

Abstract Preview - Step 3/4

-- DRAFT VERSION --

Track: 2.4. Tobacco industry interference: New tactics and counter measures

Title: **The Philip Morris Genome Project: A Guide to Tracking Alliances of the World's Largest Cigarette Company**

Author(s): **A Blum**¹

Institute(s): ¹*University of Alabama, Center for the Study of Tobacco and Society, Tuscaloosa, AL, United States of America. e-mail: ablum@ua.edu*

Text: **Background:** Beginning in the 1980s, tobacco control efforts shifted from school-based and clinic-based education about the dangers of smoking to direct confrontation of the tobacco industry. But the industry also evolved by developing innovative promotional campaigns, adopting new corporate identities, and forging alliances with other industries and charitable organizations. **Methods:** To document the extent of the commercial, civic, political, academic, military, and cultural ties cultivated by the world's largest cigarette manufacturer, Philip Morris, a continuous, 35-year ethnographic analysis was conducted, involving daily monitoring of the global business press; monthly review of tobacco industry trade publications; scrutiny of annual company reports; and attendance at 20 shareholders' meetings, four international tobacco industry trade expositions, and over 200 sports, arts, and ethnic minority events sponsored by the company. **Results:** 48 Philip Morris manufacturing facilities in 32 countries produce more than 800 billion cigarettes a year for 180 markets. A pioneer in sponsoring popular programs on the new medium of television in the 1950s; the company circumvented the 1971 ban on TV cigarette advertising by creating sporting events that were internationally televised. By acquiring beer and food companies in the 1980s, Philip Morris retained influence over the mass media covetous of advertising revenue. In 2002 the company changed its name to Altria to diminish the tobacco stigma. It makes the world's top cigarette brand, Marlboro, and holds 28% of the global market excluding China. The company has forged an extensive network of alliances with agricultural, marketing, chemical, pharmaceutical, financial, packaging, entertainment, shipping, and technology companies, as well as ties to hundreds of museums, arts organizations, universities, libraries, and charities combating problems such as domestic violence, hunger, pollution, illiteracy, and AIDS. **Conclusions:** Greater recognition by health professionals and the public alike of the depth and breadth of the alliances in the Philip Morris genome is essential to progress in tobacco control.

Option: **Option 1: Suited for scientific research submissions.**

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Track: 2.4. Tobacco industry interference: New tactics and counter measures

Title: Ongoing Relationships Between the Tobacco Industry and Universities: An Insidious Obstacle to Tobacco Control

Author(s): **A Blum**¹

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Text: **Background:** Although more than 1750 colleges and universities in the US alone have become smokefree campuses over the past 20 years (including nearly 1500 that claim to have adopted entirely tobaccofree policies), progress in reducing cigarette, smokeless tobacco, and hookah use among US university students has slowed. Prevalence may be as high as 25%. Globally, reported smoking prevalence among university students ranges from 14% in Brazil to 60% in Bangladesh. A little-studied obstacle to reducing tobacco use among university students is the ongoing financial relationships between the tobacco industry and academia.

Methods: A review of tobacco company annual reports, teacher pension fund holdings, tobacco industry documents, campus career center websites, tobacco company websites, and tobacco industry trade publications over the past 25 years was conducted in order to gauge the extent of the relationships between tobacco companies and universities. Documentation was also compiled of the prominent presence of cigarette company recruiters at campus job fairs through attendance at more than 20 such events.

Results: Significant ongoing ties between the tobacco industry and academia include funding of research, investment in tobacco stocks by university endowments and faculty pension funds, involvement in business school curricula, and underwriting of lectureships, professorships, and career centers. The world's largest cigarette company, Philip Morris, continues to recruit students at career center job fairs on more than 35 US university campuses for internships and post-graduate positions as Marlboro territory sales managers. The company's recruitment slogan is "Can't Beat the Experience." Few university endowments have divested tobacco stocks. Nor has the largest college teacher pension fund, TIAA-CREF, which remains a major investor in Philip Morris.

Conclusions: Although progress has been made in reducing tobacco use on university campuses, coordinated strategies to diminish the influence of the tobacco industry in academia are lagging and require greater attention by tobacco control proponents.

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Track: 2.3. Building leadership capacity and broader alliances for tobacco control policy advocacy

Title: Doctors Ought to Care (DOC), a Model for Physicians and Medical Students as Tobacco Control Activists: Now Needed More Than Ever

Author(s): **A Blum**¹

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Text: **Background and challenges to implementation:** Although physicians and medical students have learned to prescribe smoking cessation medications and to offer brief stop-smoking advice, few doctors or students are active in countering tobacco use and promotion beyond the hospital and clinic settings. In contrast, for over 40 years members of the world's first physicians' anti-smoking activist group DOC (Doctors Ought to Care) have gone on to serve in leadership roles as strategists in tobacco control at local, state, and national levels. US Surgeons General Luther Terry, Julius Richmond, and C. Everett Koop, as well as the founders of Physicians for a Smoke-Free Canada, credited DOC with sparking anti-smoking advocacy by organized medicine. **Intervention or response:** Founded in 1977 as an extracurricular activity for medical students and residents to teach in local schools about smoking and other lethal lifestyles, DOC brought humor to over 30 anti-smoking campaigns, organized the first protest demonstrations (renamed "housecalls") at numerous tobacco-sponsored sports and arts events, and pioneered the purchase of mass media counteradvertisements aimed at the tobacco industry and its allies. **Results and lessons learnt:** Supported by membership dues and private donations, DOC remained independent and never relied on government or pharmaceutical funding. DOC made it socially acceptable for medical organizations, foundations, universities, and government health departments to confront the tobacco industry and its enablers. At its peak, over 5000 medical students and physicians belonged to DOC chapters at 76 medical schools. DOC members have testified at Congressional, state, and local legislative hearings and served on policy-setting committees of leading health organizations. Although DOC's national office closed in 2002 after 25 years, various local chapters remain. **Conclusions and key recommendations:** The paucity of opportunities in the medical school curriculum to develop skills in tobacco control, and the waning of communitywide anti-smoking activism among medical students, residents, and physicians, warrants consideration of reviving the DOC extracurricular experience in countering tobacco use and promotion.

Option: Option 2: Suited for public health practice submissions.

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Track: 3.4. Innovations in media educational campaigns and health warning labels on cigarettes and other tobacco products

Title: From Anti-Smoking Activist to Archivist and Back Again: How Museum Exhibitions on the History of Tobacco Control Are Helping to Educate a New Generation

Author(s): **A Blum**¹

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Text: Background and challenges to implementation: The University of Alabama Center for the Study of Tobacco and Society was founded in 1998 as a repository for the comprehensive collection amassed over 30 years by the author and fellow tobacco control activists of photographic, audio, video, newsprint, and internet materials documenting tobacco marketing, the tobacco industry, and the anti-smoking movement over the past century. Continuously maintained since 1974, the collection has served researchers, legislators, students, journalists, public health professionals, and the public alike via a website www.csts.ua.edu and a physical trove of over 250,000 original items divided into more than 100 subject categories (eg, the targeting of minorities; tobacco sales in pharmacies; the history of smoking cessation). It is the largest tobacco-related collection at any university.

Intervention or response: Unique among tobacco control information resources, the Center has produced 12 exhibitions for museums, libraries, universities, and conferences on compelling, ironic, and controversial aspects of the tobacco pandemic and anti-smoking activism.

Results and lessons learnt: To commemorate the 50th anniversary of the landmark 1964 US Surgeon General's landmark report on smoking and health, the Center created "The Surgeon General vs. The Marlboro Man: Who Really Won?" which comprised more than 130 original artifacts and was displayed at the Lyndon Baines Johnson Presidential Library. Other exhibitions include "When More Doctors Smoked Camels: A Century of Health Claims in Cigarette Advertising"; "Canaries in the Mine: The Flight Attendants' Battle for Smokefree Airlines"; "The American Medical Association's History of Collaboration with the Tobacco Industry: The Unfiltered Truth"; "Cartoonists Take Up Smoking" at the National Museum of Health and Medicine in Washington, DC; and "The World's Anti-Smoking Stamps."

Conclusions and key recommendations: This illustrated presentation provides excerpts from these exhibitions, some of which are available for use by health organizations to inspire the next generation of anti-tobacco activists. Online versions are also being created.

Option: Option 2: Suited for public health practice submissions.

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Track: 2.4. Tobacco industry interference: New tactics and counter measures

Title: The Filter Fraud: Debunking the Myth of "Safer" as a Key New Strategy of Tobacco Control

Author(s): A Blum¹, T Novotny²

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Text: **Background and challenges to implementation:** Although efforts have been made to eliminate the use of misleading descriptors such as "low-tar," "lights," and "mild" from cigarette marketing, the elimination of the cellulose acetate filter--which is on 95% of cigarettes and which does not confer any reduced health risks to smokers--has been largely overlooked as a tobacco control strategy. While manufacturers have avoided making explicit health claims for filtered cigarettes (thus putting the burden of blame on consumers), there is an urgent need for improved education of smokers, health professionals, and regulatory agencies alike that filtered cigarettes are no less lethal than non-filtered ones. The 2014 Surgeon General's Report on the Health Consequences of Smoking and the 2001 NCI Monograph 13 report that the near-universal adoption by smokers of filtered cigarettes since their introduction in the 1950s has not reduced these consumers' risks for cancer and other diseases.

Intervention or response: A review of cigarette marketing practices reveals the deception perpetrated by tobacco companies about filters that has allayed consumers' concerns about the adverse health effects of smoking and has consequently made cigarettes more acceptable--and addictive--for new and continuing smokers. This presentation summarizes current filter research plus six decades of cigarette advertisements, tobacco industry documents and trade journals that have perpetuated the filter fraud. ,

Results and lessons learnt: This review further explodes the myth that filtered cigarettes are safer than unfiltered brands and provides evidence that filters should be eliminated from both cigarette manufacture and from the environment into which these non-biodegradable products are discarded.

Conclusions and key recommendations: Additional research on the potential health and environmental benefits of removing filters from the marketplace should be conducted, aimed at stricter product regulation. Meanwhile, rather than solely continuing to educate the public about the dangers of smoking, public health professionals and clinicians need to better communicate the message that filtered cigarettes do not confer any health protection whatsoever.

Option: Option 2: Suited for public health practice submissions.

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Track: 5.2. Tobacco in vulnerable populations (e.g. indigenous populations)

Title: Of Mice and Menthol: Rethinking Well-Intentioned but Insufficient Strategies to Counteract Tobacco Use and Promotion in Minority Populations

Author(s): **A Blum**¹

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Text: Background and challenges to implementation: Mentholated cigarettes have become an advocacy issue because they have been disproportionately promoted to African-American and Hispanic minority groups for decades. These populations have become the largest consumers of menthol brands. Although San Francisco banned the sale of menthol cigarettes in 2017, the net impact of opposing menthol has been more symbolic than successful. The need to fight for a menthol ban could have been avoided had it been included in legislation passed in 2009 by the US Congress to let the Food and Drug Administration regulate tobacco products, but cigarette maker Philip Morris threatened to withdraw its support.

Intervention or response: Castigating tobacco companies for targeting menthol brands to minorities has overshadowed the public health goal of reducing tobacco use and promotion as a whole. Campaigns that condemned specific cigarette brands marketed to minorities (eg, Uptown, Menthol X, and Kool Mixx) have focused so intensely on the aspect of racial targeting that they insufficiently emphasized the health and economic harmfulness of smoking *any* brand of cigarettes. Thus little has been accomplished to reduce smoking's longterm impact by the focus on menthol.

Results and lessons learnt: Scant new federal or state legislation on smoking has been proposed or enacted to help reduce smoking in minority communities. Existing programs have largely failed to elucidate the relative impact of smoking on minority communities compared to other emerging health threats such as obesity, drug use, and AIDS. Few minority business leaders have been enlisted in the effort to reduce smoking in minority communities. Groups such as the NAACP, the Urban League, and La Raza continue to accept tobacco industry funds and have not supported aggressive anti-smoking campaigns. Leading black publications such as *EBONY* continue to accept cigarette advertising and have never published articles on smoking.

Conclusions and key recommendations: Rethinking strategies to counteract tobacco use and promotion in minority populations is urgently needed.

Option: Option 2: Suited for public health practice submissions.

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Track: 2.4. Tobacco industry interference: New tactics and counter measures

Title: Know thine enemy: The South African tobacco industry and its allies

Author(s): **A Blum**¹

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Text: **Background and challenges to implementation:** Although South Africa is a world leader in having implemented in 2000 (and strengthened in 2009) the comprehensive Tobacco Products Control Amendment Act to reduce cigarette smoking, the number of tobacco-related businesses in South Africa, including both multinational, regional, and national corporations, has increased. Moreover, the decline in smoking by young people has slowed, and over 29% of adult men still smoke. In spite of stepped-up tobacco control efforts, the extent of the tobacco industry and companies that do business with cigarette manufacturers is not well known
Intervention or response: In order to learn how tobacco-related companies in South Africa are considered within the tobacco industry itself, a review was conducted of the international tobacco industry trade press.

Results and lessons learnt: The contents of more than 100 issues of three publications (Tobacco Reporter, Tobacco International, and Tobacco Journal International) were analyzed to identify articles related to tobacco farming and cigarette manufacturing in South Africa. In addition, more than a dozen global tobacco industry buyers' guides (published annually by the trade publications Tobacco Reporter, Tobacco Journal International, and World Tobacco) were reviewed in order to compile a directory of over 20 manufacturers, distributors, importers/exporters, leaf tobacco dealers, processors, marketers, trade associations, and suppliers (machinery, chemicals, and packaging) in South Africa.

Conclusions and key recommendations: It is essential for those involved in tobacco control to be knowledgeable about--and to be prepared to address--the tobacco-related enterprises in their nation. Tobacco remains both a source of tax revenue and of employment for upwards of 12,000 South Africans (and an estimated 35,000 dependents). The republic's tobacco industry (and its even larger counterpart in neighboring Zimbabwe) remains an ever-present economic and political challenge to efforts to discourage tobacco consumption, to restrict tobacco use in public places, and to eliminate the promotion of tobacco products.

Option: Option 2: Suited for public health practice submissions.

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Track: 2.3. Building leadership capacity and broader alliances for tobacco control policy advocacy

Title: Reflections on 50 Years as an Anti-Smoking Activist: The Danger of the Single Narrative

Author(s): **A Blum**¹

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Text: Background and challenges to implementation: Since writing his first article on smoking as a high school newspaper editor in 1964, Dr. Blum has presented over 2000 invited lectures on tobacco in all 50 US states and 18 other countries, including 45 presentations at 11 world conferences. In 1977, he founded the first physicians' anti-smoking activist organization DOC (Doctors Ought to Care), which pioneered in purchasing counteradvertising space in the mass media that ridiculed tobacco companies and cigarette brands. In the 1980s as editor of the New York State Journal of Medicine and the Medical Journal of Australia, he produced the first three theme issues on the world tobacco pandemic at any journal.

Intervention or response: Although DOC closed its national office in 2002, several of its 80 chapters remain at medical schools as an extracurricular activity. At its peak, DOC had 5000 physician and medical student members, many of whom have become leaders in tobacco control. Entirely dues-supported, DOC was not dependent on government or foundation funding. This independence enabled DOC to confront the tobacco industry and its allies in ways that government and voluntary health agencies alike were fearful of doing.

Results and lessons learnt: Tobacco control has become formulaic and increasingly reliant on government-led efforts that tend to be overly cautious. Even half a century after the landmark scientific reports confirming cigarette smoking's irredeemable harmfulness, the bulk of funding for tobacco control is devoted to research on the health consequences of smoking. There is insufficient prioritization, division of responsibilities, and accountability. Above all, there is a static herd mentality in tobacco control in contrast to the dynamic of the tobacco industry.

Conclusions and key recommendations: The single narrative of tobacco control, wherein research-based policy leading to legislation and regulation, contrasts with the grassroots activist approach that laid the foundation for today's generation of tobacco control professionals. Such activism needs to be studied and revived.

Option: Option 2: Suited for public health practice submissions.

Preferred Presentation Type: Full oral presentation

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