

Organization
Renato Veras

"Myths and
misconceptions about
environmental tobacco smoke:
dissenting views".



Myths and misconceptions about environmental tobacco smoke: dissenting views

*Editor
Renato Veras*



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Myths and misconceptions about environmental tobacco smoke: dissenting views

Introduction

In April and May of this year, the first steps for an urgent debate were taken by the Instituto de Medicina Social da Universidade do Estado do Rio de Janeiro - IMS/UERJ (Social Medicine Institute of the State University of Rio de Janeiro), by Prof. Luiz Antônio de Castro Santos, under the title of "Environmental Tobacco Smoke". We were gratified that a large number of professors sent e-mails, expressing their views on this controversial topic. The recurrent theme of their remarks was that they couldn't accept "unconditional truth", rehashing of clichés, or partial scientific evidence. There were few certainties or definitive positions. Therefore, the path to open the debate was set, and it will be taken up again after the present publication, in the second semester of 2010.

The Instituto de Medicina Social tradition has always raised relevant themes on collective health. In this heated discussion via internet, whose chief characteristic was its spontaneity, we noted that a good deal of the views regarding what is called – an expression also subject to discussion and debate in Brazil – "secondhand smoke" were not delivered in a dogmatic manner. As a matter of fact, what was unveiled was a search for more discussion and more information. This, by the way, is another trait of IMS, which has always embraced and debated controversial issues in the area of collective health.

The demonstration of interest in this topic led Castro Santos propose to the IMS board of directors that a seminar be held to discuss this question. In order to get the ball rolling, he sent a provocative and intriguing text expressing his view on the issue as a social scientist. This was the view that, in general, is presented to the readers in the text that opens the present publication. The seed for a fertile exchange of ideas to be held in the near future was broadly sown. This document contains contributions from only some of the professors at the Institute and their guests, who decided to contribute to this lively debate, by articulating their first impressions in the seminar.

The point of departure is Castro Santos' text, which all participants of this document had access to in order to criticize and comment on it, to explore the theme, or simply to contribute additional material to the discussion.

The *Universidade Aberta da Terceira Idade* (UnATI) was invited to participate, through Prof. Renato Veras, who is its director, doctor, and also a professor in the Instituto de Medicina Social. Veras edited a book by the American researcher Geoffrey C. Kabat, who dedicates himself to epidemiologic studies on possible risks due to pesticides, electromagnetic fields, radon, and "secondhand smoke", among other contested and crucial topics in the public debate on the State intervention in public health. Kabat also accepted to participate and contribute to the debate as a guest and expert in the field of cancer epidemiology.

We know that many colleagues didn't have the opportunity to contribute to this collection. However, it was not our intent to exclude anyone. The authors of this document are sure that during the seminar other collective health professionals will be present and will make new and important contributions.

July, 2010

The authors

Misplaced targets: in defense of smokers¹.

By Luiz Antonio de Castro Santos

When the city is plagued it is impossible to move the plague victims outside. On the contrary, it is a case of creating a model of surveillance, control, and articulation of urban spaces. It is the imposition of a grid [quadrillage, M.Foucault] upon urban territory surveilled by intendants, doctors and soldiers. So whilst the leper was rejected by an apparatus of exclusion, the plague victim is encased, surveilled, controlled and cured through a complex web of dispositifs that divide and individualize, and in so doing also articulate the efficiency of control and of power.

Giorgio Agamben*

“Los Angeles, 1993. La Santé obsessive. On ne fume nulle part. [...] On peut fumer dans la rue, mais en se cachant, car c’est devenu honteux. [...] Le problème du tabac n’est pas isolable de la question de la santé aux Etats Unis. Dans les classes moyennes upper et superieures, celles qui donnent le ton, les conversations portent en grand majorité sur la santé, occupant le champ qu’en Europe on consacre à la politique »

Lucien Sfez**

I. The making of a deviant behavior

This is a short essay on the production of public ideologies that seek to control or ban contemporary modes of social life. Ideology may be considered as “mystified consciousness,” in the well-known conception of Polish philosopher Leszek Kolakowski. Societies with a deep sense of community values stemming from a distant past tend to produce rigid norms and patterns, as well as ideologies that define territories of inclusion and exclusion. *Communitarianism*, a concept cast in the old German sociological distinction between community and society, typically addresses a set of overriding group values and norms, stressing communal, rather than societal solidarity ties.² American social life is quite strong on “communal solidarity” values. The social self is the community, built around internalized religious, family and institutional values and practices shared by its members. Those that question the established modes of social organization are soon stigmatized and discriminated against, if they choose to depart from the community ethos and its sources of group identity.



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* Text by philosopher **Giorgio Agamben** transcribed and translated by Arianna Bove from audio files. Agamben's conference was delivered in November 11, 2006 as a seminar in Venice organized by Uni.Nomad.

** **Lucien Sfez**, *La Santé Parfaite: Critique d'une nouvelle utopie*. Paris: Editions du Seuil, 1995, p.

¹ A preliminary version was published in *Contexts* – a journal of the American Sociological Association. (Volume 8, n. 2, Summer 2009: 72-74).

² I refer the reader to a paper by Michel Rosenfeld, “A Pluralist Theory of Political Rights in Times of Stress”, Benjamin N. Cardozo School of Law, New York, Working paper n. 116, 2005.

An important ideological product of community roots was discussed by Sociologist Joseph R. Gusfield, more than fifty years ago. In a now classic study, Gusfield describes the women “crusaders” of the late 19th century American Temperance Movement, a Church-inspired, anti-alcohol social movement.³ In 1873, “a group of women in ... Ohio sat in front of taverns protesting their existence and taking the names of customers” (JG interviewed in *Addiction*, 2006 (101:481-490). They protested against communal “outsiders,” the targets of an Anglo-Protestant “obsession with sin and vice” in American rural communities. Two recent studies of social rituals and “anti-ritual” movements in the United States stress the overlap among the Women’s Christian Temperance Union, the Anti-Saloon League, and the Anti-Smoking Movement in those early times of Christian fundamentalism.⁴ From 1920 to 1933, the Prohibition of alcohol by Federal Law culminated a century-old defense of Puritan values and brought unexpected results: it increased national violence and crime, and favored a black market production.⁵ In fact, the late twentieth-century and contemporary anti-smoking measures should be considered a virulent expression of the same old “stigmatizing and banning” paradigm towards a typically deviant behavior. Only this time, a new climate of “Temperance” results from an amalgam of urban neo-Puritanism values, science, and, regrettably, science fiction. Medical specialists, epidemiologists and public health authorities seeking a “risk-free” society have produced an explosive combination of scientific studies with “barefoot research” (sic), a term coined by a one-time director of the Massachusetts Tobacco Control Program to describe a quick response “to salient issues of the moment, such as flavored cigarettes.” (Karin Kiewra “Where there’s smoke.” *Harvard Public Health Review*. Winter 2005, pp. 12-17). Much as the Ohio anti-alcohol crusaders attempted to expel tavern drinkers back in the 19th century, in our times draconian “medical police” ordinances ban smoking and smokers from public places.

There are a number of reasons for the imposition of bans in public places such as bars and restaurants or train stations and airports. They basically rest on the notion of “second-hand smoke” and its alleged health risks to non-smokers. The relation between lung cancer and “passive smoking” was described in a 1981 study by Greek epidemiologist Dimitrios Trichopoulos. In fact, Trichopoulos had a kind of social laboratory in Greece for his conclusions: Greek men were heavy smokers, women did not smoke. Yet, as he showed later, women with smoking spouses were more likely to have lung cancer than women living in non-smoking homes (Peter Wehrwein, “Epidemiology’s Odysseus”, *Harvard Public Health Review* Fall 2004, p. 31-33). Heavy exposure to their husbands’ smoke was the explaining factor behind the different health outcomes.

After the early findings by respected names of Epidemiology were published, an avalanche of production on the topic in recent decades could hardly be classified as scientific literature. The contending sides generated a

³ Joseph R. Gusfield, *Symbolic crusade: Status politics and the American Temperance Movement*. Urbana: University of Illinois Press, 1963.

⁴ David Wagner, *The new temperance: The American obsession with sin and vice*. Boulder, Colorado: Westview, 1997; Randall Collins, *Interaction ritual chains*. Princeton: Princeton University Press, 2004.

⁵ Jeffrey A. Miron, *Libertarianism, from A to Z*. Basic Books, 2010.

rather pathetic debate, plagued by rhetoric and weasel words. On one side, the conclusions reached by pioneers like Trichopoulos for his Greek couples have held true and unduly generalized to smokers/non-smokers in large buildings and open spaces of public conviviality. A “Fact Sheet” with questions and answers from the National Cancer Institute illustrates this side of the American debate. The list of “answers” is exhaustive; most of the information is compiled as *ex cathedra* pronouncements, in an authoritative tone set to disqualify a questioning mind. **Fact:** “There is no safe level of exposure to secondhand smoke.” **Fact:** “There is no safe level of cigarette consumption”. **Related fact:** “Just three cigarettes a day can trigger potentially fatal heart disease, with women particularly at risk.” (National Cancer Institute, access in June 8, 2010. <http://www.cancer.gov/cancertopics/factsheet/Tobacco/ETS>). These statements demand a few cautious interrogation marks. If we take the last two warnings, who were these women evaluated as been particularly at risk? Their ages, occupational status and emotional life (supporting family ties, sociability networks etc) do not matter? Does the available evidence take into consideration varying lifestyles conditions? Suppose a woman “particularly at risk” smokes three cigarettes a day, **but** maintains a healthy diet, keeps a healthy weight, has regular physical activity and adheres to a “light to moderate alcohol consumption”? (For five lifestyle factors associated with heart-disease risks, see an Interview with Eric Rimm, “Take heart”, *Harvard Public Health Review*, Winter 2009, pp. 17-19.) In a field lacking a truly experimental design for the collection of supporting evidence, would not a cautionary mode of expression be more appropriate to the publicizing of scientific research?

If we consider the scientific journals clearly aligned with the war on tobacco, there are piles of multi-authored papers that may indicate either a continuing search for evidence-based research results, or just the kind of “barefoot research” mentioned above. It is a field taken by deep-rooted, not always substantiated, beliefs. Sociologist Randall Collins provides a careful review of the debate in the United States. As a preliminary note, let us consider one of his comments: “Since the anti-smoking movement has a polarizing, all or nothing rhetoric, it is not concerned to point out what levels of light or moderate tobacco use **might be relatively unrisky**” (my emphasis).⁶ Under these unfavorable circumstances, the debate certainly benefits from a fresh review of the (little) research done on light and intermittent smokers, published by Schane and colleagues, from the University of California Center for Tobacco Control Research and Education, in San Francisco. The paper by Rebecca E. Schane et al. (“Health effects of light and intermittent smoking: A review”, *Circulation*. 2010; 121:1518-1521) should be celebrated for bringing to light, and reviewing, a number of prospective cohort studies establishing relative risks for smokers and nonsmokers. The researchers did a great job in obtaining the existing evidence on light and intermittent smokers; however, the authors’ discussion of the literature and the conclusions they reach betray deep-rooted preconceptions and an undeniable conflict of interests that reduces, from the

In fact, the late twentieth-century and contemporary anti-smoking measures should be considered a virulent expression of the same old “stigmatizing and banning” paradigm towards a typically deviant behavior.

⁶ Collins, *ibid*: p. 334

outset, the probability of the authors assessing the “real” effects of light or intermittent smoking. The authors are worried, from the outset, that the propensity of a moderate smoker “not to label oneself as a smoker reinforces the belief that light and intermittent smoking do not carry **significant health risks**” (p. 1518; my emphasis). The authors fear that light smokers might feel more comfortable about “health risks” once they reduce their level of daily or weekly consumption. In fact, the reader can sense the strong intent of the authors to reject *ab initio* any possibility of significantly **lower** health risks for moderate levels of smoking. They conclude that the adverse health outcomes for moderate smoking “**parallels dangers** observed among daily smoking, particularly for cardiovascular disease” (ibid: p.1518), despite acknowledging that “the available literature is not large.”

Two further comments should be made: one should caution against the authors’ model of disease causality used for passive smoking, despite the difficult assessing of temporal order and other intervening factors. “Passive smoking **causes** cardiovascular disease, lung cancer, head and neck cancer, obstructive lung disease [...], vascular disease, lower respiratory tract infections, and breast cancer in young women” (my emphasis). This is the most controversial aspect in the discussion, as argued by epidemiologist Geoffrey C. Kabat in his carefully reasoned essay on passive smoking.⁷ Kabat is an important reference in the field, for he sounds a word of caution against acceptance of far-reaching conclusions such as can be found in the paper by Schane, Ling, and Glantz on secondhand smoking. We should also argue that any paper that rightly focuses on the differential impact of smoking levels on human health cannot forgo a discussion about differential levels of passive smoking on nonsmokers. A second comment refers to the authors’ suggestion that doctors should identify light, heavy, and “passive” smokers among their patients, but once identified, the clinicians “should work **aggressively** to encourage these patients to quit smoking completely” (my emphasis; p. 1521). The authors authorize a radical approach of clinicians toward smokers, but fail to consider the unanticipated health effects created by this mandate, particularly for heavy smokers that will feel discouraged to even reduce their daily consumption. The social psychology of a doctor/patient relation is clearly not considered in this “total abolition” approach.

This discussion takes us to the other margin – quite marginal, indeed – of the dispute. A number of studies indicate that well ventilated smoking areas in pubs or restaurants equipped with outdoors directional airflow do not propagate ETS to non-smoking areas. These studies are downright challenged and discredited by critics, allegedly for been forged under the auspices and influences of the tobacco industry. (For two examples of the contending sides, see R. A. Jenkins et al., “Environmental Tobacco Smoke – ETS - in the Nonsmoking Section of a Restaurant: A Case Study” (*Regulatory Toxicology and Pharmacology* Volume 34 (3), December 2001, Pages 213-220; J. A. Francis et

⁷ Geoffrey C. Kabat, *Hyping health risks – Environmental hazards in daily life and the science of epidemiology*. New York: Columbia University Press, 2008. A Portuguese edition of the book was recently released: *Riscos ambientais à saúde: mitos e verdades*. Tradução de Edson Furmankiewicz. Revision and introduction by Renato Veras. Rio de Janeiro: Guanabara Koogan, 2010. We cannot seriously take into consideration the attempts by critics to disqualify the author as a “tobacco industry” resource. Conflict of interests is always a serious matter, but what is at stake here is the willingness of a scientist to participate and debate as a dissenting voice.

al., “Challenging the epidemiologic evidence on passive smoking: tactics of tobacco industry expert witnesses”, *Tobacco Control* 2006;15:68-76). It is surprising that the literature scarcely focuses on those specific groups exposed to high levels of secondhand smoke, such as bartenders. When the demarcation of smoking areas inside bars and restaurants was still prevalent in the United States, the now infuriated, aggressive, anti-smokers leagues and alliances did not propose the quite sensible measure that the smoking areas should be self-serviced by smokers. Smokers could reach out for their own beverages and meals.

Readers of scientific studies backed by centers for tobacco control (often financed by anti-smoking government agencies, private foundations, and NGOs) should be cautioned that the hypotheses, materials, and conclusions reached on the topic can also be biased. As may happen with studies criticized as “industry financed”, studies may also be methodologically and analytically faulty when conducted by researchers known as “anti-tobacco warriors,” positioned in academic bunkers, government agencies or NGOs closely associated with anti-smoking wars.

Another related war in these times is waged against the cultivation of tobacco. The country signatories of the WHO Framework Convention on Tobacco Control, “one of the most widely embraced treaties in UN history,” (www.who.int/fctc), fail to face the undesirable social and economic effects of one of its more controversial provisions, i.e., “to support economically viable alternative activities” to the cultivation of tobacco. In Brazil, this provision has been interpreted as a license to totally eradicate the plantations, a measure defended by antismoking alliances and epidemiology circles. Health authorities and antismoking movements also fail to consider that the WHO or the United Nations have been incapable of reducing the illegal drug trafficking cartels in the world, and the illegal cocaine processing market in Latin America. By turning cultivators into illegal producers in the near future, the 2005 Framework Convention will open another potential large market for the narcotraffic: a black market for the cultivation of tobacco **and** the production of cigarettes. Another controversial tenet of the Convention follows from its aim at “the highest standard of health” for the population. First, this motto should be read instead as the “highest possible standard,” in view of the wide, expanding, and unwarranted spectrum of health intervention measures in the daily life and habits of the people. These measures can be far-reaching and escalating, as a result of the epidemiologists’ attempt to assess and attribute risks to an extensive, never-ending, list of lifestyle factors. The “highest standard” may turn out to be considered by health authorities as a mandate to interfere in the lives of people not only by means of preventive medicine and health education measures, but – this is the always questionable aspect — by medical police practices, as shown in the adoption of hardly tenable smoking bans and the vicious stigmatizing of smokers worldwide.

The eradication of tobacco as a cash crop, as a firm stance proposed against the Industry in these times, must be considered against the scenario of difficult labor alternatives for more than two hundred thousand families in Brazil only, where the large majority of small farmers cultivate tobacco for generations.

⁸ In fact, it is surprising that the American Sociological Association has not, up to the present, demanded that the Motion Picture of Association of America stop stigmatizing or demonizing smokers in the movies.

⁹ Howard Becker, *Outsiders*. New York: The Free Press, 1963. See p. 33.

The eradication of tobacco as a cash crop, as a firm stance proposed against the Industry in these times, must be considered against the scenario of difficult labor alternatives for more than two hundred thousand families in Brazil only, where the large majority of small farmers cultivate tobacco for generations. Cooperatives of independent small farmers must be stimulated and empowered to fight diffusion of pesticides and chemical fertilizers by the Industry, as a corporate strategy to increase production and lower farm prices. Federal tobacco programs should consider withdrawing from the WHO Framework Convention and directly subsidize small farmers in support of organic tobacco production methods. State rural extension and advisory services must substitute the Industry agronomists in the daily assistance to the workers. Less ecology-impacting methods of curing or drying the tobacco leaves must be searched by state agronomists and researchers. Farmers must be advised to wear protective outfits to avoid skin contact with the wet plant leaves and prevent GPS – the “green tobacco sickness.” These are ways to overcome the growing and untimely pressures for eradication. The Armageddon scenario of a deadly crop should be considered for what it’s worth: a poorly directed horror film.

II. The sociological eye: a call to public sociologists

With the very few exceptions already cited, international sociology has kept a resounding silence toward the issues underlined in this essay. This is all the more surprising if our intellectual legacy is seriously taken into consideration: the symbolic interactionism of Erving Goffman, Howard C. Becker, and Joseph R Gusfield; the ethnomethodology of Harold Garfinkel; the cognitive sociology of Aaron Cicourel; the social psychology of Anselm Strauss, Claudine Herzlich, Oracy Nogueira, and Serge Moscovici, among so many great names in the US and abroad. Sociology owes a lot to their major studies on the ways society and communities reinforce their overriding values by imposing stigma, deteriorated images, and discrimination against practices considered as unacceptable. If the Motion Picture Association of America no longer glamorizes smoking in films, it is by no means tolerable that smokers should now be depicted in moralizing films as the bad guys, the killer, the rapist, or the youngster involved in school violence.⁸ Smoking, as a “deviant” trait, has acquired a “generalized symbolic value.” The following statement by Becker applies to the generalized deteriorated image of the smoker in the US and in many other regions of the world: “Possession of one deviant trait may have a generalized symbolic value, so that people automatically assume that its bearer possesses other undesirable traits allegedly associated with it”⁹

The first epigraph in this essay, by Italian philosopher Giorgio Agamben, points to the existence, in history, of social and legal apparatuses that result from, and reinforce, an ideology of control over the public spaces. The plague is a paradigm of disciplinary techniques imposed by measures of medical police.

For the purpose of the present discussion, the analogy between the plague victim and the smoker is possibly not the most pertinent today, for smokers now have come to be treated like lepers in the past. The “arrangement of surveillance” does not go far enough for anti-tobacco militants; the smoker must be **excluded** from the bonds of social life and free interaction. The paradigm of the leper’s exclusion starts being applicable to those that so far had been surveilled or disciplined, but had not **yet** been banned by medical police legislation.

The second epigraph, by French sociologist Lucien Sfez, is an indictment of the search for “perfect health” among contemporary ideologies and utopias. The 21st century is the utopian (or ideological) locus of a bio-eco-religious project for public health. Sfez could not possibly predict that the beginning of the third millennium would very rapidly entail a global scenario molded by the American quest for “la santé obsessive.” Or did he in fact not predict such a global diffusion of health codes and bans? His grim view of the tobacco Prohibition in the US was a preview of what would come later, even in his native France: a smoking ban effective in February 2007 was soon extended to the **café**, the most “cherished of all spaces for smokers,” as announced in the media. The recent (2010) spread of outdoors in Paris showing large photos of persons “enslaved” by tobacco (“*Fumer c’est être esclave du tabac*”) is part of a campaign by a French non-smokers association; one of the outdoors is a particularly vulgar photo, grossly anti-feminist, and possibly reflects the advice of US consultants that a heavy dose of “aggressive advertising” should be used against smoking (“Stamping out cigarettes,” *Health without boundaries*. Harvard School of Public Health, 2008, p. 28).

In the US, while discussing the importance of spaces of sociability for emotional and symbolic ties, sociologist Randall Collins focuses on the smoking rituals at **cafés** and pubs.¹⁰ Assuming “the rhetorical exaggeration of claims by the anti-smoking movement,” Collins questions their use of statistics. “For coronary heart disease, the annual risk of death is: 7 per 100,000 for non-smokers, 104 per 100,000 for smokers; a ratio of 15 to 1. In raw percentages, however, the story can be told another way: both of these ratios are very low. [...] Hence a smoker has 98.9 percent the annual chance of a non-smoker of escaping death from coronary disease. The author argues further that “The statistics in themselves do not contain such a strong case for the health risks of smoking as to explain why so many persons turned against smoking so vehemently. The statistics could equally have been interpreted [...] that there is a very small chance of being injured by exposure to all but quite intense and prolonged exposure to second-hand smoke”¹¹ Actually this was the case with the Greek women with lung cancer, under the prolonged exposure and conditions described by Trichopoulos’ pioneering study. Lest Collins’ argument may be



An ignominious campaign by a French non-smokers association (the Association DnF - [Non-smokers rights])

¹⁰ Randall Collins, *Interaction ritual chains*. Princeton: Princeton University Press, 2004

¹¹ Ibid: pp. 332-333.

Smokers face today the largest preventable attack on the rituals of sociability and free interaction in the U.S. and in many other nations.

misunderstood and quickly disqualified, critics should be warned that his work does not side with “pro-tobacco industry” defendants or with its opponents. Collins writes about the chains of social interaction, not about the market chains of transnational corporations.

One of the strong points in the tradition of medical sociology and the sociology of health is their long-time independence – theoretical, methodological, and political – from epidemiology. Collins’s voice against “rhetorical exaggerations” of the war on tobacco by epidemiologists and other medical circles is an excellent example of that long-time independence, both on substantive and methodological grounds. His work, in particular, draws attention to the emotional trauma inflicted upon smokers around the world by anti-tobacco programs and treaties; in addition, he brings attention to these programs’ pervasive blows upon the spaces of social interaction such as restaurants and pubs, which are sealed off from smokers.

In fact, public health commissioners and global regulatory strategies should be blamed for their obsessive goal of producing a ‘smoke-free’ environment worldwide. Most erase-tobacco-from-the-face-of-the-world campaigns have already made up their own quotes, dogmas, and liturgical books; in fact, the U.S. and worldwide tobacco wars no longer need to rely on epidemiological data to legitimize their cause. Even if new epidemiological findings should come up with a word of caution against far-out correlations between light smoking and disease, it is highly probable that “stamping out cigarettes” campaigners would not step back. They have gone too far to stop now.

At any rate, the first warnings regarding the perils of smoking came from epidemiological findings. It was a necessary cry of alert. Health education programs became acutely aware of the need to place chain-smoking or compulsive smokers among their preoccupations. Public health schools and faculty during the 1970s estimated the prevalence of higher health risks for heavy smokers and discussed the need to curtail addiction. Epidemiology and social policy became closer, their ties conducive to substantial progress in the control of excessive consumption and in curtailing the tobacco industry’s unlimited power. Smoking and non-smoking areas in restaurant parlors and pubs were created.

However, as the first steps were taken successfully, the old moral tenets of temperance societies in America seemed to surface in the policy area, moving health education and preventive measures to the background and turning smoking into a matter for the medical police. Policies that respected non-smokers and smokers alike were turned down. Restaurants and airports became the first targets for the rising walls of exclusion. In recent decades, much more than rifles, shotguns, or the traffic of cocaine or heroine, smoking has been targeted as evil and ‘socially unacceptable’ in the U.S. and abroad, with health

commissioners in many states turned into *doublés* of police inspectors and academic experts.. The open spaces of 'conviviality' – a word coined by social philosopher Ivan Illich, whose ideas rule out compulsion and programming – have been shut down by policies that condone resentment, social fear, and exclusion.

One point should remain clear. We have much to learn and gain from the fields of medical and epidemiological knowledge. Statistical modeling of epidemics, as recently produced for the H1N1 influenza virus, is a case-in-point. Epidemiologists and medical specialists are on alert, in order to prevent a worst-case scenario. Yet, travel restrictions and the imposition of quarantines always pose a risk to social life as well. An influenza pandemic may justify a certain level of medical intervention in public and private places, whereas mandatory and criminalizing smoking bans definitely ask for the imposing of limits to medical authority and their stringent health codes. Smokers face today the largest preventable attack on the rituals of sociability and free interaction in the U.S. and in many other nations.

The past history of interchange between the social and medical fields offers long- forgotten lessons. Back in the 1970s, social theory promoted stronger bonds of social solidarity when books like *The Gift Relationship*, by sociologist and moral philosopher Richard Titmuss, pressed successfully for a ban upon the commercialization of blood and emphasized the 'solidarity value' of blood donations and blood drives on campuses and in public places. This was in fact a sound example of public sociology spreading the word of social solidarity across nations and cultures. On the literary front and more recently, Thomas Mullen's epic novel, *The last town on earth*, portrays the frightened villagers of a mill town trying to block the way of the deadly 1918 influenza pandemic. The 'last town' voted to shut itself against any intruder that might threaten to contaminate the small population. When a starving soldier approaches the village's road guards and asks for shelter, they decide to stop him. Later, a villager will narrate his tale of moral defeat: "We shot a man trying to come to town. [...] He was a soldier. He was young. He sneezed and coughed a lot. He said please. He started to cry right before Graham pulled the trigger." (p. 30). The story is sad and illuminating. Some voices will always cry out to benefit the great numbers in the village; others among us, with the sociological lessons of our forefathers in mind, will argue that support of the collective good **should** not prevent us from backing the rejected soldier. Sociologists must make a dramatic choice in favor of the excluded. As in the past, the health of today's global village cannot be an excuse for the banning of those deemed as "socially unacceptable." The moral challenges of minorities' rights vis-à-vis the public interest must be addressed with tolerance and prudence, not by means of bans and police ordinances. These issues should not be taken as in a zero-sum game. Bridges are urgently in demand, not walls of exclusion.

Today, sociology is cornered and knocked out by epidemiology, which has taken an active and authoritarian role in public life. The epidemiological figures that ‘demonstrate’ risks, as well as on-going and prospective mortality and morbidity rates, are eagerly sought by public authorities and anti-tobacco leagues in an effort to build and legitimize their programs and practices of health, even when triggered by their “mystified consciousness” or couched in overrepresented statistical data. Sociologists should step in and let them know that we have more to say than to describe the new contexts of policy-making; we must, instead, interfere in such contexts. We must take sides.

Public sociologists – especially those concerned with public health — must voice our concern with the non-anticipated effects of epidemiological intervention in the public spaces. Sociologists should be keenly aware of the effects of disciplinary, draconian, ill-designed codes for cigarette smokers. Laws to create smoke-free hospitals, schools and workplaces do not differentiate among these places and restaurants or pubs; besides, workplaces, airports, train stations and other public transportation areas should keep and allow for well-ventilated places for smokers, instead of pushing them off limits, as if they were the new lepers of the 21st century. Employers are being forced by medical insurance plans to “prod” workers not to smoke, but adopt instead a detective eye about their behavior in their own homes and private lives, outside the workplace. This is not “prodding,” but whipping. The growing focus on anti-smoking campaigns by government authorities and legislators may simply hide the evident failure of the control of heavy drug abuse and the possession of guns in the US and abroad. These should be the targets for social policy and sociology, the main topic of our agenda – not creating ‘smoke-free’ environments in the US or elsewhere.

During the last decades, epidemiologists, public health commissioners, and legislators have counted upon the sociologists’ acquiescence or complicity. Sociologists have lost the determination to fight the degradation ceremonies that Harold Garfinkel once described back in the 1950s. As we choose to voice our moral indignation, we must refuse to accept that the codes of the “medical police” will substitute for preventive health care and health education. Sociology cannot succumb to the totalitarian medical views toward cigarette smokers. Sociology is meaningless if we allow other fields of social knowledge to tell us what the precise meaning of “public” is. Public life and the rituals of group solidarity should be kept alive, free from excessive forms of social control and exclusion. We need bridges, not walls.

ON VISIBLE AND INVISIBLE HUMILIATED SUBJECTS: a rational dream of reality

By Nelson F. de Barros

About 10 years ago I stopped smoking. I don't intend to smoke again, though I daydream about a puff once in a while. I'm less naive now, and I don't really believe in the possibility of living collectively without constraint, i.e., without turning instinct into institution. I understand the power of discipline, particularly when I keep it apart from religious and military life. Besides, I understand the importance of civism as a strategy for the maintenance of a civil process among a mass of people transformed into citizens.

But I don't deal well with authoritarianism, and some friends say that I studied Sociology because of that. I don't like the way exclusion is produced, and I keep myself alert in order to avoid social humiliation and its (in)visibility.

In a study based on participant observation of garbage men, in a university campus, the psychologist Fernando Braga da Costa discussed about the practices of humiliation of these "invisible men". As a matter of fact, they are not outsiders in Becker's sense. They are invisible, but not deviant. But smokers are visible and deviant humiliated. Let's see José Moura Gonçalves Filho's reflexions, in a magnificent foreword in Costa's book:

For the humiliated, humiliation is a strike, or is often felt as an impending strike, always prying them, wherever they are, whomever they are with. (...) The chronic humiliation breaks down the feeling of having rights. (...) It marks the personality through images and words linked to messages of humiliation thrown in the public scenario: at school, at work, in the city. They are gestures or sentences uttered by others which penetrate and do not leave the body and soul of the degraded. (...) The humiliation acts as an external strike, a public strike, but that go inside and keeps on going inside: an invading impulse, uncontrolled, an anguish. (Gonçalves Filho, in Costa, 2004, pp.9-48, passim).

Thus, even if the cigarette smoke bothers me, it bothers me a lot more the ideological surveillance, a lot less concrete and a lot more harmful to relationships construed based on respect and responsibility. The most part of the actual prohibition and control developed in the health field is based on



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At this moment, persecution in Brazil is against tobacco, and soon it will be against obesity (...)

health economy, but life is far from being reduced to accountable rationality, and to force this association is an alienating procedure.

A symptom of the intense confusion is the pathology of normal, or “normosis”, whose effect tear to pieces the perception, and that make them incapable to break up with norms and normatizations based on authoritarianism. The *intelligentsia* is subdued, particularly when it hides behind public politics, as the Promotion of Health, which intervenes, as it is expected, and interdicts conscience production, as it is not expected, since “empowerment” and active participation of citizens are announced.

At this moment, persecution in Brazil is against tobacco, and soon it will be against obesity, and the logic continues to be the same that led to Vaccine Uprising in the beginning of the 19th century. In the intense medicalization of today, there isn't a culture of resistance anymore that could lead to an uprising. It's up to us, sociologists, some moments of dream and rationality. Actually, in Japan, obesity is already persecuted in an authoritarian way. In 2008, the Japanese Ministry of Health, under clinic epidemiologists orientation from the Diabetes International Federation, regulated the control of 40 and 74 year old men and women abdominal measurements (ARDEL, 2008; ONISHI, 2008).

It's mandatory to workmen and workwomen at this age to be submitted to yearly exams. If they are above the measurement, and after three months of the diagnosis they are still “overweight”, they have to go on a diet. If the “harm” persists after six months, they are coerced to take part in a course of nutrition re-education, under the penalty of being fined, or loose the right to attention.

A new name was created to stigmatize overweight people, since to call them obese didn't have the expected effect. Thus, in Japan, there is a group called “methabo”, name that comes from “methabolic syndrom”, which is a set of symptoms (abdominal obesity, high blood pressure, and high glucose and cholesterol rates) that can lead to vascular diseases.

Professionals justify the adoption of the term “methabo” because they consider it more including, unveiling once more how a great deal of health workers adhere, trying to copycat, to reductionist and authoritarian projects. They still can't see the brutal effect of labels in people lives, nor even when many works show what social stigma labels entail (BECKER, 2009). Recently, we publish findings of this kind related to epilepsy, with a word of caution regarding the effects of calling someone “epiletic”, or “a person who has epilepsy” (FERNANDES et al, 2009). To sum up, people having epilepsy may not show the disease in public – they are not as visible as smokers – and, due to that, they

may be less rejected socially, having easier social relationships. That's why the caution in respect of labels.

The drawing on the right is a billboard of the Japanese government campaign to lose weight in public health clinics. The words in Japanese say: "goodbye methabo". It catches the attention the third element of the picture, a cute dog looking like the "methabo". What does that mean? Men, children and dogs must be equally subdued? (Onishi, 2008)

Intervention as it happens in Japan, as well as the ones related to tobacco control today in Brazil, do not serve a pedagogy of autonomy (FREIRE, 1996). This pedagogy is against the reification fostered by health programs and their professionals, i.e., it is against the apprehension of human phenomena as if they are things, as if men and women were not actors and agents with a degree of freedom in the construction and authorship of the human world, and as if the dehumanization and coercion were what's collective life is about.

If the cigarette smoke bothers me, actions of physical and symbolic violence bother me even more. Due to that, I have a rational dream when I go against dogmatic interventions, which impede civilization process and do not recognize the respect for autonomy and dignity as an ethic imperative and not a delegation or favor; which can't see the difficult passage from heteronomy to autonomy that is the "ban" of the oppressor "inside" the oppressed; finally, that do not recognize that nobody is subject to the autonomy of anybody, that nobody suddenly grows up. Autonomy is a process, it is to get to the center of stimulating experiences of decision and responsibility, of free interaction and sociability.



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ON RISK AND SOCIAL DANGER

Anti-smoking law at issue

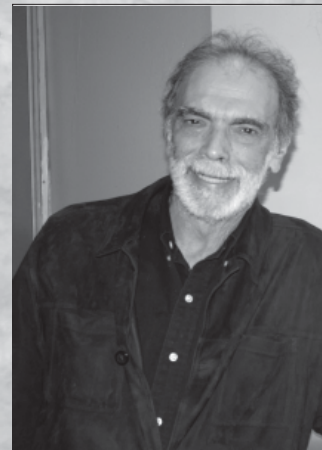
By Joel Birman

I. Differences

The anti-smoking law, as recently passed in Brazil with a lot of political uproar and media broadcasting, is certainly inscribed in an international movement of smoking prohibition in a worldwide scale. Therefore, it reach us as something that had already been established in other countries. However, the smoking ban is not regulated by the same standards in the different existing social traditions. To assume this identity existence, in an ostensive homogenization of the smoking ban would be a primary mistake reading of what actually happens, and that makes impossible the evaluation of the process at issue.

It is necessary to recognize, before anything, that smoking ban is not homogeneous in the different societies, but basically different. Those differences are based not only in existing different cultural, religious and social codes, but also in different political traditions. Those differences and variations established the basis for different health policies and public health, thus outlining the actual construction of the collective health mechanisms. It is worth saying that what is at stake in this actual difference of health mechanisms confronting smoking threat is not only the *science* and *medical discourses*, but also other social order dimension which outlines ethic and political fields in the social experience.

Regarding Brazilian law, we can state that it was based on standards established in the American tradition and has the *protestant ethics* mark, citing the basilar work of Weber.¹ This is because the references to *pure* and *tainted* are inscribed in the foreground of the prohibition project at issue, though those categories now are inscribed in the public health field, not in the theological one anymore. What is at stake here is not sin anymore, but clean and dirt in the social space cartography, mentioning Mary Douglas' work,² in the reading she suggests on social *danger*, in the reading of the above categories.



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¹ Weber, M. *L'éthique protestante et l'esprit du capitalisme*. Paris, Plon, 1964.

² Douglas, M. *De la souillure. "Études sur la notion de pollution et de tabou"*. Paris, La Découverte, 1992.

(...) the smoker is the impersonation of taint and dirt, being brutally rejected in the public space.

Thus, what stands out in the Brazilian law field is the draconian mark in the characterization of smokers as tainted, in the same way as American tradition used to do witch hunt and alcohol prohibition. Therefore, it was established the smoking ban in public spaces, closed and semi-closed. Beyond that, hotel rooms occupation was divided in smoking and no smoking, in the same way that houses and apartments for rent will follow the same standard, as it is done nowadays in the USA. Thus, the smoker is the impersonation of taint and dirt, being brutally rejected in the public space.

There is also anti-smoking law in other countries, but without this draconian mark. Thus, in Spain and Argentina, there is still the old public space division between smoking and no smoking. In other European countries, such as France, there is smoking ban in closed spaces, but it is allowed to smoke in semi-closed spaces. What this unveil is another view on smoking, with no marks of the reformed strict morality on evil, in its reading about health, disease and death fields.

The purpose of this comment is to look into this issue in a schematic way.

II. Displacements

What stands out in the new generation is the huge increase of alcoholic drinks consumers, without mentioning the actual increase of stimulant drug consumers and obese, in an international basis. Though, in respect of obese, there is a lot of talk about the quality of food, but there is no doubt that there is also an increase of gluttons nowadays.

I live beside a huge university, where there is a famous bar that students go. I am astonished by the alcoholic drinks high ingestion that is disseminated as a habit among young people, regardless of their gender. In fact, men and women drink heavily around tables full of beer after class.

I am not judging in any way the young for that, let's make it understood. I am far from having any moral intention about undergraduate drinking. However, what we must underline is that what happens to these young people equally occurs in other social groups in the Brazilian society, indisputably.

We can't forget that these young people, as well as the previous generation, are the representatives of what is called "health" generation, i.e., the ones socialized in the cult of good health and body care, where healthy food and sport and exercise were imperatives. All this were proposed in the name of promoting health, disease prevention and longevity. However, in the health project of this "healthy" generation it was inscribed smoking ban, due to the harm to health it would do.

I remember when I visit the house of friends who were smokers, in the 90's, and there was a sign on the bedroom door of one of their children that said, in huge letters, "no smoking". This was the way the young boy found to bar his parents from entering in his bedroom in case they were smoking. Thus, the ostensive division between smoking and no smoking space was already established in the family space, foreseeing what later would happen in a broad social space. It was then established the boundary between pure and tainted, clean and dirt, in the family private space, forging in this way boundaries of the future social space in Brazil.

However, if I mention all that in the different registers of an amateur ethnography and personal remembrances is to emphasize the displacement that actually occurred in the Brazilian society. In fact, the youngsters don't smoke today as did previously, but, in counterpart, they drink and take drugs a lot more, no doubt about that. Besides, they also eat a lot more, and because of that obesity turned into a crucial problem in the public health field today.

In a research done by the Ministério da Saúde (Health Department), published in June, 2010, it was emphasized that Brazilians drink more than before in contrast to a significant decrease of smokers among Brazilian population.³ Besides that, the same research stated an increase in obesity.⁴ I don't have to remind here the significant increase in stimulant drug use, since it is common knowledge.

This displacement that occurred, in regard of stimulants, was the unexpected and the most paradoxical side effect that was produced in the "healthy" generation. Thus, due to smoking ban, the youngsters looked for a substitute in alcoholic drinks, stimulant drugs and even food. Therefore, in the name of health, smoking was replaced by alcohol, drugs and food.

The replacement was an advantage to the population, considering public health? It's not in my place to answer immediately to that, but to construe a discussion, pointing at the substitution in the field of drug ingestion. I do not know if, considering health harm and risk, smoking side effects are worse or not than that of alcohol, drugs or food. I suppose they are equivalent. However, the displacement and substitution of an stimulant for another is a datum epidemiologically proved.

III. Impossible normalization

However, what this displacement enhances is that subjects look for some form of excitement and stimulation, through biochemical or nervous vias, in order to deal with the *social unrest* present in the social existence. In a joking comment about this, didn't actor Dirk Bogarde use to say that we were born two scotch doses under?

³ *O Globo*, 1º part, Jun 22nd, 2010, p. 12.

⁴ *O Globo*, 1º part, Jun 22nd, 2010, p. 12.

However, I suppose Freud would take Borgarde's ironic comment seriously. That is because in the work "Civilization and Its Discontents", Freud stated that the ingestion of some sort of stimulants, i.e., smoking, drugs and alcohol, was one of the ways a person deals with the existing unrest in the *modernity*.⁵

Strictly speaking, psychoanalysis was constituted as a field of knowledge interested in problematize the relationship between the individual and the so called modernity unrest. This space is not supposed to show that. But it is necessary to remind that the psycho mechanism would be construed in order to try to dominate pulsional excitements coming from the organism, but that, at the boundary, there would be a *gap* between the so called excitements and the possible satisfaction experience. This would happen because what would be offered would always be beneath what is wished, therefore frustration and anguish would be, at the boundary, inevitable. In this perspective, the individual would have to learn to live with the so called frustration and anguish in order to live relatively well. In the end, this would be what the experience of psychoanalysis intended to offer to the individual.

However, what psychoanalysis teach us about that is that excitability is constant and unavoidable, because all of us are subject to it, persistently. Here lies not only the basis of our anguish, but also the unrest that permanently disturbs us. Due to that, in order to regulate the so called pulsional excitability, unavoidable and persistent, as well as the consequent anguish and frustration, the subjects look for stimulants, of different kinds, including smoking, drinking, drugs and food.

However, when I refer to Freud and to psychoanalysis, it's not my intention to say that the psychoanalysis is a balm to save the human kind from pulsional excitability harm. I would never favor such extravagant and even ominous idea. But what the psychoanalysis shows is the existing gap between the constant imperative of excitability and the actual possibilities of satisfaction for the modern subject. Here lies the concrete conditions for the possibilities of the modern unrest.

This is because, if the subject in this modernity are equal under the law, they can't have access to the goods that foster pleasure in an equal way. With this unequal distribution of goods that foster pleasure, anguish and unrest are also unequally distributed among the population.

This implies that the so called gap, to which Freud refers to, cannot be the object of a process of *normalization*,⁶ as the medical and health discourse intend to establish via anti-smoking law, or any other law whose purpose would be to regulate drinking, food and drugs. That is the reason why the displacements in the register of stimulants was produced, as I pointed out above. In fact, if

⁵ Freud, S. *Malaise dans la civilisation*. (1930). Paris, PUF, 1970.

⁶ Foucault, M. *Il faut défendre la société*. Paris, Seuil/Gallimard, 1997.

the subject can't smoke, he moves from smoking to drinking alcohol to drugs and to food.

But, what is also polemic in this debate is the conception of *risk* present in the medical discourse. The notion of risk is thought in a theoretical frame based on strict *determinism*, without considering also *probabilistic* and *conjectural* reading in the theoretical category. The risk, in fact, is not reduced to a strict biological dimension, but is inscribed in a symbolic and social dimension too, it is necessary to emphasize. And that's why it is necessary to inscribe the risk in a probabilistic and conjectural perspective, inscribing it then in the field of an interdisciplinary reading on health, disease and death.

As I said above, the distribution of means to obtain pleasure is unequal. With that, anguish and unrest of the subjects are also distributed unequally among the population. The social dissatisfaction, as a consequence, is always transformed in social *danger* to the eyes of the powerful. What marked the public health since the 19th century was the attempt to regulate social danger, produced by modernity, through the construction of health policies aimed at regulating risks in the name of science discourse.⁷ Finally, it would be here the limits of public health discourse to deal with social danger that, as shown by the existing displacements in the field of stimulants, transforms itself like a camaleon.

What marked the public health since the 19th century was the attempt to regulate social danger, produced by modernity, through the construction of health policies aimed at regulating risks in the name of science discourse

⁷ Foucault, M. *Naissance de la clinique*. Paris, PUF, 1963.

DEFENDING THE ACHIEVEMENTS, IF NOT THE STYLE, OF THE ANTI-SMOKING MOVEMENT:

Response to Luiz Castro-Santos' "Misplaced targets: in defense of smokers"

By Geoffrey C. Kabat

In his thought-provoking essay "Misplaced targets: in defense of smokers"¹, Professor Castro-Santos takes a position that is seldom articulated in intellectual circles. His main argument, as I understand it, is that the epidemiology and public health establishments have fostered an authoritarian and dogmatic discourse regarding tobacco use and have turned smokers into pariahs. He calls for "sociology" to stand up to and resist the hegemony of public health and to defend the "spaces of convivial interaction."

Professor Castros-Santos makes a number of important points, which he is able to see by virtue of his vantage point as a medical sociologist and someone who is sensitive to the tradition in sociology which includes such figures as Erving Goffman, Howard Becker, and Michel Foucault. I agree with many of his key points: that there is a puritanical, absolutist strain in the anti-tobacco movement; that flimsy science is often used to support the movement's agenda; that "tobacco control" researchers can have their own, unacknowledged, conflicts of interest; and that crucial distinctions and values are lost sight of in the crusade to demonize smoking.

I write as an epidemiologist who has attempted to understand how findings from epidemiologic studies can become distorted and inflated and how weak scientific findings in certain areas can be transformed into dogma.² This dogma then gets taken up by certain disciplines, groups, and institutions and becomes very difficult to question. Thus, there is much in common between Professor Castro-Santos and myself.

However, in spite of our common attitudes, I sense that we differ on the question of how society should deal with the reality of smoking. This may come down to the fact that my field is public health and epidemiology – even if I have been an outspoken critic of certain trends in the use of epidemiology – whereas Professor Castro-Santos is a sociologist by training.



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¹ Luis A. Castro-Santos, "Misplaced targets: in defense of smokers".

² Geoffrey C. Kabat, *Hyping Health Risks: Environmental Hazards in Daily Life and the Science of Epidemiology*. New York: Columbia University Press, 2008.

What are the relevant facts about tobacco use and its effects on health?

I would like to comment on a number of points raised by Professor Castro-Santos and to identify aspects of the problem which merit further discussion. In my view, there are two separate questions which need to be laid out clearly. First, what are the relevant facts about tobacco use and its effects on health? Second, given this body of knowledge, what policies should society adopt to promote health and well-being, and what other considerations and values should be taken into account in drafting such policies?

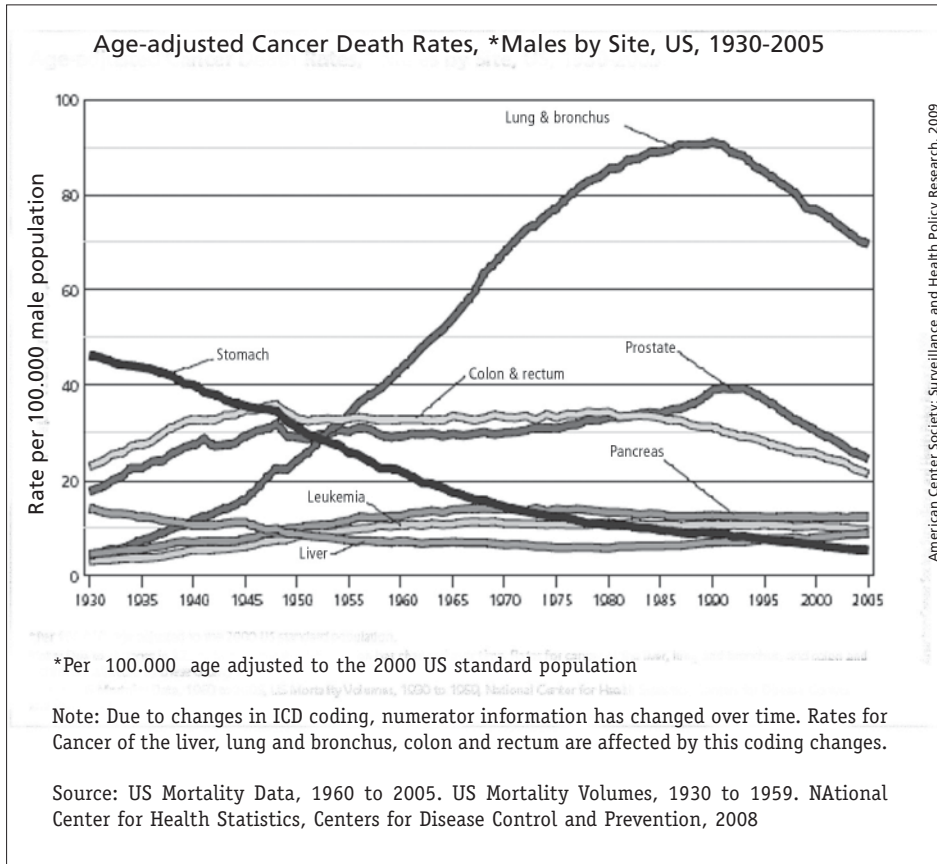
One topic that I felt received insufficient attention in Professor Castro-Santos's presentation was a full appreciation of what we have learned about the effects of smoking over the past sixty years. Since I am in agreement that the facts about smoking, and particularly about passive smoking, are routinely misrepresented, it is important to do justice to the key facts that characterize tobacco use. These include the following. Most people begin smoking at an age when they are not fully developed neurologically and when they think that they are going to live forever. The decision to take up smoking by young people is heavily influenced by the example of parents who are smokers, by peer pressure, and by advertising from tobacco companies, etc. Smoking is highly addictive in a proportion of smokers, and, for these people, it can be virtually impossible to quit. Furthermore, as we have learned, smoking is associated with a greatly increased risk of a number of fatal chronic diseases (lung cancer, cancer of the upper alimentary tract, emphysema, etc.) and a more moderately increased risk of certain other diseases (most importantly, heart disease), and with an increased risk of death overall.

It is important to note that, at the beginning of the 20th century, lung cancer was a very rare disease (Figure 1³). (When a lung cancer case was diagnosed in the hospital, physicians and students would be summoned to see this unusual disease first-hand.) However, following the introduction of manufactured cigarettes early in the century and their distribution to American troops during World War I, the prevalence of smoking increased steadily. With a lag of several decades, the lung cancer death rate in males in the U.S. increased from about 5 per 100,000 in 1930 to over 90 per 100,000 by 1990. In the past twenty years lung cancer rates in men in the U.S. have decreased substantially due to the decreasing prevalence of smoking but are still very high. The lung cancer epidemic which occurred several decades later among women in the U.S. has just reached its peak. Thus, in Figure 1 we have a graphic representation of the smoking-driven epidemic of lung cancer in the U.S. A similar graph is available depicting the epidemic in women: (http://www.cancer.org/downloads/STT/Cancer_Facts_and_Figures_2010.pdf)

As a result of the decrease in cigarette consumption in developed countries, the tobacco industry has been aggressively promoting consumption in the developing world. As a result, these countries will, over time, inevitably experience their own epidemics of tobacco-related diseases.

³ American Cancer Society. *Cancer Facts and Figures 2009*. Atlanta: American Cancer Society, 2009.

Figure 1.



Looking at the total impact of smoking on mortality, the epidemiologists Doll and Peto have estimated that, in the U.K., about one-half of all regular cigarette smokers will eventually be killed by their habit.⁴ However, on the positive side, those who quit smoking in early or mid-life substantially reduce their risk of dying prematurely from lung cancer, heart disease, and other smoking-related diseases.

Finally, there is a dose-response relationship between an individual's exposure to tobacco smoke (as measured by the number of cigarettes smoked per day and years of smoking, etc.) and risk of the diseases caused by smoking. The existence of a dose-response relationship has two major implications. First, even moderate and light smoking are likely to carry increased risk of disease compared to not smoking. But, second, and this is the important message of harm reduction, if a smoker of 20 cigarettes per day cannot quit but can reduce his intake to 5 cigarettes per day, over time that should confer a substantial reduction in his risk of disease.

To me, these are the core facts regarding tobacco use that most scientists would agree on. Most importantly, I believe that the existence of this body of

⁴Doll R, Peto R, Boreham J, Sutherland I. *Mortality in relation to smoking: 50 years' observations on male British doctors*. BMJ 2004. Doi:10.1136/bmj.38142.554479.AE

We can't go back to the innocent era when smoking was viewed as a benign or even beneficial habit, even by doctors.

knowledge inevitably exerts an effect on how smoking is viewed. (We can't go back to the innocent era when smoking was viewed as a benign or even beneficial habit, even by doctors).

Thus, I would be careful about dismissing "moderate" and "light" smoking, as professor Castro-Santos appears to do. Yes, there are other behaviors and cofactors that may mitigate or amplify the effects of smoking in different individuals, but *overall* one can expect moderate smokers to have higher rates of tobacco-related diseases compared to light smokers, and light smokers to have higher rates of these diseases compared to never smokers. Yes, there are people who can smoke at a low level — or even at a high level — and remain healthy into old age. But we can't identify who has a favorable genetic make-up that protects them against the toxins and carcinogens in tobacco smoke. And it is not only heavy smokers who develop smoking-related diseases. (Also, it should be noted that in addition to *how much* one smokes, duration of smoking is a very important determinant of risk).

Now let's turn to what is known about the effects of exposure to "secondhand tobacco smoke," also referred as "passive smoking," or "environmental tobacco smoke" (ETS). Passive smoking first attracted widespread attention in 1981, when a study from Japan appeared to show that the non-smoking wives of husbands who smoked had higher lung cancer rates than the non-smoking wives of husbands who did not smoke. Many subsequent studies were carried out, and government reports were issued declaring that passive smoking was a cause of lung cancer. However, it was only later – in the mid-1990s that careful measurement studies carried out in 16 cities in the U.S. and cities in Europe and Asia, and these studies indicated that average exposure to secondhand tobacco smoke among non-smokers amounts to one-thousandth of the exposure to tobacco smoke of the average active smoker. On average those with secondhand smoke exposure inhaled the equivalent of about 8 cigarettes per year.⁵ It is interesting to note that these studies carried out by Roger Jenkins in the U.S. and Keith Phillips in the U.K., Europe, and elsewhere were published *after* the publication of the U.S. Environmental Protection Agency's 1992 highly influential report which declared secondhand tobacco smoke to be a "known human carcinogen." Publication of the EPA and other reports helped to create a dogma regarding the effects of secondhand tobacco smoke which could not be questioned. In other words, it became unacceptable to approach this issue with a scientific attitude. One symptom of this is the fact that later official reports tended to not even cite the work of Jenkins and Phillips, presumably because it would have weakened the case for important health effects due to passive smoke exposure. Since then, large prospective epidemiologic studies have shown either a very weak association (roughly a 25% increase in risk of both lung cancer and heart disease among those who are exposed compared to those who are unexposed) or no association between ETS exposure and lung cancer or heart disease.⁶ But an association of this

⁵ Kabat, *Hyping Health Risks: Environmental Hazards in Daily Life and the Science of Epidemiology*. New York: Columbia University Press, 2008, pp. 164-165.

⁶ KABAT, G.C. *Hyping Health Risks: Environmental Hazards in Daily Life and the Science of Epidemiology*. Chapter 6: "The Controversy Over Passive Smoking." New York: Columbia University Press, 2008.

magnitude could well be explained by confounding and biases which can affect observational studies. Highly reputable epidemiologists including Sir Richard Peto, John Bailar, and Ernst L. Wynder have gone on record as questioning whether epidemiology can detect risks of such as small magnitude as those associated with ETS.

In the recent past we have had instructive examples of how we can be misled by the results of observational (i.e., non-experimental) studies, most glaringly on the question of the benefits/risks of postmenopausal hormone therapy. However, these sobering lessons have not been applied to studies of the effects of exposure to secondhand tobacco smoke.

My point is that the science concerning the effects of ETS exposure is much weaker than that concerning the effects of active smoking. And this stands to reason, since active smoking is something that smokers do on a regular basis, and they can tell researchers at what age they started smoking, how many cigarettes they usually smoke(d) per day, how long they have smoked, whether they have quit, and, if so, how long ago, whereas ETS exposure is so diffuse and varies so much over time that we are not able to estimate a person's exposure over decades. So, it needs to be emphasized that passive smoke exposure is very different from light or moderate smoking.

When the first studies appeared linking passive smoking to fatal disease, the passive smoking issue became useful to the anti-tobacco movement because it was one thing for smokers to be shortening their own lives; however, if there was scientific evidence that exposure to ETS could cause fatal disease in non-smokers, this provided a much more powerful weapon that could be used to oppose the tobacco industry and to reduce the prevalence of smoking. Once this dogma was in place, evaluating the solidity of the science relating to ETS was really beside the point, and anyone who did this could be vilified as a henchman of the tobacco industry.

Since we are on the topic of passive smoking, I would comment that even the 1981 study by Trichopoulos of passive smoking in Greece, which Professor Castro-Santos admires, needs to be looked at critically. First, this was a case-control study, and, as such, there is the possibility that women diagnosed with lung cancer remembered their exposure to their husbands' smoking differently from controls. Furthermore, the fact that there is an association (i.e., a correlation) between the occurrence of lung cancer and the husbands' smoking habits does not tell us what the actual exposure was. No information was collected on how much time the spouse pairs actually spent together. In Greece, men tend to spend their leisure time in the *taverna* with other men, so it is not at all clear how much actual exposure took place. Finally, the 2-fold relative risk obtained in the Trichopoulos study is much higher than that in most other studies (average relative risk = 1.25).⁷ Again, because findings like

⁷ TRICHOPOULOS, D., KALANDIDI, A., SPARROS, L., MACMAHON, B. *Lung cancer and passive smoking*. Int J Cancer, 1981; 27:1-4.

Smoking restrictions should have been enacted based on esthetics and on consideration for other people.

those of Trichopoulos were so intriguing and so *useful* few people have been disposed to examine them critically.

I agree that we should not adopt a moralizing and stigmatizing attitude toward smokers. Smokers aren't evil, they are simply addicted to nicotine or psychologically dependent on smoking – or both. But I think that for too long smokers' "right to smoke" was taken for granted, while it took decades for the principle that non-smokers should not have to breathe tobacco smoke to take hold. Whatever one thinks about the lethality of environmental tobacco smoke, it appears to me to be an enormous step in the direction of a civilized society to not have to stand on line in a poorly-ventilated post office behind someone puffing on a cigarette or cigar. Nevertheless, I believe it was a mistake for authorities to feel they had to justify smoking restrictions based on the flimsy science linking ETS to fatal diseases. Smoking restrictions should have been enacted based on esthetics and on consideration for other people. I say "esthetics" because surveys have shown that even most smokers choose not be around cigarette smoke and consider smoking a dirty habit. And consideration for other people entails a recognition that some people have asthma or other respiratory conditions which can be aggravated by exposure to cigarette smoke, or simply find cigarette smoke unpleasant. But this approach would not have had the legal clout that stating that ETS causes lung cancer has.

Although I may not be enamored of the methods adopted by the anti-tobacco movement – the self-righteousness, the dogmatism, and the distortion of science — I wholehearted endorse the result — that the restrictions have helped further reduce the prevalence of smoking, and this will mean, in time, that fewer people will develop tobacco-related diseases. Since 1964, when the first Surgeon General's Report on Smoking and Health was issued, the prevalence of smoking in the US has declined from about 43% to about 21%. In the UK an even greater decrease has occurred. Smoking is now disproportionately a habit of those with little education.

I completely agree with Professor Castro-Santos that smokers, who are now a beleaguered minority, should not be stigmatized. It is not realistic to think that, even with the concerted efforts of the anti-smoking establishment, the health establishment, and government, smoking is going to be completely eradicated in the foreseeable future. But, by the same token, I am not inclined to bemoan the loss of this particular practice – as much as it contributed to the *ambience* of Paris cafés. We have to avoid succumbing to nostalgia for the glamour of cigarette smoking, which reached its apogee in the middle of the last century. After all, those who go on to develop emphysema, various cancers, and heart disease are not going to be in a position to enjoy — or contribute to — the "spaces of convivial interaction." Above all, I think we need to find

effective ways to discourage young people from taking up smoking, since they underestimate its addictiveness and its long-term consequences.

After articulating my views of this matter, I am quite confident that Professor Castro-Santos and I can agree on a number of points. First, what is needed is continued education which is tailored to the target population, not moralizing propaganda. Second, smokers should not be stigmatized as being weak, immoral, or evil. Third, there should be limits to restrictions on smoking that are defined in part by common sense. For example, it is absurd on the grounds of health to prohibit smoking on beaches or within twenty-five feet of buildings, as has been done in some communities. Finally, rather than the absolutist, one-size-fits-all approach – which makes no distinction between different tobacco products (I am referring to the Swedish-style *snus*, which appears to eliminate upwards of 95% of the risk of cancer associated with smoking and could save millions of lives worldwide⁸), different individuals, different styles of consumption — the harm reduction approach makes an enormous amount of sense and has a great deal to offer.

In conclusion, I think we need to take seriously what we have learned about the effects of smoking on health. But, at the same time, we need to be keenly aware of the tendency to go beyond the science and to stigmatize groups who engage in these “unhealthy” behaviors. Professor Castro-Santos is certainly right that something of value is destroyed when society excludes people because they deviate from what is viewed as the norm for ideal health. We have to learn how to educate people as to what are important lifestyle factors that really have an impact on health and longevity without becoming a nanny state and interfering with people’s lives and personal decisions. But in these highly sensitive and contested matters it is very difficult to draw the line in the right place. Professor Castro-Santos has made an important contribution toward this goal.

We have to learn how to educate people as to what are important lifestyle factors that really have an impact on health and longevity without becoming a nanny state and interfering with people’s lives and personal decisions.

⁸ RODU, B., PHILLIPS, C.V. *Switching to smokeless tobacco as a smoking cessation method: evidence from the 2000 National Health Interview Survey*. Harm Reduction Journal 2008; 56:18. <http://www.harmreductionjournal.com/content/5/1/18>

THERE IS NO SMOKE WITHOUT DEVIATION

By *Josué Laguardia*
and *Sérgio Carrara*

“...the final outcome of the moral crusade is a police force.”
H.Becker (1966)

Professor Castro-Santos essay is, in his own words, a call for sociologists to perform the urgent task of thinking about the recent historical process which, apart from being sociologically interesting, is having important impacts on rights and raising the issue on limits for public health intervention in free societies. In the middle of this process, there is smokers stigmatization, and their progressive exclusion from many social spaces.

In the first part of the text, the discussion is about the construction of scientific evidence that is the basis for the actual anti-smoking policy. As Castro Santos reminds us, the transformation of cigarette smoke, previously seen only as annoying or uncomfortable, in a verifiable and mainly quantifying risk factor for nonsmokers health is based on epidemiological studies. Such studies justify social movements actions against smoking and are the basis for governmental reports, through which public opinion is informed about the harm cigarettes do to others. In general, the ones who favor smoking ban in public places consider this a rightful decision, because it would be based on solid scientific knowledge. Therefore, they demand the State to act according to science. As recently stated doctor Dráuzio Varella, the good health crusader:

“To defend the right to oblige people to inhale secondhand smoke and the freedom of a citizen to harm others with no interference from the State is out of date” [and] “to justify this line of thought is considered ridiculous” (Folha de São Paulo, 19/06/2010).

As we can see in medical discourse, the hypothesis that smokers can harm the health of people around them is no longer a probability, but a true fact that must motivate State intervention. The ones who dare to dispute such position are discredited through a language that only them, who think themselves as winners, can use: they are called “ridiculous”, “out of date”. In fact, in the 80’s, the “discovery” of nonsmokers health risk due to cigarette smoke exposure caused a radical change in the anti-smoking movement, and it was critical for the following legal actions. At that time, cigarette consumers decreasing numbers were already accounted for, but the discussion on smoking,



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(...) the studies on environmental tobacco smoke health risk show contradictory results, and they could challenge smoking ban in public places.

considered as a self-destruction act until then, suffered a sort of moral reconfiguration, when its main focus changed from concern about smoker health to the impact of his/her behaviour on other people's health. The rethoric change from smoker's health to the rights of nonsmokers, and the use of terms such as "secondhand smoker", "secondhand smoking", "involuntary smoking" and "environmental tobacco smoke or ETS" establish a situation where the risk is not a question of "choice" anymore, but an imposition.

The established truth concerning "secondhand smoking" risk certainly deserved a deeper discussion than the one that can be done here. However, we emphasize that the studies on environmental tobacco smoke health risk show contradictory results, and they could challenge smoking ban in public places. The exposure estimation based on self report about couple's smoking history, the classification errors on smokers status classification and exposure, confounding effects that constraint analysis from people who never smoked, or the lack of control of simultaneous exposure to atmospheric pollution points to the complexity present in the investigation of the association of cigarette smoke and related diseases.

Besides that, scientific evidences coming from epidemiological literature reviews on this relation are influenced by publication bias, i.e., the tendency of researchers to send texts and the editors to accept them based on statistical significance of research results. LeVois & Lyard (1995) showed the existence of this publishing bias when they compared estimations of grouped relative risks, obtained from meta-analysis of published studies on the relation of ETS and cardiac-coronary diseases - RR: 1,29 (1,18 - 1,41) and the studies that were not published - RR 1,00 (0,97-1,04). When published, the studies carrying negative results may be accused of methodological failure or of being scientific biased, regardless of being approved after peer review. For example, when James Enstrom and Geoffrey Kabat (2003)' article stated that their study suggested the environmental tobacco smoke effects, particularly on cardiac-coronary disease and lung cancer, may be considerably weaker than generally believed, it provoked an expressive volume of response, many of them arguing that there was conflict of interests under the allegation that the research was financed by tobacco industry resources. In 2007, Enstrom (2007) did a meticulous description of the process of public discrediting of his article written in 2003. He called this action "scientific McCarthyism" and emphasized the role of American Cancer Society anti-smoking activism. His answers to the attack were based on other studies results and on the opinion of public health experts that show risk overestimation, and the strategies to reinforce it through selective literature review and statements from prestigious researchers.

However, because it was not subjected to a critical analysis, the causal relation between cigarette smoke and health problems among nonsmokers have been considered scientifically proved. Then, health authorities could propose

to public authorities coercitory actions which, by lifting fundamental rights related to freedom and property, promise to ban the cause and the problem from the start. Larsen (2008) points to the fast changes of facts into norms, and to how the decision making politics regarding public health was substituted by superior power of a invoked legal need and political imperative. For this author, it is expected that politicians have a more or less paternalistic attitude regarding the victims, but not that smokers be treated as citizens who deserve to be heard and have their opinions respected. In the name of public health, it is not considered, for example, the bar, restaurant, cafés or hotel owners' right to decide freely if their business are for smokers, nonsmokers, or both. Tobacco is turning into an illegal drug and the smoker a sort of outlaw. In the public health, strategic interferences are usually conceived through war metaphors and the rethoric present in the authorities discourses is attack, conquer and ban, instead of promoting prudence, balance and containment (Hall, 2003). In this war, smoker is the enemy who must be eliminated from public space, and private space are monitored through epidemiological studies in search for new evidences that can serve as a basis for even harder actions.

The sociological analysis about the increasing importance of the epidemiology in the construction of scientific evidence of secondhand smoking risk, and the relationship between the decrease in cigarette consuming and the smoking ban in public places is crucial to understand the phenomena in the last three decades and its possible developments. But the process that turned this scientific truth into a health interference so fast and even the coercive aspect of such interference deserve an analysis which is not limited to the internal disputes of the scientific field. In this context, the sociological reflexion must look into existing relationships, into each particular historical context, among science, politics and moral. As Castro-Santos reminds us, only a broad comparative study about the way certain practices or behavior are taken as an object for moral crusades can help us here. And, since the end of 19th century, a lot of these crusades were done in the name of science or public health, against alcohol, as Castro-Santos mentions, or prostitution, pornography, drugs, etc.

The general scheme of perception generated by the actual smoking war is very similar to what happened to sexually transmitted diseases during the most part of the 19th century, and that is still linked to AIDS (Brandt, 1985; Carrara, 1996). In it, a same moral graph opposes the "innocent victims" to the "cruel victims", responsible in some extent for the harm they suffer. As in the fight against syphilis in the past, today, in the case of smoking, innocent victims are in general children and women (particularly pregnant women), now threatened by a group of irresponsible polluting people, not by their husbands or lovers promiscuous sexual behavior any more (Berridge, 1998; Brandt, 1998).

Some aspects to be taken into account in the comparative analysis of moral crusades done in the name of public health seem conjunctural, characteristic of societies that go through processes of intense social change.

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LE VOIS, M.E; LAYARD, M.W. Publication bias in the environmental tobacco smoke/coronary heart disease epidemiologic literature. *Regulatory Toxicology and Pharmacology*, v.21, p. 184-91, 1995

Some aspects to be taken into account in the comparative analysis of moral crusades done in the name of public health seem conjunctural, characteristic of societies that go through processes of intense social change. In the face of revolutions (some of them silent), it is not uncommon that traditional moral, religious and ethic values be ineffective to direct actions and evaluations in the new context. In these moments, mistrust in the institutional forms of managing and solving social conflicts, such as politics and justice, may be spread. In the face of a changing and opaque world, it is to science that it will be asked for a safe harbor for truth, and to point a path to follow. This is exactly what seems to have happened in the American context of the 19th century second half, mentioned by Castro-Santos. There, besides millenarian sect proliferation that were preparing themselves for the second coming of Christ and the end of times, scientists developed broad processes of social reform, which involved not only public health, but also the emerging sociology. Picturing a kind of health despotism, many actions proposed then were deeply anti-freedom, and their adoption can only be understood if facing a salvationist discourse, based on war metaphors, being supported by a clear division between healthy and pure, on the one hand, and sick and sinners, on the other. Facing a diffuse sensation of danger, such actions embodied the evil, promising to fight it through segregation or control of certain individuals or social categories.

But, going through these different scenarios, there are elements more permanent and due to that more disturbing. Maybe linked to slower processes of long term structure change, they reappear with renewed power when there is a more intense social change. Among them, we would like to underline the ones related to gender.

They are too evident to be taken apart from a deeper sociological analysis. It is very interesting the fact that, if we compare the anti-alcohol movement of the 19th and 20th century and the anti-smoking movement of the turning of the 20th to 21st century, the various discourses show implicit references to males. The Greek study, by the way, which began the new concern with “secondhand smokers”, seems to devise the act of smoking and its consequences as a kind of gender violence, since the innocent victims are always the wives. If, as argued by Castro-Santos, certain forms of sociability are being destroyed by anti-smoking modern laws, we must add that it is destroying, above all, forms of male sociability. In both cases, under the explicit reference to abstract individuals who drink or smoke, the targets seem to be in fact men. Behind the abstract smoker, we have a man. In this aspect, what should be deeply investigated is the problematic relation between power of State and male power, or rather, the way certain processes of State domination collide with some prerogatives men still have in certain social spaces, mainly inside the families. All is done as a civilizing process, conceived by Elias (1990) as a continuous expansion and deepening of state type controls, where individual expression is the constant refinement of self-control, even if it found in certain aspects of masculinity a point of resistance or shock.

COMMENTS

By *Lucien Sfez*

I came back to Berkeley in the same trip to the United States Prof. Castro Santos recalled in his citation. In front of the University entrance, there is a café where it's forbidden to smoke. But I went to the garden that surrounds the café and, having asked for something to drink, I lighted up my pipe. Commotion! A short bearded man, disgusted, told me that smoking was forbidden and subject to legal action.

In this situation, there was no reason for control or surveillance, since we were in an open space, therefore, not even was a case of secondhand smoking, but it was just a total and totalitarian ban meaning only that the simple idea of smoking was reprehensible, even if it wouldn't harm anybody. That's why the notion of setorization (*quadrillage*), which Agambem borrowed from Foucault, doesn't apply in this occurrence. We're talking about another thing, of a true social utopy, radical, political and absolut. Therefore, I prefer to use the concept of utopy, and its specific conceptual apparel, the only possible way of explaining the totalitarian character of the ban.

Utopic text markers

I had separated the utopic text formal markers in *La Santé Parfaite* (Le Seuil, 1995).¹ The specificity of reporting is not characterized for its contents, but by its formal markers which, in the case of utopic reporting, are five:

- The isolated place of reporting. An island, for instance, that clearly separates the utopic action place from the rest of the world;
- The absolut power of the narrator. The one that tells, that knows and that domains the reporting, from top to bottom ;
- The hygienic rules of life. Chastity, controled food, body and soul tidiness, general cleaning;
- The technical thought. It gives man a supernatural power – through technique, order solves everything. Chance is excluded of a world with no events, no impurity, no death, nor decomposition. A supernatural world that owes its superiority to technologic device.



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¹ Brazilian translation under the title "A saúde perfeita - crítica de uma nova utopia." [Perfect Health]. Edições Loyola, São Paulo, Brasil, 1996.

— Last criterium : The return to the source. Because this supernatural is the nature revisited... As in Rousseau's *L'Origine des inégalités* (The Source of Inequalities), this technique, this device, re-naturalizes and re-founds. It's necessary to get rid of what exists today to revisit what always existed. Voluntary re-foundation of a natural truth. This marker is very interesting because it's not a reporting any more, but a point of balance of the reporting towards power exercise.²

Now, these five markers can be applied, successfully, to the actual treatment of certain issues of public health, particularly to the smoking issue.

Let's take and apply those markers to the issue :

— The isolated place of reporting: The laboratories that make experiments are disconnected from the profane, due to all complexity and opacity of science. They are also separated among themselves: Secret and competition force them.

— The absolut power of the narrator: Here is the wise who makes experiments and formulates His laws. He formulates them in a safe and certain way, against all uncertainties revealed by Castro Santos.

— It is the technology that solves everything : It is, through evidence, the technology which offers his basis to decide for the ban.

— The hygienic rules of life: This is the very purpose of the smoking ban in all possible public places (in California, even in private places, since there are no smoking houses, and no smoking rooms in hotels).

— Finally, the return to nature is here to re-create a new man, with no vices at all, like a native Brazilian re-educated by Jesuits, who had great knowledge and practice of utopies.

From utopic text to concrete realities

In this last marker, we go from utopies, literary or philosophical texts, to concrete realities.

Where we can see that utopies change their « code », revisiting Wilhem Muhlmann³ : « *Fenomena change shape and become irrecognizable because of their « code » changes* ». And he adds : « *It's the same with utopies* ». *We can follow them, as literature genre, from Plato's The Republic to actual science fiction, however, the point is to know if, once more, the historical guideline won't run, underground, in another place, to re-emerge, under different characteristics, in*

² For details about this markers demonstration, see *La Santé Parfaite* (Perfect Health), op.Cit.P. 106 to 114.

³ In his work *Messianismes révolutionnaires du Tiers Monde* (Revolutionary Messianisms of the Third World). Gallimard, 1968 ,p.340.

*the zionist formation of the Israel State, for example, in the messianic dictatorship of a Lenine or a Hitler, or elsewhere, in the well being society ».*⁴

Before the conclusion, « *Scientific language seems to have, as a immediate function, to unveil the fact that utopies became realities or are able to do it. We don't want to be aware of our deep millenial motivations... »*⁵

Muhlmann seems to clarify well the path of our analyses, since he traced it in 1968 :

1°) Certain practices are really utopies, even if their lines have changed the « code »;

2°) Utopic ghosts and practices executed are frequently very close to each other. Here, science has the role of a mask;

3°) The ideal of perfect health and imortality is in the majority of prophecies. We shouldn't be astonished to find it again as the main character in the utopies of the 21st century.

These are the comments that Prof. Castro Santos' fine article, well documented, never allowing any extremism, arouses. If I insisted on utopy is because the discrepancy between the author's analysis and the totalitarian inspiration of the anti-smoking fight is huge. And, before clarifying the notion of setorization (*quadrillage*), modern and industrial at the same time, by Foucault and Bentham, revisited by Agambem, it seems to me that the concept of utopy better explains this totalitarian characteristic.

⁴Ibidem, p.341

⁵ Ibidem,p.343

NOT ALL IS TRUE

By Renato Veras

To go against common sense is the challenge that Prof. Luiz Antonio de Castro Santos pursue. In his text, which marks this document discussions, Prof. Castro Santos approaches the Environmental Tobacco Smoke theme.

Some assumptions must be established. The harmful effects on health caused by tobacco is not denied, there are many examples, such as the increase of lung cancer risks and other chronic diseases. Since the 50's, with Richard Doll's first studies, later published as a book by Doll and Peto (*The causes of cancer*, Oxford Press, 1981), there is consistent evidence of this relation. The cigarette *per se* is by far the most important cause of cancer around the world – i.e., the cigarette smoke inhaled by the smoker. The epidemiology and a series of studies already showed in an undeniable way that the lung cancer risk for a smoker is quite superior than that of a non smoker. Therefore, the debate shouldn't be based on something proved, and that there is no dispute. The new and relevant fact, approached by Prof. Castro Santos' text, is not the incontestable risk for active smokers, but if it could be said the same thing regarding the people exposed to tobacco smoke.

Questioning is always a good exercise, particularly in respect of incomplete findings, or partial scientific evidence repeated again and again in order to transform them in "unconditional truth". We must be careful with all analyses. Sometimes low level risks are overestimated, while others much higher are underestimated. And, in general, the appropriate information is not delivered to the public.

"The main way smokers kill is smoking themselves to death, not other people – they kill themselves much more than others". This sentence was uttered by the Oxford professor, Sir Richard Peto, in respect of the risks imposed by tobacco smoke exposure from other people. Peto is one of the most important epidemiologists of the world, and in the last decades he worked with Sir Richard Doll, until the latter died in 2005.

Therefore, the idea that the same harm the tobacco does for the smoker also occur with the non smoker voiced today in our society doesn't have support among the great names of epidemiology. Richard Kluger and Michael Crichton, among others – none of them known to benefit the tobacco industry – accept



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Questioning is always a good exercise, particularly in respect of incomplete findings, or partial scientific evidence repeated again and again in order to transform them in “unconditional truth”.

as consistent the relation between tobacco smoke exposure and lung cancer among non smokers.

Some preliminary notes are appropriate. Firstly, ETS, environmental tobacco smoke, is composed of the smoke coming from the lighted cigarette plus the one exhaled by the smoker. Secondly, the effects of the exposure to secondhand smoke can only be studied among people who never smoked, since any effect would be reduced by active smoking, which involves direct smoke inhaled by the lungs, which is much more concentrated. It's worth noting, however, that it is expected that active smokers are more exposed to ETS. If we really believe in the concept of a dose-response, i.e., the dose becomes poison, in a free paraphrase of Paracelso, then the dose received by a secondhand smoker must be a small fraction of the one received by an active smoker, therefore, it is irrational to think that secondhand smokers have the same level of risk of an active smoker.

On the other hand, it is important to emphasize that the possibility the exposure to cigarette environmental smoke can cause some additional cases of lung cancer and other diseases in persons who never smoked is not dismissed. It is biologically plausible that non smokers chronically exposed to high levels of smoke from smokers have a higher risk. Before overestimate science and assert dogmatically that ETS risk is established, it would be more appropriate, and less misleading, to state that it is entirely plausible that, in some cases, the ETS exposure may be responsible for some cases of lung cancer contracted by non smokers, though, according to qualified epidemiologists, the related risks are too low to arise such cathegoric and final statements.

After these outlines, the question is the following: what is fact, exaggeration, or distortion in the series of news on health risk in our daily lives? Where is the danger? In the alleged scientific evidence, or in the scattered interests that interpret science to their advantage?

The alleged scientific information that ultimately becomes “unconditional truth” and politically correct concepts, due to a series of interests, raises the need for a more careful positioning. Particularly when it is known that some findings become fashion, and are adopted by the media reflecting a hidden desire in the society unconsciousness. Therefore, not all is true. But to face this challenge is a battle that just a few people are willing to fight.

The evolution of medicine increased the length of life, but also the costs. For this reason, scientific research became more and more important, because they can foresee situations and identify risk factors, through early diagnosis, particularly regarding chronic diseases. The benefits are clear: diseases are delayed, more effective treatments, and quality of life increased.

But it is crucial to understand that not all research leads to consistent and reliable results. In many cases, these are supported by uncertain evidence.

Those are researches that emphasize certain findings and ignore others, regulatory agencies which assume hasty positions, politicians and lawyers who only protect their interests and part of the media that, being biased, contributes to prejudice. This is a dangerous combination, able to forge a “scientific certainty”, having some science, but no conviction.

Any of us, in some moment in our lives, have already heard about a “new scientific study” establishing that a particular behaviour, product or environmental factor is linked to some terrible disease. Thus, drinking coffee would be related to pancreas cancer. Eating chocolate could predispose women to breast benign tumor. Environmental pollution, people used to say, might cause breast cancer. Studies seemed to show a relation among exposure to power transmission lines electromagnetic fields and house electric appliances and many diseases, starting with child leukemia. The use of cell phones might lead to brain tumor. The exposure to cigarette indirect smoke would be at first related to lung cancer, heart diseases and, more recently, to breast cancer. Silicone breast implants would be related to connective tissue diseases. The list could go on forever.

Some fears, like the ones related to coffee and cell phones, may be reduced very fast as better studies are published, or when the risk is put into perspective and re-evaluated with less bias. In other cases, however, the risk may last years or decades, becoming the focus of new researches, regulatory actions, legal actions, or campaigns.

Let’s take the case of power transmission lines electromagnetic fields as an example. Billions of dollars were spent to correct a problem whose existence is uncertain. And it is amazing that, though a lot of these researches present inconsistent results, the public disclosure is done as if there was an unchallengeable certainty. It seems that there is no concern with overstatement or, at least, with warning against the fragility of the scientific evidence or risk potential.

There are risks easy to understand. Fire is one of them. Since the early years, children learn that they must not touch the fire because they would be immediately burned. On the other hand, most of the risk factors need a long period to show its effects. It is the case of alcohol, tobacco and environmental pollution, among others. A person may be exposed to these factors for years with no apparent serious consequence. We must also emphasize that chronic diseases arise slowly and gradually, which make many people doubt if it’s worth to avoid those joys of life. Besides, tobacco and alcohol were, not so long ago, related to something positive, valued by society and portrayed in the movies as glamorous. *Casablanca* is a powerful example. During the II World War, two people – Ilsa, portrayed by the beautiful actress Ingrid Bergman, who fell in love with Rick, the charming Humphrey Bogart – have an intense and unforgettable romance in Paris. The surprising end is mediated by a well dosed formula of romance, intrigue, suspense, and the support and charm of a cigarette in the hands of the star.

We can also look into the French classics such as *À bout de souffle*, 1960 (*Breathless*, Jean-Luc Godard), *Jules et Jim*, 1962 (*Jules and Jim*, François Truffaut), *Le Mépris*, 1963 (*Contempt*, Jean-Luc Godard), *Les Parapluies de Cherbourg*, 1964 (*The Umbrellas of Cherbourg*, Jacques Demy), among others, where the cigarette was part of the scene. Many times the Gauloises, the most popular among the French consumers, stood out in the 60's to the 80's movies. A blue cigarette, made with pure tobacco, no filter and high nicotine and tar contents. Popular among the working class and the cream of society, it was also the favorite brand of Jean-Paul Sartre. What I intend to emphasize is that there is a social, environmental and cultural context which makes hard to change values and practices so deep rooted in our society.

Besides, we live in a global world. It is naive to imagine that such old habit of 1.4 billion people in the world, according to the World Health Organization, which tends to spread due to economical development and purchasing power of people from the BRICs countries, particularly China and India, great tobacco consumers, will be stopped by wishful thinking, or scientific information. Extreme restrictions are never effective. Contemporaneous more effective actions possibly go in the opposite direction, such as the demand for a better product, drastic restriction to components that cause cancer, use of ventilation top technology in closed places, demand for social counterpart, among others. Those would be more effective actions in order to protect societies and non smokers from tobacco harm.

Changing a habit is not simple. It is naive to imagine that a simple advice from a health agent, giving information about what is good and what is harmful, would be enough to change society daily habits. The epidemiology already listed a series of risk factors, and protective factors. If scientific information itself could change everything, it would be just a matter of following the life style book to have a happy healthy life, free of diseases.

It is not that simple. We know that nobody chooses to live with a risk factor out of pure masochism. The smoker knows and feels the harm of his/her addiction. Stop smoking, however, is a decision that involves much more complex issues than simple information, or health authorities wishful thinking. It is necessary to take into consideration factors related to affection in his/her life, in his/her job, in his/her social, family and cultural relationships, among others.

The risks evaluation is not a scientific, objective process that could be reduced to a quantitative issue. Cultural factors affect the evaluation that people do concerning risk situation; experts and laymen see risk differently. Additionally, science is not impartial. That's why "unconditional truth" cannot exist, particularly when there are inconclusive results.

We should question the true and final point of view – to doubt is part of science. Let's find examples in other situations, as we can see in the French movie *Caché*, released in 2005, and directed by Michael Haneke. The movie

Caché (the French word *caché* means hidden) is about an upper class couple and their teenage son, who receive tapes with images of their house. The tapes were sent by an anonymous sender. This is the way the mystery begins in a movie that involves all characters in the plot.

The scenes that are presented to the public are not different from the fictional reality, which challenges all images. When we see the initial general plan of the movie, we expect, due to tradition, that a detailed plan comes after, possibly having the leading characters in the story we are going to follow. But such movie traditions are broken by the director and we face an image we can't trust.

Haneke is not concerned in solving the mystery, and the lack of clear answers is part of a political position of the director, who stated that "the more radically the answers are denied to the public, the more they will look for their own truth".

Another interesting consideration, a lot familiar, about this need to understand the occult could be seen during the last Carnival in Rio de Janeiro. The school of samba Unidos da Tijuca was the winner with the theme "It's a secret!", by Paulo Barros, known for his creativity.

The front group presented its dance "Not all you see is what it seems to be". They were helped by a scenographic device during their presentation, through fast moves, that makes it mysterious.

The images were displayed to unveil something, to makes us sure that all the answers were there, and suddenly nothing was as it seemed some second before. How this could happen, if everything seemed so clear? Like in a magic trick, what we had before us was transformed into another thing. Impossible to explain.

The author Paulo Barros offered the possibility of unveiling what happened before our eyes, but warned "do not forget that not all you see is what it seems to be... And if you can decipher what is behind it, don't tell the secret... Let the unexpected involve you and enjoy the surprise! In carnival, you can see how the certainties we have about what we see are changeable."

Michael Haneke, Paulo Barros and Professor Castro Santos, each with his own point of view, show us the complexity of the unconditional view.

Professor Castro Santos rose against it when he saw that all documents from the hegemonic group were deep inside political material, reductionist, aiming at a specific target. His text has the merit of put things into discussion. By examining each of these dangers, from the beginning until today, he shows how the publication of more strict studies and evaluations would help to put the risk in a broader and more challenging perspective.

Cultural factors affect the evaluation that people do concerning risk situation; experts and laymen see risk differently. Additionally, science is not impartial.

DIALOGUES AND DISPUTES BETWEEN THE SOCIAL SCIENCES AND EPIDEMIOLOGY: *the rhetoric of risk*

By **Alba Zaluar**
and **Luiz Antonio de Castro Santos**

"I saw guns and sharp swords
in the hands of young children"

Bob Dylan, *A hard rain's a-gonna fall*, 1962

In a speech for the "Epidemiology Tea" (seminars held every two weeks) organized by Eduardo Faerstein at the *Instituto de Medicina Social* of the State University of Rio de Janeiro, on October 16th, 2008, entitled *The self as risk-taker: Quarrels and dialogues between epidemiology and sociology*, Luiz Antonio de Castro Santos commented on a text suggested for the debate days before the event. In this text (Béhague et alii, 2008), the authors propose to establish a dialogue between anthropology and epidemiology. Before we discuss other important contributions in the debate that morning, we're going to focus on the aforementioned text.

In the cited article, even if the authors try to discuss some interfaces between anthropology and epidemiology in health research, in our view – we anticipate a general conclusion –, we would still find a very limited dialogue between the disciplines. Anthropology and, particularly, sociology are absent in the debate, or have an ambiguous stand. Some indication of the relative importance accorded to different disciplines is conveyed by the references: of the many citations in the text, just half a dozen, if that many, could, strictly speaking, be classified as "anthropological literature".

Dominique Béhague and Helen Gonçalves are social anthropologists, with frequent forays into epidemiology. Let's take as an example of Helen Gonçalves' production her essay about "body perceptions" of people who suffer from tuberculosis and who stop treatment, published in an anthology organized by the anthropologists Luiz Fernando Duarte and Ondina Leal in 1998 (Gonçalves, 1998). The essay reflects an early phase, highly productive, of her anthropologic



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career. Different from the text *Anthropology and Epidemiology* (Béhague et alii, 2008), the anthropologic **essay** key concepts (whose formal characteristics are entirely different from the “introduction, methods, results, discussion” mold, adopted in epidemiological texts) are representations or perceptions of a sick actor. The author carries on a dialogue with what we could call “root” anthropological theory (Mary Douglas and Lévi-Strauss, among other authors), not only with medical anthropology. From the beginning, she keeps herself distant from medical anthropology, often more “medical” than “anthropological”. In the English text, in which Helen Gonçalves gives a contribution, we face another basic concept, which is that of risk. Thus, it is as if the themes raised by Gonçalves walk on two distinct paths: in the first text, we have an anthropological conceptualization of “self as risk taker” (Mary Douglas, 1992); in the second, Béhague and Victora’s, we have an epidemiologic conceptualization of “self as risk-averse” (still Mary Douglas). This is the epistemological mark of the text published in *Ciência e Saúde Coletiva* (Science and Collective Health). From the first to the second example, we pass from an emphasis on the actor who runs risks, or who doesn’t consider them as the basis of her actions, to the actor who is averse to them, who runs from them in order to maximize her life chances, a healthy life based on alleged rational choices. We are, of course, in a scenario of ideal types or constructed categories.¹

But there is more to it. In the first article, the notion of stigma approximates the anthropologic discussion about people suffering from tuberculosis to the sociologic discussion of Erving Goffman (1963) or Oracy Nogueira (2009), masters of the study of stigmatization processes which may result from public policies, social movements, or from culture itself, in tribal and complex societies. We think that, from the beginning, the notion of risk, in epidemiology, may lead to anti-tobacco policies to lower morbidity and mortality rates. However, a tragic effect that these policies haven’t foreseen (or have neglected) was to turn smokers in outcasts, new lepers or plague victims of the 21st century. We have here, strictly speaking, not an epidemiological issue, but an anthropological and sociological one.

Here we reach our final comment on Béhague and her peers’ text: it is a promising attempt to set a point of convergence and critical reflection, but we still walk on the path of risk, not on the one of social representations. The text doesn’t have the interpretative vigor of anthropology. The challenge is to establish a dialogue with no syncretism. There is no epistemological space for “pleasing” between the two fields. The (op)positions must be totally clarified as antipodal proposals to a certain degree.² This isn’t in Béhague and peers’ text, which is valuable for many other reasons. What we feel is that the collaborative adventure doesn’t bring the announced “epistemological lessons” yet, but epidemiological lessons. Deep inside, we are facing an attempt of epidemiology to question hegemonic positions in its own field, an important step to recognize its limits and take a position, even if in a hesitant way, in the face of an ethic and political disaster of some health policies entrenched in the

¹ We must remember that it was when she was trying to establish categories that Mary Douglas suggested the adoption of different messages for different cultural groups in AIDS campaigns (Douglas, 1992:102-121; Guivant, 1998: 10).

² For an exciting discussion about the state of affairs of the epidemiology of risk in the 80’s and 90’s, particularly about the “relativity” of the “relative risk” and the emergence of the “epidemic of risk” in medical literature, see the text by Castiel, 1996. Castiel also approaches the vast sociological literature, pointing out the scenario of “new dangers” that it’s opened (or closed?) both for the biomedical and human sciences.

notion of risk. This questioning from inside its own field of discipline may have received its strongest expression to date, predictably polemic, in the recent book of the epidemiologist Geoffrey C. Kabat, professor of the Albert Einstein College of Medicine, in New York, when he criticizes the overestimation and distortions which, as he points out very well, have been characterizing the theme of environmental risk to health (Kabat, 2008).

The notions and positions held by the epidemiological literature of risk don't take into account the multiplicity of subjectivities, and the history of debates and the conflicting formation of concepts, though regularly tending to agreements and consensus, in Anthropology and Sociology. There are many examples in which such flaws can be seen in the epidemiological discourse, regardless of the authors' purposes of conducting an interdisciplinary dialogue. The idea itself, today common in the social sciences, that the representations constitute the mental component of any social action, that they constitute a symbolic mediation of each social transaction involving human beings, should lead to an awareness on the part of epidemiologists of its deep theoretical implications. Among these implications are the consequences for proposed and executed interferences in Public Health, since it is necessary to take into account the thought and practices of the subject who is the object of such interferences. Not only to epidemiology, but also to collective health, such theoretical and programmatic consequences represent difficult challenges, which are far from being faced in the mainstream production of the field, as, for example, the silence about smokers – whose representations simply are not being considered, as individuals deprived of the basic right of using public spaces.

One of the most important authors in the debate on risk, the German sociologist Ulrich Beck, proposes that the new modernity is the "society of risk" (Beck, 1992). Beck doesn't intend to debate, as Randall Collins brilliantly does, the recent vulnerability of social spaces that promote the rites of sociability, which have become the target of anti-tobacco campaigns (Collins, 2004, cap.8; Castro Santos, 2007). Beck's main concern, along with other authors such as Anthony Giddens and Scott Lash (Beck et alii, 1994), is the technological and environmental risks that we could call "of great impact", regarding the consequences for the future of humankind and planet, in the historical project of the modernity. Considering the conflicts around the technological hazards, which change the safe/unsafe axis, a multiplicity of social groups, associations and movements – all sorts of "experts" – aim at being specialists, or position themselves as such, since information is more and more shared and necessary to face the consequences of human action over the planet. Mary Douglas and Aaron Wildavsky put the (un)safety issue under a cultural angle. Their basic question addresses unique cultures – both in tribal and complex societies: When they ask "How safe is safe enough to a particular culture?", they end up equally questioning the possibility of experts to define acceptable "universal" levels of safety. I.e., strictly speaking, there are no experts (Douglas and

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Wildavsky, 1982). In the words of the sociologist Julia Guivant, “we have to deal with uncertain knowledge, an aspect that the technical perspective about risk does not consider when it ‘overintellectualizes’ the decision making processes and ‘overemphasizes’ the laymen limitations, classified as irrationals” (Guivant, 1998, p.4).

In this perspective, the point is to compare social practices or cultures in action that allows for discovering which ones drive people forward to new spaces, new experiments, actions whose results are unpredictable or unknown, or simply answers to challenges. They have a lot more to do with flying a glider, diving in deep waters, placing bets or betting in the stock market, taking part in a car race, than with smoking a cigarette without knowing when, where and if he/she is going to acquire cancer. The purpose of this comparison is to answer questions that have always worried human beings: when to protect oneself, how much to risk to expose oneself to in the search for freedom? The answers of cultures and people have been multiple and it is necessary, above all, to understand what is at stake when it comes to risk.

More recently, harmony and conflict mark the positioning of authors such as Giddens, Beck and Lash. In general, both in their work and in the recent literature, there are points of convergence. The two first authors coincide when they propose that the society of risk concept should substitute the society of classes. In her excellent study of literature on environmental risks, and in her challenge from the social sciences perspective, Julia Guivant (1998) precisely points out the limitations of such an interpretative “turn”, because it particularly reflects the contexts observed in rich countries. Giddens doesn’t suppose a changing process so decisive, as Beck does, but this view is not totally absent in his works. Guivant suggests a “simultaneity” of processes in dependent countries. “We can consider, for instance, that Brazilian society is crossed by problems of scarcity, that the distribution of wealth is highly unequal among social classes, together with the problems of a society of risk, without counting with an active reflexivity as the one Beck identifies in more industrialized societies” (Guivant, 1998, p.34). But it would be unfair to Beck and Giddens to say that they don’t emphasize how the effects of the society of risk are unequally distributed in the society. They are the poorer, the most vulnerable to both authors (Beck, 1992). The stigmatization, for instance, falls more heavily on the poor.

While looking at contemporaneous societies, the literature has been trying to show the plural character of the notion of risk and its (in)acceptability, as well as the disintegration of existing certainties in industrial society. Having no consensus that could be easily recognized, with no legitimating core, individuals have at the same time more possibilities of choice, of having a social self, or selves, in the plural, even more plural and complex, and assume more responsibilities for their own biographies. Because of that, in this society of individuals, freedom to act according to their personal choices is at the same

time each one's endowment and responsibility. In another theoretical perspective, in order to leave an individualism which can be easily turned into utilitarianism, it's necessary to recognize that the search for new certainties, avatars and protection for him/herself and for others becomes a compulsion for new links of recognition, based on social bonds that unite and construct subjectivities. This is the agenda of another network of research, led by the French group M.A.U.S.S. – an anti-utilitarianism movement in social sciences” —, based on the classic contribution about gift and reciprocity, by the anthropologist Marcel Mauss.

The meanings and limits of precaution

As we have been asserting, some health policies, imposed as a solution to reduce “relative risks”, have ignored the free enjoyment of social bonds that produce and reproduce subjectivities. In the case of the war against smokers, we are facing the “sanitary” cleansing of public spaces, in order to get rid of alleged deviant behavior. A new concept, dressed up in sociological, legal and medical clothes, has been praised as the “precautionary principle”, a precept used to defend public health policies by governments all over the world, even in the absence of clear scientific evidence.³

Bruno Latour's recent challenge on these issues (Latour, 2010) invites us to turn inside out the very precautionary principle, the way it is been interpreted by governments and applied by legislators and health authorities, led by the epidemiologic community. Latour humbly postulates the need for “new rules” for the experimental method, not Emile Durkheim's old “rules” any more, which are still present, nonetheless, in all scientific activity.. For a long time, says Latour, rational actions were considered a consequence of scientific knowledge – *le savoir expert*. The passage from knowledge to action was justified by the supposition of a complete knowledge of cause and consequence (ibid: p.1). A public health expert or consultant, in the absence of a solid knowledge of cause and effect, takes “precaution” **against** risk, in order to eliminate it. In a Latourian reading, precaution must lead to **living** with risks, under certain conditions. It's not a matter of resurrection of an anarchist or revolutionary ethos. In truth, the precautionary action, moved by the corresponding principle, consists of “examining, exploring, feeling”, taking into account the voice of the other (p.1). “*Pour s'entendre, il faut entendre*”(p.2).

The “never exactly calculated” risk has the necessary counterpart of a shared responsibility, of a social accountability, of a “permanent surveillance” by society, not **over** it.⁴ In the terms currently in use by the health field in Brazil, it is surveillance not institutionally imposed, but lived as a “social control” – not “control” in the classical Durkheimian sense, which refers to social norms and rules introjected by the subjects, but the control as exercise of strict attention and evaluation of the population over the very institutional surveillance devices.

³ For a position defending the precautionary principle in Brazil, see Dallari, 2006. In this important work, the author says: “In a way, it can be asserted that the analysis of the elements that constitute the precautionary principle goes back to the basis of Public Health. It is evident (sic) that to carry out prevention, as an intrinsic historical element to the concept of Public Health, it is indispensable the continuous surveillance not only of epidemiologic data, but also of the political environment in which they occur, implying, mainly, the great values that the society intends to shelter, its ethic option. It is fair to recognize, therefore,, that the new ‘precautionary principle’ has been useful to impel the State to perform one of its essential and primary mission: to protect and preserve Public Health” (Dallari, 2006, p.25). We are concerned with this call for a missionary conduct from the State, a call that may drive it to conceive ethically unfounded and politically authoritarian health policies, in the name of the great values of the society it intends to shelter. (We thank Sylvia Ripper, M.D., for calling our attention to Dallari's article).

⁴ “Autrement dit, dans tous les modèles d'action, la vigilance va de pair avec la prise de risque. (...) Plus je prends de risque plus j'apprends comment et surtout face à quoi devenir vigilant ». (Latour, 2010, p. 1).

Surveillance is in truth another thing, different from “health surveillance” – it is the attention, the informed knowledge, participated and participative in the face of risk.

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Surveillance is in truth another thing, different from “health surveillance” – it is the attention, the informed knowledge, participated and participative in the face of risk. It is not a precautionary accessory; rather, it is its primary element. Likewise, when the narrow lines between expertise and action are broken, perplexity changes places with certainty, as a new partner of surveillance and of the very action aware of the risk. Experimental science now becomes, suggests Latour, a collective experimental science, spread to the very action and to collective experiences, deep in the hard uncertainty of controversies (p.3). The author argues that the precautionary principle, deep inside, keeps us from disqualifying the interlocutor with whom the understanding is needed (p.2). In sum, the voice of knowledge is not the voice of an expert facing “alternative experts”, but the one facing the non-knowledge of laymen, contributors of vast experiences in global scale. The experimental model remains valid in a strict sense, but the “collective” experimental science Latour talks about corresponds to broad processes that will make possible another principle, the principle of good government. Cautious in the face of the search for the famous “social determinants” of health by epidemiologists, the good government will have to consider the real world indeterminations (Guivant, 1998, p.35), and to disclose the limits of scientific certainty to the population sensitive to daily risk and to the ways to face it.

Drugs and culture

If the Anglo-Saxon literature on risk and culture was the focus from the 80’s on, particularly Mary Douglas’ contribution, French authors have been present in the recent international production. We’ve already underlined Latour’s remarkable critique of the “precautionary principle.”. Other people must be considered now. Some important intellectuals involved in this discussion, in France, apart from researchers from other countries, took part in an international meeting, *Drogues et Cultures*, organized by OFTD (Observatoire Français des Drogues et des Toximanies) and by Chaire Santé de Science Po, held in Paris, in December, 11th to 13th, 2008 (<http://www.drugandcultures2008.com>).

The extraordinary effervescence of the debate was reported in the closing conference by the sociologist Robert Castel (ibid: December, 13th, 2008, video). Castel approached some of the issues and conclusions, suggesting caution in the face of toxicomania. Castel distinguishes between users and toximaniacs, but points out the desirability of prudence and limits on the adoption of any institutional practice, coercive and punitive, based on medical and legal knowledge. The consumer – light or heavy – is a **social** subject; drug use is a social behavior that must be the territory of social science. This is a banal statement for social scientists, Castel reminds us; however, it seems that this escapes the medical and legal fields of knowledge, that even excludes the social scientist from the debate on policies and programs.. Although he hasn’t approached the narcotraffic issue, for sure his observations could be applied to

the last theme, in which forensics and police tend to ignore the analyses of sociologists and anthropologists.

The recent French work on the subject returns to the pioneer contributions, with new readings and evaluations of Mary Douglas' works, plus an interesting adaptation of Howard S. Becker's classic about the "moral career" of marijuana users. Now, Becker's theme is reviewed through the view of the new "outsiders" of the 21st century, the French smokers (Becker, 1963; Peretti-Watel, 2007). Exposure to risk is emphasized, both for tobacco and drugs users, but frequency of use and amount of exposure are taken into consideration. These last aspects are almost always neglected in the literature on health hazards associated with tobacco, as if any level of exposure produced identical dangers in daily life. The French literature focuses on different group social attitudes, which bear different risks, and relate to equally different social representations. In his presentation to the Seminar *Drogues et Cultures*, the sociologist Patrick Peretti-Watel emphasizes the polissemic nature of the notion of risk, and the epidemiological models that produce knowledge and "non-knowledge" of drug user social behavior (*Conférence Drogues et Cultures*, December, 13th, 2008, video).

Another author in this debate in France, the anthropologist David Le Breton (1991, 2004), emphasizes in his works the taste for risk that characterizes some categories of people, such as entrepreneurs and athletes. Instead of avoiding a risky action, these individuals and their "tribes" opt to seek the risk, looking for and giving value precisely to experiencing "the passion for risk" (ibid, 1991), and "risky behavior" (ibid, 2004) when confronting it. The logic of this search can't be understood in terms of rational risk aversion, or, we add, based on paradigms of rational choice, but as a way of unconsciously confronting death and seeking recognition, or giving some meaning to his/her personal life, in the face of his/her "reference groups". These meanings, as interactionist sociologists have demonstrated, may be given by a "reference group", or constructed in the action of the very subject, even without the actual or direct interference of the group or collectivity.

Uncertain risks

In view of what we have said above, the very idea of life preservation above all, of longevity values, and the option for the calm life of the ones who do not take risks must be relativized, so that we can understand why some people and groups prefer just the opposite. The definition of risk in the social sciences approach is, therefore, a multiple, polyphonic social construction, being one of its present purposes the one of the Epidemiology and being, as pointed in this essay, almost always seen as polemic by sociologists and anthropologists. This discussion becomes crucial to understand what is at issue. If we consider the risk from the vantage point of rationalities which emphasize calculus based on socio-economical or environmental variables, all of them probabilistic, we

The recent attention to social networks in the work of epidemiologists – their emphasis on supportive relationships – would have a lot to gain from a careful examination of the symbolic interactionists' work concerning rites of sociability, which may come to reduce the impact of risks on health in unsuspected and unexpected ways.

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leave unexplained what can't be measured, because it belongs to the sphere of human freedom, to what an Anthropology founder – Bronislaw Malinowski – called “the imponderables of life”. These imponderables are always considered by social scientists in their attempts to understand, explain and interpret the world. The rhetoric of epidemiology doesn't leave room to the treatment of intersubjectivity for the understanding of plural social representations, multiple and co-existing in daily life.. Thus, in the current work by epidemiologists, the interpretative resources from Anthropology and Sociology are lost, particularly in the use of concepts which could create more reliable quantifying variables.

Precisely because of that, old theories about gender, social class and different, social formations, as well as the contemporaneous theories about symbolic interaction and definitions of experiences and sociability, shouldn't be put aside. The recent attention to social networks in the work of epidemiologists – their emphasis on supportive relationships – would have a lot to gain from a careful examination of the symbolic interactionists' work concerning rites of sociability, which may come to reduce the impact of risks on health in unsuspected and unexpected ways (see Collins, 2004).

To be sure, there are destructive and anti-social rites, which are also not susceptible to rational calculus. In contemporary urban societies, unquestionable differences emerge regarding the relationship youngsters from working classes have with their masculinity, clearly attached to the capability of taking and confronting risks. These youngsters look for fights and car races as a form of entertainment, and to reinforce their social cliques. There are a lot of masculinity styles among the middle and upper classes, among “native” and migrants, among youngsters of second generation migrants, among young black (“light” black, mulattoes etc) from different areas of Brazilian cities.

On the other hand, we shouldn't generalize research findings which correlate hegemonic forms of male socialization, prone to behaviors related to courage, aggressivity, combat, competitiveness, and challenge in the face of danger, with violent and risky behavior. Such studies created a stereotyped and “essentialized” “generic male”, always inclined to violence and danger, which would mean to assert a direct determination, without mediation, between being a man and adopting a risky behavior.

If we consider violence and risk as polyphonic, it is indispensable to include the definitions, sensibilities and feelings of the people involved in a focused situation and interaction. From the point of view of social order, it can be said that a manifestation of force becomes *violence* when it exceeds a limit or disturbs tacit agreements and rules which give order to relationships. Therefore, it is the perception of limit (and of the social and personal suffering it entails) that is going to characterize an act as violent. In the same way, risk is also the act or situation that exceeds the capacity of a single actor or social group of anticipating possible outcomes and searching —“exploring” and

“feeling”, as Latour reminds us — for (un)expected results. We are now facing another logic, that of risks that can never be calculated exactly.

Risk and uncertainty merge into each other. . The detection of risk behaviors and violent behaviors depends on sensibilities and emotions, such as fear, and the orientation of the actor towards these feelings. Having more or less knowledge about the harmful effects which would qualify a defined situation as a risk, both for the individual and his reference group, or collectivity, may influence in the course of action taken by the actor. Notwithstanding that, the values and inclination of the subject to face it, individually or in group, may be decisive, and counteract the action that would be “expected” from that knowledge or information about harmful consequences.

That’s why we must attend to the existing zones of social conflict and base any attempts at violence prevention, risk reduction, or “health dangers” on the interactivity of the characters involved in them. If the behavior is essentially social, if the subject is a social actor, this doesn’t mean that the policies to reduce conflicts may leave out each actor’s involvement, each of their words. We are faced with different characters behind the scenes of group relations and conflict zones. We must therefore examine how actors experience the risk, if they seek it or are swallowed up by it, in the double sense for smokers and tobacco and for the user of illegal drugs. (Similarly, ça va sans dire, social science can not be swallowed up by the rhetoric of risk). From the point-of-view of Sociology and Anthropology,, it’s important to understand how the actors evaluate the effects of a drug in their bodies and minds, and how much joy and suffering it causes them. The very idea of compulsion and excess must be relativized and include agent’s subjectivity. Even so, it’s possible to conceive a conduct net that oscillates between action control and compulsion, between rational and irrational, between precaution taken to reduce harmful effects and the manifesting and challenging exposure, in spite of the alleged knowledge acquired about such consequences. Maybe we can trace, as Becker did a long time ago, some social profiles of the ones who seek or don’t get away from risky conducts, from the youthful rebel to the indifference toward an outcome that would only accelerate human finitude. How can we lead those actors to observe actions based on some level of precaution? We are back to real life imponderables, to its indeterminations, to the necessary attempts to give back to men and women the sentiment of the world, with its purposes and secrets finally free to “examine, explore, feel”, free from pre-manufactured and poorly-conceived laws and regulations.

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