

Tobacco Use Control and Inhaled Controlled Substances

Tobacco use is the number one preventable cause of death and disease in the United States.¹ In addition, marijuana is the most widely used illicit drug due to substantial changes in cannabis policies.² The American Association for Respiratory Care (AARC) is the professional organization dedicated to the protection of health through public education and the promotion of the highest standards of care provided by respiratory therapists. Furthermore, the AARC is committed to evidence-based practice guidelines and interventions. Respiratory therapists are professionals who have a clear understanding of the nature of cardiopulmonary disease and are in a position to promote the health of hearts and lungs. Respiratory therapists know that tobacco dependence is a chronic disease. The AARC advocates for tobacco cessation, tobacco prevention programs, and avoidance of the inhalation of any controlled substance. Resources are available for behavioral change via motivational interviewing, QUITPLAN[®] information, medication guides, tools for resolving ambivalence about quitting smoking, and support with a relapse prevention plan.

The AARC strongly supports the elimination of all tobacco use and exposure. The AARC values its responsibility to the public by taking a strong position against cigarette smoking, the use of tobacco in any form, and the inhalation of illicit and controlled substances³. The health-threatening consequences of using these products in both active and passive forms is well documented in the medical literature. The AARC is committed to the elimination of smoking, and the use of all tobacco products, and the inhalation of controlled substances. Medical facilities should identify all patients who use or are exposed to tobacco and other inhaled substances and provide interventions aimed at tobacco control, offer pharmacotherapy, and follow-up as appropriate. The use of respiratory therapists who are trained tobacco treatment specialists (TTS) is strongly encouraged.

The AARC acknowledges and supports the rights of non-smokers and pledges continuing sponsorship and support of initiatives, programs, and legislation to reduce and eliminate smoking and inhalation of toxic substances. The AARC extends its concern beyond tobacco smoking to the use of smokeless tobacco, marijuana, electronic cigarettes, water-pipe smoking, vaping devices, smoking paraphilia, etc. There is no conclusive evidence on the short- and long-term health effects of cannabis use.²

References:

1. U.S. Department of Health and Human Services. [The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2019 Apr 18].
2. National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research, Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625> [accessed 2019 Apr 19].
3. The American Association for Respiratory Care: Electronic Cigarette Position Statement, 2020.

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