

MINISTÉRIO DA SAÚDE

Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA)



Technical Note

HOW MUCH DOES IT COST TO RECEIVE DONATIONS FROM THE TOBACCO INDUSTRY?

Art. 5.3 of the World Health Organization Framework Convention
on Tobacco Control - the protection of public tobacco
control policies



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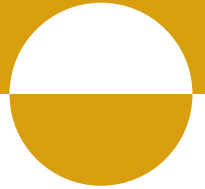
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LIST OF ACRONYMS



Afubra – Tobacco Grower's Association of Brazil

AGU – Advocacy General of the Union

ASH – Action on Smoke or Health

BAT – British American Tobacco

BNDES – National Bank for Economic and Social Development

Brics – Brazil, Russia, India, China and South Africa

Conicq – National Commission for WHO/FCTC Implementation in Brazil

CVA – Cerebral Vascular Accident

GDP – Gross Domestic Product

HDI – Human Development Index

Iarc – International Agency for Research on Cancer

Ibama – Brazilian Institute of Environment and Resources

ILO – International Labor Organization

INCA – Instituto Nacional de Câncer José Alencar Gomes da Silva

MPT – Ministry of Public Labor Prosecution

MSA – Master Settlement Agreement

NCD – Chronic non-communicable diseases

NCI – National Cancer Institute

Opas – Pan American Health Organization

PPE – Personal Protective Equipment

Pronaf – National Program for Strengthening Family Farming

Sinditabaco – Union Interstate Tobacco Industry

SUS – Brazilian Unified National Health System

TRT – Regional Labor Court

UN – United Nations

WCR – Worldwide Cancer Research

WHO – World Health Organization

WHO/FCTC – World Health Organization Framework Convention on Tobacco Control

INTRODUCTION



Selling cigarettes and other tobacco products is the purpose of tobacco companies and, like any company, its biggest goal is to increase profits and expand its market share. However, in the twentieth century alone, consumption of tobacco products has killed 100 million people worldwide, which brings a great differential to this business.

The tobacco industry is not like any other. The tobacco business goes beyond the threat to individual health: it is the cause of social inequalities, environmental damage and corrosion to the economy. It brings suffering, sickness and death. It impoverishes families and countries.

In 2017, the World Health Organization (WHO) and the National Cancer Institute (NCI) in the United States estimated that if the tobacco industry's market strategies are not restrained, the current 7 million annual deaths caused by smoking increase to 8 million from 2030. The economic burden today for the global economy is more than \$ 1 trillion per year on account of treatment, early retirement and lost productivity costs related to the consumption of tobacco products^{1,2}.

Despite this scenario, tobacco companies continue to seek ways to expand their business, whether through deceptive strategies, to capture and maintain their consumers, or through tactics to prevent or delay the adoption of effective laws and regulatory measures to reduce smoking.

One of the global responses to this scenario came in 2003, when the World Health Assembly adopted the World Health Organization Framework Convention on Tobacco Control (WHO/FCTC). This international public health treaty was negotiated over four years among 192 countries to unify regulatory and legislative measures for the tobacco market and thus reduce tobacco and tobacco-related deaths worldwide. One of the central measures of the WHO/FCTC is the obligation of governments to protect the national implementation of this treaty from the interference of the tobacco industry, expressed in its art. 5.3.

However, tobacco companies continue to invest increasingly in strategies to undermine tobacco control policies and ensure the expansion of their business. One involves getting alliances through donations, whether for social, cultural, environmental, events and research projects, or for campaigns to elective positions. They capture the partnerships and sympathy of opinion makers, policymakers, managers, regulators and legislators, acquiring the power to interfere in the adoption of Protocols and in the implementation of effective WHO/FCTC measures.

The publication on British American Tobacco (BAT), entitled *BAT in its Own Words* drawn up by the British non-governmental organization Action on Smoke or Health (ASH) in 2005, from the company's internal documents open to the public by litigation, shows, in the company's words, the real objectives of donations made as part of its Corporate Social Responsibility Plan³:

Increasing BAT's license to operate with local communities and the media [...] to broaden their access and influence with regulators and policymakers [...] to build a positive reputation for improving our ability to shape the future environment for business³.

This is not an exclusive practice of BAT and is used by other transnational tobacco companies, as presented in the WHO publication in 2003: *Tobacco industry and corporate responsibility ... an inherent contradiction*⁴.

Despite being socially responsible, every penny donated by tobacco companies comes from profits that depend on their ability to attract new consumers to replace those who quit smoking and those who die from tobacco-related illnesses.

To this end, companies continue to invest centrally in strategies to bring adolescents closer together, the main source of replacement for potential consumers of their products. Internal documents of these companies, open to the public, describe how vital it is for their business to invest in the development and dissemination of advertisements that associate their products, especially cigarettes, to the aspirations of adolescents, in the development of colorful and attractive packaging always in the spotlight along with candies and chewing gum at points of sale, in the use of additives that give sweet flavors and mask the bad taste of tobacco and in the strategies to keep the low prices of their products. The effectiveness of these tactics has made smoking a pediatric disease, as 90% of smokers start smoking before age 18. They are young people who, in most cases, will go down the path of addiction and statistics on smoking-related illness and deaths in adult life. And with every attempt by governments to contain these strategies through laws and regulations, companies are mobilized to the contrary, sometimes through their allies, won via donations and partnerships. This is a reality in several countries where these companies operate, including in Brazil.

How much does it cost to receive donations from the tobacco industry? This is the central reflective issue presented in this publication. From the initial response to this question, data will be presented on the tobacco business and some of the practices that the tobacco industry has adopted in Brazil and around the world to capture strategic alliances and increase its power to interfere with tobacco control measures. Along with an estimate made by the Division of Epidemiology and Population Studies of the Instituto Nacional de Câncer José Alencar Gomes da Silva (INCA) that relates the donation from the profit of these companies with tobacco-related deaths in Brazil, this publication aims to give visibility to the fact that establishing alliances and partnerships with tobacco companies means strengthening their capacity to undermine public policies aimed at reversing 6 million annual deaths in the world of which more than 280 thousand are happening⁵ in Brazil.

HOW MUCH DOES IT COST TO RECEIVE DONATIONS FROM THE TOBACCO INDUSTRY?



Starting from the central issue of this publication, a study conducted by INCA aimed to estimate the relationship between tobacco company profits, cigarette sales, and smoking-related deaths among smokers in Brazil in 2013. The research was based on data from population surveys of smoking estimation, data provided by the Federal Revenue Service and mortality rate.

As donations from tobacco companies come from the profits made from the sale of their products, especially cigarettes, these data give us the possibility of reflecting on the cost, in lives, that is provided by these companies donations. Donations and sponsorship from the tobacco industry come from its profits, which in turn depend on cigarette sales and the expansion of the business by attracting new users to replace those who quit smoking and those who die. Forming and maintaining a contingent of nicotine dependents is the tobacco industry's source of profit.

In Brazil, the study estimated that every \$14,352 of profit earned by tobacco company translates into one death attributable to smoking.

Therefore, it can be inferred that every \$200,000 received from donations stemming from the profits made by tobacco companies is equivalent to the death of 14 people⁵. That's the price you pay.

Offering financial donations is part of a tobacco company's project to gain credibility with society, opinion makers, politicians, and legislators. These are investments aimed at distancing the image of tobacco companies from the damages generated by their business, creating a positive vision and capturing alliances to defend their interests, preventing public policies to reduce smoking and to offer sustainable alternatives to farmers' livelihoods tobacco planters are implemented.

By accepting donations, recipients allow the tobacco industry to advertise its "generosity" and associate the credibility and legitimacy of the recipient with the company's image.

Donations, values from these profits, bring in countless other faces of the tobacco business to which the whole society must turn, in order to build a broad vision that goes beyond individual harm, reaching everyone. These are lost lives and illnesses among smokers and non-smokers, including children, initiation into adolescence, irreparable damage to the health of small-scale farmers and their families, environmental damage, the vicious circle of tobacco and poverty that consumes the resources of families and threatens the development of countries.

THE FACES THAT THE TOBACCO INDUSTRY HIDES FROM THEIR POTENTIAL PARTNERS



LOST LIVES AND DISEASES - THE LETHALITY OF TOBACCO PRODUCTS

Although legal, tobacco products are highly lethal, killing about six in ten of their regular consumers. Cigarettes therefore have a characteristic that makes them unique in the consumer market, since they are products that, when used according to the manufacturer's instructions, bring to their users damages to health, illness and death⁵.

In the 20th century alone, smoking killed 100 million people worldwide, supplanting the number of deaths resulting from World Wars I and II⁶. Currently, smoking accounts for 7 million annual deaths, of which 890,000 are among non-smokers⁷.

Worldwide

- Smoking is responsible for more than 7 million annual deaths⁸.
- In 2012, 12% of all deaths among the productive age population from 30 to 69 years occurred due to smoking-related diseases⁹

- In 2008, WHO estimated 165,000 deaths from passive smoking among children under 5 years old².
- According to the WHO, smoking is the first major single cause of avoidable deaths and passive smoking is the third leading cause of preventable death worldwide.

The number of current deaths in the world related to tobacco consumption is projected to increase by one third over what is observed today, with more than 80% occurring in low- and middle-income countries, closing a vicious circle of tobacco and poverty, because in addition to the burden on the health system of countries, the economic reduction due to loss of life in productive age, early retirements and costs generated by the environmental impact, there is the fact that family expenses with tobacco products reduce the availability of resources for essential needs such as food, housing, education, health, etc.².

In Brazil

In 2011, passive smoking accounted for 16,920 deaths¹⁰.

And in relation to smoking in the population above 35 years old:

- In 2013, an estimated 283,087 deaths were attributable to consumption of tobacco products⁵.
- In 2015, a study estimated the impact of smoking on mortality and quality of life as directly responsible for the loss of 4,203,389 years of life among Brazilians¹¹.
- Of all the deaths that occurred in 2015 in Brazil, 12.6% were due to diseases related to smoking¹¹.

SMOKING IS A PEDIATRIC DISEASE

The tobacco industry claims that smoking is a matter of free choice and that consuming tobacco products is a decision of informed adults. However, the design of the products and the numerous additives included in its manufacture make cigarettes and other tobacco products efficient vehicles for the availability and release of nicotine, a substance that causes chemical dependence. The data indicate that 90% of smokers start smoking up to 18 years, and two-thirds of them will become regular smokers before age 19, starting in childhood or adolescence this dependence¹².

Thus, smoking is not an enlightened choice, it is not a matter of free will, it is chemical addiction, inserted in the tenth revision of the International Statistical Classification of Diseases and Related Health Problems. It is not an adult decision.

Smoking is a pediatric disease.

Studies show that the still developing brain of children and adolescents is exceptionally more vulnerable to nicotine dependence than the adult brain, and that only a brief exposure to nicotine is enough to trigger the process of chemical dependence. In addition, the earlier the onset, the more difficult the cessation of smoking^{2,13}. It is estimated that 60% of young people who smoke for more than six weeks will continue to smoke for more than 30 years¹⁴ and that exposures to nicotine doses equivalent to just two cigarettes are sufficient to begin the development of the addiction process in brains of young animals, pointing out that there is no safe limit to this exposure because cigarettes can generate chemical dependence very quickly¹³.

Adolescence is a period of development marked by neurobiological maturation of brain regions responsible for processes of reward, learning, memory, among other functions. Exposure to nicotine during this period produces a unique and lasting vulnerability to the subsequent use of other substances, such as alcohol and cocaine. Animal studies and epidemiological data consistently confirm that tobacco use in developmental period can act as a gateway to substance abuse in the future¹⁵.

There are no safe levels of consumption of tobacco products, including electronic cigarettes.

In this context, it is important to emphasize that smoking initiation is induced by strategies directed at nonsmoking children and adolescents: advertisements with content aimed at this segment; sponsorship of cultural, sports and party events; packaging that is attractive and well positioned at points of sale with bullets, chewing gum and other products that attract children and adolescents; use of additives with various sweet flavors; low prices of products, among others. In 2014, the publicity campaign *Maybe*, launched by the company Philip Morris, was fined 1.1 million reais in Brazil by the Foundation of Protection and Consumer Defense (Procon) of São Paulo and was also questioned in other countries in the world (prohibited in Germany in 2013), because it represents advertising strategy aimed at young people¹⁶⁻¹⁸.

Tobacco companies direct their strategies to young people as the main source of 'smoker replacement', to replace those who quit smoking or those who die. The industry knows that making young people dependent is the only hope for the future of their business⁶.

Internal documents of tobacco companies open to the public because of litigation exemplify these strategies:

Philip Morris (1969): The first cigarette is a bad experience for the beginner. To explain the fact that the beginner will tolerate the discomfort, we have to evoke a psychological motivation. Smoking a cigarette for a beginner is a symbolic act. The smoker is communicating his world.

"That's the kind of person I am." Certainly there are many variations to this theme. "I am no longer my mother's child," "I am strong," "I am an adventurer,"

“I am not square.” Whatever the individual intention, the act of smoking leaves a symbolic statement of identity. As the strength of the psychosocial appeal decreases, the pharmacological effect takes effect and sustains the habit, supplemented by secondary gratification¹⁹.

Philip Morris (1981): Today’s adolescent is the potential consumer of tomorrow, and the overwhelming majority of smokers start smoking while still in their teens²⁰.

With tobacco companies targeting their marketing efforts, especially for young people and adolescents, the discussion about the ethics of partnerships with this segment presupposes a reflection on the corporate practice of these organizations.

PRODUCTION CHAIN - DAMAGE TO THE HEALTH OF FARMERS AND THEIR FAMILIES AND ENVIRONMENTAL DAMAGES

But it is not just in consumption that the tobacco business is bad for humanity. The production process is also permeated by health and environmental damage and social injustice²¹⁻²⁵.

Tobacco cultivation requires intensive use of pesticides and fertilizers, which pollute groundwater, soil and fauna, and cause harm to the health of farmers and their families^{8,26,27}. The consequences are even greater in Brazil, as it is the second largest producer of tobacco leaves in the world.

The tobacco production chain functions in an integrated way and is coordinated by the same companies that organize strategies to increase the consumption of cigarettes and other tobacco products. In Brazil, 15 transnational tobacco companies, associated with the Union Interstate Tobacco Industry (Sinditabaco), control the entire production chain, from small-scale tobacco growers in family agriculture to leaf processing, export and use in the manufacture of tobacco products²⁸.

More than 159 thousand families of small-scale Brazilian farmers cultivate tobacco currently in a regime of integration with the tobacco companies. They live mostly in 720 producing municipalities in the Southern Region, and many have tobacco production as their main economic activity²⁹.

In relation to social and economic problems, it is important to point out that tobacco companies establish contracts in which they undertake to provide technical assistance, seeds and inputs, to guarantee financing and investments, to finance the transportation of production from farmers’ ownership to factories, besides buying the contracted harvest. However, the current organizational strategy of this production chain has ensured that the tobacco industry stays related to agricultural production and exercise complete control over the productive process and the activities of the tobacco growers, while not taking on the responsibilities of a formal employer-employee relationship, configuring the so-called modern servitude^{30,31}.

Developed in small family farms the cultivation of tobacco results in the most archaic form of servitude, almost slavery, because the product has value, and the work to produce it does not. The “technological package” of the tobacco transnationals induces credit through the endorsement of tobacco companies with banking institutions and the federal government itself, guiding and financing the purchase of inputs (fertilizers, agrochemicals and others), its restrain the freedom of farmers by forcing them to marketing to the crop, as well as distort the classification of the product and thus take advantage the income of the farmer according to his own interests defined by the international market, and exempt the tobacco companies from any labor responsibilities³¹.

The tobacco companies today do not have to force the producer to absorb inputs, opt for insurance or investment constructions, since the tobacco grower is already inextricably linked to the scheme and his instructors control fidelity. Tobacco growers recognize that they are intoxicated and their lives and that of their children seriously compromised. They also do not believe that it is possible to produce without this oppressive relationship, and they do not even believe that there are alternatives. They submit themselves. And the dominator’s ideology becomes the view of the dominated. Unfortunately, this is the pinnacle of servitude³².

In January 2016, a lawsuit filed by the Ministry of Public Labor Prosecution (MPT) denounced labor fraud and work situation analogous to the slave in Rio Grande do Norte, and the preliminary injunction of the Fourth Regional Labor Court (TRT) prohibited, in that case, Souza Cruz to sign new contracts in Rio Grande do Norte for the purchase and sale of tobacco, in a process that is still ongoing. The labor attorney, José Diniz de Moraes, who signs the MPT’s action, observes that the contract established between the farmers and the tobacco company transferred all risks and costs of production to the farmer, in addition to being a scheme used by Souza Cruz with the intention of hiding an economic relationship assimilated to the employment and to avoid the labor and social security obligations. In her decision, Judge Anne de Carvalho Cavalcanti acknowledges fraud in the employment relationship,

carried out through a fictitious bilateral contract for the purchase and sale of tobacco leaves, which in reality only benefited Souza Cruz and gave rise to conditions similar to slavery. This type of contract is now prohibited from being signed by the company in the state³³.

TRT reports that the gains were lower than the ones pointed out in promotional materials of the company, being the productivity oversized and never reached in the region. According to the prosecutor,

the farmers practically paid to work, with expenses much higher than the ridiculous amounts received for the sale, causing them to work only to repay the debt they incurred, and yet never enough to take away³³.

The TRT of Rio Grande do Norte also announced the confirmation, through the statements, that the application of pesticides was carried out without training due to and without adequate use of Personal Protective Equipment (PPE), whose distribution was insufficient. It also reports the observation of the Green Tobacco Sickness (GTS) as a function of the exposure of workers

to the nicotine expelled by tobacco leaves in contact with the skin. The action warns that, in relation to production and product quality, the requirements were judicious, but when it came to protecting the worker's health and safety, Souza Cruz neglected to pay attention to the training and use of PPE. "Once again, one observes the contempt with the dignity of the worker, exposed to harmful agents of the cultivation of unprotected tobacco leaf, which requires a repair", defends the labor attorney José Dinis de Moraes³³.

Tobacco companies and the Tobacco Growers' Association of Brazil (Afubra) widely disclose that producing tobacco generates a high income for tobacco growers and that no other agricultural activity produces the same profitability as tobacco. However, studies carried out with a view to investing public funds in tobacco crop diversification programs for family farmers show that farmers who invested in other incomes (agricultural and non-agricultural) achieved a financial result about 30% higher than those which cultivate only tobacco. The survey also pointed out that 76% of family farmers want to leave tobacco growing³⁴. "The break with economic and cultural dependence is the big challenge. And it is proven that the chain of smoking, when it is hegemonic, is also dominating and generates dependence and subordination"²⁶.

It is important to note that most of the municipalities in this region have a Human Development Index (HDI) below the average of the State of Rio Grande do Sul (0.814). In particular, the lowest HDI in the region is found in the municipalities of Barros Cassal (0.695), Segredo (0.720), Gramado Xavier (0.749) and Sobradinho (0.751), where the share of tobacco in agriculture of Production (Gross Production Value) is on average more than 80%³⁵.

In addition, most small-scale farmers have their main activity in tobacco production, making them economically vulnerable to the expected decline in demand for tobacco with the implementation of the WHO/FCTC. Currently, 85% of tobacco produced in the country is exported²⁹, which makes this activity much more dependent on a global market situation than national, since, in Brazil, the consumption of tobacco products has been gradually declining for more than two decades. After ten years of implementation of the WHO/FCTC, which now has 180 countries adopting its measures quickly and vigorously, there is already a slowdown in global demand for tobacco. If, on the one hand, this is a cause for celebration, as it has also reduced the number of tobacco-related deaths, on the other hand, it is concerned about the great economic vulnerability of these farmers and municipalities. And this reality the companies and organizations that represent them try to hide, while seeking political support to obtain subsidies with public resources to expand tobacco production. That is the case of the use of resources from the National Program for Strengthening Family Farming (Pronaf) and the National Bank for Economic and Social Development (BNDES) for the production of tobacco³⁶.

A serious social problem of tobacco production is child labor in agriculture used to reduce the cost and boost tobacco production. The International Labor Organization (ILO) recognizes that child labor in tobacco farming is a practice resulting from market strategies to reduce costs within the chain of production of tobacco articulated by transnational companies.

The active participation of children and adolescents in the stages of the tobacco planting process if, on the one hand, aims at ensuring the increase of family income, on the other, it harms several areas of their biopsychosocial and cultural development³⁷. This strategy has been reported in African countries and can be accessed in detail in the ILO publication of 2006, *Child Labor, Tobacco and Aids*, which describes the hideous reality of how children orphaned by the

AIDS epidemic are exploited in tobacco production in African countries with the connivance of large transnational tobacco companies³⁸. Human Rights Watch conducted field research during the years 2014 and 2015 in Indonesia when it interviewed 132 children between 8 and 17 years old, working in the agriculture of tobacco. The report *The Harvest is in my blood*³⁹ denounces the risky conditions children are exposed to in tobacco farming in Indonesia, where tobacco farmers profit from child labor and harm to their health.

Each pack of cigarettes sold in Indonesia, as well as in many countries, contains health warnings that warn that the product may be harmful to health. These packs, and all others sold outside Indonesia should include a second warning: this product may have been produced with child labor³⁹.

In Brazil, several lawsuits denounce this practice. In 2010, an investigation of the Public Ministry of Santa Catarina, Paraná and Rio Grande do Sul, which lasted about ten years, denounced the work of 80 thousand children in the tobacco plantations. According to the findings, the inclusion of child labor is due to the economic pressure experienced by tobacco growers in order to be able to pay debts established by contracts with companies. This corroborates data from the ILO report in Africa and Human Rights Watch, demonstrating that, in addition to the cultural issue, there is economic pressure on the financing contracts established between small-scale family farmers and transnational tobacco companies, with extremely high profit margins restricted⁴⁰.

The cultural sense itself of the work of children and adolescents in the context of peasant agriculture, dealing with land on a family basis, is altered. From the notion of education for work in the countryside, perpetuation of the family group in possession of land, inheritance and property legacy, it is urged to meet, with the satisfaction of tobacco companies, the full implementation of integration contracts. Despite the supposed comparative advantage with the profitability of other crops, tobacco does not guarantee to small-scale farmers the proper economic-financial autonomy to do without the exploitation of child labor³¹.

Regarding health problems related to tobacco production, the risks to the farmer and his family due to nicotine poisoning during the handling of the leaves and the risks of contamination by pesticides widely used in tobacco production stand out.

Green Tobacco Sickness is an intoxication caused by exposure to nicotine that is absorbed by the skin in the handling of tobacco leaves. It is characterized as an occupational disease, intensified at the time of harvest because, as the tobacco leaves mature, they are harvested manually and loaded close to the body to the place where they are processed. The wet leaf, harvested in the early hours of the morning, and body sweat facilitates dermal absorption. Manual work, with the use of cutting instruments combined with the manipulation of chemical agents, leads to the appearance of skin lesions (itching, cuts and scratches), which can increase the dermal absorption of nicotine. Symptoms related to Green Tobacco Sickness are common, not specific and may be confused with those of exposure to pesticides. They include dizziness, headache, nausea and vomiting, as well as abdominal cramps, diarrhea, difficulty breathing, paleness, sweating, increased salivation, chills and fluctuations in blood pressure and heart rate^{41,42}.

Studies carried out with tobacco family farmers show other health problems and the alarming prevalence of smoking among men (31.2%), above the national prevalence of 22% (in the year of study) for the same sex in rural area. The high prevalence of smoking suggests that direct work with tobacco stimulates the consumption of the product, in addition to what happens with other farmers, since smoking can be used to ease the symptoms of Green Tobacco Sickness, as smokers develop tolerance to nicotine and thus suffer less from the symptoms of the disease. In addition, there is also the family and epigenetic transmission in the use and dependence of substances, which, being a family culture, perpetuates, in some cases, for generations in the same family. Farmers, exposed to nicotine from embryonic life, would receive the epigenetic inheritance of their parents exposed to nicotine and grow in a cluster family history of tobacco and alcohol addiction. In addition, the daily routine of handling of the plant can cause tobacco growers to naturalize the risk inherent to tobacco. In addition to the magnitude of smoking in the tobacco grower population, the study showed a strong association with excessive alcohol consumption⁴³. "In addition, it must be clear: tobacco is not food, it is commodity. It not healthy nor nutritious. It destroys lives, not only the smokers, but also the small-scale farmers"³¹.

To ensure a good quality leaf in tobacco production, companies require producers to use pesticides intensively. There are many reports of harm to the health of farmers and their families, such as acute intoxication and incapacity for work. Add to this the damage to the ecosystem with the contamination of soil, food, fauna and rivers²⁷.

The intense exposure to pesticides by tobacco growers has been related to a higher risk of developing neurobehavioral alterations, which may evolve into depression and even suicide. The suicide mortality coefficients presented in cities with intense tobacco cultivation activity are the largest in the country⁴⁴.

A study carried out in 1996 shows strong evidence of a relationship between the use of organophosphorus pesticides in tobacco farming and the increase in suicide rates in Venâncio Aires, a municipality located in Rio Grande do Sul, and one of the largest producers of leaf tobacco in the region. According to this study, the mortality rate for suicides presented by the municipality is much higher than that observed throughout the state, and more than 80% of the suicides in the municipality are committed by people who deal with agriculture. In 1995, the suicide rate almost doubled over the previous two years, along with the intensification of the use of agrochemicals in the cultivation of tobacco, which went from the usual 50 to 60 kg per hectare to about 100 kg per hectare, since in that year there was an excessive number of pests as a consequence of the drought and other factors. In that year, suicide rate in Venâncio Aires reached comparable numbers worldwide, only to be supplanted by Hungary⁴⁴.

Because it is a family production, children are also affected by poisoning and degenerative damage from exposure to pesticides. At all stages of tobacco cultivation, the farmer maintains contact with pesticides, since the application is by means of costly sprays and the crop is not mechanized²⁷.

Regarding environmental damage, it is important to highlight deforestation as a serious environmental consequence of the tobacco business, both for expanding the area for cultivation and for promoting wood combustion, since, after harvesting, some types of tobacco leaves need to be used of greenhouses for its cure. For every 300 cigarettes produced, a tree is felled. In the 2008-2009 harvest, 170,650 greenhouses were in operation, and they burned 8.5 million m³

of wood, emitting 35 million tons of gases to the environment by its combustion²⁷. Reforestation efforts are not sufficient for replenishment, and do not guarantee biodiversity, heterogeneity, habitat and ecological niches in the native forest.

An estimated 1.5 billion hectares of forests, mainly tropical forests, have been lost since 1970 for cultivating and curing tobacco leaves, impacting biodiversity and contributing up to 20% of the annual increases in greenhouse gases⁴⁵.

In the Southern Region of Brazil, 12 to 15 thousand hectares of native forests were destroyed annually between 1970 and 1980. Tobacco cultivation in this Region contributed substantially to the reduction of native forest cover to 2% of its original area⁴⁶.

In Brazil, in 2011, the Advocacy General of the Union (AGU) in Rio Grande do Sul made possible the signing of two terms of commitments between the Brazilian Institute for the Environment and Renewable Natural Resources (Ibama), Afubra of Rio Grande do Sul and Sinditabaco. The objective was to create a monitoring system for large areas used for planting and producing tobacco and to recover and conserve land in the municipality of Maciço Segredo, in the central region of the State. The AGU of Rio Grande do Sul brokered the signing of a compromise agreement between Ibama and Sinditabaco, establishing ways to support actions to combat deforestation in the Atlantic Forest biome caused by tobacco growing⁴⁷.

The contamination of groundwater is also a matter of great concern as a result of the intense use of pesticides in tobacco farming, causing severe damage to the ecosystem, such as contamination of soil, food, fauna and rivers²⁷.

It is important to note that in recent decades, global mobilizations to promote sustainable development have achieved remarkable socioeconomic achievements. One was the emergence of core principles related to governance, management and operations of business organizations and other entities operating in the private sector, with the United Nations at the forefront of this process. Two UN initiatives in this direction deserve special mention: *UN Global Compact* and its ten principles and the Principles United Nations Advisors for Business and Human Rights. Through *Global Compact*, companies are committed to principles in four areas: human rights, labor, environment and anti-corruption. And they offer a set of guiding principles for business policies and conduct, especially on the basis of the no-harm concept, which certainly does not apply to cigarettes and other tobacco products.

It is also worth noting that, according to the UN Guiding Principles for Business and Human Rights, companies should consider as a priority to act in a way to prevent negative impacts on human rights that may arise from their operations and from all processes and activities related to its value chain. Considering the problems related to the productive chain of tobacco, it is observed that the companies have not applied these principles to their work in the coordination of this chain⁴⁸.

National tobacco control policies do not directly impact the national demand for tobacco leaf. Most of the Brazilian tobacco is exported (approximately 85% of production). The global dynamics of the tobacco leaf market is what will potentially impact an increase or fall in domestic production.

TOBACCO AND POVERTY - THE ECONOMIC COSTS THAT THE TOBACCO BUSINESS CAUSES TO THE NATIONS

In the year 2015, the United Nations General Assembly adopted the *Agenda 2030 for Sustainable Development*, highlighting among its objectives the importance of the implementation of the WHO/FCTC in the countries, aiming to reduce premature deaths, the loss of productivity due to diseases related to the consumption of tobacco products and the consequent global economic burden⁴⁹.

The worldwide concern with chronic noncommunicable diseases (NCDs), responsible for two-thirds of the world's deaths, and about 70% in Brazil, smoking being a common risk factor for these diseases. Smoking heavily impacts public health around the world and the costs involved^{50,51}.

The global concern about the economic impact on countries is growing. A study carried out by the WHO estimated the total economic cost attributable to smoking in 2012 at USD 1.43 trillion, equivalent to 1.8% of the world's gross domestic product (GDP), with 40% of these costs occurring in developing countries. The BRIC countries (Brazil, Russia, India, China and South Africa) account for 25% of this total cost. This estimate includes direct health costs and indirect costs, which represent the loss of productivity due to diseases and deaths. Smoke-related diseases accounted for 12% of all deaths among the productive age population aged 30-69 in the world. And 68% of deaths attributable to smoking occurred in low and middle income countries, highlighting the heavy burden suffered by those countries⁹.

Worldwide

- The WHO estimates the economic cost attributable to smoking (2012) at \$ 1.43 trillion, equivalent to 1.8% of world GDP.
- Of these costs, 40% occur in developing countries. The BRIC countries account for 25%⁸.

In Brazil, in 2015, smoking generated direct medical costs of 39.4 billion reais, equivalent to 8% of all health spending, and 17.5 billion reais in indirect costs, due to the loss of productivity due to premature death and disability, among people over 35 years of age. This represents annual losses of 56.9 billion reais, 1% of the country's entire GDP. The tax collection from the sale of cigarettes was about 13 billion reais in the same year, a figure that covers only 23% of the losses caused by smoking¹¹.

There is widespread recognition that tobacco and poverty form a vicious circle, the tobacco business slows down the development of countries⁵².

The publication of the National Cancer Institute (NCI) series of monographs for the year 2017, *NCI Tobacco Control Monograph Series 21 - The Economics of Tobacco and Tobacco Control*² brought important conclusions. The overall load economic and to health of tobacco use is enormous and is increasingly supported by low- and middle-income countries, where about 80% of smokers currently live.

Externalities arising from tobacco use include the fact that nonsmokers - both children and adults - suffer the consequences that are harmful to their health due to exposure to passive smoking. In addition, the cost of treating diseases caused by smoking and exposure to their emissions is mainly borne by public money.

In Brazil, in 2015, smoking caused:

- Annual losses of 56.9 billion reais, equivalent to 1% of GDP.
- Direct medical costs per year of 39.4 billion reais, equivalent to 8% of all health spending in the country.
- 17.5 billion reais in indirect costs due to lost productivity due to premature death and disability.

The tax collection from the sale of cigarettes was about 13 billion reais, a figure that covers only 23% of the losses caused by smoking¹¹.

Effective public policy options for reducing smoking are available, but these are still underutilized. The WHO/FCTC and its guidelines, the *Mpower of the WHO*, as well as other technical documents, such as the reports of the United States Surgeon General, the Institute of Medicine, the Tobacco Free Initiative, the NCI monographs, and the International Agency for Research on Cancer (IARC), accumulated in this area and provide guidance for effective policy and program interventions. However, the majority of the world's population is not yet adequately covered by such actions.

Effective policies and programs to reduce the demand for tobacco products are highly cost-effective, especially raising prices and taxes. One study showed that a 50% increase in the price of cigarettes in Brazil could prevent 136,482 deaths, 507,451 heart diseases, 64,383 new cases of cancer and 100,365 Cerebral Vascular Accident (CVA) in ten years. It would also generate resources for the country of 97.9 billion reais, a value for the economy in health spending and productivity losses avoided and for the increase in tax revenue².

The market power of tobacco companies has increased in recent years, bringing new challenges to tobacco control. As with other companies, globalization, lower barriers to foreign direct investment and trade, privatization of state companies, and the wave of mergers and acquisitions have favored the global tobacco market.

Tobacco control does not harm the country's economy. For a few countries, job losses related to the tobacco business will happen gradually, predictably, and in time to have little impact on the current generation of tobacco growers. In addition, programs that support the farmer to migrate to economically sustainable income alternatives to tobacco cultivation can be implemented. The hospitality industry is not negatively impacted by the laws of free environments.

Tobacco control reduces the disproportionate negative impact that smoking imposes on the poor. Smoking is responsible for a considerable portion of health disparities between the poor and the wealthy. These disparities are exacerbated by the difficulty of access to the health system due to the diversion of family income, since tobacco spending is no longer invested in basic necessities due to illness and early incapacitation. Tobacco control interventions are effective for the entire population, but raising rates and taxes has a greater impact on the poorest population, reducing this disparity and providing the opportunity to invest some of the value raised in tobacco control programs.

It is necessary to focusing to ensure that progress in controlling the tobacco epidemic is maintained or accelerated. This includes the continuation of scientific researching, the surveillance of the epidemic, the implementation of evidence-based strategies presented in the WHO/FCTC, as well as the monitoring of the tobacco industry's tactics aimed at impeding efforts to control smoking.

The article 19 of WHO/FCTC recomends the adoption of legislative measures in relation to criminal and civil liability as compensation for damages related to the tobacco business.

In the 1990s, a lawsuit filed by several US states against major tobacco companies aimed at reimbursing health care expenses and other costs arising from the treatment of smoking-related illness and death in what was the largest civil litigation in history of the United States - the *Master Settlement Agreement* (MSA)⁵³. As set forth in the ruling, companies began to pay perpetual annual fees to compensate US states for spending money on tobacco-related illnesses. By 2015, the tobacco companies had already spent 106 billion dollars.

The MSA also imposed restrictions on the sale and manufacture of cigarettes, as well as other requirements on corporate conduct, such as restrictions on advertising and marketing, the end of practices aimed at hiding negative information about products, closing of institutions created by the tobacco industry that aimed to avoid smoking prevention actions and promote scientifically controversial research. In addition, the MSA has forced companies to make their internal documents public.

Compensation shares like this are also underway in other countries, such as Canada⁵⁴.

TOBACCO: THREAT TO DEVELOPMENT

Sustainable development means the development that promotes prosperity and economic opportunity, as well as greater social welfare and protection of the environment⁵⁵.

The tobacco business is not compliant with this vision. It does not promote broad prosperity, since economic gains are unevenly acquired. Tobacco is associated with increased poverty and food insecurity both among family farmers who grow tobacco and among smokers^{56,57}.

The land, previously used for growing food, is converted into tobacco leaf culture. Despite all the proclaimed industry-funded “social responsibility” initiative, planting tobacco continues to include child labor and the consequent health problems^{58,59}.

Smokers are among the poorest and least educated population, which invests part of its resources in the purchase of a nicotine source product from which it became dependent⁶⁰.

Producing and marketing tobacco compose an environmentally destructive business. In addition to deforestation for tobacco growing and the curing (drying) of its leaves, the high use of pesticides contributes to soil and water pollution and degradation, and billions of cigarette butts discarded cigarettes permanently pose an environmental risk additional to marine life and soil^{23,26,61}.

CORPORATE SOCIAL RESPONSIBILITY - A CURTAIN THAT CONCEALS THE TRUE FACE OF THE TOBACCO BUSINESS

Despite the damage of the tobacco business to human health, the environment and the economy, tobacco companies have been increasingly investing in corporate social and environmental responsibility actions, presenting themselves as ethicists and citizens, and are often awarded prizes, untying its final product from the principles of sustainable development that guide new market expectations⁶².

If, on the one hand, in Brazil, some entities and leaders still confer this type of recognition and benefit tobacco companies with tax incentives, the World Bank, which, in the 1980s, had a policy of encouraging tobacco cultivation as income-generating activity for developing countries, in 1991 changed its policy and prohibited the use of its resources to finance this activity. It also encouraged governments to invest in efforts to reduce smoking as part of their policies to promote development⁵².

In Brazil, in the 1980s, the tobacco company named Souza Cruz, a subsidiary of the transnational company BAT, sponsored vaccination campaigns against poliomyelitis from the Ministry of Health and the State Health Secretariats. This initiative was praised in company publication as an example to be followed by its subsidiaries in other countries to consolidate a corporate image advocating social causes⁶³. This activity continued until 1995, when, through Ministerial Ordinance no. 477, the Minister of Health Adib Jatene recommended the Brazilian Unified National Health System (SUS) organs to no longer accept sponsorship, collaboration, support or promotion of public health campaigns by tobacco companies and their derivatives, which

contributed to the cessation of this practice. On that occasion, the minister took the clear view that partnering or accepting donations from tobacco companies contributed to increasing their power to recruit new smokers and thereby increase the volume of highly preventable diseases and deaths related to tobacco use.

However, Corporate Social Responsibility programs of tobacco companies continue to be used to open the doors of managers and the public purse for tax incentives, as has happened in producing states of Southern Brazil^{64,65}.

COMPANIES STRATEGIES TO PREVENT MEASURES THAT AFFECT THEIR BUSINESS

The strategies of the tobacco industry to prevent the adoption of measures to reduce tobacco use were created a long time ago and they have intensified along with the government growing adherence to the implementation of the WHO/FCTC, an international public health treaty. This practice ceased to be an assumption and became evident and legally proven as of 1998, when 6 million classified documents from seven tobacco transnational corporations became public as a result of lawsuits in the United States on the occasion of the MSA⁶⁶.

In 1999, Gro Harlem Brundtland, WHO Chief Executive Officer, established a committee of experts to review the internal documents from tobacco companies because she was aware that there was strong evidence in these documents of investment in “efforts to prevent the implementation of public health policies and to reduce funding for tobacco within United Nations Organizations”. The committee’s report identified that there was in these documents a description of a plan to “contain, neutralize and reorient WHO initiatives for tobacco control”⁶⁶. In this report, some of the strategies and tactics identified of tobacco companies to influence the WHO tobacco control program were: establishing relationships with members of the WHO team; use of economic pressure to influence WHO policy; use of other UN agencies to influence or resist WHO’s tobacco control policy; use of delegates from WHO Member States to influence the decisions of the World Health Assembly on WHO tobacco control policy; manipulation of scientific and public debate to distort WHO research; surveillance of WHO activities, among others.

The documents show that tobacco companies sought to influence the decisions of various sessions of the World Health Assemblies, especially at the 39th, 41st and 45th Assemblies held in 1986, 1988 and 1992 respectively. These sessions were characterized by a massive effort by tobacco companies to convince delegates from developing countries to oppose new resolutions on tobacco control.

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL- A GLOBAL ANSWER OF PUBLIC HEALTH TO THE EXPANSION OF TOBACCO USE

The aggressive strategies of the tobacco industry coupled with the growing tobacco epidemic had already led the statistics on the cause of premature deaths in the 1990s reaping 3.5 million people every year. On that occasion, in 1999, managed by Dra. Gro Brudtland, WHO Chief Executive Officer, those aggressive strategies structured one of the most emblematic global public health reactions, in which WHO Member States decided to negotiate an international treaty to counteract this scenario. These efforts resulted in the adoption of the Resolution of 52.18 of the 52nd World Health Assembly (1999), and the outline of what became the first international public health treaty, the WHO/FCTC, which aims to:

protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke⁶⁷.

Up to October 2017, this treaty has the adhesion of 181 countries and aims to unite governments and societies to regulate and to curb predatory practices of transnational tobacco companies. Since then, it has been the treaty that has added the largest number of members in the history of the UN⁶⁸.

Considered a landmark for global public health, the WHO/FCTC determines the adoption of intersectoral measures in the areas of advertising, sponsorship, health warnings, passive smoking, treatment of smokers, illegal trade, and prices and taxes.

Recognized internationally for its leadership in tobacco control, Brazil coordinated the process of elaborating the WHO/FCTC during 1999 and 2003. On October 27, 2005, Brazil's accession was formally ratified by the Federal Senate, becoming a State Party to the WHO/FCTC. The implementation of the Convention's directives and protocols in the country has become a legal obligation and an integral part of a State policy.

In 2000, WHO prepared a comprehensive report on tobacco industry interference from these internal business documents (updated in 2004), in the publication named *The tobacco industry documents. What they are, what they tell us, and how to search them*⁶⁹, to help journalists, practitioners, and public health activists research these documents and disseminate information about the unfair practices of the tobacco industry.

In 2001, the Pan American Health Organization (PAHO) launched the *Profits Over People*, which, based on analyzes of internal documents of transnational tobacco companies open to the public due to lawsuits, has been able to expose the most different, unethical strategies of the main companies in the industry to maintain the expansion including misleading and deceptive market practices and lobby to undermine public health actions aimed at reducing smoking in Latin America and the Caribbean⁷⁰.

In 2001, through World Health Assembly Resolution 54.18 on transparency in the tobacco control process, WHO States Parties acknowledged that "the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing of public health policies to combat the tobacco epidemic"⁷¹.

This recognition was translated into the inclusion of an obligation, in the WHO/FCTC, expressed in its article of no. 5.3, through which its members undertook to protect tobacco control policy from tobacco industry interference:

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 law⁷².

In 2011, this recognition was endorsed in the declaration of heads of state meeting at the UN to agree on a global plan for the reduction and control of CNCDs that have smoking as the main risk factor. In that statement, the presidents acknowledged "the fundamental conflict of interest between the tobacco industry and public health"⁷³ and made a commitment to "ensure that all sectors of government and the public are informed and aware of the true purpose and scope of the activities described as being socially responsible by the tobacco industry"⁷³.

The WHO/FCTC came into force worldwide in 2005, and more than a decade later, tobacco companies continue to seek strategic alliances with opinion makers, policymakers, legislators and regulators, whether funding research, social and environmental projects, or sponsoring election campaigns to gain power to undermine effective measures to reduce smoking and

thus keep your business expanding. This practice is also clearly observed in Brazil, which is the second largest producer and the world's largest exporter of tobacco leaves.

The tobacco industry's interference in public health actions continues to be seen in recent publications.

In July 2017, Reuters released survey data from hundreds of Philip Morris International company internal documents dated 2009 to 2016. These documents include e-mails exchanged between company executives, PowerPoint presentations, planning and policy-making documents, national planning lobby and market analysis. Taken as a whole, they present an industry that has focused its vast global resources on subverting the WHO/FCTC in a secret campaign to block or weaken the provisions of this convention, a treaty that aims to save millions of lives by reducing smoking in the world. Among their actions, they include intervening in the composition of the delegations participating in the Conference of the Parties to the WHO/FCTC, in which the signatory members meet to discuss global policies for implementing the treaty. They also do lobby in the countries, through legislators and government officials, interfering in the implementation of regulations and legislative actions of tobacco control. They are pushing away tobacco-related issues from the health sector, lobbying front-page groups and the media to put pressure on policy makers. Reuters provided some of these documents in a repository online with the possibility of searching: *The Philip Morris Files*⁷⁴.

In July 2017, a series of reports by The Guardian entitled *Tobacco: a deadly business*⁷⁵, has brought to light how BAT and other multinational tobacco companies have threatened governments in at least eight African countries by requiring them to modify or overturn public health regulatory proposals that have already saved millions of lives in other countries and are now being proposed in the region. BAT is one of the world's leading cigarette manufacturers and is struggling in court to block attempts by Kenyan and Ugandan governments to bring regulations to limit the harm caused by smoking. Tobacco companies are hoping to boost their markets in Africa, which has an increasingly prosperous and growing young population, making it a promising market. Despite the decline in the prevalence of smoking observed in rich countries, there is a great deal of concern about the countries of Africa because of population growth and prosperity. The tobacco industry has been focusing on these emerging markets, exploring the regulatory weaknesses observed in those countries and the limited resources they have for tobacco control actions.

The Guardian had access to internal documents from tobacco companies, including letters sent by multinationals to country governments, which reveal intimidating tactics used against Uganda, Namibia, Togo, Gabon, Democratic Republic of Congo, Ethiopia and Burkina Faso.

CORPORATE SOCIAL RESPONSIBILITY *VERSUS* PROFITS OVER PEOPLE

The contradictions between the practices of tobacco companies and the principles of Corporate Social Responsibility can be clearly identified in the corporate behavior of companies and their executives in the last decades, by using different strategies to interfere and undermine public policies aimed at reducing smoking. This attitude is in opposition to the scientific evidences and the regulation of the products, developing actions to question these propositions when they contradict their commercial interests⁴.

For decades, tobacco companies have invested in enhancing the competence of their products, especially cigarettes, in capturing new consumers among adolescents, or by increasing their ability to cause chemical dependence⁷⁶⁻⁷⁸, making them more palatable and attractive⁷⁹. They also deliberately concealed their knowledge of the psychoactive potential of nicotine in causing dependence and the health damage caused by their products and invested heavily in marketing to attract children and young people to their market⁸⁰. At the same time, they invested in the contesting of scientific evidence on the risks of their products and in public lobby to win allies against public policies aimed at reducing smoking.

In addition, presidents of the largest tobacco companies have been engaged in developing positive product campaigns with the support of public relations agencies. They founded institutes to develop research in their favor and to lobby for their interests and recruited scientists to generate controversy and question the scientific evidence already established by public health^{66,81-86}. They questioned public policies as well as WHO's efforts to subvert and postpone the implementation of regulation of their products⁸⁷⁻⁹⁰.

The strategy of misinforming and manipulating information includes the joint public statement of the executives and presidents of the major tobacco companies in the United States, under oath and in court that nicotine did not cause chemical dependence during the judicial process in the United States in the 1990s. A lie was found in internal tobacco industry documents and

was made public in the MSA revealing that for decades these companies had been aware of the lethality of their products beyond their great potential to cause chemical dependence⁹¹.

Concluding a stage of this colossal lawsuit, Judge Gladys Kessler (District of Columbia, United States) delivered a ruling in 2006 clarifying the strategies of tobacco companies based on lack of ethics and lack of commitment to life, judging that through their practices they have lied, omitted, deceived, and deceived the United States and the world. In a historical sentence (1,683 pages) it clarifies:

(This case) is about an industry, and in particular these Defendants, that survives, and profit, by selling a product with great potential for chemical dependence, causing diseases that lead to a staggering number of deaths every year, an immeasurable amount of human suffering and economic losses, and a huge burden on the national health system. The defendants already knew this factor for at least 50 years or more. Despite the knowledge of it, they have regularly, repeatedly and with enormous competence and sophistication, denied these facts to the public, to governments, to public health [...]. Briefly, Defendants have promoted through marketing and sold their lethal products with zeal, sophistication and lies, focusing solely on their financial success, and without regard for human and social tragedy extorted by this success⁹².

Tobacco companies have historically built a deep and long-lasting discredit on their activities and public statements. This is confirmed, therefore, although aware of the damage to health by the consumption of tobacco, the industry has modified its products over the years, making the cigarettes become even more lethal with the passage of time. The United States Surgeon General's report of 2014 pointed out that the relative risks of men and women dying from cigarette-related illnesses are even greater today than the risks presented 50 years ago at the time of the first Report published in 1964⁷⁸.

Internal documents show how transnational tobacco corporations have disbursed large sums of money to capture the sympathy and support of renowned personalities and opinion makers. Whether sponsoring cultural, sports, and academic events, or sponsoring political campaigns for elected positions, the goal is to seek alliances with opinion makers and policy makers, as well as to associate the company with the positive image of reputed institutions and public figures such as journalists, artists, lawyers, parliamentarians, among others, to promote the image of the industry⁹³⁻⁹⁵.

Financial donations are part of a broad project of tobacco companies to gain credibility with society, opinion makers and politicians. These investments aims at distancing the image of companies from the damages generated by their business to create a strong positive image and open the doors of the offices of politicians and public managers.

This strategy is well described in internal documents of large tobacco companies. In the words of tobacco companies:

A positive program is required as a counterpart and to balance our defensive lobbying efforts [...]. The entire tobacco industry is subject to negative press, adverse legislation, and criticism from the public-at-large. To counteract this

negative image and to demonstrate to the public that we are a responsible industry and are capable of looking beyond our own interests, we have developed an outline of several public service programs. Our objectives for public involvement are: to receive broad recognition for responsible public service⁹⁶.

The [Corporate Social Responsibility] program has a fully commercial direction and recognizes that the primary objective of BAT is to be economically successful⁹⁷.

There are countless reports of events sponsored by tobacco companies in which, having the logo of the tobacco company as background, opinion trainers debate topics of social interest such as democracy, freedom of expression, free will, sustainable development, environmental preservation among others. Added to these strategies are the funding of research and social actions whose sole purpose is to create a social environment conducive to the expansion of its products, which are known to cause chemical dependence, thus dissociating them from the social, environmental and health damages they cause. After all, this is the main source of profit for this business⁹⁸⁻¹¹⁴.

This way, the donations made to social, cultural and environmental projects, research, events and political campaigns have served the objectives of approaching and building alliances with opinion makers, legislators, managers, policymakers and organizations that are now working to defend its sponsors against any measure that threatens the profitability of its business. No wonder, whenever legislative or regulatory measures for tobacco control are proposed, several organizations and even parliamentarians are mobilizing to prevent their adoption.

Donations and sponsorships are corporate social responsibility strategies used by tobacco companies to build alliances and keep the business expanding. Financial donations are not the biggest contribution that tobacco companies make to society. It should be borne in mind that the profits made by the tobacco industry come at the cost of sickness and human lives. Donations made by tobacco companies come directly from these profits and are used to enhance your image and capture alliances.

If, in order to recover investments made in building a positive image, tobacco companies need to increase their sales and consumption of their products, those who are associated with this image construction will also be lining up, albeit indirectly, for sale of a lethal product.

Perhaps because of ignorance of what is behind the socially responsible discourse of tobacco companies, many organizations, social, cultural, scientific, and public institutions still allow them to associate their image with tobacco companies in exchange for donations or sponsorships. Donations from tobacco companies are lobby.

Therefore, the following should be asked:

- Is it coherent to accept donations from companies whose business is to manufacture a lethal and chemical-dependent product? is it ethical to contribute to expanding a business that captures children and adolescents for nicotine addiction?

- What does it mean to give away the image of your company to strengthen an industry whose production dynamics are at the cost of hard work, which causes serious damage to the health of the farmer who produces tobacco and his family and the environment?
- Does an industry that leave a layer of economic and environmental destruction to the countries aligns with the values of companies, institutions or public figures whose mission is to promote and ensure sustainable development?

INTERNATIONAL INSTITUTIONS THAT HAVE ADOPTED THE POLICY OF NOT RECEIVING DONATIONS OR ESTABLISHING PARTNERSHIPS WITH THE TOBACCO INDUSTRY

In the United Kingdom, in 2001, the decision of the University of Nottingham to accept a grant of £3.8 million from BAT generated a commotion and a global debate. In view of this issue, the *Cancer Research Campaign* announced the cancellation of a campaign that would raise funds for the university. The publisher of *British Medical Journal*, Richard Smith, announced his resignation from the post of professor of medical journalism at the University, as well as researchers announced that they would take their research groups to other universities. This situation has generated heated international debate on the ethical implications of receiving donations from the tobacco industry. At the time, the renowned medical epidemiologist Sir Richard Peto, a professor at Oxford and one of the UK's leading cancer authorities, used a simple equation from that time data to make an ethical and practical comment on the significance of receiving donations offered by the tobacco industry¹¹⁵:

British American Tobacco obviously believes that it can make more money as a result of the donation (offered) of 3.8 million pounds. So, (to replenish that amount) they will have to sell another 200 million cigarettes and that will mean another 200 deaths (Sir Richard Peto (UK), renowned global public health epidemiologist)¹¹⁵.

The *Cancer Research UK* states that no form of association with the tobacco industry is acceptable. This placement ranges from receiving donations from the tobacco industry to researchers to associating with other researchers who receive such funding, or to sharing facilities and equipment. Such restrictions also apply to electronic cigarette companies that are wholly or partly owned by tobacco companies¹¹⁶.

The *Worldwide Cancer Research (WCR)* states that they does not accept applications for funding from researchers and institutions that have received any financial support from the tobacco industry in the past ten years, and they also cancel funding in the event the researcher accepts these resources. Such facts occur because the WCR considers that accepting any kind of support from the tobacco industry is incompatible with its objectives, since tobacco use is the greatest avoidable cause of cancer¹¹⁷.

There is an extensive list of institutions that do not want to have their names related to the tobacco industry, including, among countless others:

- MD Anderson Cancer Center.
- Harvard School of Public Health.
- Johns Hopkins University School of Medicine.
- Johns Hopkins Bloomberg School of Public Health.
- University of Canada.
- University of British Columbia.
- National Cancer Institute of Canada.
- National Heart Foundation of Australia.
- University of Alberta.
- University of California.
- University of Sidney.
- University of Hong Kong.
- University of Toronto's School of Social Work.
- Roswell Park Cancer Institute¹¹⁶⁻¹²⁰.

AND HOW IS THIS SITUATION IN BRAZIL?



Some Brazilian political parties already exclude tobacco companies from the ranks of donors to elective campaigns for public office^{121,122}, and is looking for a Law Project in the National Congress to prohibit donations from tobacco companies for these campaigns¹²³.

The Study Center for Tobacco and Health from the National School of Public Health Sérgio Arouca, of the Oswaldo Cruz Foundation, developed the Observatory on Strategies of the Tobacco Industry in Brazil¹²⁴, which monitors how the tobacco industry acts to compromise pro-tobacco control actions in Brazil. This platform online was developed with the collaboration of the Executive Secretariat of the National Commission for WHO/FCTC Implementation in Brazil, PAHO, the Alliance for Tobacco Control and the International Union against Tuberculosis and Lung Diseases. Its purpose is to meet the provisions of article of No. 5.3 of the FCTC WHO: “Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”. The website provides detailed, document-based information that demonstrates what are the strategies and tactics used by the tobacco products industry. The website also provides information about institutions, individuals and organizations involved with tobacco industry, and how they perform lobby with the objective of undermining the interests of Brazilian public health.

It is possible to access 88 pages list of parliamentarians who received financial donations from tobacco companies for their campaigns¹²⁵, and also those who stand against protective measures for public health and for the tobacco industry.

This website provides online access to institutions and public figures, and parliamentarians, who accept donations from the tobacco industry and establish partnerships with it.

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