

# The NCD Alliance

Putting non-communicable diseases  
on the global agenda



## THE TOBACCO INDUSTRY: LOBBYING TO CAUSE DISEASE

We speak of infectious disease being carried by a ‘vector’ — the vehicle by which infections are spread. The vector that transmits diseases like malaria or dengue is a mosquito, but tobacco has a human vector in the form of powerful multi-national companies. Tobacco companies use their enormous resources to promote their products aggressively to people who cannot in any sense afford to use them, while disrupting attempts to implement international public health law, like the Framework Convention on Tobacco Control (FCTC).

Tobacco is unsafe for long-term use, even in small amounts.<sup>1</sup> It is the only consumer product that kills about half of its long-term customers<sup>2</sup> when used as intended by the manufacturer. This puts the tobacco companies on a collision course with public health. The tobacco industry’s aim is to increase global profits, and they understand that if properly implemented, measures such as tobacco tax increases, smoke-free environments, large pictorial health warnings on packages, mass media campaigns and bans on all forms of tobacco advertising, promotion and sponsorship, will encourage current tobacco users to quit and discourage youth from starting.

### Examples of tobacco industry tactics to influence policy and avoid regulation

#### Undermining WHO and the FCTC

The tobacco industry’s own internal documents, released by U.S. litigation settlements in 1998, revealed its decades-long history of coordinated and extensive efforts to “attack WHO”

There are certain things that microbes don’t do: microbes do not lobby politicians to allow them to continue to spread; they don’t spend billions of dollars to convince people that it’s cool to be infected; they don’t fund scientists to say it’s not so bad to get that infection or re-brand themselves as ‘light’ bacteria that might be less harmful...

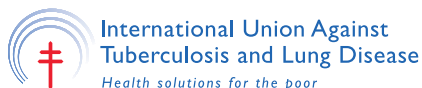
**Dr. Thomas R Frieden**

Director, Centers for Disease Control and Prevention, First Global Ministerial Conference on Healthy Lifestyles and NCD Control, Moscow, April 2011

and to “contain, neutralize [and] reorient” WHO’s tobacco control activities.<sup>3</sup> Tobacco industry efforts have included: attempting to reduce budgets for the policy and scientific activities carried out by WHO; representing WHO’s tobacco control programme as the agenda of high income countries carried out at the expense of poorer countries; distorting the results of a WHO scientific study on the harmful effects of tobacco smoke exposure; and establishing relationships with WHO staff in an attempt to influence policy.<sup>4</sup> Internal corporate documents from Philip Morris International and British American Tobacco show that the tobacco industry fought hard to stop the development of the FCTC by direct lobbying and, through a public relations firm, to weaken provisions of the treaty and discredit WHO officials who were promoting it.<sup>5,6</sup>



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## Attempts to influence legislation

Today, countries acting to protect the public health of their citizens are increasingly facing legal assaults by multinational tobacco companies, which are expensive to defend and can delay regulatory efforts. Tobacco companies and/or their allies have legal challenges underway to measures creating smoke-free environments in Argentina, Brazil, and Turkey; legislation restricting tobacco advertising, promotion and sponsorship in Brazil, Finland, Norway, Ireland, Scotland, South Africa and the United States; and measures implementing strong warning labels or prohibiting misleading packaging in Indonesia, Philippines, Turkey and Uruguay.

## Denying and distorting scientific evidence

In 2006, after a nine-month trial, a U.S. federal judge found that the major tobacco companies violated civil racketeering laws and defrauded the American public by lying for decades about the health risks of smoking. The Court's ruling, upheld on appeal, also found a reasonable likelihood that the tobacco companies would continue to violate racketeering laws in the future.

After considering over 26 million pages of internal tobacco industry documents, the judge concluded that the companies:

"...repeatedly, consistently, vigorously — and falsely — denied the existence of any adverse health effects from smoking. Moreover, they mounted a coordinated, well-financed, sophisticated public relations campaign to attack and distort the scientific evidence demonstrating the relationship between smoking and disease, claiming that the link between the two was still an 'open question'."<sup>7</sup>

## FCTC Article 5.3 — protecting public health policy from the tobacco industry

Parties to the FCTC have agreed that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and effective public health policy. Parties are legally obligated to protect their public health policies from commercial and other vested interests of the tobacco industry. The Article 5.3 Guidelines<sup>8</sup> elaborate successful measures to prevent industry interference with tobacco control policy.

Examples include:

- Limit interactions with the tobacco industry to only those necessary to regulate the industry and tobacco products effectively and require that such interactions are transparent;
- Reject any partnerships, non-binding or voluntary agreements supported by the industry or its allies as an alternative to legally binding measures;
- Reject offers of assistance from the industry in drafting tobacco control legislation or policy;
- Prohibit tobacco industry involvement in any youth, public education or other tobacco control initiative;

- Avoid conflicts of interest for government officials and employees;
- Require the tobacco industry to publicly report activities and practices, for example, political contributions, payments to lobbyists, scientists or journalists; and impose fines on tobacco companies for providing false or misleading information.

## REPUBLIC OF THE PHILIPPINES — AN EXAMPLE OF GOOD PRACTICE

In a joint memorandum issued by the Civil Service Commission and the Department of Health to protect civil servants from tobacco industry interference, the Philippines Government has set out a working plan to raise awareness of the issue and to ensure that all government agencies comply with FCTC Article 5.3 Guidelines. A committee to implement the Guidelines includes representatives of the Department of Health, Civil Service Commission and several NGOs.

A separate Department of Health memorandum sets out guidance for government employees to ensure all interactions with the tobacco industry are transparent and provides further guidance on denormalising 'corporate social responsibility' programmes of the tobacco industry.<sup>9</sup>

Tobacco use is the one risk factor common to the main groups of NCDs. Accelerated implementation of the FCTC is an essential way to tackle NCDs and save lives.

1 Bjartveit K, Tverdal A (2005) *Health consequences of smoking 1–4 cigarettes per day*. *Tobacco Control* 4:315–320 doi:10.1136/tc.2005.011932.

2 Peto R, (1994) *Smoking and death: the past 40 years and the next 40*. *British Medical Journal* 309 (6959) 937–39.

3 WHO/IOCU/IICC: *Strategies and Tactics*. January 31, 1989. Philip Morris Companies, Inc. (Bates no. 2501045143) Available at: <http://legacy.library.ucsf.edu/tid/knx19e00>.

4 World Health Organization (2000) *Tobacco company strategies to undermine tobacco control activities at the World Health Organization: report of the Committee of Experts on Tobacco Industry Documents*. Geneva: World Health Organization.

5 Carter S (2002) *Mongoven, Biscoe & Duchin: destroying tobacco control activism from the inside*. *Tobacco Control* 11(2): 112–118.

6 British American Tobacco (1999) *Proposed WHO Tobacco Free Initiative strategy*. Available at: <http://legacy.library.ucsf.edu/tid/xdq04a99>.

7 Final Opinion at ¶ 824, *United States v. Philip Morris, et al.*, Available at: <http://www.usdoj.gov/civil/cases/tobacco2/amended%20opinion.pdf/>.

8 *Guidelines for implementing Article 5.3 of the Framework Convention on Tobacco Control*. [http://www.who.int/fctc/guidelines/article\\_5\\_3/en/](http://www.who.int/fctc/guidelines/article_5_3/en/).

9 <http://www.healthjustice.ph/resources/legal>.

