ENSP
European Network for Smoking and Tobacco Prevention

2021 - ENSP WORKING GROUP POSITION STATEMENT ON ORAL HEALTH AND TOBACCO AND NEW NICOTINE-CONTAINING PRODUCTS

The oral health community wants to convey to society our concern about the effects of nicotine and tobacco products on oral health.

We also want to convey our commitment to society by participating to the extent of our possibilities in tobacco control, in the efforts to counteract tobacco industry activities to extend the nicotine epidemic in young people and other vulnerable populations.

As health professionals, we are willing to assume our responsibilities in the design and implementation of public health policies regarding tobacco control at the European level.

AN AWKWARD, INCONVENIENT TRUTH

Tobacco is the leading preventable cause of death in the world today. Every year more than 7 million people are killed as the result of direct tobacco use and around 1.2 million more as the result of non-smokers being exposed to second-hand smoke. More than 10% of these deaths occur in Europe. WHO has estimated that tobacco use is currently responsible for 16% of all deaths in adults over 30 in the European Region.

Scientific evidence shows that at least half of all regular smokers die of a condition caused by smoking, losing an average of 10-12 years of life. Among the diseases caused by tobacco use the more important are heart attack, stroke, several types of cancers (lung, throat, mouth, stomach, kidney, bladder…), different respiratory diseases like chronic bronchitis, chronic cough and asthma, and other pathological conditions as Sudden Infant Death Syndrome. Only in the EU, 25.8 billion € are spent by the National health systems in treating the related diseases.

As the primary route of delivery, the oral cavity is particularly sensitive to harmful exposure from tobacco products (see annex 1).

The effects of tobacco use on the population's oral health are alarming. The most significant effects of smoking on the oral cavity are: oral cancers and pre-cancers, increased severity and extent of periodontal diseases, as well as poor wound healing. The clear link between oral diseases and tobacco use provides an ideal opportunity for oral health professionals to partake in tobacco control initiatives and cessation programmes (https://www.fdiworlddental.org/oral-health/tobacco-and-oral-health, Jan 15th 2020).

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WHY IT DOES CONCERN US

"To ensure that oral health teams and oral health organizations are directly, appropriately and routinely involved in influencing patients and the public to avoid and discontinue the use of all forms of tobacco" is one of the goals of WHO Oral Health Program, a goal shared and fully supported by FDI (World Dental Federation).

There are several reasons why we, oral health professionals, should strengthen our contribution to tobacco control programs (World Oral Health Report 2003, WHO, Geneva):

- We are concerned about the adverse effects in the oropharyngeal region;
- We, as health professionals, are concerned about all the risk factors that may affect our patient health and quality of life; additionally, an emerging literature indicates a strong relationship between oral health and overall systemic health.
- We often spend more time with patients than many other clinicians, providing opportunities to integrate education and intervention methods into practice;
- We often have access to children, youths and their caregivers, thus providing opportunities to influence them on the dangers of tobacco;
- We often treat women of childbearing age, and are thus able to inform them about the potential harm to themselves and to their babies from tobacco use;
- We can stimulate our smoking patients into quitting by showing the actual effects of tobacco on the mouth; and,
- We can be as effective as other clinicians in helping tobacco users quit; evidence also shows that a multi-disciplinary approach increases cessation rates.

WHAT CAN / SHOULD BE DONE

Oral health professionals are in a unique position to motivate and assist their patients to quit smoking and using smokeless tobacco, and there is ample evidence that they can be effective. The repeated nature of oral health treatment provides multiple opportunities for information, advice and brief counselling.

EDUCATION

However, in practice they report lack of training in effective tobacco counselling and treatment skills as a significant barrier to incorporating these behaviors into routine care. Unfortunately, tobacco-related curriculum has lagged in the majority of oral health schools and oral hygiene programs. The education on this topic tends to be neither comprehensive nor systematic, with minimal time provided for didactic or clinical tobacco cessation education.

Accordingly, tobacco use and nicotine dependence education should be part of the curriculum in all oral health schools. Continuing education programs may also be effective at increasing tobacco treatment knowledge, attitudes, and behaviors, and to adapt to the changing landscape of nicotine-containing product use.

"There is a strong need to incorporate tobacco education into the curricula of both oral health and oral hygiene programs in a systematic way, and to encourage practicing clinicians to

complete continuing education courses that teach evidence-based methods for helping oral health patients to quit tobacco. (…) All oral health professionals should show competency in these skills" (Gordon et al. Drug Alcohol Rev 28:517, 2009).

ROLE-MODEL AND DISSEMINATION

Health professionals should lead by example. Willingly or not, in health issues we are role-models for our patients, and we should act accordingly by being non-smokers, and by advocating for tobacco-free policies.

Dentists are encouraged to disseminate information on the risks associated to smoking, vaping, or chewing behavior as widely as possible and improve the existing screening programs to ensure that the public is made aware of these dangers, especially those within high-risk groups. More should be done to ensure that public awareness of tobacco-related oral diseases continues to improve and more people are regularly screened.

INTERVENTION

Helping patients to stop smoking may be the single most important service dentists can provide for their patient's oral and general health (Robert E. Mecklenburg).

Providing opportunistic advice, particularly to stop smoking, in combination with regular screening will reduce the overall morbidity and mortality from oral cancer and other mouth disorders, and will dramatically improve the quality of life of our patients.

Tobacco use and dependence management can fit easily into routine oral health care. Since in Europe a great proportion of smokers will visit an oral health clinic in any given year, and most have established relationships with their oral health community, this offers us a unique opportunity to help smokers or vapers. We routinely provide preventive care and education to our patients and are in a prime position to discuss tobacco use. In addition, a great proportion of patients expect to receive such advice from their oral health provider, and they appreciate the advice and assistance; accordingly, oral health students and oral hygiene students tend to perceive that helping smokers to quit is part of their professional role.

A large body of research has shown that oral health community are effective at helping their patients to quit tobacco. According to the most recent Cochrane review on the topic (Carr & Ebbert, 2012), oral health interventions significantly increased the odds of long-term tobacco abstinence among oral health patients (OR: 1.7; 95%CI: 1.4-2.0). The most effective strategies are a combination of screening for tobacco use and discussing any oral health findings related to tobacco use, personalized advice and assistance (e.g., discussing and providing prescriptions for cessation medication when necessary), and referral to accessible tobacco treatment resources (e.g., national health system or telephone quitlines).

In the best interests of the public, oral health professionals should deliver a consistent message about tobacco cessation, as the rest of health professionals that currently addresses tobacco use. It is time to make tobacco use prevention, and even cessation, an integral part of oral health services. "Given the evidence, tobacco cessation activities should be as natural as oral hygiene measures in oral health offices" (Jesper Reibel, www.who.int/bulletin/volumes/83/9/editorial20905html/en/ [accessed February 18th 2020]).

PROMOTION OF DENORMALIZATION

Since tobacco companies have always placed their major efforts in obtaining smoking or vaping normalization, public health advocates have realized that achieving denormalization of these behaviors should be the main aim of all tobacco control policies, which were proposed in the WHO Framework Convention on Tobacco Control in 2005 and developed in its guidelines afterwards.

As health professionals, dentists should not only treat the consequences of smoking, but also try to prevent them adequately. This implies the promotion and support of the tobacco control measures that evidence shows useful to decrease smoking or vaping acceptance and prevalence. Among others (see annex 2), these include measures aimed at decreasing the acceptance of the products (by diminishing their attractiveness and their promotion, and by increasing the awareness about their consequences), their availability (by increasing their prices or limiting the sale conditions), or their toxicity to third parties (by limiting secondhand exposition).

To support the different measures aimed at denormalization of tobacco use is within the scope of our professional practice.

IN SUMMARY

- Since tobacco use has a devastating effect on general health and a significant negative impact on oral health; it should be born in mind that all forms of commercial nicotine-containing products (cigarettes, pipe, cigar, spit tobacco, and e-cigarettes) cause addiction and detrimental health effects;
- Since tobacco use cessation services provided by oral health community have a significant positive impact on quit rates; and the public generally expects oral health professionals to provide tobacco use cessation services;

The ENSP Working Group on *Tobacco and Oral Health*

- supports training and education for oral health community to ensure that all of them have the knowledge, skills and support systems necessary to inform the public about the health hazards of nicotine and tobacco products and to provide effective tobacco cessation strategies;
- recommends to the different European oral health associations to educate and inform its membership and the public about the many health hazards attributed to the use of traditional and non-traditional nicotine-containing products;
- encourages the European Health Authorities to promote independent basic, translational, clinical, and population-based research on the new tobacco and nicotine-containing products to create the evidence base necessary for regulators and policy makers to protect the public's health;
- asks the European Commission, the European Parliament, and the different National Parliaments, to count on oral health professionals when legislating on tobacco control measures.

ANNEX 1. TOBACCO USE EFFECTS IN OUR PRACTICE

The adverse effects of tobacco use on oral health are well documented: These include both common and rare conditions and diseases, some harmless and some life-threatening. It is a primary risk factor for potentially malignant lesions and oral cancer, periodontitis and delayed wound healing. Alcohol plus tobacco use contribute to most of all oral cancer incidence. Smokeless tobacco is associated with higher occurrences of leukoplakic lesions and esophageal, laryngeal and stomach cancers. Chronic smoking can lead to increased prevalence and severity of periodontal disease, and failures in its treatment, contributing to the loss of bone and consequently of teeth. Dental implants are not indicated in smokers due to their poor results. Halitosis, frequently caused by smoking, can be hardly managed without quitting. Other deleterious effects frequently observed are staining and discoloration of teeth and oral health restorations, loss of taste and smell acuity, oral non-malignant mucosal disease like smoker's melanosis and smoker's palate, candidiasis, and probably caries.

ANNEX 2. MAIN TOBACCO CONTROL POLICIES

The WHO FCTC (Framework Convention on Tobacco Control) demonstrates the global commitment to taking action and identifies key effective tobacco control policies. Through this landmark treaty, country leaders affirm their citizens' right to the highest attainable standard of health. To fulfil this fundamental human right, WHO proposed in 2008 a package of six effective tobacco control policies (known by its acronym MPOWER) that, if fully implemented and enforced, will protect each country's people from the illness and death that the tobacco epidemic will otherwise inevitably bring. Tobacco is unique among today's leading public health problems in that the means to curb the epidemic are clear and within our reach. The six policies included in the program are: **M**onitor tobacco use, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising and promotion, **R**aise taxes on tobacco products.