NATTI

Iniciativa para el Tratamiento de la Adicción a la Nicotina y el Tabaco

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La manipulación de Profesionales de la Salud y la Academia por Industria Tabacalera y de Nicotina

Estrategias históricas, tácticas actuales y riesgos para la salud pública

Bogotá, Colombia, 17 de febrero de 2026

Objetivos de la presentación

- Reconocer **cómo y por qué** la industria tabacalera ha buscado influir en profesionales de la salud y la academia
- Identificar **estrategias históricas y actuales** de interferencia
- Comprender los **riesgos éticos, científicos y de política pública**
- Conocer un **caso actual: Medscape – Philip Morris**
- Reconocer el rol de los profesionales de la salud en la **protección de las políticas públicas**

Una epidemia industrialmente producida

PRIMARY
MALIGNANT GROWTHS
OF THE
LUNGS AND BRONCHI

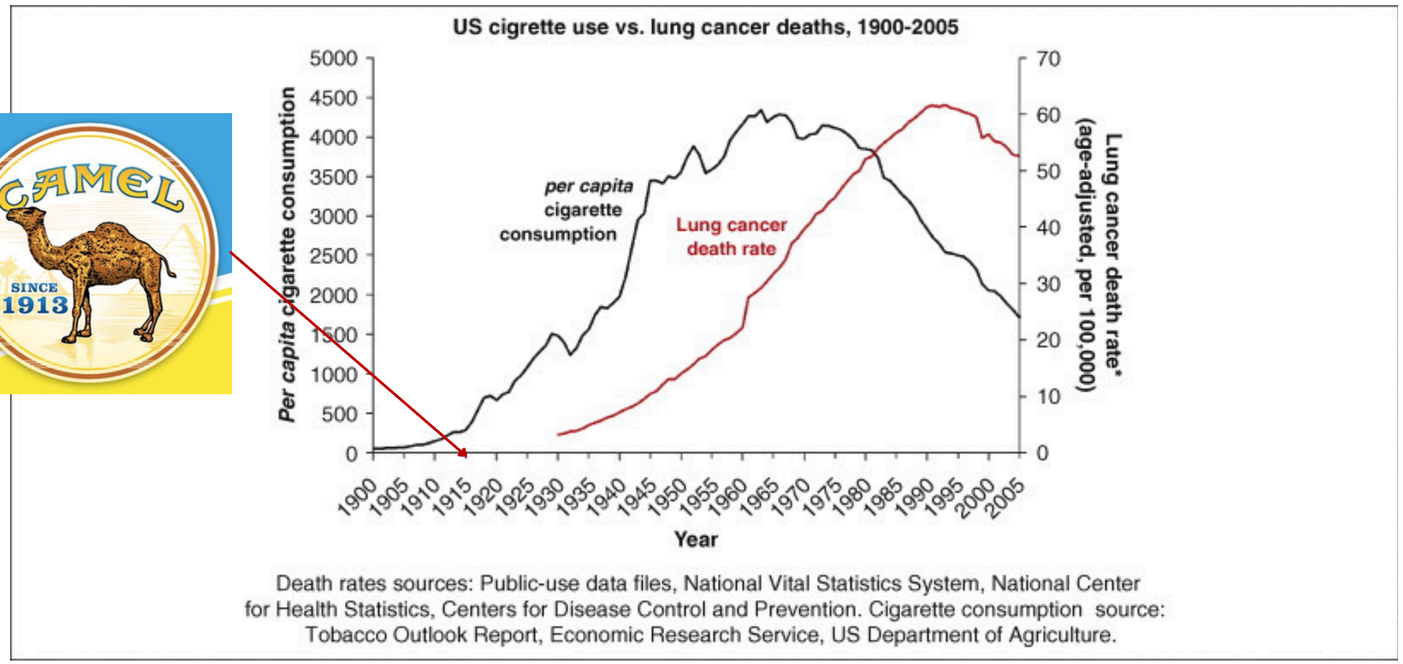
A PATHOLOGICAL
AND CLINICAL STUDY

BY

I. ADLER, A.M., M.D.,
Professor Emeritus at the New York Polyclinic, Consulting Physician to the German, Beth-Israel, Har Moriah, and Peoples Hospitals, and Montefiore Home and Hospital

En un punto, sin embargo, existe un consenso de opinión casi completo, y es que las neoplasias malignas primarias de los pulmones se encuentran entre las formas más raras de enfermedad.

LONGMANS, GREEN, AND CO.
FOURTH AVENUE & 30TH STREET, NEW YORK
LONDON, BOMBAY, AND CALCUTTA
1912



Una idea clave desde el inicio

La industria tabacalera necesitaba convencer a la población: para ello confundió/pagó a expertos.

- **Credibilidad científica** = **Poder político**
- Los profesionales de la salud son **vectores estratégicos de legitimidad**

¿Por qué apuntar a la academia y a los profesionales de la salud?

La industria busca:

- Credibilidad científica
- Influencia en guías clínicas
- Acceso a tomadores de decisión
- Normalización social del producto
- Diluir regulaciones (“no hay consenso”, “falta evidencia”)

Un médico o académico es más efectivo que mil publicidades

Primera etapa histórica (1950–1970)

Negación y fabricación de la duda
Estrategias clásicas:

- Captación de médicos prestigiosos
- Financiamiento de “investigación independiente”
- Creación de institutos científicos fachada

Mensaje clave: *“La ciencia no es concluyente”*

Crear “Duda acerca de la ciencia" fue su estrategia

- https://www.tobaccotactics.org/article/targeting-health-professionals/

Segunda etapa (1970–1990)

P.Morris: Projecto *Sunrise*

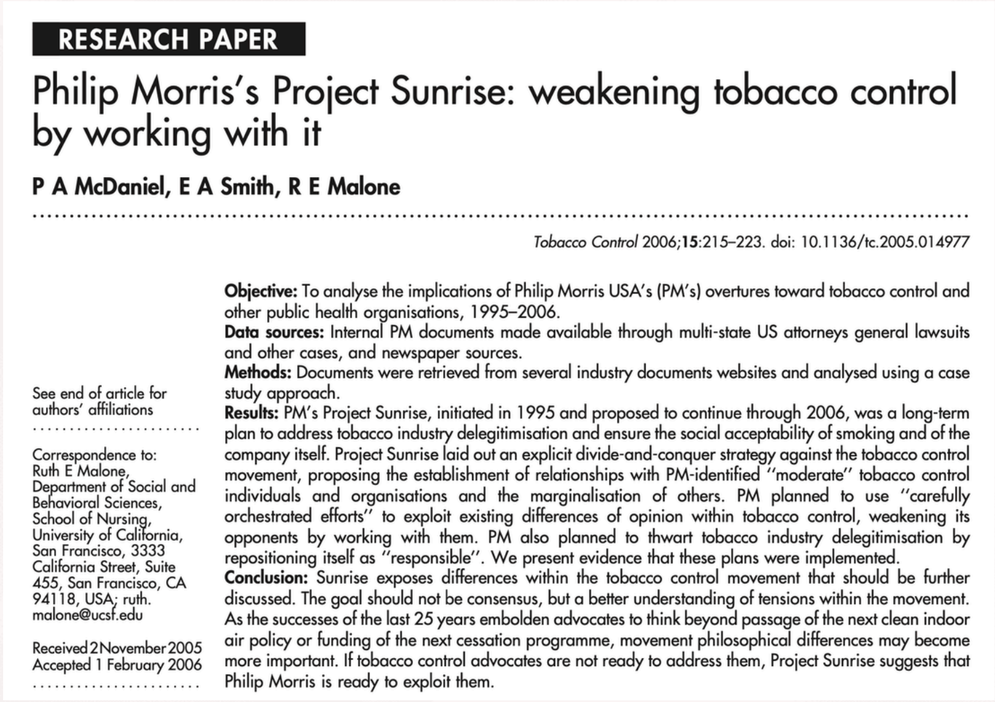
- desprestigiar, dividir, establecer coaliciones de apoyo

Captura académica y médica

- Patrocinio de congresos médicos
- Becas y viajes para investigadores
- Publicaciones con autores financiados

Resultado:

- Retraso en políticas de control



RESEARCH PAPER

Philip Morris's Project Sunrise: weakening tobacco control by working with it

P A McDaniel, E A Smith, R E Malone

Tobacco Control 2006;**15**:215–223. doi: 10.1136/tc.2005.014977

See end of article for authors' affiliations

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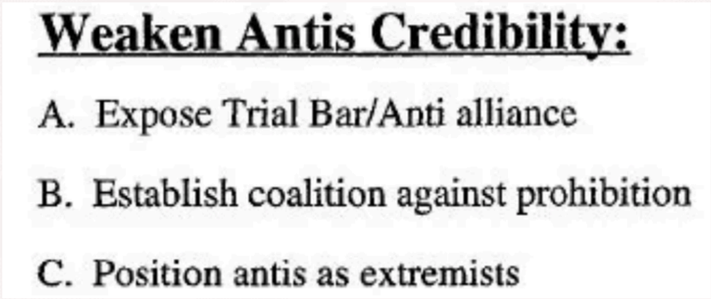
Received 2 November 2005
Accepted 1 February 2006

Objective: To analyse the implications of Philip Morris USA's (PM's) overtures toward tobacco control and other public health organisations, 1995–2006.
Data sources: Internal PM documents made available through multi-state US attorneys general lawsuits and other cases, and newspaper sources.
Methods: Documents were retrieved from several industry documents websites and analysed using a case study approach.
Results: PM's Project Sunrise, initiated in 1995 and proposed to continue through 2006, was a long-term plan to address tobacco industry delegitimisation and ensure the social acceptability of smoking and of the company itself. Project Sunrise laid out an explicit divide-and-conquer strategy against the tobacco control movement, proposing the establishment of relationships with PM-identified ''moderate'' tobacco control individuals and organisations and the marginalisation of others. PM planned to use ''carefully orchestrated efforts'' to exploit existing differences of opinion within tobacco control, weakening its opponents by working with them. PM also planned to thwart tobacco industry delegitimisation by repositioning itself as ''responsible''. We present evidence that these plans were implemented.
Conclusion: Sunrise exposes differences within the tobacco control movement that should be further discussed. The goal should not be consensus, but a better understanding of tensions within the movement. As the successes of the last 25 years embolden advocates to think beyond passage of the next clean indoor air policy or funding of the next cessation programme, movement philosophical differences may become more important. If tobacco control advocates are not ready to address them, Project Sunrise suggests that Philip Morris is ready to exploit them.



Weaken Antis Credibility:

A. Expose Trial Bar/Anti alliance

B. Establish coalition against prohibition

C. Position antis as extremists

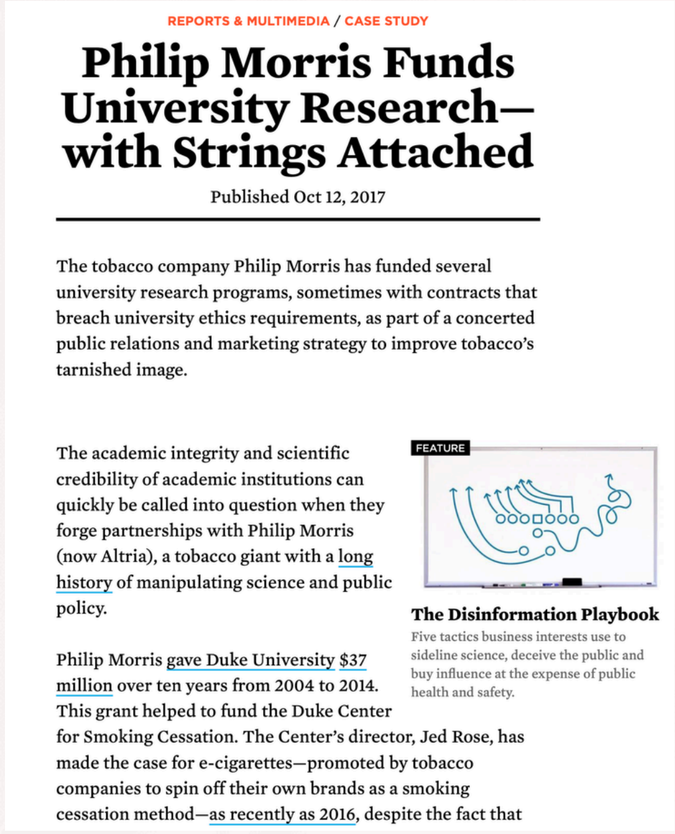
https://alatorax.org/es/biblioteca/confie-en-nosotros-somos-la-industria-tabacalera

Tercera etapa (1990–2010)

Responsabilidad social corporativa y “diálogo”

- Programas de “prevención juvenil”
- Alianzas con universidades
- Donaciones a instituciones de salud
- Participación en foros científicos

- Estrategia: **posicionarse como “parte de la solución”**



REPORTS & MULTIMEDIA / CASE STUDY

Philip Morris Funds University Research—with Strings Attached

Published Oct 12, 2017

The tobacco company Philip Morris has funded several university research programs, sometimes with contracts that breach university ethics requirements, as part of a concerted public relations and marketing strategy to improve tobacco’s tarnished image.

The academic integrity and scientific credibility of academic institutions can quickly be called into question when they forge partnerships with Philip Morris (now Altria), a tobacco giant with a long history of manipulating science and public policy.

FEATURE

The Disinformation Playbook

Five tactics business interests use to sideline science, deceive the public and buy influence at the expense of public health and safety.

Philip Morris gave Duke University $37 million over ten years from 2004 to 2014. This grant helped to fund the Duke Center for Smoking Cessation. The Center’s director, Jed Rose, has made the case for e-cigarettes—promoted by tobacco companies to spin off their own brands as a smoking cessation method—as recently as 2016, despite the fact that

https://www.tobaccotactics.org/article/csr-education/

Punto de quiebre: el CMCT de la OMS

- Reconocimiento formal de la interferencia
- Artículo 5.3: protección de las políticas públicas
- Directrices claras sobre conflictos de interés
- Pero…

La industria no desaparece: se adapta

https://fctc.who.int/es/resources/publications/9241591013

Etapa actual (2010–hoy)

La narrativa de “reducción del daño”

Nuevos productos:

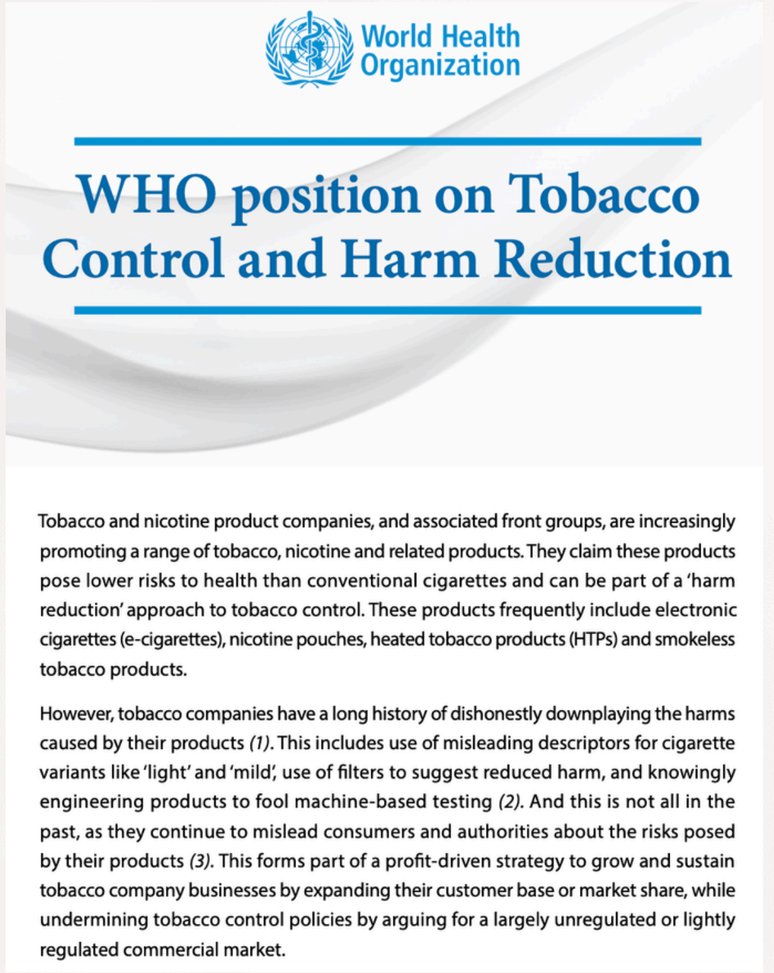
- Cigarrillos electrónicos
- Tabaco calentado
- Bolsas de nicotina

Mensaje:

- “No somos el problema, somos la alternativa”

Objetivos :

- Crear la duda
- Dividir a la comunidad de la salud



World Health Organization

WHO position on Tobacco Control and Harm Reduction

Tobacco and nicotine product companies, and associated front groups, are increasingly promoting a range of tobacco, nicotine and related products. They claim these products pose lower risks to health than conventional cigarettes and can be part of a ‘harm reduction’ approach to tobacco control. These products frequently include electronic cigarettes (e-cigarettes), nicotine pouches, heated tobacco products (HTPs) and smokeless tobacco products.

However, tobacco companies have a long history of dishonestly downplaying the harms caused by their products *(1)*. This includes use of misleading descriptors for cigarette variants like ‘light’ and ‘mild’, use of filters to suggest reduced harm, and knowingly engineering products to fool machine-based testing *(2)*. And this is not all in the past, as they continue to mislead consumers and authorities about the risks posed by their products *(3)*. This forms part of a profit-driven strategy to grow and sustain tobacco company businesses by expanding their customer base or market share, while undermining tobacco control policies by arguing for a largely unregulated or lightly regulated commercial market.

https://www.who.int/publications/m/item/who-position-on-tobacco-control-and-harm-reduction

Mismas tácticas, mismos objetivos

- Financiamiento indirecto vía terceros
- Think tanks y fundaciones “independientes” (*Foundation for a Smoke free world/Global Action for Ending Smoking*)
- Plataformas educativas digitales
- Captación de profesionales

Menos marketing, más ciencia aparente (“pseudociencia”)

Caso emblemático: Medscape – Philip Morris

¿Qué ocurrió?

- Medscape, una de las plataformas médicas más grandes del mundo
- Curso de cesación financiado por **Philip Morris International**
- Enfocado en “reducción del daño” y uso de nuevos productos
- Supuestamente, Medscape terminó el acuerdo

WHO condemns tobacco industry's manipulation of medical education

12 June 2024 | Departmental update | Geneva |Reading time: Less than a minute (225 words)

The World Health Organization (WHO) expresses grave concern over the tobacco industry's manipulative tactics aimed at influencing healthcare providers through continuing medical education programmes and thereby advancing the interests of the tobacco industry.

In this regard, WHO acknowledges the decision made by Medscape (an online resource for medical news and educational content tailored for healthcare professionals) to permanently remove a series of accredited medical education courses on smoking cessation funded by Philip Morris International.

WHO underlines the critical need for transparency and ethical standards in medical training and supports calls for certification bodies to avert any partnerships with tobacco and related industries in medical education to stop dissemination of biased information that could hinder public health efforts.

WHO calls upon governments to enforce comprehensive bans on all types of tobacco advertising, promotion and sponsorship, in line with the WHO Framework Convention on Tobacco Control as well as national laws of many countries where sponsorship of medical education is illegal.

¿Por qué este caso es problemático?

- Conflicto de interés claro
- Objetivo: legitimación científica de narrativa de industria
- Alcance global
- Muchos profesionales **no identificaron el financiamiento**

Publicidad a través de educación médica

Impacto real en la salud pública

Estas estrategias logran:

- Debilitamiento/captura de la cesación
- Confusión en guías clínicas
- Retraso en políticas regulatorias
- Normalización del consumo de nuevos productos
- Fragmentación del consenso científico

El rol de los profesionales de la salud

Los profesionales deben:

- Proteger su independencia
- Reconocer conflictos directos e indirectos
- Rechazar financiamiento de la industria
- Exigir transparencia institucional
- Apoyar el Artículo 5.3 del CMCT

No es censura, es ética profesional

El rol de las instituciones , sociedades científicas y académicas

- Códigos de conducta claros
- Prohibición de patrocinio de la industria
- Declaración y registro de conflictos de interés
- Formación ética continua
- Protocolos de reporte de interferencia

Mensajes finales

Conflicto inherente entre IT y Salud pública.

La industria tabacalera no cambió su objetivo: lucro

Actualizó su estrategia y sus aliados.

La protección de la salud pública requiere:

- Memoria histórica
- Vigilancia activa
- Independencia científica

Mensajes finales

La credibilidad de la profesión médica no es negociable.

NATTI – Compromiso con la cesación, la ciencia independiente y la protección de las políticas públicas

GRACIAS