

Saving Lives or Pushing Drugs and Agendas?

Publication date: August 31, 2001

By Wanda Hamilton

“The pharmacrats’ agenda, based on the new coercive-therapeutic concept of disease, differs radically from the medical scientist’s agenda, based on the old noncoercive-pathological concept of disease. To advance their agenda, the pharmacrats shift the focus—their own and the public’s—from phenomenon to tactic, from objectively demonstrable disease to dramatically advertised prevention and treatment.”

“The medical doctor treats cancer of the lung. The political doctor treats smoking, preventable by legislation, litigation, and taxation, and curable with nicotine administered by any route other than inhalation. Sanctimony and hypocrisy replace honesty and self-discipline.”

Dr. Thomas Szasz, “The Therapeutic State: The Tyranny of Pharmacracy,” *The Independent Review*, 5(4), Spring 2001, p. 510.

Internationally renowned psychiatrist Dr. Thomas Szasz has written extensively on the medicalization of America and the rise of the therapeutic state. In the therapeutic state, individual choice and responsibility are subverted in the name of health. What were once matters of private health, important only to individuals, become matters of collective health, important to the state. The public health focus is not on treating physiological disease, but on preventing behaviors which could lead to disease. Ultimately the state defines these behaviors themselves as *diseases* to be treated. This is precisely what has happened in the global war against smokers.

A quarter of a century ago, smoking was considered to be a habit hurting only those who chose to indulge in it. As habits go, smoking was not viewed particularly negatively. Everyone knew smoking was not good for those who over-indulged in it, and about a tenth of those who did so eventually contracted lung cancer. The public health establishment—rightly—warned people repeatedly about the health risks of smoking. Those who took up the habit did so knowing of the risks, but apparently feeling that the pleasure and benefits of smoking outweighed its long-term risks. Or, if they eventually concluded the pleasure and benefits were not worth the risks, they stopped smoking. In fact, something like 50 million U.S. smokers have quit, almost all of them on their own without “treatment” of any kind.

In the 1980s, after pharmacological smoking “treatments” began to emerge, the health warnings about smoking changed focus. The public health establishment began putting forth the notion that smokers were not just hurting themselves but were hurting society at large. They claimed that second-hand smoke was not only annoying to non-smokers, but could harm them as well. Further, they said that society as a whole was harmed financially because of excess health care costs of treating “smoking-related” diseases.

Then, with the publication of the 1988 Surgeon General’s report, tobacco use officially became a *disease*, an “addiction” needing “treatment.” Of course, by then the

pharmaceutical industry was ready with drugs to treat this new “disease,” the physicians and addiction therapists were eager to prescribe the drugs, and the public health establishment was delighted to marshal its considerable influence and resources to attack the “epidemic” of tobacco use and push drugs, litigation and legislation to “treat” it.

“Today, when scientific medicine is a robust adult, physicians routinely effect near-miraculous cures; politicians and their lackeys, led by Surgeons General, define disease; the state shows intense interest in the concept of disease; and the term treatment is often used in lieu of the term coercion.” Szasz, “The Therapeutic State,” p. 487.

By the mid-1990s the nicotine war was fully engaged. Smoking—a legal, voluntary adult behavior-- was declared to be a global “pandemic,” the “number one cause of premature death,” and FDA head David Kessler even went so far as to deem it “a pediatric disease,” though no children die from smoking. Ambient tobacco smoke became a deadly toxin, killing thousands of innocent babies and adults, and smokers were ghettoized as social undesirables who could be redeemed only with “treatment.”

An April 1999 World Health Organization “Fact Sheet” illustrates perfectly the pharmacrats’ use of language to stigmatize and medicalize smoking. Entitled “Tobacco Dependence,” the three-page publication uses the word “treatment” no fewer than *thirty-six* times. The WHO tract also refers to smoking as “a paediatric epidemic” and implies that it kills millions of children and adolescents: “This epidemic is predicted to kill 250 million children and adolescents who are alive today, a third of whom live in developing countries.” And it reinforces the notion that smokers cannot help themselves because they are in thrall to their addiction: “...quitting is not simply a matter of choice for the majority of tobacco users. Instead, it involves a struggle to overcome an addiction.”

This propaganda was, no doubt, funded by the pharmaceutical companies marketing the “treatment,” but in an effort to legitimize such outrageous claims the WHO notes that the “fact” sheet was “based upon the best available scientific information” and “was written by a group of experts from developed and developing countries.” The “experts” names are not given, but there is little doubt that at least some of them were paid consultants to the drug companies in partnership with the WHO, possibly even the same consultants who wrote the U.S. clinical guidelines on treating tobacco “dependence.”

The astonishing transformation of a relatively innocuous—albeit individually risky—personal habit to a global disease pandemic in fewer than twenty years could not have happened without the active complicity of the governmental and private members of the public health establishment, the American Medical Association, powerful “health” organizations such as the American Cancer Society, the World Health Organization, and the pharmaceutical industry. And each of these profited handsomely from their partnership in the pharmacratic nicotine war.

Unfortunately, in this war, as in all wars, there have been casualties. Among them are honest science, truth, individual freedom, and the millions of real children and adults in developing countries who are suffering from actual, not manufactured, diseases. While

the WHO and wealthy countries such as the U.S. devote billions of dollars to wipe out adults' choice to use a legal product, in just one year at least 5 million babies born in developing countries die in their first month of life, 17 million people worldwide die from infectious or parasitic diseases, and millions of South Africans contract HIV. Apparently the pharmacrats have been more interested in lining their pockets, solidifying their political power and controlling behavior of citizens in affluent countries than they have been in treating actual preventable disease in developing countries.

Even more dangerous than the misplaced priorities of the WHO and their American anti-tobacco partners are the political ramifications of their focus on "health" as appropriate *behavior*. Not since Nazi Germany has the world seen such emphasis on the medicalization of private behavior as a means to achieve public health.

"The truth is that the Nazi health ideology closely resembles the American health ideology. Each rests on the same premises—that the individual is incompetent to protect himself from himself and needs the protection of the paternalistic state, thus turning private health into public health." Szasz, p. 505.

In fact, the anti-tobacco movement could well have borrowed many of its tactics directly from the Third Reich. Like the National Socialists, the U.S. and the WHO have developed and funded agencies for the sole purpose of eliminating tobacco use, agencies which have created vast propaganda campaigns against smoking. Hitler's Germany severely restricted tobacco advertising and enacted public smoking bans, two of the major goals of the WHO and U.S. anti-tobacco movements. During the Third Reich, children were subjected to anti-tobacco education in school, youth clubs were enlisted to pass out anti-tobacco literature, and smoking was banned in public places for anyone under 18. All these are key parts of the youth anti-tobacco campaigns in the United States today.

It is understandable that the pharmaceutical corporations would fund efforts to demonize tobacco use, prohibit tobacco advertising, enact smoking bans, and push smoking "treatment." All these measures increase sales of their smoking cessation products, especially when the public health establishment, including government agencies, pushes these products relentlessly, coercing even children to use them. The only agenda for any corporation is to make money, and the means of making that money is of little concern so long as they increase profits. The nicotine war benefits the drug companies in many ways: increasing profits, opening new lines of drugs to market, and promoting further development of the therapeutic state, which will ensure increased future profits.

What is less obvious is why legislators, public health officials, doctors and scientific researchers would allow themselves to become drug pushers and facilitators for anti-tobacco programs like those developed by the Nazis of the Third Reich. Many of the current anti-tobacco tactics go far beyond those in the Third Reich. Even the Nazis did not prohibit smoking outdoors or set up "snitch" lines for "good" citizens to report errant smokers, as some locations in California and Canada have done. Even the Nazis did not conduct studies to "prove" that smokers are ill educated, poor, and mentally disturbed, though numerous "studies" like these are publicly funded and conducted in the United

States today. Even the Nazis did not call smokers “child abusers,” though this epithet is being used more and more frequently by anti-tobacco workers in the United States.

It should not be forgotten that many doctors, scientists and public health workers condoned genocide as “hygiene” and atrocities as scientific experiments in the Third Reich, and they did so because at least some of them believed they were improving the health of the society and saving lives. Many of the modern anti-tobacco workers also believe they are improving health and saving lives and that extreme measures are necessary to prevent people from harming themselves by using tobacco. These are the True Believers for whom safety and health are revered above all else.

“It was not fascism, which was not genocidal, but medical Puritanism that motivated the Nazis to wage therapeutic wars against cancer and Jews. This is a crucial point. Once we begin to worship health as an all-pervasive good—a moral value that trumps all others, especially liberty—it becomes sanctified as a kind of secular holiness,”
Szasz, p. 505.

However, the power wielders in the anti-tobacco movement are more cynical and self-interested. They know that tobacco use isn’t the greatest of society’s ills and that preventing people from smoking won’t make any appreciable difference in mortality rates. After all, if people don’t die from “smoking-related” diseases, they will die from something else, but the anti-tobacco movement is a moneymaker and a career maker for them. The drug companies pay well for anti-tobacco work and for anti-tobacco and nicotine research, as does the federal government.

Only the most highly trained biomedical scientists can get grants for trying to find a cure for cancer, but even mechanical engineers and attorneys can easily get health-related, million-dollar government grants for studies in tobacco prevention and control.

Non-governmental organizations such as the American Cancer Society and the American Medical Association increase their income substantially with grants and contracts from drug companies and from the Centers for Disease Control and other agencies in the Public Health Service. They also increase their influence on public policy by sitting on governmental tobacco control committees and panels.

State and federal agencies also benefit financially from tobacco control. Because these public agencies and their anti-tobacco “partners” have made tobacco a hot-button political issue, legislators are persuaded to increase funding for their anti-tobacco programs. Legislators who support anti-tobacco are rewarded, while those who do not are said to have “sold out” to Big Tobacco because of campaign donations and/or they are excoriated in newspaper ads as being “for Big Tobacco and against children.”

Everybody makes out well riding the anti-tobacco horse.

In the long-term view, organizations, government agencies and researchers involved in the anti-tobacco movement are not at all averse to medicalizing America because they will thrive financially and accrue enormous power in a therapeutic state. Though such a

state is undoubtedly tyrannical, they have no reason to fear it, because they will be among its powerful elite.

It is the rest of us who have much to fear, because the Nicotine War is about far more than mere nicotine, and it has nothing to do with saving lives.

“Formerly, people rushed to embrace totalitarian states. Now they rush to embrace the therapeutic state. By the time they discover that the therapeutic state is about tyranny, not therapy, it will be too late,” Szasz, p. 516.