Exposing the tobacco industry’s allies: an investigation by STOP

A recent investigation carried out by global tobacco industry watchdog, STOP, has resulted in over 20 additional organisations being added to its Tobacco Industry Allies database. The database is an important resource to help researchers, advocates and policymakers identify third-party organisations that may be acting to promote the industry’s business interests or narrative, often without making public their links with tobacco companies. Launched in 2019, it now includes more than 130 groups across 33 countries. The organisations identified include retail groups, business associations and think-tanks, among others.

The tobacco industry’s use of these groups is not a new phenomenon. The industry’s reputation has been damaged over the years as evidence of its role in distorting scientific evidence and consistently undermining public health initiatives has emerged. And with 182 countries now being party to the WHO Framework Convention on Tobacco Control (FCTC), which requires governments to limit interactions with the industry, having a network of seemingly independent third-party organisations has become a crucial industry tool to rebuild its reputation, access policymakers and promote its agenda in a way that would not be possible without these allies. One example of this is highlighted through leaked Philip Morris International (PMI) documents from 2012, which revealed how the company planned to use several different types of measures including a ban on cigarette advertising and increases in tobacco taxes. PT HM Sampoerna Tbk, a PMI subsidiary in Indonesia, is a founder of this organisation.

Several other groups have emerged that aim to promote newer nicotine and tobacco products. The Alternative Research Initiative has received funding from the wholly PMI-funded Foundation for Smoke-Free World since 2018 to conduct studies relating to the use and understanding of what they refer to as “harm reduction products” in Pakistan.

Some of these organisations present themselves as grassroots support groups, a tactic known as ‘astroturfing’. The World Vapers Alliance (WVA), for example, presents itself as a vapers’ support organisation, and has lobbied against the regulation of e-cigarettes. An investigation conducted by the Daily Beast revealed that British American Tobacco had a key role in the creation, direction and funding of WVA.

Other allies, such as Concordia, a US-based non-profit organisation that says it is “a global convenor of heads of state, government officials, C-suite executives, and leaders of nonprofits, think tanks, and foundations,” help the industry to build credibility and influence by providing it with a platform to promote its narrative. Concordia’s annual events include a summit which takes place in the same week as the United Nations General Assembly. PMI has regularly spoken and led discussions at these events, and has been listed as a “patron member” of Concordia since 2020.

Many of these groups echo tobacco industry arguments, often framing the industry’s policy positions as a matter of public or economic concern. For example, Stop Illegal Trade, a media forum funded by Philip Morris (Pakistan), promotes the misleading message that increases in tobacco excise tax have resulted in marked increases in illicit trade in Pakistan. This supports industry efforts to lobby against further tax increases that would help reduce tobacco use in a country that is among the world’s largest consumers of tobacco. The Australian Association of Convenience Stores, a retail association which has accepted funding from tobacco companies over at least two decades, also regularly lobbies against tobacco control policies. For instance, it has argued that plain packaging has not been effective and has fuelled illicit tobacco trade, despite data showing that the policy has reduced smoking and exposure to secondhand smoke and there is no evidence that the availability or use of illicit tobacco has changed.

The allies included in the STOP Tobacco Industry Allies database likely represent only a fraction of those acting on behalf of the industry. However, the more groups that are exposed, the easier it is for policymakers to identify industry allies and untangle the hidden conflicts of interest that allow business and policy environments to remain tobacco friendly, in spite of the clear, urgent need to reduce tobacco use globally.

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AUSTRALIA

Government picking up the reigns on tobacco control in Australia

Australia was one of the first countries in the world to introduce large-scale Quit smoking public education campaigns and to introduce tobacco package health warnings. It was one of the first countries to end the advertising of tobacco products in print media, in cinemas and outdoors. It was the first country in the world to use taxes on tobacco products not just to make tobacco products less affordable but also to replace tobacco sponsorship contracts with sporting and arts organisations. And Australia was the first government in the world (ten years ago last Thursday first December 2022) to mandate plain packaging of tobacco products, legislation which the subsequent Government successfully defended through the second and third of three major legal challenges.

Australia’s status over the last decade however has changed from ‘leader’ to ‘laggard’. Apart from strong tax policies that have resulted in significant increases in the prices of tobacco products, the last ten years have been uneventful for tobacco control. That changed on 30th November 2022, with the Minister for Health announcing a package of reforms that will help take Australia back up to international best practice in several crucial areas.

Australia’s current patchwork of eight different tobacco-related laws, regulations and court-endorsed and voluntary agreements is badly outdated and full of gaps and loopholes. The Australian Government’s “Reignite the Fight Against Tobacco Addiction”
reforms seek to consolidate these into one piece of comprehensive national tobacco control legislation, updating and extending several major areas of regulation in the process.

First, the Government will update and improve current graphic health warnings on tobacco products. In line with findings from several international research projects, (eg, figure 1) it is also looking to make individual cigarettes dissuasive with unattractive colours or, as set out in proposed regulations for upgraded pictorial health warnings in Canada, to mandate warnings on individual cigarette sticks.

The reforms will also require Canadian-style inserts in packs and pouches to provide consumers with more cessation-focused information.

Proving that there is no such thing as ‘set and forget’ in tobacco control, the tobacco industry in Australia, left pretty much to get on with ‘business as usual’ has been engaging in aggressive price-related promotion, and has developed product gimmicks such as recessed filters and flavoured ‘crush-balls’ that distract from the essential harmfulness of its products. The Government’s reforms announced at the end of November 2022 will

► standardise the size of tobacco packets and products
► prevent the use of specified additives in tobacco products, including menthol and other flavours
► standardise the design and look of filters
► limit the use of appealing product names such as “organic” or “light”, that falsely imply such products are less harmful and
► modernise regulation of marketing, including extending its coverage to e-cigarettes.

In addition, reforms will require greater transparency from tobacco companies about sales volumes and pricing, product ingredients and emissions along with their advertising, promotion and sponsorship activities.

The Australian Government has also announced its intention to tackle current widespread illegal supply of e-cigarettes throughout the country. Australia’s Therapeutic Goods Administration is undertaking a consultation about measures to more effectively achieve the aim of protecting children from harms associated with nicotine while ensuring medical care for smokers wishing to use nicotine vaping products for smoking cessation.

Finally tobacco control advocates are also looking forward to the long-delayed release of an updated Australian National Tobacco Strategy which it is hoped will complement these legislative reforms with a commitment to funding for integrated mass media campaigns and complementary campaigns targeted at high prevalence populations, with specific elements and local campaigns developed for and by Aboriginal and Torres Strait Islander peoples, continued investment in multifaceted and culturally safe approaches to reduce tobacco use among Aboriginal and Torres Strait Islander peoples, support for community mobilisation and community-based interventions, and enhanced smoking cessation services, especially to ensure equity of accessibility for priority populations across the whole nation.

For more information about tobacco control in Australia see Tobacco in Australia: Facts and Issues.

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NORTH AMERICA

Goodbye, PMI. Philip Morris removed from Canadian COVID-19 vaccine collaboration

Tobacco giant Philip Morris (PMI) was recently removed from Canada’s Medicago Inc vaccine collaboration following a determined 2 year global advocacy campaign led by ASH Canada and Corporate Accountability (CAI). This development represents an enormous win for global public health, ensuring that the control of one pandemic doesn’t compromise that of another.

The news of the expulsion was conspicuously leaked out through a Quebec French-language newspaper on Christmas Eve, likely in an effort to suppress news coverage of the decision. Anticipating this possibility, the lead advocacy organisations (ASH and CAI) quickly issued a multi-language news release to publicise the decision globally through various news services and social media platforms.

The PMI removal follows the World Health Organization’s (WHO) March 2022 decision to refuse Medicago’s application for global distribution of the vaccine through the COVAX distribution system. The involvement of PMI was cited as the primary reason for the decision. The Canadian government-backed collaboration represented a blatant contradiction of Article 5.3 of the Framework Convention on Tobacco Control (FCTC), which requires Governments to protect public policies from vested interests of the tobacco industry. Subsequently, at the World Health Assembly in May 2022, WHO member states were formally advised to refuse accepting or distributing the “Philip Morris vaccine.”

The removal of PMI from the Medicago vaccine consortium is a victory for public health and for the WHO FCTC.
in particular. The government of Canada invested US$130 million in the vaccine collaboration despite knowing that PMI was a major investor and that this relationship could contravene Article 5.3 of the treaty. Article 5.3 is a cornerstone of the FCTC and tobacco industry interference is regarded as the single largest barrier to the effective implementation of the treaty.

Ironically, the Canadian government championed a decision at the eighth Conference of the Parties of the FCTC in 2018 urging all participating countries to comply with Article 5.3 and its guidelines. Unfortunately, the Canadian government did not follow its own directive and the absence of government-wide guidelines enabled the PMI collaboration.

Canada is viewed as a world leader in tobacco control. If the Canadian government is vulnerable to tobacco industry engagement and collaboration, then so are many governments. All FCTC treaty participants need to fully implement Article 5.3 and its guidelines and the Canadian government needs to follow its own directive by closing the door on any future collaborations with tobacco corporations.

In addition, governments need to implement other protective articles of the convention such as Article 19, which gives governments the power to sue Big Tobacco for its negligence, deception and public health damages. This action needs to be taken rapidly to hold the industry accountable and deter further misconduct.

The civil society advocacy campaign to expel PMI involved publicity efforts, a social media campaign, numerous presentations and meetings with key stakeholders, targeted letter-writing, a pivotal appeal to the members of the World Health Assembly and various governments and regulatory agencies such as the Food and Drug Administration (FDA).

Over 100 members of the Framework Convention Alliance (now the Global Alliance for Tobacco Control or GATC) participated in the advocacy campaign, including several who publicly urged their national governments to refuse accepting the ‘Philip Morris vaccine’. We are very grateful for the assistance, guidance and support of over 100 organisational members of the GATC who participated in the advocacy campaign, especially the Global Centre for Good Governance in Tobacco Control (GGTC) and STOP (Stopping Tobacco Organisations and Products).

Organisations were deeply concerned about PMI exploiting the COVID-19 pandemic for commercial gain while perpetuating the greatest industry-driven epidemic of our time. Tobacco use is responsible for over eight million deaths globally each year and PMI products are a significant contributor to the enormous human toll of disease, suffering, and death.

This concern was apparently lost on the Canadian government which argued to the end that the PMI collaboration did not represent a treaty violation. However, the government’s messaging conflicted sharply with the WHO’s decision to refuse global distribution of the vaccine. The WHO’s widely publicised decision to refuse global distribution of the vaccine was pivotal and made it untenable for the vaccine to gain approval until after PMI was removed.

We applaud the WHO, the FCTC Secretariat, the Tobacco-Free Initiative, and the Pan American Health Organisation for vigorously defending and upholding the treaty and the WHO’s organisational policy to reject tobacco industry partnerships. This policy extends to organisations that are in official relations with the WHO including Gavi, the vaccine alliance which oversees the COVAX vaccine distribution system.

It cannot be overstated: the expulsion of PMI from Canada’s vaccine collaboration is a major victory for the global public health, the WHO FCTC, and the tobacco control community. We should all celebrate this momentous achievement. Goodbye, PMI.

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ASIA
Bhutan reverses sales ban on tobacco

In 2010, Bhutan was lauded globally for being the first country to ban tobacco sales and smoking in public places. The ban lasted for over a decade until the circumstances posed by the COVID-19 pandemic compelled policy makers to change course, legalising the sale of tobacco within the country.

In 1989, local government leaders in Bumthang, the religious heartland of Bhutan, endorsed a ban on tobacco sales in the district. Discussion in the 70th National Assembly highlighted that smoking was considered reprehensible regardless of whether it was viewed from a religious or a public health lens.

Bhutan embarked on its journey towards a tobacco-free society by ratifying the WHO Framework Convention on Tobacco Control (FCTC) on 23 August 2004 following by a nationwide ban on the sale of tobacco the same year. This represented the strong political will of the government and the collaborative enforcement of tobacco control measures steered by the Bhutan Narcotics Control Authority. Interestingly, Bhutan faced no organised opposition from the tobacco industry while instituting the ban on tobacco sales.

Building on the nationwide sales ban in 2004, the Tobacco Control Act, 2010 imposed a comprehensive ban on all tobacco products in Bhutan. The law prohibited cultivation, manufacture, supply and sale of tobacco products; imposed bans on advertisements, promotion and sponsorship of tobacco products along with restrictions in films; declared smoke-free public places or zones; and also prescribed a labelling requirement for display of country of origin and health warnings on tobacco products. Tobacco consumption, however, was not banned. Import of tobacco products for personal consumption was permitted, but taxed. The law also levied a sales tax of 100% for imported tobacco products from India and an additional custom duty of 100% for tobacco products from other countries. The Tobacco Control Regulations, 2013 and the Tobacco Control (Amendment) Act, 2014 imposed limitations on the quantities that could be purchased for personal consumption and required declarations of importer’s identity. The law also prohibited the illegal sale of tobacco and the use tobacco products in public places, punishable under the Penal Code Act of Bhutan, 2004.

Despite the existence of a robust legal and regulatory framework for tobacco control, smuggling and a black market for tobacco was rampant in Bhutan. Tobacco use in Bhutan has not decreased significantly, with a tobacco use prevalence of 24.8% and 23.9% as per the STEPS 2014 and 2019 respectively.

After the onset of the COVID-19 pandemic, the Bhutanese government deliberated the Tobacco Control (Amendment) Bill, 2021 in response to the
increased smuggling of tobacco across international borders that had raised concerns of cross-border transmission of COVID-19 despite border closures. In July 2021, the government amended the 2010 Act lifting the decade-long ban on tobacco sales and permitting the sale of tobacco products in grocery and ‘pan shops’. Bhutan Duty Free Limited was made responsible for providing tobacco stocks to authorised micro general outlets. Under this notification, sellers are barred from the sale of loose cigarettes and are required to seek identification and proof of age from buyers and maintain records of their sales.

The taxation regime also witnessed significant changes during the COVID-19 pandemic. The Tax Act, 2021, which came into force in July 2021, revised sales tax on tobacco from 100% to 0% until the implementation of the new GST Act, 2021, (which was scheduled to come into force in July 2022 but was deferred until July 2024), effectively reducing taxes on tobacco by 100%. However, in November 2022, the Bhutanese government reinstated the 100% sales tax on tobacco-related products and increased custom duty by 10% under the Tax Act, 2022.

Bhutan continues to ban production and manufacturing of tobacco and tobacco products within the country. Sale of tobacco and tobacco products to minors is still prohibited, and sale of tobacco and tobacco products in the vicinity of schools, monasteries (dzongs), hospitals, clinics, basic health units (BHUs), and heritage sites is not permitted.

Claims by the Bhutanese government suggest that the overhaul of the ban on tobacco and tobacco products in the country is a temporary measure. The framework for tobacco control has now shifted from a ban to regulation, raising concerns around the inadequacy of legal and policy infrastructure to support such regulation, including labelling measures and the taxation regime. Permitting the sale of tobacco and tobacco products by state-owned retailers would likely increase availability and access to tobacco products. Although possibly a temporary measure, taxes on tobacco and tobacco products have been halved raising concerns around increased affordability of tobacco products. Increasing excise taxes and prices on tobacco products is one of the WHO’s ‘best buys’ – most cost effective – interventions for tobacco control.

Considering the increased access, availability and affordability of tobacco products in Bhutan, WHO recommendations including plain packaging, health warning label requirements, and earmarking of taxes should find place in the newly developing legal infrastructure.

There is also a rising concern of increased initiation and consumption of tobacco among the Bhutanese youth. Bhutan lacks regulations specific to newer tobacco products such as ENDS/ENNDS and HTPs and evidence suggests that electronic cigarettes are particularly appealing to the youth and act as an initiation product.

The healthcare economic burden of permitting the sale of tobacco within the country has not yet been evaluated and might have far-reaching consequences for a healthcare system that is largely publicly funded and dependent on neighbouring countries.

Bhutan’s transition from prohibition to legalisation of tobacco is likely to burden its healthcare system and raises alarms for strengthening its tobacco control framework in line with the WHO FCTC. The government must employ mechanisms to create awareness, launch media campaigns and health promotion activities to deter consumption of tobacco and tobacco products among individuals. With a likely increase in tobacco use in the country, the government needs to provide cost-covered, effective and population-wide support for tobacco cessation.

Given that the historic tobacco regulatory changes in the country were in response to the COVID-19 pandemic, moving forward, in a post-COVID world, the Government should clarify its stance on tobacco control and set targets in line with its international commitments.

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AFRICA
Goodbye, PMI: African Tobacco Control Alliance ensures Philip Morris International
In September 2022, the African Tobacco Control Alliance (ATCA) was notified that Philip Morris International (PMI) was listed as one of the sponsors of the Africa Trade and Customs Week Summit that was due to take place a couple of months later in South Africa between seventh and the ninth of November. Advocates argued that this violated FCTC Article 5.3 and represented a nefarious attempt by a tobacco company to gain access to government decision makers in South Africa, particularly regarding illicit tobacco trade policy.

Together with partners in South Africa, ATCA wrote letters and mobilised members of its network to sign a petition again to ask for PMI to be removed as a sponsor.

The petition dated 21 October 2022, received signatures from 35 organisations from 23 African countries, who noted that they “are concerned by this sponsorship because it is a total violation of the WHO’s Framework Convention on Tobacco Control (FCTC), the first international treaty negotiated under the auspices of WHO in response to the globalisation of the tobacco epidemic, and an evidence-based treaty that reaffirms the rights of all people to the highest standard of health. It is also a violation of South Africa’s current legislation on tobacco control, the Tobacco Products Control Act 83 of 2013 (as amended).”

At the same time as the petition, ATCA mobilised its media network to produce media articles targeting International Organisations affiliated with the United Nations as well as Governing bodies, including the Presidency of South Africa encouraging them to boycott the event if PMI remained a sponsor.

Ultimately, PMI was removed from the list of sponsors and the sessions that it was sponsoring were removed altogether from the agenda, providing another example of successful collaborative advocacy in action.