

## **Cancer Research UK Policy Statement on the Tobacco Industry**

### **Introduction**

Tobacco use is estimated to cause up to a quarter of deaths from cancer worldwide<sup>1</sup>. Tobacco consumption is recognised as the single greatest cause of preventable morbidity and premature death worldwide, killing around 5.4 million smokers worldwide every year<sup>2</sup> - more people than AIDS, legal and illegal drugs, road accidents, murder and suicide combined<sup>3</sup>. The World Health Organisation (WHO) predicts that more than 8 million people will die from tobacco every year by 2030, if current smoking rates persist, and that 80% of these deaths will be in developing countries<sup>2</sup>.

Tobacco is the only consumer product that kills one in two long-term users when used exactly as intended by its manufacturers. Yet the tobacco industry continues to promote the product, especially to young people and those in developing countries.

There is substantial evidence of a number of reprehensible tactics<sup>4,5</sup> used by the tobacco industry in seeking to keep its profits high and smokers addicted to tobacco. The tobacco industry's internal documents, made available due to a litigation settlement in the USA, reveal the extent of the industry's attempts to conceal the harm caused by tobacco products. Furthermore, there is solid and overwhelming evidence that the tobacco industry has actively sought to hinder, and in some cases prevent, the development of effective tobacco control policies.

### **Tobacco Industry conduct**

#### **Marketing to youth**

Marketing to new young smokers is recognised as a commercial imperative for the tobacco industry. 'New blood' is required to replace those who quit smoking and those who die because of tobacco consumption. The tobacco industry claims that its advertising and promotion efforts are intended simply to reallocate market share among existing users. This is not true. Tobacco advertising has been shown to encourage young people to take up smoking<sup>6,7</sup>. It also encourages current smokers to smoke more and decreases their motivation to quit.

A number of increasingly sophisticated marketing techniques are now being used by the tobacco industry to market cigarettes to children. These include 'brand stretching', where tobacco brand names are used on non-tobacco merchandise or services; competitions; glamorous 'brand ambassadors' to create an association between trendsetters and tobacco brands; and the use of fashionable venues including festivals, bars and cafes<sup>8</sup>.

The WHO has called for comprehensive advertising bans, as a powerful tool to protect the world's youth. These have been shown to reduce tobacco consumption by up to 16%,<sup>2</sup> by reducing exposure to cigarette brands and by reducing social desirability, particularly amongst young people<sup>9</sup>. An increasing number of countries, including Thailand, Iceland and some states of Canada, have banned 'power walls' and counter-top displays of tobacco products. This is a form of advertising, and research shows that such displays predispose young teenagers to smoking<sup>10</sup>. Although the tobacco industry has often claimed that it does not want children to be exposed to tobacco promotion, it continues to oppose legislation that aims to prohibit such promotion in premises where children have access<sup>10</sup>.

### **Misleading marketing**

The tobacco industry has been found to use misleading descriptors. The implied beneficial effect of 'light', 'mild' or 'low tar' cigarettes has been disproved, and the use of such terms has been banned throughout the EU. However, tobacco companies continue to use such terms unchallenged in the developing world<sup>9</sup>, and have introduced other potentially misleading descriptors in the EU, such as 'smooth', 'blue' or 'silver'.

**Cancer Research UK strongly supports the WHO call for worldwide enforcement of bans on tobacco advertising, promotion and sponsorship.**

**Furthermore, we are calling for the tightening of existing UK tobacco marketing legislation. This would involve the removal of current loopholes, by removing all residual advertising and tobacco products from sight at the point of sale and prohibiting the sale of tobacco from vending machines. In addition, we call upon the UK government to consider the introduction of plain packaging of tobacco products, and a prohibition of packs of less than 20 cigarettes.**

### **Exploiting low and middle-income countries**

Governments in the developed world have become more sophisticated in dealing with the tobacco industry, particularly via legislation, than at any time in the past 50 years. However, instead of witnessing decreasing rates of tobacco use, it is predicted that the number of smokers around the world will remain steady at around 1 billion<sup>2</sup>. Although quitting rates in high-income regions are increasing, this is being offset by increasing incidence levels in low and middle-income regions. This is due to tobacco companies' exploitation of the lack of restrictions in these regions to use marketing tactics that would be illegal in the UK and many other developed countries.

The situation is especially serious in many parts of Africa. For example, the tobacco industry has been shown to employ promotional methods in Kenya that are banned in the UK<sup>9</sup>. Evidence also suggests that the sale of single stick cigarettes continues unchallenged. This practice was made illegal in the UK in 1991 under the Children and Young Persons (Protection from Tobacco) Act. Low cost and ready availability, together with poor awareness of the health risks associated with tobacco use, help to explain the increasing smoking incidence and prevalence within the region. In young men, smoking prevalence rates of more than 50% have been reported, though even these high levels do not include the use of chewed tobacco.

The effect of famine, civil war, drought, illness and disease such as HIV/AIDS often overshadow the devastating effect that tobacco-related illness already has in Africa<sup>2,11,12</sup>. Although smoking prevalence rates for women are currently low in Africa (typically 2-5%<sup>13</sup>), targeted tobacco marketing could change this.

In addition, the tobacco industry has been shown to exploit farmers such that they struggle to break-even. Though tobacco growing is very profitable in Africa, little if any of this profit is passed on to the tobacco farmers. Tobacco companies are widely accused of paying far less than the market rate for the tobacco produced, and restrictive contracts mean that farmers can end up owing the company more money than they receive, and have no opportunity to diversify their crops to break free from unprofitable tobacco farming<sup>14</sup>.

### **Subversion of science**

Of particular concern to Cancer Research UK is evidence of the tobacco industry's attempts to distort the scientific process and cast doubt on legitimate research into the effects of tobacco. The tobacco industry repeatedly sought to cast doubt on the

accepted evidence that tobacco is addictive and that second hand smoke kills<sup>15,16</sup>. For decades the tobacco industry has embarked on activities that sought to misinform, protect against liability claims and avoid government regulation<sup>17</sup>. For example, scientists were recruited to speak at scientific and political meetings, and to write letters and papers disputing the evidence on the harm caused by tobacco and by second-hand smoking.

### **'Corporate responsibility'**

More recently the tobacco industry has sought to promote itself as socially responsible. However, the image being portrayed to the corporate world, governments and the general public falls far short of depicting the true nature of the industry's range of activities<sup>18</sup>. WHO has stated that corporate social responsibility and tobacco companies are an "inherent contradiction". Furthermore, the tobacco industry's own documents show that most of its youth smoking prevention campaigns are designed to promote the industry's political and marketing aims rather than to reduce smoking. The industry attempt to promote itself as responsible is considered by many as nothing more than an elaborate public relations exercise.

WHO has recently published a report that brings together the evidence on how the tobacco industry has interfered with tobacco control.<sup>19</sup>

### **Limiting Tobacco Industry influence: The Cancer Research UK Code of Practice on tobacco industry funding to universities**

As a result of the tobacco industry's repeated attempts to subvert science, in 1998, Cancer Research UK developed a Code of Practice for universities seeking funding (strengthened in 2004), which has been endorsed by the governing body of universities in the UK<sup>20</sup>. The Code prohibits research teams who are in receipt of tobacco industry grants from applying for support from the charity. An extract from the Code of Practice reads:

*'Cancer Research UK will not provide financial support where those who are, or would be, supported by Cancer Research UK funds are working in such proximity to others supported by tobacco industry funding that there is any possibility or likelihood that facilities, equipment or other resources will be shared.'*

An initiative to persuade the editorial board of academic journals to refuse to publish tobacco industry-funded papers became a charity policy in 2000, and The British Journal of Cancer was one of the first to adopt this policy. Similar policies have now been adopted by a growing number of universities and academic journals.

**It is Cancer Research UK policy to avoid all direct and indirect links with the tobacco industry and to oppose tobacco promotion and use in all its forms. The charity urges all other public health and academic institutions to adopt similar policies, including rejecting any financial support.**

### **The FCTC Article 5.3**

The aim of Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) is to ensure that tobacco control policies can be put into practice without interference from an industry whose primary goal is to keep people smoking, in order to generate profits.

In November 2008 over 160 countries that are Parties to the FCTC agreed strong Article 5.3 guidelines to impede industry interference, including the Principle that:

*There is a fundamental and irreconcilable conflict between Tobacco Industry and Public Health interests.*

The Article 5.3 Guidelines recommend that Parties should:

- Raise awareness of the addictive & harmful nature of products and of TI interference in TC policies
- Establish measures to limit interactions with the TI to those essential for the regulation of the product and ensure transparency where they occur
- Reject partnerships & non-binding agreements with the TI
- Avoid conflicts of interest for government officials/employees
- Require that TI information is transparent and accurate
- Denormalize and regulate as far as possible activities described by the TI as 'socially responsible', which are done for marketing and PR purposes and fall within the FCTC definition of advertising, promotion and sponsorship.<sup>21</sup>

**Cancer Research UK strongly supports the Article 5.3 guidelines of the FCTC as a measure to limit the power of the tobacco industry. We are actively involved in pushing for their effective implementation and enforcement at UK and EU level.**

<sup>1</sup> Dananeh, G., Vander Hoorn, S., Lopez, A., Murray, C., Ezzati, M and the Comparative Risk Assessment collaborating group (cancers). (2005) Causes of cancer in the world: comparative risk assessment of nine behavioural and environmental risk factors. *The Lancet*. 366; 1784-1793.

<sup>2</sup> World Health Organisation (2008) WHO Report on the Global Tobacco Epidemic 2008: The MPOWER package, WHO, Geneva. Available online: [http://www.who.int/tobacco/mpower/mpower\\_report\\_full\\_2008.pdf](http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf)

<sup>3</sup> Mackay, J., Eriksen, M. (2002) *The Tobacco Atlas*. World Health Organization. Available online: [www.who.int/tobacco/resources/publications/tobacco\\_atlas/en/](http://www.who.int/tobacco/resources/publications/tobacco_atlas/en/)

<sup>4</sup> Lee K, Collin J. (2006) 'Key to the future': British American Tobacco and cigarette smuggling in China. *PLoS Medicine*; 3(7): 1080-89.

<sup>5</sup> Nakkash R, Lee K, (2006) [News analysis: Lebanon: Business as usual for the tobacco industry?](#). *Tobacco Control*; 15(3): 147.

<sup>6</sup> Pierce et al. (2002) Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *American Journal of Preventative Medicine*, 23, 73-81.

<sup>7</sup> Nicola Evans, Arthur Farkas et al (1995). Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking, *Journal of the National Cancer Institute*, Vol. 87, No. 20, October.

<sup>8</sup> Action on Smoking and Health. (2007) You've got to be kidding: how BAT promotes its brands to young people around the world. Available online: <http://old.ash.org.uk/html/conduct/pdfs/batreport2007.pdf>

<sup>9</sup> Harris, F., MacKintosh, A. M., Anderson, S., Hastings, G., Borland, R., Fong, G. T., Hammond, D., Cummings, K. M. (2006) Effects of the 2003 advertising/promotion ban in the United Kingdom on awareness of tobacco marketing: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control*. 15; iii26-iii33.

<sup>10</sup> See DH Consultation on the future of tobacco control (2008), Department of Health: London. Available online: [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_085120](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_085120)

<sup>11</sup> Davies, P. (2003) Malawi: addicted to the leaf. *Tobacco Control*. 12; 91-93.

<sup>12</sup> Framework Convention Alliance. (2006) *The Tobacco Trap: The hidden cost of doing business with the tobacco industry*. Producer: P. Stein. 2006. Available online: <http://science.cancerresearchuk.org/gapp/fundingcommittees/tag/?version=1>

<sup>13</sup> Jagoe, R., Edwards, R., Mugusi, F., Whiting, D., Unwin, N. (2002), Tobacco Smoking in Tanzania, East Africa: population based smoking prevalence using expired alveolar carbon monoxide as a valid tool. *Tobacco Control*. 11; 210-214.

<sup>14</sup> Action on Smoking and Health (2007) *British American Tobacco: Exporting Misery*. Available online: <http://old.ash.org.uk/html/international/html/BATKenya060425.html>

<sup>15</sup> Drope, J., Chapman, S. (2001) Tobacco industry efforts at discrediting scientific knowledge of environmental tobacco smoke: a review of internal industry documents. *Journal of Epidemiology and Community Health*. 91: 1419-23.

<sup>16</sup> Hong, M. K., Bero, L. (2002) How the tobacco industry responded to an influential study of the health effects of second hand smoke. *BMJ*. 325: 1413-16.

<sup>17</sup> Glantz, S. A., Slad, J., Bero, L. A., Hanauer, A. (1996) *The Cigarette Papers*. University of California Press, Berkeley, CA.

<sup>18</sup> ASH (2008) *BAT's African Footprint*, Action on Smoking and Health: London.

<sup>19</sup> <http://www.who.int/tobacco/resources/publications/Tobacco%20Industry%20Interference-FINAL.pdf>

<sup>20</sup> Cancer Research UK. (2004) *Cancer Research UK Code of Practice on Tobacco Industry Funding to Universities*. [Online] Available: <http://info.cancerresearchuk.org/images/pdfs/codeofpractice.pdf>

<sup>21</sup> [http://apps.who.int/gb/fctc/PDF/cop3/FCTC\\_COP3\\_DIV3-en.pdf](http://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_DIV3-en.pdf)