

Welcome to the next instalment of *Australian Dental Perspectives*, articles looking at issues facing community dentistry. The material for this article was drawn from the Preventive Dentistry Forum (PDF), a meeting of Australia's leading experts in oral health.

Over the last several years, the role of the dental professional has evolved. Rather than focusing solely on teeth and restorative work, many are now considered “whole mouth” practitioners and subscribe to the preventive dentistry school of thought. Dental professionals are also now recognised as a valuable resource in the management and treatment of systemic diseases such as diabetes and cardiovascular disease.

At the most recent meeting of the PDF, Anne Jones, Chief Executive Officer of Action on Smoking and Health provided interesting insight into the role of oral health professionals in smoking cessation. Below she provides a recap of her presentation.

Smoking is one of the biggest health problems in Australia today. Over 3 million Australians currently smoke, with 19,000 dying every year from smoking-related diseases.

Apart from the devastating effects on the health and well-being of smokers and their families, smoking has a significant impact on society in general, costing the community \$21 billion every year through funding of smoking cessation strategies and support services, and costs to the healthcare system.

While significant progress has been made in reducing the number of Australians who smoke, there is still a lot of work to be done in this area. Ideally, this work involves a number of different stakeholders, including government, the pharmaceutical industry and healthcare professionals.

While the role of physicians and pharmacists in smoking cessation is widely recognised, the role of dental professionals is less certain. However, there are a number of persuasive arguments for involving the dental profession in smoking cessation.

Firstly, smoking is a major contributor to oral disease. A smoker is six times more likely to develop periodontal diseases and four times more likely to get oral cancer than a non-smoker¹. Both these conditions provide graphic visual signs of the impact smoking has on the body, and when treating a smoker with one or more of these conditions, dental professionals are provided with a perfect opportunity to discuss the patient's smoking status and encourage them to quit.

This task may be made easier for dental professionals from mid-2006, when a range of new warnings, some of which are related to oral health, are introduced on tobacco products in Australia. These will occupy at least 30% of the front and 90% of the back of the packets, and will feature graphic images and strong warnings. For example: “Warning: Cigarettes cause mouth diseases. Cigarette smoke causes oral cancer and tooth loss.”

Secondly, it has been shown that the advice of healthcare professionals is a major factor in helping a person quit smoking. Research has shown that even very brief intervention by a healthcare professional lasting less than three minutes in duration will assist about 2% of smokers in successfully quitting. This highlights the importance that a patient places on advice from their healthcare provider.

This is especially significant when you consider that approximately 50% of smokers say they would try to quit if their dentist suggested they do so. Many people see their dentist twice a year and have a well-established and trusted relationship with their oral healthcare team. As such, dentists are ideally placed to play an important role in encouraging smoking cessation, and can make a significant difference in reducing the number of people who smoke.

Importantly, however, this can be done without a major effort on the

behalf of dentists. The very nature of the dental setting, and the way in which consultations with patients are carried out, means there are many one and two minute opportunities that can be used to provide advice on smoking cessation. The advice can be provided without interfering in oral care or adding extra time to the visit, thereby minimising the impact on the oral healthcare professional.

The following simple guidelines may assist those oral health professionals who wish to provide smoking cessation advice to their patients:

The 5As:

Ask patients about their smoking status and record this

Assess their dependence, willingness and confidence to quit

Advise all smokers to quit due to the oral and general health effects of smoking and the benefits of quitting

Assist smokers, depending on where they are 'at' with their smoking

Ask again at a later visit to follow up on progress

As well as being very useful, this framework is also very compatible with the commonly used dental care formula of Welcome-Examine-Diagnose-Treatment Plan-Treat- Follow Up:

Welcome = Ask, Advise

Examine/Diagnose = Ask

Treatment Plan = Advise, Assess

Treat = Assist

Follow Up = Ask again

In summary, the evidence is clear – dentists can play a significant role in helping encourage smoking cessation. By following simple steps, they can assist their patients in quitting and in doing so help deal with a major health problem facing Australians today.

1. Quit Victoria 2004. Oral Health Professionals: How you can help smokers quit, using the 5As Framework. Video.

2. Trotter L and Worcester P 2001. Smoking cessation training package for Victorian dentists: needs assessment. Quit Victoria and Australian Dental Association Vic. Branch Inc.

