



Tobacco and Electronic Cigarettes

Based on currently available evidence, the American Association of Oral and Maxillofacial Surgeons (AAOMS) has developed this position statement on tobacco and electronic cigarette products.

Tobacco

The first Surgeon General's report on smoking and health was published in 1964, at which time 42 percent of the U.S. population smoked. In 2014, a 50-year report was published that noted that 18 percent of the population smoked.¹ Although the incidence of tobacco use has decreased, people who smoke cigarettes are much more likely than people who do not smoke to develop certain diseases, such as cancer, cardiovascular disease, diabetes and lung disease. More than 20 million Americans have died because of smoking, and 2.5 million were nonsmokers who died due to secondhand smoke. Use of tobacco is one of the leading causes of preventable illness in the United States, and smoking accounts for approximately 20 percent of deaths.² Over 36.5 million adults in the United States currently smoke cigarettes.³ Adult use of smokeless tobacco (e.g., chewing tobacco or snuff) in 2014 was estimated to be 3.4 percent.⁵

Tobacco use is the single most preventable cause of morbidity and mortality in the United States. Cigarette smoking is the single largest risk factor for cancer, including head and neck cancer. In general, all healthcare providers should actively promote cessation of use of tobacco products in any form.

Tobacco use is the primary etiologic agent in the development of head and neck cancer in over 75 percent of cases. In addition, smoking at the time of diagnosis is associated with increased treatment-related morbidities, decreased survival and an increased risk for second primary cancers. Therefore, smoking cessation is critical to decrease the incidence of head and neck cancer along with decreasing the morbidity of treatment and risk of recurrence.

Smoking cessation is the responsibility of all providers involved in the care of a cancer patient. AAOMS recommends a joint effort between medical and dental providers to encourage early tobacco cessation for all patients. These programs should offer education on risks of continued smoking and counseling on different cessation methods – from pharmaceutical options to behavioral modification techniques.

Smokeless Tobacco

Smokeless tobacco refers to the consumption of unburned tobacco in the form of chewing, spitting, dipping and snuff. There is sufficient evidence that smokeless tobacco is a human carcinogen, and therefore remains an important public health concern. Smokeless tobacco use appears to be associated with head and neck cancers, especially oral cavity cancers, with snuff being more strongly associated than chewing tobacco.

E-cigarettes, Vaporizers and other Electronic Nicotine Delivery Systems

There is mixed evidence to demonstrate the efficacy of e-cigarettes in promoting abstinence from cigarette use and exposure to carcinogenic compounds in the short term. The long-term safety of e-cigarette consumption has not been definitively established. Recent events related to the development of lung disease in young people appear to be related to the use of e-cigarettes; however, further investigation is warranted. In recognition of the variability in the delivery and chemical composition of various e-cigarette and vaping products, the FDA has included a requirement for nicotine addictiveness on product packages and advertisements.

Based on the available evidence, AAOMS cannot recommend the routine use of e-cigarettes as an alternative to or as a means to promote abstinence from conventional tobacco products unless there is further evidence related to safety.

Position Paper



Secondhand Smoke

Secondhand smoke is defined as the combination of the smoke given off by burning a tobacco product and the smoke exhaled by a smoker. It is a known human carcinogen. There is no safe level of exposure to secondhand smoke. Research has not yet definitively proven that secondhand smoke causes head and neck cancers. However, research does suggest that secondhand smoke exposure may increase the risk of these cancers, including pharyngeal and laryngeal head and neck cancer. Further studies are needed to confirm this magnitude of risk associated with secondhand smoke exposure.

Tobacco Impact on Oral Health

AAOMS is working with policymakers to help prevent oral and pharyngeal cancer as well as other oral and systemic diseases associated with tobacco use. The Association is especially concerned about the oral health impact of the latest generation of tobacco products, including e-cigarettes and vaping.

References:

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