

Jo Churchill MP
Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care
39 Victoria Street
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16th September 2021

Dear Minister,

There is deep concern within the healthcare community at the sale of Vectura to Philip Morris International (PMI), the world's largest tobacco company. As you are well aware and government analyses have shown, tobacco is a uniquely dangerous, addictive consumer product which costs the British economy £14.7ⁱ billion each year, causing around 90,000 deaths across the UK, and 35,500 cases of cancer and nearly 15,000 cases of heart and circulatory disease in England alone.ⁱⁱ

The tobacco industry has an extremely poor reputation and PMI in particular has been accused of running marketing campaigns that target childrenⁱⁱⁱ and was taken to court for complicity with tobacco smuggling to boost its own profits,^{iv} leading to a \$1.25 billion settlement with the EU.^v There is evidence that it continues to fail to control its supply chain with many of its cigarettes ending up in the illegal market.^{vi}

PMI and other tobacco companies have a long history of subverting tobacco control policies for their own financial gain and of research manipulation,^{vii} and concerns have been raised that such conduct may be ongoing with irregularities reported in their recent clinical studies.^{viii ix} For these reasons, we have strongly opposed the takeover from the beginning.

PMI is only in a position to takeover Vectura because it has profited enormously from cigarette sales while avoiding responsibility for the external costs of smoking, including health harms, lost productivity and environmental degradation. This market failure could be addressed by the introduction of a polluter pays levy on tobacco industry profits, as set out in the recent report from the APPG for Smoking and Health, and we strongly support this proposal.

Our concerns that this takeover will allow PMI to legitimise tobacco industry participation within health debates and provide a greater platform from which to deploy similar tactics in support of tobacco industry interests have previously been raised with the Government. We are however aware of your knowledge of, and commitment to, the WHO Framework Convention on Tobacco Control, including article 5.3 which explicitly aims to reduce industry influence in public health policymaking. The UK is right to be proud of its track record on article 5.3, but PMI's takeover of Vectura does pose difficult questions for the future.

Article 5.3 states that '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.' Guidelines on the

implementation of Article 5.3, which the UK has adopted, state that they are applicable to all branches of government including 'officials, representatives and employees of any national, state, provincial, municipal, local or other public or semi/quasi-public institution or body within the jurisdiction of a Party, and to any person acting on their behalf.'

Issues mentioned within this guidance which are particularly relevant here include recommendations, across all branches of government, to:

- Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties' tobacco control policies.
- Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
- Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- Avoid conflicts of interest for government officials and employees.
- Require that information provided by the tobacco industry be transparent and accurate.
- Denormalize and seek to regulate activities described as "socially responsible" by the tobacco industry, including but not limited to activities described as "corporate social responsibility".
- Do not give preferential treatment to the tobacco industry.

While we are aware of your familiarity with article 5.3, and the fact that there are well established precautions within the Department for Health and Social Care, this may not yet be the case for other government departments, local government, or other public authorities including arm's length bodies. Given that the acquisition of Vectura significantly broadens PMI's potential engagement with government, there is a need to ensure that officials at all levels are aware of the issues raised above and that they will now need to interact with Vectura in a different manner.

For example, the government's Life Sciences Vision 10 year strategy includes a commitment to reducing mortality and morbidity from respiratory disease, which is directly relevant to the research undertaken by Vectura. Now that Vectura is owned by the tobacco industry any potential involvement in this programme could create significant conflicts of interest, something that must be managed carefully and with full transparency.

We would like to request that, as Public Health Minister, who leads for the Government on the WHO FCTC, you work to support and oversee a cross-governmental approach to the continuing enforcement of FCTC Article 5.3, issuing clear department specific guidelines to all departments and associated bodies now likely to interact with Vectura. In addition we would ask that you work with the devolved governments to ensure that these issues are communicated widely across Great Britain and Northern Ireland. We would like to request that you publish these guidelines, as was the case for the joint DHSC and FCO guidelines for overseas posts on support to the tobacco industry.^x

We also request that you raise the role of the Competition and Markets Authority in cases like this with fellow Ministers. We think it clear that this deal is not in the public interest and that it creates perverse incentives for PMI to increase harm through smoking so they might then profit again through treating smoking related diseases. While the Competition and Markets Authority typically considers monopolies within a product market, they have not in this instance considered monopolies of harm – we think this is a clear deficit in need of attention.

Kind regards,

1. Sarah Woolnough, Chief Executive, Asthma UK & the British Lung Foundation
2. Anna Gilmore, Professor of Public Health and Director, Tobacco Control Research Group, University of Bath
3. Carol Stonham, Executive Chair, Primary Care Respiratory Society
4. Deborah Arnott, Chief Executive, Action on Smoking and Health
5. Professor Jonathan Bennett, Chair, British Thoracic Society
6. Michelle Mitchell OBE, CEO of Cancer Research UK
7. Dr Nicholas Hopkinson, Professor of Respiratory Medicine, Imperial College London
8. Dr. Bronwyn King AO, MBBS, FRANZCR, CEO Tobacco Free Portfolios
9. Christina Marriott, CEO, Royal Society for Public Health
10. Dr Nigel Carter, Chief Executive, Oral Health Foundation
11. Professor John Hurst, Senior Clinical Lead, UK National Asthma and COPD Audit Programme
12. Dr Andrew Goddard, President Royal College of Physicians
13. Professor John Moxham, Emeritus Professor of Respiratory Medicine, King's College London.
14. Ailsa Rutter OBE, Director of Fresh and Balance
15. John Maingay, our Director of Policy and Influencing, British Heart Foundation
16. Amanda Healy, FFPH, Director of Public Health, Durham County Council
17. Dr Chris Tasker, GP Cancer Lead, Newcastle Gateshead CCG / Cancer Research UK Strategic GP, Northern Cancer Alliance
18. Wendy Burke, Director of Public Health, North Tyneside Council

19. Dr Toby Capstick, Consultant Pharmacist - Respiratory Medicine, on behalf of UK Clinical Pharmacy Association Respiratory Group
20. Peter Bryce, Chairman, The Pulmonary Fibrosis Trust
21. Joanna Shakespeare, Vice Chair, Association for Respiratory Physiology and Technology
22. Professor Claire Anderson, President, Royal Pharmaceutical Society
23. Anna Murphy, UK Clinical Pharmacy Association
24. Sheila Duffy, Chief Executive, ASH Scotland
25. Alice Wiseman, Fellow of the Faculty of Public Health, Director of Public Health Gateshead
26. Sheri Tooley BSRT, RRT, RRT-NPS, AE-C, CPFT, FAARC, President and CEO, American Association for Respiratory Care
27. Harold Wimmer, National President & CEO, American Lung Association
28. Maggie Rae, President, UK Faculty of Public Health
29. Suzanne Cass, CEO of ASH Wales
30. Prof. Jonathan Grigg, Chair of the European Respiratory Society Tobacco Control Committee
31. Sarah Hughes, Partnership Manager for tobacco industry watchdog STOP
32. Richard Spratt Chief Executive Cancer Focus Northern Ireland
33. Dr Bernadette Cullen Chair ASH (NI)
34. Kjeld Hansen, Chair, European Lung Foundation
35. Karen J. Collishaw, MPP, CAE, Chief Executive Officer American Thoracic Society

ⁱ Tobacco Control Plan, UK Government (2018) <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/tobacco-commissioning-support-pack-2019-to-2020-principles-and-indicators>

ⁱⁱ NHS Digital (2020) *Statistics on Smoking, England - 2019* <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020>

ⁱⁱⁱ Tobacco Tactics. Be Marlboro: Targeting the World's Biggest Brand at Youth. December 2020. Available at: <https://tobaccotactics.org/wiki/be-marlboro-targeting-the-worlds-biggest-brand-at-youth/>

^{iv} The Guardian. European court rules against tobacco manufacturers. January 2003. Available at: <https://www.theguardian.com/business/2003/jan/16/smoking>

^v European Commission. Press release: European Commission and Philip Morris International sign 12-year Agreement to combat contraband and counterfeit cigarettes. July 2004. Available at: https://ec.europa.eu/commission/presscorner/detail/en/IP_04_882

^{vi} Gilmore AB, Gallagher AWA, Rowell A. Tobacco industry's elaborate attempts to control a global track and trace system and fundamentally undermine the Illicit Trade Protocol. *Tob Control*. 2019 Mar;28(2):127-140.

doi: 10.1136/tobaccocontrol-2017-054191. Epub 2018 Jun 13. PMID: 29899082; PMCID: PMC6580790
<https://pubmed.ncbi.nlm.nih.gov/29899082/>

^{vii} Bero - 17 Bero LA. Tobacco industry manipulation of research. *Public Health Rep* 2005;120:200-8. doi: 10.1177/003335490512000215. pmid: 15842123

^{viii} Lasseter T, Bansal P, Wilson T, et al. Scientists describe problems in Philip Morris e-cigarette experiments. *Reuters* 2017 Dec 20. <https://www.reuters.com/investigates/special-report/tobacco-iqos-science/>

^{ix} <https://www.bmj.com/content/bmj/370/bmj.m3528.full.pdf>

^xhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287119/Guidance_for_Overseas_Posts_on_support_to_the_Tobacco_Industry.pdf