## The Philip Morris-funded Foundation for a Smoke-Free World: tax return sheds light on funding activities

In September, 2017, Philip Morris International, one of the world's largest tobacco companies, set up the Foundation for a Smoke-Free World, with almost US\$1 billion of funding over 12 years. The Foundation claims to be an independent scientific body aiming to "accelerate an end to smoking".2 Yet controversy has surrounded the Foundation since its inception; its claims of legitimacy and independence have been strongly disputed3,4 and WHO5 and hundreds of public health organisations globally6 have taken a strong stance in rejecting collaboration with the Foundation.

Until now, information concerning the research the Foundation is funding, and who has accepted its money, has been scant. This changed when the Foundation filed its 2018 tax return.7 Our analysis of this filing adds to mounting evidence that the Foundation should be seen neither as an independent organisation nor as a primarily scientific one, and suggests that it might be having difficulty convincing researchers and potential funders of its legitimacy and independence as a scientific body. This analysis provides the following key findings.

The Foundation is still funded solely by Philip Morris International. Although its initial funding came from the tobacco company, the Foundation stated it is "seeking and expects to receive funding from other sources". The tax return reveals that it has been unable to secure funding from any other donors.

Of the \$80 million annual donation from Philip Morris International, the Foundation spent \$6.46 million on research grants in 2018, \$7.59 million

on communications (the majority of which was spent on public relations organisations), and \$7.03 million on staffing. \$47.45 million remain unspent. With only a further \$19.2 million of grant funding identified as approved for future payment, the Foundation appears to be struggling to fund research using the money it has received from the tobacco industry.

This greater expenditure on public relations than on research does not match the picture the Foundation paints of itself as a scientific body but instead supports the growing consensus<sup>6</sup> that the Foundation provides a key public relations function for Philip Morris International.

The Foundation claims to be independent but is contracting organisations with long-standing tobacco industry links. In 2018, it spent \$5.22 million with Ogilvy Public Relations Worldwide and another \$665 000 with Mercury Public Affairs. Ogilvy has worked with tobacco giants for decades, both to promote tobacco and hide its harms, and Mercury has recent industry ties through its 2018 lobbying work for Altria (the American parent company of Philip Morris USA).

The Foundation previously announced its plans to fund Centres of Excellence as hubs for research on tobacco control and harm reduction.10 The tax return<sup>7</sup> identifies several upcoming centres (in addition to the existing,11 recently criticised,12 centre in New Zealand), one of which is the Center of Excellence for the Acceleration of Harm Reduction (CoEHAR) at the University of Catania, Italy. CoEHAR's Founder and Director, Riccardo Polosa, previously accepted a grant from Philip Morris International of nearly €1 million to investigate its heated tobacco products.13 The Glasgow-based Centre for Substance Use Research, led by Neil McKeganey,14 has in recent years received funding from Philip Morris International and other tobacco industry actors.15

Given the tobacco industry's long history of using public relations firms and external scientists in its manipulation of research, 16,17 the connections between the Foundation and these bodies raise serious concerns about the legitimacy of scientific messages and research originating from the Foundation.

Overall, our findings suggest that as it reaches its second anniversary, the Foundation might be failing. It is seemingly struggling both to recruit independent researchers and to spend its resources on much other than public relations. In line with public rejections from Bloomberg Philanthropies and the Bill & Melinda Gates Foundation.<sup>18</sup> no further funders have materialised. Furthermore. several key staff members left the Foundation in its first 21 months of operation.18 Now, more than ever, we must reinforce the hitherto successful calls from WHO<sup>5</sup> and the public health community<sup>6</sup> to reject collaboration with the Foundation.

Robust science is indeed needed to reduce harms caused by tobacco, but this science must be independent from the tobacco industry. The only appropriate way to utilise the funds the industry clearly has at its disposal for research is through legally mandated tobacco industry financial contributions, as suggested by Cohen and colleagues.<sup>19</sup> If Philip Morris International is really committed to reducing harm from tobacco through robust research, it surely cannot challenge such an approach.

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## International drug control system: public health guiding principles

Access to health services for people who use drugs falls short in meeting the global needs, mortality related to drugs is increasing, and epidemics of HIV, hepatitis C, and tuberculosis associated with unsafe drug injection continue to expand.

Despite acknowledging these alarming data, the declaration of the recent UN Commission on Narcotic Drugs' ministerial segment (CND 2019) and the UN System Common Position on drug-related matters<sup>2</sup> paradoxically regress from the position reached at the UN General Assembly special session on the world drug problem of 2016 (UNGASS 2016), which highlighted the need to protect public health in the design and the implementation of drug policies. Although it included a new section on access to controlled essential medicines for pain relief,3 the outcome document of the special session has failed to delineate the principles of a public health approach to drug policy, raising hope to advance this issue at the CND 2019.

Measures of so-called demand reduction had only been added to the international drug control system by the General Assembly in 1998 under the form of guiding principles, when the international community acknowledged that supply reduction approaches alone were not sufficient to address drug-related problems.<sup>4</sup>

With the knowledge on the effect of drug policies on public health<sup>5</sup> and the ongoing health-related crises (overdose crisis in the USA, HIV epidemic in eastern Europe), at a time when universal health coverage is a primary issue on the global health agenda, and the sustainable development agenda aims to reach those with the most underdeveloped services first, it is imperative that the individual health of people who use drugs and that public health of communities most affected by drug control measures are adequately addressed by the international community. These efforts will ensure that people all over the world enjoy their right to benefit from scientific progress and their right to health, as guaranteed by the Universal Declaration of Human Rights.

We therefore believe that the international community should trigger a discussion on guiding principles for public health at the WHA and the CND. These principles need to include access to primary health care, to evidencebased prevention, treatment, and harm reduction services, and to controlled essential medicines. They must also include guidance on management of overdoses, mental health, road traffic injuries and mortality, on drug use in ageing populations, and most importantly on national scheduling of illegal substances and their medical use. Such a move could place health at the centre of national and international drug policies, and set global drug policies in evidence, away from ideological debates.

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