'To be honest, I'm really scared': perceptions and experiences of intimidation in the LMIC-based tobacco control community

Britta Katharina Matthes [1,2] Mateusz Zatoński,[1,3] Raouf Alebshehy,[1] Mercedes Carballo,[1] Anna B Gilmore [1]

ABSTRACT

Background It is well-evidenced that environmental or human rights advocacy comes with risks for those involved. Much less is known about the risks of tobacco control advocacy despite the emphasis on tobacco industry conduct. This study explores the experiences and perceptions of intimidation among members of the tobacco control community in low- and middle-income countries (LMICs).

Methods We interviewed six experts representing each of the World Health Organization (WHO) regions to inform an online survey conducted among the LMIC-based tobacco control community. Thematic analysis was used for analysing qualitative data while quantitative data were analysed descriptively.

Results Twenty-three participants from five WHO regions completed the survey. Almost three-quarters of survey participants reported that they, or another member of the tobacco control community in their country, had experienced intimidation. The most frequently reported forms of intimidation were discreditation on social or traditional media, legal threats/action and threatening messages. Physical intimidation, theft/burglary, cyberattacks and surveillance were individually rare but reported collectively by over 40% of participants. Results suggested intimidation might be increasing and changing in nature, and undermines tobacco control efforts: it affects organisations' capacity and agenda, their ability to build relationships with those needed to advance policy, as well as the well-being of individuals. Participants used a range of strategies in response to intimidation and reported that they would benefit from better support.

Conclusion This exploratory study suggests that intimidation is a crucial challenge for the tobacco control community. There are several measures the global tobacco control community could take, including establishing an international support mechanism and building capacity to deal with intimidation and draw attention to it.

INTRODUCTION

Environmental and human rights advocacy have been recognised as potentially dangerous undertakings, and cases of advocates who have lost their lives are well documented.[1–5] Organisations such as Human Rights Watch[6] and Amnesty International[7] routinely expose cases of state repression against advocates, and threats and violence against them from powerful corporations.[8] Less attention has been paid to risks faced by the tobacco control

> ### WHAT IS ALREADY KNOWN ON THIS TOPIC
> ⇒ The tobacco industry uses a wide range of strategies to oppose tobacco control policies and those in favour of them. Its efforts have included threats against policymakers and governments, including legal threats.
> ⇒ Less is known about industry attempts to intimidate members of the tobacco control community, including advocates and researchers.
>
> ### WHAT THIS STUDY ADDS
> ⇒ This initial study on the topic suggests that intimidation is common, takes many forms and has significant detrimental effects on organisations' and individuals' ability to function effectively in tobacco control. It impacts well-being and has driven individuals out of tobacco control.
>
> ### HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE AND/OR POLICY
> ⇒ The study identifies an urgent need to study this issue in more detail and find solutions.
> ⇒ It draws attention to measures the global tobacco control community could take to address intimidation and support those affected by it.

community despite evidence of the tobacco industry's willingness to discredit and silence its opponents.[9–13] A Philip Morris memorandum from 1981 suggested dealing with troublesome research findings by '*attacking researchers themselves, where vulnerable*'.[14]

Tobacco control researchers have exposed aggressive and covert industry surveillance of public health groups, and attacks directed against governments[15–19] and prominent researchers.[20–24] Peer-reviewed articles also mention instances in which advocates were attacked or ridiculed in the media or public statements,[11 12 14 25 26] were subject to legal threats or action[14 27 28] or received intimidating anonymous messages.[29] Most of these studies focus on high-income countries. A recent study on industry interference in eight low- and middle-income countries (LMICs)[30] reported examples where advocates were publicly discredited, received threatening messages, believed that they were being followed, experienced cyberattacks, and attempts at cancelling the funding of tobacco control

organisations, showing that intimidation is a concern shared by advocates globally.

More evidence on the risks of tobacco control work is available in the media. Examples include the break-in at tobacco control organisations in Brussels[31] and anonymous messages and calls received by tobacco control researchers from the University of Bath.[32] A New York Times article reported instances of intimidation of tobacco control advocates in LMICs.[33] It documented, among others, public discreditation and physical intimidation against advocates in Indonesia and an armed attack on an advocate's home, leading to fatalities, in Nigeria.[33] Moreover, intimidation of public health advocates working in other areas has been documented, arguably the most notable case being the use of sophisticated spyware against advocates for a sugar-sweetened beverage tax in Mexico.[34]

The WHO Framework Convention on Tobacco Control (FCTC)[35] and its implementation guidelines[36] only require parties to monitor the industry, not to provide support to individuals intimidated by the industry. Furthermore, none of the publicly available tobacco control toolkits provided by international tobacco control organisations are dedicated to or offer detailed advice regarding the risks associated with advocacy.

This paper seeks to enhance our understanding of the lived experiences, and perceptions, of intimidation in the LMIC-based tobacco control community. Focusing on the experiences and perceptions of members of the tobacco control community, it seeks to explore the forms and impact of (and changes over time in) intimidation, responses to intimidation and whether the tobacco control community needs to better address intimidation.

Given the lack of an agreed definition of the concept, our starting point was to consider intimidation as an umbrella term based on the dictionary definition '*action[s] of frightening or threatening someone, usually in order to persuade them to do something that [one] want[s] them to do*',[37] which allowed for both overt (eg, public discreditation in the media) and covert (eg, private messages) intimidations. However, we deliberately explored meanings of intimidation as part of the work. Members of the tobacco control community typically include advocates and researchers, but we allowed for a broader conception to also include, for example, journalists and civil servants by inviting participants to self-identify as part of the tobacco control community while also specifying their background.

It was beyond the scope of the project to capture intimidation in its entirety. Instead, the study aims to act as a starting point to provide initial insights which will help determine whether further research and attention should be directed to this topic.

METHODS

Due to the limited literature and primary data on experiences of intimidation among members of the tobacco control community, we used a two-step approach to data collection using interviews to inform a survey.

Step 1 (expert interviews)
Sampling and recruitment
We purposely selected interview participants (IP) with several years of experience in tobacco control in multiple countries and at the regional or global level. To ensure that we covered all geographical areas, we sought to recruit one participant per WHO region. The participants needed to be fluent in English or Spanish so that the lead researcher could conduct the interviews. Interviewees were identified through our networks with snowball sampling used to identify further participants.

Data collection
The interview schedule was informed by the existing literature[11 14 20 21 25–30] and developed in a series of author meetings. It explored the participants' understanding of the concept, their insights into forms of intimidation members of the tobacco control community face and how they respond to it, specific examples they were aware of, and their perception of the drivers of intimidation, its impacts and existing or potential support mechanisms. We piloted the guide with two experienced members of the tobacco control community. All interviews were conducted in November and December 2020, recorded and transcribed by the lead author.

Step 2 (survey)
Sampling and recruitment
The survey collected primary data from members of the LMIC-based tobacco control community. To participate, a member had to have internet access, read and write English, French or Spanish and self-identify as a member of the tobacco control community in an LMIC. People with tobacco industry links were not eligible.

We shared the surveys through our networks but avoided distributing to mailing lists with unknown recipients to avoid attracting the attention of actors outside the tobacco control community.

Data collection
The questionnaire was based on the existing literature and the interview findings. The survey's purpose, scope and content were discussed in a series of author meetings. It was piloted in English with four non-native speakers of English, including two researchers and two advocates, then translated into French and Spanish by professional translators. In light of both the interviews and piloting, our initial definition was broadened further as follows: '*We understand intimidation very broadly as actions that make you feel frightened or threatened. It also includes unsuccessful attempts at intimidation*'. Given the lack of prior research on the topic, we sought to gain an overview of participants' experiences and perceptions. We included open and closed questions and ensured that participants could add unique answers in sections with closed questions. For example, participants were asked whether they identified as advocates, researchers, civil servants, etc, but also given the option to select 'other' and describe their role differently. The questionnaires are available in the online supplemental file 1.

We used Online Surveys (https://www.onlinesurveys.ac.uk/) to collect the survey data. The surveys were password protected and were open for six weeks between April and June 2021. The results were downloaded into a Microsoft Excel sheet.

Data analysis
Demographic data and closed questions were analysed descriptively. Thematic analysis[38 39] was used for the open-ended survey questions and expert interviews. NVivo V.12 was used to facilitate the analysis. To ensure participants' anonymity, direct quotes only indicate if they came from an IP or survey participant (SP) and, for the latter, whether they had self-identified as advocate, researcher, etc.

Ethics
Given the sensitivity of the topic and that data collection had to be remote due to the COVID-19 pandemic, we chose a survey as the most appropriate method to collect data from individuals

Table 1 Characteristics of the survey participants

Gender	► Female: 14 participants (61%) ► Male: 9 participants (39%)
Role(s)	► Advocate: 9 participants (39%) ► Researcher: 7 participants (30%) ► Advocate and researcher: 4 participants (17%) ► Civil servant: 1 participant (4%) ► Advocate, researcher and civil servant: 1 participant (4%) ► Researcher and journalist: 1 participant (4%)
Experience in tobacco control	► Less than 10 years: 14 participants (60%) ► Less than 2 years: 5 participants (21%) ► More than 10 years: 9 participants (40%) ► More than 20 years: 4 participants (17%)
Region of activity	► South-East Asian Region (SEAR): 8 participants (34%) (*active in seven countries*) ► African Region (AFR): 5 participants (21%) (*active in four countries*) ► Eastern Mediterranean Region (EMR): 4 participants (17%) (*active in three countries*) ► European Region (EUR): 3 participants (13%) (*active in two countries*) ► Americas Region (AMR): 3 participants (13%) (*active in two countries*) ► Western Pacific Region (WPR): no participants

who may experience intimidation. The drawback was that the survey data were not as detailed as, for example, the interview data might have been.[40] Not collecting personal data, which was a means of protecting participants' identities, meant that we could not ask participants for further clarification or more information. The research team benefited from advice given by colleagues in all country income groups and WHO regions. However, due to concerns around data security and collaborator safety during a time when travel was not possible, the research team was limited to UK-based researchers. The team was however diverse with participants from three WHO regions.

Patient involvement
There was no patient involvement.

RESULTS
Sample
Interviews
Between November and December 2020 we conducted remote interviews with five tobacco control experts from five WHO regions. The duration ranged from 53 to 70 minutes. A participant from the sixth WHO region submitted a six-page written response. Four of the six interviewees were from LMICs and five had extensive experience working in LMICs.

Survey
Twenty-three participants completed the survey. The majority identified as advocates and researchers, had less than 10 years of experience in tobacco control, and all WHO regions bar the Western Pacific region were represented (see table 1 for sample characteristics).

Types of intimidating actions: perceived commonality and frequency
Almost three out of four SPs (17 out of 23; 74%) reported they or another member of the tobacco control community in their country had experienced some form of intimidation. *Overt forms of intimidation* aiming to discredit their target publicly—public discreditation via various routes—were reported and experienced more frequently than less public facing forms of intimidation (table 2). Legal threats and actions were also commonly reported. More *covert forms of intimidation* took

numerous forms including threatening messages (also common) or cyberattacks, physical intimidation/violence, burglaries/theft, surveillance and formal complaints, which while individually uncommon were collectively reported by over two-fifths of participants (10 out of 23; 43%).

Changes over time
Two out of three participants (15 out of 23; 65%) covering all five regions reported that intimidation has changed over time. Of those, two-thirds (10 out of 15; 67%) covering all regions reported that intimidation has intensified and almost all (14 out of 15; 93%) found that the forms of intimidations have changed over time (see online supplemental file 2, graph 1). Participants attributed these changes to two processes. First, the *emergence of newer nicotine and tobacco products* which led to '*growth of tobacco industry's business*' (SP, advocate), and brought new actors into the arena. Second, an increase in *channels of intimidation*, including '*paid journalists [and] media companies*' (SP, advocate). Most importantly, online platforms, especially social media, have become crucial spaces through which members of the tobacco control community are targeted. This shift was reported to have resulted in a higher frequency and wider reach of attacks, with attackers often remaining anonymous—'*online, there is no control of authorship or any responsibility*' (SP, advocate/researcher).

The responses also illustrate that *experiences over time varied*: while some participants found that industry attacks have become more subtle, one pointed out that there are now '*more blatant threats against civil society organisations*' (SP, advocate). As an interviewee noted, '*[the tobacco industry] chooses its intimidation tactics depending on what works effectively in local settings*' (IP, expert).

Perceived drivers of intimidation
Over a third of the SPs (8 out of 23; 35%) from four regions (African Region (AFR), South-East Asian Region (SEAR), European Region (EUR), Eastern Mediterranean Region) reported that intimidation happens because the tobacco industry was fearful of tobacco control: '*adequate tobacco control policies mean less business for the tobacco industry*' (SP, advocate) and, therefore, the tobacco control community is '*a thorn in the side of the tobacco industry*' (SP, researcher). Through intimidation,

Table 2 Forms of intimidation, frequency of experience and numbers of respondents, including number of WHO regions

Have you experienced/do you think that other members of the tobacco control community have experienced…, and how frequently*? (n=23)					
	I have experienced it.		**Other members of the tobacco control community in your country have experienced it.**		**I or another member has experienced it.**	**WHO regions**
Public discreditation—social media	10 (43%)	Frequently: 3 Sometimes: 4	12 (52%)	Frequently: 5 Sometimes: 7	14 (61%)	Five
Public discreditation—traditional media	9 (39%)	Frequently: 3 Sometimes: 6	12 (52%)	Frequently: 6 Sometimes: 6	12 (52%)	Four
Public discreditation—other (eg, statements on the website)	9 (39%)	Frequently: 3 Sometimes: 5	10 (43%)	Frequently: 3 Sometimes: 5	11 (48%)	Four
Legal threats or attacks	5 (21%)	Frequently: 1 Sometimes: 3	9 (39%)	Frequently: 4 Sometimes: 3	11 (48%)	Four
Non-anonymous intimidating messages	6 (26%)	Frequently: 1 Sometimes: 3	9 (39%)	Frequently: 1 Sometimes: 4	10 (43%)	Five
Anonymous intimidating messages	6 (26%)	Frequently: 1 Sometimes: 2	8 (34%)	Frequently: 2 Sometimes: 6	9 (39%)	Four
Cyberattacks	4 (17%)	Frequently: 2 Sometimes: 1	8 (34%)	Frequently: 1 Sometimes: 2	8 (34%)	Four
Physical violence/intimidation	2 (9%)	Frequently: 0 Sometimes: 2	4 (17%)	Frequently: 1 Sometimes: 1	4 (17%)	Three
Theft/burglary	2 (9%)	Frequently: 0 Sometimes: 1	3 (13%)	Frequently: 0 Sometimes: 1	3 (13%)	Three
Other:† spying/surveillance	2 (9%)		2 (9%)		2 (9%)	Two
Other:† anonymous complaint to the employer	2 (9%)		0		2 (9%)	One
Other:† disseminating false information about individual/organisation among policy makers/in hearings	1 (4%)		1 (4%)		2 (9%)	Two
Other:† complaint against the organisation to controlling authority	0		1 (4%)		1 (4%)	One

*The participants were provided with the following options: All the time, Frequently, Sometimes, Rarely, Never, Prefer not to say/I don't know. 'All the time' remained unused.
†These forms have been identified on the basis of responses to open-ended questions.

the industry would also try to prevent '*new voices [to] come up in the future*' (SP, researcher). One interviewee who could not recall examples of intimidation noted that civil society had not been heavily engaged in tobacco control, suspecting that the industry might not perceive it as a threat.

The *government's role* was also important for explaining intimidation. '*The industry intimidates more advocates in LMICs because there is less support from the governments and fewer consequences to face*' (SP, advocate/researcher/civil servant). Interviewees also linked intimidation, especially its more dramatic forms like physical intimidation, and burglary, to contexts of weak institutions, poor governance and high levels of corruption, also implying that people in such contexts have less expectation of being protected by the state.

Knowing who is behind the attacks
Participants tended to be *more confident about the originator of the attack where the intimidation was public facing*: at least half of the participants reported being at least 'quite sure' that such attacks could be attributed to the tobacco industry (see online supplemental file 2, table 1). In some cases, evidence on who is the aggressor was available: in one instance, there was a legal case filed against a tobacco control organisation, in which the plaintiff was known. In another, a participant reported having evidence that money had been offered to journalists for publishing denigratory information about the tobacco control community. Some participants stated that obtaining evidence on the source of the attack was at times challenging although the content was revealing: '*They use exactly the same narrative as those furthered by [tobacco company] against tobacco control advocates*' (SP, advocate).

Participants were *less confident in identifying the aggressor where the intimidation was more covert*, including anonymous messages, cyberattacks, physical intimidation and theft (see online supplemental file 2, table 1). Between 20% (physical intimidation/violence) and 45% (non-anonymous messages) of participants reported being at least 'quite sure' that the tobacco industry was behind the attack. Advocates considered multiple factors in attempting to understand the events: '*the circumstances, the timing and the methods and the targeting were more what let us… to have the firm conviction that this was not just a random job*' (IP, expert). While some participants reported they would retain messages or letters, many participants reported difficulties in obtaining evidence on the origins of covert attacks.

Impact of intimidation
More than two in three participants (17 out of 23; 70%) covering all five regions reported that intimidation affected them and their work. The analysis identified three impacts. First, it *affects the organisational level*, '*eating up time and resources*' (IP, expert).

> I have to spend more time preparing for possible industry attacks when I am proposing an action… There is a huge quantity of energy spent on dismantling the allegations of the industry. (SP, advocate/researcher)

Second, intimidation *impacts collaboration*: '[i]t creates obstacles for building relationships with decisionmakers, media, non-governmental organisations, WHO and other international organizations, government, opinion leaders' (SP, advocate); 'Some legislators might hesitate to work with us given the suggestion that we are "foreign agents"' (SP, advocate); 'Some […]

stakeholders fear being attacked by the [tobacco] industry if they partner with [tobacco control] organisations' (SP, advocate).

Finally, it *affects individuals*, making them uncomfortable or fearful. '*[It] sometimes scares me to go public with the information I may uncover*' (SP, advocate/researcher/civil servant). Also, an interviewee suggested that '*when you receive a legal challenge or many people attack you on social media (…) it's understandable if you maintain quiet because of it*' (IP, expert). Participants from three regions (AFR, SEAR, EUR) shared examples of people who had quit advocacy as a result of intimidation. One reported: '*Many medical doctors and young people stopped because they were not expecting to receive accusations of unethical intentions*' (SP, advocate/researcher).

Over a third of the participants (8 out of 23; 35%) covering all regions said that they *do not engage in certain activities or do not say certain things* because they fear consequences. Talking about a country with very limited tobacco control progress, an interviewee shared, '*I would personally want to have a strong voice and share what I'm sharing in other countries… But I can't… I'm scared*' (IP, expert). An SP commented, '*sometimes, you feel threatened and find yourself carefully selecting the words… or you feel the need to protect your family members from getting hit by the assaults indirectly*' (SP, advocate).

Where close links between policymakers and industry existed, advocates would try '*to avoid getting into a direct conflict with some of these very influential people or institutions*' (IP, expert). They would instead *focus on areas that were deemed safe*, for example, raising awareness about the dangers of smoking. '*They don't mention names [of those with industry links]. This is a red border; they have to stop there*' (IP, expert). It is worth noting that in such context, the state is the feared oppressor.

Responding to intimidating actions

Participants reported a range of techniques they employ in response to attacks, most prominently '*correcting*' industry false claims and *exposing industry conduct* through public statements or the media. One participant reported that when false information was shared through the media, they would respond by '*sending official letters to the media with proofs of incorrect information*' (SP, advocate). Another participant mentioned that the standard response was to file a *legal complaint*.

Several participants mentioned that their organisation or funder had a *non-engagement policy*, either generally or for a specific area such as social media. Yet, a participant reported,

> it's difficult to not engage when you are being attacked personally in so many platforms at the same time. It scares you and it would be great to […] expose these situations so they stop happening. (SP, advocate/researcher)

Looking at whether their responses worked well, most participants found that they were at least partly successful (see online supplemental file 2, graph 2). Responses were found to create awareness among policymakers and the public. In addition, responding was effective in showing the industry that '*advocates will not be scared easily*' (SP, advocate). A few participants reported direct effects when responding to intimidation (eg, an attacker backing off and a legal case being withdrawn).

Some participants mentioned responses to intimidation that were disruptive or had a negative impact on the targets: a participant shared that they had changed their contact details and became very concerned about *digital security*. Another participant reported that following an attack from a tobacco company, their boss asked them to *stop working on that company*. An important concern regarding responding to intimidation was

that exposing industry conduct could raise the visibility of the industry which would not necessarily facilitate its discreditation.

What is needed to better handle intimidation?

While most participants covering all regions commented that there is *awareness and evidence* that intimidation happens, most saw room for improvement: '*it's not taken seriously (by the) tobacco control community*' (SP, researcher/journalist). Furthermore, an increased understanding that it is not a matter of individual cases was important: '*[we need] more evidence on how this is a concerted effort*' (SP, advocate).

> It would be helpful for everyone to know that they are part of a community facing similar challenges. It would reassure them, it would encourage them because when you then face intimidation, you feel you're not alone. (IP, expert)

Most participants saw the need for *more and more timely support*, both from the government and the international tobacco control community '*to reach more people and fight back better*' (SP, advocate). Types of support included legal and financial support as well as psychological support for those affected by industry attacks. *Government support* was perceived as crucial and often lacking. When advocates filed complaints, the response was slow. Another concern was related to the government's role in protecting and not constraining the freedom of speech of civil society organisations and individuals more generally.

Regional or international tobacco control organisations were also perceived as an important source of support. An interviewee explained these organisations could, and to some extent already do, facilitate responding to threats or discrediting efforts by '*helping with legal support and, with letters to media, letters to authorities or even sometimes putting some media communication*' (IP, expert). While it was known that organisations provide help for governments receiving legal threats, less was known about existing support for civil society organisations or individuals: '*because most of the intimidation is not really documented… I can't say that there is that direct form of assistance*' (IP, expert).

SPs stated they would also benefit from more *collective action*, which was perceived as less risky than speaking up alone. Also, having another organisation expose industry conduct for the local tobacco control community would make it less frightening for local advocates.

Finally, to pre-empt attacks and improve the handling of future intimidation, creating and *sustaining strong networks* and *building capacity* were considered crucial. Networks should provide support when responding to concrete cases, and could facilitate learning, for example: '*how to respond to various forms of intimidation through case studies from around the world*' (IP, expert). In addition, training initiatives could help build capacity in the tobacco control community, covering, among others, how to collect evidence of and expose intimidation. Yet, for this to work, '*you need to build the trust first*' (IP, expert) and, hence, such sessions should not only cover the risks and dangers of tobacco control work. Furthermore, '*there has to be some way forward and people have to go with heartening ideas*' (IP, expert).

DISCUSSION

To our knowledge, this is the first paper on the experiences and perceptions of intimidation among members of the LMIC-based tobacco control community. It suggests that intimidation is widespread and increasing, targets both organisations and individuals and significantly threatens tobacco control. Some participants suggested the industry was deliberately seeking to deter advocates

and may have had some success given reports that some individuals had left the field as a result and others limited what they said or did. A further route to impact is that, by discrediting individuals and organisations, the relationship building needed for tobacco control becomes difficult. Participants suggested that intimidation was more egregious in contexts where institutions and governance were weak and corruption was high.

Intimidation was found to take several forms, some overt and some covert. Public discreditation via mainstream or social media and other public platforms, including by paying journalists, was common and appears to have intensified with the advent of social media. This is consistent with the grey literature[33] and reflects broader social concerns around the 'dark side' of social media, including cyberbullying, trolling and fake news.[41] Previous research has shown the tobacco industry's increased use of social media and the growing online harassment faced by public health advocates and researchers more broadly.[23 42–45] We also found that tobacco control advocates, researchers and organisations are confronted with legal threats or actions. This is consistent with documented evidence, for example, in the cases of Australia[46] and Uruguay,[15] that industry uses such techniques against governments or public officials to impede, weaken and undermine tobacco control policies, even when claims are unfounded and chances of winning the case are low.[47]

In addition to these public threats, participants experienced more covert actions. These included threatening messages, cyberattacks, false information being disseminated about them or their organisations and formal complaints. Arguably, more worryingly they also included physical intimidation or violence, burglary or theft, and surveillance which were collectively reported by five out of 23 SPs (22%). In line with the grey literature,[33] it was often difficult to obtain evidence and know with certainty who the originator of such actions was and participants reported greater certainty in ascribing overt actions to the tobacco industry.

The needs participants identified to help deal with intimidation include more support from governments and the global tobacco control community when reacting to immediate threats, and learning from each other and capacity building. These overlap with needs identified in a previous study on countering industry interference more generally.[48]

The findings of the study should be considered preliminary. The survey sample is small and does not cover the Western Pacific region. The survey relies on the limited information provided by participants, in which recall and social desirability biases cannot be excluded. It is also possible that those who perceive intimidation as an issue felt more inclined to fill the survey, thus skewing the sample.[49] Conversely, what might be considered intimidation by some could be perceived as normal industry conduct by others leading to possible under-reporting. The small sample size could, among others, link to language barriers (the survey was only available in English, French and Spanish and not the other official United Nations languages (Arabic, Chinese and Russian)), our cautious approach to survey distribution and fear among potential participants. We received informal feedback that some potential participants were too scared to share their experiences. Another potential explanation is the length of the survey—it took around 30 to 45 minutes. A shorter survey might have led to higher completion rates, but it would have yielded less rich data. The study was also undertaken during the COVID-19 pandemic when the public health community was overwhelmed. This limited our ability to conduct in-depth in-person interviews.

Although care must therefore be taken in generalising our findings, this paper nevertheless offers insight into the scale of intimidation, suggesting it is not limited to a few extreme cases but is widespread. It also identifies the diversity of experiences in both receiving and dealing with intimidation.

Given that few tobacco control advocates and researchers have opened up about experiences of intimidation before, we hope that this research facilitates dialogue and encourages members of the tobacco control community to share their experiences and needs. This study also invites the global tobacco control community to reflect on its approach to exposing and addressing intimidation, including the policies of funding bodies. It suggests that both proactive and reactive support is needed. This might include integrating this topic into curricula of capacity-building initiatives, creating new mechanisms for collecting data on and enabling support and action on intimidation. The role of media and social media must also be carefully scrutinised given the role it can play both in enacting and addressing intimidation.

A crucial step could be a decision in the WHO FCTC Conference of the Parties, calling governments to protect those advocating for tobacco control in their countries from industry threats and attacks and supporting those who experience intimidation. International organisations, both intergovernmental and non-governmental, could implement policies offering protection, including funded communications and legal support, to staff and member organisations in order to increase their ability to respond and deter intimidation.

This study has laid the foundation for further research on intimidation in the tobacco control community. Further in-depth work including detailed country or regional case studies is needed to explore intimidation and its contextual variation in greater detail; larger surveys might help give a clearer picture of scale.

CONCLUSION

This study suggests that intimidation is an important issue for tobacco control in LMICs which goes beyond the attacks on governments and policy makers and may be limiting tobacco control progress in LMICs.

Data availability statement No data are available.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

ORCID iDs
Britta Katharina Matthes http://orcid.org/0000-0003-2346-066X
Anna B Gilmore http://orcid.org/0000-0003-3423-4617

REFERENCES

1 Birss M. Criminalizing environmental activism. *NACLA Report on the Americas* 2017;49:315–22.
2 Poulos HM, Haddad MA. Violent repression of environmental protests. *Springerplus* 2016;5:230.
3 Wiseberg LS. Protecting human rights activists and NGOs: what more can be done? *Hum Rights Q* 1991;13:525–44.
4 Loveman M. High-Risk collective action: defending human rights in Chile, Uruguay, and Argentina. *Am J Sociol* 1998;104:477–525.
5 Kraemer R, Whiteman G, Banerjee B. Conflict and astroturfing in niyamgiri: the importance of national advocacy networks in anti-corporate social movements. *Organ Stud* 2013;34:823–52.
6 Human Rights Watch. Who we are. Available: https://www.hrw.org/about/about-us [Accessed on 09/08/2021].
7 Amnesty International. Freedom of expression. Available: https://www.amnesty.org/en/what-we-do/freedom-of-expression/ [Accessed 09/08/2021].
8 Council of Europe. Human rights activism and the role of NGOs, 2020. Available: https://www.coe.int/en/web/compass/human-rights-activism-and-the-role-of-ngos [Accessed 11/08/2021].
9 Ulucanlar S, Fooks GJ, Gilmore AB. The policy dystopia model: an interpretive analysis of tobacco industry political activity. *PLoS Med* 2016;13:e1002125.
10 Chapman S, Carter SM. "Avoid health warnings on all tobacco products for just as long as we can": a history of Australian tobacco industry efforts to avoid, delay and dilute health warnings on cigarettes. *Tob Control* 2003;12 Suppl 3:13iii–22.
11 Welle JR, Ibrahim JK, Glantz SA. Tobacco control policy making in North Dakota: a tradition of activism, 2004. Available: https://escholarship.org/uc/item/9v58x8ps [Accessed on 22/04/2020].
12 Physicians for Smoke-Free Canada. The plot against plain packaging, 2008. Available: http://www.smoke-free.ca/pdf_1/plotagainstplainpackaging-apr1'.pdf [Accessed on 18/04/2020].
13 Freeman B, Chapman S, Rimmer M. The case for the plain packaging of tobacco products. *Addiction* 2008;103:580–90.
14 Sweda EL, Daynard RA. Tobacco industry tactics. *Br Med Bull* 1996;52:183–92.
15 Crosbie E, Sosa P, Glantz SA. Defending strong tobacco packaging and labelling regulations in Uruguay: transnational tobacco control network versus Philip Morris international. *Tob Control* 2018;27:185–94.
16 Gilmore AB, Collin J, McKee M. British American tobacco's erosion of health legislation in Uzbekistan. *BMJ* 2006;332:355–8.
17 Amul GGH, Tan GPP, van der Eijk Y, . A systematic review of tobacco industry tactics in Southeast Asia: lessons for other low- and MiddleIncome regions. *Int J Health Policy Manag* 2020.
18 Charoenca N, Mock J, Kungskulniti N, et al. Success counteracting tobacco company interference in Thailand: an example of FCTC implementation for low- and middle-income countries. *Int J Environ Res Public Health* 2012;9:1111–34.
19 Malone RE. Tobacco industry surveillance of public health groups: the case of stat and infact. *Am J Public Health* 2002;92:955–60.
20 Landman A, Glantz SA. Tobacco industry efforts to undermine policy-relevant research. *Am J Public Health* 2009;99:45–58.
21 Givel M. Consent and counter-mobilization: the case of the National smokers alliance. *J Health Commun* 2007;12:339–57.
22 Hager N. *Dirty politics: How attack politics is poisoning New Zealand's political environment*. Nelson: Craig Potton Publishing, 2014.
23 Mann ME. The Serengeti strategy: how special interests try to intimidate scientists, and how best to fight back. *Bulletin of the Atomic Scientists* 2015;71:33–45.
24 TobaccoTactics. Linda Bauld, 2020. Available: https://tobaccotactics.org/wiki/linda-bauld/ [Accessed 10/10/2021].
25 Breton E, Richard L, Gagnon F, et al. Fighting a tobacco-tax rollback: a political analysis of the 1994 cigarette contraband crisis in Canada. *J Public Health Policy* 2006;27:77–99.
26 Knight J, Chapman S. "Asia is now the priority target for the world anti-tobacco movement": attempts by the tobacco industry to undermine the Asian anti-smoking movement. *Tob Control* 2004;13 Suppl 2:ii30–6.
27 Hooker C, Chapman S. Structural elements in achieving legislative tobacco control in NSW, 1955-95: political reflections and implications. *Aust N Z J Public Health* 2006;30:10–15.
28 Ibrahim JK, Glantz SA. Tobacco industry litigation strategies to oppose tobacco control media campaigns. *Tob Control* 2006;15:50–8.
29 Bhatta DN, Bialous S, Crosbie E. Exceeding who framework convention on tobacco control (FCTC) obligations: Nepal overcoming tobacco industry interference to Enact a comprehensive tobacco control policy. *Nicotine Tob Res* 2019;ntz177.
30 Matthes BK, Lauber K, Zatoński M, et al. Developing more detailed taxonomies of tobacco industry political activity in low-income and middle-income countries: qualitative evidence from eight countries. *BMJ Glob Health* 2021;6:e004096.
31 Rettman A. Break-in at anti-tobbaco NGOs in Eu capital, 2012. Available: https://euobserver.com/justice/117920 [Accessed 12/02/2020].
32 Campbell D, Meikle J. Pro-smoking activists threaten and harass health campaigners, 2012. Available: https://www.theguardian.com/society/2012/jun/01/pro-smoking-activists-health-campaigners [Accessed 10/03/2020].
33 DG MJ, Countries IP. Antismoking activists face threats and violence, 2018. Available: https://www.nytimes.com/2018/03/12/health/antismoking-activists-threats.html [Accessed 22/02/2020].
34 Perlroth N. Spyware's Odd Targets: Backers of Mexico's Soda Tax, 2017. Available: https://www.nytimes.com/2017/02/11/technology/hack-mexico-soda-tax-advocates.html [Accessed 18/03/2021].
35 WHO. Who framework convention on tobacco control, 2003. Available: https://www.who.int/tobacco/framework/WHO_FCTC_english.pdf [Accessed 23/04/2019].
36 WHO. Who framework convention on tobacco control: guidelines for implementation, 2013. Available: https://apps.who.int/iris/bitstream/handle/10665/80510/9789241505185_eng.pdf;jsessionid=FC9C2B0A651A67C92B2BB69CD09D77A6?sequence=1 [Accessed 22/09/2021].
37 Cambridge Dictionary. Intimidation. Available: https://dictionary.cambridge.org/dictionary/english/intimidation [Accessed 26/05/2020].
38 Clarke V, Braun V. *Thematic analysis*. Encyclopedia of critical psychology: Springer, 2014: 1947–52.
39 Swart R. Thematic analysis of survey responses from undergraduate students, 2019. Available: https://methods.sagepub.com/dataset/thematic-analysis-students-technology?item=StudentGuide [Accessed 04/08/2021].
40 Kelley K, Clark B, Brown V, et al. Good practice in the conduct and reporting of survey research. *Int J Qual Health Care* 2003;15:261–6.
41 Baccarella CV, Wagner TF, Kietzmann JH, et al. Social media? It's serious! Understanding the dark side of social media. *European Management Journal* 2018;36:431–8.
42 McKee M. Social media attacks on public health advocates. *BMJ* 2014;349:g6006.
43 Robertson L, Joshi A, Legg T, et al. Exploring the Twitter activity around the eighth meeting of the conference of the parties to the who framework convention on tobacco control. *Tob Control* 2022;31:50–6.
44 Watts C, Hefler M, Freeman B. 'We have a rich heritage and, we believe, a bright future': how transnational tobacco companies are using Twitter to oppose policy and shape their public identity. *Tob Control* 2019;28:227–32.
45 Hatchard JL, Quariguasi Frota Neto J, Vasilakis C, et al. Tweeting about public health policy: social media response to the UK government's announcement of a parliamentary vote on draft standardised packaging regulations. *PLoS One* 2019;14:e0211758.
46 Jarman H. Attack on Australia: tobacco industry challenges to plain packaging. *J Public Health Policy* 2013;34:375–87.
47 Steele SL, Gilmore AB, McKee M, et al. The role of public law-based litigation in tobacco companies' strategies in high-income, FCTC ratifying countries, 2004-14. *J Public Health* 2016;38:516–21.
48 Matthes BK, Robertson L, Gilmore AB. Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: insights from semi-structured interviews. *BMJ Open* 2020;10:e044710.
49 Andrade C. The limitations of online surveys. *Indian J Psychol Med* 2020;42:575–6.