

News analysis

AFRICA/CANADA: BAT DIRECTOR ON AID BOARD SPURS BOYCOTT

Tobacco control advocates were shocked to learn on 7 March that Barbara McDougall, the chair of the International Development Research Centre (IDRC), the Canadian international development organisation, was also a director of Imperial Tobacco, a wholly owned Canadian subsidiary of British American Tobacco (BAT). IDRC has been involved in tobacco control since 1994, when it launched Research for International Tobacco Control (RITC), a project to create a strong research, funding and knowledge base for the development of effective tobacco control policies and programmes in low income countries.

McDougall's concurrent positions on the boards of IDRC and Imperial Tobacco posed a real conflict of interest, not least because by ratifying the Framework Convention on Tobacco Control (FCTC) in 2004, Canada agreed to follow international law to protect public health from tobacco industry interference. Article 5.3 of the FCTC requires that, in setting and implementing public health policies on tobacco, Parties 'must act to protect these policies from the commercial and other vested interests of the tobacco industry in accordance with national law.'

Furthermore, in November 2008, Canada agreed to the guidelines for implementation of the FCTC, which, regarding Article 5.3, include the provision that Parties shall not allow any person employed by the tobacco industry to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy, nor allow any government body to accept payments from the tobacco industry.

In December 2007, RITC received a grant of US\$5.2 million from the Bill and Melinda Gates Foundation, to carry out the Africa Tobacco Situational Analysis (ATSA), an 18 country project to under-

stand the critical determinants of tobacco control success in those countries and inform the development of tobacco control policy interventions across Africa. In addition to the 18 ATSA countries, RITC also provided funding to the African Tobacco Control Alliance (ATCA) and the Africa Tobacco Control Regional Initiative (ATCRI), Pan-African regional organisations implementing tobacco control. ATCA is an umbrella organisation bringing together over 127 non-governmental organisations engaged in tobacco control in 33 sub-Saharan Africa countries.

When the news about Ms McDougall's BAT connection became known, ATCA was working to co-host a meeting to be held in Dakar, Senegal, from 20 to 22 April. At the meeting, results of the ATSA projects were to be disseminated to representatives from government, civil society and donor organisations. It would also provide a forum at which strategy with regard to tobacco control policy, research and funding would be discussed.

Understandably, the McDougall discovery generated vigorous discussion within the international tobacco control community, with Africa as the epicentre due to the upcoming Senegal meeting. In particular, advocates debated whether to boycott the Dakar meeting. Over three weeks, consultations among African and international collaborating organisations led to letters to IDRC and a petition from Physicians for a Smoke Free Canada to the Canadian prime minister, notifying them of the breach of Article 5.3 of the FCTC, and requesting them to take remedial action.

IDRC responded that Barbara McDougall played no role in the day-to-day running of IDRC and would recuse herself from any tobacco control decisions during its board meetings. Her tenure on the board of Imperial Tobacco had ended at the end of March, and IDRC added that it was proud to have someone with McDougall's accomplishments and background on its board and was 'confident that the board under her stewardship continues to maintain the highest standard of integrity...'

ATCA, ATCRI and the Framework Convention Alliance found this response unsatisfactory and sought further dialogue with the programme leader at RITC and the IDRC director overseeing RITC's activities. IDRC replied that it would continue to manage the 'perceived' conflict of interest, though noting that Ms McDougall's term at ITC had ended. In short, it would do nothing.

On 1 April, ATCA asked IDRC to postpone the meeting until the Barbara

McDougall issue had been resolved, but next day IDRC confirmed to all meeting participants via email on that the meeting would be going ahead. On 6 April, ATCA notified IDRC, its own members and the donor community that it was pulling out of co-hosting the Dakar meeting and that none of ATCA's board members would be attending. It also urged its membership not to attend.

ATCA's decision was taken in the light of its own constitution, which prohibits ATCA or its members from having any affiliation, direct or indirect, with the tobacco industry. In inviting its members to participate in the Dakar meeting, ATCA had also requested them to sign declarations that they had no linkages with the industry. ATCA felt that IDRC could not in good faith sign a similar declaration whilst Barbara McDougall was still on its board.

ATCA's announcement met with mixed reactions from the membership. Some of the country teams felt that the meeting was necessary to enable dissemination of their research results and that the opportunity to discuss future funding, research and policy for African tobacco control was not to be turned down. Others applauded ATCA for its principled stance in upholding Article 5.3 of the FCTC.

On 10 April, the Gates Foundation terminated its contract with IDRC, stating, 'We are deeply disappointed by this revelation and feel this conflict is unacceptable as we work to support meaningful tobacco control programs in Africa. Therefore, we are terminating our tobacco control grant to IDRC, effective immediately. We remain committed to tobacco control work and look forward to continuing to partner with the anti-tobacco community to reduce tobacco use in Africa.'

The termination of funding by the Gates Foundation generated considerable media coverage in Canada and the United States, and highlighted the necessity for governments to implement the FCTC's Article 5.3 and its guidelines. The announcements by ATCA and the Gates Foundation received support from Corporate Accountability International and the members of the Global Network Against Tobacco Transnationals (GNATT). In addition, Canadian tobacco control advocates renewed calls to their government to remedy the situation.

This discovery of the presence of a tobacco industry operative on IDRC's board, though shocking, should not have come as a surprise. Apparently, Barbara McDougall may not have been the first fox in the henhouse. A search of tobacco



This paper is freely available online under the BMJ Journals unlocked scheme, see <http://tobaccocontrol.bmj.com/site/about/unlocked.xhtml>

All articles written by David Simpson unless otherwise attributed. Ideas and items for News Analysis should be sent to: d.simpson@iath.org

News analysis

industry documents reveals that since at least 1996, Imasco, a Canadian tobacco, fast food and retailing subsidiary BAT and the parent company of Imperial Tobacco Ltd, has had a member on the Board of IDRC. This followed the launch in 1994 of IDRC's programmes to fund policy research on tobacco control in developing countries, at the 9th World Conference on Tobacco and Health in Paris.

A memo written on 15 October 1996 by Shabanji Opuka, then corporate affairs manager with BAT at its London headquarters, to his colleague Michael Prideaux, director of corporate and regulatory affairs, expressed concern over the role of IDRC's tobacco control programme and the impact it would have on BAT's markets in the third world. The memo noted 'The Canadian Government funded IDRC embarked on a major tobacco control programme beginning late last year. It is understood that a sum of about US\$5 million may have been committed to this programme... We need to address this IDRC initiative with a view to helping our end markets, especially in AMESCA, to lobby their governments more effectively and to expose whatever is perceived to be IDRC's inconsistent and misplaced emphasis on a sector that is otherwise of great benefit to the economies of these countries... I understand that one of the IMASCO Directors sits on the IDRC Board!... I would be grateful for your help with establishing this position and getting help from IMASCO on this IDRC connection. This seems to me a reasonable starting point.'

The discrediting of IDRC's otherwise sterling reputation in tobacco control over the last 16 years must be the fulfilment of BAT's dreams, 14 years down the line. Thirty years ago, Africa had almost no credible voice within tobacco control. Following Africa's unity during the negotiations for the FCTC that supported the strongest provisions possible to tackle the tobacco epidemic, one can say that the African tobacco control movement has since come of age and is now providing important leadership in enforcing the Articles of the FCTC.

RACHEL KITONYO

ATCA, Lomé, Togo
kitonyo@atca-africa.org

AUSTRALIA: PLAIN PACKS BY 2012

The federal government of Australia has made the announcement that it intends to be the first country in the world to introduce plain packaging. If its plans, certain to

be challenged by the tobacco industry, are fulfilled, all cigarettes sold in Australia from 1 July 2012 will have to be in plain, standardised packages carrying only graphic warnings against smoking. The brand name is to be relegated to the same font for all brands, to appear in a small size at the bottom of the pack, and on the sides.

Internal tobacco industry documents and observations of tobacco companies' promotional activities since regular tobacco advertising began to be progressively restricted show that the pack is, in effect, the ultimate tobacco advertisement. From experimentation with new types of pack to the increasing appearance of 'power walls' in retail outlets, manufacturers have hoped that the massive sums they spent over many decades to establishing specific names, colours, logos, descriptors and other unique devices for each of their brands would go on working for them once only the pack was left.

Not only does the Australian announcement put paid to this plan, but any hope that small details in the name of a brand name might yet allow its promotion over a rival are likely to be dashed. Department of health officials are reportedly also considering what may be included—and what excluded—in a brand's name. For example, 'blue' signals a 'light' brand to many smokers, based on years of deceitful promotion of the notion that such brands were proven to be 'safer' (industry code for 'safe' or, at the very least, 'less likely to kill people'). So, if manufacturers want to continue marketing certain brands that currently contain certain key words after the principal name, such as blue, or red (= macho), they will have to drop the banned words or change the name to something that has not been established to have a hidden meaning.

Australia has long been a world leader in tobacco control. In making the announcement of this latest, world-leading policy development, the prime minister, Kevin Rudd, acknowledged that the manufacturers would hate the move and would fight it. Tooth and nail, he might have added. Nonetheless, he said, "We believe this and other measures help to reduce smoking. We intend, therefore, to get on with the job." And getting on with the job is exactly what he did next, by announcing an immediate 25 per cent increase in tobacco tax.

Cigarette companies have only themselves to blame for the latest move announced by one of the countries most determined to see the end of tobacco use.



Australia: A mock-up of the type of logo-free cigarette pack that the Australian health department plans to be the only legal packaging by 2012.

As the Scottish writer Sir Walter Scott wrote just over two hundred years ago, "Oh what a tangled web we weave, when first we practice to deceive." In the great public health clean-up operation to conquer the tobacco epidemic, every last filament of the companies' tangled webs of deceit must be swept away.

WORLD: TOUGH POSTERS FOR WORLD NO TOBACCO DAY

For World No Tobacco Day on 31 May, 2010 the World Health Organisation (WHO) created a series of posters on this year's theme, gender and tobacco, with an emphasis on marketing to women. Taking a leaf out of the book of so many tobacco advertisers over so many decades, WHO came up with a series of advertisements featuring attractive young female models—with a difference. Each poster was designed to follow WHO's aim of drawing attention to the harmful effects of tobacco marketing and smoke on women and girls, by dramatically illustrating some of the ultimate effects that smoking can have.

In many countries where public education about women and tobacco use has been neglected or absent, it is often thought that smoking diseases are mainly reserved for men. In such locations, if the new images are reproduced and disseminated by local health agencies, three of the four images may come as something of a shock to those who see them. They deal with some very unpleasant diseases caused by smoking—throat cancer, mouth cancer and gangrene. Each striking image shows a beautiful young female model, made up to include, respectively, a post-laryngectomy voice prosthesis; severely disfigured lips; and a severely swollen and discoloured ankle and foot.

The fourth poster takes a more subtle line to address and rectify another important misconception projected by tobacco



World: One of the striking posters created by the World Health Organization for World No Tobacco Day on 31 May 2010.

promotion. It shows how anti-social smoking in the presence of others can be—the exact opposite of years of effort by tobacco companies to portray smoking as an essential accompaniment of successful social interaction among young people. The images are not limited to use on World No Tobacco Day and can be downloaded from the website of the WHO's Tobacco Free Initiative (<http://www.who.int/tobacco/>).

NEW ZEALAND: INDUSTRY IGNORED, TAX RAISED

Ignoring a desperate campaign by the tobacco industry, on 29 April the government announced the first tobacco tax increases in a decade. The measure, approved swiftly under 'extraordinary emergency' parliamentary measures by 118 votes to four, involves three rises, each of 10 per cent, over three years. One came into effect immediately, with the next two to follow in January 2011 and 2012 respectively. As a result of the increases, the previously low retail price of rolling tobacco will increase by 20 per cent and factory made cigarettes by around eight per cent.

The industry had mounted a massive offensive to try to avoid any rise, using the whole range of industry anti-tax rise tactics (see New Zealand: industry's false tax claims exposed. *Tob Control* 2010;19:91–2). Apart from welcoming the rise itself and the prospect of the decline in consumption—and hence in future tobacco disease rates—which will follow, health advocates were particularly delighted that the

government had completely ignored the industry's campaign. Concern for New Zealanders' health and evidence-based public health policies won the day.

BRAZIL: EFFORTS TO SCRAP SMOKE-FREE LAWS

Current federal legislation does not create 100 per cent smoke-free indoor environments, as there are exemptions for separate, isolated, and properly ventilated smoking areas. The government therefore presented a new federal bill (315/08) to the Senate in August 2008 to abolish designated smoking areas in all enclosed premises.

On the very same day that Bill 315 was presented, an individual senator proposed a draft law to amend current federal legislation, leaving to the discretion of the owner or manager of indoor public spaces 'the segregation of smoking areas which should be isolated by physical barriers and equipped with technical solutions that allow the exhaust air from the smoking area to be extracted outside.' As has become familiar elsewhere, tobacco companies and their allies have been promoting ventilation systems in Brazil as an alternative to smoke-free air laws. The inclusion of such a 'technical solution' suggests that this bill had been directly influenced, if not actually written, by the industry.

Since then, there has been a tug of war over Bill 315. Among the factors initially delaying its progress was the fact that Brazil's president, Luiz Inácio Lula da Silva, a former metal worker, still smokes. Initially saying that as he himself could not give up, he would feel unable to stop visitors smoking in his office, he later showed a deeper understanding of tobacco addiction and the bill's recognition of it, declaring his support. At last, in early March 2010, Bill 315 was approved by the Senate's Constitution and Justice Committee and passed to the Social Affairs Committee. Lastly, it will go to the House of Representatives, the lower house of parliament, for final consideration and approval, probably in November.

However, since Bill 315 was first launched, there have been two important and opposing developments. First, some states have taken their own action—100% smoke-free laws came into force in São Paulo, Rio de Janeiro and Paraná states last year, making a total of seven states with laws in conflict with weaker federal legislation. Second, tobacco interests have been mounting an ever more vigorous

campaign to try to ensure that Bill 315 does not become law.

Organisations opposing the bill include the tobacco workers' union, the Brazilian member of the International Tobacco Growers' Association, agencies in three southern, tobacco growing states and the Chamber of Tobacco Production, a quasi-independent but industry dominated body under the Ministry of Agriculture. The latter played a major role in postponing ratification by Brazil of the Framework Convention on Tobacco Control (FCTC). Economic threats have been particularly prevalent in tobacco growing states, with a newspaper warning that 'all the previous discussion about tobacco and the Framework Convention was just noise compared to what lies ahead... The timing is very dangerous for the region.' Several newspapers have claimed that tobacco control advocates and health officials 'want to completely eradicate tobacco.'

Altogether, just about every tobacco industry diversionary and blocking tactic has been used, including 'accommodation' and ventilation 'solutions', economic scare tactics about both farming and the perceived (though unproven) negative effects on tourism, attacks on science, litigation and legislative pre-emption. Smoke-free indoor environments are urgently needed in Brazil, but increasingly intense propaganda campaigns show that there is clearly still a major battle ahead. The world will be watching to see whether the government has the will and the authority to back its health ministry's bill, for the benefit of future generations of Brazilians.

PAULO CRP CORRÊA

Unifenas-BH Medical School,
Belo Horizonte, Brazil
paulocrpcorreia@yahoo.com.br

JAPAN: JT'S ANTIEMETICS

Japan Tobacco (JT) sells antiemetics. They are azasetron hydrochlorides, 5-HT₃ antagonists, with the commercial names Serotone, available as tablets or for injection. Their use is restricted to nausea and vomiting caused by anticancer agents.

In 2001, JT announced it had bought rights to develop and market lung cancer vaccines, attracting criticism as an example of commercially driven ethical duplicity in the industry. One official talked of servicing 'the cancer market.' In the logic of the marketplace, the more cancer, the more desperate victims willing to open their wallets. In selling antiemetics for which use is restricted to the

News analysis

symptoms caused only by anticancer agents, JT seems to be playing the same game once more. It sells cigarettes, making profits; cigarette smokers can get cancer; and JT can make more profits from their treatments.

The company is apparently reluctant to mention the antiemetics on some of its websites. On its English language website, they are not mentioned at all; and on the Japanese website, the words 'restricted to the nausea and vomit caused only by the administration of anticancer agents' cannot be reached until a new window of Torii Pharmaceutical Co Ltd, a JT group company, is opened and the screen changed three more times. On the second screen, of Torii Pharmaceutical, the visitor is asked whether he or she belongs to one of the local (Japanese) medical or health professions—doctor, dentist, pharmacist, nurse, etc—and then presented with the statement 'Please acknowledge that (this) is not intended for dissemination to the general population or medical professionals in foreign countries.' Only if 'yes' is clicked, can any mention of anticancer agents be found. Perhaps even a large and highly profitable tobacco company realises how duplicitous the pairing of two parts of its operations can appear.

JIRO TAKAKI

Okayama University, Japan
jirosinryounaika-tyk@umin.ac.jp

MAURITIUS: WOMEN IN POLITICS—THE BAT LINK

If ever there was a need for an anti-emetic among those without smoking-induced lung cancer (see above), it would be among the citizens of Mauritius. Already sick of massive exposure to propaganda from British American Tobacco (BAT) over



Mauritius: a BAT executive as she appeared in posters and leaflets encouraging women to go into politics.

many years, they were recently deluged by posters and flyers promoting an organisation called WIN—Women In Networking—which promotes women's participation in politics. But there seemed to be something amiss about an otherwise entirely laudable scheme.

In WIN's leaflets and posters advancing its aims, a young woman is shown vaulting over 'Injustice.' She is a 27 year-old Mauritian called Aarti Gulrajani, a perfect example of the sort of woman who overcomes barriers and stands as a candidate for political election. Newspaper articles waxed lyrical about how keen she was on sports—a table tennis champion, on the board of the National Olympic Committee of Mauritius—as well as a skilful administrator. In prose tending from sweet to saccharine to near emetic, she was described as naturally attracted by social work, wanting to help women in distress who live in shelters, whom she visited for Divali and Christmas. Laudable though this all sounded, there was a major problem: Ms Gulrajani is the Corporate and Regulatory Affairs Executive of British American Tobacco (BAT) Mauritius.

Has BAT had been using this young woman and WIN to promote its own corporate image, despite Mauritius being the first country to ban corporate social responsibility (CSR) activities by the tobacco industry? It does look suspiciously as though a skilled public relations machine has fed choice morsels of sugary prose associating the company with the young star; and while learning that she is full of energy, stays at her office longer when necessary and sacrifices outings with friends and family, she offers the sage advice that 'Failing to plan is planning to fail.' A suspicious mind might think BAT had been doing some planning about how to continue buffing its own image once CSR was banned. That would surely be circumventing the law? Perish the thought!

OBITUARY: KONRAD JAMROSIK

Dr Konrad Jamrozik, who died from sarcoma aged 54 in March, was one of Australia's leading epidemiologists. A distinguished and active researcher on tobacco and disease for more than 30 years, his interest in tobacco took root when he saw its devastating results during early clinical work. In 1979, a Nuffield



Konrad Jamrozik as Odds-on Kon the book-maker, demonstrating the relative risks of smoking.

fellowship took him to Oxford, UK, where his study of brief cessation interventions by general practice staff led to his DPhil. While in the UK, he was a ubiquitous and welcome participant in public health activities. He cut a distinctive figure, tall and fit looking, as even during cold, wet British winter weather, he more often than not wore shorts.

His subsequent career included appointments at the universities of Western Australia, Papua New Guinea, Imperial College, London, Brisbane and most recently, Adelaide. He also worked many short-term secondments including projects with universities, international and intergovernmental agencies in Europe and the United States, as well as many within Australia. In 2000 he received the inaugural President's Award from the National Heart Foundation of Australia and last year, the Nigel Gray Award for Achievement in Tobacco Control.

Konrad Jamrozik worked tirelessly for the implementation of effective tobacco control policies at every level, generating research essential to support it, while encouraging and supporting others in similar work. He was well known and respected as a speaker at conferences, a much published researcher and a tireless editor and contributor to journals, including *Tobacco Control*. He will be greatly missed but most warmly remembered by his family and many devoted and admiring friends and colleagues around the world.

Tobacco Control 2010;19:175–178.
doi:10.1136/tc.2010.037655



News analysis

Tob Control 2010 19: 175-178
doi: 10.1136/tc.2010.037655

Updated information and services can be found at:
<http://tobaccocontrol.bmj.com/content/19/3/175>

These include:

Open Access

This is an open-access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license. See: <http://creativecommons.org/licenses/by-nc/2.0/> and <http://creativecommons.org/licenses/by-nc/2.0/legalcode>.

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:
<http://group.bmj.com/subscribe/>