

## Australian researchers oppose funding from the Foundation for a Smoke-Free World

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# Australian researchers oppose funding from the Foundation for a Smoke-Free World

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**W**e support the recent statement by the Council of Academic Public Health Institutions Australasia, Public Health Association of Australia and World Federation of Public Health Associations:

*We will not accept any kind of funding or support from Foundation for a Smoke Free World [FSFW], nor will we work together with this Foundation on any research, advocacy, or other projects. We encourage and expect our members and member institutions not to accept any funding or support from the tobacco industry, directly or indirectly, including through non-profit organisations such as Foundation for a Smoke Free World.<sup>1</sup>*

The creation of FSFW was announced in September 2017. It is funded by an annual US\$80 million pledge for 12 years from Philip Morris International (PMI). To date, its activities have included funding a 'Worldwide State of Smoking Survey: Baseline of the Global State of Harm Reduction'<sup>2</sup> and a 'Centre of Research Excellence on Indigenous Sovereignty and Smoking' in Auckland.<sup>3</sup> Initial funding requests were issued in November 2017, and outcomes scheduled to be announced following a series of workshops

in February 2018.<sup>4</sup> Other funding schemes are currently open or under consideration for nicotine exposure biomarkers and agricultural transformation.

Shortly after the creation of FSFW, the World Health Organization (WHO) published a statement advising that WHO will not engage with FSFW. The decision is based on the UN General Assembly recognition of a "fundamental conflict of interest between the tobacco industry and public health", and accords with Article 5.3 of the WHO Framework Convention on Tobacco Control, which obliges countries to protect public health policies from commercial and other vested interests of the tobacco industry.<sup>5</sup> Other international public health groups and leaders also rejected FSFW, recognising that the tobacco industry has a long history of funding supposedly independent research that has been used to prevent or delay effective tobacco control policies.<sup>6,7</sup> Seventeen leading schools of public health in the USA and Canada have affirmed they will not accept FSFW funding,<sup>8</sup> the BMJ publication Tobacco Control will not publish FSFW-funded research<sup>9</sup> and the Polish government has advised universities that it considers FSFW to be part of the tobacco

industry and will not take into account any FSFW-generated research when developing legislation.<sup>10</sup> All the institutions of the authors of this article have policies against accepting tobacco industry funding.

FSFW president Derek Yach has asserted that FSFW meets criteria for independence from the tobacco industry,<sup>11</sup> drawing heavily on a 2009 paper published in Tobacco Control.<sup>12</sup> However, the authors of that paper have rebutted his claims, concluding: "Due to lack of independence, the potential for conflicts of interest, and clear public relations gains, the foundation does not represent a tobacco industry-supported funding model that should be acceptable to the research community."<sup>13</sup>

FSFW's strategy for 'ending smoking' focuses heavily on the substitution of 'harm reduction' products, the role of which are contentious within tobacco control. The debate largely centres on the potential for harm reduction products to either undermine or support existing evidence-based tobacco control measures. The authors of this editorial hold a range of views about the role of harm reduction products; such debates are appropriate as e-cigarettes and other alternatives to combustible tobacco products evolve. However, we all agree that tobacco industry interests are not based on concerns for public health.

Analysis of the FSFW Pledge Agreement highlights how FSFW's stated goal of ending smoking is only to be pursued in the context of alternative products, an approach clearly within PMI's commercial interests.<sup>14</sup> Meanwhile PMI continues to oppose and actively undermine the full range of evidence-based policies that have already achieved significant reductions in smoking in Australia and elsewhere. Its claim that it wants to end smoking is not credible, but it is in line with the tobacco industry's history.<sup>6,15</sup> We note the industry continues to aggressively market combustible cigarettes in many countries, and has made no meaningful commitment to ending sales of combustible cigarettes.<sup>16,17</sup> The tobacco industry is the problem, not the solution.

Despite major achievements in reducing smoking in Australia over the past 40 years, there are ongoing challenges and a need for concerted effort to reduce smoking for some groups. We all acknowledge the

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preventable suffering that smoking-related illnesses and deaths cause Aboriginal and Torres Islander communities and families. Aboriginal and Torres Islander smoking prevalence is nearly three times that of non-Indigenous Australians and responsible for 23% of the health gap.<sup>18,19</sup> The good news is Aboriginal and Torres Strait Islander smoking prevalence is falling, largely in parallel with non-Indigenous smoking prevalence.<sup>20</sup> Even in remote areas, smoking initiation in adolescence is falling and quit attempts among smokers are increasing.<sup>20</sup> These reductions have been achieved despite the tobacco industry's attempts to derail the effective policies introduced by successive Australian governments. Issues which must continue to be a priority include reducing smoking in pregnancy and increasing smoking cessation, particularly in remote areas. Earlier this year, the Australian Government invested \$184 million in continuing the Tackling Indigenous Smoking program for another four years.<sup>21</sup> Most of this funding is going to regional teams based in Aboriginal Community Controlled Health Organisations. Aboriginal and Torres Strait Islander people are leading efforts to reduce smoking in Aboriginal and Torres Strait Islander communities.

These challenges warrant further investment in Aboriginal and Torres Strait Islander tobacco control research, as well as other priority groups with high smoking prevalence, such as sexuality and gender diverse people (including gay, lesbian, bisexual and transgender), people living with mental health or substance use issues, those who have been in contact with the criminal justice system, and people who are homeless. However, research and research funding must be independent of the tobacco industry, which continues to cause so much suffering. The Australian Government (through the National Health and Medical Research Council, the Australian Research Council and the Department of Health), state governments (e.g. through VicHealth and Healthway) and NGOs (such as the National Heart Foundation and Cancer Councils) have a strong record of independent funding of world-class tobacco control research. There is no need to undermine the credibility of Australian tobacco control research by accepting funding from, or working with, FSFW.

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