

Tobacco Cessation: Isn't It Time for Dentistry To Become More Involved?

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The statistics are staggering. Tobacco is by far the greatest risk factor associated with cancer deaths in Canada.¹ Tobacco use causes approximately 30% of all cancer deaths.² The Canadian Cancer Society estimates there were 132,100 new cases of cancer and 65,000 deaths from cancer in Canada in 2000.³ Lung cancer is still the leading cause of cancer death for both men and women.³ There are about 1.9 million daily smokers in Ontario alone, and it is estimated that about half will die of smoking-related illnesses.⁴

According to the literature it is not just lung cancer that smokers should be concerned about. Tobacco users need to become more informed about the relationship between tobacco use and oral cancers and periodontal disease. Who better to address this important health issue with patients than individual dentists and the profession as a whole?

Indeed, dentistry has been involved in tobacco-related issues for years. By way of example, the Ontario Dental Association (ODA) developed a policy statement on tobacco in 1987. That policy recognized the potential direct and indirect health effects associated with the use of tobacco and introduced a smoking ban at the ODA that extended to all rooms in which Association meetings are held. It also encouraged a ban on smoking in public places and discouraged the promotion of tobacco products. A good foundation for an organization interested in promoting optimal oral health. However, it took another decade for the ODA to adopt a statement on smoking cessation.

The latest policy, approved in November 1998, emphasizes smoking cessation. It goes so far as to encourage members to learn about tobacco cessation so they will be in a better position to aid patients in the cessation process. Based on this policy direction, the ODA has joined with the Ontario Medical Association and the Ontario Pharmacists' Association in an effort to mobilize health care professionals and to encourage them to enhance their smoking cessation skills through a program called Clinical Tobacco Intervention (CTI). This joint partnership in the CTI program builds on the regular encounters patients have with their primary care providers. We are working together to give practitioners the

tools they need to help patients quit using tobacco. Tobacco dependence is a chronic condition. Research indicates that a majority of smokers want to quit smoking and that even brief interventions may help them.⁵

Why has it taken dentistry so long to become involved in tobacco intervention? Traditionally we heard that some dentists were concerned about how patients would react to receiving advice and assistance about tobacco use in the dental office. The conclusions of an Alberta study, which found that a majority (61.5%) of dental professionals believed patients didn't expect tobacco cessation services in dental offices, appear to support our suspicions in this area.⁶ In that study, about half of the dentists surveyed (53.9%) were concerned that patients might leave the practice if tobacco cessation services were provided.

Since the Alberta study was published, we have become more optimistic about dentists' attitudes towards CTI. A recent ODA survey indicates that 88% of respondents ask patients about tobacco use and smoking and that 61% advise their patients of the oral health risks associated with smoking. A majority of respondents would also like education and training on smoking cessation intervention. We believe that CTI training will increase the intervention activities of dentists and dental staff.

Patient attitudes about the role of primary care providers in CTI and tobacco cessation services also are positive. The study by Campbell and others found that the majority of patients surveyed (58.5%) believed that dental offices should provide tobacco cessation services.⁶ In a Market Facts of Canada Ltd. survey commissioned by the CTI program in 2000, 300 Ontario smokers/tobacco users were asked about their comfort level in receiving smoking cessation advice from health professionals. Sixty-two per cent reported they would be comfortable or very comfortable receiving tobacco cessation information from dentists, while 19% stated they would be uncomfortable or very uncomfortable receiving such advice from dentists. Response rates were similar when it came to receiving such advice from physicians and pharmacists.

Perhaps it is time for dentists to stop worrying that patient attitudes will be a barrier to carrying out smoking cessation interventions. With the emerging information on patient acceptance of smoking cessation advice and the increasing evidence that tobacco use is a causal factor for a number of oral health conditions, dentists have more reason than ever to become informed participants in tobacco intervention techniques. Is it appropriate to leave smoking cessation interventions to other primary care providers? In today's knowledge-based environment, where patients need to have a range of information before consenting to care, dentists are well positioned to take the initiative and to work with their patients to reduce the use of tobacco.

Much has been said and written about cancer, cancer control and prevention. With an estimated 894,000 potential years of life lost due to cancer in Canada in 1997,³ we might ask if the message is getting through. When it comes to the prevention of cancer-related deaths, reducing the use of tobacco products should be a priority for all dental professionals. Even brief interventions can help. There is a comprehensive range of CTI and smoking cessation services that fit with dentistry, including the recommendation of nicotine replacement and prescription therapies. It all starts with taking that first step and asking patients if they smoke. If you are not already identifying which patients use tobacco, isn't it time to begin this dialogue with them?

A good starting point is the development of a smoke-free environment within the dental setting. Dentists and members of the dental team are role models. Include your staff and all members of your team in the discussion about smoking. Need more information? Talk with your colleagues about their experiences. Read articles, or take a course.

Dentists have a long history of being involved in prevention. Recent U.S. guidelines refer to tobacco as a toxin that contributes to profound disabilities, avoidable illness, and death.⁷ Is there a role for you in risk reduction and prevention related to tobacco use? ♦

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The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

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