Tobacco control and the collateral damage of conflict of interest

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iscussion of conflict of interest is not new to this journal; one variation on the theme concerned the appointment of a pharmaceutical industry executive to the governing council of the Canadian Institutes of Health Research.^{1,2} We now turn to a similar controversy that erupted recently with respect to the International Development Research Centre (IDRC) when it came to public attention that the chair of their board of governors had an affiliation with the tobacco industry. IDRC, a Crown agency, funds tobacco control programs among many other initiatives. Their board chair, former Cabinet minister Barbara McDougall, had been on the board of directors of Imperial Tobacco Canada since March 2004 and had chaired its corporate social responsibility committee. This was not declared in the IDRC's announcement of McDougall's appointment to their board in January 2007, or when she became board chair in December of that year.

The inappropriateness of serving on these two boards simultaneously is self-evident. But what can get lost in the furore of conflict-of-interest allegations is an informed understanding of the collateral damage caused by such conflicts. What has also been missed to some extent is an understanding of how this particular case exemplifies the insidious challenges faced these days by the tobacco control community.

First, to review the situation briefly. The IDRC "works in close collaboration with researchers from the developing world in their search for the means to build healthier, more equitable, and more prosperous societies." This mandate comfortably accommodates the IDRC's Research for International Tobacco Control (RITC) program, which provides grants for multidisciplinary

research on tobacco control in developing countries. RITC has received funding from the UK Department for International Development, the Bill and Melinda Gates Foundation, Health Canada, the Swedish International Development Agency and the Canadian International Development Agency.⁴ However, in April, having become aware of McDougall's tobacco industry ties, the Gates Foundation terminated a \$5.2 million grant directed to a RITC initiative in Africa: "We are deeply disappointed by this revelation and feel this conflict is unacceptable as we work to support meaningful tobacco control programs in Africa. Therefore, we are terminating our tobacco control grant to IDRC, effective immediately."⁵

As much as they are pained by the situation, the African Tobacco Control Alliance (ATCA), whose members were the beneficiaries of this funding stream, have congratulated the Gates Foundation on its stance. In a news release the ATCA stated: "The foundation's decision is an important signal to philanthropies and governments that they must be ever vigilant in protecting their policies and programmes from interference by the tobacco industry."6 In fact, it was ATCA's own action that precipitated the funding termination. Upon learning of McDougall's directorship with Imperial Tobacco, ATCA, a network of 127 non-governmental organizations, announced that it was pulling out of a planned pan-African tobacco control meeting in Dakar, Senegal, which it was to co-host with the IDRC, supported by Gates Foundation funding. As for ATCA's awareness of the situation, this was triggered by a posting by tobacco control activist Phillipe Boucher, who on March 7 reported McDougall's tobacco industry ties on his blog, "Tobacco Control in Africa" (http:// blogsofbainbridge.typepad.com/africa/); he had noticed that this appointment was listed on the website of Aird & Berlis LLD, where McDougall is an adviser. (Her former Imperial Tobacco role is no longer listed there.)

We leave aside the question of how the fact of Mc-Dougall's directorship with Imperial Tobacco should be stumbled upon by an attentive blogger while escaping either the notice or the concern—we don't know which—of those responsible for her governor-in-council appointment to the IDRC. In response to the controversy, the IDRC has maintained that no decisions affecting tobacco control initiatives came under McDougall's purview and that the agency's decisions in tobacco control funding have not been compromised. The board is not responsible, they say, for the selection, approval or management of projects. This is hard to reconcile with the description of the role of the board that appears on the IDRC's website:

The Board of Governors sits at the apex of the Centre's corporate structure. It provides strategic leadership, sanctions the general orientation of the Centre, and approves financial, administrative, and human resource policies. It must also approve the Centre's annual program of work and budget and establish accountability for current activities. To fulfil this responsibility, the Board receives regular reports from IDRC management. These reports enable the Board to monitor program activities and measure results against the strategic objectives set out in the Corporate Strategy and Program Framework (CSPF) for 2000–2005.7

At least the IDRC will now require from its board of governors "an annual declaration on their outside activities to identify any areas of apparent, potential, or real conflict of interest." A hard lesson learned.

McDougall's role with Imperial Tobacco affected the ability of the IDRC to do its work. Their RITC program lost important funding, and although the IDRC proposes to make up the shortfall from its own resources, it is unclear whether the recipient NGOs will feel able to accept it. What is at stake here is compliance with the Framework Convention on Tobacco Control—an international treaty, initiated by the WHO, which Canada signed in 2003. According to article 5.3 of the Framework Convention, all publicly funded organizations must be free of industry influence:

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.⁹

An interpretation document for these three succinct lines was not adopted until November 2008, 10 which opens the door for the argument that the inappropriateness of McDougall's membership of the IDRC board was not crystal clear at the time of her appointment. Moreover, her position on the Imperial Tobacco board ended in March 2010; thus, the IDRC is now in compliance with the Framework Convention. By this logic, there is no need for McDougall to step down from or be removed from the IDRC—however offensive the optics may be to Canada's African colleagues in tobacco control.

No matter, it seems, that the cross-appointment put recipients of RITC funding grants in an untenable position. No matter that it has tarnished Canada's exemplary record as an international leader in tobacco control. No matter the shadow it has cast on the credibility of a worthy agency of the Crown.

But something even more damaging underlies all of this. Among its recommendations for "addressing tobacco industry interference in public health policies" the interpretation document for article 5.3 specifies the following:

Denormalize and, to the extent possible, regulate activities described as "socially responsible" by the tobacco industry,

including but not limited to activities described as "corporate social responsibility." ⁹

To explain why this is important, the interpretation document observes:

The tobacco industry conducts activities described as socially responsible to distance its image from the lethal nature of the product it produces and sells or to interfere with the setting and implementation of public health policies. Activities that are described as "socially responsible" by the tobacco industry, aiming at the promotion of tobacco consumption, is a marketing as well as a public relations strategy that falls within the Convention's definition of advertising, promotion and sponsorship.¹⁰

Denormalization—that is, efforts to reduce the social acceptability of smoking and the activities of the tobacco industry—has long been a pillar of tobacco control. *Let's* talk, a "report" produced by the Imperial Tobacco's corporate social responsibility committee when McDougall was its chair, is a wonderfully transparent example of the tobacco industry's attempts to make its business acceptable to regulators and the public. This task certainly was easier in the bad old days, when cigarette ads were everywhere, including in medical journals. Relentless efforts by tobacco control advocates in Canada resulted in the passage—and survival in the face of a Supreme Court challenge-of one of the toughest pieces of tobacco control legislation in the world (*Tobacco Act* S.C. 1997 c. 13). This legislation has Canadian tobacco firms backed into such a tight corner that they cannot display their wares in stores (the curiously named "power walls" of cigarette displays must now be covered) or even on their own websites. Imperial Tobacco, like its competitors, attempts to maintain that they are not trying to attract new smokers but are merely competing for market share among people who "choose" to keep smoking-whatever kind of choice people make in the grip of powerfully addictive substance. It's not that the irony is lost on the industry: "The principle of Responsible Product Stewardship is the basis on which we meet consumer demand for a legal product that is a cause of serious diseases."11

The existence of corporate social responsibility committees within any tobacco company would be risible if the damage they are capable of causing were not so serious. They are a ploy to appropriate and thus disarm the arguments of tobacco control activists: "We have said it before and we will say it again: there is no such thing as a safe cigarette and the most effective way to reduce the risks associated with smoking is to quit. But there are 5.4 million adult smokers 19 years and older in Canada who choose not to quit." By way of being "responsible" toward those who make this "choice," the industry deflects attention from the harms of tobacco use with doublespeak about corporate citizenship (including the

greenwashing angle now in vogue) and harm reduction (a.k.a. new product introductions), and with attempts to manoeuvre regulators into playing along: "We aspire to develop tobacco products with critical mass appeal that will, over time, be recognized by scientific and regulatory authorities as posing substantially reduced risks to health."¹¹

Imperial Tobacco's glossy corporate social responsibility report contains a photograph of McDougall with a quotation: "Imperial Tobacco Canada is one of the few Canadian companies to have engaged in open dialogue with its stakeholders. I'm proud to be involved in the groundbreaking Let's talk initiative."11 Who can believe that such "talk" is anything but an end-run around legal constraints against advertising and marketing activities? Tobacco companies are allowed to talk about the nice things they do for society; for instance, Imperial Tobacco notes, for 2006, its \$4.8 million in cultural and social donations, the tax revenue they generated for the government (\$3.9 billion), and their contribution to the economy (\$243.4 million in purchases from suppliers),11 even if they can't hold up a picture of a package of cigarettes. It's tough for them: "Canada's laws governing the marketing of tobacco products are among the strictest in the world. As a result, our ability to communicate information to adult consumers about a new generation of potentially reduced risk tobacco products is very limited."11 Nevertheless, the corporate social responsibility report manages to picture snus, explaining reassuringly that it is a form of "pasteurized oral tobacco that is sold in small porous pouches" and that "[w]ithin the next 12 months, we will initiate market tests in one or more Canadian regions for a Swedish-style snus product."11

It is a policy paradox 12 that the success of Canadian tobacco control legislation in restricting the marketing activities of the tobacco industry provides an incentive for the expansion of tobacco sales elsewhere. The parent company of Imperial Tobacco Canada, British American Tobacco, which sells into 180 countries, posted for its African and Middle Eastern regions in 2009 an 11% increase in sales volume, a 31% increase in revenue and a 41% increase in adjusted profits. The corresponding figures for the Americas were -6%, 10% and 13%. 13

The tobacco industry will continue to use any means available to develop its market in countries whose populations are gaining more disposable income, where young people will readily become acculturated to a smoking society, and where the implementation and enforcement of tobacco control policies are difficult. In the meantime, in countries such as Canada where legislation and regulation are relatively effective, one strategy is to co-opt

people of influence into the industry's cynical corporate social responsibility game. The Framework Convention on Tobacco Control is wise to these manoeuvres. Barbara McDougall's resignation from the board of governors of the IDRC would be respectful of the intention of the convention and of Canada's obligation to comply with it. Moreover, it would help those in the front lines of tobacco control research and programming to get on with work that—unlike corporate social responsibility bafflegab—really *can* make a difference. Ms. McDougall's recent involvement with the tobacco industry has damaged the reputation of the IDRC; we therefore urge her to resign from its board of governors.

REFERENCES

- Lewis S. Neoliberalism, conflict of interest, and the governance of health research in Canada. Open Med 2010;4(1):28-30.
- Ghali W, Kendall C, Palepu A. Pharmaceutical industry representation on CIHR's governing council. Open Med 2010;4(1):26–27.
- 3. International Development Research Centre. The International Development Research Centre. [English-language home page]. Available: http://www.idrc.ca/en/ev-1-201-1-DO_TOPIC.html (accessed 2010 April 22).
- International Development Research Centre. About RITC: Funding Partners [Internet]. Available: http://www.idrc.ca/ritc/ev-83324-201-1-DO_TOPIC.html (accessed 2010 April 22).
- 5. Bill and Melinda Gates Foundation. Statement regarding IDRC tobacco control grant [news release]. 2010 April 12. Available: http://www.gatesfoundation.org/press-releases/Pages/statement-on-idrc-grant-100412.aspx (accessed 2010 April 22).
- 6. African Tobacco Control Alliance. African health group welcomes Gates Foundation action to shield public health policies from tobacco industy interference [news release]. 2010 April 12. Available: http://www.atca-africa.org/version_anglaise/index.php?theme=c presse (accessed 2010 April 22).
- International Development Research Centre. The role of the board of governors [Internet]. Available: http://www.idrc.ca/en/ ev-33690-201-1-DO TOPIC.html (accessed 2010 22 April).
- 8. International Development Research Agency. Notice regarding the termination of the grant from the Bill and Melinda Gates Foundation for the African Tobacco Situation Analysis (ATSA) initiative [Internet]. Available: http://www.idrc.ca/tobacco/ev-153670-201-1-DO_TOPIC.html (accessed 2010 April 22).
- World Health Organization. WHO Framework Convention on Tobacco Control. Geneva: WHO; 2003. Available: http://www. who.int/fctc/text_download/en/index.html.
- 10. World Health Organization. Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. Geneva: The Organization; 2008. Available: http://www.who.int/fctc/guidelines/en/.
- Imperial Tobacco. Social Report 2006–2007. Let's talk. Imperial Tobacco: Montréal; 2007.
- Stone D. Policy Paradox: The Art of Political Decision-Making, revised edition. New York: W.W. Norton; 2002.
- British American Tobacco. Results at a glance. Group results 2009
 [Internet]. Available: http://www.bat.com/annualreport2009
 (accessed 2010 April 21).

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