

Policy on Tobacco Use

Originating Council

Council on Clinical Affairs

Review Council

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Adopted

2000

Revised

2003, 2006

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 current dental, medical, and public health literature. A MEDLINE search was conducted using the terms "tobacco", "teen tobacco use", "tobacco use in children", and "smoking". Web sites for the American Lung Association, American Cancer Society, Centers for Disease Control and Prevention, Environmental Protection Agency, and US Department of Health and Human Services were reviewed.

Background

Tobacco use, principally cigarette smoking, remains the leading preventable cause of disease and premature death in the US 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.⁵⁻⁸ The 2004 US Surgeon General report on health effects of smoking identified a number of diseases caused by, but not previously causally-associated with, smoking. The list included cancers of the stomach, uterus, cervix, pancreas, and kidney; acute myeloid leukemia; pneumonia; abdominal aortic aneurysm; cataract; and periodontitis.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. One third of all smokers had their first cigarette by age 14, and 28% of high school students report using some type of tobacco.^{17,18} 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 US an estimated 6.4 million persons now under the age of 18 will die prematurely from a tobacco-related illness.^{5,19} Each year in the US, 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 eliminates 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 third-party payors 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.

References

1. US Dept of Health and Human Services. Treating Tobacco Use and Dependence: A Clinical Practice Guideline. US Dept of Health and Human Services. US Government Printing Office—Washington, DC. 2004;02-9328. ISBN 1-58763-007-9. June 2000.
2. US Dept of Health and Human Services. Preventing Tobacco Use Among Young People: Report of the Surgeon General. Atlanta, Ga: US Dept of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1994.
3. CDC. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States 1995-1999. *MMWR* 2002;51(14):300-3.
4. CDC. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994;43(RR-2):1-18.
5. CDC. Targeting tobacco use: The nation's leading cause of death—At a glance. 2005. Available at: <http://www.cdc.gov/nccdphp/agg/agg/osh.htm>. Accessed February 6, 2006.
6. American Cancer Society, National Cancer Institute, National Institutes of Health. How to help your patients stop using tobacco: A National Cancer Institute manual for the oral health team. Bethesda, Md: National Institutes of Health; 1998. Publication No. 98-3191.
7. American Dental Association. Summary of policy and recommendations regarding tobacco 1964-present. ADA Resolution 1H-1992. In: *ADA Transactions* 1992. Chicago, Ill: American Dental Association; 1993:598.
8. Chewing tobacco linked to dental caries[press release]. Bethesda, Md: National Institutes of Health, CDC; Nov 8, 1999.
9. US Dept of Health and Human Services. The health consequences of smoking: A report of the Surgeon General. US Dept of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2004. Washington, DC.
10. Matthews TJ. Smoking during pregnancy in the 1990s. National vital statistics report. Hyattsville, Md: National Center for Health Statistics; 2001;49:7. CDC. DHHS Publication No. (PHHS)2001-1120; PRS 01-0539 (8/2001).
11. US Dept of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion Office on Smoking and Health. Report of the Surgeon General—Women and smoking: Tobacco use and reproductive outcomes—Fact sheet. US Public Health Service. Office of the Surgeon General. 2001. Available at: http://www.cdc.gov/tobacco/sgr/sgr_forwomen/factsheet_outcomes.htm. Accessed Feb. 6, 2006.
12. World Health Organization. International consultation on environmental tobacco smoke (ETS) and child health—Consultation report. Geneva, Switzerland: World Health Organization; 1999.
13. US Dept of Health and Human Services. The report on carcinogens. 9th ed. 2000. Available at: <http://www.nih.gov/news/pr/may2000/niehs-15.htm>. Accessed Feb. 6, 2006.
14. US Environmental Protection Agency. Fact Sheet: Respiratory health effects of passive smoking. January 1993. Environmental Protection Agency document No. 43-F-93-003. Available at: <http://www.epa.gov/iaq/ets/pubs/etsfs.html>. Accessed February 6, 2006.
15. Aligne CA, Moss ME, Auinger P, Weitzman M. Association of pediatric dental caries with passive smoking. *JAMA* 2003;289(10):1258-64.

16. US Dept of Health and Human Services. Healthy people 2010: Tobacco use and healthy people 2010 objectives—Tobacco priority area. Washington, DC. Available at: <http://www.healthypeople.gov/document/html/Volume2/27tobacco.htm>. Accessed Feb. 6, 2006.
17. American Cancer Society. Child and teen tobacco use. Available at www.cancer.org/docroot/PED/content/PED_10_2X_Child_And_Teen_Tobacco_Use.ASP?sitearea=PED. Accessed Feb. 6, 2006.
18. American Lung Association. Smoking and teen fact sheet. Nov 2004. Available at www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39871. Accessed Feb. 6, 2006.
19. CDC. Cigarette smoking—Attributable morbidity—United States, 2000. MMWR Morb Mortal Wkly Rep. 2003;52(35):842-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm>. Accessed Feb. 6, 2006.

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