

Policy on researchers funded by the tobacco industry

Policy Statement

The HRB supports excellent research that improves people's health, patient care and health service delivery. In view of the overwhelming evidence that both active and passive smoking of tobacco are injurious to health, the HRB is unwilling to fund applications from individuals applying for, holding, or employed under a research grant from the tobacco industry.

Background paper

1. Impact of tobacco use on health

The arguments presented by the Cancer Research UK Advisory Group which comprises respected individuals with a wide range of expertise, including tobacco control, health education and promotion, academic research, statistics, law and the media still stand.

Their key argument was that tobacco is uniquely dangerous in the scale of harm it causes, and that this harm is caused when tobacco is used exactly as intended by its manufacturers.

Additional arguments were put forward as follows.

- Tobacco use is always dangerous, and it has no safe level of manner of use (World Health Organisation, 1999).
- The scale of risk is far greater than in other health-damaging behaviour, and one in two lifetime smokers will die from their habit (Peto et al., 1994).
- Its use usually starts in childhood, when awareness of health risks is lower (Royal College of Physicians, 1992).
- It is highly addictive, so it is very difficult to quit (Royal College of Physicians, 2000).
- It causes harm to non-users as well as to users (Hackshaw et al., 1997).
- There is a long delay before the damage becomes apparent, so self-deception is easy (Cancer Research Campaign, 1996).
- World-wide it is set to become the single greatest killer, overtaking lower respiratory infections by 2020 (World Health Organisation, 1996).

Apart from harm to health, there is now a **large body of evidence of the uniquely dishonest behaviour of the industry**, including:

- suppressing research findings on the harmful effects of tobacco (ASH, 1998);
- seeking to distort research evidence (Davey-Smith and Phillips, 1996; Simpson, 1996); and
- trying to recruit scientists to present one-sided views on the risks of smoking (Dyer, 1998).

Tobacco use is estimated to cause up to a quarter of deaths from cancer worldwide¹. 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 - more people than AIDS, legal and illegal drugs, road accidents, murder and suicide combined¹. The World Health Organisation (WHO) predicts that more than 8 million people will die from tobacco consumption every year by

¹ Mackay, J., Eriksen, M. (2002) The Tobacco Atlas. World Health Organisation. Available online: www.who.int/tobacco/resources/publications/tobacco_atlas/en/

2030, if current smoking rates persist, and that 80% of these deaths will be in developing countries². Within Ireland 29% of adults (approximately 1 million people) are current smokers³ with the rate higher in younger people (18-29 years=35%) and those in lower social class groups (Social Class 5-6=37%). The scale of risk is far greater than in other health-damaging behaviours, one in two lifetime smokers can expect to die from a tobacco-related disease (cerebrovascular diseases, cancer and respiratory diseases).

2. Stance of prominent health agencies, funding agencies and research institutions worldwide

A growing number of international institutions are enacting policies declining research funding or associations with the tobacco industry.

2.1 WHO Framework Convention on Tobacco Control (FCTC) Article 5.3

The WHO Framework Convention on Tobacco Control (FCTC) is the world's first international public health treaty. One hundred and ninety-two Parties (including Ireland) signed the Treaty when it was agreed in 2004. It sets out legally binding objectives and principles aimed at protecting present and future generations from the health, social, environmental and economic consequences of tobacco consumption and exposure, through the implementation of evidence-based policies. Article 5.3 of the FCTC specifies that when Parties are setting and implementing public health policies related to tobacco control, they shall "act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law"⁴ In November 2008 Ireland agreed to strong Article 5.3 implementation guidelines which reflect the fundamental and irreconcilable conflict between tobacco industry and public health interests in national legislation and policies⁵. These guidelines recommend that Parties should establish measures to limit interactions with the tobacco industry to those essential for the regulation of the product, and ensure transparency where they occur.

2.2 Prominent funding agencies and research intuitions

A growing number of respected funding agencies and research institutions have adopted policies not to accept research money from the tobacco industry, recognising that the industry seeks to profit from the respect and credibility accorded to these institutions^{6 7 8}. For example, the UK Wellcome Trust⁹, the Australian National Health and Medical Research Council¹⁰, and the Canadian Cancer Society Research Institute¹¹ will not fund researchers who concurrently receive tobacco funding or support. The origins of the movement to ban tobacco funding are traced to Australia where nearly 20

² 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

³ Morgan K, McGee H, Watson D, Perry I, Barry M, Shelley E, Harrington J, Lolcho M, Layte R, Tully N, van Lente E, Ward M, Lutomski J, Controy R, Brughra R (2008). SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Main report. Dublin: DOHC http://www.dohc.ie/publications/slan07_report.html

⁴ World Health Organisation. Framework Convention on Tobacco Control, available at <http://www.who.int/fctc/en/>

⁵ World Health Organisation. Guidelines for implementation of the WHO Framework Convention on Tobacco Control available at http://apps.who.int/gb/fctc/PDF/cop3/FCTC_COP3_DIV3-en.pdf

⁶ Bero L, Barnes DE, Hanauer P, Slade J, Glantz SA. Lawyer control of the tobacco industry's external research program. The Brown and Williamson documents. JAMA. 195 Jul 19;274(3):241-7.

⁷ Cohen J. Universities and tobacco money. *BMJ* 2001;323:1-2.

⁸ Chapman S, Shatenstein S. The ethics of the cash register: Taking tobacco research dollars. *Tob Control*. 2001 Mar;10(1):1-2.

⁹ Wellcome Trust policy available at <http://www.wellcome.ac.uk/About-us/Policy/Policy-and-position-statements/WTD002763.htm>

¹⁰ Australian National Health and Medical Research Council funding eligibility guidelines available at <http://www.nhmrc.gov.au/>

¹¹ Canadian Cancer Society Research Institute policy available at http://www.cancer.ca/research/Policies%20and%20Administration.aspx?sc_lang=en

universities stopped accepting funding from the industry during the 1990s. This list of universities has expanded worldwide and now includes University of Sydney, Australian National University, Public Health Schools in Harvard and John Hopkins, Business school in University of Texas among others. These policies were motivated by concerns that the industry funds academic research—particularly biomedical research¹²—to manipulate the scientific process, develop industry-friendly experts to represent them in litigation and the regulatory process and “create controversy” about smoking and disease^{13 14 15}. A recent WHO document describes the spectrum of tobacco industry practices that interfere with tobacco control¹⁶.

2.3 UK Code of Practice for universities

In 1998, Cancer Research UK developed a Code of Practice for universities seeking funding (strengthened in 2004)¹⁷. The Code prohibits research teams who are in receipt of tobacco industry grants from applying for support from the charity and outlines its right and duty to publicly criticise universities for accepting donations from the tobacco industry. 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.'

In a related exercise, UK Universities and Cancer Research UK signed a 2004 joint protocol on good practice for universities on the issue of funding of research by the tobacco industry¹⁸.

3. Leadership from Ireland

A combination of highly effective individual advocates, well developed health promotion services and strong political support has led to Ireland displaying leadership on the world stage in the fight against tobacco. The introduction of the 2004 Irish smoking ban in workplaces has been hailed internationally, and is being copied in other countries¹⁹. In July 2009 Ireland became the first country in the EU, and only the third country worldwide, to introduce a complete ban on retail tobacco advertising and display. Ireland is clearly seen internationally as pioneering the legislative response to the global tobacco epidemic.

The Health Services Executive has prioritised action on reducing tobacco use as one of seven major risk factors that are known to contribute to the major causes of death and illness/disability²⁰. It is estimated that over 6,000 Irish people die from smoking-related disease every year²¹. The new HRB strategy for health research 2010 – 2014, which offers the hope that research and development will become an integral part of the health service, has a responsibility to uphold Ireland's international

¹² Wander N, Malone RE. Selling off or selling out? Medical schools and ethical leadership in tobacco stock divestment. *Acad Med* 2004; 79: 1017–1026.

¹³ Samet JM, Burke TA. Turning science into junk: The tobacco industry and passive smoking. *Am J Public Health*. 2001 Nov;91(11):1742-4.

¹⁴ Ong EK, Glantz SA. Tobacco industry efforts subverting international agency for research on cancer's second-hand smoke study. *Lancet*. 2000 Apr 8;355(9211):1253-9.

¹⁵ Glantz SA, Barnes DE, Bero L, Hanauer P, Slade J. *The cigarette papers*. Berkeley: University of California Press; 1996.

¹⁶ World Health Organisation. *Tobacco Industry Interference with Tobacco Control*. 2009

¹⁷ Cancer Research UK. (2004) *Cancer Research UK Code of Practice on Tobacco Industry Funding to Universities*. <http://info.cancerresearchuk.org/images/pdfs/codeofpraticce.pdf>

¹⁸ Joint protocol on the Tobacco Industry funding is available at <http://www.universitiesuk.ac.uk/PolicyAndResearch/PolicyAreas/Pages/Research.aspx>

¹⁹ Public Health (Tobacco) Act, 2002 and the Public Health (Tobacco) (Amendment) Act 2004.

²⁰ World Health Organisation, Geneva. *Gaining Health – The European Strategy for the Prevention and Control of Noncommunicable Diseases*. 2006. www.euro.who.int

²¹ Figures used by the Irish Health Foundation and the Research Institute for a Tobacco Free Society Ireland

reputation and to work in tandem with the health service and the wider government in promoting health²².

4. Policy approach in Ireland

An overview of policy in Irish institutions had not yet been documented. During summer 2009 all health funding agencies and universities on the island of Ireland were contacted by the HRB and asked about their policy concerning tobacco industry funding and research. Discussions show that the majority of Irish institutions and funding agencies have no explicit policy, position or research history with the tobacco industry. However, disassociation is clearly seen as an unwritten rule and is implicitly included in a range of other policies covering:

- Research governance
- Involvement of financial sponsors in research projects
- Guidelines on acceptable external sources of funding for research
- Research ethics and sensitive sources of funding
- Code of Business Conduct
- Code of Practice for the Governance of State Bodies

In general, Irish research institutions and funding agencies are keen to establish that they have never knowingly accepted research funding from the tobacco industry and that they are aware of the damage to their credibility that accepting such funding could inflict.

As expected, the Research Institute for a Tobacco Free Society Ireland, a limited company formed on the basis of a partnership between the Office of Tobacco Control, ASH Ireland, the Irish Cancer Society and the Irish Heart Foundation, has an explicit policy. Furthermore, within its Articles of Memorandum and Association it restricts the appointment of staff who have association with the tobacco industry, as outlined below:

No person may be appointed a Director General and if already appointed shall vacate the office of Director General if the Director General, or proposed Director General, his wife, child, father, or mother, brother or sister shall have a direct or indirect interest in the tobacco industry. Prior to appointment the Director General shall make a written declaration accordingly.

Where explicit policies do exist they have typically been prepared in direct response to a call for proposals relating to a tobacco companies' research programme (e.g. NUI Galway policy July 2003) or upon discovering retrospectively that tobacco industry sponsorship had been unknowingly used to support research (e.g. University of Ulster policy 2004). On examining past records the University of Ulster discovered that twenty years previous a charity called the Health Promotion Research Trust which had funded two research projects in the university was in fact receiving its funding from the tobacco industry.

²² Health Research Board (2009) *Strategic Business Plan 2010-2014; the future of Irish health research*. Dublin. <http://www.hrb.ie/publications/hrb-publication/publications/>