



## Editorial

# Challenges for Scientific Societies: New Tobacco-Derived Products

Society is witnessing a radical change with respect to the greatest enemy of health in the 20th and 21st centuries, smoking, which is responsible for more than 100 million deaths in this period, more than those caused by the two World Wars.<sup>1</sup>

One might think that, faced with the overwhelming evidence of the damage inflicted on the world's population, those responsible for the companies involved in the manufacture and marketing of products derived from the tobacco plant would abandon such agricultural and industrial activity for the benefit of Humanity. Once again, personal interests camouflaged in a spurious argumentation have ruined a unique opportunity.

For a few decades now, we have witnessed a series of “innocent” looking business moves that have sown alarm bells among health authorities and scientific societies. One of the well-known tobacco companies<sup>2</sup> acquired at the end of 2018 35% of the most successful e-cigarette manufacturer at the time for the amount of 11.1 billion euros. Some three years later that same manufacturer of conventional cigarettes acquires a very considerable stake in another British company that develops drugs used in the respiratory system, including inhalers.<sup>3</sup> This move generated a great deal of controversy even among patient associations.

To all of the above we must add that the ultimate idea of cigarette manufacturers, at least in the Western world, is to stop selling cigarettes in the conventional form<sup>4</sup> and to change the nicotine delivery vehicle to a different form (vape, tobacco warmer, etc.) for the sake of a supposedly lower health risk.

Should we trust their interest in selling tobacco products that are less harmful than what they sell now? Absolutely not. The scientific societies have witnessed with perplexity every conceivable diversionary maneuver by the tobacco industry in an attempt to deny reality. We need only recall that the first evidence of the causal relationship between tobacco and lung cancer was published<sup>5</sup> almost 15 years before the declaration of the Surgeon General, Dr. Luther Terry, on this relationship.<sup>6</sup> Finally, it took the World Health Organization<sup>7</sup> (WHO) more than 40 years to implement its Framework Convention on Tobacco Control in 2003. During all those years, with their inexhaustible financial resources, cigarette companies tried to refute (or at least cast doubt on) realities that could already be counted by millions in cemeteries around the world.

The present and future of vapers is reminding us too much of the past of cigarettes<sup>8</sup> and the various campaigns to sell “healthy” tobacco with their new filters, “light”, low nicotine, low tar, etc. For all these reasons, the WHO urges governments to control electronic cigarettes<sup>9</sup> because, despite the claims of the manufacturers of these devices, they do not help to quit smoking, there are more

than serious doubts about their safety and they are certainly a gateway for young people to become addicted to nicotine.

In recent years there is already clear scientific evidence that the products inhaled by smokers through the new tobacco devices are harmful to health,<sup>10</sup> increase the risk of developing COPD and increase cardiovascular disease among users.

For all these reasons, for nearly a decade now, professionals dedicated to the diagnosis and treatment of respiratory diseases have been warning health authorities and society of the new forms of smoking. Our society, SEPAR, has taken a clear position on these devices,<sup>11</sup> with the same conclusions as the WHO. The European Respiratory Society<sup>12</sup> has also just reminded us of the role of scientific societies in the recommendations of products that are harmful to health, with the excuse that they are less harmful than those that existed previously. What is healthier? To hammer a nail into one's hand with a hammer or to hit one's hand with a hammer.

Finally, we should remind our colleagues who continue to express their interest in the benefit of the new tobacco products that there was a time when doctors recommended certain brands of tobacco because they were less irritating. Because of that, there are already voices<sup>13</sup> from the scientific societies that we should review in depth (even embargo) the way in which health professionals relate to these companies.

It is certain that there will be fewer and fewer conventional smokers, but it is unethical to have to wait 20 or 30 years for the companies that promote the new tobacco-derived devices to recognize that they are also harmful to health.

## Conflict of interests

JSC has received honoraria for lecturing, scientific advice and participation in clinical studies from Aflofarm, Adamed, GSK, Menarini, Pfizer and Teva. Full embargo, as SEPAR membership, towards tobacco-related companies.

CRC has received honoraria for lecturing, scientific advice, participation in clinical studies or writing for publications from Aflofarm, Adamed, GSK, Menarini, Mundipharma, Novartis, Kenvue and Pfizer.

CJR has received fees for studies, presentations and scientific advice with the pharmaceutical industry, Aflofarm, GebroPharma, Bial, Johnson&Johnson, Chiesi, Menarini, GlaxoSmithKline, Pfizer. Membership in SEPAR and therefore no relationship with the tobacco industry.

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