Edition 10: September/October – Focus on Tobacco Industry and a COVID-19 Vaccine

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This brief is issued once a month covering the previous 4 weeks’ developments, followed by a report focussed on a particular aspect of industry response over the course of the pandemic.

Previous editions of the STOP COVID-19 Monitoring Brief are now available on the COVID-19 Tobacco Tactics resource page and via the STOP COVID-19 Action Center.

Science of smoking and COVID-19

- A (non-systematic) review by Kashyap et al. (University of Texas Rio Grande) of 181 studies relating to smoking and COVID-19 found “active smoking is associated with increased severity of disease and death”, “Smoking can upregulate the angiotensin-converting enzyme-2 (ACE-2) receptor utilized by SARS-CoV-2 to enter the host cell and activate a ‘cytokine storm’ which can lead to worse outcomes in COVID-19 patients”.¹

- A group of French and Swiss public health academics publishing in the Canadian Journal of Public Health have said that COVID-19 may increase tobacco consumption and decrease access to healthcare for smokers. They suggest that tobacco control is a “greater challenge than ever” and urge caution on the publication of preliminary results that appeal to the media and may promote commercial agendas.²

- A group of harm reduction academics have called for the withdrawal of a paper published in the Journal of Adolescent Health, which found youth vaping to be a risk factor for COVID-19.³ The group calling for withdrawal include Raymond Niaura and Konstantinos Farsalinos, supporters of the hypothesis that nicotine protects against COVID-19.⁴ Some of the group have conflicting interests (as declared in their Qeios published letter), including two Pinney Associates consultants who have worked with Altria owned JUUL Labs.⁵

- University College London found a rise in smoking quitting success rate from 14% to 23% during the pandemic, with smoking now at an all-time low in the UK.⁶ Meanwhile, in the US, Altria Chief Executive Billy Gifford is arguing against regulations by saying bans on vape products have led to increased smoking rates, according to
their sales data.\(^7\)

- An Indonesian survey found increased smoking rates in children attributed to smoking in internet cafes where children conduct schoolwork during lockdown.\(^8\)

**Tobacco product regulation and illicit trade**

- In South Africa, the Fair Trade Independent Tobacco Association (FITA) said it would withdraw its legal case against the government if the government pledged that a tobacco sales ban will not return. Minister Dlamini-Zuma has said they cannot make this promise.\(^9\) However, the government has declared that any future COVID-19 related tobacco bans will include a public consultation.\(^10\)

- Japan Tobacco International (JTI) executives speaking at the [Global Tobacco and Nicotine Forum](https://www.globaltnf.com/) have said illicit tobacco trade in Europe has increased during the pandemic and argued against higher tobacco taxes in Russia, claiming that tax increases encourage smuggling.\(^11\) The data comes from “field reports” conducted by JTI themselves.\(^12\)

- In the Philippines the National Tobacco Administration has called for cigarette manufacturers to increase their buying of local tobacco over foreign growers “to boost the industry and benefit local growers amid the pandemic.”\(^13\) JTI have said they will increase local purchases.\(^14\)

**Corporate Social Responsibility (CSR) and business strategy**

- In Egypt, PMI have reported donations of COVID-19 medical supplies worth roughly US$120,000.\(^15\)

- Angolan tobacco manufacturer Barco Trading Company (Angola) and the Pan Africa Tobacco Group have been promoting their COVID-19 CSR conducted in collaboration with Angolan authorities.\(^16\)

- A PMI funded COVID-19 field hospital in Brazil has closed due to a lack of use.\(^17\)

**Additional resources**

- Report on BAT tactics in South Africa: BAT exploits South Africa’s tobacco troubles to shift its strategy
- Stanford Report on tobacco industry and e-cigarette advertising during the pandemic
- CDC advice on smoking and COVID-19
- Tobacco Tactics: [Tobacco Smuggling](https://www.tobaccocontrol.org/)
- Tobacco Tactics: Pinney Associates
- Tobacco Tactics: [Global Tobacco and Nicotine Forum](https://www.globaltnf.com/)
- GGTC’s list of COVID-19 related bans and contemplated bans per country: [Bans/Contemplated Bans on Tobacco/Vaping Products](https://www.ggtc.org/)
- [The Union: COVID-19](https://www.theunion.org/) - Bi-weekly brief on the science of smoking and COVID-19 under FAQ’s section

**In Focus: Tobacco Industry Vaccine Development**

The world is waiting tensely for a successful COVID-19 vaccine. As trials start to show some hope of success, attention is turning to the question of mass production of vaccine components.\(^18\)

Using the tobacco plant relative *Nicotiana benthamiana* as a bio-factory for proteins that mimic the SARS-CoV-2 virus is one solution being explored. This has been widely reported in the press, with publications focussing on British American Tobacco (BAT) and Philip Morris International (PMI) investments in the biotech companies developing these vaccines.\(^19\)\(^20\)

Kentucky BioProcessing is wholly owned by British American Tobacco and Canadian biotech company Medicago is one third owned by Philip Morris International, alongside Mitsubishi.\(^21\) Other groups not associated with the tobacco industry are exploring a similar method of vaccine production.\(^22\)

Trials of other vaccine methods (e.g. Oxford University/AstraZeneca) are at more advanced stages, with traditional vaccine production companies in India already gearing up to manufacture these. However, the benefits of plant based production (easy to scale manufacture, potential to be more effective)\(^23\) mean we could see tobacco funded vaccines on the market in the future if they pass safety standards.\(^24\)\(^25\)
In fact, Medicago are supported by pharmaceutical giant GlaxoSmithKline and already have a seasonal flu vaccine close to market using the same plant production method.26

A viable vaccine is desperately needed, whoever produces it. However, a vaccine produced that profits BAT or PMI raises serious questions for public health.

Whilst the biotech subsidiaries themselves are genuine scientific enterprises, it is important to look at how BAT and PMI talk about these vaccine programmes in their own messaging. PMI reports on Medicago’s progress in a press release, describing the investment as “part of [PMI’s] new course, based on science, technology, and innovation.”27 They also use the vaccine as a PR talking point for speeches,28 29 and the PMI funded Foundation for a Smoke-Free World is conducting ‘vaccine compliance’ surveys.30 This fits with PMI’s goal of aligning with public health and appearing part of the solution whilst still aggressively marketing cigarettes where regulations are weakest.31 It is important that tobacco control can counter these narratives.

BAT meanwhile is using vaccine development as a PR opportunity, reporting on “BAT progress on COVID-19 vaccine” alongside their corporate social responsibility (CSR) donations during COVID-19.32 BAT executives have been invited on to news programmes and interviewed in major press outlets to discuss the vaccine and present their rebrand with the strap line “For a Better Tomorrow”, designed to “appeal to the senses of new adult generations.”33 34

This behaviour reveals that tobacco company involvement in a COVID-19 vaccine, is far from unexpected. These companies have a long history of using philanthropy to appear part of the solution and gain a credible voice in the scientific debate. PMI CEO André Calantzopoulos said in a recent speech at a summit of world leaders “If we want to make the United Nations Sustainable Development Goals a reality, if we want to protect our populations from the pandemic, including implementing a viable vaccine, we must work together.”35 In many ways vaccine investments are the ultimate display of corporate social responsibility. The tobacco industry is using the pandemic to corner governments and public health bodies in to engaging. In doing so governments will contravene the WHO Framework Convention on Tobacco Control whilst the most important research of our time is co-opted for PR moments and reputation management by an industry that profits from lung disease and death.