

GLA Report[\[Note1\]](#)

**SMOKING IN PUBLIC PLACES
FOREST SUBMISSION TO GLA**

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EXECUTIVE SUMMARY

- FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) is a media and political lobbying group that defends the interests of smokers and voices the opinions of tolerant non-smokers. Founded in 1979, we are regularly invited to submit our views to government bodies including the Department of Health, the Health and Safety Commission, the House of Commons Health Select Committee and, now, the GLA Smoking in Public Places Investigative Committee.
- In this submission we highlight the discrepancies in the argument about passive smoking [\[AS2\]](#) (Part I) and the effect on pubs, restaurants and smokers of further restrictions or a ban on smoking in public places (Part II). We explain the views of the Government, Health and Safety Commission and the hospitality industry (via the Smoking in Public Places Charter) towards a ban on smoking (Part III) and offer our own recommendations for the future (Part IV).
- The debate about smoking in public places (including pubs and restaurants) rests largely on the suggestion that environmental tobacco smoke (ETS), more often known by the pejorative expression 'passive smoking' [\[Note3\]](#), is a significant factor in causing ill health among non-smokers.
- FOREST is not alone in arguing that 'passive smoking' is not a significant risk to the health of non-smokers. Many other people share our opinion including Professor Sir Richard Doll, the first scientist to establish a link between lung cancer and primary smoking. On 23rd February 2001, interviewed on Radio 4's 'Desert Island Discs', Professor Doll commented: 'The effects of other people smoking in my presence is so small it doesn't worry me' [\[Note4\]](#)
- Professor Doll's comments may surprise some people but not those who have analysed the argument about passive smoking in detail. In 1992, for example, the American Environmental Protection Agency published a report that was said to prove the link between passive smoking and ill health in non-smokers, yet in 1996 a federal court ruled that the EPA had completely failed to prove its case.
- In 1997 an Australian Federal Court judge ruled that the (Australian) National Health and Medical Research Council had acted improperly in preparing its report on passive smoking; and in March 1998 the World Health Organisation announced, in a press release, that the results of a seven-year study (the largest of its kind) into the link between passive smoking and lung cancer is not 'statistically significant'. [\[Note5\]](#)
- Writing in the Daily Telegraph (24th March 1998), medical editor Dr James Le Fanu replied to claims that he had misled readers about the WHO study by pointing out that the case against passive smoking rests on an absurdity (ie 'that it allegedly causes a type of cancer in non-smokers, adenocarcinoma, known not to be related to smoking'). Referring to an editorial on ETS in The Lancet that identified 'a special risk with adenocarcinoma in contrast to the squamous cancers of the airways seen most often in active smokers', Le Fanu wrote, 'Passive smoking cannot conceivably cause lung cancer' [\[Note6\]](#).
- A critique of the World Health Organisation's ETS study, which appeared in The Economist (15th March 1998), pointed out that, 'It is dangerous to become involved in campaigns that are not solidly based on scientific evidence'

[\[Note7\]](#) and added: 'Although passive smoking is unpleasant and irritating for non-smokers, that alone cannot justify banning it in public places.' [\[Note8\]](#)

- A year later, in July 1999, in its draft Approved Code of Practice on Smoking at Work, the United Kingdom's Health and Safety Commission [\[Note9\]](#) declared that, 'Proving beyond reasonable doubt that passive smoking ... was a risk to health is likely to be very difficult, *given the state of the scientific evidence*' [our emphasis].
- In February 2000 a report by a team from Warwick University explained that the anti-smoker industry has inflated the risk of passive smoking and has ignored research that doesn't support its preconceived ideas. The study, published in the *British Medical Journal*, explained that the level of risk of non-smokers developing lung cancer due to passive smoking (based on 37 studies) is highly suspect because a further 23 studies which failed to link passive smoking with lung cancer were not taken into account.
- Taking all studies into account, the Warwick team concluded that the increased risk of lung cancer from exposure to other people's smoke is more likely to be around 15 as opposed to 24 per cent. Dr Theodore Dalrymple has put such risks in perspective when he wrote, 'The chances of a non-smoker contracting lung cancer are very small indeed, and a fraction ... of a small risk is not itself a large risk' (Sunday Telegraph, 16th November 1998). [\[Note10\]](#)
- Meanwhile smoking is often linked to the increasing number of asthmatics. The fact is that smoking in the UK has fallen from over half the population in 1970 to below 30 percent today during which time the number of asthma cases has doubled [\[Note11\]](#).
- This discrepancy has not gone unnoticed and hence, at an international conference on ETS at McGill University in Montreal, Canada, in 1989, it was very cautiously suggested that, instead of blaming smokers: 'The possibility that the acute responses noted in some asthmatics result from a psychogenic [in the mind] reaction, as opposed to a physiologic [physical] response to ETS, needs to be investigated further [\[Note12\]](#). Psychological and emotional influences are known to be of considerable importance in asthmatic episodes. It has been reported that suggestion may even affect pulmonary [lung] function in non-asthmatics' (Philip Witorsch [\[Note13\]](#) writing in *Environmental Tobacco Smoke*, Lexington Books, 1989).
- The idea, meanwhile, that the majority of non-smokers are seriously inconvenienced by people smoking in pubs simply isn't true. Few people, including smokers, care for a very smoky atmosphere (increasingly rare these days) but as a 1999 Zagat Survey of restaurant customers revealed, only 12% of respondents identified smoking as a nuisance compared with 62% who named poor service.' [\[Note14\]](#)
- The reality that smokers and non-smokers socialise together quite amicably has prompted the licensed trade to reject the segregation approach. Recognising that such an approach would be ludicrous, Nick Bish, Secretary of the Association of Licensed Multiple Retailers, told *The Guardian* (30th August 1999): 'A good number of customers are smokers who are in the company of non-smokers and we don't want one lot turning left and one lot turning right at the front door.'

- Banning smoking would have an effect on businesses where smoking is ‘part of the experience’ like pubs and restaurants. [\[Note15\]](#) Businesses that have voluntarily banned smoking have demonstrated repeatedly that it rarely makes practical financial sense [\[Note16\]](#). If businesses pursue no-smoking policies of their own volition it will increase choice for the consumer but this generally unprofitable route should not be enforced by central or local government.
- History is littered with examples of establishments that have introduced smoking bans only to experience a drop in custom, sometimes quite dramatically, with the result that some have had to reverse the policy months (or years) later.
- In January 2000 publican John Sims announced that he was selling his no-smoking pub, the Three Fishes in Shrewsbury. After introducing his ban in 1994 Sims revelled in the publicity, appearing on television and radio. In 1996 he was even nominated for an Entrepreneur of the Year award. Four years later Sims told his local paper, the Shropshire Star (10th January 2000), that it had been a struggle to make the idea of a smoke-free pub work and that he felt a little let down because the venture had ‘not had the support from non-smokers’ and ‘I do feel as if I have suffered for standing up for non-smokers.’
- A report from the Restaurant Association reveals that £346 million could be lost in [\[Note17\]](#) income and 45,000 jobs if restaurants were forced to ban smokers. No surprise then that prominent restaurateurs, including FOREST patron Antony Worrall Thompson, are fighting to retain their freedom of choice.

ABOUT FOREST

- FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) was founded in 1979 as a media and political lobbying group. Since then we have consistently defended the rights of adults who choose to smoke tobacco, opposed those who want to unjustly discriminate against smokers, provided support to smokers and supplied comment and information to a wide range of people including the media.
- Our chairman is Lord Harris of High Cross, our patron is restaurateur Antony Worrall Thompson, and our supporters include journalists, politicians and academics. Friends of FOREST are ordinary smokers and tolerant non-smokers who share and shape our views. As a recognised authority in the smoking debate FOREST spokesmen are frequently quoted in newspapers and on radio and television. On behalf of smokers we have written thousands of letters, conducted at least as many interviews, and almost single-handedly defended the ordinary smoker.
- Our objectives are to promote smokers' rights and greater tolerance between smokers and non-smokers; to defend freedom of choice for adults who wish to smoke tobacco and the rights of those who wish to make provision for smokers on their premises; to increase public awareness of the scientific complexities of the smoking debate and help people put the issue in its proper perspective; and to oppose discrimination against smokers wherever it may occur.
- Although FOREST accepts donations from tobacco companies, we have no interest in either the sale or the promotion of any tobacco product^[Note 18]. We do not advertise their products, provide brand information, promote smoking among any age group, or speak on behalf of or in defence of the tobacco industry or companies that constitute or are associated with it.
- Part of our work relates to policies on smoking in the workplace with requests for advice and information coming from employers and employees. We are also called upon to respond to enquiries concerning access to treatment on the NHS, employee rights, custody and fostering cases, and travel.
 - In recent years we have been invited to submit reports to a number of government bodies including the Department of Health, the Health and Safety Commission (HSC), and the House of Commons Health Select Committee. The HSC invited FOREST (and ASH) to help launch its Draft Approved Code of Practice on Smoking at Work, and in February 2000 we were asked to answer oral questions at a Health Select Committee inquiry into the tobacco industry and the health risks of smoking.

Likewise we offer this submission in response to a request by the Greater London Authority Smoking in Public Places Investigative Committee.

FOREWORD

**by Antony Worrall Thompson
Patron of FOREST**

WE BRITS are an easy going race. In my experience most people are quite reasonable about smoking. If we want to smoke in a bar or restaurant we think of the person next to us and ask them if they mind. If you see that people around you are on their main course you wait until they have finished and then light up.

I take pride in the fact that the United Kingdom is quite liberal in its attitude to smoking. Why should the anti-smoking lobby dictate our lifestyle at the expense of our well-known culture of tolerance? Where the USA goes Britain doesn't have to follow. It strikes me as barking mad that on the one hand we want to relax the licensing laws but on the other we want to tell the smoker that he/she is not allowed to relax with a cigarette to go with their drink.

We must remember that, for the most part, restaurants and bars are places of adult entertainment where the customer goes to relax. It may be acceptable to ban smoking in areas where the public has no choice - hospitals, theatres, cinemas and shops - but we do have a choice whether we want to visit a certain bar or restaurant. [\[Note19\]](#)

In my restaurant we have a full smoking policy and I have to say I'm proud of it. I offer my customers what they seem to want and like and on the whole they seem very satisfied with the experience. It makes financial sense for me to foster a relaxing environment where smokers and non-smokers want to be and want to stay. Of course not everybody likes smoking in restaurants and we've had a few complaints, mainly from Americans. Such people should be catered for but there's a better way of going about it than banning smoking entirely.

This is not a debate most of my customers are concerned with [\[Note20\]](#). Restaurants and bars are no longer the dirty, smoky environments of the past and are continuing to adopt new measures to improve the atmosphere of their establishments of their own accord. I believe that you can accommodate both smokers and non-smokers in public places by having genuinely smoke-free areas. With proper ventilation and partitioning this can be achieved, although it must be understood that this can be a long and expensive process for proprietors.

In the meantime we must defend freedom of choice. Adults have brains. Trust should be placed in proprietors to develop a policy on smoking that best suits their business. Legislation is not an option. Britain must not become a nanny state.

**Antony Worrall Thompson
Restaurateur and patron of FOREST**

September 2001

Part I: The Truth About 'Passive Smoking'

IN FEBRUARY 2000 a remarkable report was published in the *British Medical Journal* which injected some much needed perspective into the subject of passive smoking. After investigating the issue, researchers at Warwick University had concluded that the risk to non-smokers from exposure to other people's tobacco smoke is not only over-stated but has been wilfully distorted by the anti-smoking lobby. [\[Note21\]](#)

1.1 *Risk of passive smoking greatly exaggerated*

1.1.1 The study, published in the *British Medical Journal* on 12th February 2000, found that the anti-smoker industry has deliberately inflated the risks and has dismissed research that doesn't support its preconceived ideas. It explained that the level of risk of non-smokers developing lung cancer due to passive smoking (based on 37 studies) is highly suspect because a further 23 studies which failed to link passive smoking with lung cancer were ignored. [\[Note22\]](#)

1.1.2 Such bias arises because, while studies with positive (and therefore newsworthy) results are likely to be published by medical or scientific journals, those with negative results are not. When reviewers analyse the available data they are not taking into account the unpublished results and the overall picture is therefore distorted. [\[Note23\]](#)

1.1.3 After factoring for publication bias, the Warwick team concluded that the increased risk of lung cancer from exposure to other people's smoke is more likely to be around 15 as opposed to 24 per cent. Dr Theodore Dalrymple [\[Note24\]](#) has put such risks in perspective when he wrote, 'The chances of a non-smoker contracting lung cancer are very small indeed, and a fraction ... of a small risk is not itself a large risk' (*Sunday Telegraph*, 16th November 1998).

1.1.4 The Warwick report was no surprise to those of us who have been watching the anti-smoking industry in action. In 1992 the American Environmental Protection Agency published a report that was said to prove the link between passive smoking and ill health in non-smokers, yet in 1998 a federal court ruled that the EPA had completely failed to prove its case. [\[Note25\]](#)

1.1.5 In 1997 an Australian Federal Court judge [\[Note26\]](#) ruled that the (Australian) National Health and Medical Research Council had similarly acted improperly in preparing its report on passive smoking. Further, in March 1998, the World Health Organisation was forced to admit, in a press release, that the results of a seven-year study (the largest of its kind) into the link between passive smoking and lung cancer were not 'statistically significant'.

1.1.6 A year later, in July 1999, in its draft Approved Code of Practice on Smoking at Work, the United Kingdom's Health and Safety Commission stated that: 'Proving beyond reasonable doubt that passive smoking ... was a risk to health is likely to be very difficult, given the state of the scientific evidence.' [\[Note27\]](#)

1.1.7 The truth of this statement is undeniable. We often hear that employers risk being taken to court by employees suffering from ‘passive smoking’. In fact, only two ‘passive smoking’ cases have ever come to court in the UK, [\[AS28\]](#) and on each occasion the plaintiff has lost. The first to reach a British court was that of Agnes Rae v Glasgow City Council [\[Note29\]](#) in March 1997, where the plaintiff claimed that exposure to workplace ‘passive smoking’ had damaged her health. To support the claim that environmental tobacco smoke (ETS) was a danger to health, the pursuer cited a series of reports from various medical and non-medical bodies.

1.1.8 In passing judgement Lord Bonyon said that nowhere was any proof offered ‘that any of these statements or indeed the documents from which they are taken identified a risk of lung or respiratory disease being contracted at work as a result of passive smoking ... It follows that there is no averment of when and how the defenders ought to have known of such a risk.

1.1.9 The second case took place in the High Court in Manchester in March 1998. In *Sylvia Sparrow v St Andrews Homes*, Mrs Sparrow alleged that being exposed to smokers in the workplace had caused her to become asthmatic. However, Justice Holland rejected her claims and ruled that the employers had done everything practical to accommodate her dislike of tobacco smoke. In his judgement Justice Holland stated that the medical evidence on the link between asthma and ETS exposure [\[Note30\]](#) was, at best, modest. In addition, witnesses for both the plaintiff and the defendant agreed that ‘there had been little research into a possible connection between passive smoking and late onset of asthma in adults.’

1.2 Wanted: a victim

1.2.1 It is easy to see why the focus of the smoking debate has shifted from the dangers of primary smoking to the idea that smokers are a danger to non-smokers. A victim was necessary, and one was duly found – the ‘passive smoker’ [\[AS31\]](#). The first of these unfortunates seems to have been a mouse. It was, however, not a very convincing victim, for E Lorenze et al (*Cancer Research* 3 [2]: 1943) found no evidence of harm done to mice exposed to cigarette smoke for up to 693 hours.

1.2.2 The expression ‘passive smoking’ was first used in Germany when in 1963 an article by H Otto in the *Frankfurter Zeitschrift fur Pathologie* was entitled ‘Experimentelle Untersuchungen an Mausen mit passiver Zigarettenrauch-beatmung’. It was not, however, until 1975, when the World Health Organisation (WHO) organised the Third World Conference on Smoking and Health that the subject gained popularity. A delegate cited the case of one patient who, while working in an area where smoking was allowed, ‘became so tight with wheezing and asthma that she could not get her breath.’

1.2.3 From this one case, for which he did not give any medical evidence, the delegate drew a picture of approximately 34 million others for whom the problem is real and extremely serious. He gave no evidence for this apart from quoting information on carbon dioxide supplied by a researcher whose conclusions on passive smoking had already been questioned by two American government agencies.

1.2.4 Twenty-six years later environmental tobacco smoke has still not been proved to be an allergen – that is, capable of causing allergic reactions [\[Note32\]](#). Yet at another conference in 1979 two researchers referred to a report showing that Swedish asthmatic patients had a positive (bad) reaction to skin testing with tobacco leaf extract. This is not the same as breathing tobacco smoke. There are no doubt many plants that, mixed up and

applied to the skin, would prove irritating, a fact emphasised in an article entitled 'Tobacco Allergy – Does it Exist?' in *Laekatidningen*, 1980.

1.2.5 In America researchers reported on discomfort felt by asthmatics exposed to very high levels of smoke, levels which were recognised as unrealistic even by the researchers. They didn't do what is usual in such studies – find non-asthmatics who could be similarly tested, to compare the effects. Two more researchers reported that they had found non-smokers exposed to smoking (unspecified) in their workplaces for 20 years who had 'lower values of small-airways function'. However, critics pointed out that there was no evidence that this meant anything at all, or did anyone any harm, and questioned where the researchers had found a typical group of workers who had never been exposed to smoke for 20 years for the necessary comparison. Four more studies showed no relationship between passive smoking and respiratory disease. [\[Note33\]](#)

1.2.6 Curiously, smoking in the UK has fallen from over half the population in 1970 to below 30 percent today during which time the number of asthma cases has doubled. This discrepancy has not gone entirely unnoticed and hence, at an international conference on ETS at McGill University in Montreal, Canada, in 1989, it was very cautiously suggested that, instead of blaming smokers:

'The possibility that the acute responses noted in some asthmatics result from a psychogenic [in the mind] reaction, as opposed to a physiologic [physical] response to ETS, needs to be investigated further. Psychological and emotional influences are known to be of considerable importance in asthmatic episodes. It has been reported that suggestion may even affect pulmonary [lung] function in non-asthmatics' (Philip Witorsch writing in *Environmental Tobacco Smoke*, Lexington Books, 1989). [\[Note34\]](#)

1.3 ETS and lung cancer [\[Note35\]](#)

1.3.1 The question of ETS and lung cancer is more complicated. The subject was first investigated in 1981 by a study by Dr Hirayama in Japan in which he made use of a test devised by N Mantel, who responded with an analysis of Hirayama's work that expressed doubts about its ambiguities and omissions, and also about the fact that Hirayama had confused statistical terms and made mistakes of up to 1,000%. Hirayama replied that prominent statisticians, unnamed, had confirmed the validity of his test. This brought in J R Johnstone, former Senior Research Fellow with Australia's Health and Medical Research Council, who commented:

'In any other area of science, or indeed intellectual discourse generally – this would be enough to negate Hirayama's contribution. Yet his work has been used worldwide, and actually surfaced once again in 1997, quoted with apparently straight faces by the compilers of a report on heart disease and passive smoking' (Health, Lifestyle and Environment, Social Affairs Unit, 1991).

1.3.2 Another pioneer in this field was D Trichopoulos in Greece. He found a slight risk for the non-smoking wives of smokers, but he also found that these non-smoking wives were more likely to get lung cancer than women who actually smoked.

1.3.3 Of the 30 studies made by 1990 (and still quoted), six showed risk ratios that pointed to a danger, but were all statistically weak – that is, they would not have been taken seriously in an impartial judgement. Incredibly, nine showed a risk ratio that pointed to a *protective* effect of passive smoking – that is, the passive smokers were in *less* danger. [\[Note36\]](#) In these cases the risk ratios were as statistically weak as in the cases showing a danger but, if the former were to be taken seriously, surely the latter

should be too? Since then 14 more studies have been recorded but, with the exception of one that again shows a favourable result (that is, less risk for passive smokers), they have not altered the general picture. [\[Note37\]](#)

1.4 The need to protect non-smokers

1.4.1 The impetus for a fresh debate about the need to protect non-smokers came in 1992 with the publication by the American Environmental Protection Agency (EPA) of its own understanding of the said effects of passive smoking. This analysis of eleven selected studies on 'passive smoking' was used to justify classifying ETS as a 'Group A: Known Human Carcinogen'. In order to properly assess the EPA's findings it should be remembered that in 1989 it had investigated diesel emissions and produced a risk ratio for cancer of 2.6. These emissions were then classified as a 'Group B: Probable Human Carcinogen'. Another study on electro-magnetic fields found risk ratios of well over 3.0 (which any statistician would say suggested a real risk). Strangely, these were not even given a classification, nor were the well-recorded risks of keeping pet birds, with a risk ratio ranging from 2 to 6.7. [\[Note38\]](#)

1.4.2 Yet the EPA study on passive smoking found a risk ratio of only 1.28, and this was only achieved by means of what one of the people employed by the agency described as 'fancy statistical footwork'. The EPA chose eleven of the more than 30 studies then known, and combined them into what is known as a meta-analysis. But this method can be justified only if all the studies in question have been run on much the same lines. In this case they were not. [\[Note39\]](#)

1.5 Misuse of science

1.5.1 In the US there were protests against such misuses of science. The most devastating criticism was the federal court judgement on 17th July 1998, which stated that the EPA had totally failed to prove its central case that 'passive smoking' damaged the health of non-smokers. According to Judge Osteen the EPA had failed to comply with 'procedural requirements set out by Congress'; it had changed its methodology to find a statistically significant association; rather than reach a conclusion after collecting information, researching and making findings, the EPA had categorised ETS as a 'known cause of cancer' three years before it published its report in 1989; its administrative record contains glaring deficiencies.

1.5.2 In short, the EPA report's conclusions have been shown to be quite unjustified. One US newspaper suggested that EPA should stand for 'Environmental Propaganda Agency' while one anonymous observer commented: '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' (Investors Business Daily, 28th January 1993). [\[Note40\]](#)

1.5.3 Likewise in 1975 Sir George Godber addressed the World Health Organisation and conveyed the agenda that drives the 'passive smoking' argument: 'We must foster an atmosphere where it is perceived that active smokers would injure those around them, especially their family and any infants or young children.'

1.5.4 In similar vein there have been many research efforts to portray smokers as enemies of the people because of ETS. However, no proof has been forthcoming that would satisfy conventional canons of statistical significance. [\[Note41\]](#)

1.5.5 Nor is this failure surprising, since smoke inhaled directly (through the mouth) by the active smoker, and then exhaled, becomes much diluted and different in chemical composition from that breathed (mostly through the nose) by the ‘passive smoker’. [\[AS42\]](#)The journalist Barbara Amiel [\[Note43\]](#)once reported on a field study and concluded that:

‘a non-smoker would have to sit behind a desk for 555 continuous hours (say 15 weeks) before being exposed to the nicotine equivalent of one cigarette.’

1.5.6 It would obviously take longer if the room was larger, the doors or windows were open, and the air filtration as effective as modern technology provides. Which leads one to ask whether it was ever plausible that, in massively diluted atmospheric form, it could prove lethal to passive bystanders? [\[Note44\]](#)It may be unpleasant or offensive or, for some asthmatics, upsetting yet millions of pounds of scarce medical resources – financed from charitable and taxpayers’ funds – continue to be spent trying to discover a link between ‘environmental tobacco smoke’ and ‘smoking-related diseases’.

1.5.7 It is difficult to avoid the conclusion that some undoubted experts have a passionate dislike of smokers and second hand smoke which influence their findings. Under the heading of ‘Funding and Publication Bias’, Professor Robert Nilsson quotes an American researcher at the National Institute of Environmental Health Sciences, ‘Investigators who find an effect get support, and investigators who don’t find an effect don’t get support.’ Nor, do they get publicity – or appointment to government committees.[\[Note45\]](#)

1.5.8 This verdict was confirmed by Dr Charles Hennekens of the Harvard School of Public Health (New England Journal of Medicine, 334, 1996): ‘Epidemiology is a crude and inexact science. Eighty per cent of cases are almost all hypotheses. We tend to overstate findings, either because we want attention or more grant money.’[\[Note46\]](#)

1.6. Scientific Committee on Tobacco and Health (SCOTH)

1.6.1 The most influential endorsement of the passive smoking argument to date is contained in a 140-page report published in 1998 by the British Government’s Scientific Committee on Tobacco and Health (SCOTH).

1.6.2 To support its case SCOTH looked to their expert Committee on Carcinogenicity that variously asserts that passive smoking is ‘associated with many hundreds of deaths due to lung cancer per year’ or ‘could account for several hundred lung cancer deaths per annum’. SCOTH’s own version was also imprecise: ‘The numbers of people exposed to ETS are not known precisely but an estimate would suggest about several hundred extra lung cancer deaths a year are caused by exposure to passive smoking.’ [\[Note47\]](#)

1.6.3 This verdict was reached without considering two of the four largest studies ever undertaken of non-smokers living with smokers[\[Note48\]](#), as well as all 18 studies of ‘passive smoking’ in the workplace (17 of which showed no increased risk). Its verdict was based on a risk ratio of 1.1 to 1.3 where 1.0 would have meant no increased risk of lung cancer from ‘environmental tobacco smoke’. It was on the basis of this flawed methodology that SCOTH was able to propagate the conclusion that: ‘Exposure to ETS is a cause of lung cancer and, in those with long term exposure, the increased risk is in the order of 20-30%.’

1.6.4 This increased risk amounts to identifying an increase from an average annual risk for non-smokers put at 10 per 100,000 to 12 or 13 per 100,000 – that is, an additional 2 or 3 victims per 100,000 people. Bearing in mind the Warwick University report, the real figure is approximately half that. [\[Note49\]](#)

1.6.5 Writing for LM magazine (April 1998), editor Mick Hume observed: ‘But even if smoke does get in your eyes, you should still be able to see that there are serious doubts over the veracity of all those proclamations about passive smoking posing a mortal threat to the public health ... The fact remains that lung cancer is a relatively uncommon tumour. A 25 per cent increase in a very, very low risk still means that the absolute risk of getting it is very low – especially for women ... All in all, the issue of passive smoking and health is far from being the open-and-shut case we are often led to believe.’ [\[Note50\]](#)

1.7 World Health Organisation

1.7.1 SCOTH’s conclusions directly conflicted with the World Health Organisation’s ten-year European study of ETS and lung cancer, the largest ever. An official press release in March 1998 reported that WHO study found that there was an estimated 16% increased risk of lung cancer among non-smoking spouses of smokers. For workplace exposure the estimated risk was 17%. Although this may sound alarming the WHO admitted that, ‘Neither increased risk was statistically significant.’

1.7.2 Writing in the Daily Telegraph (24th March 1998), medical editor Dr James Le Fanu replied to claims that he misled readers by pointing out that the case against passive smoking rests on an absurdity (ie ‘that it allegedly causes a type of cancer in non-smokers, adenocarcinoma, known not to be related to smoking’). Referring to an editorial on ETS in The Lancet that identifies ‘a special risk with adenocarcinoma in contrast to the squamous cancers of the airways seen most often in active smokers’, Le Fanu wrote, ‘Passive smoking cannot conceivably cause lung cancer.’

1.7.3 A critique of the World Health Organisation’s ETS study, which appeared in The Economist (15th March 1998), pointed out that, ‘It is dangerous to become involved in campaigns that are not solidly based on scientific evidence’ and added: ‘Although passive smoking is unpleasant and irritating for non-smokers, that alone cannot justify banning it in public places.’ [\[Note51\]](#)

1.7.4 The above verdicts reinforced those passed on a similar Australian report which in 1996 purported to show that ‘passive smoking’ caused ten deaths from lung cancer per year in a country with a population above 18,100,000. The Australian Associated Press (AAP) claimed to have documents which indicated that the National Health and Medical Research Council (NHMRC) had simply deleted research results which did not suit its recommendations that smoking should be prohibited in shops, offices, malls, hotels, foyers, elevators and on all public transport.

1.7.5 According to the AAP, Simon Chapman, a member of the NHMRC working group on ETS and head of an anti-smoking lobby group, had written to fellow members of the NHMRC working group expressing concern that figures in the draft report did not show a higher death rate. In his letter, Chapman wrote: ‘Journalists ... will be hard pressed to write anything other than: ‘Official: passive smoking cleared – no lung cancer.’ Much of your report recommends tightening restrictions on passive smoking ... Surely with your calculations being so low, these recommendations are way over the top?’ [\[AS52\]](#)

Given all these comments is it any wonder that FOREST (and others) should query the health risks of passive smoking?

PART II: Smoking in Public Places

THE FREQUENCY with which anti-smokers talk about banning smoking in ‘public places’ would lead one to believe that there is a clearly defined concept of what constitutes a ‘public place’. In practice it is not that easy, a fact acknowledged by a speaker at the 1998 annual conference of the British Medical Association (BMA) who asked, ‘If a person was having a cigarette on the summit of Snowdonia, should they be stopped?’ (Western Mail, 9th July 1998).

This isn’t quite as absurd as you might think. Writing in the Financial Times (10th October 1998), journalist Simon Tiffin reported that:

‘After a hard day’s skiing the trails of Vail in Colorado, I was standing on top of a Rocky Mountain peak admiring the landscape and savouring that Big Country flavour of a thousand Marlboro advertisements. Suddenly my musings were abruptly interrupted: ‘Excuse me, but would you mind putting that out?’ said an offended voice with a Californian twang. In the Land of the Free, a smoker is not safe even on a mountain top.’

Kenneth Clarke (now a director of British American Tobacco) suffered a similar experience. Interviewed in FOREST’s Free Choice magazine (Spring 2000), he recalled an incident in Canada’s Rocky Mountains:

‘There were probably more bears than people when a middle-aged American woman, who I could see in the distance some three or four hundred yards away, scrambled over rocks, through brambles, and said would I warn her if I was going to smoke again because it gave her migraine. She must have been using binoculars to see that I was smoking so I think her migraine had more to do with her state of mind than it had to do with my cigar.’

2.1 Definition of a ‘public place’

2.1.1 The phrase ‘public place’ usually means an enclosed interior and there is therefore a question of ownership. Most people distinguish between two types of property. The first are buildings funded by the public (for example, council offices); the second are those that are privately owned (pubs, restaurants, hotels, even taxi cabs). However, because each type of property is visited by the public, anti-smokers believe they can dictate what the policy on smoking should be. [\[Note53\]](#)

2.1.2 The list of what is included in the term ‘public places’ grows ever longer and now includes all manner of privately-owned premises, including entire shopping malls (where people are encouraged to stay for several hours) and, most notably, pubs and restaurants [\[Note54\]](#)

2.1.3 The problem is that if society accepts the view that privately-owned pubs and restaurants are ‘public places’ the definition won’t stop there. Some, like Dr Vetter of the South Glamorgan Division of the British Medical Association, already want to go even further and define a ‘public place’ as a place where any member of the public might conceivably find himself. Addressing the BMA’s 1999 Annual Conference, Dr

Vetter actually proposed that smokers should only be able to light up in the privacy of their own bathroom, the rest of the house being considered to be a 'public place'.

2.2 *Ban on smoking is bad for business* [\[Note55\]](#)

2.2.1 Businesses, especially in the hospitality trade, would have good reason to resist legislation forcing them to ban smokers. Their instinct, experience and survey after survey tells them that their business is sure to suffer if they introduce a total ban on smoking. The senior vice-chairman of Nottingham and Notts Licensed Victuallers recognised this when he told the Nottingham Evening Post (26th December 1995), 'The pub environment is where most smokers congregate. Pubs seem synonymous with smoking.'

2.2.2 That is why so few establishments ban smoking altogether. We continually hear about venues introducing no-smoking zones or other restrictions (and who can blame them for accepting the free press coverage that accompanies such announcements?) but we rarely hear about it when the policy is quietly dropped some months later.

2.2.3 A report from the Restaurant Association reveals that £346 million could be lost in income and 45,000 jobs if restaurants were forced to ban smokers. No surprise then that a number of prominent restaurateurs have strong views on the matter. [\[Note56\]](#)

2.2.4 They include FOREST patron Antony Worrall Thompson who told one dogmatic anti-smoker on television: 'If you're so vociferous about non-smoking, and the majority of non-smokers aren't, there is enough choice to find good food where there are perfectly good non-smoking areas. You don't have to come to my restaurant.' [\[Note57\]](#)

2.2.5 Michael Gottlieb (owner, London's Cafe Spice) said: '72 percent may not smoke, but they don't all object to other smokers. The consumer has a choice. If ultimately they don't want to go to a restaurant that has too much smoke, they will go elsewhere, and that restaurateur is going to suffer. It's really as straightforward as that' (Food & Drink, BBC2, 7th December 1998).

2.2.6 Terence Conran (designer/restaurant owner) said: 'My personal attitude to smoking is that adults should be allowed to do what they wish as long as it does not upset reasonable people or break the law' (London Evening Standard, 25th September 1998).

2.2.7 Pru Leith (Leith's restaurant) said: 'A voluntary approach rather than a legislative ban must be the way forward' (letter published in The Times, 17th September 1998).

2.2.8 Michel Roux (chef de cuisine at Le Gavroche in London) said: 'While I gave up [smoking] eight years ago I would certainly not presume to impose my views on anybody else to give up such a pleasure' (Sunday Business, 19th July 1998).

2.2.9 Regular surveys of the hospitality trade, especially pubs, have confirmed what non-prejudiced eyes will tell you – that while non-smokers outnumber smokers 2:1 in society at large, in many pubs the ratio is often reversed, and in some pubs smokers represent an overwhelming majority. [\[Note58\]](#)

2.3 Evidence of the negative effect of a ban on smoking

2.3.1 History is littered with examples of establishments that have introduced smoking bans only to experience a drop in custom, sometimes quite dramatically, with the result that they eventually have to reverse the policy months (or years) later. [\[Note59\]](#)

2.3.2 In 1991 the management committee of Devizes Leisure Centre asked Kennet District Council for permission to lift the smoking ban because the bar was constantly empty and no-one wanted to hire it for functions. Although some councillors argued that to allow smoking was contrary to their role in health promotion, they nevertheless voted to permit a designated smoking area to boost business. Likewise Peterborough City Council was forced to reverse its no-smoking policy in social centres after discovering that in the seven months since a ban was brought in, it had cost them £7,500 in lettings (The Times, 24th July 1995).

2.3.3 One of the first examples of the consequences of banning smoking in a pub took place in 1993. Acting on assurances that customers wanted it, Donna Swinburn, landlady of The Smugglers in Roker, Sunderland, introduced a blanket ban. The outcome was radically different from what she had been led to believe. After five months the pub had lost £14,000 in takings. Within a week of reversing the ban income rose again by 25%.

2.3.4 In April 1998 Freud's Bar on Shaftesbury Avenue, London, announced that it would be operating a no-smoking policy four nights a week for a trial period of one month. To begin with management were quite bullish about their bold initiative. Predictably, however, the outcome of this anti-smoking experiment was a loss of custom. A spokesman admitted that the number of customers had gone down because the bar immediately lost its die-hard smokers and failed to attract sufficient new customers to make up the loss. Rather wistfully he told the East Anglian Daily Times, 'It probably needs one of the bigger chains to do it for a whole year for it to really take off' (22nd May 1998).

2.3.5 This also proved to be incorrect, as exemplified by Toby Restaurants [\[Note60\]](#) attempt to ban smoking in 1996. Within months the company announced that, 'Individual managers have experienced some strongly-held local views and will try to meet specific smoking requirements' (The Publican, 18th March 1996).

2.3.6 In May 1998 the Royal Oak, at East Bergholt near Ipswich, announced that it was introducing a no-smoking room and duly received coverage in the local press. No such fanfares, however, when it was later announced that the 'no-smoking room' would henceforth be open to smokers. According to the owners, 'When we opened it there was a positive response from a lot of people, who said they would use it. But

I'm afraid for quite a number of them it's been a case of saying one thing and doing another' (Licensee & Morning Advertiser, 28th Sept 1998).

2.3.7 Also in 1998, a Newcastle restaurateur abandoned his no-smoking policy as a costly failure. Trentino Carpinelli admitted, 'We opened with a no-smoking policy but it did not work. It has cost me quite a lot of money' (Newcastle Journal, 24th October 1998). He also said that non-smokers were not making bookings because they did not want to leave out friends in their party who smoked.

2.3.8 In January 2000 publican John Sims announced that he was selling his no-smoking pub, the Three Fishes in Shrewsbury. After introducing his ban in 1994, Sims revelled in the publicity, appearing on television and radio. In 1996 he was even nominated for an Entrepreneur of the Year award. Four years later Sims told his local paper, the Shropshire Star (10th January 2000), that it had been a struggle to make the idea of a smoke-free pub work and that he felt a little let down because the venture had 'not had the support from non-smokers' and 'I do feel as if I have suffered for standing up for non-smokers.' [\[AS61\]](#)

2.4 Message from abroad

2.4.1 Nor have the anti-smokers enjoyed any more luck abroad [\[Note62\]](#) (apart of course from sunny California where smokers can eat and drink outside). In Canada, in 1997, a ban on smoking in Toronto bars and restaurants proved impossible to enforce. Addressing a conference of licensees, Anthony Pollard, president of the Hospitality Association of Canada, explained that the ban had hit profits and caused mass disobedience. Many proprietors refused to police the new regulations and those that did lost the most money. [\[Note63\]](#)

2.4.2 According to Pollard, the Hilton Toronto lost \$20,000 in revenue during the ban and, overall, average sales declined by 12% with food sales down 15% in restaurants and 30% in pubs and clubs. Meanwhile defiant smokers came to blows with intolerant non-smokers and restaurateurs eventually stormed the city hall, refusing to move until the mayor promised to review the situation. He did, and after just three weeks the ban was repealed.

2.4.3 Smokers can also be cheered by news from Paris ('the European capital of smoking' according to the London Evening Standard's Pete Clark), where a non-smoking bar flopped, and Dublin where the city's first no-smoking wine bar was forced to close completely due to a lack of custom. Proprietor Nick Roche commented that 'while a lot of people supported the idea there simply weren't enough of them. Many groups of friends had a die-hard smoker among them who balked at the idea of smoking outside in the bicycle sheds' (Irish Independent, 9th January 1999).

2.4.4 The Restaurant Association has also highlighted the experience of restaurants in New York [\[Note64\]](#) where the ban applies to restaurants over a certain size. Figures quoted by the association show that in the first year of the ban there was a 25% rise in the number of restaurant closures and 2,779 jobs were lost. [\[Note65\]](#) In Toronto a similar ban had to be lifted following its economic effects.

2.5 Problems for proprietors

2.5.1 The problem facing proprietors is that, once you have banned smoking and lost a sizeable number of customers, there is no guarantee that reversing the policy will restore your fortunes[[Note66](#)]. The difficulty was explained by Warren Green of the Hare & Hound Inn in Todmorden, Lancashire. Writing to The Publican newspaper (6th April 1998), Mr Green said:

‘The pub was on its knees when we moved in, so we re-introduced smoking and thought the only way was up. This has been true, but once the majority of your customers have gone, it is very hard to get them back. Being a small community most rumours spread like wildfire. However, after being in this pub for two years, I meet people in the street who think we are still a non-smoking pub. Legislation prevents us from advertising that people can smoke and I tear my hair out trying to get customers back.’

2.5.2 Another problem is that, even if a ban on smoking attracts new non-smoking customers, such people tend to drink less, and therefore spend less, than the smokers they replace. To counteract such arguments, anti-smokers make great play about the majority of people being non-smokers. They refuse however to acknowledge that very few non-smokers are genuinely hostile towards smokers. The majority, in fact, are exceedingly tolerant. As a 1999 Zagat Survey of restaurant customers revealed, only 12% of respondents identified smoking as a nuisance compared with 62% who named poor service.

2.5.3 The reality that smokers and non-smokers socialise together quite amicably has prompted the licensed trade to reject the segregation approach. Recognising that such an approach would be ludicrous, Nick Bish, Secretary of the Association of Licensed Multiple Retailers, told The Guardian (30th August 1999):

‘A good number of customers are smokers who are in the company of non-smokers and we don’t want one lot turning left and one lot turning right at the front door.’

2.5.4 Bish’s view is shared by London landlady Jane Symonds who invested in modern technology in order to banish the smoke but keep the smoker. Symonds told the BBC (14th September 1999):

‘We introduced the ventilation system so that smokers and non-smokers as friends could sit together. We didn’t segregate them as they came through the door. Pubs are still social places where friends should be able to sit together.’

2.5.5 Likewise, as Elaine Knox, manageress of Glasgow’s famous Ubiquitous Chip wine bar, told the Glasgow Daily Record (20th August 1999):

‘People would just not tolerate a no-smoking pub. They come here to relax, have a drink and, if they want, a smoke. If we banned smoking they would just walk out.’

PART III: Existing rules and regulations

THIS INVESTIGATION is treading upon well-worn ground. Although there is no legislation that specifically bans smoking in pubs and restaurants, there has been increasing interest in the issue in recent years. In December 1998 the Government published a White Paper on Tobacco: 'Smoking Kills' which had a lot to say on the matter; in July 1999 the Health and Safety Commission published its Draft Approved Code of Practice on Smoking at Work, which included the hospitality trade; and in September 1999 the hospitality industry, with the support of the Government, introduced a voluntary Smoking in Public Places Charter which is to be reviewed in 2002.

3.1 Government White Paper: 'Smoking Kills'

3.1.1 The Government explained its position on smoking in public places most fully in the White Paper on tobacco, 'Smoking Kills', published in December 1998:

7.3 **We do not think a universal ban on smoking in all public places is justified while we can make fast and substantial progress in partnership with industry** [our emphasis].

7.4 We have looked very carefully at the case for an outright ban, or legal restrictions, like the ones tried in some other countries. **A number of countries have tried an outright ban on smoking in bars and restaurants. But such restrictions have proved difficult to implement** [our emphasis]. We want to work with business and others to achieve real change, highlighting and building on best practice. **In public places we want to see real choice for the public as a whole - non-smokers and smokers** [our emphasis].

7.5 We agree that completely smoke-free places are the ideal, and some businesses have taken the decision to go completely smoke-free. We support them in their decision, and would like to see more. But we recognise that it is not always going to be possible. So the next best thing is separate rooms for those who want to smoke and for those who do not want to smoke. If they cannot be provided, separate areas are the next best thing, with good ventilation and air cleaning, so that the atmosphere is more comfortable for everyone.

7.6 The hospitality industry - pubs, restaurants, hotels - recognises that consumers expect not to have to socialise in smoky atmospheres if they do not want to. **Hospitality businesses know it makes good business sense to provide what customers want** [our emphasis]. There is clear scope for further development through partnership, with government working tighter with the industry to find the best solutions.

7.7 Seven out of ten people do not smoke. Those people should not have to breathe other people's smoke when they go into a pub or restaurant if they do not wish to. **On the other hand, if someone who smokes wants to spend the evening in a pub with friends who either smoke themselves, or do not mind other**

people's smoke, they should be able to do so [our emphasis]. It is a question of balance. But most people think more should be done to restrict smoking in public places. The Government is taking action which reflects that.

3.2 HSC: Approved Code of Practice on Smoking at Work

3.2.1 In July 1999 the Health and Safety Commission published its Draft Approved Code of Practice on Smoking at Work. Although the HSC recommended that, as a first option, employers should ban smoking at work, it left the door ajar for employers to choose alternative policies – namely adopting a safe system of work, providing adequate ventilation, having separate smoking and non-smoking areas or banning smoking except in designated rooms. Our major objection was the order of priority. A total ban on smoking, we informed the HSC, should be last resort not a first option.

3.2.2 Most important, however, in view of the arguments about passive smoking, the HSC also stated very clearly that:

‘Proving beyond reasonable doubt that passive smoking at a particular workplace was a risk to health is likely to be very difficult, given the state of the scientific evidence ... We do not believe that there is a convincing case for yet more law ... It is not currently reasonably practicable ... to ban smoking in all such workplaces: in some cases, because it would not be commercially viable, and in others because it would interfere with personal freedoms.’

3.2.3 Early drafts also listed the types of places where members of the public may visit, usually for a short time, and suggested that a total ban on smoking by customers or clients would not be unreasonable. One factor that was not mentioned in determining whether restrictions or even a ban should be implemented was the size of the venue which is very important.

3.2.4 Invited by the HSC to comment we therefore suggested amending the ACoP to read:

‘Decisions on banning smoking by customers or clients will have to be made on a case-by-case basis, taking into account a number of factors including size of venue etc.’

This observation remains true today. Clearly, the larger the venue the easier it is to separate smokers from non-smokers by providing smoke free zones and designated smoking areas. Hence our suggestion that guidelines be introduced so that new restaurants over a certain size be given a licence only on condition that they include smoke free and designated smoking areas separated by a fixed wall.

3.2.4 Meanwhile, and despite intensive lobbying by the anti-smoking industry, the Government has yet to implement the ACoP which has been fiercely resisted by the hospitality industry.

3.3 Public Places Charter on Smoking

3.3.1 The Public Places Charter on Smoking, a voluntary initiative by the hospitality trade supported by the Government, consists of six points that encourage pubs and restaurants to operate a well publicised 'smoking policy' as well as asking them to look at ways of improving the air quality within the building.

3.3.2 When it was launched in September 1999 the Charter was welcomed by almost everyone. Clive Bates, director of ASH (Action on Smoking and Health), said, 'The charter is not a soft option for the trade or cop out for health.' ASH agreed that the voluntary approach would deliver faster results than attempting to legislate to control smoking in public areas. [\[Note67\]](#)

3.3.3 FOREST also welcomed the Charter because it offers a wide range of smoking policies and gives equal weight to the interests of smokers and non-smokers. It safeguards proprietors who want to make provision for smokers and ensures that the consumer is king. We champion self-regulation and at the launch in 1999 congratulated the Government for seeing a voluntary Charter, and not legislation, as the progressive way forward.

3.3.4 Most important the Charter has the full support of the hospitality industry. According to Ian McKerracher, chief executive of the Restaurant Association of Great Britain:

'It addresses the need for public health and improvements in that area while it also allows and recognises that business should be allowed to decide best how to meet the needs of its customers.'

3.3.5 The Charter is consistent with the Government's policy to address public health through persuasion where possible, using legislation as a last resort. This intention is set out in its Green Paper 'Our Healthier Nation'. [\[Note68\]](#)

3.3.6 The Government also reiterated its commitment to self regulation in its response to the Health Select Committee's second report on the tobacco industry and the health risks of smoking: 'Indeed, we believe that market forces continue to be a significant driver for change in this area (smoke free environments). On balance, we accept that in the leisure sector, voluntary codes may offer the best way forward' (October 2000).

3.3.7 Taking the White Paper, ACoP and Charter into consideration, FOREST believes there are more than enough rules, regulations and guidelines either in existence or in the pipeline without the Greater London Authority adding to the weight of bureaucracy and red tape. [\[Note69\]](#)

PART IV: The Way Forward: Recommendations

FOREST understands that many people (including some smokers) do not want to eat or drink in a smoky atmosphere. For this reason we do not object if individual proprietors wish to introduce a total ban on smoking, as long as it is voluntary. As owners of a private business that is their prerogative. [\[Note70\]](#)If however proprietors wish to welcome smokers onto their premises, they too should have the freedom to do so without interference from the state.

4.1 *Our recommendations*

4.1.1 The presence of environmental tobacco smoke (ETS) is an indicator of a general air quality problem. ETS should be considered in the context of general indoor air quality particulate matter arising from people, furnishings, equipment and particulates brought in from the outside. Air cleaning equipment deals with all of these pollutants by pulling the air within the room through a range of filters capable of removing particulate matter of varying sizes. [\[Note71\]](#)

4.1.2 The GLA should therefore encourage the widespread installation of air filtration systems because they also remove other air pollutants, from dust mites to the chemicals in household paints that we don't hear so much about because they're not visible, unlike tobacco smoke. [\[Note72\]](#)

4.1.3 The installation of modern air-cleaning systems is the way forward for a great many public places. In order to encourage proprietors to take the necessary steps, FOREST urges the GLA to lobby government to introduce financial incentives for businesses investing in air filtration systems.

4.1.4 FOREST believes in self-regulation. [\[Note73\]](#)There is a vast difference between encouraging proprietors to improve air quality and coercing them with threats of legislation if they don't comply. We therefore urge the GLA to ignore calls for further rules, regulations or legislation and support the hospitality industry's Smoking in Public Places Charter which is due for review in 2002.

4.1.5 FOREST believes in choice. Proprietors, publicans and restaurateurs must have the freedom to choose a policy on smoking that best suits their business. Likewise, the consumer requires choice. In a cosmopolitan city the size of London it should be easy to ensure that there is a wide choice of venue (pubs, restaurants, clubs and hotels) that caters for everyone. If there is a demand for a certain type of establishment (smoking or non-smoking) market forces will do the rest.

Appendix I

SMOKERS ARE NOT WITHOUT FRIENDS, INCLUDING MANY TOP CHEFS, RESTAURATEURS AND OTHER COMMENTATORS

Elaine Knox (manageress, Glasgow's Ubiquitous Chip wine bar): 'People would just not tolerate a no-smoking pub. They come here to relax, have a drink and, if they want, a smoke. If we banned smoking they would just walk out' (Daily Record, 20th August 1999).

Michael Gottlieb (owner, London's Cafe Spice): '72 percent may not smoke, but they don't all object to other smokers. The consumer has a choice. If ultimately they don't want to go to a restaurant that has too much smoke, they will go elsewhere, and that restaurateur is going to suffer. It's really as straightforward as that' (Food & Drink, BBC2, 7th December 1998). [\[Note74\]](#)

Terence Conran (designer/restaurant owner): 'My personal attitude to smoking is that adults should be allowed to do what they wish as long as it does not upset reasonable people or break the law' (London Evening Standard, 25th September 1998). [\[Note75\]](#)

Antony Worrall Thompson (restaurateur and TV chef): 'In this country, we have freedom of choice. I'm sorry, if you're so vociferous about non-smoking, and the majority of non-smokers aren't, there is enough choice to find good food where there are perfectly good non-smoking areas. You don't have to come to my restaurant' (Carlton TV, 24th September 1998). [\[AS76\]](#)

Jean-Christophe Novelli (chef): 'I believe in a 'live and let live' policy. As someone who is always giving up the habit, it would be hypocritical of me to consider banning it altogether, particularly as I love cigars' (Times Magazine, 19th September 1998).

Pru Leith (Leith's restaurant and cookery school): 'A voluntary approach rather than a legislative ban must be the way forward' (letter published in The Times, 17th September 1998).

Michel Roux (chef de cuisine at Le Gavroche in London) 'While I gave up [smoking] eight years ago I would certainly not presume to impose my views on anybody else to give up such a pleasure' (Sunday Business, 19th July 1998). [\[Note77\]](#)

Michael Caine (actor and restaurateur): 'One of the reasons I left LA was that a woman came up to me in the street and asked me to put out my cigar. Any good restaurant with air-conditioning should be able to meet non-smokers' wishes' (The Times, 12th December 1998).

Senior vice-chairman, Nottingham and Notts Licensed Victuallers: 'The pub environment is where most smokers congregate. Pubs seem synonymous with smoking' (Nottingham Evening Post, 26th December 1995). [\[Note78\]](#)

Dr Theodore Dalrymple (GP and journalist): ‘The chances of a non-smoker contracting lung cancer are very small indeed, and a fraction ... of a small risk is not itself a large risk’ (Sunday Telegraph, 16th November 1998). [\[Note79\]](#)

Barbara Amiel (journalist, Daily Telegraph) once reported on a field study and concluded that: ‘a non-smoker would have to sit behind a desk for 555 continuous hours (say 15 weeks) before being exposed to the nicotine equivalent of one cigarette

Mick Hume (journalist): ‘The fact remains that lung cancer is a relatively uncommon tumour. A 25 per cent increase in a very, very low risk still means that the absolute risk of getting it is very low.’ [\[Note80\]](#)

Dr James Le Fanu (GP and journalist): ‘Passive smoking cannot conceivably cause lung cancer’ (24th March 1998).

The Economist: ‘Although passive smoking is unpleasant and irritating for non-smokers, that alone cannot justify banning it in public places’ (15th March 1998). [\[Note81\]](#)

Rt Hon Kenneth Clarke MP: ‘She must have been using binoculars to see that I was smoking so I think her migraine had more to do with her state of mind than it had to do with my cigar.’

Nick Bish, Secretary of the Association of Licensed Multiple Retailers: ‘A good number of customers are smokers who are in the company of non-smokers and we don’t want one lot turning left and one lot turning right at the front door’ (The Guardian, 30th August 1999).

Warren Green, Hare & Hound Inn in Todmorden, Lancashire: ‘The pub was on its knees when we moved in, so we re-introduced smoking and thought the only way was up. However I meet people in the street who think we are still a non-smoking pub. Legislation prevents us from advertising that people can smoke and I tear my hair out trying to get customers back’ (The Publican newspaper, 6th April 1998).

Jane Symonds, London landlady: ‘We introduced the ventilation system so that smokers and non-smokers as friends could sit together. We didn’t segregate them as they came through the door. Pubs are still social places where friends should be able to sit together’ (BBC, 14th September 1999).

Appendix III

TABLES SHOWING THE RESULTS OF THE TAYLOR NELSON SURVEY COMMISSIONED BY FOREST IN 1998

1950 adults over the age of 18 years were interviewed.
32% of respondents were smokers; 68% were non-smokers.
Respondents were not told that the survey had been commissioned by FOREST.

Key to table:

All respondents: dark grey (left column in blocks)

Smokers: light grey (centre column in blocks)

Non-Smokers: black (right column in blocks)

FOREST press releases on the subjects of passive smoking and smoking in pubs and restaurants

['FOREST urges caution on report into smoke free zones in pubs' - 23rd November 1999](#)

['Anti-smoking champion bites the dust' - 13th January 2000](#)

['Another no-smoking experiment bites the dust' - 28th January 2000](#)

['Publicans and restaurateurs reject ban on smoking as risks of passive smoking are derided as a myth' - 17th August 2001](#)

['FOREST rejects GMB call for ban on smoking in Britain's licensed premises' - 4th June 2001](#)

['Smokers are in favour of more smoke free areas, says smokers pressure group' - 24th September 2001](#)

['Smokers group declares London smoking ban 'impractical, unrealistic, and unwelcome' - 25th July 2001](#)

