

Preventing Lung Cancer: Isolating the Tobacco Industry

Consultation Document: Reviewing the Cancer Research UK Code of Practice on Tobacco Industry Funding to Universities

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Introduction

Codes or guidelines relating to a range of issues form a routine part of the review process operated by research funding bodies. Cancer Research UK has, in its Conditions of Support, guidelines pertaining to the use of human subjects and animals in research. An additional concern is tobacco industry funding of research, because tobacco causes one third of all cancer deaths. Furthermore, lung cancer is the largest cause of cancer death in the UK and many other countries. In contrast to advances made in the treatment of other cancers, lung cancer remains as yet largely untreatable¹.

Therefore, in 1996, The Cancer Research Campaign (The CRC) sought to keep its funds separate from money derived from the tobacco industry. A draft Code of Practice on Tobacco Industry Funding to Universities was developed and circulated to all universities and to many national and international health and grant-giving bodies for comment. The Code was later issued, together with a Joint Protocol of The CRC and The Committee of Vice-Chancellors and Principals of UK Universities (CVCP) in December 1998. This was to be reviewed after three years.

In February 2002, The Cancer Research Campaign merged with the Imperial Cancer Research Fund to form Cancer Research UK - which has new charitable objects². It was timely to re-examine the Code and to update the evidence in its support. This evidence and proposed changes to the Code are attached. They are being widely distributed for comment, as before, prior to reissuing the Code. The views received from this consultation will be presented to the Cancer Research UK Council who will agree the final wording of the revised Code of Practice. Discussions will also be held with Universities UK (successor to the CVCP) with a view to updating the Joint Protocol.

Summary of the Rationale for the Code of Practice

With any donation it is important to consider what the donor expects to gain from making it. For many companies which do not produce addictive and deadly products, it generally does not matter if they advance their public relations interests through a well-placed donation. However, when a tobacco company benefits, the consequences are almost certainly negative. Tobacco companies and human well-being are simply incompatible - when society acts to protect human health, tobacco companies lose customers and sales; when tobacco companies develop their markets or weaken the public policy response to tobacco, there will be more smoking and related diseases. This places tobacco in an anomalous position in society and hence justifies a general opposition on the part of Cancer Research UK to tobacco funding of any sort in any setting.

Cancer Research UK believes that accepting tobacco industry funding³ is always wrong because lung cancer is the single biggest killer cancer in the UK and many other countries, for

which, as yet, no effective treatment has been found. Therefore prevention is, for the foreseeable future, the only effective way to reduce the lung cancer toll. The tobacco industry continues to aggressively promote its deadly product, especially to young people and in developing countries. It is also seeking to reinvent itself as socially responsible, in particular through establishing links with prestigious academic institutions.

Cancer Research UK believes that universities should shun any involvement whatsoever with the tobacco industry, including rejecting any offer of funding for research or other activities.

There is strong and unequivocal evidence to show that the tobacco industry has behaved reprehensibly in numerous ways:

- It has sought to influence universities which are in receipt of its funding.
- It has bought scientists, infiltrated academic institutions and funded misleading research.
- It targets vulnerable groups with glamorous advertising, including children, women and those on low incomes.
- It is seeking to reinvent itself as “socially responsible”, for example, by funding ineffective youth “anti-smoking” campaigns while opposing effective prevention measures.
- It continues to expand its market in developing countries, often using techniques not allowed in many western countries.


Therefore, in order to prevent lung cancer, Cancer Research UK believes that the activities of the tobacco industry must be vigorously opposed.

The evidence summarised above may be found on pages **7 - 16** of this document.

Proposed amendments to the existing Cancer Research UK Code of Practice on Tobacco Industry Funding to Universities

The existing Code is included as “The Protocol” at the end of **Appendix 1**. The main changes proposed are:

1. Added Wording:

- Cancer Research UK believes that universities should shun any involvement whatsoever with the tobacco industry. Therefore, nothing in this Code shall be taken to imply that Cancer Research UK supports or approves the use of tobacco industry funding for research or any other activities. Cancer Research UK disapproves of any use of tobacco industry funds in any educational or research establishment 

This has been felt necessary due to repeated misleading press statements from a leading UK university about the intentions of The CRC and the Code.

- If a university accepts donations from the tobacco industry, Cancer Research UK considers it has a duty to publicly criticise such funding.

2. Proposed strengthened sanctions:

- The conditions of this Code, at a minimum, apply at research team level. However, where a large or influential donation has been made, Cancer Research UK will consider applying the conditions to a larger unit such as an entire department, school, faculty or institute, or even the institution as a whole, on a case-by-case basis.

- Where Cancer Research UK is considering competing proposals for projects or programmes of equal scientific merit, it will favour universities not in receipt of tobacco industry funding.

¹ Peto R, Darby S, Deo H, Silcocks P, Whitley E, Doll R. Smoking, smoking cessation, and lung cancer in the UK since 1950: combination of national statistics with two case-control studies. *BMJ* 2000;**321**(7257):323-9

² The objects for which the company is established are to protect and promote the health of the public in particular by research into the nature, causes, diagnosis, prevention, treatment and cure of all forms of cancer, including the development of findings of research into practical applications for the prevention, treatment and cure of cancer and in furtherance of that primary object, to provide information and raise public understanding of such matters.

³ See revised Code (next section) for a definition of tobacco industry funding.

Draft Revised Cancer Research UK Code on Tobacco Industry Funding to Universities

Rationale

In pursuit of its mission to conquer cancer through world-class research, Cancer Research UK wishes to promote the highest standards in scientific and medical research, and address major issues in relation to public health. Mindful, therefore, of the immense danger to health and life caused by tobacco, it wishes to do everything it can to avoid links, whether direct or indirect, with the tobacco industry, and to oppose tobacco promotion and use in all its forms.

Cancer Research UK believes that accepting tobacco industry funding is always wrong because lung cancer is the single biggest killer cancer in the UK and many other countries, for which, as yet, no effective treatment has been found. Therefore prevention is, for the foreseeable future, the only effective way to reduce the lung cancer toll. The tobacco industry continues to aggressively promote its deadly product, especially to young people and in developing countries. It is also seeking to reinvent itself as socially responsible, in particular through establishing links with prestigious academic institutions.

Cancer Research UK believes that universities should shun any involvement whatsoever with the tobacco industry. Therefore, nothing in this Code shall be taken to imply that Cancer Research UK supports or approves the use of tobacco industry funding for research or any other activities. Cancer Research UK disapproves of any use of tobacco industry funds in any educational or research establishment. If a university accepts donations from the tobacco industry, Cancer Research UK considers it has a duty to publicly criticise such funding.

Cancer Research UK remains firmly in support of the 1998 Joint Protocol of The Cancer Research Campaign and the Committee of Vice-Chancellors and Principals of UK Universities¹.

Conditions Under Which Funding May Be Withheld

Cancer Research UK will not provide financial support where those who are, or would be, supported by Cancer Research UK funds are working in such proximity to others supported by tobacco industry funding that there is any possibility or likelihood that facilities, equipment or other resources will be shared. The conditions of this Code, at a minimum, apply at research team level. However, where a large or influential donation has been made, Cancer Research UK will consider applying the conditions to a larger unit such as an entire department, school, faculty or institute, or even the institution as a whole, on a case-by-case basis. Where Cancer Research UK is considering competing proposals for projects or programmes of equal scientific merit, it will favour universities not in receipt of tobacco industry funding.

Definition of Tobacco Industry Funding

Tobacco industry funding includes funds from a company or group of companies engaged in the manufacture of tobacco goods; and funds in the name of a tobacco brand whether or not the brand name is used solely for tobacco goods; funds from a body set up by the tobacco industry or by one or more companies engaged in the manufacture of tobacco goods.

The following do not constitute tobacco industry funding for the purposes of this Code:

- funding from subsidiary and associated companies unless they bear the offending name or it is intended or likely that the parent or associated company with such a name will publicise the funding.
- anonymous donation from a tobacco industry source, with no conditions or PR attached.

- legacies from tobacco industry investments (unless the names of a tobacco company or cigarette brand are associated with them)
- funding from a trust or foundation no longer having any connection with the tobacco industry even though it may bear a name that (for historical reasons) has tobacco industry associations

Funding falling within this Code covers money provided or used for all or any of the costs of the research, including personnel, consumables, equipment, buildings, travel, meetings, and conferences, running costs for laboratories and offices, but not meetings or conferences unrelated to a particular research project.

¹ “Funding which gives favourable publicity to a tobacco company or interest or which promotes tobacco use or which is likely to show, or be capable of showing, tobacco, tobacco use or the tobacco industry in a favourable light should be rejected.” (‘CVCP Guidance on Tobacco Funding’, in ‘Tobacco Industry Funding to Universities – A Joint Protocol of The Cancer Research Campaign and the Committee of Vice-Chancellors and Principals of UK Universities’)

Update of the Rationale for the Cancer Research UK Code of Practice on Tobacco Industry Funding to Universities

1. The tobacco industry's attempts to influence universities

The tobacco industry needs to influence public attitudes in order to influence tobacco policy¹. One solution to the tobacco industry's problem of a rapidly tarnishing image² has been to invest in universities, as institutions which lead thinking in society, are renowned for academic impartiality and respected as centres of intellectual excellence. This tactic has the benefit to tobacco companies of buying respectability and enables them to exert some influence on academic activities. In a review of tobacco industry interactions with North American universities, evidence is presented of undue influence being brought to bear, such as seeking to censor anti-tobacco activities. For example, in Canada and the USA, tobacco companies have withheld funds or attempted to prevent an anti-tobacco meeting from being held³. The acceptance of tobacco money by universities compromises their integrity, putting recipients in a position where they may have to promote the industry position⁴.

The British American Tobacco donation to the University of Nottingham

In December 2000, the University of Nottingham accepted a donation of £3.8 million from British American Tobacco (BAT), to fund an international centre for corporate responsibility. Professor Sir Richard Peto has observed that, as tobacco companies have a responsibility to their shareholders, they will expect to receive benefits from providing funds to a university. In the case of the University of Nottingham, Professor Peto has estimated that sufficient cigarettes must be sold which would result in approximately one hundred deaths, in order to recoup the £3.8 million donation⁵. Other universities have also accepted funding from the tobacco industry, arguing that such funds help to maintain a high level of research and teaching.

Given the scale of harm caused by tobacco⁶ and other evidence presented in this document and elsewhere of disreputable behaviour by the industry, there are strong public health and ethical grounds for universities to refuse tobacco industry funds⁷. There has also been growing pressure from student bodies and unions for universities to take a firm pro-health position on this issue. For example, the Association of University Teachers described the acceptance of BAT funding by the University of Nottingham as "the worst decision of the year".

The Joint Protocol of The Cancer Research Campaign and the Committee of Vice-Chancellors and Principals of UK Universities

The Committee of Vice-Chancellors and Principals of UK Universities issued a Joint Protocol with The Cancer Research Campaign in 1998, in which very tight constraints were recommended for tobacco industry donations, particularly with regard to public relations and to placing the industry in a favourable light (see **Appendix 1**). Elsewhere, academic institutions have severed their ties with the industry altogether, for example Brigham and Women's and Massachusetts General Hospitals in Boston, the MD Anderson Cancer Centre in Houston, the Roswell Park Cancer Institute in Buffalo, the University of Harvard, School of Public Health and the University of Sydney⁷.

That tobacco kills is not a debatable issue, the scientific consensus is formidable and the scale of harm is overwhelming. The giving of money to universities grants tobacco companies the appearance of munificence and social responsibility. Such funding of universities 'offers the industry - at a cheap price - a respectability it doesn't deserve'⁸. Furthermore, 'academic naivete about tobacco companies' intentions is no longer excusable. The extent of the tobacco companies' manipulation needs to be thoroughly exposed, and students of many disciplines (public health, public policy, ethics, and law, to name a few) should be provided with the

evidence that is increasingly available through the tobacco industry documents'⁹. Some of the evidence is presented in the following sections of this document.

1. Cohen JE et al. Political ideology and tobacco control. *Tobacco Control* 2000;**9**:263-267
2. e.g. Byrne D. The Warsaw Declaration – *Turning the tide on the tobacco epidemic*. WHO Ministerial Conference for a Tobacco Free Europe, Warsaw, 19 February 2002.
3. Cohen JE et al. Institutional addiction to tobacco. *Tobacco Control* 1999;**8**:70-4
4. Campbell C. For and against: Should Nottingham University give back its tobacco money? Against. *BMJ* 2001;**322**:1118-1119
5. Pearce F. Interview with Sir Richard Peto. "No smoke without fire." *New Sci.* Sep 2001;**2306**:44-46.
6. Peto R, Lopez AD, Boreham J et al. *Mortality from smoking in developed countries 1950-2000*. Oxford:ICRF and WHO. Oxford University Press, 1994.
7. Cohen JE. Universities and tobacco money. *BMJ* 2001;**323**:1-2
8. Smith R. For and against: Should Nottingham University give back its tobacco money? For. *BMJ* 2001;**322**:1118-1119
9. Yach D, Bialous SA. Junking Science to Promote Tobacco. *Am J Pub Hlth*, 2001;**91**(11):1745-1748.

2. The tobacco industry's attempts to subvert science

The tobacco industry has a long track record of seeking to cast doubt on sound research¹⁻³. Tobacco industry documents, which are now available on the internet following litigation in the USA, show a carefully orchestrated campaign, designed to discredit the scientific evidence for the link between tobacco and death and disease⁴. This included 'Project Whitecoat', in which scientists were recruited in the UK to maintain controversy within the scientific and medical communities over issues such as passive smoking⁵.

Passive Smoking: the World Health Organization study

Passive smoking (exposure to environmental tobacco smoke - or ETS) is an issue which poses a particular threat to the tobacco industry. In 1998, the International Agency for Research on Cancer (IARC), an agency of the World Health Organization (WHO), published findings which showed, consistent with earlier studies, a 16% increase in risk of lung cancer for non-smoking spouses of smokers⁶. Although this study was too small for statistical significance, when taken in conjunction with previous evidence, the data presented '*an inescapable scientific conclusion..... that ETS is a low-level carcinogen*'⁷. The study was, however, widely reported in the media, including the influential UK Sunday Telegraph, not only as having failed to show that environmental tobacco smoke caused lung cancer, but also as having indicated that it might even have a protective effect. The tobacco industry was able to manipulate, and indeed preempt, publication of these results due to a long-planned strategy, which used scientific consultants to gain access to IARC information. This enabled the tobacco industry to compile a picture of the IARC study and to develop industry-directed research and public relations activities to counter the anticipated findings. IARC was forced to issue a strongly worded rebuttal of the tobacco industry's interpretation of the study. This multi-million dollar, multi-company coordinated campaign was uncovered from within tobacco industry documents, and has been detailed by Ong & Glantz⁸. As a result, the WHO has set up an investigation into other tobacco industry influence within its institutions.

The "sound science" campaign

Further research among the tobacco industry's documents has unveiled a "sound science" programme which involved recruiting other industries and issues to obscure the tobacco industry's role in this campaign. In Europe, the "sound science" plans included promoting "good epidemiological practice" (GEP) which would make it impossible to conclude that second hand smoke or any other environmental toxins, cause disease. From 1994 to 2000, the campaign involved a cadre of tobacco industry consultants and front bodies such as the European Science and Environment Forum (based in Cambridge), and the Center for Indoor Air Research. During this period, seemingly independent seminars were organised on GEP in the USA, European Union (including the UK) and China, all of which had tobacco industry involvement. Although presented as an attempt to improve the quality of science, the aim was actually to manipulate the standards of scientific proof to serve corporate interests and, far from being driven by scientists, was orchestrated by public relations firms and lawyers⁹.

Role of the media

The media often gives prominence to views sympathetic to the tobacco industry. One reason for this may be because stories which counter medical orthodoxy are felt to be more 'newsworthy' than those which simply reinforce established truths. Also, there is growing evidence that the tobacco industry coordinates media stories with the aim of reinforcing its own perspective⁸⁻⁹, by generating controversy and confusion in the minds of the public. A recent exposé by the UK press led writer and philosopher Roger Scruton to admit that he was in receipt of funding from Japan Tobacco International to place pro-smoking articles in leading journals, although no acknowledgement of his funding source was given in the articles¹⁰. When such articles appear

in countries lacking a strong health education capacity, they can seriously hinder tobacco control efforts.

1. King J. Why journals should not publish articles funded by the tobacco industry. *BMJ* 2000;**321**:1074-1076.
2. Dubois G, Tramier B. The responsibility of the tobacco industry for the tobacco pandemic. *Int J Tuberc Lung Dis* 2001;**5**(4):304-306.
3. Yach D, Bialous SA. Junking Science to Promote Tobacco. *Am J Pub Hlth* 2001;**91**(11):1745-1748.
4. Bero L, Barnes DE, Hanauer P, Slade J, Glantz SA. Lawyer control of the tobacco industry's external research program. The Brown and Williamson documents. *JAMA*. 1995;**274**(3):241-7.
5. Concar D, Day M. Undercover operation. *New Sci* 1998;**2134**:3-5.
6. Boffetta P, Agudo A, Ahrens W, et al. Multicenter case-control study of exposure to environmental tobacco smoke and lung cancer in Europe. *J Natl Cancer Inst* 1998;**90**(19):1440-50.
7. Blot W, McLaughlin JK. Passive smoking and lung cancer risk: what is the story now? *J Natl Cancer Inst* 1998;**90**(19):1416-7.
8. Ong EK, Glantz SA. Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. *Lancet* 2000;**355**(9211):1253-9.
9. Ong EK, Glantz SA. Constructing "Sound Science" and "Good Epidemiology": Tobacco, Lawyers and Public Relations Firms. *Am J Pub Hlth* 2001;**91**(11):1749-1757.
10. Kmietowicz Z, Ferriman A. Pro-tobacco writer admits he should have declared an interest. *BMJ* 2002;**324**:257.

3. Tobacco industry targeting of vulnerable groups

Marketing to the young

Tobacco is a unique product. It is highly addictive, with the result that many smokers will find themselves struggling or unable to quit, possibly for the rest of their lives. It is also highly toxic, killing a huge number of smokers each year. The UK tobacco industry therefore needs to replace the 120,000 smokers who die annually. The majority of regular smokers begin at or before the age of 18¹ and very few people try their first cigarette in adulthood. The tobacco industry is therefore dependent upon children to maintain its market, and its awareness of this can be traced through its own internal documents². These show that it has carefully monitored the smoking habits of teenagers over the past several decades, and has directed its marketing strategies particularly towards children, including focusing on imagery and branding in order to appeal to young people's need for 'street cred'. As one creative brief (from a tobacco industry advertising agency) put it, "*we want to engage their aspirations and fantasies – 'I'd like to be there, do that, own that'*"³.

Features of brands, packaging and advertising were also developed specifically to appeal to new smokers (teenagers)⁴. For example, changes in the design of Camel cigarettes in the 1980s and early 1990s, promoted in the "Smooth Character" advertising campaign, used additives and blends which reduced throat irritation but increased or retained nicotine impact. It has been suggested that tobacco industry competition for market share among "younger adult smokers" may have contributed to a reversal in the decline in US youth smoking rates at the time, through development of products which were more appealing to youth smokers and which by being less harsh and irritating also aided initiation⁵. Different types of promotion such as coupon schemes and brand stretching have increasingly been used, and in the UK, 15-16 year olds are aware of and participate in these other forms of tobacco marketing. This phenomenon is consistently associated with being a smoker⁶.

Low income groups

Increasingly in the UK, smoking is concentrated among low income groups⁷. Smoking has been identified as the primary reason for the gap in healthy life expectancy between rich and poor, and among men, smoking is responsible for over half the excess risk of premature death between the social classes⁸. A poorly resourced and stressful environment, strong community norms, isolation from wider social norms, and limited opportunities for respite and recreation appear to combine not only to foster smoking but also to discourage or undermine cessation among low income groups⁹. Price is of particular importance to poor smokers, and so cheaper products are offered by the tobacco industry, but with reassuring branding. In the words of an advertising agency working for the tobacco industry: '*Almost all would rather be smoking a premium brand, and all know (because it's obvious) that a cheaper product is an inferior product. Thus anything which implies quality is gratefully received'*¹⁰.

Overall strategy

Documents from the industry's advertising agencies have revealed a clear aim to increase consumption, despite arguments that its concern is solely to encourage 'brand switching'. It achieves this by supporting smoking and the smoker, advocating active support for "smokers' rights" and positioning itself as the smokers' friend. These documents also show industry tactics to discourage quitting, by the use of reassuring imagery in advertising low tar brands, to give the misleading impression that quitting is less urgent or indeed unnecessary³. Packaging, point of sale material, direct mail and sponsorship have increasingly replaced straightforward advertising. In this way regulations and voluntary agreements can be evaded. Tobacco brands appeared in 28% of cinema films in a ten year sample. The most highly advertised US cigarette brands account for most brand appearances in these films, which suggests an advertising motive to this practice¹¹. Therefore, even when a total ban on advertising has been

implemented in the UK, there will need to be vigilance against tactics such as placement of cigarettes in movies and other popular media.

1. Thomas M et al Office for National Statistics. *Living in Britain: results from the 1996 General Household Survey*. London: Stationery Office 1998.
2. Bates C, Watkins P McNeill A. *Danger! PR in the playground. Tobacco industry initiatives on youth smoking*. ASH & CRC London 2000
3. Hastings G, MacFadyen L. A day in the life of an advertising man: review of internal documents from the UK tobacco industry's principal advertising agencies. *BMJ* 2000;**321**:366-71.
4. Cummings KM, Morley CP, Horan JK, Steger C, Leavell N-R. Marketing to America's youth: evidence from corporate documents. *Tobacco Control* March 2002;**11** Suppl. 1:i5-i7.
5. Ferris Wayne G, Connolly GN. How cigarette design can affect youth initiation into smoking: Camel cigarettes 1983-93. *Tobacco Control* March 2002;**11** Suppl. 1:i32-i38.
6. MacFadyen L, Hastings G, MacKintosh AM. Cross sectional study of young people's awareness of and involvement with tobacco marketing. *BMJ* 2001;**322**:513-517.
7. Jarvis M. *The challenge for reducing inequalities: analysis of General Household Survey 1998*. Presentation to Department of Health Seminar. January 2001.
8. ASH/HDA. *Smoking and health inequalities*. London, Action on Smoking and Health/Health Development Agency, 2001.
9. Stead M, MacAskill S, MacKintosh AM, Reece J, Eadie D. "It's as if you're locked in": qualitative explanations for area effects on smoking in disadvantaged communities. *Health & Place* 2001;**7**:333-343.
10. Hastings G, MacFadyen L. *Keep Smiling, no one's going to die. An analysis of internal documents from the tobacco industry's main UK advertising agencies*. London, Centre for Tobacco Control Research & Tobacco Control Resource Centre, British Medical Association 2000.
11. Sargent JD, Tickle JJ, Beach ML, Dalton MA, Ahrens MB, Heatherton TF. Brand appearances in contemporary cinema films and contribution to global marketing of cigarettes. *The Lancet* 2001;**357**:29-32.

4. The tobacco industry's claims to "corporate social responsibility"

A new strategy to develop a "socially responsible" image appears in tobacco industry documents in the 1990's¹. Several tobacco companies have recently put this strategy into effect. For example, Brown and Williamson (a US-based tobacco company) have described themselves by the slogan 'a responsible company in a controversial industry'. And British American Tobacco has set up an initiative involving senior British clergy, to attempt to engage with members of the health community in a dialogue on social responsibility². Most health bodies have declined to participate, pending any evidence of a change in the promotional activities of the industry.

Support of ineffective measures to prevent youth smoking

A principal tactic for the tobacco industry in aspiring to an image of corporate responsibility, is to appear to oppose smoking by young people, by promoting measures supposedly aimed at preventing underage smoking. In return, the industry hopes to avoid effective restrictions. This approach emerges as a three-pronged strategy: to advocate "responsible" marketing, to support anti-smoking campaigns which stress that smoking is for adults, and to undertake youth-access initiatives such as retailer schemes and age identity cards. This strategy reinforces the companies' stance that smoking is a matter of informed adult choice and that they are concerned with the protection of children. There is, however, good evidence that the effect of these tactics on underage smoking is likely, at best, to be neutral.

- Promoting smoking as an "adult activity"

Positioning tobacco use as an adult activity is precisely what appeals to children: they often begin smoking in order to appear older; smoking is often seen as a 'right of passage' and the 'forbidden fruit' aspect of smoking is in itself very appealing to young people. There is also good evidence that the involvement of parents, teachers and health officials as 'stakeholders' responsible for delivering the anti-tobacco message, as suggested by tobacco companies, is unlikely to succeed³.

- Ineffective schemes to prevent youth access

To prevent youth access, the industry supports holding retailers responsible for not selling tobacco products to children, and proof-of-age cards. The main problem with this approach is that it does nothing to diminish the desire for cigarettes, a desire promoted and exploited by the tobacco companies themselves, and there is plenty of evidence that young smokers have no difficulty in finding ways around access restrictions, whether by relying on older friends or by using fake ID cards^{3,4}.

- Funding ineffective youth anti-smoking campaigns

The tobacco industry has launched its own youth anti-smoking campaigns across the world. These have been condemned by health bodies as at best ineffectual, and an attempt to improve the tobacco industry's tarnished image⁴⁻⁵. Indeed, health education interventions aimed primarily at youth have been found to have, at most, a delaying effect on smoking uptake. This has led health experts to recommend a broad-based approach, aimed at the whole community⁶.

- Opposing effective measures

The tobacco industry has positioned itself as supporting a range of measures which appear to be aimed at reducing youth smoking, but actively opposes measures that actually work. For example, the industry vigorously campaigns against increases in tobacco tax, even though, as evidence recently uncovered in its own documents shows, it was well aware that price increases could lead to significant reductions in smoking among young people⁷. The tobacco industry never supports measures that hurt its sales. As the World Bank concluded: *"In reality, the most effective way to deter children from taking up smoking is to increase taxes on tobacco.*

High prices prevent some children and adolescents from starting and encourage those who already smoke to reduce their consumption.”⁸

Health and safety of employees

A recent Christian Aid report details the high level of pesticides to which children and adults are exposed during the harvesting of tobacco in Brazil. A local tobacco company, Souza Cruz, a subsidiary of BAT, profits from the sale of the pesticides. The Christian Aid report refutes specific criteria against which BAT claims corporate social responsibility⁹, namely:

- that it treats its employees well: Christian Aid says that many Brazilian tobacco farmers are locked into debt with BAT’s subsidiary Souza Cruz and feel they are paid unfair prices for their crop.
- that it looks after the health and safety of its employees: Souza Cruz sells pesticides to farmers, but fails to guarantee sufficient training and safety on small scale farms. There is considerable evidence of pesticide poisoning among tobacco farmers in Brazil, with symptoms including depression, anxiety, neurological dysfunction, muscle aches and tremors. Suicides and suicide attempts are also common.
- that it is working to eliminate child labour: Christian Aid says farmers’ children in Brazil, some as young as six years old, have no option but to work at harvest time because of their parents’ debts and low wages. Consequently they also face exposure to hazardous chemicals.

A review of the costs of tobacco farming worldwide concludes ‘From the back-breaking manual labor to the deadly pesticides used to protect the crop and the vast quantities of timber used to cure the crop, the tobacco plant exacts a deadly toll on the farmer and the land. As the earnings of the companies soar, farmers are falling deeper and deeper into debt. Entire families of tobacco farmers, including women and children, now work without pay in the fields just to stay solvent’¹⁰.

Clearly, the tobacco industry has failed to meet standards of corporate responsibility using any reasonable criteria, in the context of tobacco farming in developing countries and especially so as long as it promotes an addictive and ultimately deadly product to children.

1. Hammond R, Powell A. *Trust Us: we’re the Tobacco Industry*. Tobacco Free Kids Campaign/ASH, April 2001.
2. Burton B. Tobacco company prepares its first social responsibility report. *BMJ* 2001;**323**:1089.
3. Bates C, Watkins P, McNeill A. *Danger! PR in the playground. Tobacco industry initiatives on youth smoking*. ASH & CRC, London, 2000.
4. OMA. *More Smoke and Mirrors. Tobacco Industry Sponsored Youth Prevention Programs in the Context of Comprehensive Tobacco Control Programs in Canada*. The Ontario Medical Association, February 2002, Ontario, Canada. www.oma.org
5. Effroymsen D. *BAT’s Youth Smoking Prevention Campaign: what are its actual objectives?* Bangladesh Anti Tobacco Alliance/PATH (Programme for Appropriate Technology in Health), August 2001.
6. Reid DJ, McNeill AD, Glynn TJ. Reducing the prevalence of smoking in youth in western countries: an international review. *Tobacco Control* 1995;**4**:266-277.
7. Chaloupka FJ, Cummings KM, Morley CP, Horan JK. Tax, price and cigarette smoking: evidence from the tobacco documents and implications for tobacco company marketing strategies. *Tobacco Control* March 2002;**11**:i1-i4.
8. The World Bank. *Curbing the epidemic: Governments and the economics of tobacco control*. Washington DC, 1999.
9. Christian Aid 2002 (reported in *The Independent* 4 February 2002). Also available on <http://www.christian-aid.org.uk/indepth/0201bat/batsum.htm> (particularly at pages 4 - 5)
10. Campaign for Tobacco Free Kids. *Golden Leaf Barren Harvest*. TFK, Washington DC, Nov. 2001.

5. Continuing and escalating tobacco industry activities in developing countries

Consumption of tobacco products in low and middle income countries has been increasing steadily over the past thirty years due to vigorous promotion by the tobacco industry. There is urgent need for a range of measures to be adopted in order to curb the growing tobacco epidemic in developing countries. Those strategies which have proven successful in western countries over several decades should be adopted in developing countries to prevent further growth of tobacco use, such as effective consumer information programmes, a ban on all forms of tobacco advertising and promotion, and increasing prices¹.

Scale of the problem

It has been estimated that there are about 1,100 million regular smokers in the world today, with approximately 300 million in economically developed countries and 800 million in the developing world^{1, 2}. The increasing prevalence of tobacco use in Third World countries is expected to cause increasing numbers of deaths worldwide in the early decades of this century. The projected worldwide mortality figures from smoking are expected to be 10 million deaths in the next 20-30 years, 70% of which will be in developing countries³. Countries still tackling diseases associated with low incomes are now also facing a rising epidemic of cancers, respiratory and circulatory diseases caused by tobacco. Tobacco use can also inflict more immediate harm to tobacco users and their families, when scarce family resources are spent on tobacco products instead of food or other essentials⁴.

Tobacco industry activities in developing countries

Awareness of the risks of smoking is relatively low in many low-income and middle-income countries¹. Developing countries therefore offer an attractive marketing opportunity for tobacco manufacturers, and tobacco companies appear to have been able to promote tobacco use, often with the help and support of western governments via trade agreements. Advertising and marketing methods in developing countries are often unrestrained and aggressive, and frequently aimed at youth using 'life-style' marketing. In addition, promotional strategies designed to circumvent restrictions placed on marketing are common.

The companies also display many other business practices for which they have attracted criticism around the world. Often, these practices in developing countries would not be permitted in many western countries, where the companies' activities tend to be more closely regulated, monitored and reported. In summary, (and detailed in earlier sections of this document) these practices include: purchasing of political influence and undermining of governmental bodies like the WHO; decades of distortion - which continues today - about the harms caused by tobacco, in relation to both active and passive smoking, and to its addictiveness; funding front groups and other proxy PR operations to promote its cause; buying scientists or creating its own and paying for articles to be published without disclosing the source of funding; active and aggressive lobbying to protect its interests from measures that would reduce the harm caused by its products; perpetuating the consumer deception in 'light' cigarettes despite the tobacco industry's private knowledge twenty-five years ago that such products provided false reassurance; and promotion of tobacco control initiatives that are certain to fail or make no difference - for PR reasons and to deflect measures that would be effective⁵.

There is as yet no evidence of the tobacco industry curtailing these practices and its promotional activities in the developing world⁶.

1. The World Bank. *Curbing the epidemic: Governments and the economics of tobacco control*. Washington DC, 1999.

2. WHO. *The World Health Report 1999. Making a difference*. Geneva, World Health Organization, 1999. pp. 65-79.
3. Peto R, Lopez AD, Boreham J et al. *Mortality from smoking in developed countries 1950-2000*. Oxford:ICRF and WHO. Oxford University Press, 1994.
4. deBeyer J, Lovelace C, Yurekli A. Poverty and tobacco. *Tobacco Control* 2001;**10**:210-211.
5. Action on Smoking and Health, London: <http://www.ash.org.uk>
6. e.g. Simpson, D. News Analysis. *Tobacco Control* 2000;**9**:361 (activities in Hungary, Gambia and Pakistan targeting young people).

Appendix 1

December 1998

TOBACCO INDUSTRY FUNDING TO UNIVERSITIES

A JOINT PROTOCOL OF THE CANCER RESEARCH CAMPAIGN AND THE COMMITTEE OF VICE-CHANCELLORS AND PRINCIPALS OF UK UNIVERSITIES

The Cancer Research Campaign (the Campaign) is a charity whose objects "are to attack and defeat the disease of cancer in all its forms, to investigate its causes, distribution, symptoms, pathology and treatment, and to promote its cure".

The **Committee of Vice-Chancellors and Principals** (CVCP), which represents the executive heads of all UK universities, exists to promote, encourage and develop the universities of the United Kingdom.

TOBACCO INDUSTRY FUNDING TO UNIVERSITIES

Preamble

In pursuit of its mission, the Campaign wishes to promote the highest ethical practices in scientific and medical research. Mindful, therefore, of the immense danger to health and life caused by tobacco, it wishes to do everything it can to avoid links, whether direct or indirect, with the tobacco industry, and to oppose tobacco promotion and use in all its forms.

British universities are charitable bodies dedicated to teaching and research for the public good and are committed to the academic freedom of their teaching and research staff; many are involved in health and medicine; they would not wish to engage in activities that compromise the independence or integrity of their work or that lent support to an industry whose products caused damage to health.

The Campaign's Funding Policy

The Campaign is the major funder of cancer research in UK universities and fully supports the CVCP principles of academic freedom and responsibilities set out in this document. The Campaign's Conditions of Support stipulate the duties of the host institutions to which it provides grants with respect to financial, legal and ethical issues.

In particular, the Conditions contain guidelines pertaining to the use of human subjects and animals in research. A major ethical concern which is the subject of this protocol is tobacco industry funding for research.

CVCP Policy on Research

The CVCP, on behalf of UK universities, advocates the following general principles in relation to research and research funding:

- Universities and their staff are committed to the disinterested pursuit of knowledge
- The staff of universities enjoy academic freedom
- Universities are charitable bodies and must observe the requirements of charity law in relation to receiving and expending funds
- The expertise, facilities and resources of universities should not be made available for purposes that would be damaging to the public interest or common good, eg to public health
- Funding should never be accepted for research where the researchers do not have freedom to conduct their work in accordance with normal scientific and research conventions, which includes publication of results
- Universities should normally reveal the source of funds for research and should satisfy themselves that their reputation for impartiality, integrity and disinterested inquiry will not be compromised by any particular source of funds
- Universities should have in place criteria for the acceptance of funds for research and should only exceptionally accept funds which depart from those criteria, any such departure to be fully examined and approved by a formal committee of the institution.

CVCP Guidance on Tobacco Funding

Applying these general principles to the case of tobacco industry funding, CVCP would make the following observations, while recognising that it is for each university to decide for itself what funds to accept, when to accept or reject an offer of funds and what work is to take place:

- Funding for research which does not accord full respect to academic freedom and the freedom of the researcher or research team, which does not adhere to normal medical, scientific and ethical practices and principles, or where the freedom to publish is curtailed or qualified should be rejected.
- Funding which gives favourable publicity to a tobacco company or interest or which promotes tobacco use or which is likely to show, or be capable of showing, tobacco, tobacco use or the tobacco industry in a favourable light should be rejected.
- Funding from the tobacco industry or a tobacco source for research in relation to tobacco, because it is not likely to be regarded as disinterested by third parties and is likely to damage the university's standing and reputation, should normally be rejected.

CRC Funding to Institutions in receipt of Tobacco Funding

In the light of the above, the CVCP endorses the following protocol formulated by the Campaign governing Campaign funding for institutions:

The Protocol

1. The Campaign will not provide future research support to any institution in which those who are or would be supported by Campaign funds are working in such proximity to others supported by tobacco industry funding that there is any possibility or likelihood that facilities, equipment or other resources will be shared. Funding in a quite different faculty or school of the university is not covered by this Protocol.

2. Tobacco industry funding includes funds from a company or group of companies engaged in the manufacture of tobacco goods; and funds in the name of a tobacco brand whether or not the brand name is used solely for tobacco goods; funds from a body set up by the tobacco industry or by one or more companies engaged in the manufacture of tobacco goods.

3. The following do not constitute tobacco industry funding for the purposes of this Protocol:

- Funding from subsidiary and associated companies unless they bear the offending name or it is intended or likely that the parent or associated company with such a name will publicise the funding
- Anonymous donations
- Legacies from tobacco industry investments (unless the names of a tobacco company or cigarette brand are associated with them)
- Funding from a trust or foundation no longer having any connection with the tobacco industry even though it may bear a name that (for historical reasons) has tobacco industry associations
- Donations given to the university for general use by the university entirely at its discretion.

4. Funding falling within this Protocol covers money provided or used for all or any of the costs of the research, including personnel, consumables, equipment, buildings, travel, meetings and conferences, running costs for laboratories and offices, but not meetings or conferences unrelated to a particular research project.

Disputes

In the event of any dispute or disagreement between the Campaign and an institution, the dispute or disagreement shall be resolved by a panel chaired by a member or former member of the CVCP appointed by the CVCP and two other appropriately experienced independent persons appointed jointly by the CVCP and the Campaign.

Review

This Protocol will be reviewed by the parties after three years in the light of experience.

Appendix 2

Membership of Cancer Research UK Advisory Group

Professor David Simpson (Chair)	Director, International Agency on Tobacco and Health
Mr Clive Bates	Director, Action on Smoking and Health
Mr Philip Boys	Director, Comic Company
Professor Anne Charlton	Emeritus Professor of Cancer Health Education, School of Epidemiology & Health Sciences, The University of Manchester
Mr Richard Davidson	Public Affairs Manager, Cancer Research UK
Ms Cecilia Farren	Director, GASP, Smoke Free Solutions and Chair of South West Action on Smoking and Health
Professor Martin Jarvis	Assistant Director, Cancer Research UK Health Behaviour Unit, University College London Medical School
Ms Jean King	Director of Behavioural Research and Tobacco Control, Cancer Research UK
Professor Gordon McVie	Director General - Fundraising & Communications, Cancer Research UK
Mrs Susan Osborne	Director of Communications, Cancer Research UK
Mr David Seidel	Solicitor, Legal Consultant to Cancer Research UK
Professor Jeffrey Tobias	Consultant in Radiotherapy & Oncology, The Meyerstein Institute of Oncology, The Middlesex Hospital
Dr Derek Yach	Executive Director, Noncommunicable Diseases and Mental Health, World Health Organization, Geneva, Switzerland
Ms Philippa Fizzon (Secretary to Advisory Group)	PA to Director of Behavioural Research and Tobacco Control, Cancer Research UK