

# Tobacco industry interference with tobacco control

---



World Health  
Organization

---

**Tobacco industry interference  
with tobacco control**

---

---

WHO Library Cataloguing-in-Publication Data

Tobacco industry interference with tobacco control.

1.Tobacco industry - legislation. 2.Tobacco industry - trends. 3.Smoking - prevention and control. 4.Smoking - economics. 5.Lobbying. 6.Tobacco - supply and distribution. 7.Policy making. I.World Health Organization. II.WHO Tobacco Free Initiative. III.Conference of the Parties to the WHO Framework Convention on Tobacco Control.

ISBN 978 924 159734 0

(NLM classification: HD 9130.6)

© World Health Organization 2008

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: [permissions@who.int](mailto:permissions@who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

---

# TABLE OF CONTENTS

PREFACE	v
<b>Part I. Tobacco industry efforts to thwart effective tobacco control</b>	<b>1</b>
MONITORING OF THE TOBACCO INDUSTRY BY WHO	1
WHO COMMITTEE OF EXPERTS ON TOBACCO INDUSTRY DOCUMENTS	2
WORLD HEALTH ASSEMBLY RESOLUTION 54.18: TRANSPARENCY IN TOBACCO CONTROL	2
AD HOC INTER-AGENCY TASK FORCE ON TOBACCO CONTROL	3
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	3
SCOPE OF TOBACCO INDUSTRY INTERFERENCE	4
THE TOBACCO INDUSTRY AND ITS ALLIES	5
THE SUPPLY AND SALE CHAIN	7
ALLIES, THIRD PARTIES AND FRONT GROUPS	8
FUNDING OF SCIENTISTS AND RESEARCHERS	10
STRATEGIES USED BY THE TOBACCO INDUSTRY	12
EDUCATION	13
ENVIRONMENT	14
LOBBYING AND POLITICAL CAMPAIGN CONTRIBUTIONS	15
CORPORATE SOCIAL RESPONSIBILITY MOVEMENT AND PHILANTHROPY	15
ECONOMIC ARGUMENTS	17
<b>Part II. Monitoring tobacco industry efforts to thwart tobacco control</b>	<b>19</b>
GAPS IN RESEARCH	20
MODELS FOR MONITORING TOBACCO INDUSTRY ACTIVITIES	20
AMERICAN STOP SMOKING INTERVENTION STUDY (USA)	20
NATIONAL HEALTH SURVEILLANCE AGENCY (BRAZIL)	21
TOBACCO REPORTING REGULATIONS (CANADA)	21
CONTROL AND TRANSPARENCY WHEN MEETING THE TOBACCO INDUSTRY AND ITS REPRESENTATIVES AND ALLIES	21
<b>Concluding remarks</b>	<b>22</b>
<b>Acknowledgements</b>	<b>23</b>
<b>References</b>	<b>25</b>
<b>Appendix 1. ASSIST concept map of tobacco industry tactics to undermine tobacco control</b>	<b>36</b>



## PREFACE

A large body of evidence demonstrates that tobacco companies use a wide range of tactics to interfere with tobacco control. Such strategies include direct and indirect political lobbying and campaign contributions, financing of research, attempting to affect the course of regulatory and policy machinery and engaging in social responsibility initiatives as part of public relations campaigns.

Although more and more is known about tobacco industry tactics, a systematic, comprehensive guide is needed to assist regulators and policy-makers in combating those practices. Guidelines and recommendations exist for countering and monitoring industry marketing, and recommendations have been issued to refuse industry funding of certain activities, but no broad policy has been published to assist government officials, policy-makers and nongovernmental organizations in their interactions with the tobacco industry.

The WHO Tobacco Free Initiative (TFI), the department in WHO with the mandate to control the global tobacco epidemic, monitors the activities of the tobacco industry in accordance with World Health Assembly resolution 54.18, which urges Member States to be aware of affiliations between the tobacco industry and members of their delegations, and urges WHO and Member States to be alert to any efforts by the tobacco industry to continue its subversive practice and to assure the integrity of health policy development in any WHO meeting and in national governments. As a continuing response to this mandate, TFI convened a group of experts to discuss tobacco industry interference in tobacco control and the public health policies and initiatives of WHO and its Member States. The meeting took place at the offices of the Pan American Health Organization (PAHO) in Washington DC, United States of America, on 29–30 October 2007.

Before the meeting, participants received a background paper commissioned by TFI, which served as the basis for discussions. The experts were asked to draw up a list of topics and concepts that should be included in policies to counter attempts by the tobacco industry to interfere with tobacco control. The list facilitated discussions on gaps in scientific evidence and the challenge of finding means for countering the wide range of types of interference (e.g. political, economic and scientific). This list also provided examples of proactive ways of eliminating tobacco companies' influence, including: policies refusing partnerships with tobacco companies; policies refusing tobacco company funding of research and programmes; rejecting self-regulatory or voluntary policies in tobacco control; encouraging divestment from tobacco investments; and promoting social indexing that excludes tobacco and businesses models that can be used to counter industry philanthropy.

The meeting participants agreed that the results of the discussions should be incorporated into a document, to broaden understanding in the global public health community of the tobacco industry's influence on tobacco control. This document is therefore a synthesis of the evidence-based discussions, revisions and suggestions of the experts and is presented in a format that can readily be used by policy-makers and is based on the best available evidence on tobacco industry attempts to interfere with tobacco control and public health.

The document begins by stating that effective tobacco control and the commercial success of the tobacco industry are fundamentally incompatible and that, accordingly, the tobacco industry can be expected to seek to avoid, prevent, weaken and delay effective policies and programmes, which are against its interests. Equally, tobacco control, in seeking to maximize the decline in tobacco-related disease and in the tobacco use that causes such disease, must be vigilant in monitoring

the wide range of tobacco industry actions to undermine effective tobacco control. Part I describes the means used by the tobacco industry and its allies to thwart effective tobacco control and summarizes the industry's history of undermining tobacco control, through direct lobbying and the use of third parties, academics and researchers. Part II describes the means used to monitor industry efforts to interfere with tobacco control.

TFI aims for this document to provide the Contracting Parties to the WHO FCTC, and other WHO Member States, background and contextual information that may assist with the implementation of the WHO FCTC Article 5.3 Guidelines which were adopted at the third session of Conference of Parties (COP) in Durban, South Africa in November 2008 to counter tobacco industry interference with tobacco control.

## Part I. TOBACCO INDUSTRY EFFORTS TO THWART EFFECTIVE TOBACCO CONTROL

Effective tobacco control is, almost by definition, antithetical to the economic interests of the tobacco industry, associated industries, and entities or persons working to further the tobacco industry's agenda. Those interests depend largely on the prosperity of the tobacco industry and its means for ensuring its real or perceived commercial well-being. The primary goal of tobacco control is to prevent tobacco-caused disease and death. In the hierarchy of objectives for reaching this goal, preventing the uptake of tobacco use and assisting tobacco users in ceasing use of all forms of tobacco rank highest. Similarly, efforts designed to reduce exposure to second-hand smoke are most effective when smoking is prohibited in public areas.

This triumvirate of objectives—preventing uptake, maximizing cessation and prohibiting smoking in public places—stands in direct opposition to the commercial objectives of the tobacco industry. Although the industry sometimes makes expedient public statements to the contrary, it routinely seeks to maximize uptake of tobacco use, do all that is possible to ensure that tobacco users continue to be consumers and prevent the erosion of smoking opportunities by restrictions known to reduce smoking frequency (1) and promote cessation (2). Thus, when tobacco control succeeds, the tobacco industry fails. People employed by the tobacco industry have fiduciary responsibilities to their shareholders or government owners to take all legal steps possible to maximize profits. It is therefore entirely predictable that the tobacco industry does what it can to ensure that effective tobacco control policies fail.

In an analogy with the classic public health model of communicable disease control, the tobacco industry has been described as the principal 'vector' of tobacco-caused disease (3). Like efforts to understand the chain of transmission and death in communicable diseases, comprehensive tobacco control requires that public health authorities monitor and counteract the efforts of the tobacco industry to promote tobacco use and to undermine tobacco control.

Dr Gro Harlem Brundtland, former Director-General of the WHO, described tobacco use as "a communicated disease—communicated through marketing"(4). The promotional activities of the industry are directly responsible for the spread of tobacco use, especially among young people and women and in developing countries, who are the latest targets of tobacco industry marketing. Scrutinizing, countering and eliminating their activities will decrease the disease burden of tobacco use.

### Monitoring of the tobacco industry by WHO

WHO is well aware of the long history and the extent of tobacco industry efforts to avoid, delay and dilute the advancement of effective tobacco control policies and interventions. The position of WHO is that it will not accept funding from the tobacco industry (5). Understanding and effectively counteracting efforts by the tobacco industry and its allies to oppose tobacco control are crucial. Given this reality, the WHO Tobacco Free Initiative (TFI) monitors and draws global attention to the activities and practices of the tobacco industry (6).



## WHO committee of experts on tobacco industry documents

In 2000, the WHO committee of experts on tobacco industry documents published *Tobacco industry strategies to undermine tobacco control activities at the World Health Organization* (7). This report summarizes evidence obtained from internal tobacco industry documents of actions taken to influence and undermine WHO tobacco control policies and programmes. The committee found that the industry used a range of strategies to weaken or prevent advances in tobacco control, including:

- establishing inappropriate relationships with WHO staff;
- wielding financial power;
- leveraging influence through other United Nations agencies;
- discrediting WHO or WHO officials;
- using surrogates, such as front groups and trade unions;
- distorting WHO research;
- staging media events to distract from tobacco control initiatives; and
- monitoring and surveying WHO activities.

The committee found that “the evidence shows that tobacco companies have operated for many years with the deliberate purpose of subverting the efforts of WHO to address tobacco issues. The attempted subversion has been elaborate, well financed, sophisticated and usually invisible. That tobacco companies resist proposals for tobacco control comes as no surprise, but what is now clear is the scale, intensity and most importantly, the tactics, of their campaigns. To many in the international community, tobacco prevention may be seen today as a struggle against chemical addiction, cancers, cardiovascular diseases and other health consequences of smoking. This inquiry adds to the mounting evidence that it is also a struggle against an active, organized and calculating industry.” (7)

The report included 58 recommendations to protect against further tobacco industry efforts to interfere with effective tobacco control at WHO.

## World Health Assembly resolution 54.18: transparency in tobacco control

In 2001, at the Fifty-fourth World Health Assembly, the Member States unanimously adopted a resolution calling for transparency in tobacco control (8). The resolution responded to evidence that the tobacco industry had been subverting the position and role of governments and WHO in implementing public health policies to combat the tobacco epidemic. The resolution reads:

“Resolution WHA 54.18 Transparency in tobacco control

“Noting with great concern the findings of the Committee of Experts on Tobacco Industry Documents, namely, that the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic;

“Understanding that public confidence would be enhanced by transparency of affiliation between delegates to the Health Assembly and other meetings of WHO and the tobacco industry,

“1. URGES Member States to be aware of affiliations between the tobacco industry and members of their delegations;

"2. URGES WHO and Member States to be alert to any efforts by the tobacco industry to continue its subversive practice and to assure the integrity of health policy development in any WHO meeting and in national governments;

"3. CALLS ON WHO to continue to inform Member States of activities of the tobacco industry that have a negative impact on tobacco control efforts."

In 2004, pursuant to this resolution, the WHO TFI published *Tobacco industry and corporate social responsibility ... an inherent contradiction* (9) to inform Member States about tobacco industry activities. The report gives examples of the tobacco industry's attempts to improve its public image, particularly through 'corporate social responsibility' activities and by supporting ineffective tobacco control policies and programmes. The report concludes that: "the business community, consumer groups and the general public should join policymakers and the public health community in being more vigilant and critical about tobacco companies' corporate social responsibility activities. Because, despite the industry's claims, there is little evidence of any fundamental change in their objectives or their practices."

### **Ad hoc inter-agency task force on tobacco control**

In 2006, the United Nations Economic and Social Council's ad hoc inter-agency task force on tobacco control described 'corporate social responsibility' initiatives by the tobacco industry and made recommendations "to avoid the impression of collaboration or partnerships with tobacco companies." (5) In particular, the task force was concerned about the inclusion of tobacco companies in the Global Compact, which seeks to promote responsible corporate citizenship so that business can be part of the solution to the challenges of globalization. It aims to bring companies together with United Nations agencies, labour and civil society to support universal environmental and social principles. The task force called for the establishment of a "working group that would examine the extent to which tobacco companies can invest and participate in socially responsible activities, in particular in relation with the work of the United Nations. The working group would bear in mind the contradiction between the tobacco industry and social activities, and use that as a base in their (*sic*) discussions regarding the role the tobacco industry would have as partners or donors in the activities of the United Nations and intergovernmental agencies." The report emphasized that the negative impact of a product on human health cannot be overlooked when setting standards of social responsibility.

### **WHO Framework Convention on Tobacco Control**

The WHO Framework Convention on Tobacco Control (FCTC) (10) is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. It presents a regulatory strategy for addressing addictive substances and stresses the importance of strategies for reducing both demand and supply.

The WHO FCTC contains several articles that address the protection of international tobacco control from tobacco industry interference. The preamble to the Convention emphasizes the importance of the contributions of "civil society not affiliated with the tobacco industry... to tobacco control efforts nationally and internationally." It also recognizes "the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts."

Under the treaty's general obligations, the signatories agree to protect tobacco control policies from tobacco industry interference. Specifically, Article 5.3 states: "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law." Article 12.C stresses the importance of public education and awareness about tobacco industry activities, and Parties agree to promote "public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention." Article 12.E reiterates the importance of the "participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control."

Research, surveillance and exchange of information are critical components of the treaty. Article 20.4 states that, in addition to promoting and facilitating the exchange of scientific, technical, socioeconomic, commercial and legal information, Parties should also exchange "information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition." Article 20.4C outlines how Parties can best share this information, by endeavouring to "cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities."

## Scope of tobacco industry interference

In a presentation to the Philip Morris Board of Directors in 1995, then Senior Vice- President of Worldwide Regulatory Affairs stated "our goal is to help shape regulatory environments that enable our businesses to achieve their objectives in all locations where we do business. Our overall approach to the issues is to fight aggressively with all available resources, against any attempt, from any quarter, to diminish our ability to manufacture our products efficiently, and market them effectively... In short, we are very clear about our objective—an unyielding and aggressive defence of our rights to make and sell our products and our consumers' rights to have a free marketplace so that they can choose and use those products." (11)

Saloojee and Dagli (12) reported that the industry's efforts to control policy and legislation rely on a wide range of techniques, including "testimony, position papers, constituency letters and contacts, and... face-to-face discussion between industry representatives and legislators" to achieve its objective "to block, nullify, modify or delay pending legislation."

Reports from Corporate Accountability International summarize the range of strategies used by the tobacco industry to thwart legislation. They include subverting it and exploiting legislative loopholes, demanding a seat at government negotiating tables, promoting voluntary regulation instead of legislation, drafting and distributing sample legislation that is favourable to the tobacco industry, challenging and stretching government timetables for implementing laws, attempting to bribe legislators, gaining favour by financing government initiatives on other health issues and defending trade benefits at the expense of health (13, 14).

The rationale and methods of industry attempts to control legislation have been documented and analysed extensively (15, 16). A salient example of tobacco industry interference in legislation was an episode in Argentina where the tobacco industry used collaborations with respected parliamentarians and academics and "successfully blocked, delayed, and diluted meaningful federal tobacco control bills." (17) The authors of this case study concluded that public health

officials and tobacco control advocates “need to understand how the industry operates and work to isolate the industry and make it more difficult for policymakers to support the tobacco industry.”

Peer reviewed articles have shown that the industry has sought to weaken legislation not only in Argentina but also elsewhere in Latin America and the Caribbean (18) and in Germany (19), Switzerland (20), the European Union (21), the Middle East (22), Thailand (23), Cambodia (24) and the former Soviet Union (25). It also makes more specific attacks, as when it sought to undermine the agenda of a world conference on tobacco or health (26). In the United States, the industry tried to undermine public confidence in the validity of an Environmental Protection Agency assessment of the risks associated with exposure to second-hand smoke, which it feared would lead to strong legislation in this area (27). Similar tactics were used to undermine a study by the International Agency for Research on Cancer that showed an increased risk for lung cancer among nonsmokers exposed to second-hand smoke (28). Documents show that Philip Morris International feared that the study would lead to greater restrictions on smoking in Europe and therefore spearheaded a strategy to subvert the report, which included conducting research to counter the anticipated findings, shaping opinion by manipulating the media and the public, and lobbying governments not to increase smoking restrictions (28).

The industry has a long history of using seemingly independent ‘front groups’ to advance its case (29–32) and also has funded business analysts to make its legislative case (33). Given the power and size of the industry in the United States, such initiatives can have a strong influence on legislative initiatives in other countries (34). Tobacco industry interference is not restricted to national, regional or state levels: The industry has recognized that effective policy changes at local level lead to changes at wider levels (35).

## The tobacco industry and its allies

The ‘tobacco industry’ does not consist only of manufacturers of tobacco products: it also includes those engaged in all aspects of the growing, manufacture, distribution and sales of tobacco, who are likely to be averse to effective tobacco control. The WHO FCTC defines the tobacco industry as “tobacco manufacturers, wholesale distributors and importers of tobacco products”. As described below, industry allies and commissioned third parties who benefit from the sale of tobacco products or from tobacco sponsorship can also have interests that compete with those of tobacco control.

Tobacco corporations can be either state-owned or national or multinational companies. The largest tobacco company in the world (as measured by cigarette volume) is the State-owned Chinese National Tobacco Corporation, which was almost double the size of the second largest corporation in 2007, the publicly traded multinational Altria, which includes Philip Morris USA and formerly included Philip Morris International. On 28 March 2008, all Philip Morris International shares were distributed to Altria shareholders in a corporate spin-off of Philip Morris International (36, 37). Table 1 shows the volume share of the largest tobacco companies in the world.

Table 1. Market shares of the 'big four' tobacco companies in 2007 (38)

Volume share (excluding China National Tobacco Corporation)	Headquarters location	Volume share (%)
Philip Morris		18.7
Philip Morris USA	USA	
Philip Morris International	Switzerland	
British-American Tobacco	United Kingdom	17.1
Japan Tobacco		10.8
Domestic	Japan	
International operations	Switzerland	
Imperial (including Altadis)	United Kingdom	5.6
	France and Spain	
Total		52.2 <sup>1</sup>

<sup>1</sup> The China National Tobacco Corporation makes up a significant portion of the remaining market share; the remainder is owned by smaller private and public and state-owned tobacco companies.

Consolidation has been the dominant trend in the tobacco industry during the past 20 years. According to *Euroonitor* (38), industry consolidation is approaching its 'endgame', with Japan Tobacco International's acquisition of Gallagher in 2007 and the acceptance by the Franco-Spanish company Altadis of a bid from Imperial Tobacco, also in 2007. Additionally, privatization of state-owned companies is expected to continue; the government of Egypt is thought to be close to selling its share if state monopoly, Eastern Tobacco, the government of Turkey sold Tekel to British American Tobacco, and other state-owned companies have recently been sold or are expected to come on the market.

Joint ventures between multinationals and locally and state-owned companies are common. Licensing agreements, whereby local companies manufacture internationally recognized brands such as Marlboro and Camel, are also widespread. For example, in January 2007, Philip Morris International announced that it would increase its shares in Pakistan's Lakson Tobacco from 40% to 90% (39), and Philip Morris International owns, as of November 2007, 80% of Mexico-based Cigatam, with the remaining shares owned by Grupo Carso SA (prior to November, the shares were almost equally split between Philip Morris and Grupo Carso) (40, 41). In 2006, Philip Morris International announced a joint venture with the Chinese National Tobacco Corporation for production of Marlboro cigarettes directly at the Corporation's affiliate factories (42).

Memoranda of understanding between tobacco companies and governments are an additional form of partnership, but little is known of their impact on tobacco use. Such memoranda could apply not only to business ventures but also to projects such as policies and joint efforts to control cigarette contraband (e.g. 43–45).

The implications for managing interference with tobacco control might be different depending on whether private companies or government-owned tobacco corporations are involved. For instance, it might be assumed that countries in which the tobacco industry is wholly or largely owned by the government would be unlikely to support effective tobacco control (46–48).

The Thai Tobacco Monopoly is also Government-owned. Nevertheless, Thailand is internationally recognized as having one of the world's most advanced tobacco control programmes (49). Government ownership alone, then, does not always predict lack of resolve to implement strong tobacco control measures. Furthermore, privatization of formerly state-owned tobacco companies has been shown to result in lower cigarette taxes, overturned tobacco control legislation, increased tobacco consumption and smoking prevalence, particularly among young women, and initiation of smoking at a younger age (25, 50–57). “Global trade liberalization and market penetration have been linked to a risk of increased tobacco consumption, particularly in low and middle-income countries.” (58) Therefore, regardless of which entity legally owns a tobacco company or companies operating (private, public or state-owned) in a country, the methods of interference with tobacco control policy described here are used, as are the means for monitoring and countering attempts at interference.

## The supply and sale chain

### *Farmers*

The tobacco supply chain begins with the farming of tobacco plants. There is evidence that tobacco farmers in the United States have sought to exert political influence to oppose tobacco control measures (59). In the developing world, tobacco manufacturers actively promote the economic benefits of tobacco farming to local economies; however, the human rights abuses (60, 61) and unfair trading practices imposed on tobacco farmers in developing countries by tobacco manufacturers are well documented (62–64). Countries in which the WHO FCTC is being implemented and in which tobacco is grown can expect opposition from growers and their labour unions, often supported by tobacco manufacturers. Suppliers of agricultural chemicals to tobacco growers and local communities in tobacco-growing areas might also join in the opposition.

The opposition will usually seek to quantify the economic contribution of tobacco growing to local and national economies and use employment figures and list economic benefits to local communities and the national balance of trade. It suggests that effective tobacco control would somehow suddenly extinguish these economic benefits: all growers would become unemployed, with catastrophic effects on local economies, where alternative employment might be difficult to find. In reality, in countries with effective tobacco control, annual consumption usually decreases by fractions of single percentage points, thus allowing time for growers to diversify to other areas and for implementation of government adjustment programmes (65). Mechanization of tobacco growing and competition in international trade generally bear much more responsibility for decreasing employment. Additionally, the deforestation resulting from intensive tobacco farming is ignored or downplayed by industry (66).

The industry-sponsored tobacco farmers' lobby group, the International Tobacco Growers' Association, served as a front (67) for lobbying developing countries at WHO. While tobacco manufacturers sent farmers to represent their views, they did little to support the long-term concerns of the farmers, who do not benefit from the profits generated. Despite opposition from groups allegedly representing growers (68), such as Afuba (Brazil's member of the International Tobacco Growers' Association), the world's largest leaf producers and the largest exporter of tobacco leaf have ratified the WHO FCTC and are preparing and implementing tobacco control programmes.

### *Importers, distributors and retailers*

Retail shops are the main communication channel with consumers, especially given increasing restrictions on mass media advertising (69). In addition to the revenue from actual sales of tobacco products, retailers benefit from tobacco company-sponsored sales incentive programmes; tobacco

companies and tobacco distributors give retailers promotional discounts, attractive display units and incentives for prominent placement products in their shops (70). Retailer and distributor bodies have been strong allies of tobacco manufacturers (71) and have opposed bans on tobacco displays, by arguing that extreme economic hardship, including closures and staff layoffs, would ensue as a result (72, 73). They have distributed pro-tobacco industry petitions and material to customers in order to build smoker opposition to tobacco control.

Importers of tobacco products are also tobacco industry allies. An internal document from British American Tobacco states that importing products for “ostensibly legitimate duty free sales have provided an effective means of supplying smuggled cigarettes.” (74) In a submission to public hearings on the WHO FCTC, the Duty Free Shop Association of Japan protested a proposed ban on duty-free sales by describing tobacco sales as one of the delights of duty-free shopping for travellers and stated that a ban “will also likely develop into a problem with serious ramifications for the travel industry.” (75)

#### *Consumers*

Public opinion polls (including smokers) routinely show strong support for measures to protect people from second-hand smoke (76), help smokers to quit and prevent children from taking up smoking (77). Smokers’ rights associations, however, frequently supported by the tobacco industry, have served as front groups in opposition to indoor smoking bans (78–80).

### **Allies, third parties and front groups**

Several examples of front groups are described below; however, many more accounts of such activity are available (81–83). The tobacco industry has many business allies and third parties with which it works to block implementation of effective tobacco control legislation and programmes. Recognizing that the public and politicians are increasingly unsympathetic to the demands of the tobacco industry (84–86), it has sought to align itself with more socially acceptable entities. Such groups often appear in the news media and at legislative hearings, where they seek to reframe tobacco control policies as economic issues rather than public health initiatives (87–89). Lack of disclosure by front groups and consultants of their links with the tobacco industry results in unbalanced arguments and evidence, presented without statements of relevant competing interests.

Allied and third-party industries that have opposed tobacco control include: hospitality (90), gambling and gaming (91), advertising (17), packaging (92), transport (93), chemical production (94), tobacco retailing (72), agriculture and tobacco growers (67), labour unions (95) and investment advisers (96). Other potential allies include recipients of tobacco sponsorship and research funds. Industry sponsorship of sporting and cultural events has been defended as being essential to their existence (97); however, countries that have banned sporting and cultural sponsorship by the tobacco industry have not experienced a collapse or even any serious disruption of those activities.

Allies may also include unwitting members of the tobacco control community. As described by Malone and colleagues (98), Philip Morris’ *Project Sunrise*, a 10–20 year plan initially described in 1995, “laid out an explicit divide-and-conquer strategy against the tobacco control movement, proposing the establishment of relationships with Philip Morris-identified ‘moderate’ tobacco control individuals and organizations and the marginalization of others. Philip Morris planned to use ‘carefully orchestrated efforts’ to exploit existing differences of opinion within tobacco control, weakening its opponents by working with them.” The acrimonious debate (99) over what became the ‘master settlement agreement’ (100) in the United States continues as the health

community debates the Food and Drug Administration regulation of tobacco products and the legality and advisability of promoting smokeless tobacco use (101, 102).

The Advancement for Sound Science Coalition was another initiative launched on behalf of Philip Morris by the public relations firm APCO Associates to fight smoking restrictions that could limit the public's exposure to second-hand smoke (103, 104). As Ong and Glantz noted (103), Philip Morris countered the tobacco industry's lack of credibility by setting up 'sound science' coalitions and "mounted a sophisticated public relations campaign to promote 'good epidemiology practices' ... to shape the standards of scientific proof in the effort to make it impossible to 'prove' that second-hand smoke among many other environmental toxins is dangerous." As described below, the tobacco companies have made many efforts, both direct and indirect, to interfere with the scientific process.

Philip Morris set up a concerted "inter-industry, three-prong strategy to subvert" (28) the multicentre epidemiological study of the International Agency for Research on Cancer of the association between exposure to second-hand smoke and lung cancer (105). The effort relied on industry-funded researchers (28), a known industry front group, the Center for Indoor Air Research (106), a newly created body, the European Science and Environment Forum, and others, all with the assistance of APCO Associates and the law firms Covington and Burling and Shook, Hardy and Bacon. The strategy also included a media manipulation plan to help shape public opinion in favour of the industry (107).

The website of Japan Tobacco International claims that "the scientific literature on [environmental tobacco smoke] and disease is inconsistent. For example, while the International Agency for Research on Cancer (IARC) concluded in a 2002 review 'that involuntary smoking is a cause of lung cancer in never-smokers', the data from a large, multi-center study conducted in Europe and published by the same agency in 1998 did not show a statistically significant relationship between [environmental tobacco smoke] exposure and lung cancer." (108, 109) The industry was successful in creating controversy and continues to question the unequivocal scientific evidence for the harmful effects of second-hand smoke (110, 111). Philip Morris led a similar effort through the media to discredit a report by the United States Environmental Protection Agency on environmental tobacco smoke (27, 112).

With increasing evidence of the health effects of second-hand smoke and support for smoke-free public spaces, the industry has hired consultants to state that ventilation can accommodate both smokers and non-smokers and could therefore be an alternative for a complete ban on smoking in some public places (113–116). As stated by Chapman and Penman (32), "the industry developed a network of ventilation 'experts' to promote its position that smoke-free environments were not necessary, often without disclosing the financial relationship between these experts and the industry."

Public relations firms have often been used to manipulate the media and public opinion about various aspects of tobacco control and to gather the support of persons who oppose government 'intrusion' into business and taxation, thus fomenting a generally anti-regulatory, anti-government view (79). For example, Mongoven, Biscoe & Duchin, specialists in 'public policy and issues management' based in Washington DC, helped tobacco companies such as Philip Morris and R.J. Reynolds to damage tobacco control efforts, including the WHO FCTC (117).

In 1999, the affiliate of Philip Morris International in the Czech Republic commissioned the management consulting firm Arthur D. Little International to write a report on the effect of smoking on the country's public finance (118). The report concluded that, when all factors were considered, smoking had a positive economic effect. One of the factors cited was the savings in health-care costs and pensions due to early mortality of smokers. The report caused considerable



public outrage and forced Philip Morris International to admit that “no one benefits from the very real, serious and significant diseases caused by smoking.”

The identities of industry allies and front groups are sometimes not immediately obvious. For example, the WHO TFI identified collaboration between Philip Morris and R.J. Reynolds and the International Life Sciences Institute to undermine WHO tobacco control efforts and concluded that a nongovernmental organization in official relations with WHO was being used to further the commercial interests of tobacco companies (119).

Beyond some of these tobacco industry schemes are local ‘grassroots’ groups, such as local business, citizens’ or restaurant associations. For instance, the Beverly Hills Restaurant Association has made an unproven but often repeated claim that business decreases by 30% when second-hand smoke regulations are adopted (120), and various programmes of the International Association of Hotels, Restaurants and Cafes (20), Accommodation (115) and other programmes (121, 122) have the same obstructive goals.

Ong and Glantz concluded (103) that all these efforts are “sophisticated public relations campaigns controlled by industry executives and lawyers whose aim is to manipulate the standards of scientific proof to serve the corporate interests of their clients.”

### Funding of scientists and researchers

The tobacco industry has a long history of offering financial support to scientists, other academics and research consultants (88). While the funding by all sorts of industries of scientific research conducted by independent scientists and institutions is increasingly common, the history of tobacco industry involvement in research has shown that the results are often manipulated (123), suppressed (124) or used incorrectly by non-scientists (125) to suit the needs of the tobacco industry. Extensive documentation of the rationale for such support has shown that it has been used strategically to supply apparently independent reports that were in fact commissioned for the purpose of opposing tobacco control policy (124, 126, 127).

The documented history of scientific misconduct (104, 127–131) has led a growing number of academic institutions to introduce a policy not to accept tobacco industry funding (75, 132). The University of Sydney, Australia, for instance, has a policy to “not accept funding or other forms of support, other than by taxation or government levies, from any tobacco manufacturing company or foundations primarily funded by such companies, or agents known to be acting on their behalf.” (133) Conversely, a survey of Canadian medical schools in 2004 showed that 25% accepted funding from the tobacco industry and that none had a policy banning research funding or donations from the tobacco industry (134). In this respect, the tobacco industry is unique among legal industries, with the possible exception of the arms industry, in being subject to formal policies of exclusion from research involvement.

A canon of scientific enquiry is that it should be conducted impartially, blind to ideological and corporate interests. Unfortunately, this ideal is not always achieved, and peer review fails to catch all errors of omission and commission (135–138). Consequently, businesses that wish to falsely reassure the public about the safety and efficacy of their products seek to influence attitudes directly by generating or publicizing study results that serve their commercial ends.

In a review of research on second-hand smoke, Barnes and Bero (139) found that an affiliation with the tobacco industry made it twice as likely that the results would be positive for the industry. An analysis of industry involvement in studies on sudden infant death syndrome suggested that “accepting tobacco industry funds can disrupt the integrity of the scientific process” (140). The tobacco industry’s rationale for funding research on both active and passive smoking is to bring under their influence scientists who could act as experts, to raise goodwill support on critical

issues, to push scientific 'extremists' (those who do not agree with industry positions) into isolation and to have work published which can create controversy or diversion (141–143).

The authors of a review (124) of industry activities in Germany, confirming earlier research (129), concluded that "scientific truth was not the aim of the tobacco industry. Instead, it sought to manipulate and distort the evidence. The documents suggest it achieved this through the selective recruitment and funding of scientists and projects likely to produce favourable results, the suppression of unfavourable findings, the promotion of favourable findings, and the promulgation of alternative explanations for diseases associated with tobacco use." These authors found that industry actions fell into five categories: suppression, dilution, distraction, concealment and manipulation.

Research on industry documents in Germany (144) and elsewhere (18, 116, 145) mirrors research conducted in the United States, where the researchers who first investigated tobacco industry internal documents (146) found that "results were used to generate good publicity for the industry, to deflect attention away from tobacco as a health hazard, and to attempt, sometimes surreptitiously, to influence policymakers.... Tobacco industry lawyers and executives and industry-funded scientists had a coordinated plan for producing and publicizing data that supported the tobacco industry's position that tobacco use is not dangerous." (147)

There is extensive documentation of the work of organizations created by or associated with the tobacco industry (e.g. the Center for Indoor Air Research, the Center for Tobacco Research, the Philip Morris External Research Program, Associates for Research into the Science of Enjoyment and the International Life Sciences Institute) and of initiatives undertaken by the industry (Project Whitecoat, Frank Statement, and McGill Conference), the goal of all of which is purposefully to use science or pseudoscience to defeat legitimate scientific enquiry into the harm caused by tobacco (28, 127, 130, 148– 153). These reports were synthesized by Judge Gladys Kessler of the United States Court of Appeals for the District of Columbia, who described in a finding of fraud on the part of the tobacco industry:

"the intricate, interlocking, and overlapping web of national and international organizations, committees, affiliations, conferences, research laboratories, funding mechanisms, and repositories for smoking and health information which Defendants established, staffed, and funded in order to accomplish the following goals: counter the growing scientific evidence that smoking causes cancer and other illnesses, avoid liability verdicts in the growing number of plaintiffs' personal injury lawsuits against Defendants, and ensure the future economic viability of the industry... Like an amoeba, the organization of the Enterprise changed its shape to fit its current needs, adding organizations when necessary and eliminating them when they became obsolete. Whatever the shape or composition of the Enterprise at any given time, again like an amoeba, its core purpose remained constant: survival of the industry." (88)

The tobacco industry has also openly attempted to influence standards. For example, the absence of large health groups has allowed the industry wide latitude in setting the agenda on the critical standards of the American Society of Heating, Refrigeration and Air Conditioning Engineers for ventilation in buildings (114). The industry also played a major role in setting the standards that were eventually adopted by the International Organization for Standardization (ISO) for measuring cigarette tar and nicotine yields (154).

## Strategies used by the tobacco industry

Table 2 lists the many strategies used by the industry and its allies to monitor and undermine advances in tobacco control. The diversity of these strategies demonstrates that the mission to thwart tobacco control is global (155, 156) and based on the broad objective of establishing the industry as 'socially responsible' and a 'partner' with government in tobacco control. There is also evidence of the objective of stopping or weakening policies known to affect sales. The industry can not only manipulate the media by raising doubt about scientific research, it can also attack public media campaigns by requesting information, pursuing litigation or attempting to limit the audience and restrict the message of the campaign (157).

**Table 2. Tobacco industry tactics for resisting effective tobacco control**

Tactic	Goal
Intelligence gathering	To monitor opponents and social trends in order to anticipate future challenges
Public relations	To mould public opinion, using the media to promote positions favourable to the industry
Political funding	To use campaign contributions to win votes and legislative favours from politicians
Lobbying	To make deals and influence political processes
Consultancy	To recruit supposedly independent experts who are critical of tobacco control measures
Funding research, including universities	To create doubt about evidence of the health effects of tobacco use
Smokers' rights groups	To create an impression of spontaneous, grassroots public support
Creating alliances and front groups	To mobilize farmers, retailers, advertising agencies, the hospitality industry, grassroots and anti-tax groups with a view to influencing legislation
Intimidation	To use legal and economic power as a means of harassing and frightening opponents who support tobacco control
Philanthropy	To buy friends and social respectability from arts, sports, humanitarian and cultural groups
Corporate social responsibility	To promote voluntary measures as an effective way to address tobacco control and create an illusion of being a 'changed' company and to establish partnerships with health interests
Youth smoking prevention and retailer education programmes	To appear to be on the side of efforts to prevent children from smoking and to depict smoking as an adult choice
Litigation	To challenge laws and intimidate tobacco industry opponents
Smuggling	To undermine tobacco excise tax policies and marketing and trade restrictions and thereby increase profits

Tactic	Goal
International treaties and other international instruments	To use trade agreements to force entry into closed markets and to challenge the legality of proposed tobacco control legislation
Joint manufacturing and licensing agreements and voluntary policy agreements with governments	To form joint ventures with state monopolies and subsequently pressure governments to privatize monopolies
Pre-emption	To overrule local or state government by removing its power to act

Attempts by the tobacco industry to influence policy and programmes reach beyond health to social issues, education and the environment. While the industry has played a central role in the international smuggling of tobacco, this is mentioned only briefly here; an intergovernmental negotiating body on a protocol on illicit trade in tobacco products has been established that covers these issues (158).

Fox et al. (159) identified eight domains of tobacco industry interference:

1. attempts to undermine science and legitimate messages from scientific quarters
2. manipulation of the media
3. public relations
4. tactics designed to gain control of the public agenda
5. lobbying
6. use of front groups and artificially created grassroots movements
7. intimidation
8. harassment of tobacco control professionals.

## Education

There are numerous examples of the industry setting up and running ostensibly ‘anti-smoking’ education programmes for schools, the media, young people and parents (121, 160–162). Schools and educational and youth ministries sometimes welcome these programmes, as they are well financed, include attractive materials and may be accompanied by other incentives such as funds for school equipment; however, these programmes invariably fail to provide prominent, detailed, emotionally engaging, graphic information about the health risks of tobacco use, which are the message characteristics known to be critical in involving youth in anti-smoking efforts (163, 164). They also fail to point out the role of tobacco companies’ marketing strategies in enticing young people to smoke. Typically, industry educational interventions depict smoking as an ‘adult choice’ and as ‘uncool’. A recent evaluation of United States tobacco company public campaigns supposedly designed to dissuade young people from smoking concluded that “exposure to tobacco company youth-targeted smoking prevention advertising generally had no beneficial outcomes for youths. Exposure to tobacco company parent-targeted advertising may have harmful effects on youth, especially among youths in grades 10 and 12.” (165)

It would be unimaginable for any enterprise to seek to deter the next generation of potential consumers from entering the marketplace. Yet that is what the tobacco industry, like the drinks industry, claims. Given the value of young potential smokers to the industry (166, 167), such claims must be carefully scrutinized (168). No tobacco company has ever agreed to an independent audit of sales to underage smokers, nor to return those earnings to, for example, independent health agencies in support of evidence-based tobacco control (169, 170).

Tobacco industry-sponsored 'youth smoking prevention' programmes have several benefits for tobacco companies, which can claim the mantle of good corporate citizenship by 'protecting' the young, thus building a store of public and political goodwill designed to temper anti-tobacco regulations. These efforts also allow them to keep their corporate name in the public eye. They have been able to become partners in campaigns with government and even with some less sophisticated, resource-poor public health groups, thus helping to neutralize strategic opposition to industry activities in other areas (171).

An exhaustive analysis of thousands of tobacco industry documents revealed much about the development of and rationale for the industry's 'youth smoking prevention' programmes (161). As noted in the authors' summary, the "purpose of the industry's youth smoking prevention programmes is not to reduce youth smoking but rather to serve the industry's political needs by preventing effective tobacco control legislation, marginalizing public health advocates, preserving the industry's access to youths, creating allies within policymaking and regulatory bodies, defusing opposition from parents and educators, bolstering industry credibility, and preserving the industry's influence with policymakers."

The archival evidence led the authors to conclude that the industry started these programmes "to forestall legislation that would restrict industry activities. Industry programmes portray smoking as an adult choice and fail to discuss how tobacco advertising promotes smoking or the health dangers of smoking" and that youth programmes "do more harm than good for tobacco control. The tobacco industry should not be allowed to run or directly fund youth smoking prevention programmes." In reality, industry campaigns are "lacking several of the types of components that are contained in effective programming." (172)

The paper (161) also notes, with further evidence on tobacco company websites, that industry-sponsored 'youth smoking prevention' programmes are widespread. From eastern Europe to Scandinavia, to the Middle East, Asia (160, 173), Australia (174) and Latin America (121), the same strategies have been used. They are presented as a set of related programmes in Latin America and the United States, in both English and Spanish, including 'Think, Don't Smoke' (Philip Morris), 'Tobacco Is Whacko' (Lorillard), 'Fumar Es una Decisión de Adultos' (Philip Morris International), 'Right Decisions, Right Now' (R.J. Reynolds), 'Helping Youth Decide' (Tobacco Institute), 'Helping Youth Say No' (Tobacco Institute, Philip Morris), 'Health Rocks' (Philip Morris), 'Aprende a Decidir por ti Mismo' (R.J. Reynolds), 'Yo Tengo P.O.D.E.R.' (Philip Morris International) and 'Yo Tengo V.A.L.O.R.' (Philip Morris International) (121).

An internal memo of Philip Morris International in 1993 disclosed the rationale for the company's approach: "Taking into consideration the emerging adverse legislative climate in the [Latin American] region, we have an opportunity to create good will for the tobacco industry by going public with a campaign to discourage juvenile smoking. Our objective is to communicate that the tobacco industry is not interested in having young people smoke and to position the industry as 'a concerned corporate citizen' in an effort to ward off further attacks by the anti-tobacco movement." (175) The minutes of an inter-company meeting in Hong Kong Special Administrative Region in 1973 record a British American Tobacco official as saying of a proposed initiative being offered to the Government to deter exposure of young people to cigarette advertising: "This is one of the proposals that we shall initiate to show that we as an industry are doing something about discouraging young people to smoke. This of course is a phony way of showing sincerity as we all well know." (176)

## Environment

The farming and curing of tobacco and the waste in the form of litter generated by the consumption of tobacco products exert significant environmental damage (177). Tobacco is a

heavily pesticide-dependent crop (178), and the industry has a vested interest in preventing onerous pesticide regulation that might prevent maximum yields. The industry forestalled pesticide regulation by agreeing to self-regulate in Europe, and Philip Morris supported a pesticide manufacturer's application for higher tolerance levels in Malaysia and Europe while keeping tobacco industry involvement a secret from government regulators (179).

The industry also set up a tobacco farmers' lobby group, the International Tobacco Growers Association, to downplay the role of tobacco growing and curing in deforestation (67) and to exaggerate the economic significance of tobacco growing for the farmers (7). Additionally, reports on tobacco company corporate social responsibility ignore or downplay the environmental impact of tobacco farming (64).

### **Lobbying and political campaign contributions**

In most democratic countries, political lobbying is legal and is an acknowledged part of the democratic process. The public is informed about the financial ties of political parties and individual politicians by limitations on and declarations of campaign donations and registration of lobbyists, but this requirement has yet to be adopted globally. Government officials and politicians are, however, often not transparent about their contacts and collaboration with the tobacco industry (63, 180). The tobacco industry is also adept at making donations to influential individuals and political parties through third parties.

Much of the tobacco industry's influence over the legislative agenda has been achieved through political donations and "the employment of effective and well connected registered contract lobbyists... skilled at advancing the tobacco industry's interests through quiet, behind the scenes, insider strategies." (181) The tobacco industry also uses philanthropy to achieve legislative goals, making contributions to policymakers' favourite charities and exploiting the presentations of cheques as opportunities for lobbying (182). Journalists and advocates in the United States (183, 184), and elsewhere (185), have measured the increase in tobacco industry political spending during election cycles.

The tobacco control community can rarely match the tens of millions of dollars that the industry uses to advance its agenda (186–190). Civil society has, however, been able to persuade policymakers and the media to counter the financial contributions and lobbying of the tobacco industry and thus advance tobacco control (15, 35, 191–194).

Another strategy used by tobacco companies is to 'compromise' or to propose voluntary agreements that would obviate the need for legislation or regulation (195). Research and experience have shown, however, that voluntary agreements and compromises with the industry do not translate into public health gains (196). Therefore, the tobacco industry's proposal to substitute self-regulation for government regulation is essentially ineffective; governments are more effective in tobacco control when they do not endorse voluntary codes of conduct or self-monitoring by the tobacco industry and do not accept assistance from or direct consultation with the tobacco industry on appropriate language for tobacco control legislation or other legal instruments (apart from legitimate forums, such as public hearings and written submissions).

### **Corporate social responsibility movement and philanthropy**

In the 'corporate social responsibility' movement, corporations reform their internal policies and business conduct to include a range of socially responsible values and goals in areas like the environment and social and labour policy. Reporting and publicizing these policies can improve companies' corporate image (197, 198). While philanthropy is a component of 'corporate social responsibility', it is not necessarily the only or primary strategy employed by corporations; many

corporations donate funds to charity without fully engaging. 'Corporate social responsibility' is crucial to the tobacco industry for restoring its damaged reputation, improving employee morale and maintaining and increasing the value of company stock (199). In the words of a British American Tobacco executive, it can provide important "air cover" (200) to distract governments and the community from the industry's core business. The self-regulating 'corporate social responsibility' movement is designed to replace government-mandated regulation (201).

Hirschhorn noted in a review of Philip Morris' 'corporate social responsibility' documents (199), "[Philip Morris] executives maintain that their company has always been ethical and responsible, but realised that public relations statements and philanthropy were insufficient to stem the tide of investigation, litigation, internal documents coming to light, diminished employee morale, and eroding share value. Under its own terms, as a corporate entity, [Philip Morris] justifiably used the concept of 'corporate social responsibility' to maintain its responsibility to its principal stakeholder, the investor." The justifiable terms of Philip Morris, however, contradict those of public health.

An analysis of British American Tobacco's 'corporate social responsibility' efforts by Action on Smoking and Health (United Kingdom), Christian Aid and Friends of the Earth in 2005 concluded that "allowing multinational companies such as British American Tobacco to regulate themselves will not result in far-reaching or long-lasting improvements to their health, human rights and environment performance." (200) The report described how the company's 'corporate social responsibility' efforts had allowed it to position itself as an industry leader in sustainability and to take a role in a 'biodiversity partnership' with nongovernmental conservation organizations.

ISO is preparing guidelines for social responsibility, which will be published in 2010 as ISO 26000. According to the ISO website, the standard will "aim to encourage voluntary commitment to social responsibility and will lead to common guidance on concepts, definitions and methods of evaluation." (202) Those involved in preparing the standard include industry, government, labour, consumers and nongovernmental organizations. WHO is also involved, its position being "that the tobacco industry should not be allowed to use social responsibility programmes or strategies to promote their products or business in any way. The right to health should therefore appear as a basic human right in the principles section of the standard." (5) Additionally, the concept of health as a human right should also appear in the definition of social responsibility in the ISO standard.<sup>1</sup>

The ethical and health reasons for not associating with the tobacco industry are clear, but is there also a case to be made for not mixing business with the industry? While tobacco companies have attempted to undergo 'corporate makeovers' (203), these changes have not been accepted by all stakeholders, including some in the business sector. When Philip Morris and British American Tobacco appeared on the agenda of an ethical corporation conference in Hong Kong, tobacco control advocates were able to convince the organizers to remove the companies from the programme (204). A letter campaign in Sydney, Australia, resulted in the removal of Philip Morris from the agenda of a public relations conference. Complaints came not only from tobacco control advocates but also from other speakers at the meeting. While the tobacco industry may view participating in such meetings as an opportunity to associate with legitimate businesses, it is clear that many other firms do not want to be tainted by association with an industry whose core business causes wholesale early death and suffering.

Notwithstanding the wariness and raised awareness in the tobacco control community, the tobacco industry can still reach government agencies, intergovernmental agencies and

---

<sup>1</sup> Due to WHO's efforts, the current draft (4.2) of the ISO 26000 standard on social responsibility incorporates the right to health as part of the definition of social responsibility.

nongovernmental organizations working in areas of health other than tobacco control as well as in areas of social well-being and sustainable development (205, 206). The tobacco industry hides behind created 'institutes' that appear to be promoting health and well-being (207–209).

The fact that tobacco is still a hugely profitable industry somewhat weakens the argument that associating with the industry is bad for business. As more businesses report taking part in 'corporate social responsibility', the case could be made that allowing them to do so will cause consumers to doubt the authenticity of corporate good deeds. In their case study of the tobacco industry, Palazzo and Richter (210) noted that "tobacco companies are not in the 'corporate social responsibility' business as it is becoming commonplace now across various industries and throughout academic research. As long as cigarettes kill active and passive users, all that a tobacco company can achieve is a reputation for transactional integrity.<sup>11</sup> When tobacco companies try to link their activities to the common good, they indeed provoke the legitimate question whether tobacco and 'corporate social responsibility' are inherently contradictory."

The fact that tobacco company stocks are regularly excluded from ethical, responsible investment funds is evidence of this inherent contradiction. High-profile Canadian universities have agreed to divest themselves of all their tobacco stocks (211), as have several other prestigious medical schools (212). A campaign urging the United States Government to divest itself of tobacco stocks was met with strong industry opposition. Seemingly at odds with their 'corporate social responsibility', Philip Morris insisted "that funds had to be managed for the exclusive interest of beneficiaries, not the public at large, and for high share returns above all." (213) This example raises the point that a discussion on complete divestment of all investment portfolios of tobacco industry stocks and shares by governments, and disclosure of ownership by government officials, might be necessary, in the context of how these investments could affect tobacco control policies

Given that 'corporate social responsibility' appears to consist of making monetary or in-kind contributions to various programmes, tobacco control is likely to be achieved only when the tobacco industry is no longer able to promote its voluntary or non-mandatory support, financial or otherwise. The distinction between mandatory contributions (taxation, litigation settlements) and non-mandatory or non-regulated contributions, such as 'corporate social responsibility' donations, should be clear to those working in tobacco control.

## Economic arguments

As noted above (120), one of the many ways in which the tobacco industry has used front groups has been to persuade them that restrictions on second-hand smoke lead to economic ruin. A review of studies on the economic impact of smoke-free policies revealed that "the best designed studies report no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment" and that all studies "concluding a negative impact were supported by the tobacco industry." (89) Despite the industry's arguments to the contrary and notwithstanding the claim in a recent study, which has already been challenged (214), of a 10% decrease in sales in the short run in Scotland, U.K. (215), "bar owners' worries that smoke-free laws will reduce the value of their bars are unfounded." (216) These studies also reveal, however, that the tobacco industry has abundant funds to promote these inaccurate or false messages (90).

<sup>11</sup> Transactional level refers to a corporation's integrity, or the degree to which it complies with the legal and moral rules of its societal context: its transactions are transparent, its behaviour is fair, it keeps its promises and it acts consistently.



The overall economic claims of the tobacco industry do not stand up to broader analysis (58) according to a study by the World Bank. Reviewing the Bank's own earlier work, the authors noted that "According to the World Bank's 1993 World Development Report, Investing in Health, tobacco control policies are considered cost-effective and worthy of inclusion in a minimal package of healthcare." (217)

## Part II. MONITORING TOBACCO INDUSTRY EFFORTS TO THWART TOBACCO CONTROL

Tobacco industry interference strategies (Table 2) should be monitored and strategies adopted to counter them. Monitoring the activities of the industry can be resource-intensive, with elusive targets and great challenges. A few governments require the tobacco industry to disclose information on lobbying activities, campaign contributions, advertising and promotional expenditures (218), smoke emissions and additives (219); however, none formally requires any form of admission from the tobacco industry about its endeavours to thwart effective tobacco control. The industry has always publicly denied that it seeks to do so, and such requests would probably meet with a refusal.

Much industry activity to undermine tobacco control is thus clandestine (117, 220), and the intent and details are not made public or subjected to corporate scrutiny. The release of internal tobacco industry documents provided unprecedented insight into the extent of its interference in effective tobacco control (221). The ruling by Judge G. Kessler in the United States in 2006 (88) will mean that the industry must maintain its obligation to deposit documents in Minnesota and Guildford for an additional 15 years. While internal industry documents continue to be released, the industry is undoubtedly now more cautious about what it enters onto the written record, and this invaluable source of information will almost certainly dry up as the industry adapts its communications and documentation methods to avoid candid disclosure. Lessons have been learnt from past activities, but many current and expected industry activities cannot, and will not, be as readily discerned.

Companies that are not involved in litigation in the United States have not been forced to release internal documents, and none have been released concerning issues other than health, such as smuggling, political activities, document destruction, international trade and patent claims on new products (222). There is still much that could be learnt about tobacco industry interference if further documents were released.

The WHO publication *Building blocks of tobacco control* (171) outlines strategies to counter the activities of the tobacco industry. First, the tobacco control sector should get to know the local tobacco industry by analysing its documents. Subsequent recommended strategies include:

- monitoring the local tobacco industry;
- informing and involving the public;
- obtaining and using evidence strategically;
- using 'champions' to tell the truth about tobacco use;
- applying lessons from international experience;
- exposing the myths and refuting the industry's arguments;
- building strong anti-smoking coalitions;
- communicating and strictly enforcing tobacco control measures;
- making the industry accountable; and
- regulating the industry.

Specific recommendations in the handbook with regard to monitoring the local tobacco industry include:

- monitoring media coverage of industry-related issues;
- reviewing industry publications, including marketing and economic analyses on tobacco issues, and taking note of the authors and institutions;
- frequently monitoring local industry websites;
- identifying organizations and activities sponsored by the industry;
- undertaking political mapping, by reviewing speeches and declarations by legislators and interviewing ministry officials, to identify those with pro-tobacco views; and
- reviewing reports on the enforcement of tobacco-related laws and court cases that result from their infringement.

Experience in the United States (223, 224) suggests that expanding the requirements for disclosure by the tobacco industry, such as mandated, formal, annual reports of all expenditures in marketing, advertising and promotion, lobbying, corporate social responsibility programmes, prevention and cessation programmes, political donations, philanthropy, research funding, and other recipients of tobacco industry support, could be used to monitor industry activities. As found in Brazil and Canada (see below), another strategy is to require the tobacco industry to report information on manufacture, product ingredients, toxic constituents and toxic emissions.

If countries continue to conduct research on local tobacco industries, using available internal industry documents, newspaper archives, media coverage, industry publications and websites, they will be better prepared to address tobacco industry interference with tobacco control.

## Gaps in research

Tobacco industry interference by lobbying and legislative strategies and by undermining science is well described in the literature. Other means, such as media manipulation, are less well documented. Generally, tactics that are either quantifiable in dollars spent or described in the context of a policy debate are better known. Tactics that can be inferred but are not documented are less well recognized. Furthermore, the industry continues to develop new strategies and combinations of strategies, which must be monitored (159). Bettcher et al. (58) state that “future research would also benefit from the inclusion of more explanatory variables that reflect changes in prices or tobacco control policies.”

## Models for monitoring tobacco industry activities

Some countries have methods for monitoring and regulating tobacco industry activities. While these systems are not specific to tobacco industry interference, they offer insight into how the industry can be required to be transparent in its operations and marketing.

### American Stop Smoking Intervention Study (USA)

Researchers evaluating the effectiveness of the American Stop Smoking Intervention Study (ASSIST) developed a model of tobacco industry interference that “can provide a high level strategic view of industry tactics that can help tobacco control planners better anticipate the tactics that the industry might use in certain circumstances.” (225) They designed a map of the tactics used by the tobacco industry to undermine tobacco control efforts (Appendix 1, Figure 1), which was used in planning assistance to four countries in South-East Asia for setting up a system for monitoring tobacco industry activities locally and regionally (226). The participants agreed that each country should integrate its local data to provide standardized data for the region. Important areas for feasibly tracking industry strategies were identified, and consensus was reached among the four countries. The results of the exercise are shown in Appendix 1, Figure 2.

## National Health Surveillance Agency (Brazil)

The Brazilian National Health Surveillance Agency (ANVISA) is a financially autonomous regulatory agency (227) that is administered independently. Within the Federal Public Administration, the Agency is linked to the Ministry of Health. Its purpose is to protect the health of the population by exercising sanitary control over the production and marketing of products and services, including tobacco. ANVISA also exercises control over ports, airports and borders and liaises with the Brazilian Ministry of Foreign Affairs and foreign institutions on international aspects of sanitary surveillance.

In order to market a new tobacco product, combustible or not, national manufacturers, importers and exporters must file an application for the listing of each brand of the product with ANVISA. There are numerous requirements in order to receive listing approval, including (228):

- a colour photocopy of the final packaging, an original package or a CD-ROM version of the packaging;
- a summary of the composition of the product, including the tobacco leaves used, additives, specifications of filter and wrapping;
- copies of the reports of any studies undertaken;
- a summary of the compounds present in the mainstream and sidestream smoke; and,
- a summary of the compounds present in the tobacco.

ANVISA not only monitors the entry onto the market of new products and collects data about the ingredients and components of existing products, it also enforces tobacco control legislation and regulatory measures, from enforcement of compliance with smoke-free laws to compliance with marketing restrictions. It has the power to issue marketing rules, impose package warnings, impose fines and other sanctions on companies that are not in compliance and establish a national laboratory to analyse tobacco products.

## Tobacco Reporting Regulations (Canada)

Under these Regulations, tobacco manufacturers and importers must give Health Canada annual reports that include their sales data, manufacturing information, product ingredients, toxic constituents, toxic emissions, research activities and promotional activities (219). In addition, they must report on over 20 constituents and 40 emissions. The information is released publicly on an aggregated industry-wide basis. Health Canada does not publicly disclose manufacturer- or product-specific data if it considers that the disclosure would violate company confidentiality.

## Control and transparency when meeting the tobacco industry and its representatives and allies

Another way in which industry interference has been monitored is through policies and guidance for government officials, public and private academics, members of nongovernmental organizations and public health professionals when they meet with representatives of the tobacco industry or its allies. Most of the guidelines begin by stating that meetings with the industry should be avoided and should be conducted only when strictly necessary, for example to provide information on regulatory mechanisms, at public hearings or at meetings mediated by third parties. Nongovernmental tobacco control organizations generally recommend that their members not participate in tobacco industry-initiated or -funded dialogues or 'stakeholder' or similar meetings. It is usually accepted, however, that attending shareholder meetings for the purposes of monitoring and advocacy is a legitimate tobacco control strategy. WHO, for example, has a set of internal policies designed to guide staff in their interaction with the tobacco industry.

## CONCLUDING REMARKS

The tobacco industry is not and cannot be a partner in effective tobacco control. The tobacco industry, however, sees itself as a legitimate stakeholder in tobacco control and attempts to position itself as a legitimate partner. The industry has and will continue to interfere in implementation of effective tobacco control, as outlined in the articles of the WHO FCTC. Such interference can be minimized by strict controls on interactions and by setting rules of engagement, as well as by demanding transparency and disclosure of tobacco industry conduct and finances.

State-owned tobacco companies can present a challenge for attempts to prevent associations between officials of health department or ministries and officials of the tobacco industry. State tobacco industry employees might work in the same building and attend the same meetings and events as health department employees. Nonetheless, state-owned tobacco interests can be kept separate from tobacco control and health interests, and there are no inherent reasons why governments with state-owned tobacco companies could not engage in tobacco control and protect the programme from undue interference by tobacco industry interests.

WHO is committed to assisting Member States in the implementation of the WHO FCTC Article 5.3 Guidelines which expound the fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.

## ACKNOWLEDGEMENTS

We wish to thank Mr Doug Blanke (USA) for chairing the meeting and facilitating discussions both during and after the meeting. We would also like to thank the participants, including Mary Assunta (Malaysia), Simon Chapman (Australia), Joanna Cohen (Canada), Jeff Collin (United Kingdom), Becky Freeman (Australia), Anna Gilmore (United Kingdom), Stanton Glantz (USA), Laurent Huber (USA), Paula Johns (Brazil), Ruth Malone (USA), Kathryn Mulvey (USA), Rima Nakkash (Lebanon), Rose Nathan (USA), Akinbode Oluwafemi (Nigeria), Guido Palazzo (Switzerland), Frances Stillman (USA) and Prakrit Vathesatogkit (Thailand) for sharing their expertise and for bringing innovative ideas to the meeting.

The TFI regional advisers, their teams and individuals at WHO headquarters identified national counterparts active in addressing tobacco industry interference and facilitated their participation. The contributions of Fatimah M.S. El-Awa (Regional Office for the Eastern Mediterranean), Douglas Bettcher (TFI, Geneva), Vera da Costa E Silva (Regional Office for the Americas), Adriana Blanco (Regional Office for the Americas), Rosa Sandoval (Regional Office for the Americas), Gemma Vestal (TFI, Geneva) and Elizabeth De Guia Tecson (TFI, Geneva) were invaluable.

Special thanks to Stella Bialous, Simon Chapman, Becky Freeman and Stan Shatenstein for preparing the background document for the discussions, without which the meeting would not have been successful.



## REFERENCES

1. Chapman S et al. The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States. *American Journal of Public Health*, 1999, 89:1018–1023.
2. Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal*, 2002, 325:188.
3. Orleans C, Slade J. *Nicotine addiction: principles and management*. New York, Oxford University Press, 1993.
4. Brundtland G. Address at the opening of World No Tobacco Day 2000. [http://www.who.int/director-general/speeches/2000/english/20000531\\_bangkok.html](http://www.who.int/director-general/speeches/2000/english/20000531_bangkok.html) (accessed 8 October 2007).
5. United Nations Economic and Social Council Ad Hoc Inter-agency Task Force on Tobacco Control. Report of the Secretary-General, 2006. [http://www.who.int/tobacco/global\\_interaction/un\\_taskforce/SG\\_UNTF\\_ECOSOC\\_2006.pdf](http://www.who.int/tobacco/global_interaction/un_taskforce/SG_UNTF_ECOSOC_2006.pdf) (accessed 11 September 2007).
6. World Health Organization. Tobacco Free Initiative. Monitoring the tobacco industry, 2007. [http://www.who.int/tobacco/surveillance/ti\\_monitoring/en/index.html](http://www.who.int/tobacco/surveillance/ti_monitoring/en/index.html) (accessed 20 September 2007).
7. World Health Organization committee of experts on tobacco industry documents. Tobacco industry strategies to undermine tobacco control activities at the World Health Organization, 2000. [http://www.who.int/tobacco/en/who\\_inquiry.pdf](http://www.who.int/tobacco/en/who_inquiry.pdf) (accessed 11 September 2007). [http://www.who.int/tobacco/communications/TI\\_manual\\_content.pdf](http://www.who.int/tobacco/communications/TI_manual_content.pdf).
8. World Health Organization. World Health Assembly resolution WHA54.18 Transparency in tobacco control, 2001. [http://www.who.int/tobacco/framework/wha\\_eb/wha54\\_18/en/index.html](http://www.who.int/tobacco/framework/wha_eb/wha54_18/en/index.html) (accessed 11 September 2007).
9. World Health Organization. Tobacco industry and corporate social responsibility ... an inherent contradiction, 2004. [http://www.who.int/tobacco/communications/CSR\\_report.pdf](http://www.who.int/tobacco/communications/CSR_report.pdf) (accessed 11 September 2007).
10. World Health Organization. WHO Framework Convention on Tobacco Control, 2005. [http://www.who.int/tobacco/framework/WHO\\_FCTC\\_english.pdf](http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf) (accessed 11 September 2007).
11. Philip Morris. Corporate worldwide regulatory affairs issues review, prospects and plans, 29 April 1995 (<http://legacy.library.ucsf.edu/tid/jww95a00>, accessed 11 November 2008).
12. Saloojee Y, Dagli E. Tobacco industry tactics for resisting public policy on health. *Bulletin of the World Health Organization*, 2000, 78:902–910.
13. Corporate Accountability International. Why it is important to protect public health policy from tobacco industry interference, 2007. [http://www.stopcorporateabuse.org/files/pdfs/Executive%20Summary%20of%20Report%20on%20Article%205.3\\_English.pdf](http://www.stopcorporateabuse.org/files/pdfs/Executive%20Summary%20of%20Report%20on%20Article%205.3_English.pdf) (accessed 20 September 2007).
14. Corporate Accountability International. Model legislation to exclude the tobacco industry and implement the FCTC. <http://www.stopcorporateabuse.org/files/pdfs/Model%20Legislation%20to%20Exclude%20the%20Tobacco%20Industry.pdf> (accessed 20 September 2007).
15. University of California San Francisco Library and Center for Knowledge Management. Reports on tobacco industry activity, 2004. <http://galen.library.ucsf.edu/tobacco/state.html> (accessed 20 September 2007).
16. Hirschhorn N. Tobacco documents bibliography, 2007. <http://www.library.ucsf.edu/tobacco/docsbiblio.html> (accessed 20 October 2007).



17. Sebrie EM et al. Tobacco industry successfully prevented tobacco control legislation in Argentina. *Tobacco Control*, 2005, 14:e2.
18. Pan American Health Organization. Profits over people. Tobacco industry activities to market cigarettes and undermine public health in Latin America and the Caribbean, 2002. [http://www.paho.org/English/DD/PUB/profits\\_over\\_people.pdf](http://www.paho.org/English/DD/PUB/profits_over_people.pdf) (accessed 10 October 2007).
19. Gruning T, Gilmore A. Germany: tobacco industry still dictates policy. *Tobacco Control*, 2007, 16:2.
20. Lee C, Glantz S. The tobacco industry's successful efforts to control tobacco policy making in Switzerland, 2001. <http://www.who.int/tobacco/media/en/InquirySwiss.pdf> (accessed 24 September 2007).
21. Bitton A, Neuman M, Glantz S. Tobacco industry attempts to subvert European Union tobacco advertising legislation, 2002. <http://repositories.cdlib.org/ctcre/tcpmi/EU2002> (accessed 20 October 2007).
22. Hammond R, White C. Voice of truth: multinational tobacco industry activity in the Middle East: a review of internal industry documents. [http://www.who.int/tobacco/policy/en/vot1\\_en.pdf](http://www.who.int/tobacco/policy/en/vot1_en.pdf) (accessed 10 October 2007).
23. MacKenzie R et al. "If we can just 'stall' new unfriendly legislations, the scoreboard is already in our favour": transnational tobacco companies and ingredients disclosure in Thailand. *Tobacco Control*, 2004, 13 (Suppl 2):79–87.
24. MacKenzie R et al. "Almost a role model of what we would like to do everywhere": British American Tobacco in Cambodia. *Tobacco Control*, 2004, 13 (Suppl 2):112–117.
25. Gilmore AB, McKee M. Moving east: how the transnational tobacco industry gained entry to the emerging markets of the former Soviet Union—part II: an overview of priorities and tactics used to establish a manufacturing presence. *Tobacco Control*, 2004, 13:151–160.
26. Muggli ME, Hurt RD. Tobacco industry strategies to undermine the 8th World Conference on Tobacco or Health. *Tobacco Control*, 2003, 12:195–202.
27. Muggli ME, Hurt RD, Repace J. The tobacco industry's political efforts to derail the EPA report on ETS. *American Journal of Preventive Medicine*, 2004, 26:167–177.
28. Ong E, Glantz S. Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. *Lancet*, 2000, 355:1253–1259.
29. Samuels B, Glantz S. The politics of local tobacco control. *Journal of the American Medical Association*, 1991, 266:2110–2117.
30. Apollonio D, Bero L. Industry front groups: a tobacco case study. *Journal für Verbraucherschutz und Lebensmittelsicherheit*, 2007, 2:341–348.
31. Sweda EL Jr, Daynard RA. Tobacco industry tactics. *British Medical Bulletin*, 1996, 52:183–192.
32. Chapman S, Penman A. "Can't stop the boy": Philip Morris' use of Healthy Buildings International to prevent workplace smoking bans in Australia. *Tobacco Control*, 2003, 12:107–112.
33. Alamar BC, Glantz SA. The tobacco industry's use of Wall Street analysts in shaping policy. *Tobacco Control*, 2004, 13:223–227.
34. Mackay J. International aspects of US Government tobacco bills. *Journal of the American Medical Association*, 1999, 281:1849–1850.
35. White J, Bero LA. Public health under attack: the American Stop Smoking Intervention Study (ASSIST) and the tobacco industry. *American Journal of Public Health*, 2004, 94:240–250.
36. Chapman S. *Public health advocacy and tobacco control: making smoking history*. Oxford, Blackwell Publishing, 2007.

37. Altria group Inc ([http://www.altria.com/investors/2\\_2\\_1\\_pmisspinoff.asp](http://www.altria.com/investors/2_2_1_pmisspinoff.asp), accessed 10 November 2008).
38. Euromonitor. Consolidation endgame in sight—but is there one more big throw of the dice? (<http://www.euromonitor.com/>, accessed 10 November 2008). Consolidation\_endgame\_in\_sight\_but\_is\_there\_one\_more\_big\_throw\_of\_the\_dice.
39. Philip Morris International ([http://www.philipmorrisinternational.com/pmintl/pages/eng/press/pr\\_20070119.asp](http://www.philipmorrisinternational.com/pmintl/pages/eng/press/pr_20070119.asp), accessed 10 November 2008).
40. Alacra ([http://www.alacrastore.com/storecontent/thomson\\_m&a/philip\\_morris\\_intl\\_inc\\_acquires\\_cigatam\\_from\\_altria\\_group\\_inc-1889201040](http://www.alacrastore.com/storecontent/thomson_m&a/philip_morris_intl_inc_acquires_cigatam_from_altria_group_inc-1889201040), accessed 29 July 2008).
41. Philip Morris International ([http://www.philipmorrisinternational.com/pmintl/pages/eng/press/pr\\_20070718.asp](http://www.philipmorrisinternational.com/pmintl/pages/eng/press/pr_20070718.asp), accessed 10 November 2008).
42. Young M. Marlboro country's borderline with China. *China Business*, 2006. [http://www.atimes.com/atimes/china\\_business/hc10cb01.html](http://www.atimes.com/atimes/china_business/hc10cb01.html) (accessed 11 October 2007).
43. Imperial Tobacco (<http://www.imperial-tobacco.com/files/environment/cr2006/index.asp?pageid=34>, accessed 10 November 2008).
44. British American Tobacco-Nigeria ([http://www.batnigeria.com/oneweb/sites/bat\\_58td2C.nsf/vwpagesweblive/do65gdrq/\\$file/\\_medmd6k4elm.pdf?openelement](http://www.batnigeria.com/oneweb/sites/bat_58td2C.nsf/vwpagesweblive/do65gdrq/$file/_medmd6k4elm.pdf?openelement), accessed 29 July 2008).
45. AMEInfo ([http://www.ameinfo.com/news/company\\_news/b/British\\_American\\_Tobacco\\_BAT\\_/](http://www.ameinfo.com/news/company_news/b/British_American_Tobacco_BAT_/), accessed 10 November 2008).
46. Japan Tobacco International ([http://www.jti.co.jp/jti\\_e/release/04/20040520\\_1.html](http://www.jti.co.jp/jti_e/release/04/20040520_1.html), accessed 29 July 2008).
47. Joossens L, Raw M. The tobacco control scale: a new scale to measure country activity. *Tobacco Control*, 2006, 15:247–253.
48. Assunta M, Chapman S. Health treaty dilution: a case study of Japan's influence on the language of the WHO Framework Convention on Tobacco Control. *Journal of Epidemiology and Community Health*, 2006, 60:751–756.
49. Chantornvong S, McCargo D. Political economy of tobacco control in Thailand. *Tobacco Control*, 2001, 10:48–54.
50. Gilmore AB et al. Pushing up smoking incidence: plans for a privatised tobacco industry in Moldova. *Lancet*, 2005, 365:1354–1359.
51. Szilagyi T, Chapman S. Tobacco industry efforts to erode tobacco advertising controls in Hungary. *Central European Journal of Public Health*, 2004, 12:190–196.
52. Szilagyi T, Chapman S. Tobacco industry efforts to keep cigarettes affordable: a case study from Hungary. *Central European Journal of Public Health*, 2003, 11:223–228.
53. de Beyer J, Yürekli A. Privatization in the tobacco industry: issues and good practice guidelines to ensure economic benefits and safeguard public health. Washington DC, World Bank, 2005. [http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2005/07/11/00016001\\_6\\_20050711141012/Rendered/PDF/329310HNPBrief15.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2005/07/11/00016001_6_20050711141012/Rendered/PDF/329310HNPBrief15.pdf) (accessed 9 October 2007).
54. Gilmore A, Collin J, Townsend J. Transnational tobacco company influence on tax policy during privatization of a state monopoly: British American Tobacco and Uzbekistan. *American Journal of Public Health*, 2007, 97:2001–2009.
55. Gilmore AB, Collin J, McKee M. British American Tobacco's erosion of health legislation in Uzbekistan. *British Medical Journal*, 2006, 332:355–358.
56. Gilmore AB, McKee M. Exploring the impact of foreign direct investment on tobacco consumption in the former Soviet Union. *Tobacco Control*, 2005, 14:13–21.
57. Perlman F et al. Trends in the prevalence of smoking in Russia during the transition to a market economy. *Tobacco Control*, 2007, 16:299–305.

58. Bettcher DW et al. *Confronting the tobacco epidemic in an era of trade liberalization*. Geneva, World Health Organization, 2003.
59. Zhang P, Husten C. Impact of the tobacco price support program on tobacco control in the United States. *Tobacco Control*, 1998, 7:176–182.
60. British Helsinki Human Rights Group. BAT in Uzbekistan 2002, 2002. <http://www.bhhrg.org/print.asp?reportid=5&countryid=23> (accessed 19 September 2007).
61. Otanez MG et al. Eliminating child labour in Malawi: a British American Tobacco corporate responsibility project to sidestep tobacco labour exploitation. *Tobacco Control*, 2006, 15:224–230.
62. Otanez MG, Mamudu H, Glantz SA. Global leaf companies control the tobacco market in Malawi. *Tobacco Control*, 2007, 16:261–269.
63. Patel P, Collin J, Gilmore AB. “The law was actually drafted by us but the Government is to be congratulated on its wise actions”: British American Tobacco and public policy in Kenya. *Tobacco Control*, 2001, 10:78–82.
64. Christian Aid. Behind the mask, 2004. [http://www.google.com/search?q=cache:m\\_rxgxayafqj:www.christianaid.org.uk/indepth/0401csr/csr\\_behindtheface.pdf+behind+the+mask+christian+aid+ash+uk&hl=en&ct=cl nk&cd=1&gl=au&client=firefox-a](http://www.google.com/search?q=cache:m_rxgxayafqj:www.christianaid.org.uk/indepth/0401csr/csr_behindtheface.pdf+behind+the+mask+christian+aid+ash+uk&hl=en&ct=cl nk&cd=1&gl=au&client=firefox-a) (accessed 10 October 2007).
65. World Health Organization ([http://www.who.int/gb/fctc/pdf/cop2/fctc\\_cop2\\_id3-en.pdf](http://www.who.int/gb/fctc/pdf/cop2/fctc_cop2_id3-en.pdf), accessed 10 November 2008).
66. Geist HJ. Global assessment of deforestation related to tobacco farming. *Tobacco Control*, 1999, 8:18–28.
67. Yach D, Bettcher D. Globalisation of tobacco industry influence and new global responses. *Tobacco Control*, 2000, 9:206–216.
68. International Tobacco Growers’ Association ([http://www.tobaccoleaf.org/files/6/itga\\_who\\_public\\_hearing\\_bras%3%adlia.pdf](http://www.tobaccoleaf.org/files/6/itga_who_public_hearing_bras%3%adlia.pdf), accessed 10 November 2008).
69. Pollay RW. More than meets the eye: on the importance of retail cigarette merchandising. *Tobacco Control*, 2007, 16:270–274.
70. Feighery EC et al. How tobacco companies ensure prime placement of their advertising and products in stores: interviews with retailers about tobacco company incentive programmes. *Tobacco Control*, 2003, 12:184–188.
71. McDaniel PA, Malone RE. Understanding Philip Morris’s pursuit of US government regulation of tobacco. *Tobacco Control*, 2005, 14:193–200.
72. Harper T. Why the tobacco industry fears point of sale display bans. *Tobacco Control*, 2006, 15:270–271.
73. Canadian Council for Tobacco Control. Ban displays. Industry arguments, 2006. <http://www.cctc.ca/cctc/EN/bandisplays/arguments> (accessed 19 September 2007).
74. Collin J et al. Complicity in contraband: British American Tobacco and cigarette smuggling in Asia. *Tobacco Control*, 2004, 13 (Suppl 2):104–111.
75. Ando E. Opposition to a ban on duty-free sales clause in WHO Framework Convention on Tobacco Control (draft), 2000. [http://www.who.int/tobacco/framework/public\\_hearings/F2130209.pdf](http://www.who.int/tobacco/framework/public_hearings/F2130209.pdf) (accessed 11 October 2007).
76. Borland R et al. Support for and reported compliance with smoke-free restaurants and bars by smokers in four countries: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control*, 2006, 15 (Suppl 3):34–41.
77. Carter SM, Chapman S. Smokers and non-smokers talk about regulatory options in tobacco control. *Tobacco Control*, 2006, 15:398–404.
78. Stauber JC. Smokers’ hacks: the tobacco lobby’s PR front groups. PR Watch, 1994. <http://www.prwatch.org/prwissues/1994Q3/hacks.html> (accessed 20 September 2007).

79. Apollonio DE, Bero LA. The creation of industry front groups: the tobacco industry and “get government off our back”. *American Journal of Public Health*, 2007, 97:419–427.
80. Smith E, Malone R. ‘We will speak as the smoker’: the tobacco industry’s smokers’ rights groups. *European Journal of Public Health*, 2007, 17:306–313.
81. Tobacco Control Supersite ([http://tobacco.health.usyd.edu.au/site/supersite/resources/docs/industry\\_front.htm](http://tobacco.health.usyd.edu.au/site/supersite/resources/docs/industry_front.htm), accessed 10 November 2008).
82. Center for Media and Democracy ([http://www.sourcewatch.org/index.php?title=category:tobacco\\_documents\\_organizations](http://www.sourcewatch.org/index.php?title=category:tobacco_documents_organizations), accessed 10 November 2008) ; (<http://www.tobacco.org/>, accessed 10 November).
83. TobaccoScam, University of California San Francisco ([http://www.tobaccoscam.ucsf.edu/target/target\\_taf.cfm](http://www.tobaccoscam.ucsf.edu/target/target_taf.cfm), accessed 10 November 2008).
84. Durkin SJ, Germain D, Wakefield M. Adult’s perceptions about whether tobacco companies tell the truth in relation to issues about smoking. *Tobacco Control*, 2005, 14:429–430.
85. Wakefield M, Miller C, Woodward S. Community perceptions about the tobacco industry and tobacco control funding. *Australian New Zealand Journal of Public Health*, 1999, 23:240–244.
86. Christofides N, Chapman S, Dominello A. The new pariahs: discourse on the tobacco industry in the Sydney press, 1993–97. *Australian New Zealand Journal of Public Health*, 1999, 23:233–239.
87. Champion D, Chapman S. Framing pub smoking bans: an analysis of Australian print news media coverage, March 1996–March 2003. *Journal of Epidemiology and Community Health*, 2005, 59:679–684.
88. Kessler G. Final opinion: United States of America verses Philip Morris. Civil action No 99–2496 (GK), 2006. <http://tobacco.neu.edu/litigation/cases/doj/20060817kessleropinionamended.pdf> (accessed 20 September 2007).
89. Scollo M et al. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, 2003, 12:13–20.
90. Dearlove JV, Bialous SA, Glantz SA. Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. *Tobacco Control*, 2002, 11:94–104.
91. Mandel LL, Glantz SA. Hedging their bets: tobacco and gambling industries work against smoke-free policies. *Tobacco Control*, 2004, 13:268–276.
92. Cunningham R, Kyle K. The case for plain packaging. *Tobacco Control*, 1995, 4:80–86.
93. Holm AL, Davis RM. Clearing the airways: advocacy and regulation for smoke-free airlines. *Tobacco Control*, 2004, 13:30–36.
94. Cook DM, Bero LA. Identifying carcinogens: the tobacco industry and regulatory politics in the United States. *International Journal of Health Services*, 2006, 36:747–766.
95. Balbach ED et al. Political coalitions for mutual advantage: the case of the Tobacco Institute’s Labor Management Committee. *American Journal of Public Health*, 2005, 95:985–993.
96. Wander N, Malone RE. Keeping public institutions invested in tobacco. *Journal of Business Ethics*, 2007, 73:161–176.
97. Woodward S. Effects on sport of bans on tobacco advertising and sponsorship in Australia, 2000. [http://newash.org.uk/files/documents/ASH\\_169.pdf](http://newash.org.uk/files/documents/ASH_169.pdf) (accessed 19 September 2007).
98. McDaniel PA, Smith EA, Malone RE. Philip Morris’s Project Sunrise: weakening tobacco control by working with it. *Tobacco Control*, 2006, 15:215–223.
99. Shatenstein S. Smoke in their eyes. *Tobacco Control*, 2001, 10:398.
100. Office of the Attorney General, California (<http://ag.ca.gov/tobacco/msa.php>, accessed 10 November 2008).
101. USA Today. Our view on public health: Cheerios are regulated—why not cigarettes? (<http://blogs.usatoday.com/oped/2007/09/our-view-on-pub.html>, accessed 10 November 2008).

102. USA Today. Loopholes aid Big Tobacco (<http://blogs.usatoday.com/oped/2007/09/opposing-view-1.html?loc=interstitialskip>, accessed 10 November 2008).
103. Ong EK, Glantz SA. Constructing 'sound science' and 'good epidemiology': tobacco, lawyers, and public relations firms. *American Journal of Public Health*, 2001, 91:1749–1757.
104. Samet JM, Burke TA. Turning science into junk: the tobacco industry and passive smoking. *American Journal of Public Health*, 2001, 91:1742–1744.
105. Boffetta P et al. Multicenter case-control study of exposure to environmental tobacco smoke and lung cancer in Europe. 1998, *Journal of the National Cancer Institute*, 90:1440–1450.
106. Muggli ME et al. The smoke you don't see: uncovering tobacco industry scientific strategies aimed against environmental tobacco smoke policies. *American Journal of Public Health*, 2001, 91:1419–1423.
107. Macdonald V. Passive smoking doesn't cause cancer—official. Sunday Telegraph. <http://www.forces.org/articles/files/passive1.htm> (accessed 23 September 2007).
108. Japan Tobacco International. Environmental tobacco smoke. [http://www.jti.com/english/corp\\_responsibility/our\\_positions/position\\_environmental\\_to\\_bacco\\_smoke.aspx](http://www.jti.com/english/corp_responsibility/our_positions/position_environmental_to_bacco_smoke.aspx) (accessed 11 October 2007).
109. World Health Organization (<http://www.who.int/inf-pr-1998/en/pr98-29.html>, accessed 29 July 2008).
110. BAT attacks. *Tobacco Control*, 1998, 7:116.
111. Press Complaints Commission. Complainant name: Clive Bates, Director of ASH. Sunday Telegraph, 1998. <http://www.pcc.org.uk/news/index.html?article=MTg3MA==> (accessed 23 September 2007).
112. Muggli ME, Hurt RD, Becker LB. Turning free speech into corporate speech: Philip Morris' efforts to influence US and European journalists regarding the US EPA report on secondhand smoke. *Preventive Medicine*, 2004, 39:568–580.
113. Drope J, Bialous SA, Glantz SA. Tobacco industry efforts to present ventilation as an alternative to smoke-free environments in North America. *Tobacco Control*, 2004, 13 (Suppl 1):41–47.
114. Bialous SA, Glantz SA. ASHRAE Standard 62: tobacco industry's influence over national ventilation standards. *Tobacco Control*, 2002, 1:315–328.
115. Pilkington P, Gilmore AB. The Living Tomorrow Project: how Philip Morris has used a Belgian tourist attraction to promote ventilation approaches to the control of second hand smoke. *Tobacco Control*, 2004, 13:375–378.
116. Barnoya J, Glantz SA. The tobacco industry's worldwide ETS consultants project: European and Asian components. *European Journal of Public Health*, 2006, 16:69–77.
117. Carter SM. Mongoven, Biscoe & Duchin: destroying tobacco control activism from the inside. *Tobacco Control*, 2002, 11:112–118.
118. Arthur D. Little International Inc. Public finance balance of smoking in the Czech Republic, 1999. <http://www.mindfully.org/Industry/Philip-Morris-Czech-Study.htm> (accessed 9 July 2008).
119. World Health Organization. Tobacco Free Initiative. The tobacco industry and scientific groups. International Life Sciences Institute: a case study, 2001 <http://www.who.int/tobacco/media/en/ILSI.pdf> (accessed 24 September 2007).
120. Glantz SA, Smith LR. The effect of ordinances requiring smoke-free restaurants on restaurant sales. *American Journal of Public Health*, 1994, 84:1081–1085.
121. Sebrie EM, Glantz SA. Attempts to undermine tobacco control: tobacco industry 'youth smoking prevention' programs to undermine meaningful tobacco control in Latin America. *American Journal of Public Health*, 2007, 97:1357–1367.

122. Ritch WA, Begay ME. Strange bedfellows: the history of collaboration between the Massachusetts Restaurant Association and the tobacco industry. *American Journal of Public Health*, 2001, 91:598–603.
123. Muggli ME, Hurt RD, Blanke DD. Science for hire: a tobacco industry strategy to influence public opinion on secondhand smoke. *Nicotine and Tobacco Research*, 2003, 5:303–314.
124. Gruning T, Gilmore AB, McKee M. Tobacco industry influence on science and scientists in Germany. *American Journal of Public Health*, 2006, 96:20–32.
125. Friedman LC, Daynard RA, Banthin CN. How tobacco-friendly science escapes scrutiny in the courtroom (see comment). *American Journal of Public Health*, 2005, 95 (Suppl 1):16–20.
126. Hardell L et al. Secret ties to industry and conflicting interests in cancer research. 2007:227–33.
127. Hirschhorn N, Bialous SA, Shatenstein S. The Philip Morris external research program: results from the first round of projects. *Tobacco Control*, 2006, 15:267–269.
128. Yano E. Japanese spousal smoking study revisited: how a tobacco industry funded paper reached erroneous conclusions. *Tobacco Control*, 2005, 14:227–233, discussion 33–35.
129. Hirschhorn N. Shameful science: four decades of the German tobacco industry's hidden research on smoking and health. *Tobacco Control*, 2000, 9:242–248.
130. Hirschhorn N, Bialous SA, Shatenstein S. Philip Morris' new scientific initiative: an analysis. *Tobacco Control*, 2001, 10:247–252.
131. Michaels D, Monforton C. Manufacturing uncertainty: contested science and the protection of the public's health and environment. *American Journal of Public Health*, 2005, 95 (Suppl 1):39–48.
132. Els C, Kunyk D. Canada: first public health school rejects tobacco funds. *Tobacco Control*, 2007, 16:223.
133. University of Sydney. Tobacco industry funding, 2003. [http://www.usyd.edu.au/senate/policies/tobacco\\_funding.pdf](http://www.usyd.edu.au/senate/policies/tobacco_funding.pdf) (accessed 18 September 2007).
134. Kaufman PE et al. Tobacco industry links to faculties of medicine in Canada. *Canadian Journal of Public Health*, 2004, 95:205–208.
135. Altman D. Statistical reviewing for medical journals. *Statistics in Medicine*, 1998, 17:2661–2674.
136. Bacchetti P. Peer review of statistics in medical research: the other problem. *British Medical Journal*, 2002, 324:1271–1273.
137. Callaham M et al. Reliability of editors' subjective quality ratings of peer reviews of manuscripts *Journal of the American Medical Association*, 1998, 280:229–231.
138. Goodman S, Altman D, George S. Statistical reviewing policies of medical journals: caveat lector? *Journal of General and Internal Medicine*, 1998, 13:753–756.
139. Barnes D, Bero L. Why review articles on the health effects of passive smoking reach different conclusions. *Journal of the American Medical Association*, 1998, 279:1566–1570.
140. Tong EK, England L, Glantz SA. Changing conclusions on secondhand smoke in a sudden infant death syndrome review funded by the tobacco industry. *Pediatrics*, 2005, 115:356–66.
141. University of California San Francisco. Corporate extramural research, 1984. <http://legacy.library.ucsf.edu/tid/zoz58e00>.
142. TobaccoScam ([http://www.tobaccoscam.ucsf.edu/resource/resource\\_ti.cfm](http://www.tobaccoscam.ucsf.edu/resource/resource_ti.cfm), accessed 10 November 2008).
143. Bero L. Tobacco industry manipulation of research. *Public Health Reports*, 2005, 120:200–208.
144. Bornhauser A, McCarthy J, Glantz SA. German tobacco industry's successful efforts to maintain scientific and political respectability to prevent regulation of secondhand smoke. *Tobacco Control*, 2006, 15:1.

145. Barnoya J, Glantz S. Tobacco industry success in preventing regulation of secondhand smoke in Latin America: the 'Latin Project'. *Tobacco Control*, 2002, 11:305–314.
146. Glantz SA et al., eds. *The cigarette papers*. Berkeley, University of California Press, 1996.
147. Bero L et al. Lawyer control of the tobacco industry's external research program. The Brown and Williamson documents. *Journal of the American Medical Association*, 1995, 274:241–247.
148. Yach D, Bialous S. Junking science to promote tobacco. *American Journal of Public Health*, 2001, 91:1745–1748.
149. Cohen JE et al. Institutional addiction to tobacco. *Tobacco Control*, 1999, 8:70–74.
150. Smith E. 'It's interesting how few people die from smoking': Tobacco industry efforts to minimize risk and discredit health promotion. *European Journal of Public Health*, 2007, 17:162–170.
151. Garne D, Watson M, Chapman S. Environmental tobacco smoke research published in the journal *Indoor and Built Environment* and associations with the tobacco industry. *Lancet*, 2005, 365:804–809.
152. Schick SF, Glantz SA. Old ways, new means: tobacco industry funding of academic and private sector scientists since the Master Settlement Agreement. *Tobacco Control*, 2007, 16:157–164.
153. Drope J, Chapman S. Tobacco industry efforts at discrediting scientific knowledge of environmental tobacco smoke: a review of internal industry documents. *Journal of Epidemiology and Community Health*, 2001, 55:588–594.
154. Bialous SA, Yach D. Whose standard is it, anyway? How the tobacco industry determines the International Organization for Standardization (ISO) standards for tobacco and tobacco products (see comment). *Tobacco Control*, 2001, 10:96–104.
155. Francey N, Chapman S. 'Operation Berkshire': the international tobacco companies' conspiracy. *British Medical Journal*, 2000, 321:371–374.
156. McDaniel PA, Intinarelli G, Malone RE. Tobacco industry issues management organizations: creating a global corporate network to undermine public health. *Global Health*, 2008, 4:2.
157. Ibrahim JK, Glantz SA. The rise and fall of tobacco control media campaigns, 1967–2006. *American Journal of Public Health*, 2007, 97:1383–1396.
158. World Health Organization (<http://www.who.int/gb/ctcc/>, accessed 10 November 2008).
159. Fox B et al. Monograph 17: evaluating ASSIST—a blueprint for understanding state-level tobacco control. Chapter 8. Evaluating tobacco industry tactics as a counterforce to ASSIST, 2006. [http://cancercontrol.cancer.gov/tcrb/monographs/17/m17\\_complete.pdf](http://cancercontrol.cancer.gov/tcrb/monographs/17/m17_complete.pdf) (accessed 20 September 2007).
160. Assunta M, Chapman S. Industry sponsored youth smoking prevention programme in Malaysia: a case study in duplicity. *Tobacco Control*, 2004, 13 (Suppl 2):37–42.
161. Landman A, Ling PM, Glantz SA. Tobacco industry youth smoking prevention programs: protecting the industry and hurting tobacco control. *American Journal of Public Health*, 2002, 92:917–930.
162. Mandel L, Bialous S, Glantz S. Avoiding 'truth': tobacco industry promotion of life skills training. *Journal of Adolescent Health*, 2006, 39:868–879.
163. Biener L. Adult and youth response to the Massachusetts anti-tobacco television campaign. *Journal of Public Health Management and Practice*, 2000, 6:40–44.
164. Pechmann C, Reibling ET. Antismoking advertisements for youths: an independent evaluation of health, counter-industry, and industry approaches. *American Journal of Public Health*, 2006, 96:906–913.
165. Wakefield M et al. Effect of televised, tobacco company-funded smoking prevention advertising on youth smoking-related beliefs, intentions, and behavior. *American Journal of Public Health*, 2006, 96:2154–2160.

166. Heaton C et al. Youth smoking prevention and tobacco industry revenue. *Tobacco Control*, 2006, 15:103–106.
167. White V, Scollo M. What are underage smokers worth to Australian tobacco companies? *Australian New Zealand Journal of Public Health*, 2003, 27:360–361.
168. Perry C. The tobacco industry and underage youth smoking: tobacco industry documents from the Minnesota litigation. *Archives of Pediatric and Adolescent Medicine*, 1999, 153:935–941.
169. World Health Organization. Statement by the Director-General to the Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control at its fifth session (<http://ftp.who.int/gb/fctc/PDF/inb5/einb5d7.pdf>, accessed 10 November 2008).
170. ASH UK. Tobacco industry youth smoking prevention programmes—a critique ([http://newash.org.uk/files/documents/ASH\\_646.pdf](http://newash.org.uk/files/documents/ASH_646.pdf), accessed 10 November 2008).
171. World Health Organization. Building blocks of tobacco control. A handbook. Chapter 13: Countering the tobacco industry, 2004. <http://www.who.int/tobacco/resources/publications/general/hanbook%20Lowres%20with%20cover.pdf> (accessed 11 October 2007).
172. Sussman S. Tobacco industry youth tobacco prevention programming: a review. *Prevention Science*, 2002, 3:57–67.
173. Chapman S. “The contemporary, irreverent brand of youth with an independent streak”: BAT’s youth promotions in Myanmar. *Tobacco Control*, 2004, 13:93–94.
174. Carter SM. From legitimate consumers to public relations pawns: the tobacco industry and young Australians. *Tobacco Control*, 2003, 12:71–78.
175. Leiber C. Corporate. Youth campaign for Latin America. 23 September 1993. <http://legacy.library.ucsf.edu/tid/ehq19e00>.
176. Philip Morris. Corporate smoking and health meeting, 14 February 1973. <http://legacy.library.ucsf.edu/tid/owq24e00>.
177. Novotny TE, Zhao F. Consumption and production waste: another externality of tobacco use. *Tobacco Control*, 1999, 8:75–80.
178. Chapman S. “Keep a low profile”: pesticide residue, additives, and freon use in Australian tobacco manufacturing. *Tobacco Control*, 2003, 12 (Suppl 3):45–53.
179. McDaniel PA, Solomon G, Malone RE. The tobacco industry and pesticide regulations: case studies from tobacco industry archives (see comment). *Environmental Health Perspectives*, 2005, 113:1659–1665.
180. Morley CP et al. Tobacco Institute lobbying at the state and local levels of government in the 1990s. *Tobacco Control*, 2002, 11 (Suppl 1):102–109.
181. Givel MS, Glantz SA. Tobacco lobby political influence on US state legislatures in the 1990s. *Tobacco Control*, 2001, 10:124–134.
182. Tesler L, Malone RE. Corporate philanthropy, lobbying and public health policy. *American Journal of Public Health*, 2008 [epub ahead of print].
183. Abramson J. Tobacco industry steps up flow of campaign money. New York Times. <http://query.nytimes.com/gst/fullpage.html?res=940ceede1430f93ba35750c0a96e958260&sec=&spone=&pagewanted=all> (accessed 24 September 2007).
184. Abramson J. Tobacco industry gave big where it faced attack. New York Times. <http://query.nytimes.com/gst/fullpage.html?res=9A01eed9173af93ba35755c0A96e958260&sec=health&spone=&pagewanted=all> (accessed 24 September 2007).
185. Corporate Accountability International. *Global tobacco treaty action guide*. Boston, Massachusetts, Corporate Accountability International, 2006.
186. Tobacco-Free Kids Action Fund. *Common cause. Campaign contributions by tobacco interests. Annual report, September 2006*, 2006. <http://tobaccofreeaction.org/contributions/september2006/september2006.pdf> (accessed 24 September 2007).



187. Glantz SA, Begay ME. Tobacco industry campaign contributions are affecting tobacco control policymaking in California. *Journal of the American Medical Association*, 1994, 272:1176–1182.
188. Dreyfuss R. George W. Bush: calling for Philip Morris. The Nation. <http://www.thenation.com/doc/19991108/dreyfuss> (accessed 24 September 2007).
189. Associated Press. Lawmakers unveil children's health bill. New York Times. <http://www.nytimes.com:80/aponline/us/AP-Childrens-Insurance.html> (accessed 24 September 2007).
190. Monardi F, Glantz SA. Are tobacco industry campaign contributions influencing state legislative behavior? *American Journal of Public Health*, 1998, 88:918–923.
191. Carver V, Reinert B, Range LM. Sustaining tobacco control coalitions amid declining resources. *Health Promotion Practice*, 2007, 8:292–298.
192. Goldman LK, Glantz SA. The passage and initial implementation of Oregon's Measure 44. *Tobacco Control*, 1999, 8:311–322.
193. Balbach ED, Traynor MP, Glantz SA. The implementation of California's tobacco tax initiative: the critical role of outsider strategies in protecting Proposition 99. *Journal of Health Politics, Policy and Law*, 2000, 25:689–716.
194. Manley M et al. The American Stop Smoking Intervention Study. *Tobacco Control*, 1997, 6:5–11.
195. Wander N, Malone RE. Making big tobacco give in: you lose, they win. *American Journal of Public Health*, 2006, 96:2048–2054.
196. World Health Organization. *Building blocks of tobacco control. A handbook*, 2004. <http://www.who.int/tobacco/resources/publications/general/handbook%20lowres%20with%20cover.pdf> (accessed 11 October 2007).
197. Shatenstein S. BAT social report revisited: ASH comes to BAT, 2002. [http://newash.org.uk/files/documents/ASH\\_374.pdf](http://newash.org.uk/files/documents/ASH_374.pdf) (accessed 11 October 2007).
198. ASH UK. British American Tobacco—the other report to society, 2002. [http://newash.org.uk/files/documents/ASH\\_373.pdf](http://newash.org.uk/files/documents/ASH_373.pdf) (accessed 9 October 2007).
199. Hirschhorn N. Corporate social responsibility and the tobacco industry: hope or hype? *Tobacco Control*, 2004, 13:447–453.
200. ASH UK, Christian Aid, Friends of the Earth. BAT in its own words, 2005. [http://newash.org.uk/files/documents/ASH\\_371.pdf](http://newash.org.uk/files/documents/ASH_371.pdf) (accessed 20 September 2007).
201. Lee K, Bialous SA. Corporate social responsibility: serious cause for concern. *Tobacco Control*, 2006, 15:419.
202. International Organization for Standardization. Social responsibility, 2006. <http://isotc.iso.org/livelink/livelink/fetch/2000/2122/830949/3934883/3935096/home.htm1> (accessed 19 September 2007).
203. Smith EA, Malone RE. Altria means tobacco: Philip Morris's identity crisis. *American Journal of Public Health*, 2003, 93:553–556.
204. Chapman S. Advocacy in action: extreme corporate makeover interrupts: denormalising tobacco industry corporate schmoozing. *Tobacco Control*, 2004, 13:445–447.
205. British American Tobacco ([http://www.bat.com/group/sites/uk\\_3mnfen.nsf/vwpagesweblive/do726ntl?opendocume nt&skn=1&ttmp=1](http://www.bat.com/group/sites/uk_3mnfen.nsf/vwpagesweblive/do726ntl?opendocume nt&skn=1&ttmp=1), accessed 11 November 2008).
206. Philip Morris USA ([http://www.philipmorrisusa.com/en/our\\_initiatives/community\\_involvement.asp?source=home\\_link](http://www.philipmorrisusa.com/en/our_initiatives/community_involvement.asp?source=home_link), accessed 10 November 2008).
207. (<http://www.signonsandiego.com/news/mexico/20070918-1926-mexico-slimshealthcenter.html>, accessed 29 July 2008).
208. (<http://www.transnationale.org/companies/cigatam.php>, accessed 10 November 2008).
209. Philip Morris International ([http://www.philipmorrisinternational.com/pmintl/pages/eng/press/pr\\_20070718.asp](http://www.philipmorrisinternational.com/pmintl/pages/eng/press/pr_20070718.asp), accessed 10 November 2008).

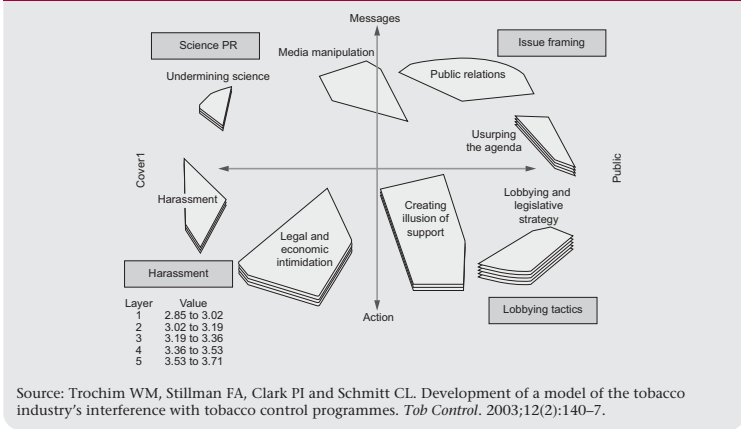
210. Palazzo G, Richter U. CSR business as usual? The case of the tobacco industry. *Journal of Business Ethics*, 2005, 61:387–401.
211. Brunjes A. Universities heed call from students to divest stakes in 'questionable' stock: Tobacco stocks go up in smoke. *The Charlatan*, 14 September 2007.
212. Wander N, Malone RE. Selling off or selling out? Medical schools and ethical leadership in tobacco stock divestment. *Academic Medicine*, 2004, 79:1017–1026.
213. Wander N, Malone RE. Fiscal versus social responsibility: how Philip Morris shaped the public funds divestment debate. *Tobacco Control*, 2006, 15:231–241.
214. Glantz SA. Commentary: Assessing the effects of the Scottish smokefree law—the placebo effect and the importance of obtaining unbiased data. *International Journal of Epidemiology*, 2007, 36:155–156.
215. Adda J, Berlinski S, Machin S. Short-run economic effects of the Scottish smoking ban. *International Journal of Epidemiology*, 2007, 36:149–154.
216. Alamar B, Glantz SA. Effect of smoke-free laws on bar value and profits. *American Journal of Public Health*, 2007, 97:1400–1402.
217. Chaloupka F. Curbing the epidemic: governments and the economics of tobacco control. Washington DC, World Bank, 1999. <http://www1.worldbank.org/tobacco/reports.asp> (accessed 8 October 2007).
218. Federal Trade Commission. *Cigarette report for 2004 and 2005*, 2007. <http://www.ftc.gov/reports/tobacco/2007cigarette2004-2005.pdf> (accessed 3 May 2007).
219. Health Canada. *Tobacco Reporting Regulations*, 2006 ([http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/legislation/reg/indust/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/legislation/reg/indust/index_e.html), accessed 10 November 2008).
220. Malone RE. Tobacco industry surveillance of public health groups: the case of STAT (Stop Teenage Addiction to Tobacco) and INFACT (Infant Formula Action Coalition). *American Journal of Public Health*, 2002, 92:955–960.
221. Hirschhorn N. *The tobacco industry documents. What they are, what they tell us, and how to search them. A practical manual*. Geneva, World Health Organisation, 2005. [http://www.who.int/tobacco/communications/ti\\_manual\\_content.pdf](http://www.who.int/tobacco/communications/ti_manual_content.pdf) (accessed 18 September 2007).
222. Blanke DD, Humphrey HH III. Putting truth into action: using the evidence for justice. *Tobacco Control*, 2006, 15 (Suppl 4):1–3.
223. Bialous SA et al. *Undermining popular government: tobacco industry political expenditures in California 1993–1994. Tobacco control policy making: United States*. University of California San Francisco, Center for Tobacco Control Research and Education, 1995. <http://repositories.cdlib.org/ctcre/tcpmus/CA1995> (accessed 20 June 2008).
224. Meredith L, Nixon B, Glantz SA. *Tobacco industry political activity and tobacco control policy making in Washington: 1996–2000. Tobacco control policy making: United States*. University of California San Francisco, Center for Tobacco Control Research and Education, 2001. <http://repositories.cdlib.org/ctcre/tcpmus/wa2001> (accessed 20 June 2008).
225. Trochim WM et al. Development of a model of the tobacco industry's interference with tobacco control programmes. *Tobacco Control*, 2003, 12:140–147.
226. Stillman F et al. Mapping tobacco industry strategies in Southeast Asia for action planning and surveillance. *Tobacco Control*, 2008, 17:1.
227. National Health Surveillance Agency. *The institution*, Brasilia, 2003. <http://www.anvisa.gov.br/eng/index.htm> (accessed 22 September 2007).
228. National Health Surveillance Agency. *Resolution RDC No. 346. Tobacco products*, Brasilia, 2003. [http://www.anvisa.gov.br/eng/legis/resol/346\\_03rdc.htm](http://www.anvisa.gov.br/eng/legis/resol/346_03rdc.htm) (accessed 22 September 2007).

## Appendix 1. ASSIST CONCEPT MAP OF TOBACCO INDUSTRY TACTICS TO UNDERMINE TOBACCO CONTROL

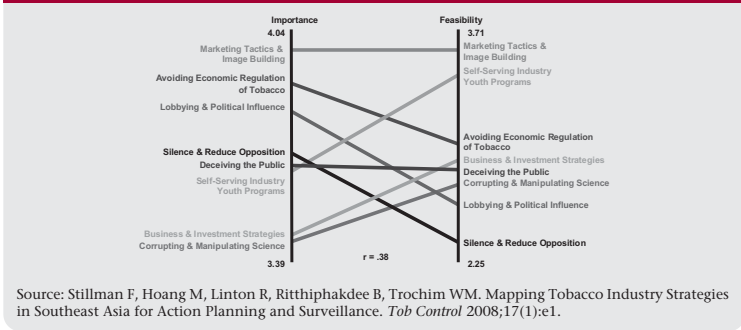
The American Stop Smoking Intervention Study (ASSIST) model (Figure 1) can be used to monitor industry interference. “The overt public industry tactics on the right of the map tend to be ongoing activities that the industry does routinely. Like virtually all other major industries, the tobacco industry has ongoing public relations and lobbying efforts as suggested in the clusters on the right. How does the industry change its tactics in response to the perceived threat of increasing tobacco control efforts? The map and the expert panel suggested that they probably do so by moving from upper right toward lower left. Initially they most likely augment their public relations and lobbying efforts. If the tobacco control efforts become salient enough, the map suggests that the industry will be pressured increasingly to the more covert activities on the left side that include undermining science, legal and economic intimidation, and harassment.” (226)

Figure 2 is called a ‘ladder’ graph because strong agreement between the patterns will result in a set of nearly horizontal lines that look a bit like a ladder. In this case, the patterns refer to the importance and feasibility ratings. The vertical axes display the rank order of cluster mean scores. The horizontal lines joining the two vertical axes show the correlation between the clusters based on a Pearson product moment. In addition, the pattern match enables immediate identification of which cluster areas have the greatest consensus or discordance.

**FIGURE 1. CONCEPT MAP SHOWING CLUSTERS, CLUSTER LABELS, RELATIVE IMPORTANCE RATINGS AND EXPERT'S INTERPRETATIONS OF DIMENSIONS AND REGIONS**



**FIGURE 2. LADDER GRAPH OF IMPORTANCE AND FEASIBILITY OF MONITORING TOBACCO INDUSTRY ACTIVITIES IN THE SOUTH-EAST ASIAN STUDY**





The tobacco industry has historically employed a multitude of tactics to shape and influence tobacco control policy. The tobacco industry has used its economic power, lobbying and marketing machinery, and manipulation of the media to discredit scientific research and influence governments in order to propagate the sale and distribution of its deadly product. Furthermore, the tobacco industry continues to inject large philanthropic contributions into social programs worldwide to create a positive public image under the guise of corporate social responsibility. This document describes the spectrum of tobacco industry practices that interfere with tobacco control. As an outcome of the first meeting of tobacco industry monitoring experts, convened by WHO at the offices of PAHO in October 2007, this report exposes these practices and provides the Contracting Parties to the WHO Framework Convention on Tobacco Control and other WHO Member States the background and contextual information that may assist in implementing the WHO FCTC Article 5.3 guidelines against tobacco industry interference with tobacco control.

World Health Organization

Tobacco Free Initiative (TFI)  
20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

Tel: +41 22 791 4426  
Fax: +41 22 791 4832  
Email: [tfi@who.int](mailto:tfi@who.int)

[www.who.int/tobacco](http://www.who.int/tobacco)

