30th March 2022

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Tobacco Independent Review                           Castle Park
c/o Office for Health Improvement & Disparities     Cambridge
Department of Health and Social Care                 CB3 0AX
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Dear Mr Khan,

**Tobacco Independent Review**

I am writing to you on behalf of FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) which was founded in 1979 to support and defend the interests of adults who choose to smoke tobacco, a legal consumer product. We also represent non-smokers like myself who are tolerant of smoking and believe the anti-smoking crusade has gone far enough.

FOREST campaigns against excessive regulations on smoking and tobacco products and what we consider to be unnecessary government intrusion into people's personal lives and private spaces. We appear on television and radio and are frequently quoted by the national and regional press. We also contribute to government consultations and have been invited to give oral evidence to parliamentary committees in England, Scotland and Wales.

We receive donations from Imperial Tobacco Limited and Gallaher Limited (part of the Japan Tobacco Group of Companies). However the views expressed in this letter or any FOREST-associated website or publication are those of FOREST alone.

I understand that the purpose of your review is to 'make recommendations about what policies should be put in place to achieve the government's Smokefree 2030 ambition, particularly to address the stark health disparities associated with smoking'. What follows is our contribution to that discussion which we would be happy to discuss with you in person.

# Smoke free England 2030

I would like to start by addressing the conceit that England should be 'smoke free' with a smoking prevalence of 5% or less by 2030. We are strongly opposed to setting a target for being 'smoke free' for the following reasons:

**Tobacco is a legal product and smoking is a legal habit**
The health risks of smoking are well-known and consistently publicised. If adults choose to smoke tobacco that is a matter for them not politicians or anti-smoking campaigners, however well-intentioned. As adults we make all sorts of decisions about our lifestyle, including eating, drinking and smoking. Government has a duty to educate people (children especially) about the health risks of smoking, but in a free society government must also respect an adult's decision to smoke.

Setting a target for a 'smoke free England' encourages politicians and campaigners to call for ever more punitive measures designed to force smokers to quit in order to meet that target. In the past 15 years alone measures have included a ban on smoking in all enclosed 'public' places including every pub and private members' club in the country, a ban on the display of tobacco in shops, a ban on tobacco vending machines, the introduction of standardised packaging of tobacco products, and a ban on flavoured tobacco including menthol.

In reality few if any of these policies have had a significant impact on smoking rates. For example, following the introduction of the smoking ban in England in July 2007, smoking rates in the years following the ban fell but not to any significant extent. (21% in 2007, 20% in 2010, 19% in 2013). As for the introduction of standardised packaging and the ban on menthol cigarettes, there is currently no evidence that either of those policies has had an impact on smoking rates.

Despite this the anti-smoking industry is now lobbying for further measures including a £700 million levy on the tobacco companies and an increase in the legal age of sale of tobacco.

**"Polluter pays" levy on tobacco companies**
Anti-smoking campaigners want to introduce a new "polluter pays" levy on tobacco companies to fund public health measures. From a consumer perspective our concern is that imposing a levy on the tobacco companies will punish the consumer far more than the companies because the cost will almost certainly be passed on to the consumer, raising the price of tobacco to even more extortionate levels. This will discriminate against less well-off smokers who will be affected disproportionately by yet another increase in the cost of tobacco. In turn this will inevitably encourage even more smokers to buy tobacco from unregulated sources which will hurt legitimate retailers whilst fuelling illicit trade.

The aim of a levy, we are told, is to raise money to fund the smoking cessation industry including stop smoking services and multi-media anti-smoking campaigns. The self-interest is self-evident. The smoking cessation (or tobacco control) industry wants the tobacco companies (and therefore legitimate consumers) to pay for lavish anti-smoking campaigns despite there being very little evidence that campaigns and events like No Smoking Day or Stoptober have any impact on smoking rates.

The reasons for this are complex and deserve further analysis but one reason is that most people already know about the health risks of smoking and don't need constant reminding. This is especially true of current smokers, many of whom are sick and tired of being nagged or vilified because of their habit.

As for stop smoking services, the numbers using them have been in decline for more than a decade for reasons that have nothing to do with funding. The reality is, most smokers have little interest in using stop smoking services. We don't have the latest figures but it was reported that the number of people using stop smoking services in England from 2010-2015 fell by 51%. During the same period (2012-2016) smoking rates also fell significantly which suggested that stop smoking services were becoming increasingly irrelevant.

It cannot be coincidence that at the same time (2012-2016) e-cigarettes enjoyed a significant explosion in popularity. The lesson we took from this is that most smokers who wanted to quit preferred to do so on their own terms by going cold turkey or switching to e-cigarettes voluntarily instead of attending a stop smoking service where they sometimes feel patronised or worse.

In January 2016, responding to an ASH report about budget cuts to stop smoking services, the Local Government Association issued a statement. According to Cllr Izzi Seccombe, LGA Community Wellbeing spokesperson:

> "Since the advent of e-cigarettes and campaigns such as Stoptober, we have seen the number of users of smoking cessation services fall, while the population of smokers left is now more challenging to get to quit. This means councils are re-evaluating what they do on tobacco control and how to be more effective. Councils remain committed to helping smokers quit, however they face significant cuts to public health budgets this year, and spending large volumes of money on a service people are not using will fast undermine the cost-effectiveness of providing it."

In plain English, the LGA didn't believe that stop smoking services offered value for money because smokers who wished to quit were increasingly embracing free market solutions such as e-cigarettes. The same argument is equally valid today.

Therefore, not only is a tobacco levy unfair to the consumer who will end up paying for it, it is dubious (and at the very least arguable) whether money raised from a tobacco levy and spent on smoking cessation services and stop smoking campaigns will have a significant impact on smoking rates.

**Raising the legal age of sale of tobacco products**
You don't have to be 21 to know that smoking is potentially harmful to your health. It's drummed into every child from an early age. Nor will outlawing the sale of tobacco to anyone under 21 stop young people smoking. It will simply infantilise young adults and drive the sale of tobacco underground, by-passing legitimate retailers and benefitting criminals who don't ask for proof of age when they sell tobacco products on the black market.

Far from protecting younger consumers, raising the age of sale will instead expose many more to illicit and counterfeit tobacco. For the more rebellious teenager it may even make smoking cool again.

In our view, if you can legally have sex at 16, drive a car and join the army at 17, and purchase alcohol at 18, you should be allowed to make an informed decision buy tobacco at 18. In the eyes of the law you are an adult at 18 and you should therefore be treated like one. With regard to alcohol and tobacco it means being given the freedom to choose and take responsibility for your own health. Deferring that freedom until 19, 20, or 21 infantilises young adults and risks damaging their ability to make important decisions for themselves.

It is also strange that at a time when there are calls to reduce the voting age to 16, some politicians and campaigners are also calling for the age of sale of tobacco to be increased to 21. If a child is considered old enough to vote at 16 it beggars belief that a young adult is not considered old enough to make an informed choice to smoke at 18.

In reality smoking rates have been falling in every age group for decades. The call to raise the age of sale of tobacco (less than 15 years after it was raised from 16 to 18) is not a response to an increase in the number of young people taking up smoking. It is gesture politics, pure and simple.

Enough is enough. Today tobacco products are not only banned from display in shops, cigarettes and rolling tobacco are also sold in standardised packaging with large health warnings on every pack or pouch including grotesque images of smoking-related diseases. If adults (young or old) still choose to smoke despite the well-publicised health risks that is a matter for them not for government and that choice must be respected without further measures that restrict choice and treat adults of all ages like children.

## Denormalisation

Another declared aim of the anti-smoking industry is not merely to reduce smoking rates (a perfectly legitimate aim if achieved through education and persuasion rather than prohibition and coercion) but to denormalise a legal habit and, by association, six million consumers. Denormalisation is a disturbingly Orwellian concept. To suggest that the 14 per cent of the adult population who consume a legal product should be 'denormalised' is an extraordinary insight into the minds of anti-smoking politicians and campaigners.

Denormalisation will eventually lead to criminalisation. We've seen it where 'voluntary' bans on smoking on hospital grounds are frequently ignored. So what do the authorities do? One hospital in Nottingham wanted the local council to introduce a by-law so smokers could be prosecuted for smoking in the open air despite there being no risk to non-smokers from environmental tobacco smoke (ETS). In Scotland the Scottish Government introduced legislation making it an offence, punishable by on-the-spot fines, to light up anywhere in hospital grounds. Such measures are a gratuitous and inappropriate use of power. In our view it is morally wrong to introduce policies that seek to actively denormalise smoking because that means stigmatising millions of consumers for a perfectly legitimate habit.

Smokers contribute billions of pounds to the Treasury through excise duty and VAT on tobacco products. Denormalising the product merely drives more smokers to the black market. At the same time it legitimises the purchase of illegal products which – according to polls – even the general public finds "understandable" given the cost of legal tobacco.

## Health inequalities – levelling up or dumbing down?

Like 'levelling up' it has become fashionable to talk about 'health inequalities', often at the same time. Public health campaigners often associate the latter with a poor choice of lifestyle. Smoking, obesity and alcohol are increasingly mentioned in the context of health inequalities and there seems to be an unchallenged consensus that tackling all three should be part of the levelling up process. We see it differently. Reducing smoking rates by forcing people to quit isn't levelling up, it's dumbing down because it treats smokers – the majority of whom are from lower socio-economic groups – as if they are uneducated idiots for smoking in the first place.

Instead of insulting people's intelligence and curtailing their freedoms with further restrictions on the sale of tobacco or where you can light up, government should focus less on 'helping' people stop smoking and more on creating the conditions for them to make 'healthier' choices for themselves (not have 'healthier' choices imposed on them) because it's clear that while many people smoke for pleasure, many also smoke to relieve the stresses that may be caused by their circumstances or their environment.

Instead of punishing adults who smoke with punitive taxation and other measures designed to force them to quit a habit many enjoy or take comfort from, government should focus on the underlying reasons why a greater proportion of people from lower socio-economic backgrounds become smokers in the first place. It may take longer to achieve the government's 'smoke free' target but we believe that's a small price to pay if, in the meantime, ministers are addressing far more important issues such as housing and jobs.

Instead of spending public money on anti-smoking campaigns and smoking cessation services for which there is limited demand, how about improving more important amenities like transport, parks and shopping areas that improve the local environment and benefit everyone? That, to us, is the essence of levelling up – improving people's lives not through coercion, prohibition or denormalisation but by tackling some of the factors that lead some people to eat, drink or smoke to excess. That said, if people still want to smoke that decision MUST be respected because in a liberal society freedom of choice should be paramount.

## Understanding smokers

Almost no-one in government or the public health industry seems to take the trouble to find out why millions of adults continue to smoke and won't quit. Instead the lazy assumption is that most smokers do want to quit but can't because they are hopelessly addicted to nicotine or the act of smoking and need 'help' to stop. Without having a better understanding of why many people smoke and don't want to stop, in spite of the well-known health risks, politicians and tobacco control campaigners (even the ex-smokers among them) are ill-equipped to lecture current smokers on how to live their lives.

**The pleasure of smoking**
In 2016 FOREST commissioned a study by the Centre for Substance Use Research. The subsequent report ('The Pleasure of Smoking: The views of confirmed smokers') was based on responses to a survey that was completed by over 600 'confirmed smokers'. I urge you to read it because I believe the report is still relevant today. A summary reads:

- The overwhelming majority of confirmed smokers say they light up because they enjoy smoking not because they are addicted, a new study has found.

- A survey of over 600 smokers by the Centre for Substance Use Research in Glasgow found that nearly all respondents (95%) gave pleasure as their primary reason for smoking, with 35% suggesting that smoking was part of their identity.

- Well over half (62%) liked the physical effect of nicotine, 55% liked the way smoking provided "time for oneself" and 49% liked the ritual involved in smoking.

- Most of those surveyed (77%) expected to smoke for many years with only 5% envisaging a time in the near future when they might have stopped.

- Although a majority (56%) felt that they were addicted to smoking, many described the habit as a personal choice rather than behaviour determined by their dependence on nicotine.

- Asked what they liked least about smoking, 73% cited the financial cost while 54% objected to the stigma that is now directed towards smokers.

- Asked what might prompt them to stop smoking in future, the most common reasons were becoming seriously unwell as a result of smoking or exacerbating an illness through smoking.

- Anti-smoking policies such as smoking bans and plain packaging were not cited by any respondents as reasons to quit smoking.

- Significantly nine out of ten respondents (91%) felt they were treated unfairly by government. Only 4% felt they were treated fairly.

- More than half the respondents (59%) had used alternative nicotine delivery products such as e-cigarettes. Few however were persuaded to switch permanently from combustible cigarettes to e-cigarettes.

Dr Neil McKeganey, director of the Centre for Substance Use Research, said:

*"This research has provided considerable detailed information on the way in which smoking is viewed by a group of confirmed smokers, a body whose opinions are rarely articulated or taken into account by government or tobacco control groups.*

*"The implications of these findings from a smoking cessation perspective are significant because there is a clear gulf between the way smoking is typically viewed as a negative, somewhat reprehensible, behaviour and how the smokers themselves saw smoking as a source of pleasure, a choice rather than an addiction.*

*"It suggests that the success of initiatives to encourage confirmed smokers to move away entirely from combustible tobacco products will depend to a large extent on the degree to which the alternative harm reduction products approximate the smoking experience in terms of enjoyment."*

**Smoking and mental health**

The issue of mental health is rarely out of the news these days and it was no surprise when the stop smoking brigade jumped on the bandwagon with the Royal College of Physicians going as far as to say 'one in three of the UK's 10 million current smokers has a mental disorder'. That was in March 2013.

Today tobacco control campaigners are determined to hijack the issue to further reduce smoking rates. For example, 'Greater Manchester smokers encouraged to quit to improve their mental health' (May 11, 2021). Or this, on the NHS website ('Stopping smoking for your mental health'): 'It's a common belief that smoking helps you relax. But smoking actually increases anxiety and tension. Smokers are also more likely than non-smokers to develop depression over time.'

The anti-smoking group ASH has argued that 'Higher smoking rates remain the single largest cause of the estimated 10-20 year reduced life expectancy for people with mental health conditions'. The group has called for more training on smoking cessation for mental health nurses and even the vaping industry is getting in on the act. A 2021 report by Vape Club, the 'UK's largest online vape shop', was branded the 'Quitting Smoking for Mental Health' study. Shamelessly the company used the study to call for smoking to be banned outside pubs unaware, perhaps, of the impact this might have on the mental health of smokers whose only opportunity to socialise might be to pop down to their local for a cigarette and a pint, even if they are restricted to sitting outside.

But what about the other side of the coin, the argument that smoking may help some of those suffering from mental health issues?

We're not suggesting that non-smokers should take up smoking to improve their mental well-being but artist David Hockney has long argued that smoking is good for his own mental health, pointing out that while many of his peers in America are hooked on prescribed drugs he chooses to smoke. In 'Britain needs a cigarette' (UnHerd, June 2021), he also argued:

> Not many people in England will defend smoking. They are intimidated by the medical profession and "social pressure". Well, I'm lucky I can't hear the "social pressure", let alone what the doctors have to say. Their obsession with health is unhealthy. Longevity shouldn't be an aim in life; that to me seems to be life-denying.
>
> Smoking for me is a deep pleasure and 1.1 billion people in the world seem to agree. It can never be stopped; smokers would just start growing their own tobacco. But we need more people to defend it, otherwise the bossy boots will win in England.

*I'm 100% sure that I am going to die of a smoking-related illness or a non-smoking related illness. But I couldn't imagine not smoking, and when people tell me to stop I always point this out. I've done it for 68 years, so are you telling me I'm doing something wrong?*

Musician and photographer Dan Donovan also spoke for many smokers when he took part in a FOREST webinar last year and explained why he enjoys smoking:

*'It's something I can focus on. I think smokers are generally better listeners. In conversation people aren't constantly interrupting each other ... They're quite chilled and give time for each other and I think that is all part of having a good balance to mental health.'*

Another smoker posted this on the FOREST Facebook page:

*The demonisation of smoking and the fear of addiction to nicotine is, in my view, depriving so many people of a better quality of life.*

*I found [smoking] helped me tremendously. I knew things were not right. I tried talking to my mum but as mental health was very much a taboo subject back then I was just told not to be so silly and to pull myself together. Smoking did take the edge off what was detrimental in my life.*

*It took decades before I was officially diagnosed with anxiety and depression and it has only been in the past 10/12 years that I finally got the right dose of the right medication that helps. In all those years I had self-harmed and attempted suicide on several occasions.*

*I still smoke and always will. Apart from the fact that I still enjoy it, I have the fear that quitting may, psychologically or otherwise, be detrimental. Apart from that, without smoking I would end up being obese and that would most definitely be detrimental to my mental health.*

*The cost of smoking these days, for others like me, can make the difference between eating and smoking, where smoking is more important. Fortunately I am not quite in that position now but I have been.*

*There are many things in our lives that are more harmful than smoking that are not controlled. It is about time we were no longer demonised and the world accepted that for some [of us] smoking is a lifeline.*

I would also draw your attention to an interesting discussion on Jeremy Vine's Radio 2 show a few years ago. It featured an interview with Mary, matron at the South London and Maudsley NHS Trust, who was determined that her patients should stop smoking, plus contributions from several mental health patients (past and present) who were smokers. You can read the [full transcript here](#) but here are two quotes:

A former mental health patient (and a smoker) told Vine:

> "I [smoked] because it's such a lonely and frightening experience being sectioned and being detained and being given electric shock treatment. Cigarettes were like a friend to me."

Another former mental health patient and a smoker said:

> "I started smoking when I was 21 when I first really started becoming very ill from bipolar disorder and then when I did go into psychiatric unit later on I continued to smoke. While I was in there I actually found smoking was a great help because while you are in the unit it's very extremely stressful situation because you are trying to deal with emotions and many other things and also being in an environment which is completely alien to you."

Here are two more testimonies, received by FOREST in the wake of the public smoking ban:

> "As a mental health sufferer this ban has been devastating. One of the most important things for people like me is getting out and not stagnating at home, however, with this vicious ban there is nowhere for us to go out to and relax. Ergo, we don't go! By not going out we are not meeting new people, who possibly have the same or similar problems and with whom discussion can be very beneficial to both sides. Effectively we feel isolated, have an increased feeling of unworthiness, and an even blacker outlook on the future."

> "I am currently practising as a mental health social worker. Before that I was a social scientist and a professional musician. The ban has hit the most vulnerable in society the hardest – those in rural areas with few pubs losing what venues they could socialise in: landlocked locals, estate pubs, working men's clubs, bingo halls, shisha bars. All these venues supplied a crucial social and cultural function. They created and sustained communities where people from all backgrounds met and socialised."

Other comments by smokers in mental health units and care homes suggest a loss of personal autonomy when smoking is banned on the premises. In the worst cases, sympathetic members of staff have been threatened with disciplinary action if they take

patients outside or off the grounds to smoke or buy cigarettes. How is that acceptable in a tolerant, liberal society?

The point is that tobacco control campaigners see smoking as something that only has a negative impact on people's health, mental as well as physical. Some of us, on the other hand, think smoking may help some people who might otherwise suffer from poor mental health but that argument is being drowned out by a public health industry that is so intransigent and determined that people should quit smoking that it refuses to acknowledge any positive effects.

David Hockney, Dan Donovan, our contributor on Facebook and many others will tell you about the positive effects of smoking on their lives but their views are dismissed by those who think they know better and are determined to stub out a habit that for some people is a source of comfort if not pleasure.

Given all the anti-smoking regulations and the deliberate attempt to denormalise a legitimate product, I cannot imagine that it can be good for someone if, every time they light up, they are made to feel guilty or ashamed about their habit. How can that be beneficial to their mental health?

## E-cigarettes and consumer choice

Although FOREST exists primarily to defend the interests of adults who choose to smoke tobacco and don't want to quit, we strongly support reduced risk nicotine products including e-cigarettes, heated tobacco, oral tobacco (snus) and nicotine pouches as less harmful alternatives to combustible tobacco.

Evidence suggests that e-cigarettes have played a significant role in reducing smoking rates over the past decade. The period 2012-2016 is especially notable because it cannot be coincidence that the initial explosion in popularity of e-cigarettes coincided with a substantial fall in smoking rates (from 19% in 2013 to 15.8% in 2016) that far exceeded the very small decline in smoking prevalence that followed the smoking ban and other anti-smoking measures introduced between 2007 and 2011.

Nevertheless, while we support reduced risk nicotine products and believe that e-cigarettes should be subject to light touch regulation proportionate to the much smaller risk they pose to consumers, we do not believe that e-cigarettes offer a magic wand or that confirmed smokers should be driven to use them. Switching from combustible tobacco to electronic cigarettes, heated tobacco or other reduced risk nicotine products has to be voluntary. Smokers have to feel empowered to switch to reduced risk products of their own volition, not coerced by policies designed to force them to switch or quit nicotine completely.

The crucial thing is to offer smokers a choice of reduced risk products alongside traditional tobacco products, inform and update them with the latest evidence about the relative risks and benefits, and empower them to make their own informed choices. In short, let the people – not politicians or over-zealous public health campaigners – decide. Most important, respect their choice, even if you disagree with it.

## How to stop people taking up smoking

Last month you tweeted:

> *CALL OUT: I want to hear your views and what we can do to support current smokers to quit, and to stop people taking up smoking.*

We do not believe it is the job of government to stop adults taking up smoking. Tobacco is a legal product and if adults of any age choose to smoke that is a matter for them and no-one else. In a free society government has a duty to educate and inform all age groups (children especially) about the health risks of smoking but regardless of the evident risks adults MUST be allowed to make an informed choice and that choice MUST be respected by government and the tobacco control industry.

You also asked/tweeted:

> *How do we stop people, especially children and young people, from starting smoking in the first place?*

First, let's define 'children' and 'young people'. Legally you are a child until you are 18 at which age you are legally an adult. A young adult, certainly, but still an adult and as such you should be treated like one.

We stop *children* from smoking by educating and informing them about the health risks of smoking and by enforcing existing laws that make it illegal to sell tobacco to anyone under the age of 18 or proxy purchase tobacco for children to consume.

Unfortunately, much as we might like to, it's impossible to stop every child from taking up smoking. It's a fact of life that some children will experiment with alcohol, tobacco and even illegal drugs. We don't condone such behaviour. Smoking should be restricted to adults who can make an informed decision to smoke in full knowledge of the health risks, but let's get the situation in perspective. Smoking rates among children have been falling for decades and are currently at their lowest level.

Increasing the age of sale of tobacco is not only illiberal and unnecessary, it could be counter-productive. A habit that is out of fashion with the overwhelming majority of younger people could have a new lease of life by being driven underground where cigarettes that are outlawed to young adults may enjoy a similar appeal to other illegal products. How ironic if a policy designed to stop young adults smoking tobacco ends up making the product more attractive to them.

Meanwhile the unsuccessful war on illegal drugs should be enough to warn any government that banning a product doesn't stop people buying and consuming it. Instead legitimate retailers are replaced by criminal gangs who don't care who they sell to, including children. What *might* encourage more children to smoke in future is tobacco being branded as a 'forbidden fruit', legally available only to adults aged 21 and above. Likewise further increases in the cost of tobacco will only fuel illicit trade and that could result in more tobacco being sold to children and young adults by illicit traders.

Calls for further action to reduce smoking rates in England are out of proportion to the problem. You tweeted that 'The scale of the problem is enormous'. However smoking rates have been falling for half a century or more in England. Today fewer than one in seven adults in England smoke and according to the Post-Implementation Review of Tobacco Legislation (March 2022):

> Adult smoking prevalence across the UK continues to decline year on year, with significant reductions over the past five years. Along with it, average daily consumption of cigarettes has been falling slowly across the UK.

So why the hysteria? It's absurd. Fewer children than ever are smoking and smoking rates in all age groups continue to fall. Older children, by and large, are well aware of the health risks of smoking. Like every adult, it's been drummed into them from an early age. Enough is enough.

## Our recommendations

- Further government action on smoking should be limited to education and evidence-based public information campaigns about the health risks of smoking.

- There must be an end to punitive, regressive taxation on tobacco that fuels illicit trade and discriminates against less well-off smokers.

- A levy on tobacco companies (who already pay excise duty, VAT and corporation tax) must be rejected for the financial impact it will have when the cost is inevitably passed on to legitimate consumers, arguably pushing more smokers into poverty.

- Support for stop smoking services should be based on consumer demand not appeals by vested interests for more funding.

- Stop smoking events such as No Smoking Day, Stoptober and other quit smoking campaigns should be subject to strict KPIs and independent annual reviews to assess their impact on reducing smoking rates.

- Government must make greater efforts to engage with confirmed smokers, a key stakeholder. Failure to understand why millions of smokers don't want to quit or switch to reduced risk nicotine products can only undermine government attempts to significantly reduce adult smoking rates.

- The government should abandon its target of a 'smoke free' England by 2030 in favour of a more liberal approach that treats adults like grown-ups and puts freedom of choice, personal responsibility and education at the heart of tobacco control instead of prohibition and coercion. Trust members of the public to make informed choices about smoking and respect their decision, whether or not you agree with it.

Finally, I am disappointed that you have not responded to my request – sent via email to the DHSC – for a meeting to discuss these issues. Given that you informed your Twitter followers that you have had 'Several roundtable discussions with parliamentarians, devolved administrations, academics, civil society, directors of public health & clinicians' it seems inconceivable that you should conduct an 'independent review' without discussing the issue with the representative of a key stakeholder – consumers who enjoy smoking and do not wish to quit. In the interests of fairness I hope you will reconsider our request so we can discuss our concerns with you directly.

Meanwhile may I draw your attention to two reports and one peer-reviewed paper that may be of interest to you and may inform both your review and your recommendations. The first is 'The Pleasure of Smoking: The views of confirmed smokers' which I have mentioned above. Although it was funded by FOREST it was conducted by the completely independent Centre for Substance Use Research in Glasgow. A separate peer-reviewed paper based on the research ('Why Don't More Smokers Switch to Using E-Cigarettes: The Views of Confirmed Smokers') may also be of interest.

The second report ('40 Years of Hurt: The hyper-regulation of smokers 1979-2019') was commissioned and published by FOREST in 2019 to coincide with our 40th anniversary. If you don't have time to read it I have included the foreword as an appendix to this letter together with the foreword to another FOREST report, '*Smokefree Ideology: How local authorities are waging war on choice and personal freedom'*. Some of the points are, I believe, relevant to both this submission and your review.

In the past 20 years successive UK governments have banned tobacco advertising and sponsorship, tobacco vending machines and the display of tobacco in shops. Smoking has been banned in all enclosed public places including every pub and private members' club in the country in spite of the fact that – as artist David Hockney has correctly pointed out – "pubs are not health clubs".

The UK government also introduced standardised packaging of tobacco while the European Union's revised Tobacco Products Directive imposed a ban on all flavoured tobacco including menthol cigarettes.

Despite these and other measures, objections to smoking by public health professionals and anti-smoking campaigners have intensified and become so deeply entrenched it's increasingly difficult to have a rational discussion on the subject but it's important we try.

With that in mind I hope you will take this contribution to your review into consideration before you submit your report to government.

Yours sincerely,

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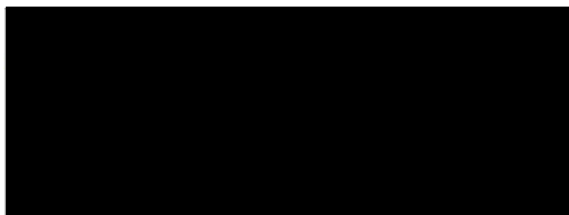
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Further reading:
'40 Years of Hurt: The hyper-regulation of smokers 1979-2019' (FOREST, 2019)
'Why Don't More Smokers Switch to Using E-Cigarettes: The Views of Confirmed Smokers' (peer-reviewed paper by Dr Neil McKeganey, Centre for Substance Use Research, 2017)
'The Pleasure of Smoking: The views of confirmed smokers' (Centre for Substance Use Research, 2016)

Appendices (below):
1. *40 Years of Hurt: The hyper-regulation of smokers 1979-2019* by Josie Appleton, foreword by Simon Clark
2. *Smokefree Ideology: How local authorities are waging war on choice and personal freedom* by Josie Appleton, foreword by Simon Clark

## Appendix 1

*40 Years of Hurt: The hyper-regulation of smokers 1979-2019 by Josie Appleton, foreword (below) by Simon Clark, director of FOREST*

ADDRESSING guests at FOREST's 40th anniversary dinner in London in June 2019, Mark Littlewood, director-general of the Institute of Economic Affairs, struck an appealingly optimistic note. "It may feel like 40 years of hurt, but that never stopped me dreaming. Freedom," he said, "is coming home." I do hope he's right. A few months ago, during an 'In Conversation' event at the IEA, I was asked what was the biggest change I had noticed in the 20 years I have been director of FOREST. "When I started," I replied, "there were voluntary agreements and codes of practice. Today there is far more legislation. Coercion has replaced common sense."

Reading Josie Appleton's report I am reminded how true that is. In 1999 (let alone 1979) policies on tobacco were often agreed without the need for legislation or heavy-handed regulation, and they were arguably more effective. As Josie notes, the sharpest fall in smoking rates in the UK took place between the mid Seventies and the early Nineties when there were relatively few laws concerning the sale, marketing, promotion or consumption of tobacco.

Smoking was increasingly prohibited in the workplace but that was a matter for individual employers in consultation with staff and the unions. No-smoking areas were becoming a feature of many pubs and restaurants, and some proprietors chose to ban smoking completely, but it was their decision not the government's. Politicians and stakeholders, including the tobacco industry, generally got together and adopted reasonable policies that most people could agree with.

The outcome, by and large, were measures that took into account the interests of all parties, including consumers. Increasingly however power and influence has shifted to professional activists and unelected mandarins in the Department of Health and quangos such as Public Health England. Today voluntary codes have given way to laws banning all tobacco sponsorship and advertising. Policies that allowed for smoking and non-smoking areas in the workplace, including pubs and restaurants, were ruthlessly stubbed out. Even private members' clubs were forced to obey the arbitrary new laws.

'The pariah status of smoking does not reflect public mores,' writes Josie. And she's right. The tragedy is that many of the anti- smoking laws introduced in the new millennium do not reflect public opinion. The results of surveys and 'public' consultations have consistently been ignored or disregarded. The smoking ban was introduced despite surveys that showed that only 30 per cent of adults supported a comprehensive ban. (Even today opinion polls

throughout the UK consistently find that a majority of adults are in favour of allowing separate smoking rooms in pubs and private members' clubs.) Plain packaging of tobacco was also pushed through parliament despite the fact that a public consultation generated a huge majority (2:1) opposed to the policy.

The consequence of such measures has been a gradual erosion of tolerance with a small but vociferous group of anti-smoking activists dictating government policy. Having been forced to smoke outside despite the fact that modern air filtration systems were perfectly capable of reducing environmental tobacco smoke to a level acceptable to most people, smokers today find themselves under attack from zealots who want smoking prohibited outside as well. 'Now,' writes Josie, 'our noses twitch at the slightest whiff of tobacco smoke.'

Launched in 1984, No Smoking Day went from being a well- meaning initiative that helped smokers who wanted to quit, to an event that positively encouraged an anti-smoking culture. But at least it was only one day. Today, thanks to the taxpayer-funded Stoptober campaign, smokers have to endure an entire month of state-sponsored nagging.

The increasingly brutal approach to smoking cessation is epitomised by Public Health England which is currently demanding that all NHS trusts ban smoking on hospital grounds, a policy that actively discriminates against patients who may be infirm or completely immobile. Taking advantage of people's physical condition to take away one of their few pleasures when they are at their most vulnerable, mentally as well as physically, is truly despicable.

## Appendix 2

*Smokefree Ideology: How local authorities are waging war on choice and personal freedom by Josie Appleton, foreword (below) by Simon Clark, director of FOREST*

WHEN DID local authorities become such busybodies, interfering in the lifestyles of council employees and the local people they are supposed to represent? Polls conducted by Populus for Forest have consistently demonstrated that compared to issues like addressing crime and anti- social behaviour, improving job prospects for local people or investing in roads and pavements, the public does not consider tackling smoking, alcohol misuse or obesity to be a priority for local government. Despite this, local authorities are increasingly targeting adults who smoke, restricting or even banning the habit for council employees during working hours, or extending smoking bans to outdoor areas where there is no evidence of risk to non-smokers, including children.

Nine years ago things looked a little different. When a lone councillor in Stony Stratford suggested a ban on smoking throughout this small Buckinghamshire town, few people took

him seriously. Indeed, for many people he was a figure of fun. Sunday Times columnist Rod Liddle, a former editor of BBC Radio 4's Today programme, told him, "Do you realise there's not a single person in Stony Stratford who's in favour of your plan? We've trawled the streets. We've walked up and down. We haven't found a single person who doesn't think that it's a fatuous idea." Even his fellow councillors thought the proposal was a step too far and resoundingly rejected it.

Although prohibition remains a dream for Britain's tobacco control industry, an increasing number of local authorities have nevertheless been emboldened to introduce strict new measures designed to dictate where and when adults can light up. Indeed, as this report by Josie Appleton makes clear, many councillors now believe it is perfectly acceptable to micro-manage the lives not only of their own employees but also members of the public who voted them into office. Interestingly, it seems to make very little difference whether a council is run by Labour, the Conservatives, the Liberal Democrats or, in Scotland, the Scottish National Party. Denying adults the right to choose and extinguishing personal freedoms is not restricted to one party. Instead councillors of all political persuasions and none are more than happy to embrace an increasingly interventionist agenda, ignoring the fact that if an adult chooses to smoke it is none of their business.

What is equally clear … is that anti-smoking campaigns are no longer exclusively about health. The risks of smoking have been known for decades, hence the steep fall in smoking rates long before government intervened to ban smoking in all enclosed public spaces, prohibit the display of tobacco in shops or introduce standardised packaging of tobacco. Today smoking cessation has become a moral crusade. The tobacco control industry even has a word for it – 'smokefree'. Smoking is not merely unhealthy, it's 'bad', while not smoking is 'good' and virtuous.

Public Health England has been targeted for serious criticism during the coronavirus crisis, and rightly so. Following its launch in 2013 PHE became so focussed on tackling people's lifestyle – including our eating, drinking and smoking habits – officials completely lost sight of their primary function which was to protect the nation from infectious diseases over which individuals have little or no control.

Local authorities too have strayed far from their traditional role into areas in which they have little or no business. Whether adults choose to smoke is a matter for them and their nearest and dearest. It has nothing to do with local government. Thankfully, as the responses to Josie Appleton's Freedom of Information research show, many councils continue to adopt a common sense approach to smoking. A complete ban on smoking by council staff during working hours is not yet the norm, nor are bans on smoking in council-owned parks and other outdoor areas where the health risk to non-smokers can be rated somewhere between insignificant and zero. Nevertheless, the trend towards further

intervention is enough to worry those of us who value individual freedom and personal responsibility.

If this report achieves one thing I hope it gives councillors and local authority CEOs reason to think twice before giving the green light to further intrusions into the lives of millions of ordinary people who are fed up being dictated to by an army of politicians and public health professionals. The 'smokefree' utopia envisaged by many anti-smoking campaigners may appear benign and caring to some. In reality a 'smokefree' world can only be achieved by removing people's freedom to think for themselves and make their own choices.