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<http://dx.doi.org/10.1136/bmj.q1169>

# Protecting BMJ journals' content from tobacco industry influence

## Our updated policy expands restrictions on authors' links to industry

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In 2013, the editors of several BMJ journals established a policy that they would not publish research funded partly or wholly by the tobacco industry.<sup>1</sup> The launch of our updated tobacco policy strengthens this stance. In addition to excluding research funded by the tobacco industry, our journals will also exclude work where authors have personal financial ties to the tobacco industry. Journals will exclude both research and non-research content with ties to tobacco companies.<sup>2</sup> The policy applies to all BMJ journals, expanding from the smaller group of BMJ journals behind the 2013 policy (*The BMJ*, *Heart*, *Tobacco Control*, *Thorax*, and *BMJ Open*).

The goals of journals and editors are fundamentally misaligned with those of the tobacco industry. BMJ's policy reflects the enormous harm caused by tobacco, which kills as many as two out of three long term users<sup>3</sup> and shortens the life of smokers by a decade.<sup>4</sup> As noted in 2013,<sup>1</sup> and by other journals which have adopted similar policies,<sup>5 6</sup> the policy is also a response to the industry persistently downplaying the addictiveness of nicotine and the risks of passive smoking, while simultaneously promoting supposedly safer ways to smoke, such as low or "light tar" cigarettes and the use of filters,<sup>7</sup> and lobbying to obstruct tobacco control measures.<sup>8</sup> Addressing the UK parliament's health select committee, the chief medical officer, Chris Whitty, highlighted that the tobacco industry sells "products whose whole point is to addict people, who then regret that choice for the rest of their life—many of whom will die as a result."<sup>9</sup>

Since 2013, the reach and influence of the tobacco industry has grown. Newer tobacco products such as smokeless tobacco and e-cigarettes have exploded in popularity.<sup>10</sup> Tobacco industry strategies have also expanded to include sponsoring medical education,<sup>11</sup> marketing on social media (including platforms predominantly used by younger people),<sup>12</sup> buying pharmaceutical companies,<sup>13 14</sup> and using harm reduction<sup>15</sup> to distract from comprehensive implementation of the tobacco control measures set out in the World Health Organization Framework Convention on Tobacco Control.<sup>16</sup> Tobacco companies try to present themselves as "good" companies that promote harm reduction, particularly in wealthy countries, downplaying their aggressive marketing of cigarettes in low and middle income countries<sup>17</sup> and lobbying to obstruct tobacco control measures. The industry has also made consistent attempts to prevent or undermine proposed legislative endgame policies worldwide using its economic power and media manipulation.<sup>18 19</sup>

## How the policy will be applied

The BMJ policy applies to all companies that produce, distribute, market, and sell tobacco and tobacco related products. It also includes organisations owned by the tobacco industry, such as the pharmaceutical company Vectura, and organisations that it has set up, such as Global Action to End Smoking (formerly known as Foundation for a Smoke Free World),<sup>20</sup> or funded, such as the Institute for Economic Affairs.<sup>21</sup> It likewise includes groups that consult for tobacco or related industries. An exception is general retail outlets such as supermarkets.

Under the policy, authors will be asked to declare study and personal funding from tobacco and related industries, such as e-cigarettes, for review by journal editors. Submitted content will typically be rejected if such ties exist. BMJ journals may take action after publication, including retraction, when editors consider there is sufficient evidence of undeclared, inadequately declared, or unclear ties to the tobacco industry. *BMJ Open* retracted such an article in 2023.<sup>22</sup>

The decision not to publish content linked with the tobacco industry is a pragmatic response to the challenges of spotting bias, spin, or inaccuracy in industry linked content. However, editors may at their discretion decide to make an exception to the policy, such as for an industry whistleblower. BMJ journals will continue to consider posting online comments from the tobacco industry, or those connected with it, through our rapid response systems.

Inaccuracy or inadequacy of self-disclosed funding or personal financial interests, coupled with the evolving nature of the industry and its tactics, present a challenge to implementation of the policy. However, perfection should not prevent progress. Editors will make decisions based on the information available and understood by them at the time. The journals that implemented the first version of our policy have shown that the approach is feasible and the mechanisms of detection are sufficient to have an effect. BMJ aims to improve the independence of evidence from commercial interests.<sup>23</sup> The updated policy is one action BMJ journals can take to reduce the publication of content which downplays the harms of smoking or hinders the creation of a world free from the harms of smoking. Creating a stronger firewall between the tobacco industry and BMJ content will provide space for editors to curate and publish content that is more independent and trusted, and contributes to a healthier world.

Further information on BMJ's revised tobacco policy is available on BMJ journals' author hub: <https://authors.bmj.com/policies/>.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare that all authors are either editors of BMJ journals or employed by BMJ. Most are, or have been, clinicians and or academics with experience of the harms of tobacco and smoking.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Godlee F, Malone R, Timmis A, et al. Journal policy on research funded by the tobacco industry. *BMJ* 2013;347:. doi: 10.1136/bmj.f5193 pmid: 24129479
- 2 <https://authors.bmj.com/policies/>
- 3 Jha P, Ramasundarahettige C, Landsman V, et al. 21st-century hazards of smoking and benefits of cessation in the United States. *N Engl J Med* 2013;368:50. doi: 10.1056/NEJMsa1211128 pmid: 23343063
- 4 Banks E, Joshy G, Weber MF, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med* 2015;13. doi: 10.1186/s12916-015-0281-z pmid: 25857449
- 5 PLoS Medicine Editors. A new policy on tobacco papers. *PLoS Med* 2010;7:e1000237. doi: 10.1371/journal.pmed.1000237 pmid: 20186273
- 6 Nicotine and Tobacco Research. Instructions to authors. [https://academic.oup.com/ntr/pages/General\\_Instructions](https://academic.oup.com/ntr/pages/General_Instructions)
- 7 Goldenson NI, Shiffman S, Hatcher C, et al. Switching away from cigarettes across 12 months among adult smokers purchasing the JUUL system. *Am J Health Behav* 2021;45:63. doi: 10.5993/AJHB.45.3.4 pmid: 33894794
- 8 Mandal S, Gilmore AB, Collin J, et al. Block, amend, delay. Report on tobacco industry's efforts to influence the European Union's Tobacco Products Directive (2001/37/EC). Smoke Free Partnership, 2009. <https://www.smokefreepartnership.eu/news/block-amend-delay-tobacco-industry-efforts-influence-european-union%E2%80%99s-tobacco-products>
- 9 Tobacco and Vapes Bill (Third Sitting). *Hansard* 2024 May 1. [https://hansard.parliament.uk/commons/2024-05-01/debates/Ob8ed59d-055e-443d-86a7-643317e1cb69/TobaccoAndVapes-Bill\(ThirdSitting\)](https://hansard.parliament.uk/commons/2024-05-01/debates/Ob8ed59d-055e-443d-86a7-643317e1cb69/TobaccoAndVapes-Bill(ThirdSitting))
- 10 Action on Smoking and Health. Fact sheet: use of e-cigarettes (vapes) among adults in Great Britain. 2023. <https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf?v=1691058248>
- 11 Boytchev H. Outcry as Philip Morris International funds smoking cessation courses on Medscape. *BMJ* 2024;385:. doi: 10.1136/bmj.q830 pmid: 38594042
- 12 Tobacco Tactics. Social media. 2023. <https://tobaccotactics.org/article/social-media/>
- 13 Hopkinson NS. Vectura and Philip Morris: the leopard has not changed its spots. *Thorax* 2022;77:-8. doi: 10.1136/thoraxjnl-2021-218328 pmid: 34949723
- 14 Davies R, Ambrose J. US tobacco giant Philip Morris International snaps up 22.6% stake in Vectura. *Guardian* 2021 Aug 28. <https://www.theguardian.com/business/2021/aug/18/us-tobacco-giant-philip-morris-international-snaps-up-226-stake-in-vectura>
- 15 Peeters S, Gilmore AB. Understanding the emergence of the tobacco industry's use of the term tobacco harm reduction in order to inform public health policy. *Tob Control* 2015;24:-9. doi: 10.1136/tobaccocontrol-2013-051502 pmid: 24457543
- 16 WHO. WHO Framework Convention on Tobacco Control. 2005. <https://iris.who.int/bitstream/handle/10665/42811/9241591013.pdf?sequence=1>
- 17 Brown JL, Rosen D, Carmona MG, Parra N, Hurley M, Cohen JE. Spinning a global web: tactics used by Big Tobacco to attract children at tobacco points-of-sale. *Tob Control* 2023;32:-51. doi: 10.1136/tobaccocontrol-2021-057095 pmid: 35641117
- 18 Parsley D, Vaughan R. Revealed: Big Tobacco's campaign to block Rishi Sunak's smoking ban. *The i* 2023 Dec 1. <https://web.archive.org/web/20231201152949/https://news.co.uk/news/big-tobacco-campaign-block-sunak-smoking-ban-2783205>
- 19 WHO. Tobacco industry interference with tobacco control. 2008. <https://www.who.int/publications/item/9789241597340>
- 20 Tactics T. Foundation for a Smoke-Free World. 2024. <https://tobaccotactics.org/article/foundation-for-a-smoke-free-world/>
- 21 Institute for Economic Affairs. <https://iea.org.uk/>
- 22 Retraction: International randomised controlled trial evaluating metabolic syndrome in type 2 diabetic cigarette smokers following switching to combustion-free nicotine delivery systems: the DIASMOKE protocol. *BMJ Open* 2023;13:045396ret. doi: 10.1136/bmjopen-2020-045396ret pmid: 37339831
- 23 Moynihan R, Macdonald H, Heneghan C, Bero L, Godlee F. Commercial interests, transparency, and independence: a call for submissions. *BMJ* 2019;365:. doi: 10.1136/bmj.l1706 pmid: 30992258