

Position Statement

Tobacco and Smoking

February 24, 2004

AAAAI Position Statements and Work Group Reports are not to be considered to reflect current AAAAI standards or policy after five years from the date of publication. For reference only.

This is a new statement from the Academy.

The statement below is not to be construed as dictating an exclusive course of action nor is it intended to replace the medical judgment of healthcare professionals. The unique circumstances of individual patients and environments are to be taken into account in any diagnosis and treatment plan. The above statement reflects clinical and scientific advances as of the date of publication and is subject to change.

Abstract: The American Academy of Allergy, Asthma and Immunology asserts that tobacco, in any form, presents serious health risks to users as well as recipients of second-hand smoke. Those with respiratory conditions are at even greater risk. As such, Academy members should be strong advocates for smoking cessation and programs that aid in this cessation; the removal of any advertising that promotes tobacco products; and the expansion of public and private smoke-free environments.

Scientific evidence demonstrates that tobacco use is the leading preventable cause of death and illness in our nation.¹ Tobacco use (cigarettes, cigars, snuff, chewing tobacco, and other tobacco products) causes more than 400,000 deaths each year - one out of every five deaths in the United States - and approximately \$157 billion in annual health-related economic losses.² Tobacco is a substance of abuse. Nicotine, a key ingredient in tobacco products, is an addictive drug.³ Children and adolescents are of particular concern due to increased risk for addiction and passive exposure.⁴

Cigarette smoking alters both the structure and function of the central and peripheral airways, alveoli and capillaries and the immune system of the lung.⁵ Numerous pulmonary function abnormalities have been documented in smokers.⁵ Respiratory symptoms are greatly increased among cigarette smokers. It further aggravates patients with asthma and upper respiratory allergic diseases.⁵ Cigarette smoking is the principal risk factor for the development of chronic obstructive pulmonary disease.⁶ Cigarette smoking is the major cause of all types of lung cancer.⁷

Smoking is a known cause of other types of cancer, heart disease and stroke.^{7,8} Special dangers exist for specific subpopulations of smokers such as pregnant women who suffer higher rates of spontaneous abortions, stillbirths, premature births, low birth weights and complications of pregnancy from direct use as well as passive exposure.⁹ Cigarette smoking can increase the risk of developing occupational lung diseases and trigger exacerbations of existing work-related diseases.¹⁰

Many of the deleterious health effects known to be caused by active smoking are also associated with passive smoke exposure. Passive smoking has a harmful effect on the respiratory health of children. Children exposed to environmental tobacco smoke have higher rates of lower respiratory illness during their first year of life, higher rates of middle ear effusion, and higher rates of sudden infant death syndrome.¹¹ In addition, children with asthma and upper respiratory allergy whose parents smoke have more severe symptoms and more frequent exacerbations.¹¹

Supported by extensive scientific and epidemiologic evidence, the American Academy of Allergy Asthma and Immunology opposes smoking and the use of tobacco and has accepted the U.S. Surgeon General's challenge to work toward the goal of a tobacco-free society.¹²

As a result of this commitment, the American Academy of Allergy Asthma and Immunology strongly encourages all of its members to:

1. Avoid smoking and the use of tobacco products in their personal lives;
2. Assess and document smoking and tobacco use status as part of the medical history for every patient;
3. Provide cessation counseling and other proven therapy to all patients who use tobacco.

Manufacturers of tobacco products spend billions of dollars each year promoting their products.¹ Recognizing that the use of tobacco products constitutes a major health hazard, the American Academy of Allergy Asthma and Immunology opposes all forms of advertisement of all tobacco products for human consumption. The Academy especially deplores those advertising campaigns that are aimed at special populations such as children, adolescents, minorities and women.

The American Academy of Allergy Asthma and Immunology supports and advocates for health plan coverage and appropriate reimbursement for physician services related to the treatment of tobacco use. This includes behavioral modification treatments and evidence-based approaches for FDA-approved pharmacotherapy.¹²

The AAAAI strongly encourages all allergist/clinical immunologists to participate in CME activities/programs related to the prevention or cessation of tobacco use. The Academy is committed to continuing its ongoing efforts to provide current educational materials to its members.

Nicotine replacement therapy is an effective component of tobacco cessation treatment. Nicotine replacement generally increases rates of smoking cessation.¹² Although both nicotine gum and the patch have become widely available as over-the counter products and many individuals stop smoking on their own, the American Academy of Allergy Asthma and Immunology believes that physicians continue to have a responsibility to intervene with patients who smoke/use tobacco. Specifically, physicians should provide counseling, encourage the use of nicotine replacement products when appropriate, and offer instruction on appropriate use.

The American Academy of Allergy Asthma and Immunology strongly supports the prohibition of the use of tobacco products on all forms of public transportation and encourages efforts dedicated to enforcing such a ban.

The Academy considers exposure to passive smoking a significant health hazard. For this reason, the AAAAI:

1. Urges members to address the issue of the hazards of passive smoking with their patients;
2. Urges all public and private employers to provide smoke-free work and break time environments for their employees in the absence of laws mandating such a provision;
3. Urges public and private funded insurance programs to reimburse for smoking cessation services.

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