20 August, 2020

JEAN TODT
President
FEDERATION INTERNATIONALE DE L’AUTOMOBILE
8 place de la Concorde
75008 Paris, France

CC: Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization
Mr. António Manuel de Oliveira Guterres, Secretary General, UNITED NATIONS

Re: STOP Tobacco Sports Advertising and Sponsorship

We, members of civil society, earnestly call on you to put an end to all tobacco advertising and sponsorship in Formula 1. The sport represents one of the last vestiges of Big Tobacco’s global marketing to lure young people into addiction through sports. Continued tobacco sponsorship in Formula 1, and the promotion of tobacco company’s brands, either directly through brand stretching and extensions, on and off the track, is a violation of public health laws and United Nations (UN) norms.

Federation Internationale de l’Automobile’s (FIA’s) continued tolerance of this situation defies good governance and is inconsistent with the commitments the FIA has made to UN global road safety and climate change initiatives.

Complicity in Marketing to Youth
A recent report revealed that Philip Morris International (PMI) and British American Tobacco (BAT) spent almost $100 million in 2019 and will spend $115 million in the 2020 season to target Formula 1’s 500 million global fans. PMI and BAT are pursuing a global campaign to present themselves as “transformed” in order to sell more of their harmful and addictive products. Tobacco brands on the racetracks stream across borders via multiple media channels and through computer games into the youth’s consciousness. The sport has the second-highest proportion of fans under age 25 of all global sports leagues. FIA’s failure to remove tobacco advertisements and messaging from the sport could make it complicit in tobacco company marketing to youth.

Complicity in Violating Cross Border Advertising & Sponsorship Bans
It has been nearly 20 years since the FIA made its initial commitment to wean itself off tobacco money. Since then, significant progress has been made to stop the tobacco epidemic. A total of 182 countries have ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) mandating a comprehensive ban on advertising. WHO FCTC implementation has become engrained in the UN Sustainable Development Goals (UN SDGs). Tobacco companies have been found guilty of fraud and racketeering. A majority of governments, including countries hosting F1 races, have banned sports advertising and governments have held the tobacco industry liable for violating laws through Formula 1 ads. FIA’s continued failure to take responsive action to prevent violations could make it complicit with the tobacco industry.

Failure to Take Responsibility Despite Being Called Out by WHO
Last year, the WHO particularly called out Formula 1 on continued engagement with the tobacco industry, but the FIA provided only patronizing and dismissive responses. FIA’s failure to take responsibility and hiding behind a legal cloak is uncharacteristic of an organization that promotes sports integrity. Simply asserting that it has no control over the sport participants’ actions is a lame excuse that can easily be used to escape liability; and is a shameful response to be taken by a sports governing body. Turning a blind eye on a moral or legal wrong breeds corruption. If FIA’s rules allow for teams to run on money gained from selling products that kill millions, then it should change the rules. It is not deserving of its governance position unless it does so.

**Inconsistency with Climate and Road Safety Commitments**
FIA’s global commitments start to ring hollow despite your initiatives as UN Special Envoy for Road Safety, and efforts to sign Formula 1 up to join the UN Sports for Climate Action Framework. FIA’s commitment to protect the planet and promote safety is a sham if it continues to be a vehicle for tobacco sponsorships that contribute to killing people and destroying the planet. Even if FIA manages to reduce Formula 1’s 256,551 tons of carbon footprint (2019), it continues to contribute 845,000 tons of cigarette butts per year. This staggering amount of waste kills animals, pollutes land and sea, slows sustainable consumption and undermines the basic principles of the UN framework.

**Inappropriate Engagement with the UN**
The UN specifically recognizes the fundamental conflict of interest between the tobacco industry and public health, which is incorporated in the UN SDGs. A resolution of the UN Economic and Social Council (ECOSOC) urged agencies of the UN System to reject partnerships with organizations furthering tobacco industry interests. Rather than aligning with the UN, FIA is, in effect, furthering the tobacco industry’s interests by receiving annual payments from teams funded by tobacco companies; and allowing the teams to advertise tobacco company brands and messages.

**Driving Past Addiction and Toward Health**
As you know, the Olympics, which recognized FIA in 2012, is tobacco-free. All other major global sports series have ended tobacco sponsorships. FIA represents the last major hurdle to complete a sweeping change that shows tobacco has no place in sports.

No matter what they say, tobacco companies are still responsible for 8 million deaths and USD 1.4 trillion in economic losses annually. It is shameful that Formula 1 has made USD 4.4 billion over the years from tobacco companies culpable for this disaster. FIA must put a stop to this and prevent complicity in violating laws and UN standards.

_We are confident that as a UN Special Envoy, you fully comprehend the values of the UN, and recognize your duty to drive the FIA towards sustainable development by ending tobacco industry advertisement and sponsorship in Formula 1._

We look forward to supporting you in this endeavor. You may reach us through Ms. Bungon Ritthiphakdee (bungon@ggtc.world), Executive Director of the Global Center for Good Governance in Tobacco Control (GGTC), a partner in STOP (Stopping Tobacco Organizations and Products).

Thank you.

Signed
1. Action on Smoking and Health (ASH US), Laurent Huber, Executive Director, United States
2. Action on Smoking and Health, Philippines, Ma. Encarnita B. Limpin, Executive Director, Philippines
3. Action on Smoking and Health, UK, Deborah Arnott, Chief Executive, United Kingdom
4. African Tobacco Control Alliance, Togo
5. Airspace Action on Smoking and Health, Errol E. Povah, President, Canada
6. Alianza por control de las Enfermedades no Transmisibles Chile, Dra. Maria Paz Corvalan, Directorio Sociedad Chilena de Enfermedades Respiratorias, Chile
7. Aminul Islam Sujon, Executive Member, Poribesh Bachao Andolon - POBA (Save the Environment Movement), Bangladesh
8. ASH Canada, Les Hagen, Executive Director, Canada
9. ASH Finland, Mervi Hara, Executive Director, Finland
10. ASH Scotland, Sheila Duffy, Chief Executive, United Kingdom
11. Asociación Española de Afectados de Cáncer de Pulmón, Spain
12. Association DNF – Pour un monde ZeroTabac, Gérard Audureau, President, France
13. Asthma UK, United Kingdom
14. Australian Council on Smoking and Health, Maurice Swanson, Executive Director, Australia
15. Australian Health Promotion Association, Gemma Crawford, President, Australia
16. Balajee Sewa Sansthan, Awadhesh Kumar, Executive Director, India
17. British Lung Foundation, United Kingdom
18. Campaign for Tobacco-Free Kids, Debra Rosen, Head of Tobacco Industry Accountability, United States
19. Cancer Council Australia, Sanchia Aranda, Chief Executive Officer, Australia
20. Carolyn Dresler, MD, MPA, United States
21. Center for Indonesia’s Strategic Development initiatives (CISDI), Lara Rizka, Project Officer (Tobacco Control), Indonesia
22. Center for Social Security Studies, University of Indonesia, Ir. Aryana Satrya, Chairman, Indonesia
23. Centre for Combating Tobacco, University of Colombo, Mahesh Rajasuriya, MD, Director, Sri Lanka
24. Coalition for a Tobacco Free Arkansas, Katherine Donald, Executive Director, United States
25. Coalition México Salud-Hable, Mexico
26. Comité Nacional para la Prevención del Tabaquismo (CNPT), Andrés Zamorano, President, Spain
27. Comité National Contre le Tabagisme, Yves Martinet, President, France
28. Consumers Association of Penang (CAP), Mohideen Abdul Kader, President, Malaysia
29. Coral Gartner, Head, Nicotine and Tobacco Regulatory Science Research Group, The University of Queensland, School of Public Health, Australia
30. Corporate Accountability and Public Participation Africa (CAPPA), Akinbode Oluwafemi, Executive Director, Philippines
31. Development and Policies Research Center, Nguyen Ngoc Anh, Director, Vietnam
32. Dinej Chandrasiri, Divisional Registered Medical Officer, Regional Directorate of Health Services-Puttlam, Sri Lanka
33. Dr Mya Lay Nwe, Deputy Director, Ministry of Health and Sports, Myanmar, Myanmar
34. E. Madhurangi Perera, Doctor, Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka
35. Elizabeth A. Smith, Professor, University of California, San Francisco, United States
36. **European Healthy Stadia**, Dr. Dr. Matthew Philpott, PhD, Executive Director, United Kingdom
37. **European Network for Smoking and Tobacco Prevention - ENSP**, Dr. Francisco Rodriguez Lozano, President, Belgium
38. **FAECAP Federation of Family and Community Nursing Associations**, Adelaida Lozano Polo, Coordinator group of smoking, Spain
39. **Framework Convention Alliance**, Francis Thompson, Executive Director, Canada
40. **Framework Convention on Tobacco Control Alliance, Philippines**, Roberto del Rosario, President, Philippines
41. **Fresh (Making Smoking History)**, Ailsa Rutter, Director, United Kingdom
42. **Gérard Dubois**, Member, French National Academy of Medicine, France
43. **Global Center for Good Governance in Tobacco Control (GGTC)**, Nuntavarn Vichit-Vadakan, Chair, Thailand
44. **Healis Sekhsaria Institute of Public Health**, Mira B. Aghi, Consulting Behavioral Scientist, India
45. **HealthBridge Foundation of Canada Vietnam Office**, Nguyen Thi An, Director, Vietnam
46. **HealthJustice Philippines**, Jacky Sarita, Managing Director, Philippines
47. **Helen Walters**, Consultant in Public Health Medicine, United Kingdom
48. **HRIDAY**, Radhika Shrivastav, Director – Health Promotion, India
49. **Indonesian Consumer Organization (YKLI)**, Muji Rizqiany, Indonesia
50. **Israeli Medical Association for Smoking Cessation and Prevention**, Yael Bar-Zeev, Chair, Israel
51. **Janet Hoek**, Professor of Public Health and Marketing, University of Otago, New Zealand
52. **Jim McCambridge**, Professor, University of York, United Kingdom
53. **John Moxham**, Emeritus Professor, King's College London, United Kingdom
54. **Lithuanian Tobacco and Alcohol Control Coalition**, Nijole Gostautaite Midttun, President, Lithuania
55. **Malaysian Academy of Pharmacy**, Assoc. Prof. Dr. Mohd Zulkefeli Bin Mat Jusoh, Principal, Malaysia
56. **Malaysian Council for Tobacco Control**, Datuk Dr. Lekhraj Rampal, President, Malaysia
57. **Malaysian Green Lung Association**, Ho Rhu Yann, Founding President, Malaysia
58. **Malaysian Pharmaceutical Society**, Amrahi Buang, President, Malaysia
59. **Mark Levin**, Professor of Law, Wm. S. Richardson School of Law, The University of Hawaii at Manoa, United States
60. **Mark Petticrew**, Professor of Public Health, London School of Hygiene and Tropical Medicine, United Kingdom
61. **Martin White**, Professor, Vice President, UK Society of Behavioural Medicine, United Kingdom
62. **MyWATCH**, Roslizawati Md Ali, President, Malaysia
63. **National Committee on Tobacco Control**, Hasbullah Thabrany, President, Indonesia
64. **Nicholas Hopkinson**, Reader in Respiratory Medicine, Imperial College, London, United Kingdom
65. **Nofumadores.org (non-smokers.org)**, Raquel Fernandez Megina, President, Spain
66. **Norwegian Cancer Society**, Nonguebzanga Maxime Compaore, Special Advisor, International Affairs, Norway
67. **Oswaldo Cruz Foundation**, Silvana Rubano Turci, Coordinator of the Observatory of the Strategies of the Tobacco Industry of the Tobacco and Health Studies Center, Brazil
68. **OxySuisse**, Pascal Diethelm, President, Switzerland
69. Pandit Govind Ballabh Pant Institute of Studies in Rural Development, Shiv Pujan Pandey, Director, India
70. People’s Health Foundation, Dr. Than Sein, President, Myanmar
71. Portuguese Lung Cancer Study Group, Portugal
72. Portuguese Society of Pulmonology, António Morais, President, Portugal
73. Priscilla Alderson, Professor Emerita, University College London, United Kingdom
74. PROGGA, ABM Zubair, Executive Director, Bangladesh
75. Red PaPaz, Carolina Piñeros, Executive Director, Colombia
76. Resource Centre for Primary Health Care, Shanta Lall Mulmi, Executive Director, Nepal
77. Rob Moodie, Professor of Public Health, Melbourne School of Population and Global Health, Australia
78. Roengrudee Patanavanich, Deputy Director, Tobacco Control Research and Knowledge Management Center (TRC), Thailand
79. Shaun Cavanagh, Post-graduate, Diploma in Public Health, Department of Preventive and Social Medicine, University of Otago, New Zealand
80. Simon Chapman, Emeritus Professor, University of Sydney - School of Public Health, Australia
81. Sirach Loysmut, Faculty of Communication Arts, Rangsit University, Thailand
82. Slovenska zveza za javno zdravje, okolje in tobačno kontrolo, Mihaela Lovše, President, Slovenia
83. Smoke Free Israel, Shira Kislev, CEO, Israel
84. Sociedad Española de Espacialistas en Tabaquismo (SEDET), César Minué-Lorenzo, President, Spain
85. Southeast Asia Tobacco Control Alliance, Ulysses Dorotheo, Executive Director, Philippines
86. Spanish Federation of Allergy and Airways Diseases Patients’ Associations (FENAER), Armando Ruiz, Global Relationships Manager, Spain
87. Stephan Lewandowsky, Professor, School of Psychological Science and Cabot Institute, University of Bristol, United Kingdom
88. Tanzania Tobacco Control Forum, Lutgard Kokulinda Kagaruki, Executive Director, Tanzania
89. The Union, Gan Quan, Director of Tobacco Control, United States
90. Tobacco - Free Association of Zambia, Brenda Chitindi, Executive Director, Zambia
91. Tobacco Control Alliance, George Bakhturidze, Chairman, Georgia
92. Tobacco Control Research Group, University of Bath, Anna Gilmore, Director, United Kingdom
93. UK Faculty of Public Health, James Gore, Chief Executive, United Kingdom
94. Unfairtobacco, Sonja von Eichborn, Director, Germany
95. Universita del Terzo Settore, Maria Luisa Pagano, President, Italy
96. Vietnam Non-communicable Diseases Prevention and Control Alliance, Ha Thu Tran (RTCCD Executive Director) & Tran Tuan (Chairman, NCDs-VN), Vietnam
97. Vision for Alternative Development (VALD), Labram Massawudu Musah, Programmes Director, Ghana
98. Vital Strategies, Sandra Mullin, Senior Vice President, United States
99. Widyastuti Soerojo, Indonesia
100. World Heart Federation, Florence Berteletti, Director for Advocacy, Switzerland
101. Yong Check Yoon, Independent researcher, Malaysia

Based on the Article 13 Guidelines, “brand stretching” is defined as follows:

22. “Brand stretching” occurs when a tobacco brand name, emblem, trademark, logo or trade insignia or any other distinctive feature (including distinctive colour combinations) is connected with a non-tobacco product or service in such a way that the tobacco product and the non-tobacco product or service are likely to be associated.

Based on a definition from Oxford Languages, “brand extension” means:

… an instance of using an established brand or trademark on new products, so as to increase sales.


“While other transnational tobacco companies seemingly stopped sponsoring Formula One races from 2006, Philip Morris International (PMI) has been promoting its Marlboro brand of cigarettes since 1997 as Ferrari’s title sponsor. In 2018, PMI announced the renewal of a long-term partnership with Scuderia Ferrari and launched a “Mission Winnow” initiative with a logo that is said to be similar to the Marlboro red-and-white chevron. PMI is also sponsoring team Ducati of MotoGP.

“In February 2019, British American Tobacco revealed its return to Formula One by announcing a global multi-year partnership agreement with McLaren, through the “A Better Tomorrow” campaign, focused on promoting the company’s new tobacco products, which they refer as “potentially reduced risk products”.” (emphases added)


