

**Should public health bodies stop commissioning research from market research companies that serve
the tobacco industry?**

Jamie Brown, Ph.D.¹, Susan Michie, D.Phil.^{2,3}, Tobias Raupach M.D.^{1,4}, Robert West Ph.D.^{1,3}

¹ Cancer Research UK Health Behaviour Research Centre, University College London, WC1E 6BT, UK

² Department of Clinical, Educational and Health Psychology, University College London, London, UK

³ National Centre for Smoking Cessation and Training, London, UK

⁴ Department of Cardiology and Pneumology, University Medical Centre Gottingen, Gottingen, Germany

Correspondence to: Jamie Brown, Health Behaviour Research Centre, Department of Epidemiology and Public Health, University College London, 1-19 Torrington Place, London WC1E 6BT, UK
E-mail: jamie.brown@ucl.ac.uk; Tel: +44 (0)20 7679 53179; Fax: +44 (0)20 7679 8354

Public health and governmental organisations should act in concert to stop commissioning research from market research companies that also work for tobacco companies.

In view of the well-documented use of public relations firms by tobacco companies to foment opposition to tobacco control measures [1-4], public health professionals have rightly questioned whether health-care organisations and governments should employ public relations businesses who also work for the tobacco industry [5]. A strong case has been made for these public good organisations to sever links with any firm engaged by tobacco industry clients and to develop policies prohibiting the awarding of contracts to such companies in the future [5]. The importance of continued vigilance to conflicted interests that may impact public health is highlighted by the recent controversy surrounding the shelving of plans for legislation on standard packaging for cigarettes in England. This decision on packaging followed soon after the governing Conservative party appointed a campaign strategist whose lobbying consultancy advised the tobacco industry on blocking the policy in Australia [6].

One may argue that a similar issue arises with simultaneous use of market research companies by the tobacco industry and health-care organisations. Market research companies say that they have internal safeguards separating the accounts of tobacco companies and health-care organisations but it is questionable as to whether this is enough to avoid the serious conflict of interest that arises from making the companies concerned complicit in acting to the detriment of public health. For example, development of measures and methods arising from work done for public health clients must ultimately diffuse to the rest of the organisation to the potential benefit of tobacco industry clients. To the extent that the work for the tobacco industry clients is valuable for them it must be to the detriment of public health.

A question arises as to how widespread a problem this is. A prominent world association for market research companies (ESOMAR) provides a 'Directory of Research' including a facility to search for providers associated with particular market sectors. Of the 766 accredited international market research providers who voluntarily report 'tobacco' as a specialist market sector, the vast majority – 695 – also list 'health-care' [7].

It would be unreasonable in the current commercial climate to expect individual market research companies unilaterally to turn down tobacco industry clients. However, it would be possible to incentivise them to do so if public health and governmental clients acted in concert.

Health ministries and other public health organisations could combine to deliver a challenge to market research providers to sever links with the tobacco industry or face withdrawal of future health-care contracts. In countries that have signed up to WHO Framework Convention on Tobacco Control, such a move would be consistent with their commitment under Article 5.3 that states ‘In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law’.

The effects of such a policy need to be carefully analysed. One possible effect is creation of a schism between ‘ethical’ and ‘non-ethical’ market research companies. Another could be the development of new companies that specialise in public health.

Some may argue that this would be the ‘thin end of the wedge’ in that there are many commercial organisations whose activities result in harm to the public. Would such a rule also apply to those? The alcohol industry is an obvious case in point. The response, as with any policy measure of this kind, is that each case has to be seen on its merits. With the tobacco industry, and companies that contribute to their continued success, the decision for public good organisations should be clear cut because tobacco is the only consumer product with no safe level of use and where the immediate cost to society is so huge. In more nuanced cases, an informed judgment may be reached by conducting a ‘Purposes, Extent, Relevant, Identified and Link’ (‘PERIL’) risk analysis to assess the extent to which a business relationship places a public good organisation in ‘moral jeopardy’ [8]. A PERIL analysis involves answering five questions: (i) to what degree do the **p**urposes of the public good organisation and business differ?; (ii) does the **e**xtent of reliance of the organisation on the business compromise their decision-making?; (iii) what is the **r**elevant

harm associated with the consumption of the product offered by the business?; (iv) to what degree will the business and organisation be visibly identified with one another, and thereby legitimise or damage the respective reputations?; (v) what is the nature and directness of the link between the organisation and business?

If one accepts that the kind of concerted policy action proposed is needed in principle, the question arises as to how to bring it about. A first step would be to canvass market research companies that could do the kind of work needed by healthcare and governmental organisations to find out which ones would currently be able to meet the requirement not to work for tobacco industry clients. If there were sufficient companies already, then it would be a simple matter to establish rules that such companies would be favoured in any contracting process. If not, then a discussion would be required with major market research companies as to what would be needed for those who would be interested in adopting strict policies on client engagement to arrive at the desired state of affairs. In the meantime, the incentive of future health-care contracts could be widely advertised to encourage the development of new market research companies specialising in public health.

Tobacco companies might complain that their legal activities are being in some way restricted by such policies. The response to this of course is that, while their selling of a lethal and addictive product may be legal, it is anachronistic and unethical, by most modern standards of humanity.

References

1. Fallin A, Grana R, Glantz SA. 'To quarterback behind the scenes, third-party efforts': the tobacco industry and the Tea Party. *Tobacco Control*. 2013.
2. Ong EK, Glantz SA. Constructing "sound science" and "good epidemiology": Tobacco, lawyers, and public relations firms. *American Journal of Public Health*. 2001;91(11):1749-1757.
3. Apollonio DE, Bero LA. The Creation of Industry Front Groups: The Tobacco Industry and "Get Government Off Our Back". *American Journal of Public Health*. 2007;97(3):419-427.

4. Tesler LE, Malone RE. "Our Reach Is Wide by Any Corporate Standard": How the Tobacco Industry Helped Defeat the Clinton Health Plan and Why It Matters Now. *American Journal of Public Health*. 2010;100(7):1174-1188.
5. Hopkinson NS, Moxham J, Montgomery H, et al. Tobacco industry lobbyists and their health-care clients. *The Lancet*. 2013;381(9865):445.
6. Pickard J, Stacey K. Questions raised over Crosby's UK role and business interests (<http://www.ft.com/cms/s/0/f8cf83d8-b8c5-11e2-869f-00144feabdc0.html#axzz2TFsuv7yg>) Accessed 14th May 2013. 2013.
7. European Society for Opinion and Market Research (ESOMAR). Directory of Research. http://directory.esomar.org/market17_Healthcare-Pharmaceutical?letter=all and http://directory.esomar.org/market27_Tobacco-Cigarettes?letter=all (accessed May 13, 2013).
8. Adams PJ. Assessing whether to receive funding support from tobacco, alcohol, gambling and other dangerous consumption industries. *Addiction*. 2007;102(7):1027-1033.