

Policy on Tobacco Use

Originating Council
Council on Clinical Affairs

Review Council
Council on Clinical Affairs

Adopted
2000

Revised
2003

Purpose

The American Academy of Pediatric Dentistry (AAPD), in order to reduce pain, disability, and death caused by nicotine addiction, recommends routine screening for tobacco use, treating tobacco dependence, preventing tobacco use among children and adolescents, and educating the public on the enormous health and societal costs of tobacco.

Methods

This policy revision is based upon a review of the most current publications and Web sites of numerous health care organizations.

Background

Tobacco use, principally cigarette smoking, remains the leading preventable cause of disease and premature death in the United States and imposes substantial health-related and economic costs to society.¹⁻⁵ Approximately one third of all tobacco users in this country will die prematurely because of their dependence on tobacco and their addiction to nicotine.¹ Significant oral, dental, and systemic health consequences associated with all forms of tobacco use (ie, cigarettes, cigars, smokeless [spit] tobacco, pipes) are well documented in the literature. Such consequences include oral cancer, periodontal disease, cardiovascular disease, pulmonary diseases, and lung cancer.⁵⁻⁹ Smoking during pregnancy is associated with adverse outcomes, including low birth-weight, intrauterine growth retardation, and infant morbidity and mortality, as well as negative consequences for child health and development.^{1,5,10-12} Recent studies have concluded exposure to environmental tobacco smoke (ETS; eg, second-hand or sidestream smoke, passive smoking) also presents serious health hazards including cancer and heart disease in healthy nonsmokers.^{2,4,5,13,14} Infants and children exposed to ETS have higher rates of lower respiratory illness, middle ear infections, asthma, and caries in the primary dentition and are at increased risk for sudden infant death syndrome (SIDS).^{2,4,5,12-16}

Smoking and smokeless tobacco use almost always are initiated and established in adolescence. The earlier that children and adolescents begin using tobacco, the more likely they will become highly addicted and continue using as

adults.² If current tobacco use patterns continue in the United States, an estimated 5 million persons now under the age of 18 will die prematurely from a tobacco-related illness.^{2,5} Each year in the United States, tobacco kills more citizens than alcohol, cocaine, heroin, homicide, suicide, car accidents, fire, and autoimmune deficiency syndrome (AIDS) combined.²

Policy statement

The AAPD opposes the use of all forms of tobacco including cigarettes, pipes, cigars, and smokeless tobacco and alternative nicotine delivery systems (ANDS), such as tobacco lozenges, nicotine water, nicotine lollipops, or "heated tobacco" cigarette substitutes.¹ The AAPD supports national, state, and local legislation that would eliminate tobacco advertising and promotions that appeal to or influence children, adolescents, or special groups. The AAPD supports prevention efforts through merchant education and enforcement of state and local laws prohibiting tobacco sales to minors. As ETS is a "known human carcinogen" and there is no evidence to date of a "safe" exposure level to second-hand smoke,¹³ the AAPD also supports the enactment and enforcement of state and local clean indoor air and/or smoke-free policies or ordinances prohibiting smoking in public places.

Furthermore, the AAPD encourages its members to:

1. promote and establish policies that ensure dental offices, clinics, and/or health care facilities, including property grounds, are tobacco free;
2. serve as role models by not using tobacco and urging staff members who use tobacco to stop;
3. routinely examine patients for oral signs of tobacco use;
4. determine and document tobacco use by patients and smoking status of their parents, guardians, and caregivers;
5. educate patients, parents, and guardians on the serious health consequences of tobacco use and exposure to ETS in the home;
6. provide both prevention and cessation services using evidence-based interventions identified as "best practice" for treating tobacco use and nicotine addiction;

7. work to ensure all insurance plans include "best practice" tobacco cessation counseling and pharmacotherapeutic treatments as benefits in health packages;
8. work with school boards to increase tobacco-free environments for all school facilities, property, vehicles, and school events;
9. work on the national level and within their state and community to organize and support anti-tobacco campaigns and to prevent the initiation of tobacco use among children and adolescents, eliminate cigarette sales from vending machines, and increase excise tax on tobacco products to reduce demand;
10. organize and support efforts to pass national, state, and local legislation prohibiting smoking in businesses such as day-care centers where children routinely visit and other establishments where adolescents frequently are employed;
11. establish and support education/training activities and prevention/cessation services throughout the community;
12. recognize the US Public Health Service Clinical Practice Guideline "Treating Tobacco Use and Dependence" as a valuable resource.

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