribution and duplication on condition that the document is reproduced in its entirety and that credits to FORCES International are issued.