

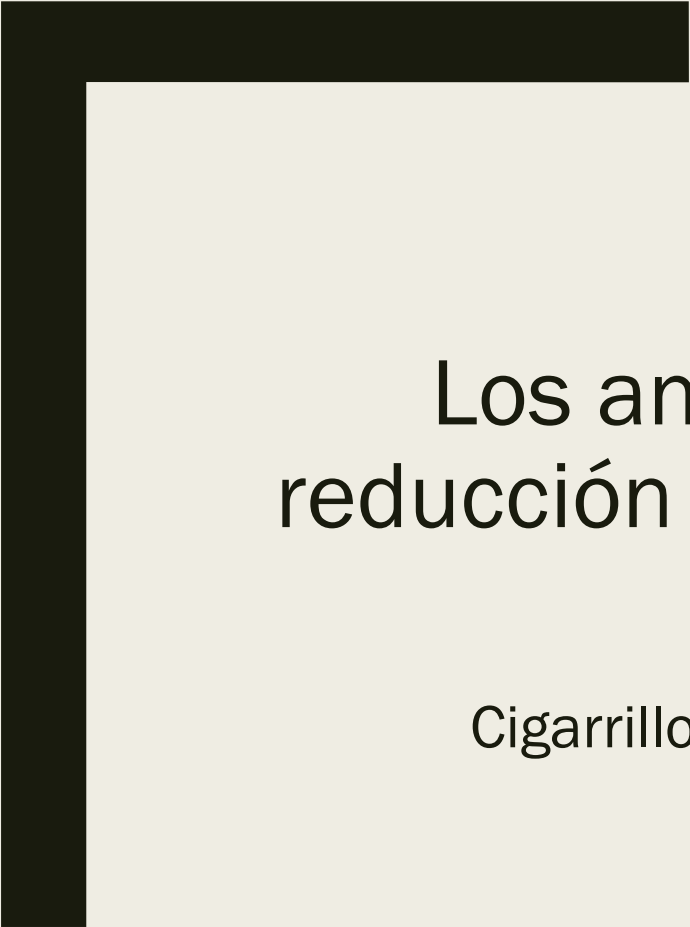


Otras formas de fumar, nuevos retos

¿Reducción de riesgos?

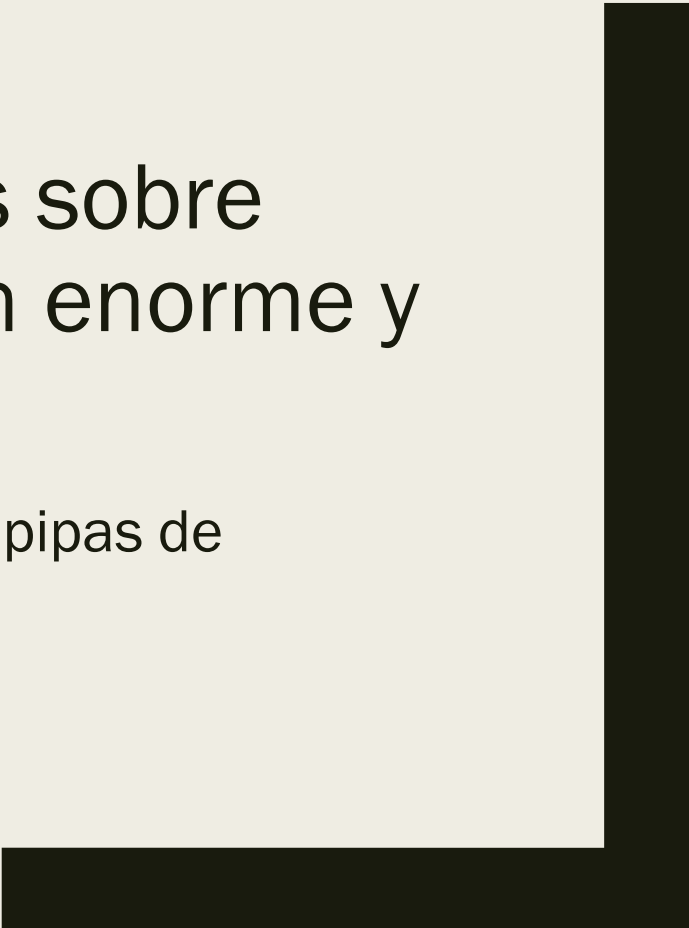
Rodrigo Córdoba García
@rodrigocordobag





Los antecedentes históricos sobre
reducción de daños han sido un enorme y
continuado engaño

Cigarrillos con filtro, cigarrillos light, snus, pipas de
agua, etc, etc



El tabaco es mortífero en todas sus formas

[illegible]

EL TABACO CAUSA
5 MILLONES DE MUERTES ANUALES
PODRÍA OCURRIRTE A TÍ.

Mayo 2006



Cigarrillo light y riesgo cáncer pulmón



Cigarette Filter Ventilation and its Relationship to Increasing Rates of Lung Adenocarcinoma

Min-Ae Song, Neal L. Benowitz, Micah Berman, Theodore M. Brasky, K. Michael Cummings, Dorothy K. Hatsukami, Catalin Marian, Richard O'Connor, Vaughan W. Rees, Casper Woroszylo, ... Show more

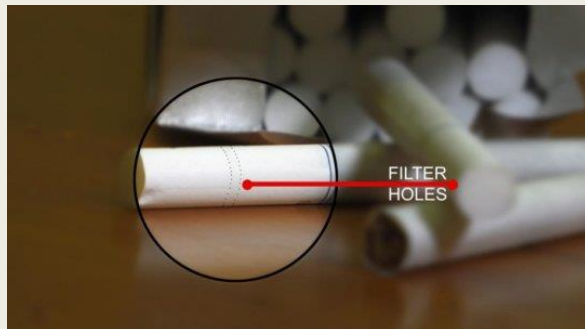
Volume 109, Issue 1: J Natl Cancer Inst (2017) 109 (12): djx075.

December 2017

DOI: <https://doi.org/10.1093/jnci/djx075>

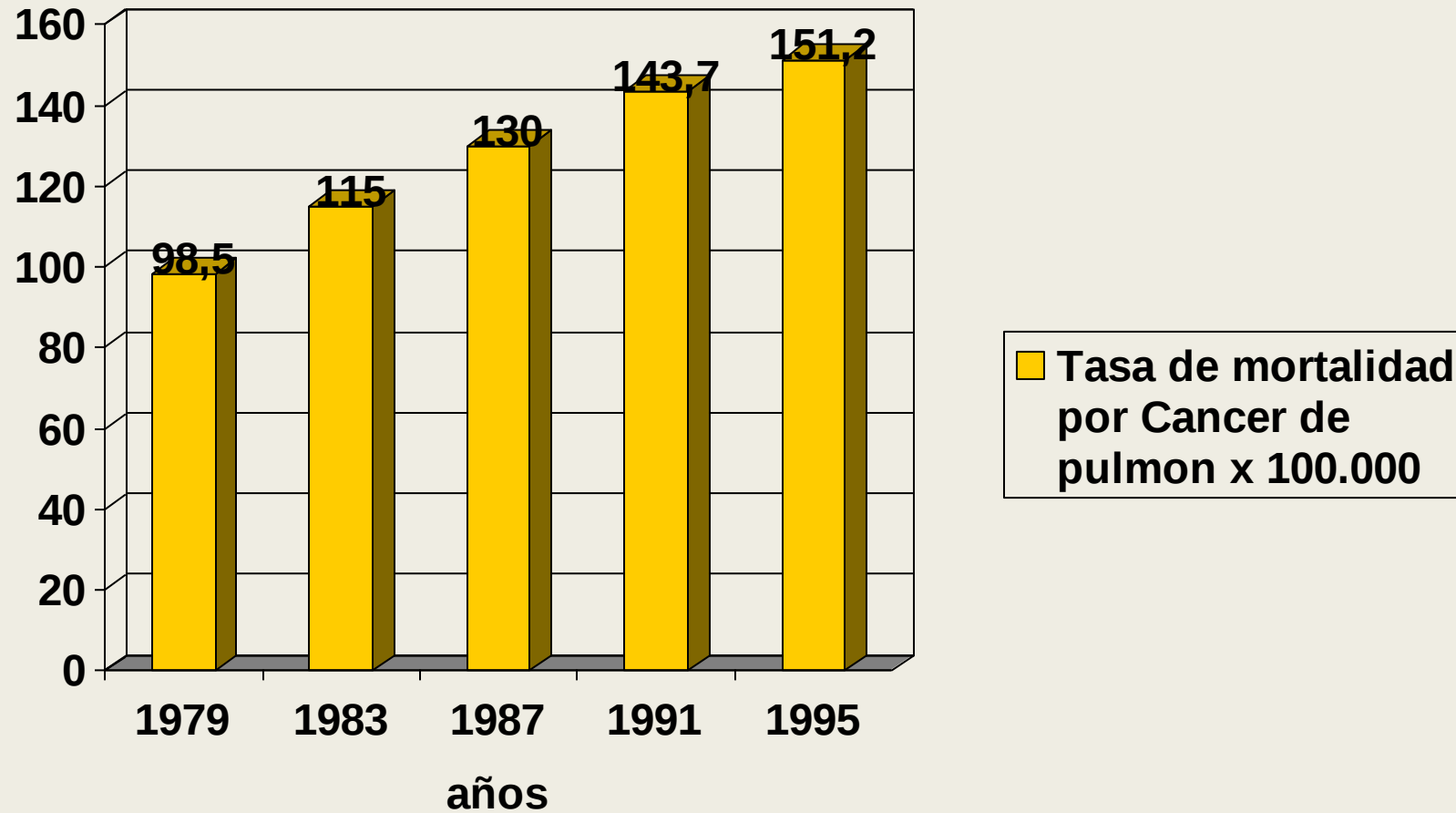
Published: 22 May 2017 Article history ▼

Los agujeros de los filtros de los cigarrillos light ha contribuido al aumento de los adenocarcinomas de pulmón entre los fumadores.



- 1) Altera la combustión del tabaco, aumentando los tóxicos del humo.
- 2) Los fumadores inhalan más humo para mantener su consumo de nicotina.
- 3) Provoca una falsa percepción de menor riesgo para la salud del humo "más ligero".

Mortalidad por cáncer de pulmón USA despues aparición cigarrillos "light" (1979-1997)



Cigarrillos “light” y abstinencia

- La tasa de abstinencia de los fumadores que habían usado previamente cigarrillos “light” se ha demostrado menor que la de los fumadores que usaban cigarrillos convencionales (27% versus 53%; $p < 0,01$)
- *Tindle HA, Rigotti NA, Davis RB. Cessation among smokers who used “light” cigarettes: results from the 2000 National Health Interview Survey. Am J Public Health 2006; 96:1498-504.*

Tabaco sin humo

➤ Snus.

- Suecia 19 % (Tabaco 10%).
- Agua, tabaco y sal.
- Aromas: Regaliz, bergamota.
- Oral.



➤ Tabaco de mascar.

➤ Rapé.



Tabaco sin humo

Review

Use of smokeless tobacco and risk of cardiovascular disease: A systematic review and meta-analysis

Aishwarya L Vidyasagan, Kamran Siddiqi and Mona Kanaan

European Journal of
**Preventive
Cardiology**



European Journal of Preventive
Cardiology
2016, Vol. 23(18) 1970–1981
© The European Society of
Cardiology 2016
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/2047487316654026
ejpc.sagepub.com
SAGE

Resultados:

Muerte por CI → **OR: 1,15**, IC 95% : 1,01-1,30.

Muerte por ACV → **OR: 1,39**, IC 95%: 1,29-1,49.

Se descarta definitivamente legalizar el snus en la UE

The screenshot shows a web browser window with the URL www.europapress.es/economia/noticia-abogado-general-tue-da-valida-prohibicion-europea-tabaco-uso-oral-20180412150734.html. The page is from 'mercado financiero' and 'europa press'. The main headline is 'El Abogado General del TUE da por válida la prohibición europea del tabaco de uso oral'. The article is dated 12/04/2018 15:07:34 CET. The text states that the Advocate General of the European Court of Justice (TUE) has concluded that the prohibition of commercializing oral tobacco in the EU is valid. It mentions that the Advocate General has estimated that the prohibition is necessary to protect public health and that it is not a product that is addictive. The article also notes that the conclusions are preliminary and do not bind the future sentence of the court. The browser's taskbar at the bottom shows the Windows logo, a search bar, and several application icons. The system tray on the right shows the time as 18:27 on 17/04/2018.

mercado financiero / economía finanzas

El Abogado General del TUE da por válida la prohibición europea del tabaco de uso oral

Publicado 12/04/2018 15:07:34 CET

BRUSELAS 12 (EUROPA PRESS)

El Abogado General del Tribunal de Justicia de la Unión Europea (TUE) ha concluido este jueves que la prohibición de comercializar tabaco de uso oral en la UE tal y como establece la normativa europea del tabaco es "válida" ya que es un producto "adictivo" que "perjudica a la salud en la medida en que aumenta los riesgos de ciertos efectos nocivos" y su levantamiento incidiría especialmente en la salud de los jóvenes.

"El levantamiento de la prohibición de comercializar el tabaco de uso oral podría provocar un incremento global de los daños causados por el tabaco en la Unión en virtud de sus efectos en los hábitos de consumo", ha estimado el Abogado General, que también ha considerado que podría "iniciar a los jóvenes en el tabaquismo e incrementar el riesgo de un consumo posterior de tabaco".

En cualquier caso, las conclusiones de Henrik Saugmandsgaard Oe son preliminares y no vinculan a la futura sentencia que tendrá que dictar un juez del tribunal con sede en Luxemburgo en los próximos meses.

El Abogado General ha estimado que "ningún elemento" cuestiona la conclusión a la que llegó la Justicia europea en una sentencia de 2004 que dictaminaba que "el tabaco de uso oral era novedoso en el mercado interior y considerado especialmente atractivo para los jóvenes cuando el legislador (Consejo y Parlamento) decidió prohibir su comercialización".

idealista
dibuja dónde
quieres vivir

POQUE SA BEMOS QUE SER AUTÓNOMO
ES MUY, PERO QUE MUY DURO

FINANCIACIÓN PARA COMERCIO & AUTÓNOMOS

europa press comunicados

Últimas noticias / Economía »

- Marín Quemada ve "un error" dividir la CNMC en un mundo "poliédrico" y...

Mostrar todo

4 Grandes estudios prospectivos: “Reducir consumo a la mitad no reduce el riesgo de forma significativa”

RESEARCH PAPER

Health consequences of reduced daily cigarette consumption

Aage Tverdal, Kjell Bjartveit

Tobacco Control 2006;15:472–480. doi: 10.1136/tc.2006.016

Original Contribution

Does Smoking Reduction in Midlife Reduce Mortality Risk? Results of 2 Long-Term Prospective Cohort Studies of Men and Women in Scotland

Carole Hart*, Laurence Gruer, and Linda Bauld

* Correspondence to Dr. Carole L. Hart, Institute of Health and Wellbeing, Public Health, University of Glasgow, 1 Lilybank Gardens, Glasgow, Scotland G12 8RZ, United Kingdom (e-mail carole.hart@glasgow.ac.uk).

Initially submitted November 29, 2012; accepted for publication February 13, 2013.



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Vol. 156, No. 11
Printed in U.S.A.
DOI: 10.1093/aje/kwf150

Smoking Reduction, Smoking Cessation, and Mortality: A 16-year Follow-up of 19,732 Men and Women from the Copenhagen Centre for Prospective Population Studies

Nina S. Godtfredsen¹, Claus Holst¹, Eva Prescott¹, Jørgen Vestbo², and Merete Osler³

¹ The Copenhagen Centre for Prospective Population Studies, Danish Epidemiology Science Centre at the Institute of Preventive Medicine, Copenhagen University Hospital, Copenhagen, Denmark.

² Department of Respiratory Medicine, Hvidovre University Hospital, Hvidovre, Denmark.

³ Department of Social Medicine, Institute of Public Health, University of Copenhagen, Copenhagen, Denmark.

Received for publication December 28, 2001; accepted for publication July 19, 2002.

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Reduction and Cessation of Cigarette Smoking and Risk of Cancer: A Cohort Study of Korean Men

Yun-Mi Song, Joohan Sung, and Hong-Jun Cho

ABSTRACT

Purpose Reducing cigarette smoking has been proposed as a method of harm reduction. The effect of smoking reduction on cancer risk has not been studied in Asian populations.

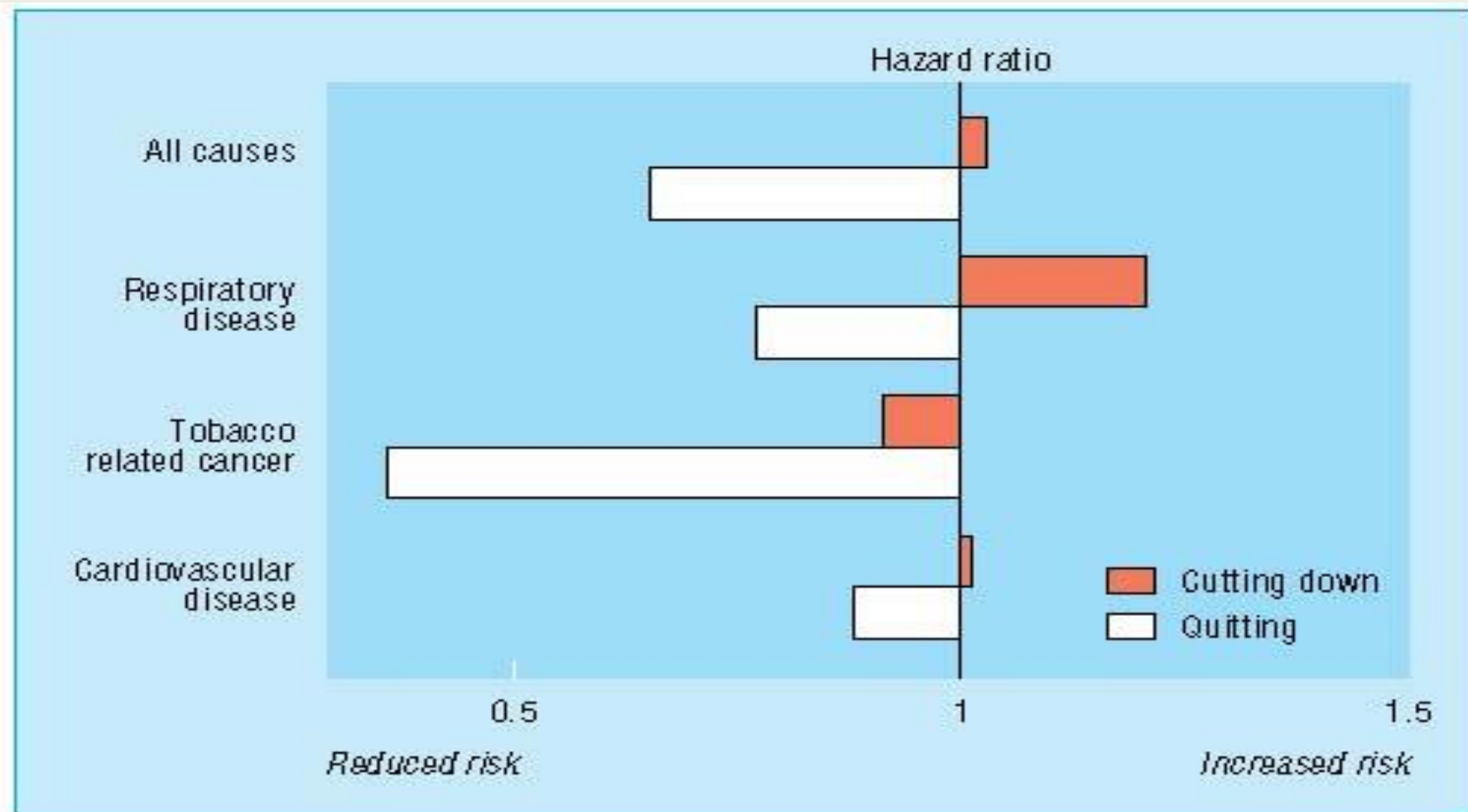
Patients and Methods A total of 479,156 Korean men, age 30 to 59 years, were stratified into nine groups based on smoking status in 1990 and 1992. From 1992 to 2003, patients were observed and tested for the occurrence of cancer.

Results There was no association between smoking reduction and risk of all cancers. However, the risk of smoking-related cancers tended to decrease, though not significantly, when heavy smokers (≥ 20 cigarettes/d) became moderate smokers (10 to 19 cigarettes/d), with a hazard ratio (HR) of 0.91 (95% CI, 0.82 to 1.02). For lung cancer, patients who reduced from heavy to moderate smoking and from heavy to light smoking (< 10 cigarettes/d) had significantly decreased risks based on multivariable-adjusted HRs (HR = 0.72, 95% CI, 0.49 to 0.89; HR = 0.63, 95% CI, 0.46 to 0.84, respectively). Study participants who never smoked, sustained ex-smokers, and quitters had lower risks for all cancers, smoking-related cancers, and lung cancer in a dose-response manner as compared with heavy smokers.

Conclusion Smoking reduction was associated with a significant decrease in the risk of lung cancer, but the size of risk reduction was disproportionately smaller than that expected from the reduced amount of cigarette consumption. Although smoking cessation should be the cornerstone of preventing smoking-related cancers, smoking reduction could be considered as a strategy to supplement smoking cessation for those who are unable to quit smoking immediately.

J Clin Oncol 26:5101-5106. © 2008 by American Society of Clinical Oncology

¿Se reduce el riesgo al disminuir el consumo?



Prospective hazard ratios for death for smokers who cut down or quit compared with continuing heavy smokers. Adapted from Godtfredsen et al (*Am J Epidemiol* 2002;156:994-1001)

1 solo cigarrillo al día supone el 40% del riesgo de fumar un paquete

**HHS Public Access**
Author manuscript
JAMA Intern Med. Author manuscript; available in PMC 2018 January 01.

Published in final edited form as:
JAMA Intern Med. 2017 January 01; 177(1): 87–95. doi:10.1001/jamainternmed.2016.7511.

Association of Long-term, Low-Intensity Smoking With All-Cause and Cause-Specific Mortality in the National Institutes of Health–AARP Diet and Health Study

Maki Inoue-Choi, PhD, MS, Linda M. Liao, PhD, MPH, Carolyn Reyes-Guzman, PhD, MPH, Patricia Hartge, ScD, Neil Caporaso, MD, and Neal D. Freedman, PhD, MPH
Division of Cancer Epidemiology & Genetics, National Cancer Institute, National Institutes of Health, Rockville, Maryland (Inoue-Choi, Liao, Hartge, Caporaso, Freedman); Office of Science, Center for Tobacco Products, US Food and Drug Administration, Silver Spring, Maryland (Reyes-Guzman)

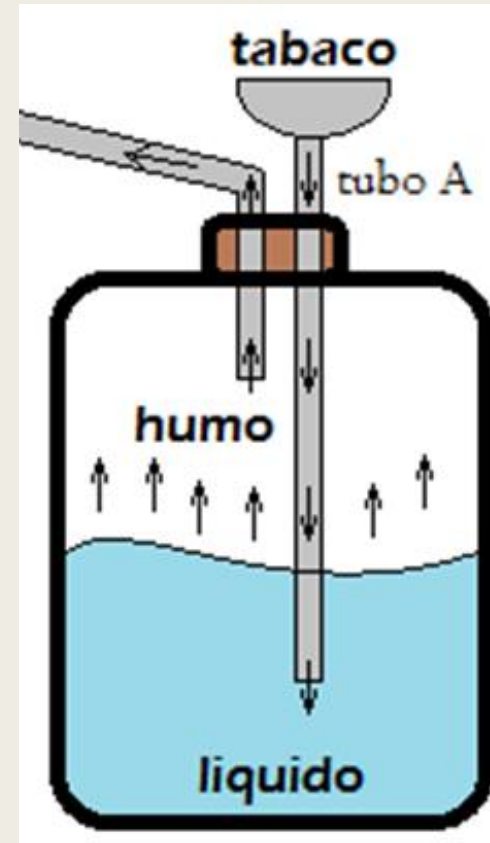
Dejar de fumar de forma completa y definitiva

- Es la única forma de reducir el daño por consumo de tabaco de forma significativa

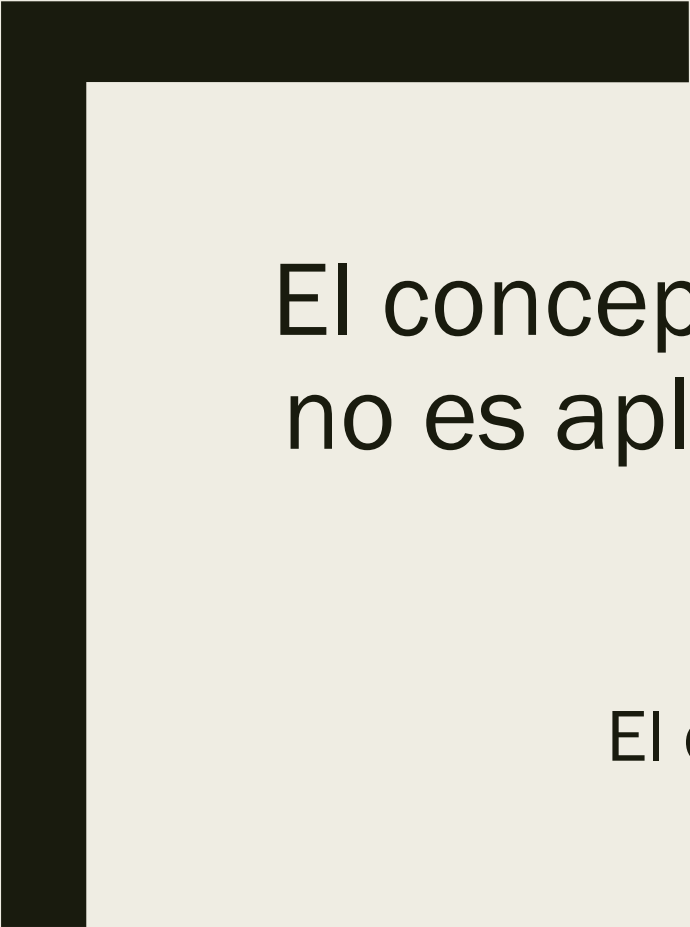


Pipa de Agua (Narguile, Cachimba, Shisa, etc)

- Sabores.
- Calienta con carbón.
- No vapor de agua.
- > Riesgo cáncer:
 - x4 oral.
 - x 2,65 gastroesofágico.
 - X 2,12 pulmón.
 - 1 cigarrillo = 20 caladas = 500-600 ml humo.
 - 1 pipa agua = 200 caladas = 90.000 ml humo.
 - La filtración de agua solo reduce, de forma marginal, los niveles de nicotina y toxinas.

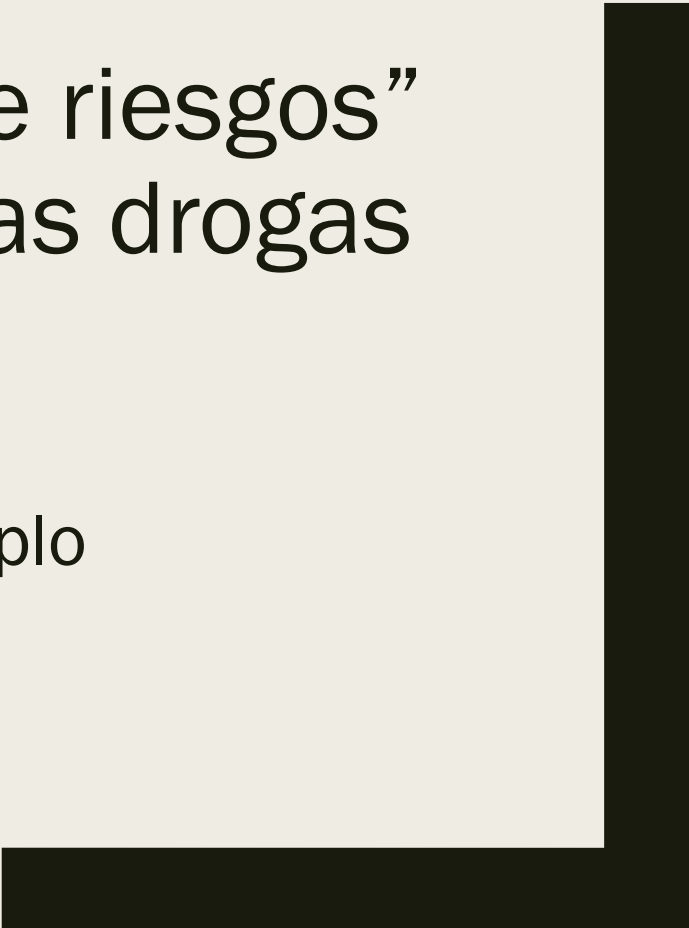


Humo x 125
Alquitrán x 25
Nicotina x 2,5
CO x 10



El concepto de “reducción de riesgos”
no es aplicable a las todas las drogas

El caso del tabaco es un ejemplo



Dispositivos de liberación de Nicotina y tabaco sin combustión

➤ Electronic Nicotine Delivery Systems (ENDS)



Cigarrillos
electrónicos



iQOS

Distintos tipos de e-cigs: Mas de 400 marcas y miles de variaciones en los líquidos de recarga

Diversos tipos de e-cigs

Product	Description	Some brands
 Disposable e-cigarette	Cigarette-shaped device consisting of a battery and a cartridge containing an atomizer to heat a solution (with or without nicotine). Not rechargeable or refillable and is intended to be discarded after product stops producing vapor. Sometimes called an e-hookah.	NJOY OneJoy, Aer Disposable, Flavorvapes
 Rechargeable e-cigarette	Cigarette-shaped device consisting of a battery that connects to an atomizer used to heat a solution typically containing nicotine. Often contains an element that regulates puff duration and/or how many puffs may be taken consecutively.	Blu, GreenSmoke, EonSmoke
 Pen-style, medium-sized rechargeable e-cigarette	Larger than a cigarette, often with a higher-capacity battery, may contain a prefilled cartridge or a refillable cartridge. Often come with a manual switch allowing the user to regulate length and frequency of puffs.	Vapor King Storm, Totally Wicked Tornado
 Tank-style, large-sized rechargeable e-cigarette	Much larger than a cigarette with a higher-capacity battery and typically contains a large, refillable cartridge. Often contains manual switches and a battery casing for customizing battery capacity. Can be easily modified.	Volcano Lavatube

Falta de estandarización

Comparison of labeled and measured concentrations of nicotine in e-liquids with declared nicotine

Study	Type of e-liquid container	Number of samples		
		Analyzed	>±10% of label	>±25% of label
Buettner-Schmidt (2016) ¹¹	Refill bottle	70	36	NA*
Cameron (2013) ¹²	Pre-filled cartridge & Refill bottle	21	13	7
Cheah (2012) ⁹	Pre-filled Cartridge	8**	8 [#]	7 [#]
Davis (2014) ¹³	Refill bottle	81	36	21
El-Hellani (2015) ¹⁴	Pre-filled cartridge	4	4	4
Etter (2013) ¹⁵	Refill bottle	35	4	0
Etter (2017) ¹⁶	Refill bottle	34	10	0
Farsalinos (2015) ¹⁷	Refill bottle	21	9	0
Goniewicz (2015) ¹⁸	Refill bottle	62	25	7
Kirschner (2013) ¹⁹	Refill Bottle	6	6	4
Kosmider (2015) ²⁰	Refill bottle	9	2	0
Pagano (2015) ²¹	Pre-filled cartridge	4	3	2
Peace (2016) ²²	Refill bottle	27	16	7
Trehy (2011) ²³	Pre-filled cartridge	22	22	19
Trehy (2011) ²³	Refill bottle	17	8	6

*Not available

**Number of brands analyzed. The number of samples analyzed was not provided.

[#]Number of brands in which at least one sample shows a nicotine concentration per cartridge is above the criterion.

¿De donde procede la falsa idea de que los e-cigs tienen un 95% menos de riesgo que los cigarrillos?

Nutt DJ, Phillips LD, Balfour D, Curran HV, Dockrell M, et al. 2014. Estimating the harms of nicotine-containing products using the MCDA approach. *Eur. Addict. Res.* 20:218–25

- 12 autores de los cuales al menos 4: DJ Nutt, R. Polossa, K. Fagerström y K. Letlape tienen relaciones con tabaqueras, empresas de e-cigs u otros conflicto de interés.
- No hubo ningún criterio para reclutar estos “expertos” sin curriculum en control del tabaco (Ver Pub Med)
- Los mismos autores admitían en su informe que no poseían evidencias sólidas para hacer esta afirmación
- Su publicación no fue sometida a una revisión de pares



Public Health
England

Protecting and improving the nation's health

July 2016

E-cigarettes: a developing public health consensus

Joint statement on e-cigarettes by Public Health England and other UK public health organisations

Since 2000, smoking among adults in England has fallen by one third and among children by two thirds. Yet almost one in five adults continue to smoke, with higher rates in the more deprived communities meaning that they bear the majority of the harm caused. There is a strong public health consensus on tobacco control, embodied in the landmark report [Smoking Still Kills](#).

We all agree that e-cigarettes are significantly less harmful than smoking. One in two lifelong smokers dies from their addiction. All the evidence suggests that the health risks posed by e-cigarettes are relatively small by comparison but we must continue to study the long-term effects.

And yet, millions of smokers have the impression that e-cigarettes are at least as harmful as tobacco. Over 1.3 million UK e-cigarette users have completely stopped smoking and almost 1.4 million others continue to smoke. We have a responsibility to provide clear information on the evidence we have, to encourage complete smoking cessation and help prevent relapse to smoking.

Public Health England

Action on Smoking and Health

Association of Directors of Public Health

British Lung Foundation

Cancer Research UK

Faculty of Public Health

Fresh North East

Healthier Futures

Public Health Action

Royal College of Physicians

Royal Society for Public Health

UK Centre for Tobacco and Alcohol Studies

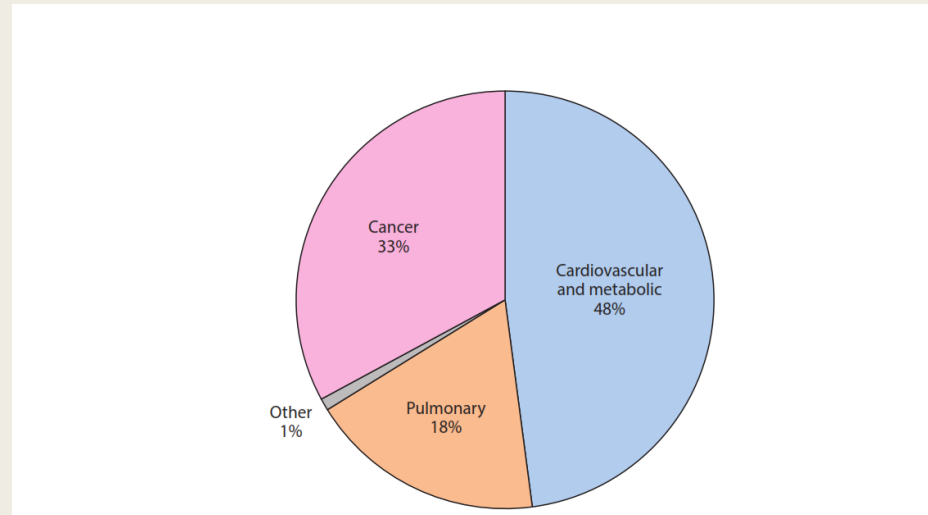
UK Health Forum

© Crown copyright 2016

PHE publications gateway number: 2016129

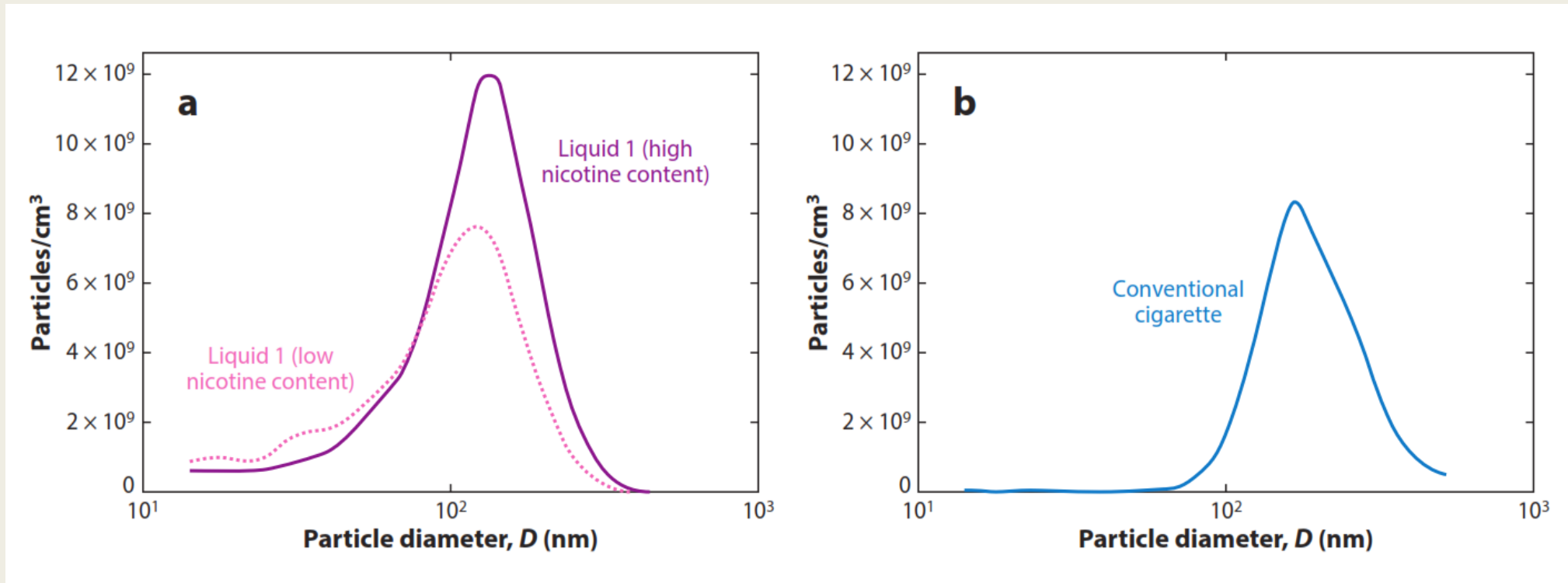
E-cigs y riesgo cardiovascular

Nicotina y PM 2.5 incrementan riesgo CV



48% mortalidad por tabaco es CV y metabólica

Riesgo cardiovascular por e-cigs: nivel de micropartículas similar

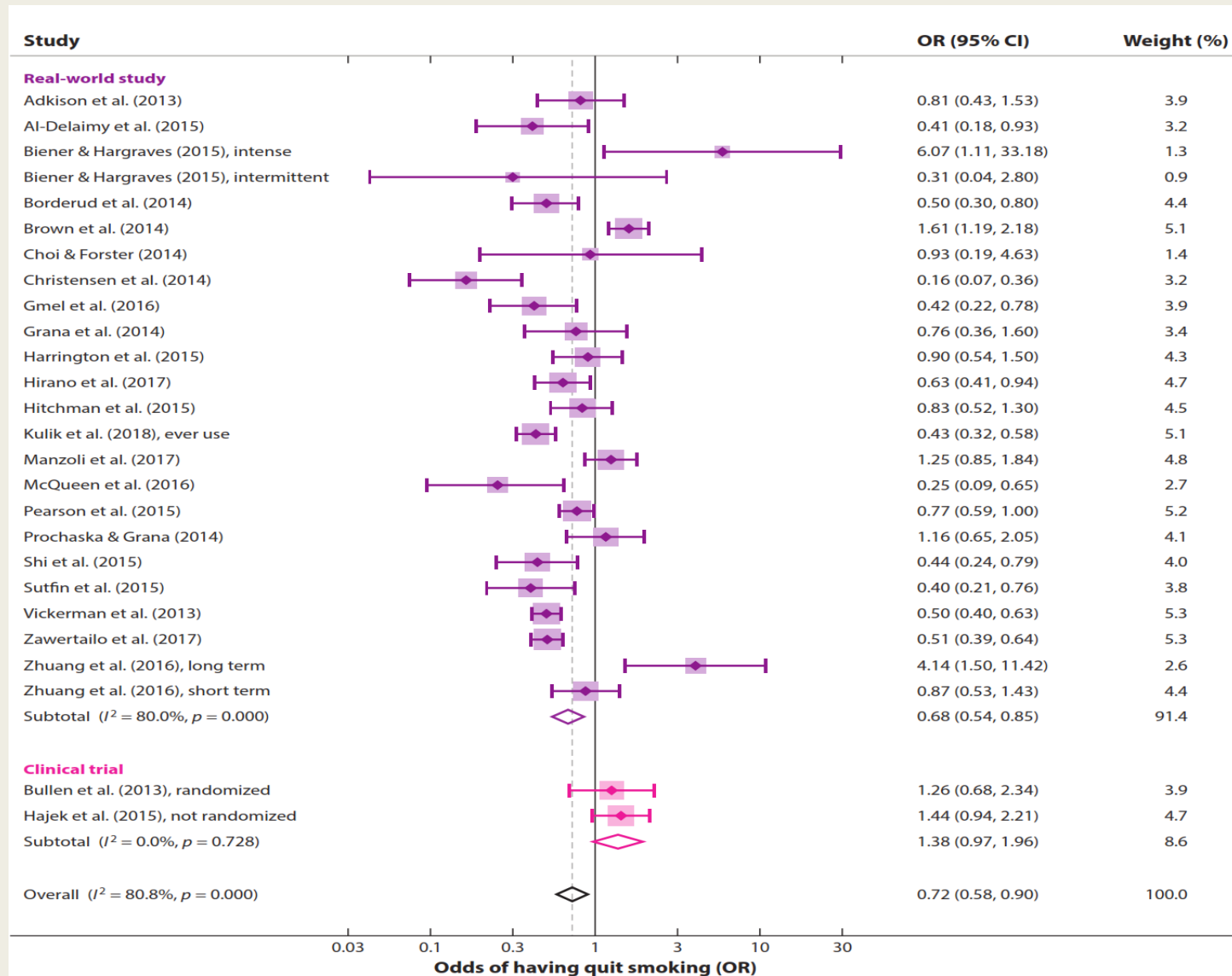


Riesgo respiratorio en menores por e-cigs

- Riesgo de bronquitis en escolares americanos: OR: **2,02** (IC 1,42-2,88)
- Riesgo de Asma en escolares coreanos: **2,74** (1.30 – 5,78)



E-Cigs y cesación: No ayudan a dejar de fumar



Usuarios e-cigs dejan de fumar un **28%** menos que con el método de referencia

Annual Review of Public Health

E-Cigarettes: Use, Effects on Smoking, Risks, and Policy Implications

Stanton A. Glantz¹ and David W. Bareham²

¹Center for Tobacco Control Research and Education and Department of Medicine, University of California, San Francisco, California 94143, USA; email: Stanton.Glantz@ucsf.edu

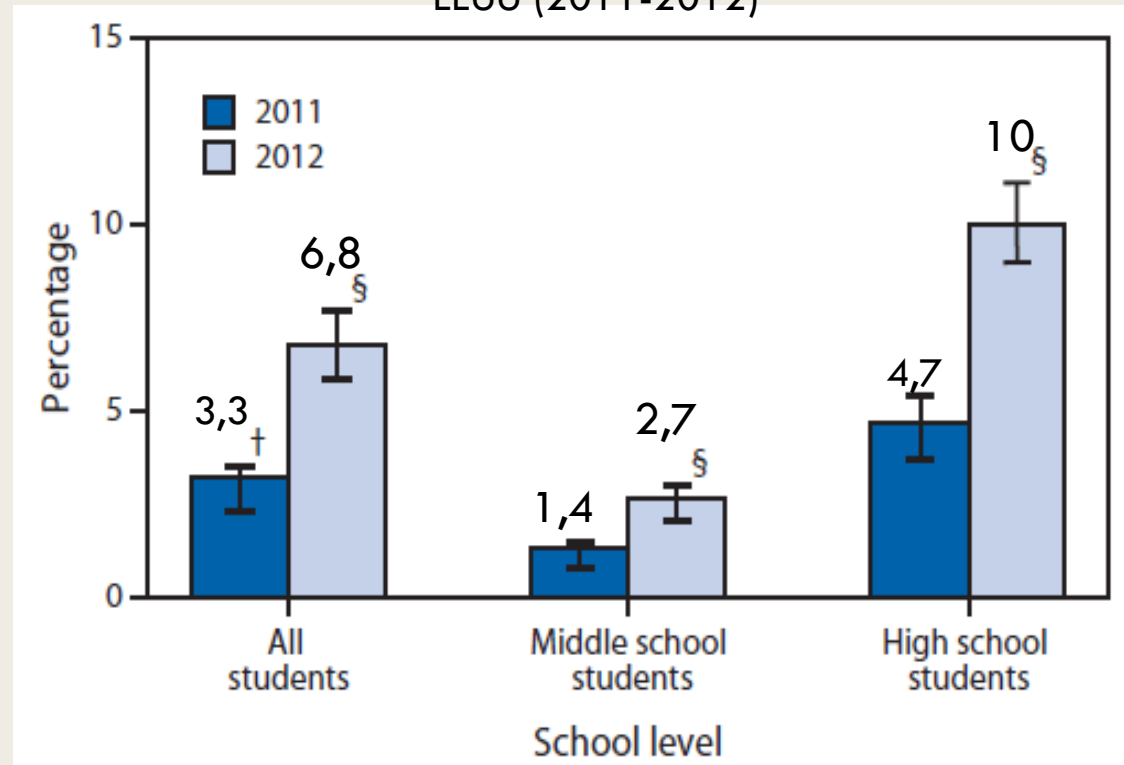
²Lincolnshire Community Health Services NHS Trust, Louth, LN11 0EU, United Kingdom; email: david.bareham@live.co.uk

Instituciones que no aconsejan e-cigs en deshabituación del tabaco (2013-2018)

- National Institute for Clinical Excellence (NICE) (Reino Unido)
- <https://www.nice.org.uk/guidance/ng92/chapter/Recommendations#evidence-b...>
- United States Preventive Task Force (USPTF) (EEUU)
- “The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in adults, including pregnant women.
- National Health and Medical Research Council (Australia)
- https://www.nhmrc.gov.au/_files_nhmrc/file/publications/17072_nhmrc_-_electronic_cigarettes-web_final.pdf
- Comité Nacional Para la Prevención del Tabaquismo (España)
- <http://www.cnpt.es/documentacion/publicaciones/4a0615f922e444ab5117990c3ede662e5ad64f098dfec2909e0fd3abed374295.pdf>
- Generalitat de Catalunya
- <http://ico.gencat.cat/web/.content/minisite/ico/actualitat/relacionats/arxius/0135-SSP-Posicionament-sobre-els-productes-del-tabac-sense-combustio.pdf>
- Organización Mundial de la Salud (OMS)
- [http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6\(9\)-en.pdf?ua=1](http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6(9)-en.pdf?ua=1)

Riesgos de los e-cigarrillos: Menores

Uso del cigarrillo electrónico en estudiantes Primaria e Instituto
EEUU (2011-2012)



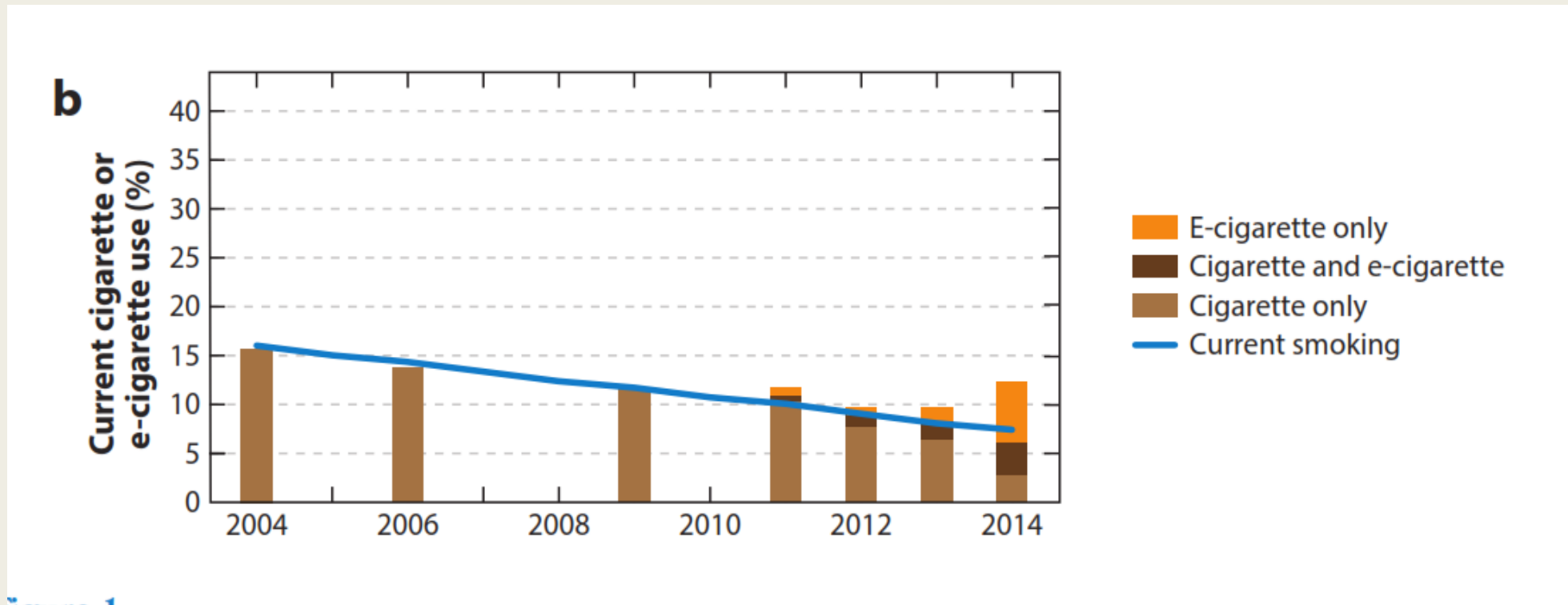
Centers for Disease Control and Prevention (CDC). Notes from the field: electronic cigarette use among middle and high school students - United States, 2011-2012

Los menores que usan e-cigs multiplica por 6 la probabilidad de ser fumadores

cigarette experimenters (youth who had smoked at least 1 puff of a cigarette), ever e-cigarette use was associated with higher odds of becoming an established smoker (smoking 100 cigarettes; $OR = 6.31$; 95% CI 5.39–7.39) and with current cigarette smoking (smoking 100 cigarettes plus smoking in the last 30 days; $OR = 5.96$; 95% CI 5.67–6.27).

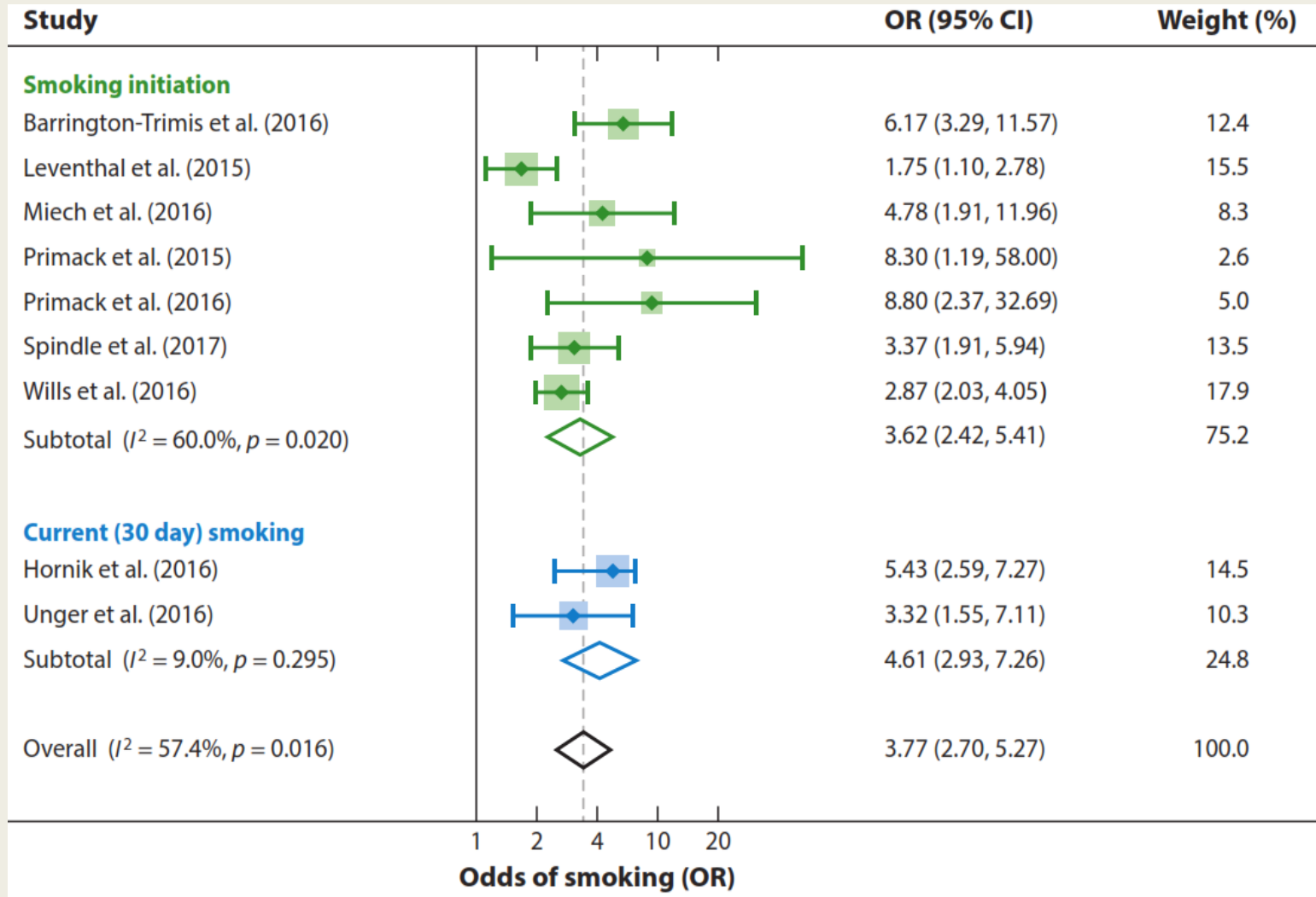


La aparición de los e-cigs no ha tabaquismo en jóvenes



Pediatrics 2017 Volume 139, Issue 2, pii: e20162450. doi: 10.1542/peds.2016-2450, Copyright © 2017 by the American Academy of Pediatrics.

E-Cigs: multiplica x 3,7 el riesgo de comenzar a fumar y de ser fumador diario



Lo último en e-cigs: el JUUL

- El Juul es un vaporizador de atractivo diseño que usa cápsulas con extracto de nicotina.
- Las cápsulas vienen en sabores como mango, creeme Brulée o tabaco de virginia.
- Cada carga equivale a 150 y 200 caladas.



La FDA ha tenido que tomar medidas

Statement from FDA Commissioner Scott Gottlieb, M.D., on new enforcement actions and a Youth Tobacco Prevention Plan to stop youth use of, and access to, JUUL and other e-cigarettes

[f SHARE](#) [TWEET](#) [in LINKEDIN](#) [PIN IT](#) [EMAIL](#) [PRINT](#)

For Immediate Release

April 24, 2018

Statement

- FDA cites 40 retailers for violations related to youth sales of JUUL e-cigarettes
- Agency announces a new blitz of retail establishments targeting youth sale violations
- Agency takes new action to examine youth appeal of JUUL
- Agency takes steps to foreclose online sales of JUUL to minors
- These are the first steps in a new effort aimed at stopping youth use of e-cigarettes

Protecting our nation's youth from the dangers of tobacco products is among the most important responsibilities of the U.S. Food and Drug Administration – and it's an obligation I take personally. We recognize that if the FDA is to end the tragic cycle of successive generations of nicotine and tobacco addiction, we must take every opportunity to disrupt that process where it starts: youth access to and use of tobacco products.

That's why, as part of our [comprehensive plan](#) announced in July, we're pursuing a policy to prevent future generations from becoming addicted in the first place by rendering cigarettes minimally or non-addictive. A key part of that plan was establishing the foundational framework for regulating non-combustible tobacco products for adults, like e-cigarettes.

But as we work to keep kids from making the deadly progression from experimentation to regular cigarette use, it's imperative that we also make sure children and teenagers aren't getting hooked on more novel nicotine-delivery products.

Today, we're announcing several new actions and efforts aimed at doing just that as the first steps in a new Youth Tobacco Prevention Plan focused on stopping youth use of tobacco products, and in particular, e-cigarettes.

Media

[Michael Felberbaum](#)
240-402-9548

Consumers

888-INFO-FDA

Related Information

- [Letter: Request for Documents from JUUL Labs, Inc. \(PDF - 252KB\)](#)
- [Warning Letters Issued to Retailers for Selling JUUL to Minors](#)
- [FDA expands 'The Real Cost' public education campaign with messages focused on preventing youth use of e-cigarettes](#)
- [Protecting American Families: Comprehensive Approach to Nicotine and Tobacco](#)
- [FDA announces comprehensive regulatory plan to shift trajectory of tobacco-related disease, death](#)

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“Vapeadores pasivos”

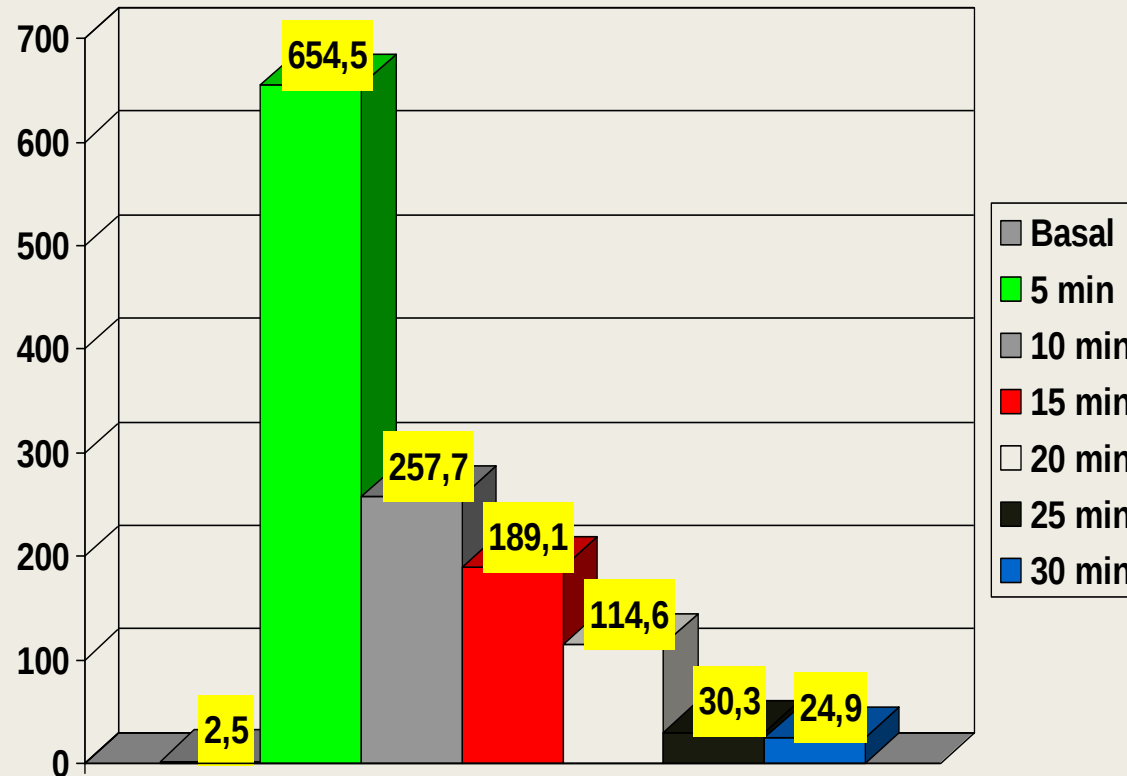
- Experimento en un local de 4000 mts)
- Partículas PM2.5 previas a un evento: 2-3 μg^2
- 86 vapeadores usando sus e-cigs
- Se midieron PM 2.5 **819** $\mu\text{gs}/\text{m}^3$ (IQ: 761-975)



Soule EK, Maloney SF, Spindle TR, Rudy AK, Hiler MM, Cobb CO. 2017. Electronic cigarette use and indoor air quality in a natural setting. *Tob. Control* 26:109–12

Media = 211,9 $\mu\text{g}/\text{m}^3$

Mediciones de partículas de vapor e-cigs



Concentración media de partículas finas
($\mu\text{g}/\text{m}^3$) basal y cada 5 minutos

US EPA Air Quality Index

Air Quality	Air Quality Index	PM _{2.5} (µg/m ³)	Health Advisory
Good	0-50	≤15	None.
Moderate	51-100	16-40	Unusually sensitive people should consider reducing to stay
Unhealthy for Sensitive Groups	101-150	41-65	People with heart or lung disease, older adults, and children should reduce to stay.
Unhealthy	151-200	66-150	People with heart or lung disease, older adults, and children should avoid to stay.
Very Unhealthy	201-300	151-250	People with heart or lung disease, older adults, and children should avoid to stay.
Hazardous	≥301	≥251	People with heart or lung disease, older adults, and children avoid to stay. Everyone else should avoid to stay.

CIGARRILLOS SIN COMBUSTION: IQOS *



* I-Quit-Ordinary-Smoking

Tabaco usado en IQOS



Fuente: C. Otto El
confidencial.com

Concentración de compuestos orgánicos volátiles, HAP y nicotina en IQOS y cigarrillos

Analyzed Compound	HNB Cigarette		Conventional Cigarette		Proportion of the Chemical in HNB and Conventional Cigarettes, %
	Amount, Mean (SD)	No. of Replications for Each Assay	Amount, Mean (SD)	No. of Replications for Each Assay	
Volatile organic compounds, µg per cigarette ^a					
Acetaldehyde	133 (35)	5	610 ^b	1	22
Acetone	12.0 (12.9)	5	95.5 (13.5)	2	13
Acroleine	0.9 (0.6)	2	1.1	1	82
Benzaldehyde	1.2 (1.4)	5	2.4 (2.6)	2	50
Crotonaldehyde	0.7 (0.9)	5	17.4	1	4
Formaldehyde	3.2 (2.7)	5	4.3 (0.4)	2	74
Isovaleraldehyde	3.5 (3.1)	5	8.5 (10.8)	2	41
Propionaldehyde	7.8 (4.3)	5	29.6 (36.6)	2	26
Polycyclic aromatic hydrocarbons, ng per cigarette ^c					
Naphthalene	1.6 (0.5)	4	1105 (269)	7	0.1
Acenaphthylene	1.9 (0.6)	4	235 (39)	7	0.8
Acenaphthene	145 (54)	4	49 (9)	7	295
Fluorene	1.5 (0.6)	4	371 (56)	7	0.4
Anthracene	0.3 (0.1)	4	130 (18)	7	0.2
Phenanthrene	2.0 (0.2)	4	292 (44)	7	0.7
Fluoranthene	7.3 (1.1)	4	123 (18)	7	6
Pyrene	6.4 (1.1)	4	89 (15)	7	7
Benz[a]anthracene	1.8 (0.4)	4	33 (4.2)	7	6
Chrysene	1.5 (0.3)	4	48 (6.2)	7	3
Benzo[b]fluoranthene	0.5 (0.2)	4	24 (2.9)	7	2
Benzo[k]fluoranthene	0.4 (0.2)	4	4.3 (2.8)	7	9
Benzo[a]pyrene	0.8 (0.1)	4	20 (2.9)	7	4
Other measures					
Nicotine, µg per cigarette ^a	301 (213)	4	361	1	84

Auer R, Co Sadowski not-burn t

Auer R, Concha-Lozano N, Jacot-Sadowski I, Cornuz J, Berthet A. Heat-not-burn tobacco cigarettes: smoke by any other name. *JAMA Intern Med.* 2017;177(7):1050–1052

Tobacco Explained

The truth about the tobacco industry ...in its own words

2.3 What the industry said and what it knew

2.3.1 Early to mid 1960s:

**What the chief
scientist said**

Sir Charles Ellis, from BAT

"...smoking is a habit of addiction ...nicotine is ... a
very fine drug."⁶(BAT, 1962)

**What the
lawyers said**

17 July: Addison Yeaman from Brown and Williamson:

"Nicotine is addictive. We are, then, in the business
of selling nicotine, an addictive drug."⁷ (Brown and

"The cigarette should be conceived not as a product
but as a package. The product is nicotine ... Think of
the cigarette pack as a storage container for a day's
supply of nicotine ... Think of a cigarette as a
dispenser for a dose unit of nicotine. Think of a puff
of smoke as the vehicle of nicotine ... Smoke is beyond
question the most optimised vehicle of nicotine and
the cigarette the most optimised dispenser of smoke."¹⁴
(Philip Morris, 1971)

Industria tabaco y e-cig: ¿Son lo mismo?

Table 3. Tobacco Companies That Have Acquired or Created E-Cigarette Companies and Brands (as of January 2014)

Tobacco Company	Acquired E-Cigarette Company	E-Cigarette Brand(s)
Altria Inc	GreenSmoke	Mark Ten
Reynolds American Inc	No	Vuse
Lorillard	Blu Cigs, Inc	Blu
British American Tobacco	CN Creative	Vype
Imperial Tobacco	Dragonite Holdings Ltd	Ruyan
Swisher	No	E-Swisher

E-cigarette indicates electronic cigarette.

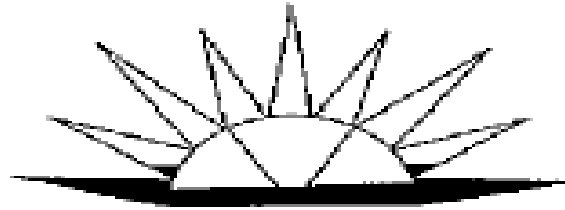


SUNRISE: DAWN OF A NEW DAY

Sunrise Strategy #1

Fair Play

Proactively deal with the Anti's to reduce their effectiveness at controlling the agenda and to restore balance to the debate.

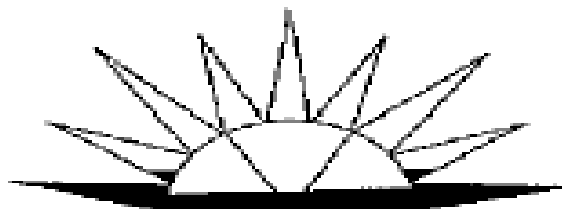


SUNRISE: DAWN OF A NEW DAY

- We expect, that as their funding is squeezed and investigations are launched on potential violations of state and local lobbying laws, some ATI advocates may think pragmatically about accepting our offer to work together to address the youth issue as well as other issues where we can arrive at a consensus.

This effort will cause further dissention between those anti groups that seek prohibition at any cost and those who are truly concerned about achieving reasonable solutions.

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SUNRISE: DAWN OF A NEW DAY

Evidence of implementation

■ Relationships:

- *Attempted “dialogue” with AHA, ACS, ALA re: youth smoking, access*
- *Attempted dialogue with RWJ; rebuffed*
- *National 4-H youth smoking initiative (1998)*
- *Overtures to TC leaders : **harm/risk reduction***
- *Corporate philanthropy*

Algunas conclusiones

- El tabaco sin humo es un producto tóxico y cancerígeno.
- Provoca adicción.
- Sirve de puerta de entrada al tabaquismo para los jóvenes y son ellos el principal destinatario para las compañías tabaqueras.
- El tabaco sin combustión y los cigarrillos electrónicos comparten muchas similitudes con el hábito de fumar en el aspecto conductual de uso, lo cual dificulta el abandono.
- Los cigarrillos electrónicos y los dispositivos sin combustión pueden hacer que el cigarrillo vuelva a ser socialmente aceptable, socavando así décadas de esfuerzo de en la lucha contra el tabaquismo y las políticas actuales de no fumar.
- El concepto de “reducción de daños” en tabaco ha sido introducido por la industria para *dividir* el movimiento de prevención del tabaquismo entre los “radicales” y los “razonables”

Para conseguir cosas debemos permanecer unidos, con firmeza

