

President's Column

TOBACCO OR HEALTH?



Dr. Burton Conrod

I was fortunate to participate, along with more than 4,500 other delegates from 140 countries, in the 11th World Conference on Tobacco or Health held this summer in Chicago. Even the name of the conference was thought-provoking: a person obviously cannot be a smoker and remain healthy. The conference featured seminars, plenary sessions and presentations on tobacco control techniques. It is clear that the anti-tobacco movement has evolved from being “anti-smoker” to recognizing that tobacco is a defective consumer product that kills. Tobacco is the leading preventable cause of death around the world. Tobacco-related illness kills 4 million people a year or about one person every 8 minutes.

Canada's efforts in tobacco control were in the spotlight at the conference. Health Minister Allan Rock showcased Canada's new graphic warning regulations for tobacco packaging. Leading tobacco control advocates in attendance congratulated Mr. Rock for pioneering

the use of colour graphics and detailed text messages as deterrents to tobacco use. Studies have shown the warnings will be effective. Mr. Rock also described Health Canada's efforts targeted at smoking cessation for teens and stated that he supports increasing tobacco taxes as a proven way to cut the rate of youth smoking, which has actually increased over the last 10 years.

Another proud event for Canadians occurred when Mr. Gar Mahood accepted, on behalf of the Non-Smokers Rights Association, the prestigious Luther L. Terry Award for the most outstanding tobacco control organization in the world. CDA has worked with Mr. Mahood for many years, and it was gratifying to see the organization recognized by the world community.

Each time I participated in an event at the conference, I was struck by the dedication of health workers around the world — even in less developed countries — to promote a future without tobacco. I took part in round-table discussions on smoking cessation with delegates from Bosnia, Slovenia and Poland, and their commitment to solving a problem of great magnitude with limited resources was truly inspiring.

Research has shown that even a minor intervention or conversation about smoking cessation with a trusted health care provider can help a person quit smoking. Dentistry is uniquely positioned to help because of the high level of trust engendered in the dentist/patient relationship and because of the regular contacts we have with our patients. The most important thing we can do is ask our patients about tobacco use and make a clear recommendation that they quit.

The adverse oral health effects of tobacco use are visible to patients, who can see the tar build-up on their teeth. This makes it easier for them to understand the build-up of toxic chemicals in their lungs. Having their teeth cleaned gives some patients the feeling of a fresh start and an incentive to quit. Many heavy smokers actually want to quit, which is why constantly reinforcing the

importance of quitting at dental visits is successful.

All dentists should be familiar with the 3-minute intervention involving the 5 “As”:

- ASK about tobacco use
- ADVISE all users to quit
- ASSESS willingness to make a quit attempt
- ASSIST in quit attempt
- ARRANGE for follow-up.

This process requires us to know about community resources such as cessation programs and physicians offering addiction counselling, so that we can direct our patients accordingly.

CDA is currently investigating cessation programs and promotional material with a view to stepping up our tobacco control messaging. CDA supports government initiatives like the Quit4Life program for teens and the graphic warnings on tobacco packages. We are also lobbying government to increase tobacco taxes in an effort to curb youth smoking. It is imperative for dentists to discuss tobacco use with their patients and to make clear recommendations for them to quit smoking. If individual dentists show they are serious about improving the health of their patients, CDA will be more successful in convincing the government to increase its efforts in tobacco control.

Much has been said about the link between oral health and general health. Improving oral health by encouraging smokers to quit will greatly improve their general health. Many of the effects of smoking, including non-chronic respiratory problems and symptoms associated with cardiovascular disease, are reversible within weeks of quitting. People who stop smoking can expect to live longer than people of the same age who continue to smoke. Given these facts, we owe it to our patients to become more informed and more proactive on the issue of tobacco control.

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