

# Editorial

## WE'VE COME A LONG WAY FOLKS!



Dr. John P. O'Keefe

**D**o you remember an advertisement that used to appear in American publications a few years ago in which a glamorous woman was portrayed smoking a particular brand of cigarette. The caption accompanying the image was "You've come a long way baby." I believe the text was meant to signify that smoking this brand of cigarette was somehow liberating and empowering for women. Really!

North American society has come a long way over the past few years in terms of its attitude toward tobacco. When I watch videos and television footage of political and business meetings dating from scarcely 20 years ago, I am fascinated to see the participants smoking during the conduct of business. It is easy to know where the political term "smoke-filled rooms" came from. Today, in most parts of Canada, smoking in public places is officially banned and it is common for visitors to private homes to smoke outside. Tobacco has long been

recognized as a drug of addiction and the number one cause of premature death in our time.

I know the damage caused by tobacco addiction only too well. Both of my parents died young from smoking-related illnesses. They claimed they could never give up smoking because of its addictive nature. Trying to ingratiate myself with the "in crowd" as a teenager, I also became a smoker and gave up many times before finally kicking the habit in 1978. This set of experiences makes me want to help people stop smoking.

Yet I have to admit that for much of my career I have not seen it as my responsibility as a dentist to try to help my patients give up using tobacco. I am sure that I am not alone in this. In 1995, I addressed a dental society meeting about the idea of dentists getting involved with tobacco cessation and the reception was unenthusiastic to put it kindly. Students I lectured to at the university around that time were also very skeptical. The dentists and dental students argued that there was no fee code for that intervention, that practitioners would run the risk of losing patients, and that they were not trained to be tobacco cessation counsellors.

That same year I co-authored a paper about dentist involvement in tobacco cessation, which appeared in this journal. In that article, my fellow authors and I suggested that a climate would have to be created where dentists felt that this was a legitimate activity for the profession. We felt that organized dentistry would have to show leadership to create this climate. The contents of this edition of the *JCDA* certainly indicate that organized dentistry in Canada is well on the way to creating this climate.

The purpose of this special issue is to provide you with the latest information linking the use of tobacco to periodontal disease and other oral conditions, to show you a practical, non-threatening method for helping your patients to stop using tobacco, and to inform you of

initiatives being carried in 2 provinces and one dental school to encourage dentists and students to provide this service to their patients.

The Internet for Dentists and the CDA library package direct you to further information on the topic. Polybagged with this edition is a set of materials created by Dr. Sharon Campbell of the University of Waterloo. Dentists in Alberta were the first to use these resources, and they are currently being used by the Ontario Dental Association as part of its smoking cessation package for dentists.

We place this emphasis in this month's *JCDA* because dentist involvement in smoking cessation will be one of the key messages from CDA during dental health month in April. Highlighting this subject is also one of the primary goals of Dr. Burton Conrod's presidency. I believe that dentists have come a long way over the past few years and are ready to embrace tobacco cessation as a dental service.

We know that smoking is an important factor in the causation of periodontal disease and in delaying oral wound healing. We know that counselling by dental professionals is effective and legitimate in the eyes of patients, as Dr. Campbell points out. We also know that the CDA board of governors agreed to have a fee code included in the Uniform System of Codes and List of Services (USC&LS) last September. We know that in some jurisdictions dentists who have taken special courses can prescribe tobacco cessation medications, themselves or in conjunction with the patient's physician.

We now have the tools to provide this important service. All we have to do is take the next step. Depending on our individual comfort level, we have an opportunity to promote health in a new and exciting manner.

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