**Annotated Bibliographies: This document contains five annotated bibliographies**

It was prepared by Thomas Babor and Kate Robaina at the University of Connecticut School of Medicine.

**I. Annotated Bibliography of Research on Competing Interests**

*This bibliography lists articles describing research on competing interests in science, medicine and addiction studies. It includes books, original studies, review articles, opinion pieces and news reports. The articles address general issues such as whether funding from organizations with competing interests is associated with the outcomes of the research and if so, why.*

**II. Annotated Bibliography of the Alcohol Industry and Competing Interests**

*This bibliography lists articles describing competing interests in alcohol science and research. It includes original studies, review articles, opinion pieces and a publication by the Worldwide Brewing Alliance (WBA) listing industry-funded organizations that support research, information dissemination, prevention programs and public policy.*

**III. Annotated Bibliography of the Pharmaceutical Industry and Competing Interests**

*This bibliography lists articles describing research on the pharmaceutical industry and competing interests. It includes original studies and review articles.*

**IV. Annotated Bibliography of the Tobacco Industry and Competing Interests**

*This bibliography lists articles describing tobacco industry funded science and competing interests. It includes original studies, review articles and opinion pieces.*

**V. Annotated Bibliography of the Gambling Industry and Competing Interests**

*This bibliography lists articles describing competing interests in gambling research. It includes original studies, review articles, opinion pieces and news reports.*

**I. Annotated Bibliography of Research on Competing Interests**

**This bibliography lists articles describing research on competing interests in science, medicine and addiction studies. It includes books, original studies, review articles, opinion pieces and news reports. The articles address general issues such as whether funding from organizations with competing interests is associated with the outcomes of the research and if so, why.**

Adams, P. J., Buetow, S., & Rossen, F. (2010). Vested interests in addiction research and policy - poisonous partnerships: Health sector buy-in to arrangements with government and addictive consumption industries. Addiction, 105(4), 585-590.

*Appraises relationship arrangements among three broadly conceived sectors: the government sector, the health sector (including researchers) and addictive consumption industries (particularly tobacco, alcohol and gambling) and concludes that health sector engagement in partnership arrangements entails too many risks.*

Adams, P. J. (2007). Assessing whether to receive funding support from tobacco, alcohol, gambling and other dangerous consumption industries. Addiction, 102(7), 1027-1033.

Als-Nielsen, B., Chen, W., Gluud, C. and Kjaergard, L. Association of Funding and Conclusions in Randomized Drug Trials: A Reflection of Treatment Effect or Adverse Events? JAMA. 2003;290,921-928.

*Review of 167 randomized drug trials concluded that industry funded trials may be more positive due to biased interpretation of trial results, rather than actual differences in treatment effect or adverse events between the experimental and comparison treatments.*

Angell, M. (2011). “The Epidemic of Mental Illness: Why?” The New York Review of Books. http://www.nybooks.com/articles/archives/2011/jun/23/epidemic-mental-illness-why/?page=1

Baker C. B., Johnsrud M. T., Crismon M. L., Rosenheck R. A., Woods S. W. (2003). Quantitative analysis of sponsorship bias in economic studies of antidepressants. Br J Psychiatry; 183: 498–506.

Barnes, D. E., & Bero, L. A. (1996). Industry-funded research and conflict of interest: An analysis of research sponsored by the tobacco industry through the center for indoor air research. Journal of Health Politics, Policy and Law; 21(3), X5-542.

Bekelman JE, Li Y, Gross CP. (2003). Scope and impact of financial conflicts of interest in biomedical research: a systematic review. JAMA;289(4): 454-465.

*Found that industry funding greatly increased the chances of pro-industry results, with an odds ratio of 3.60 (95% confidence interval 2.63–4.91).*

Bell, C. M., Urbach, D. R., Ray, J. G., Bayoumi, A., Rosen, A. B., Greenberg, D., et al. (2006). Bias in published cost effectiveness studies: Systematic review. BMJ;332: 699–703.

Bero L, Oostvogel F, Bacchetti P, Lee K. (2007). Factors associated with findings of published trials of drug-drug comparisons: why some statins appear more efficacious than others. PLoS Med; 4(6): e184.

*Reported that RCTs of head-to-head comparisons of statins with other drugs are more likely to report results and conclusions favoring the sponsor's product compared to the comparator drug and recommend that this bias in drug–drug comparison trials should be considered when making decisions regarding drug choice.*

Bero LA, Rennie D. (1996). Influences on the quality of published drug studies. Int J Technol Assess Health Care; 12(2):209-237.

*Provides examples of published drug studies that are defective, sometimes because pharmaceutical industry funding has affected their content and quality.*

Bhandari, M., Busse, J., Jackowski, D., Montori, V., Schünemann, H., Sprague, S., Mears, D., Schemitsch, E., Heels-Ansdell, D. and Devereaux, P. (2004). Association between industry funding and statistically significant pro-industry findings in medical and surgical randomized trials Journal of Can. Med. Assoc;170: 477 - 480.

Bion, J. (2009). Financial and intellectual conflicts of interest: Confusion and clarity. Current Opinion in Critical Care, 15(6), 583-590.

Brennan, T. A., Rothman, D. J., Blank, L., Blumenthal, D., Chimonas, S. C., Cohen, J. J., et al. (2006). Health industry practices that create conflicts of interest: A policy proposal for academic medical centers. Journal of the American Medical Association, 295(4), 429-433.

Caplan, A. L. (2011). Is industry money the root of all conflicts of interest in biomedical research? Annals of Emergency Medicine.

Davidson RA. (1986). Source of funding and outcome of clinical trials. J Gen Intern Med;1:155-158.

*Found that studies sponsored by pharmaceutical companies were much less likely to favor traditional therapy over new drug treatment - reviewed 107 RCTs in several general medical conditions and found a significant association between source of funding and outcome, with industry-funded studies favoring new therapies in comparison with non-industry-funded studies.*

DeAngelis CD, Fontanarosa PB. (2008). Impugning the integrity of medical science: the adverse effects of industry influence. JAMA;299(15):1833-1835.

Djulbegovic, B., Lacevic, M., Cantor, A. Fields, K.K., Bennett, C.L. and Adams, J.R. et al., (2000). The uncertainty principle and industry-sponsored research. Lancet.

*Compared outcomes of RCTs of multiple myeloma treatments by funding source and found that industry funded trials produce more favorable outcomes for newer treatments than do non-industry-funded trials (p=0.004).*

Etter, J.-F., Burri, M. and Stapleton, J. (2007). The impact of pharmaceutical company funding on results of randomized trials of nicotine replacement therapy for smoking cessation: a meta-analysis. Addiction;102:815–822.

*In reviewing all randomized controlled trials included in the Cochrane review, authors found that compared with independent trials, industry-supported trials were more likely to produce statistically significant results and larger odds ratios. These differences persisted after adjustment for basic trial characteristics.*

Finucane T. E., Boult C. E. (2004). Association of funding and findings of pharmaceutical research at a meeting of a medical professional society. Am J Med; 117: 842–5.

Friedberg M, Saffran B, Stinson TJ, Nelson W, Bennett CL. (1999). Evaluation of conflict of interest in economic analyses of new drugs used in oncology. JAMA;282:1453-1457.

*Examined whether there was an association between industry-favored outcomes of cost-effectiveness studies for high-profile, expensive oncology drugs and corporate funding of the research. Authors found that studies funded by pharmaceutical companies were nearly 8 times less likely to reach unfavorable qualitative conclusions than similar studies funded by nonprofit organizations. Also found that industry-sponsored studies were more likely to contain qualitative overstatements of quantitative results.*

Friedman, L. S., & Richter, E. D. (2004). Relationship between conflicts of interest and research results. Journal of General Internal Medicine; 19, 51–56.

*There was a strong association between those studies whose authors had COI and positive findings and that association persisted after controlling for sample size, study design, and country of primary authors.*

Fugh-Berman, A. (2005). The corporate coauthor. Journal of General Internal Medicine, 20(6), 546-548.

*Discusses drug marketing techniques, including the sponsorship of articles signed by academic physicians or researchers and submitted to peer-reviewed medical journals, some of which are authored or coauthored by ghostwriters who work for pharmaceutical companies or medical education companies hired by pharmaceutical companies. “Conflicts of interest may be difficult to detect in the subset of articles and presentations sponsored by pharmaceutical companies that never mention the targeted drug, but focus on stimulating the perceived need for the targeted drug or highlighting problems with competing drugs.” Concludes that the current voluntary standards for declaring conflicts of interest to readers of medical journals and audiences at medical conferences are inadequate.*

Fugh-Berman, A. (2010). The haunting of medical journals: How ghostwriting sold ‘‘HRT’’. PLoS Medicine;7(9), e1000335.

Greenberg, D. S. (2003). Conference deplores corporate influence on academic science: Speakers argue that corporate funds should be separated from science to prevent undue influence. Lancet, 362(9380), 302-303.

*At the conference title, Conflicted science: corporate influence on scientific research and science-based policy, 20 speakers—from academe, public-interest organisations, and journalism—who presented reports of corporate abuse of science in pursuit of profits. Their subjects ranged from the court-documented malfeasance of the tobacco, lead, and asbestos industries to retaliation against university-based researchers investigating the harmful health effects of industrial swine production.*

Harris G. and Berenson, A. 10 Voters on panel backing pain pills had industry ties. The New York Times. February 25, 2005.

*At the 2005 FDA advisory committee meeting on COX-2 inhibitors, 93% of advisors who had received fees from Merck or Pfizer voted in favor of COX-2 drugs, compared with 56% of other members of the committee.*

Hartmann, M., Knoth, H., Schulz, D., & Knoth, S. (2003). Industry-sponsored economic studies in oncology vs. studies sponsored by nonprofit organisations. British Journal of Cancer;89, 1405–1408.

Jagsi, R., Sheets, N., Jankovic, A., Motomura, A. R., Amarnath, S., & Ubel, P. A. (2009). Frequency, nature, effects, and correlates of conflicts of interest in published clinical cancer research. Cancer;115, 2783–2791.

*In randomized oncology trials that looked at overall survival, those with COI were more likely to have positive findings.*

Jahiel, R. I. (2008). Corporation-induced diseases, upstream epidemiologic surveillance, and urban health. Journal of Urban Health, 85(4), 517-531.

Jorgensen AW, Hilden J, Gøtzsche PC. (2006). Cochrane reviews compared with industry supported metaanalyses and other meta-analyses of the same drugs: systematic review. BMJ.;333(7572):782.

Kassierer, J. (2005). On the take: How medicine’s complicity with big business can endanger your health. New York: Oxford University Press.

Katz, D., Caplan, A. L., & Merz, J. F. (2003). All gifts large and small: Toward an understanding of the ethics of pharmaceutical industry gift-giving. American Journal of Bioethics;3, 39–46.

*‘‘When a gift or gesture of any size is bestowed, it imposes on the recipient a sense of indebtedness. The obligation to directly reciprocate, whether or not the recipient is conscious of it, tends to influence behavior’’. Researchers may not necessarily have financial interest in the outcome of their research but subconsciously create conditions that yield the results most favorable to the company providing the resources to undertake the study. Gifts create strong dispositions or obligations to reciprocate (Mauss, 1967)*

Kesselheim, A. S., Lee, J. L., Avorn, J., Servi, A., Shrank, W. H. and Choudhry, N. K. (2011), Conflict of interest in oncology publications. Cancer.

*Authors identified oncology journals and found that 88% requested that authors disclose conflicts of interest, whereas the remaining 12) did not. Disclosure policies and the very definition of conflict of interest varied considerably among journals. Substantial proportion did not publish disclosure statements consistently, with deficiencies particularly among editorials and commentaries.*

Kjaergard, L. L., & Als-Nielsen, B. (2002). Association between competing interests and authors’ conclusions: Epidemiological study of randomised clinical trials published in the BMJ. BMJ;325, 249.

*Examined clinical RCTs published in the BMJ between 1997 and 2001. In publications where authors declared a financial COI, the conclusions that they reached were significantly more likely to be positive towards the experimental intervention than if COI was not present.*

*The association between financial COI and authors’ conclusions was not explained by methodological quality, statistical power, type of experimental intervention, type of control intervention or medical specialty.*

Komesaroff, P. A. (2005). Ethical issues in the relationships with industry: An ongoing challenge. New guidelines open for public comment. Journal of Paediatrics and Child Health, 41(11), 558-560.

*New guidelines established by the Royal Australasian Collage of Physicians which recommend that gifts should be rejected; that industry sponsorship to attend meetings should be restricted to cases where formal contributions are being made; that drug samples should not be accepted from pharmaceutical representatives; and that endorsements of specific products and "advertorials" should be avoided.*

Krimsky, S. (2003). Science in the Private Interest: Has the Lure of Profits Corrupted Biomedical Research? Lanham: MD: Rowman & Littlefield Publishers, Inc.

Krimsky, S. (2003). Science on trial: Conflicts of interest jeopardize scientific integrity and public health. Genewatch : A Bulletin of the Committee for Responsible Genetics, 16(5), 3-6.

Leopold S. S., Warme W. J., Fritz Braunlich E., Shott S. (2003). Association between funding source and study outcome in orthopaedic research. Clin Orthop Relat Res; 415: 293–301.

Lewis, T., Reichman, J., & So, A. (2007). The case for public funding and public oversight of clinical trials. Economists’ Voice;4(1), 1–4.

Lexchin J, Bero LA, Djulbegovic B, ClarkO. (2003). Pharmaceutical industry sponsorship and research outcome and quality: systematic review. BMJ; 326(7400):1167-1170.

*Found that 13 of 16 studies showed an association between industry funding and pro-industry outcomes, and a further 7 between funding and pharmacoeconomic analyses. Pooling data produced a summary odds ratio of 4.05 (95% confidence interval 2.98–5.51).*

Lurie, P., Almeida, C., Stine, N., Stine, A.R. and Wolfe, S.M. (2006). Financial conflict of interest disclosure and voting patterns at food and drug administration drug advisory committee meetings, JAMA;295: 1921–1928.

*Evidence that medical experts on FDA advisory committees support the interests of firms that support their work.*

Melander H, Ahlqvist-Rastad J, Meijer G, Beermann B. (2003). Evidence b(i)ased medicine—selective reporting from studies sponsored by pharmaceutical industry: review of studies in new drug applications. BMJ; 326(7400):1171-1173.

*Investigated the impact on publication bias caused by multiple publication, selective publication, and selective reporting in studies sponsored by pharmaceutical companies and found that out of 42 studies, 21 contributed to at least two publications each, and three studies contributed to five publications; studies showing significant effects of drug were published as standalone publications more often than studies with non-significant results; and that many publications ignored the results of intention to treat analyses and reported the more favourable per protocol analyses only.*

Michaels, D. (2008). Doubt is Their Product: How Industry’s Assault on Science Threatens Your Health. New York: Oxford University Press.

Montgomery, J., Byerly, M., Carmody, T., Li, B., Miller, D., Varghese, F., Holland, R. (2004). An analysis of the effect of funding source in randomized clinical trials of second generation antipsychotics for the treatment of schizophrenia. Controlled Clinical Trials; 25(6):598-612.

*Found that industry-supported trials produce more favorable outcomes for innovative treatment over standard therapies than do non-industry-supported studies (p=0.02).*

Nieto, A., Mazon, A., Pamies, R., Linana, J. J., Lanuza, A., Jime´nez, F. O., et al. (2007). Adverse effects of inhaled corticosteroids in funded and nonfunded studies. Archives of Internal Medicine;167, 2047–2053.

*Authors of industry-funded trials were still more likely to conclude that the medication was ‘‘safe’’ than were authors of trials without industry funding.*

Our conflicted medical journals. New York Times. July 23, 2006:WK11.

Pachter, W. S., Fox, R. E., Zimbardo, P., & Antonuccio, D. O. (2007). Corporate funding and conflicts of interest: A primer for psychologists. American Psychologist, 62(9), 1005-1015.

Pearce, N. (2008). Corporate influences on epidemiology. International Journal of Epidemiology, 37(1), 46-53.

Perlis, C. S., Harwood, M., & Perlis, R. H. (2005). Extent and impact of industry sponsorship conflicts of interest in dermatology research. Journal of the American Academy of Dermatology:52, 967–971.

*Compared to studies where authors did not report a COI, RCTs in dermatology where there was a COI were significantly more likely to report a positive outcome. Once statistical adjustment was made for three factors: industry funding, the Jadad score and the number of participants in the trial, the relationship between COI and positive outcomes was no longer significant. In pharmaceutical company funded RCTs comparing psychiatric drugs to placebo the chance that the study would report a positive outcome was 8.4 times greater if one of the authors had a COI. In the absence of industry funding there was no association between author COI and positive outcomes.*

Perlis, R. H., Perlis, C. S., Wu, Y., Hwang, C., Joseph, M., & Nierenberg, A. A. (2005). Industry sponsorship and financial conflict of interest in the reporting of clinical trials in psychiatry. American Journal of Psychiatry, 162(10), 1957-1960.

Resnik, D. (2007). The Price of Truth: How Money Affects the Norms of Science. New York: Oxford University Press.

Ridker, P.M. and Torres, J. (2006). Reported Outcomes in Major Cardiovascular Clinical Trials Funded by For-Profit and Not-for-Profit Organizations: 2000-2005. JAMA;295,2270 - 2274.

Rochon, P. A., Gurwitz, J. H., Simms, R. W., Fortin, P. R., Felson, D. T., Minaker, K. L., et al. (1994). A study of manufacturer-supported trials of nonsteroidal anti-inflammatory drugs in the treatment of arthritis. Archives of Internal Medicine;154, 157–163.

Roseman, M., Milette, K., Bero, L. A., Coyne, J. C., Lexchin, J., Turner, E. H., et al. (2011). Reporting of conflicts of interest in meta-analyses of trials of pharmacological treatments. JAMA;305(10), 1008-1017.

Safer, D. J. (2002). Design and reporting modifications in industry-sponsored comparative psychopharmacology trials. Journal of Nervous and Mental Disease;190, 583–592.

Shah R. V., Albert T. J., Bruegel-Sanchez V., Vaccaro A. R., Hilibrand A. S., Grauer J. N. (2005). Industry support and correlation to study outcome for papers published in Spine. Spine; 30: 1099–104.

*Reported that industry funded studies demonstrated a statistically greater likelihood to report positive results than studies with other funding sources.*

Sismondo S. (2008). How pharmaceutical industry funding affects trial outcomes: causal structures and responses. Soc Sci Med;66(9):1909-1914.

*COI probably does not operate on a conscious level but rather the act of accepting funding from a pharmaceutical company creates a gift relationship between the investigator and the sponsor wherein the person receiving the ‘‘gift’’ feels an obligation to repay the present in some manner.*

Sismondo S. Pharmaceutical company funding and its consequences: a qualitative systematic review. (2008). Contemp Clin Trials;29(2):109-113.

*Examined the evidence subsequent to the Lexchin article and found 17 additional articles that supported his conclusion with only 2 dissenting.*

Spielmans, G. I., Biehn, T. L., & Sawrey, D. L. (2010). A case study of salami slicing: Pooled analyses of duloxetine for depression. Psychotherapy and Psychosomatics. 2010;79, 97–106.

Stelfox HT, Chua G, O'Rourke K, Detsky AS. (1998). Conflict of interest in the debate over calcium-channel antagonists. N Engl J Med;338:101-106.

*Found that authors who had a financial association with manufacturers were much more likely than those who did not to have a favorable published position on the safety of calcium channel antagonists as a treatment for cardiovascular disorders. Reported that 96% of the authors who were supportive of calcium channel antagonists had financial relationships with manufacturers compared with 60% who were neutral and 37% who were critical. Only 2 of the 70 articles included in the study disclosed the authors' potential conflicts of interest. After reviewing these and other results, the editor of BMJ wrote, [these studies] "begin to build a solid case that conflict of interest has an impact on the conclusions reached by papers in medical journals."*

Tong, E., England, L., Glantz, S. (2005). Changing Conclusions on Secondhand Smoke in a Sudden Infant Death Syndrome Review Funded by the Tobacco Industry. Pediatrics;115:3.

Tungaraza, T., & Poole, R. (2007). Influence of drug company authorship and sponsorship on drug trial outcomes. British Journal of Psychiatry, 191(JULY), 82-83.

*Compared drug trials reported in three major psychiatric journals to investigate influences of pharmaceutical industry funding and found that independent studies were more likely to report negative findings than industry-funded studies. Also found that the involvement of a drug company employee had a much greater effect on study outcome than financial sponsorship alone.*

Turner EH, Matthews AM, Linardatos E, Tell RA, Rosenthal R. (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. N Engl J Med;358(3):252-260.

van Kolfschooten F. (2002). Conflicts of interest: can you believe what you read? Nature;416(6879):360-363.

Wagena E. J., Knipschild P. G. (2003). The efficacy of bupropion in relation to competing interests and methodological quality. Eur Respir J; 22: 165s.

West, R. (1997). Addiction, ethics and public policy. Addiction, 92(9), 1061-1070.

Whittington, C. J., Kendall, T., Fonagy, P., Cottrell, D., Cotgrove, A., & Boddington, E. (2004). Selective serotonin reuptake inhibitors in childhood depression: Systematic review of published versus unpublished data. Lancet;363, 1341–1345.

Whitaker, R. (2010). Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America. New York: Crown Publishers.

Yank V, Rennie D, Bero LA. (2007). Financial ties and concordance between results and conclusions in meta-analyses: retrospective cohort study. BMJ;335(7631):1202-1205.

*In analyzing meta-analyses of antihypertensives, authors found when controlling for other characteristics of themeta-analyses, the only factor associated with positive conclusions was if there was a relationship to industry.*

Yaphe J, Edman R, Knishkowy B, Herman J. (2001). The association between funding by commercial interests and study outcome in randomized controlled drug trials. Fam Pract;18(6):565-568.

*Found an association between the source of study support and the published outcome.*

**II. Annotated Bibliography of the Alcohol Industry and Competing Interests**

**This bibliography lists articles describing competing interests in alcohol science and research. It includes original studies, review articles, opinion pieces and a publication by the Worldwide Brewing Alliance (WBA) listing industry-funded organizations that support research, information dissemination, prevention programs and public policy.**

Let's be straight up about the alcohol industry. (2011). PLoS Medicine, 8(5).

Principles of cooperation among the beverage alcohol industry governments, scientific researches, and the public health community.(1997). Alcologia, 9(3), 163-164.

Anderson, P. (2003). The beverage alcohol industry's social aspects organizations: A public health warning. [Las organizaciones sobre aspectos sociales de la industria de alcoholes: Una advertencia a la salud pública] Adicciones, 15(2), 103-114.

Anderson, P. (2004). The beverage alcohol industry's social aspects organizations: A public health warning. Addiction, 99(11), 1376-1377.

Anderson, P., Drummond, C., Hellman, M., & Rosenqvist, P. (2009). Introduction to the issue - the alcohol industry and alcohol policy. Addiction, 104(SUPPL. 1), 1-2.

Anglin, L., Johnson, S., Giesbrecht, N., & Greenfield, T. (2000). Alcohol policy content analysis: A comparison of public health and alcohol industry trade newsletters. Drug and Alcohol Review, 19(2), 203-212.

Babor, T. F. (2009). Alcohol research and the alcoholic beverage industry: Issues, concerns and conflicts of interest. Addiction, 104(SUPPL. 1), 34-47.

*Identifies industry involvement in alcohol science in seven areas: (i) sponsorship of research funding organizations; (ii) direct financing of university-based scientists and centers; (iii) studies conducted through contract research organizations; (iv) research conducted by trade organizations and social aspects/public relations organizations; (v) efforts to influence public perceptions of research, research findings and alcohol policies; (vi) publication of scientific documents and support of scientific journals; and (vii) sponsorship of scientific conferences and presentations at conferences.*

Babor, T.F. & Xuan, Z. A Tale of Two Surveys: Alcohol policy research and the grey literature. Nordic Studies on Alcohol and Drugs, Vol 21 (2004)125-37. English Supplement.

Babor, T.F. (2006) Diageo,University College Dublin and the integrity of alcohol science: It’s time to draw the line between public health and public relations Addiction 101, 1375-1377. (Editorial)

Babor, T.F. and McGovern, T. (2007). Minimizing moral jeopardy: Perils of the slippery slope. Addiction 102: 1037-1038. (Commentary)

Blane, H. T. (1976). Issues in preventing alcohol problems. Preventive Medicine, 5(1), 176-186.

Bond, L., Daube, M., & Chikritzhs, T. (2010). Selling addictions: Similarities in approaches between big tobacco and big booze. Australasian Medical Journal, 3(6), 325-332.

*Alcohol and tobacco companies have worked closely together, have shared information, share similar concerns and have used similar arguments to defend their products and prevent or delay restrictions being placed on their products.*

Bruch, E. (2010). Understanding segregation processes. 3rd International Conference on Social Computing, Behavioral Modeling, and Prediction.

*Tobacco and alcohol industries also advertise their products disproportionately in poor, minority areas.*

Buhringer, G. (2001). Alcohol industry, health policy and NGO's. [Alkoholindustrie, gesundheitspolitik und NGO's: Wer geht mit wem und unter welchen bedingungen ins bett?] Sucht, 47(6), 390-392.

Caetano, R. (2008). About smoke and mirrors: The alcohol industry and the promotion of science. Addiction, 103(2), 175-178.

Casswell, S. (2009). Alcohol industry and alcohol policy - the challenge ahead. Addiction, 104(SUPPL. 1), 3-5.

Casswell, S. (2004). Industry influences: More case studies needed. Addiction, 99(11), 1378-1379.

Drummond, C. (2005). The alcohol industry has a conflict of interest in alcohol research and policy [3]. Addiction, 100(1), 128-129.

Edwards, G., West, R., Babor, T. F., Hall, W., & Marsden, J. (2004). An invitation to an alcohol industry lobby to help decide public funding of alcohol research and professional training: A decision that should be reversed. Addiction, 99(10), 1235-1236.

Foster, S. E., Vaughan, R. D., Foster, W. H., & Califano Jr., J. A. (2006). Estimate of the commercial value of underage drinking and adult abusive and dependent drinking to the alcohol industry. Archives of Pediatrics and Adolescent Medicine, 160(5), 473-478.

Gmel, G. (2010). The good, the bad and the ugly. Addiction, 105(2), 203-205.

Gmel, G., Heeb, J. L., & Rehm, J. (2003). Research and the alcohol industry [1]. Addiction, 98(12), 1773-1774.

Gmel, G., & Meyer, M. (2004). Is financing research projects by the alcohol industry conceivable? Experiences from Switzerland. [Finanzierung von forschungs-projekten durch die alkohol-industrie denkbar? Erfahrungen aus der Schweiz] Sucht, 50(2), 133-134.

Guerra De Andrade, A. (2008). Ethics of alcohol policy in Brazil: Why it is possible to be independent when we sit at the same table with the alcohol industry. Addiction, 103(5), 854-855.

Hannum, H. (1997). The Dublin principles of cooperation among the beverage alcohol industry, governments, scientific researchers, and the public health community. Alcohol and Alcoholism, 32(6), 639-648. This article was commissioned by the International Center for Alcohol Policies, an industry-funded organization.

Herrick, C. (2011). Why we need to think beyond the 'industry' in alcohol research and policy studies. Drugs: Education, Prevention and Policy, 18(1), 10-15.

Holder, H. D. (2005). Alcohol industry and public health research are a poor mix [3]. Addiction, 100(10), 1558.

Houghton, E. (1998). A comparative analysis of alcohol education programs sponsored by the beverage alcohol industry. Journal of Alcohol and Drug Education, 43(3), 15-33.

Jahiel, R. I., & Babor, T. F. (2007). Industrial epidemics, public health advocacy and the alcohol industry: Lessons from other fields. Addiction, 102(9), 1335-1339.J

Jernigan, D. H. (2009). The global alcohol industry: An overview. Addiction, 104(SUPPL. 1), 6-12.

Kypri, K., Walsh, R. A., & Sanson-Fisher, R. W. (2009). Australian universities' open door policies on alcohol industry research funding. Addiction, 104(10), 1765-1767.

McBride, R., & Mosher, J. F. (1985). Public health implications of the international alcohol industry: Issues raised by a World Health Organization project. British Journal of Addiction, 80(2), 141-147.

McCreanor T, Casswell S, Hill L. ICAP and the perils of partnership. Addiction. 2000;95(2):179-185

Miller, D., & Harkins, C. (2010). Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health. Critical Social Policy, 30(4), 564-589.

Moskalewicz, J. (2004). More research on the alcohol industry's attempt to influence policy and science is needed. Addiction, 99(11), 1377-1378.

Munro, G. (2004). An addiction agency's collaboration with the drinks industry: Moo joose as a case study. Addiction, 99(11), 1370-1374.

*Results indicate the partnership advances the interests of the drinks industry rather than public health. The mission and objectives of Alcohol Education Australia Ltd subordinate public health goals to industry aims and the host organization, the ADFQ, has changed its policy and practice to accommodate the drinks industry.*

Schroeder, S. A. (2005). An agenda to combat substance abuse. Health Affairs, 24(4), 1005-1013

Stenius, K., & Babor, T. F. (2010). The alcohol industry and public interest science. Addiction, 105(2), 191-198.

*This report argues that the growing involvement of the alcohol industry in scientific research needs to be acknowledged and addressed.*

Stenius, K. (2010). Editorial: Alcohol industry wins over public health interest in finland. NAT Nordic Studies on Alcohol and Drugs, 27(3), 207-208.

Swantz, M. (1990). Alcohol research in developing societies from the point of view of development studies. NAD Publication, (18), 28-35.

Wolburg, J. M. (2005). How responsible are "responsible" drinking campaigns for preventing alcohol abuse? Journal of Consumer Marketing, 22(4), 176-177.

Worldwide Brewing Alliance (WBA). (2007). Global Social Responsibility Initiatives. http://ec.europa.eu/health/ph\_determinants/life\_style/alcohol/Forum/docs/alcohol\_lib6\_en.pdf

*Describes more than 570 initiatives from 46 different countries; details of Social Aspects Organisations (SAOs), that are wholly, or partly, funded by brewing companies; and documents research undertaken, or funded, by brewers’ Trade Associations or Social Aspects Organisations (SAOs).*

Zeigler, D. W. (2009). The alcohol industry and trade agreements: A preliminary assessment. Addiction, 104(SUPPL. 1), 13-26.

**III. Annotated Bibliography of the Pharmaceutical Industry and Competing Interests**

**This bibliography lists articles describing research on the pharmaceutical industry and competing interests. It includes original studies and review articles.**

Als-Nielsen, B., Chen, W., Gluud, C. and Kjaergard, L. (2003). Association of Funding and Conclusions in Randomized Drug Trials: A Reflection of Treatment Effect or Adverse Events? JAMA; 290,921-928.

*of 167 randomized drug trials concluded that industry funded trials may be more positive due to biased interpretation of trial results, rather than actual differences in treatment effect or adverse events between the experimental and comparison treatments.*

Baker, C. B., Johnsrud, M. T., Crismon, M. L., Rosenheck, R. A., & Woods, S. W. (2003). Quantitative analysis of sponsorship bias in economic studies of antidepressants. British Journal of Psychiatry, 183(DEC.), 498-506.

*Examined all identifiable articles with original comparative quantitative cost or cost-effectiveness outcomes for antidepressants and found that studies sponsored by selective serotonin reuptake inhibitor (SSRI) manufacturers favoured SSRIs over tricyclic antidepressants more than non-industry-sponsored studies; and that studies sponsored by manufacturers of newer antidepressants favoured these drugs more than did non-industry-sponsored studies.*

Becker-Brüser, W. (2010). Research in the pharmaceutical industry cannot be objective. [Objektive Forschung der Pharmaindustrie ist nicht möglich] Zeitschrift Fur Evidenz, Fortbildung Und Qualitat Im Gesundheitswesen, 104(3), 183-189.

Bekelman, J. E., Li, Y., & Gross, C. P. (2003). Scope and impact of financial conflicts of interest in biomedical research: A systematic review. Journal of the American Medical Association, 289(4), 454-465.

*Found that approximately one fourth of investigators have industry affiliations, and roughly two thirds of academic institutions hold equity in start-ups that sponsor research performed at the same institutions.*

Bennett, C. L., Lai, S. Y., Henke, M., Barnato, S. E., Armitage, J. O., & Sartor, O. (2010). Association between pharmaceutical support and basic science research on erythropoiesis-stimulating agents. Archives of Internal Medicine, 170(16), 1490-1498.

Bhandari, M., Busse, J. W., Jackowski, D., Montori, V. M., Schünemann, H., Sprague, S., et al. (2004). Association between industry funding and statistically significant pro-industry findings in medical and surgical randomized trials. CMAJ, 170(4), 477-480.

Bion, J. (2009). Financial and intellectual conflicts of interest: Confusion and clarity. Current Opinion in Critical Care, 15(6), 583-590.

Brezis, M. (2008). Big pharma and health gare: Unsolvable conflict of interests between private enterprise and public health. Israel Journal of Psychiatry and Related Sciences, 45(2), 83-89.

Bruyere, O., Kanis, J. A., Ibar-Abadie, M. -., Alsayed, N., Brandi, M. L., Burlet, N., et al. (2010). The need for a transparent, ethical, and successful relationship between academic scientists and the pharmaceutical industry: A view of the group for the respect of ethics and excellence in science (GREES). Osteoporosis International, 21(5), 713-722.

Cohen, A. F. (2001). Medical research and the pharmaceutical industry. uneasy bedfellows or a prenuptial agreement? [Medisch-wetenschappelijk onderzoek en de farmaceutische industrie. Ongemakkelijke minnaars of huwelijkse voorwaarden?] Nederlands Tijdschrift Voor Geneeskunde, 145(30), 1438-1442.

Doucet, M., & Sismondo, S. (2008). Evaluating solutions to sponsorship bias. Journal of Medical Ethics, 34(8), 627-630.

Eichler, H., Kong, S. X., & Grégoire, J. -. (2006). Outcomes research collaborations between third-party payers, academia, and pharmaceutical manufacturers. What can we learn from clinical research? European Journal of Health Economics, 7(2), 129-136.

Etter, J., Burri, M., & Stapleton, J. (2007). The impact of pharmaceutical company funding on results of randomized trials of nicotine replacement therapy for smoking cessation: A meta-analysis. Addiction, 102(5), 815-822.

*Compared with independent trials, industry-supported trials were more likely to produce statistically significant results and larger odds ratios. These differences persisted after adjustment for basic trial characteristics.*

Finucane, T. E., & Boult, C. E. (2004). Association of funding and findings of pharmaceutical research at a meeting of a medical professional society. American Journal of Medicine, 117(11), 842-845.

Garattini, L., Koleva, D., & Casadei, G. (2010). Modeling in pharmacoeconomic studies: Funding sources and outcomes. International Journal of Technology Assessment in Health Care, 26(3), 330-333.

*Analysis showed that sponsored studies were much more likely to report favorable conclusions than nonsponsored ones (95 percent and 50 percent, p < .001).*

Green, S. (2008). Ethics and the pharmaceutical industry. Australasian Psychiatry, 16(3), 158-165.

Henry, D. A., Kerridge, I. H., Hill, S. R., McNeill, P. M., Doran, E., Newby, D. A., et al. (2005). Medical specialists and pharmaceutical industry-sponsored research: A survey of the australian experience. Medical Journal of Australia, 182(11), 557-560.

Lexchin, J. (2006). Those who have the gold make the rules: Funding and outcomes in medicines research. [Los que tienen el dinero hacen las reglas: Auspicios y resultados en la investigación médica] Salud(i)Ciencia, 14(3), 110-111.

Moliner, J., Mozota, J., María Abad, J., Casaña, L., Júdez, D., & José Rabanaque, M. (2009). Is it appropriate to research into physician-pharmaceutical industry relationships? [¿Es pertinente investigar las relaciones entre médicos e industria farmacéutica?] Revista De Calidad Asistencial, 24(2), 72-79.

Moses III, H., & Martin, J. B. (2001). Academic relationships with industry: A new model for biomedical research. Journal of the American Medical Association, 285(7), 933-935.

Newcombe, J. P., & Kerridge, I. H. (2007). Assessment by human research ethics committees of potential conflicts of interest arising from pharmaceutical sponsorship of clinical research. Internal Medicine Journal, 37(1), 12-17.

Pachter, W. S., Fox, R. E., Zimbardo, P., & Antonuccio, D. O. (2007). Corporate funding and conflicts of interest: A primer for psychologists. American Psychologist, 62(9), 1005-1015.

Perlis, R. H., Perlis, C. S., Wu, Y., Hwang, C., Joseph, M., & Nierenberg, A. A. (2005). Industry sponsorship and financial conflict of interest in the reporting of clinical trials in psychiatry. American Journal of Psychiatry, 162(10), 1957-1960.

*Examined 162 randomized, double-blind, placebo-controlled studies and found that those that reported conflict of interest were 4.9 times more likely to report positive results; this association was significant only among the subset of pharmaceutical industry-funded studies.*

Pyke, S., Julious, S. A., Day, S., O'Kelly, M., Todd, S., Matcham, J., et al. (2011). The potential for bias in reporting of industry-sponsored clinical trials. Pharmaceutical Statistics, 10(1), 74-79.

Roseman, M., Milette, K., Bero, L. A., Coyne, J. C., Lexchin, J., Turner, E. H., et al. (2011). Reporting of conflicts of interest in meta-analyses of trials of pharmacological treatments. JAMA - Journal of the American Medical Association, 305(10), 1008-1017.

Salas, S. P., & Russo, M. (2010). Transparency in biomedical research: About the risks associated with the use of Avandia. [Transparencia en la investigación biomédica: A propósito de los riesgos asociados al uso de Avandia] Revista Medica De Chile, 138(9), 1197-1200.

Sismondo, S. (2008). How pharmaceutical industry funding affects trial outcomes: Causal structures and responses. Social Science and Medicine, 66(9), 1909-1914.

*COI probably does not operate on a conscious level but rather the act of accepting funding from a pharmaceutical company creates a gift relationship between the investigator and the sponsor wherein the person receiving the ‘‘gift’’ feels an obligation to repay the present in some manner.*

Sismondo, S. (2008). Pharmaceutical company funding and its consequences: A qualitative systematic review. Contemporary Clinical Trials, 29(2), 109-113.

*Examined the evidence subsequent to the Lexchin article and found 17 additional articles that supported his conclusion with only 2 dissenting.*

Sismondo, S., & Doucet, M. (2010). Publication ethics and the ghost management of medical publication. Bioethics, 24(6), 273-283.

Tungaraza, T., & Poole, R. (2007). Influence of drug company authorship and sponsorship on drug trial outcomes. British Journal of Psychiatry, 191(JULY), 82-83.

*In compared drug trials reported in three major psychiatric journals to investigate these influences, authors found that independent studies were more likely to report negative findings than industry-funded studies.*

Ulas, H., Binbay, T., & Alptekin, K. (2008). Financial conflict of interest in clinical psychiatry studies: A review. Turk Psikiyatri Dergisi, 19(4).

Yaphe, J., Edman, R., Knishkowy, B., & Herman, J. (2001). The association between funding by commercial interests and study outcome in randomized controlled drug trials. Family Practice, 18(6), 565-568.

**IV. Annotated Bibliography of the Tobacco Industry and Competing Interests**

**This bibliography lists articles describing tobacco industry funded science and competing interests. It includes original studies, review articles and opinion pieces.**

Baba, A., Cook, D. M., McGarity, T. O., & Bero, L. A. (2005). Legislating "sound science": The role of the tobacco industry. American Journal of Public Health, 95(SUPPL. 1), S20-S27.

*Report on Philip Morris campaign to legislate "sound science", which involved enacting data access and data quality laws to obtain previously confidential research data in order to reanalyze it based on industry-generated data quality standards. Philip Morris worked with other corporate interests to form coalitions and workgroups, develop a "data integrity" outreach program, sponsor symposia on "research integrity," and draft language for the new acts. The tobacco industry played a role in establishing laws that increase corporate influence on public health and regulatory policy decisions.*

Barnes DE, Bero LA. Why review articles on the health effects of passive smoking reach different conclusions. JAMA. 1998;279(19):1566-1570.

Barnes, D. E., & Bero, L. A. Industry-funded research and conflict of interest: An analysis of research sponsored by the tobacco industry through the center for indoor air research. Journal of Health Politics, Policy and Law. 1996; 21(3), X5-542.

*Findings suggest that the tobacco industry is funding special-reviewed projects through the Center for Indoor Air Research (CIAR) to develop scientific data that it can use in legislative and legal settings. The industry may be financing peer-reviewed projects through CIAR to enhance its credibility, to provide good publicity, and to divert attention from ETS as an indoor air pollutant.*

Bornhäuser, A., McCarthy, J., & Glantz, S. A. (2006). German tobacco industry's successful efforts to maintain scientific and political respectability to prevent regulation of secondhand smoke. Tobacco Control., 15(2).

Brown, S. P. (2002). "Sound science" and tobacco exposure. American Journal of Public Health, 92(6), 891.

Cohen, J. E., Zeller, M., Eissenberg, T., Parascandola, M., O'Keefe, R., Planinac, L., et al. (2009). Criteria for evaluating tobacco control research funding programs and their application to models that include financial support from the tobacco industry. Tobacco Control, 18(3), 228-234

Cummings, K. M., Sciandra, R., Gingrass, A., & Davis, R. (1991). What scientists funded by the tobacco industry believe about the hazards of cigarette smoking. American Journal of Public Health, 81(7), 894-896.

Drope, J., & Chapman, S. (2001). Tobacco industry efforts at discrediting scientific knowledge of environmental tobacco smoke: A review of internal industry documents. Journal of Epidemiology and Community Health, 55(8), 588-594.

*Using internal tobacco documents, the study found that: the industry funded independent organisations to produce research that appeared separate from the industry and would boost its credibility; that industry organised symposiums were used to publish non-peer reviewed research; and that unfavourable research conducted or proposed by industry scientists was prevented from becoming public.*

Drope, J., Bialous, S. A., & Glantz, S. A. (2004). Tobacco industry efforts to present ventilation as an alternative to smoke-free environments in North America. Tobacco Control, 13(SUPPL.1), i41-i47.

*Analysis of previously secret tobacco industry documents*

Fields, N., & Chapman, S. (2003). Chasing Ernst L Wynder: 40 years of Philip Morris' efforts to influence a leading scientist. Journal of Epidemiology and Community Health, 57, 571–578.

Friedman, L. C., Daynard, R. A., & Banthin, C. N. (2005). How tobacco-friendly science escapes scrutiny in the courtroom. American Journal of Public Health, 95(SUPPL. 1), S16-S20.

Hagen, P., Yach, D., & Bialous, S. A. (2002). Junk science, tobacco, and agendas [3]. American Journal of Public Health, 92(6), 892.

Hirschhorn, N., Bialous, S. A., & Shatenstein, S. (2001). Philip morris' new scientific initiative: An analysis. Tobacco Control, 10(3), 247-252.

*An analysis of "Philip Morris External Research Program", or PMERP, which found that the majority of the named reviewers have had previous affiliation with the tobacco industry either as reviewers or grantees, but only a minority have done research directly on tobacco or smoking. “The programmatic substance of the PMERP could be interpreted as soliciting exculpatory evidence with respect to smoking and exposure to smoke.”*

Iida, K., & Proctor, R. N. (2004). Learning from Philip Morris: Japan tobacco's strategies regarding evidence of tobacco health harms as revealed in internal documents from the American tobacco industry. Lancet, 363(9423), 1820-1824.

King, J. (2006). Accepting tobacco industry money for research: Has anything changed now that harm reduction is on the agenda? Addiction, 101(8), 1067-1069.

Landman, A., Cortese, D. K., & Glantz, S. (2008). Tobacco industry sociological programs to influence public beliefs about smoking. Social Science and Medicine, 66(4), 970-981.

*Draws on previously secret tobacco industry documents to show how industry programs utilized academic sociologists, political scientists, anthropologists, psychologists, philosophers and economists, and allowed the industry to develop and widely disseminate friendly research through credible channels. Strategies included creating favorable surveys and opinions, infusing them into the lay press and media through press releases, articles and conferences, publishing, promoting and disseminating books, commissioning and placing favorable book reviews, providing media training for book authors and organizing media tours. These programs allowed the tobacco industry to affect public and academic discourse on the social acceptability of smoking.*

Landman, A., & Glantz, S. A. (2009). Tobacco industry efforts to undermine policy-relevant research. American Journal of Public Health, 99(1), 45-58.

Marshall, E. (1998). Science funding: Up in smoke? Science, 279(5353), 974-975.

Muggli, M. E., Forster, J. L., Hurt, R. D., & Repace, J. L. (2001). The smoke you don't see: Uncovering tobacco industry scientific strategies aimed against environmental tobacco smoke policies. American Journal of Public Health, 91(9), 1419-1423.

*Analysis showed that the tobacco industry went to great lengths to battle the ETS issue worldwide by camouflaging its involvement and creating an impression of legitimate, unbiased scientific research.*

Muggli, M. E., & Hurt, R. D. (2003). Tobacco industry strategies to undermine the 8th World Conference on Tobacco or Health. Tobacco Control, 12(2), 195-202.

*Uses internal documents to show that the tobacco industry has the resources and vested interest to combat perceived threats in its regional operating markets and calls for the worldwide public heath community to become aware of the numerous ways in which the tobacco industry and its front groups can work against international tobacco control meetings, even including the manipulation of or working with other public health groups to oppose tobacco control efforts.*

Muggli, M. E., Hurt, R. D., & Blanke, D. D. (2003). Science for hire: A tobacco industry strategy to influence public opinion secondhand smoke. Nicotine and Tobacco Research, 5(3), 303-314.

*A review of internal tobacco company documents that reveals that members of the tobacco industry and its corporate attorneys created an international scientific consultants program to influence public opinion on environmental tobacco smoke (ETS) which was used to promote a scientific backdrop supporting the industry's position on ETS.*

Neuman, M. D., Bitton, A., & Glantz, S. A. (2005). Tobacco industry influence on the definition of tobacco related disorders by the American Psychiatric Association. Tobacco Control, 14(5), 328-337.

Ong, E. K., & Glantz, S. A. (2001). Constructing "sound science" and "good epidemiology": Tobacco, lawyers, and public relations firms. American Journal of Public Health, 91(11), 1749-1757.

*Warns that public health professionals need to be aware that the "sound science" movement is not an indigenous effort from within the profession to improve the quality of scientific discourse, but reflects sophisticated public relations campaigns controlled by industry executives and lawyers whose aim is to manipulate the standards of scientific proof to serve the corporate interests of their clients.*

Ong, E. K., & Glantz, S. A. (2000). Tobacco industry efforts subverting international agency for research on cancer's second-hand smoke study. Lancet, 355(9211), 1253-1259.

Parascandola, M. (2005). Science, industry, and tobacco harm reduction: A case study of tobacco industry scientists' involvement in the national cancer institute's smoking and health program, 1964-1980. Public Health Reports, 120(3), 338-349.

Raebeck, A., Campbell, R., & Balbach, E. (2010). Unhealthy partnerships: The tobacco industry and African American and Latino labor organizations. Journal of Immigrant and Minority Health, 12(2), 228-233.

*Presents evidence of how the tobacco industry built support with the A. Philip Randolph Institute (APRI) and the Labor Coalition on Latin American Advancement (LCLAA) by framing policy positions in line with the organizations' interests, creating institutional arrangements that circumvented direct funding from the industry, and enhancing the industry's ability to influence excise tax debates indirectly.*

Rudén, C., & Hansson, S. O. (2008). Evidence-based toxicology: "sound science" in new disguise. International Journal of Occupational and Environmental Health, 14(4), 299-306.

Samet, J. M., & Burke, T. A. (2001). Turning science into junk: The tobacco industry and passive smoking. American Journal of Public Health, 91(11), 1742-1744.

Schick Stanton A Glantz,S.F. (2007). Old ways, new means: Tobacco industry funding of academic and private sector scientists since the master settlement agreement. Tobacco Control, 16(3), 157-164.

*Investigated two new research projects funded by US tobacco companies, a Philip Morris funded directed research project through the non-profit Life Sciences Research Office, and British American Tobacco and its US subsidiary Brown and Williamson funded Institute for Science and Health. Presents evidence that both organisations have downplayed their true level of involvement with the tobacco industry, and that both organisations have key members with significant and long-standing financial relationships with the tobacco industry.*

Shamasunder, B., & Bero, L. (2002). Financial ties and conflicts of interest between pharmaceutical and tobacco companies. Journal of the American Medical Association, 288(6), 738-744.

*Presents 3 case studies. One shows how tobacco companies pressured pharmaceutical companies to scale back their smoking cessation educational materials that accompanied Nicorette. The second shows how they restricted to whom the pharmaceutical company could market its transdermal nicotine patch. The third case shows how subsidiary tobacco and pharmaceutical companies of a parent company collaborated in the production of a nicotine-release gum.*

Stanley, J. (2002). ILSI and the tobacco industry [2]. American Journal of Public Health, 92(6), 891-892.

Thomson, G. (1998). The tobacco industry and education and science organisations in New Zealand. Tobacco Control, 7(2), 194-195.

Tong, E., England, L., Glantz, S. Changing Conclusions on Secondhand Smoke in a Sudden Infant Death Syndrome Review Funded by the Tobacco Industry. Pediatrics. 2005;115:3.

*Analysis which suggests that accepting tobacco industry funds can disrupt the integrity of the scientific process.*

Tong, E. K., & Glantz, S. A. (2007). Tobacco industry efforts undermining evidence linking secondhand smoke with cardiovascular disease. Circulation, 116(16), 1845-1854.

Turcotte, F. (2003). Why universities should stay away from the tobacco industry. Drug and Alcohol Review, 22(2), 107-109.

Warner, K. E. (1991). Tobacco industry scientific advisors: Serving society or selling cigarettes? American Journal of Public Health, 81(7), 839-842.

*Report on industry’s strategy to fund scientific research "into the gaps in knowledge in the smoking controversy."*

Yach, D., Bialous, S.A. (2001). Junking science to promote tobacco. American Journal of Public Health, 91 (11), pp. 1745-1748.

*Recommends that policymakers be more vigilant and that they demand transparency about affiliations and linkages between allegedly independent scientists and tobacco companies. They also urge policymakers to be prepared for new and continuing challenges posed by the tobacco industry, because, despite the industry's claims, there is little evidence of fundamental change in its objectives.*

**V. Annotated Bibliography of the Gambling Industry and Competing Interests**

**This bibliography lists articles describing competing interests in gambling research. It includes original studies, review articles, opinion pieces and news reports.**

Adams, P. J., Raeburn, J., & De Silva, K. (2009). Gambling beneficiaries having their cake and eating it: The attractions of avoiding responsible gambling regulation. Addiction, 104(5), 697-698.

Adams, P. J. Rossen, F. (2006). Reducing the moral jeopardy associated with receiving funds from the proceeds of gambling. J Gambl Issues, 17, pp. 1-21.

*Outlines the ethical and organisational risks for community and other public good organisations of accepting funding from gambling industry sources.*

Adams, P., Raeburn, J., Brown, R., Lane, L., Tse, S., Manaia, W., et al. (2003, February). Should gambling researchers receive funding directly from gambling industries? Editorial and commentaries. WAGER: Weekly Addiction Gambling Education Report.

Bybee, S. (1988). Problem gambling: One view from the gaming industry side. Journal of Gambling Behavior, 4(4), 301-308.

*An experienced lawyer for the gaming industry argues that the very appellation of "compulsive gambling" is misleading.*

Jones, P., Hillier, D., & Comfort, D. (2009). Corporate social responsibility in the UK gambling industry. Corporate Governance, 9(2), 189-201.

*Offers a preliminary case study exploration of the corporate social responsibility issues being addressed and reported by a number of the UK's major gambling operators. The paper draws its empirical material from the CSR reports and information posted on the world wide web by a number of the major gambling operators and by a small number of organisations concerned with the regulation and social impact of gambling. Four companies produced CSR reports while others produced more limited information confined largely to responsible gambling. More specifically, the paper focuses upon four sets of CSR issues namely those relating to the marketplace; the workplace; the environment; and the community and then provides some reflections on these issues.*

Kindt, John Warren. (2003-2004). The Gambling Industry and Academic Research: Have Gambling Monies Tainted the Research Environment. S. Cal. Interdisc. L.J.

*Argues that the pattern of inappropriate behavior by pro-gambling interests has prejudiced the research environment involving gambling issues and created disharmony and disagreements that should not exist. “Furthermore, the critical analysis of the information disseminated by pro-gambling interests has almost become a science.”*

Mishra, R. Gambling industry link to Harvard draws questions. Boston Globe. November 6, 2004.

*Article about the Institute for Research on Pathological Gambling and Related Disorders, part of Harvard Medical School, which is virtually completely funded by the gambling industry. Critics say the arrangement leaves the Harvard institute vulnerable to subtle pressure from its funding source. Critics say the institute's focus on gambling addiction is being used by the gambling industry to help reshape Americans' attitudes about gambling: that it is a fun, leisure-time activity with few, if any, negative consequences except for a small percentage of people with "pathological" addictions. These critics say that the Harvard effort largely ignores research into gambling's impact on communities and families. Moreover, they say the research is selectively used by the gambling industry to make its case before state legislatures.*

Orford, J. (2002). Potential conflict of interest in gambling research [3]. Addiction, 97(5), 600-601.

Wheeler, DL. (1999) A surge of research on gambling is financed in part by the industry itself. Chronicle of Higher Education.

*Report on the University of Missouri at Kansas City’s National Center for Responsive Gaming, a research center funded by the gambling industry. The Center sponsors research and conferences exploring the genetic or chemical basis of compulsive gambling, but according to Bernie Horn of the National Coalition Against Legalized Gambling, the center steers research “into areas that can’t hurt [the industry].”*