



ASAM

American Society of Addiction Medicine

Public Policy Statement On Nicotine Dependence and Tobacco

Background

Nicotine is the psychoactive drug in tobacco. Regular use of tobacco products leads to addiction in a high proportion of users.

Nicotine dependence is the most common form of chemical dependence in the United States. This addiction is especially prevalent among those who suffer from alcoholism and from other drug dependencies.

Nicotine dependence most often begins as a pediatric disease. In 1994, four million young people, aged 12-17 years, were current users of cigarettes. Three thousand youth become regular users each day, one-third of whom will eventually die from a cigarette-caused disease.

The nicotine addiction epidemic is fueled in part by the low price of tobacco products, their ready availability to the underage (despite laws to the contrary), and the enormous marketing campaigns for these products (campaigns that are often very seductive and attractive to the young). In 1993, the cigarette industry spent \$6.03 billion, or 25 cents per pack, on marketing.

Cigarettes cause an enormous burden of illness, disability and death. In 1989, the cigarette caused more than 400,000 premature deaths in the United States and more than 3 million worldwide.

Smokeless tobacco use is epidemic among the young. Smokeless tobacco products, along with cigars and pipe tobacco, are causes of nicotine addiction and cancer, among other serious problems. Cigar smoke has been shown to cause lung cancer, emphysema and heart disease among the many users who inhale the smoke.

The general public is aware that tobacco use is harmful, but it seriously underestimates the magnitude of the harm which tobacco causes.

Nonsmokers, too, are harmed by tobacco use. Nonsmokers may themselves become ill with lung cancer, heart disease, lower respiratory ailments, worsening of asthma and other problems through exposure to environmental tobacco smoke. They suffer through the

illnesses and premature deaths of family members, friends and associates. They also share unwittingly in the economic costs of tobacco use because of higher insurance and medical care costs.

Becoming abstinent from tobacco has been shown to have substantial beneficial effects on health and longevity. The treatment of nicotine addiction reduces the complications of this addiction. Many who successfully recover from another addiction die from a complication of nicotine addiction. The widespread notion that nicotine dependence is best left untreated during the course of treatment for other drug dependencies lacks empiric support.

Although the medical profession has traditionally viewed tobacco use as a risk factor for other diseases, instead of a primary problem in itself, this approach has impeded, rather than promoted, the development of optimal treatment methods for patients addicted to nicotine. Nicotine dependence is a primary medical problem deserving of thoughtful, ongoing attention from every responsible clinician. Diseases caused by tobacco use should be regarded as complications of nicotine dependence.

Policy Recommendations

The American Society of Addiction Medicine advocates and supports the development of policies and programs which promote the prevention and treatment of nicotine addiction. These include, but are not limited to, the following:

- a. The availability of tobacco products to the young should be controlled through the establishment of an enforced, national minimum age of 21 years for purchase of all tobacco products and the requirement that all sales of tobacco products be face to face encounters, eliminating vending machines, self-service and mail order sales. Efforts to reduce tobacco sales to minors should reserve punitive approaches to manufacturers, distributors and merchants, and should not include measures that penalize underage possession or use of tobacco products. Punishment of the user perpetuates a counterproductive judicial approach. Minors who use tobacco products should instead be referred for educational or clinical services, as indicated.**
- b. Governmental policies regarding tobacco should be changed in several ways. These include:**
- c. Assigning the regulation of all nicotine-containing products intended for human consumption to the Food and Drug Administration. In particular, ASAM vigorously supports the proposal made by the FDA in the Federal Register of August 11, 1995 to regulate cigarettes and smokeless tobacco products as nicotine delivery devices.**
- d. Requiring tobacco product manufacturers to publish and publicize the ingredients used in each brand they offer to the public and to publish and publicize the levels of toxic substances, including nicotine, that customers who consume each such product may reasonably expect to ingest.**

- e. Requiring the inclusion of package inserts in each tobacco product sold to a consumer. Such inserts would contain useful information about the harm of tobacco use, the benefits of stopping, and advice on how to stop.**
- f. Strengthening the warning labels on cigarettes and smokeless tobacco and extending the warning label system to all other tobacco products so that the warnings are much more visible, easier to understand, and explicitly describe the risks of addiction, disease and death from use of these products.**
- g. Enforcing the ban against cigarette advertising in broadcast media by directing the Justice Department to take action against cigarette brand promotions and sponsorships in motor sports.**
 - f) Eliminating all advertising and other promotional activities for nicotine-containing tobacco products, including mandating that all packaging for tobacco products be plain packaging, in order to eliminate the allure provided by package design and brand-associated symbols.**
 - g) Adopting measures already in place in Ontario which prohibit pharmacies and stores with pharmacy departments from selling tobacco products.**
 - h) Supporting research and public health efforts funded through the various branches of government, including the Department of Defense, the NIH, CDC, SAMHSA, and state initiatives that contribute to (1) an understanding of nicotine addiction, its treatment and its prevention, and (2) controlling the epidemic, including research and programmatic assistance in understanding and dealing with the profound clinical interrelationships among nicotine, alcohol and other drugs of abuse.**
 - i) Encouraging politicians to refuse to accept support from tobacco companies so that they can more easily work to control the epidemic caused by tobacco.**
 - j) Eliminating subsidies and all other forms of governmental assistance which encourage the production or exportation of tobacco and tobacco products or which have the effect of establishing a minimum nicotine level in leaf tobacco.**
 - k) Funding transition programs for displaced workers from excise taxes on tobacco products when jobs now in the tobacco industry are eventually shifted to other parts of the economy as a result of the above and other measures.**
 - l) Increasing substantially state and federal taxes on tobacco products and assigning a portion of the revenue generated from increased taxes to fund sustained, integrated, multifaceted public health programs to reduce tobacco consumption.**

- m) **Eliminating tobacco as an export crop and eliminating tobacco products as export products from the United States (so that this country does not contribute to the tobacco problems faced by any other nation), and replacing government assistance for tobacco product exports with the export of medical and public health knowledge about tobacco and about how to control the tobacco epidemic.**
 - n) **Requiring alternative designs to make cigarettes fire-safe, since these products are the leading cause of death in household fires.**
3. **Public education about tobacco should be enhanced by additional measures, including:**
- a) **Establishing primary and secondary schools as tobacco-free zones with clinical support made available as a benefit of enrollment or employment for those students and staff who want assistance in dealing with nicotine dependence.**
 - b) **Teaching of youth in the schools about the risks of addiction, disease and death from tobacco use and about the cynical efforts of the tobacco industry to recruit new customers from among their peers.**
 - c) **Counter-marketing tobacco products, including advertisements and other efforts, to offset the seduction of tobacco advertising imagery and to educate the public about the hazards of tobacco and about methods of quitting or of not starting tobacco use.**
4. **Research, professional education, and clinical expertise in the areas of nicotine dependence should receive increased emphasis through the following measures:**
- a) **Promoting research in universities and other institutions into the causes, prevention, and treatment of nicotine dependence.**
 - b) **Training all health professionals to regard nicotine dependence as a primary medical problem including training in the management of nicotine dependence on the part of physician specialists in addiction medicine, primary care physicians, clinical psychologists, and all drug and alcohol counselors. This training should also include information on the ways the tobacco industry perpetuates the epidemic and undermines efforts aimed at reducing the problem and on ways health care professionals can help counter these influences.**
 - c) **Teaching about the dependency process and about the management of nicotine dependence in CME courses and other professional education programs.**

- d) **Teaching that nicotine dependence needs to be diagnosed and treated along with other drug dependencies.**
 - e) **Exploring mechanisms for third party reimbursement for the treatment of nicotine dependence by qualified health professionals who use clinically recognized methods.**
 - f) **Refusal of any funding from the tobacco industry and its subsidiaries by medical schools, other research institutions and individual researchers to avoid giving tobacco companies an appearance of credibility.**
 - g) **Encouraging all institutions involved in health care to divest from the tobacco industry since investments in this industry are profitable only to the extent that measures to control the epidemic fail.**
5. **Smoke-free policies should be implemented in all workplaces and places of public accommodation, including all health-care facilities.**
 6. **Health care delivery systems should provide treatment of nicotine dependence for their patients.**
 7. **Legal action against the tobacco industry should be supported, including law suits by states, private insurers and others seeking to recover money spent on medical care of tobacco-caused disease, consumer protection actions seeking to better inform the public about tobacco or to stop industry practices which harm the public health, and product liability suits brought by individuals who have been harmed by tobacco products.**
 8. **ASAM should actively participate in a liaison network with other groups on issues of mutual interest related to tobacco.**

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