

Worldwide news and comment

INVESTIGATIONS REVEAL LOBBYING ACTIVITIES OF SUPPOSED GRASSROOTS MOVEMENTS ARE TOBACCO INDUSTRY FUNDED

It's been thirty years since the publication of the first Tobacco Control volume of ground-breaking research. As well as policy evaluations and top quality research, which have contributed to the creation of evidence-based tobacco control policies, the journal has provided a platform for highlighting the strategies that tobacco companies have implemented to fight against policies that impede their business. Now, despite the tobacco industry's attempts to rehabilitate its image through emphatic declarations that it has changed, new investigations reveal that this is not the case. The tobacco industry continues to use the age-old third-party technique to lobby against regulations that will impact its profits.

Separate investigations by the *Daily Beast* in the United States, and *The Investigative Desk* in the Netherlands partnered with *Le Monde* in France have revealed that the activities of the World Vapers' Alliance – a pro-vaping, seemingly-grassroots initiative of anti-smoking advocates, is anything but. The *Daily Beast* reported that sources and leaked documents have revealed that British American Tobacco (BAT) has been instrumental in 'orchestrating, directing and funding' the World Vapers' Alliance and intended to use the Alliance to lobby governments, including the European Parliament, to reverse regulations such as flavourings bans, health warnings and tax increases.

In November 2021, *Le Monde* and *The Investigative Desk* found that the *World Vaper's Alliance* and the *Consumer Choice Center*, have travelled Europe protesting against the regulation of e-cigarettes and mobilising citizen support through disingenuous campaigns without disclosing their relationship with the tobacco industry. The Consumer Choice Center does declare tobacco industry funding on its website (Philip Morris International, Altria and BAT) and it tells us that it (the Consumer Choice Center) funds

All articles written by Karen Evans-Reeves and John Baker unless otherwise attributed. Ideas and items for News Analysis should be sent to k.a.evans-reeves@bath.ac.uk

the World Vapers' Alliance. However, the World Vapers' Alliance website does not declare that it has tobacco industry-linked funding.

The *Le Monde* article provided details of some of the World Vapers' Alliance campaigns. One involved an electric minibus and eight European cities, and was referred to by *Le Monde* as 'The Minibus of Deceit'. The World Vapers' Alliance went on a tour of European countries including Barcelona, Milan, Berlin and London to mobilise citizen voices in favour of e-cigarettes and against their regulation. At each stop the set up included a dedicated area to write to government against e-cigarette regulation and another area to record testimonies from vapers on how vaping has saved their lives. No mention was made of the Alliance's link to the tobacco industry.

Both the Alliance and the Consumer Choice Centre have been actively lobbying the European Parliament against e-cigarette tax increases and policies that would see e-cigarettes treated in a similar manner to combustibles. A third of the Consumer Choice Centre's annual budget is spent on traditional lobbying efforts at the European Parliament.

The Koch brothers, made rich from fossil fuel extraction, are neo-liberals and climate change deniers who fund climate scepticism campaigns. They also provide funding to the Consumer Choice Centre through a convoluted route of third-parties. For example, Students for Liberty provide funding to the Consumer Choice Centre. Students for Liberty are funded by Koch owned organisations such as the Charles Koch Foundation, Charles Koch Institute, Donors Trust, Donors Capital Fund. The article in *Le Monde* provides significant detail of the money trail, including the fact that the Consumer Choice Centre, although it primarily operates in Europe, was set up in the United States, which has different rules on disclosing financial donors and was actually established in the first instance by Students for Liberty. A tangled web indeed.

FORMULA ONE'S GOVERNING BODY HAS A NEW PRESIDENT. DOES THIS MEAN THE END FOR F1'S LONG-STANDING RELATIONSHIP WITH TOBACCO?

STOP published a report this year that revealed how Philip Morris International (PMI) and British American Tobacco (BAT) are using their sponsorship of the Ferrari and McLaren teams to reach the sport's growing number of young fans,

particularly through social media and e-sports.

This prompted youth advocates, led by International Youth Tobacco Control, to write to Jean Todt, President of the F1's governing body, the Fédération Internationale de l'Automobile (FIA), asking him to act so youth can enjoy tobacco-free sport, as is the case in every other major global sports series. The former Ferrari Chief Executive's response echoed one he provided last year to an open letter from more than 100 civil society groups, shifting responsibility to individual countries. Yet Todt never addressed the fact that the sport's global coverage and online presence can subvert national bans on tobacco advertising and sponsorship.

However, as of 17 December 2021 there is a new president of the FIA. Disappointed by Todt's response, international youth advocates wrote to the two candidates up for the job. Both talked about sustainability and growing global audiences for motorsport during the election campaign, yet neither addressed the urgent issue of ending tobacco sponsorship.

In the end Mohammed Ben Sulayem from the UAE beat FIA Deputy President Graham Stoker to the job, ending Todt's 12 year reign. Ben Sulayem has a long association with motorsport as a rally driver and FIA official.

The resurgence of tobacco's presence in F1 is a combination of historic failure and more recent inaction. In the early 2000s when most of the world committed to the WHO FCTC, countries (particularly in Europe, where most F1 teams are based) implemented restrictions and bans on tobacco advertising and sponsorship. F1 followed the lead of other global sports and committed to end all tobacco sponsorship and advertising by 2006. And tobacco companies did leave the sport—all but one: Ferrari sponsor PMI. PMI launched 'Mission Winnow' in 2018 – a way to gain greater recognition of its F1 sponsorship and once again placed branding on F1 cars. BAT, which once even had its own F1 team, rejoined the sport as a McLaren sponsor in 2019. Tobacco spending has increased from an estimated US\$50 million in 2018 to an estimated US\$105 million in 2021.

The more tobacco companies use F1 to brandish their logos and messaging on and off the racetrack, the greater the potential exposure among F1's growing young fanbase. While those messages don't specifically promote cigarette brands, they do promote brands, slogans and messages of two of the world's biggest cigarette companies and the brands of nicotine and

e-cigarette products that are not harm-free, perhaps especially to young bodies. In the USA, Vuse – an R.J. Reynolds e-cigarette brand, first licensed by BAT in 2014 and now owned by the tobacco giant after its acquisition of the American tobacco company in 2017 – is already one of the most popular e-cigarette products among high school students. In 2020, BAT began consolidating its e-cigarettes under one global brand – Vuse.

And research suggests that this type of marketing exposure can lead to more favorable perceptions of these harmful companies among youth, which can increase smoking rates.

Given F1's global reach, the threat to public health around the world is significant.

Ben Sulayem stood on a slate with other candidates offering a clear vision for F1. One he called an 'FIA for members' manifesto. While this is a change in not opting for the continuity candidate of Stoker, Ben Sulayem is an FIA insider who carefully mapped this long path to the presidency. He campaigned on doubling motorsport participation, strengthening diversity and inclusion and being a leading opinion-former on sustainable mobility. Laudable ambitions, though the Abu-Dhabi-based millionaire has said he will commute to the FIA's Paris headquarters in his own private jet. So it will be interesting to how the fine words of his manifesto translate into action.

Certainly F1's environmental impact and relationship with countries with questionable records on human rights records which use motorsport for sportswashing will come under scrutiny. There appears to be little interest in curtailing those teams which continue to take tobacco money in flagrant breach of the sport's voluntary ban.

Where such change has occurred it has come from the teams themselves. In December 2021, the Mercedes F1 team faced criticism for its sponsorship by King-span, a company connected with cladding of the Grenfell Tower in London, where a fire claimed 72 lives. Mercedes ended the deal, reported to be worth GB£3million.

The world is watching. And health advocates stand ready to celebrate if the FIA leader can finally take the necessary steps to protect F1's young fans and end tobacco sponsorship in the sport for good. It's time F1 quit its tobacco addiction.

Phil Chamberlain

Managing Editor, Tobacco Tactics, Tobacco Control Research Group, University of Bath, the research partner in STOP funded by Bloomberg Philanthropies.
P.Chamberlain@exposetobacco.org

TOBACCO CONTROL IN PORTUGAL: STAGNATING WITH PARTIAL INDOOR SMOKING BANS

In Portugal, one person dies every hour due to a smoking-related disease. In 2019, 13 559 individuals died from a smoking-related illness (11.7% of total deaths for the year), with smoking attributed as the top cause of age-standardised healthy life years lost. In addition, 15% of smoking-related deaths are caused by second-hand smoke exposure. Those children exposed to secondhand smoking pre, during and post pregnancy have a higher risk of respiratory diseases, allergic sensitisation and high blood pressure. Exposure to second-hand smoking is still frequent: 7.7% of the population is exposed daily, and this occurs more frequently in leisure places (34.0%), at home (30.4%) and in the workplace (25.7%).

In 2019, Portugal ranked 20th out of 36 European countries on the tobacco control policy scale, with lower scores attributed to poor policies on tobacco price, health warnings, stop smoking support and bans on smoking in public places. Since it ratified the WHO FCTC in 2005, Portugal has slowly strengthened its tobacco control policies. On August 14th 2007, new legislation (Law no. 37/2007) set maximum levels of tar, nicotine and carbon monoxide in cigarettes, introduced warning labels and implemented restrictions on tobacco use in enclosed public spaces. Smoking was banned in indoor areas of healthcare settings, teaching and commercial establishments, museums, theatres, hotels, restaurants, cafes and bars, among others. However, there were exemptions: smoking was allowed indoors in casinos and in cafes, restaurants and bars of less than 100 squared metres that were equipped with smoke extraction systems. In larger areas, indoor smoking areas were permitted if physically separated from the remaining spaces.

On 26th August 2015, a new legislation (Law no. 109/2015), aiming to better protect the population from secondhand smoke, was adopted. This legislation restricted smoking in restaurants and bars, allowing it only in areas with no table service. This ban would not come into force until first January 2021, allegedly to avoid economic losses for those who had invested in smoke extraction systems after the 2007 legislation. In 2017, another law (Law no. 63/2017) reduced the number of places where indoor smoking areas would be allowed, and stated that its characteristics would be defined in a future government decree – this decree proposal

became public and was submitted for public consultation on sixth August 2021.

Representatives from the bars and clubs' industry reacted strongly against the proposed regulations, saying that these would be impossible to implement and that it would become 'impossible to smoke in bars and clubs'. Though some recognised that clients' safety should be the first concern, others argued that these changes would worsen their economic situation, a situation already weakened by the COVID-19 pandemic. The proposal stated that only settings with more than 100 squared metres and three metres high could have smoking areas – and that the smoking areas should be less than 20% of the total floor plan. These areas should be separated from the remaining areas by automatic doors and a vestibule, and should have ventilation systems (and defined the levels of negative pressure, the concentration of PM 2.5 and PM 10, among others).

While the reaction from the restaurants and bars sector was expected and civil society is sympathetic to some of the economic arguments, it is clear that the 2007 legislation did not lead to adverse economic consequences. Furthermore, international evaluations of comprehensive smoke-free laws in indoor public places such as restaurants and bars have found limited adverse economic consequences.

However, even if the new proposals are accepted, there is still a way to go. Many would argue that defining more limited indoor smoking areas simply confuses the message that smoke-free indoor policies are best for health.

The limitations of partial bans have been already extensively discussed in the literature: the adoption of bans that allow exceptions may hinder their communication and enforcement. Smoking will continue in indoor spaces – even in areas that may not entirely fulfil the characteristics defined in the legislation. Therefore, the aims of the restrictions will be undermined, individuals will still be exposed to carcinogens and smoking will continue to be a normalised behaviour. Indeed, in 2010–2011, after the 2007 ban, two-thirds of bars and clubs still allowed indoor smoking, and in 2016, 97% of adolescents that frequent cafes, bars and clubs had witnessed smoking in those places and, from those that frequent restaurants, 70.3% had seen smoking there. For higher effectiveness, a comprehensive smoking ban should have been adopted and implemented. But now, for the current legislation to have an impact, it must be clear to

decision-makers that the restrictions need to be clearly communicated and enforced. The authorities responsible for enforcement must be adequately equipped and provided with enough human resources to visit, inform, create awareness and enforce restrictions. Finally, civil society needs to respect new restrictions through collective social responsibility to protect one another: tobacco is still one of the leading causes of loss of healthy life years.

Portugal experienced the latest peak in smoking prevalence in western Europe and has the highest smoking rates among men. Women's smoking rates grew until recently – peaking in 2014. In 2019 and 2020 over 10% of pregnant women smoked. In the face of these data and the fact that smoking remains the top cause of premature mortality in Portugal, decision-makers must be indifferent to the tobacco industry's lobbying efforts, and, as in the case of sugar taxation, fully assume the responsibility for ending the tobacco epidemic in Portugal.

Teresa Leão

Assistant Professor, Faculty of Medicine, University of Porto, Portugal; Researcher Institute of Public Health, University of Porto, Portugal.
teresaleao@med.up.pt

Henrique Barros

Full Professor, Faculty of Medicine, University of Porto, Portugal; Researcher Institute of Public Health, University of Porto, Portugal.

PHILIP MORRIS AND VECTURA- AN INVASIVE GROWTH

Philip Morris International (PMI) products are estimated to kill at least one million people per year. Its acquisition of Vectura, a company which specialises in inhaled medications, taken by many people who have lung disease caused or aggravated by smoking, is grotesque. The move has been widely condemned by professional and patient groups including the American Lung Association, the American Thoracic, British Thoracic and European Respiratory Societies, The European Lung Foundation, the COPD Foundation and the Asthma UK and British Lung Foundation Partnership.

PMI asserts that it can run Vectura at arm's length, and that all will be business as usual. In fact, now that Vectura has become part of the tobacco industry it becomes subject to the rules and guidelines that rightly exclude the tobacco industry from a range of activities. These rules exist because of the way that the industry's long history of killing people for profit has gone hand in hand with deception, dishonesty, and corrupt practices. Vectura, its employees and people who

continue to collaborate with the company will be excluded from membership of professional societies, from participation in conferences (a measure enacted immediately when the takeover was announced), from publication in respectable peer-reviewed journals and from grant schemes and collaborations with respectable universities. Its employees will need to consider their positions. Universities should urgently review and terminate any existing collaborations with Vectura and ensure that no new ones are established.

The latest Global Tobacco Industry Interference Index highlights the pervasive, malign impact of the tobacco industry in obstructing the tobacco control measures that are needed to bring the smoking epidemic to an end. Enforcement of Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) must be heightened, to ensure that the tobacco industry project to insinuate itself into discussion about public health and policy is not allowed to succeed.

Neither people with COPD and asthma nor their healthcare professionals will wish inhaled treatments to be providing a profit to the tobacco industry whose primary business causes or worsens these illnesses. Fortunately, the inhaler market is crowded, and many alternatives are available so that most people with lung disease can be initiated onto a non-tobacco industry linked drug or, where they are already on one, switched across to a different device which is similarly effective.

The takeover of Vectura has only been possible because PMI has been allowed to avoid paying the external costs that accrue through the life cycle of its products – the environmental degradation, lost productivity, death and disease. Smoking is estimated to cause a global social burden of more than \$2 Trillion/year. This takeover is a wakeup call – we urgently need to address this market failure, claw back these costs through measures including 'polluter pays' levies on tobacco industry profits and accelerating the implementation of FCTC measures which are known to be effective on affordability, advertising and industry interference.

Nicholas Hopkinson

Professor of Respiratory Medicine, Imperial College, London.
n.hopkinson@imperial.ac.uk

NEW ZEALAND: GROUND-BREAKING ACTION PLAN MAY HELP COUNTRY ACHIEVE ITS SMOKEFREE 2025 GOAL

On December 9 2021, Associate Health Minister Dr Ayesha Verrall launched the New Zealand (NZ) Government's action plan to achieve its Smokefree 2025 goal. The Action Plan responded to consultation

on a discussion document published in April 2021 that outlined draft proposals.

The NZ government committed to a smokefree goal in 2011, in response to a recommendation from the Māori Affairs Select Committee of the NZ Parliament, which had undertaken a comprehensive Inquiry into the tobacco industry and its effects on Māori (the Indigenous peoples of NZ). Adoption of the Smokefree goal followed sustained advocacy by Māori leaders for a 'Tupeka Kore' (tobacco free) goal, which would see tobacco products, introduced to Māori by colonisation, eliminated. The goal aims for minimal availability of tobacco products and minimal smoking prevalence among all population groups. The goal's strong equity focus recognises that Māori (and Pacific peoples and low SES groups) have much higher smoking prevalence and thus suffer disproportionately from smoking-related diseases and deaths.

The final action plan includes virtually all the draft proposals from the discussion document (the only omission is the proposal to set a minimum price for tobacco products). It sets out a comprehensive strategy to achieve rapid and equitable reductions in smoking, including some 'endgame' measures not yet implemented nationally in any other country.

In the foreword to the action plan, Associate Health Minister Verrall describes it as 'unapologetically bold' and says it 'aims to radically change the smoking environment to make it easy for all New Zealanders to live smokefree.'

The action plan includes the following key measures:

First, it has a clear focus on addressing smoking-related inequities. The first stated outcome is to eliminate inequities in smoking rates and smoking-related illnesses. The first of six 'focus areas' outlined is to ensure Māori leadership and decision-making at all levels. A Māori-led Smokefree Aotearoa taskforce, which includes among its members former Health Minister Dame Tariana Turia, has already been established to advise on whether the action plan is achieving the smokefree goal for Māori. The rationale for the focus on Māori equity and governance has been discussed elsewhere.

Second, the plan addresses structural factors that create and maintain the smoking epidemic, such as the strong appeal, addictiveness, and easy availability of smoked tobacco products. Ground-breaking measures addressing these factors include: greatly reducing the retail availability of smoked tobacco products (decreasing the number of stores able to

sell these products to around 5% of the current number); mandating removal of virtually all nicotine from smoked tobacco products, so these become non-addictive; and introducing a 'smoke-free generation' policy, where it will be illegal to sell tobacco products to people born after a specified date.

Third, the plan includes comprehensive supporting measures such as enhanced smoking cessation services for priority populations, increased funding for mass media campaigns, and support for community mobilisation and community-based interventions to help achieve the smoke free goal. The plan also proposes restricting design features that enhance the appeal and addictiveness of smoked tobacco products including investigating how to best 'restrict' filters to minimise their impact on health and the environment.

The plan also commits to a risk-proportionate framework of regulation for nicotine products, with smoked tobacco products more regulated and less available than vaping products. Vaping is acknowledged as a lower cost and less risky alternative to smoking that could contribute to the Smokefree 2025 goal (eg, via people who smoke switching to vaping). However, the plan also recognises that preventing vaping uptake among children and young people is crucial and proposes enhanced monitoring to ensure an appropriate regulatory balance.

The most recent NZ Health survey revealed substantial reductions in smoking prevalence in 2020/21 compared with 2019/20, although with continuing disparities by ethnicity and SES. Daily smoking prevalence dipped below 10% for the first time to 9.4% from 11.9% in the 2019/20 survey. The action plan measures will help maintain or accelerate this accelerating decline in smoking prevalence.

NZ's ambitious plan has potential global implications. If it sees smoking prevalence

fall to minimal levels by 2025, NZ's action plan could become an endgame template for countries to adapt to suit their environments. NZ's bold and innovative strategies could set an international precedent and offer an exemplar for how the health loss, inequity and economic burden caused by the tobacco epidemic can finally be ended.

Richard Edwards

Professor of Public Health, University of Otago, Wellington, New Zealand. Co-director ASPIRE 2025 Research Centre.
richard.edwards@otago.ac.nz

Janet Hoek

Professor of Public Health, University of Otago, Wellington, New Zealand. Co-director ASPIRE 2025 Research Centre.

Andrew Waa

Senior Research Fellow and Senior Lecturer in Public Health, University of Otago, Wellington, New Zealand. Co-director ASPIRE 2025 Research Centre.

MEXICO: TOBACCO CONTROL REFORMS TO PROTECT 130 MILLION LIVES

In December 2021, the Mexican Senate approved amendments to the General Law on Tobacco Control to include a total prohibition on tobacco sponsorship, advertising and promotion. The new laws will also prohibit smoking and the use of electronic cigarettes or heated tobacco products in all indoor public areas and workplaces. The introduction of these laws aligns Mexico with the WHO's FCTC, which the country ratified in 2004. National authorities from the health sector, civil society organisations, national and international academia, and international organisations have advocated for 13 years to get these public health measures passed.

'This amendment represents a historic step forward for Mexico in its anti-smoking policies and reaffirms its role as one of the leaders in the fight against

tobacco in the world,' said Dr. Cristian Morales Fuhrmann, a Pan American Health Organisation (PAHO) representative. According to PAHO, between 2002 and 2009, daily tobacco use in Mexico declined from 13.5% to 7.7%, but has since stalled. Approximately 63 000 people die each year in Mexico from tobacco-related illnesses.

The Mexican government has also introduced several other tobacco control measures such as prohibiting the import and export of emerging nicotine and tobacco products, graphic health warnings on tobacco packaging, and more recently, communications that provide information on the risks of smoking and COVID-19 infection. The passage of smoke-free legislation is particularly significant in the context of the ongoing COVID-19 pandemic, with Dr. Morales stating 'The pandemic did not eliminate the need to approve these tobacco control measures...on the contrary, it reinforced it'.

Mexico is the twenty-fourth country in the Americas to introduce legislation to prevent tobacco use in all enclosed public places and workplaces, while the country is the ninth in the region to implement a total ban on tobacco sponsorship, advertising and promotion.

The latest reforms also align with Mexico's commitments to the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022 and several health and well-being targets in the United Nations Sustainable Development Goals.

© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.



Tob Control 2022;**31**:125–128.
doi:10.1136/tobaccocontrol-2022-057288