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IADR and AADOCR Policy Statement on Tobacco Company Funded Research

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Abstract:	The International Association for Dental, Oral, and Craniofacial Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) have adopted a robust policy statement addressing the ethical implications of tobacco industry-funded research. Grounded in their core values of scientific excellence, community, and social responsibility, the policy aligns with the World Health Organization's recognition of the fundamental conflict between tobacco industry interests and public health objectives. This policy is a response to the tobacco industry's documented history of unethical practices, including concealing evidence of harm, distorting research, and influencing public opinion and policy through biased publications. The statement explicitly prohibits the acceptance of research funded by tobacco companies for presentation at IADR and AADOCR meetings or publication in their jointly owned journals. By rejecting tobacco-funded research, IADR and AADOCR aim to protect the credibility of their platforms, uphold the highest ethical standards, and reinforce their commitment to advancing unbiased, evidence-based research in the dental, oral, and craniofacial sciences. This statement serves as a model for promoting integrity in research

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The IADR and AADOCR Policy Statement on Tobacco Industry Funded Research

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Introduction

The International Association for Dental, Oral, and Craniofacial Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) grounds their mission and vision on three core value statements – scientific excellence, scientific community, and social responsibility. The component of social responsibility is to "value the pursuit of science to improve health and well-being for all people, to reduce health inequalities and inequities, and proactively takes actions and positions to improve health." (IADR 2024, AADOCR 2024). One of the ways that the IADR and AADOCR meet their value statements is through policy statements. The goal of these statements is to provide the scientific community with a unified and authoritative voice on issues related to dental, oral, and craniofacial health and research (Ajiboye et al. 2018).

During the 102nd General Session and Exhibition of the IADR and the 53rd Annual Meeting and Exhibition of the AADOCR, the IADR and AADOCR Councils each approved and adopted a new policy statement on tobacco industry funded research. This policy statement is specifically relevant to the IADR and AADOCR annual meetings as well as their jointly owned journals – the *Journal of Dental Research* (*JDR*) and the *JDR Clinical &Translational Research*. The statement was requested at a previous IADR and AADOCR Joint Board meeting and was deemed appropriate due to the World Health Organization's (WHO) Framework Convention on Tobacco Control report on the "fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests" and the research community's obligation to assist in the understanding and application of research to policy decisions (World Health Organization, 2005).

To achieve the IADR and AADOCR's mission, its vision, and to ensure we make a meaningful difference, we understand that the credibility and trustworthiness of the Association is paramount to our role within the community. Therefore, this policy statement helps to ensure that the science presented at its annual meetings and within its journals are driven by an evidence-based approach, transparency, rigorous review, and the highest ethical standards. By upholding these principles, IADR and AADOCR demonstrate its dedication to providing credible and trustworthy guidance in the field of dental, oral, and craniofacial research. It is important to note that while this policy statement applies specifically to tobacco companies and tobacco industry funded research, IADR and AADOCR will continuously evaluate and refine their engagement with other industries to ensure that all collaborations align with our mission and uphold the highest standards of scientific excellence and public health advocacy.

Tobacco and Public Health

Tobacco products, whether used through active or passive smoking (e.g., cigarettes or cigars) or smoke-free (e.g., heated tobacco products, inhaled, or chewing tobacco products), are overwhelmingly detrimental to human health. Tobacco is uniquely dangerous to public health in the scale of harm it causes when used precisely as directed. Notwithstanding any ritualistic and social aspects, all forms of tobacco use are harmful, and there is no safe level of exposure to tobacco (World Health Organization, 2023). Tobacco kills more than 8 million people each year, including an estimated 1.3 million non-smokers who are exposed to second-hand smoke (World Health Organization, 2023) and up to two-thirds of long-term tobacco users will die from tobacco-related conditions such as cerebrovascular disease, cancer and respiratory disease (Australian Government Department of Health and Aged Care, 2020). Tobacco's main psychoactive drug, nicotine, is highly addictive, making it very difficult to guit (U.S. National Institute on Drug Abuse, 2022). Tobacco product usage is almost always initiated and established during adolescence (U.S. Centers for Disease Control and Prevention, 2022). Tobacco use remains the single most impactful risk factor for poor health, impoverishment and death globally (World Health Organization, 2023, Perez-Warnisher et al. 2018).

Tobacco Company - Sponsored Research in IADR Journals and IADR / AADOCR Meetings

Tobacco Company Overview

A "Tobacco Company" is a company, entity or organization or groups or combinations of the same whose business other than for an insignificant part (i.e., less than 10% of its revenue) is the development, production, promotion, marketing, or sale of tobacco in any country of the world or is a subsidiary or a holding company or affiliate of the same (Wellcome Trust, 2023). In addition to combustible tobacco products such as cigarettes and cigars, they also include electronic nicotine delivery systems (ENDS), such as e-cigarettes, and smokeless tobacco products (e.g., chewing tobacco, moist snuff or snus) and heat-not-burn tobacco products.

History of Unethical Conduct

The WHO Framework Convention on Tobacco Control notes that "There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests" (World Health Organization, 2005). The tobacco industry has been aware of the serious health consequences of its products for decades and sought to conceal this evidence from the public. There is evidence of the dishonest behavior of the tobacco industry including suppressing research findings on the harmful effects of tobacco, distorting research evidence, and actively coercing researchers to bias positive views on smoking risk (Brownell KD et al 2009, Brandt AM 2012, Cancer Research UK 2019, American Lung Association 2023). The tobacco industry has made significant attempts to aggressively promote its products, especially to women, the young, racial and ethnic minorities, the LGBTQ+ community (Acosta-Deprez et al., 2021), the poor, and low- and middle- income countries (LMICs) (Brown-Johnson CG et al. 2014, World Health Organization 2020). Today, tobacco companies continue to use scientific publications and misinformation to influence public opinion and policy including tobacco company-funded research that suggests that e-cigarettes are a safe alternative to cigarettes, even though there is evidence that e-cigarettes are harmful to health (Hendlin YH et al. 2019, Smith MJ et al. 2021). The global tobacco industry also lobbies against government regulations that aim to reduce tobacco use. Indeed, tobacco companies are known to fund research for lobbying strategies to block, amend and delay effective public health policies such as marketing, packaging, and point-of-sale restrictions to minors.

Additionally, the tobacco industry has also been shown to be involved in a large number and diverse range of scientific events (Matthes BK et al. 2023). The focus of the events ranged from toxicology (28.2%), medicine (11.7%), to dentistry (4.2%) – the latter was attributed to the increasing importance of newer nicotine and tobacco products (Matthes BK et al. 2023). Event participation mostly took the form of the delivery of posters (55.4%) and oral presentations (30.5%) (Matthes BK et al. 2023). Scientific events provide platforms for tobacco companies to disseminate their messages, normalize their presence within academic settings and present themselves as legitimate stakeholders in evidence production and evidence-based decision making.

Policy Statement

In light of the tobacco industry's long history of deception and its ongoing efforts to undermine public health, the International Association for Dental, Oral and Craniofacial Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOCR) will not accept symposia sessions or abstract submissions for IADR or AADOCR meetings that present research funded, in whole or in part, by a tobacco company (as defined above). Additionally, IADR and AADOCR jointly own the *Journal of Dental Research (JDR)* and the *JDR Clinical &Translational Research*. These journals will not consider papers in which support, in whole or in part, comes from a tobacco company. That support includes funding for research personnel, the research study itself, or publication and/or ancillary charges. It is well established that tobacco companies use peer-reviewed journals to promote their products or cast doubt on the adverse health effects of tobacco product usage. Companies also use paid or sponsored content to promote their products or to influence public policy. It is therefore unethical and irresponsible to support the reputation of the tobacco industry. By refusing to publish

 papers or allow conference presentations that are supported by tobacco companies, IADR and AADOCR are protecting public health and promoting the integrity of scientific research.

Author Contributions

P. Arany contributed to the conception, design, acquisition, analysis, and interpretation, drafted and critically revised the manuscript; F. Cieplik, N. Damé-Teixeira, T. Do, X. Li, H. Priya, B. Wu, and Y-H. Yu contributed to the design, analysis, and interpretation, and critically revised the manuscript; M.K.S. Charles-Ayinde drafted and contributed to the conception, design, and interpretation of the manuscript; C. Fox contributed to the conception and critically revised the manuscript. All authors gave final approval and agreed to be accountable for all aspects of the work.

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