

# Consensus Report: First European Workshop on Tobacco Use Prevention and Cessation for Oral Health Professionals

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## PUBLIC HEALTH ASPECTS OF TOBACCO CONTROL IN DENTAL PRACTICES

Tobacco use remains a significant public health problem across Europe. The prevalence and types of tobacco use vary considerably across Europe, although in many countries overall rates of use have declined in recent years. However, tobacco use among women and young people is rising in several European countries. In addition to its recognised impact on general health, tobacco use is a primary cause of many oral diseases and adverse oral conditions. Tobacco use behaviour is influenced by an array of factors, and quitting is a major challenge for many tobacco users. Tobacco use is now considered a chronic progressive relapsing condition requiring very specific support and assistance.

To reduce tobacco use across Europe, a range of complementary actions and policies are required at an international, national and local level. The WHO Framework Convention on Tobacco Control (FCTC) outlines an array of evidence-based policies that can be implemented to prevent tobacco use and promote cessation. National dental associations and professional organisations across Europe have an impor-



tant role to play in supporting the ratification and implementation of the FCTC.

Oral health professionals have a unique role to play in supporting and assisting their patients in stopping tobacco use. International evidence-based guidelines outline how tobacco use cessation (TUC) can be effectively delivered in clinical settings. A range of policy, organisational and educational initiatives need to be implemented to facilitate dental professionals' active involvement in cessation activities. Appropriate incentives and compensation systems, such as designating a cessation procedure code, need to be used to encourage cessation education.

### **EVALUATION OF TOBACCO USE CESSATION (TUC) IN THE DENTAL OFFICE**

Recommendations in this section are consistent with a common risk factor approach (oral hygiene, tobacco use, nutrition, etc) to oral and general health promotion. There is documented evidence indicating that brief interventions by trained oral health professionals could make a substantial public health impact because of the regular contact oral health professionals may have with a substantial proportion of the population. The most effective interventions for TUC in medical settings are intensive behavioural change support combined with either nicotine replacement therapy (NRT) or bupropion (Zyban). It is reasonable to expect that interventions that work in medical practice should also work in dental settings. However, the feasibility of such interventions in dental settings needs to be established.

Initially, the main role of oral health professionals is to stimulate quit attempts among their clients using brief interventions. Subsequently, interventions that are more intensive could become part of oral health practice following sufficient evaluation.

For TUC activity to be successful, it should be embedded in standard care in dental practice. In some European countries, this may require significant changes in both policy and practice. A further important factor is that a team approach in the dental setting is essential for effective TUC. To facilitate the use of nicotine replacement therapy, a policy change in dental prescribing is needed in many countries.

Areas requiring significant funding for further research include: (1) outcomes of TUC in dental settings, (2) implementation and feasibility of different TUC models, (3) barriers to TUC in dental settings, and (4) effect of TUC on oral health outcomes.

### **EDUCATION OF TOBACCO USE PREVENTION AND CESSATION**

Professional education needs to ensure that dental personnel are equipped with the necessary knowledge, understanding and skills required to deliver effective cessation support.

#### ***Undergraduate Education***

International organizations and national dental associations are urged to promote implementation of TUC in undergraduate dental and dental hygiene curriculum.

The undergraduate curriculum for dental and dental hygiene students must be further improved by the addition of TUC. It is suggested that curriculum content should be interdisciplinary, including: (1) biological effects of tobacco use, (2) tobacco culture and psychosocial aspects of tobacco use, (3) prevention and treatment of tobacco use and dependence, and (4) clinical skills training for TUC.

To create a supportive environment for TUC teaching and training, dental and dental hygiene schools should incorporate tobacco-free policies encouraging their staff, faculty, and students to enter individual tobacco cessation programs.

#### ***Continuing Education***

The target population for continuing education (CE) in TUC is the critical mass of currently practising European dentists and dental hygienists. The majority of dental personnel currently practising were not educated in TUC in their undergraduate programmes. To ensure that the delivery of effective and meaningful TUC treatment becomes part of standard care among oral health professionals, CE courses that specifically address practitioners must be designed and offered regularly.

Specific strategies must be further developed to motivate and support oral health professionals in learning about and implementing tobacco use prevention and cessation into practice: (1) perceiving tobacco interventions as an ethical and professional responsibility, (2) framing TUC CE in terms that are important to the best interests of the dental practice, and (3) including TUC CE with other associated topics or presenting courses that attract multidisciplinary health professionals.

Course design will ultimately rest with individual jurisdiction. It is strongly recommended, however, that TUC CE courses address the entire dental team. Whenever possible, they should be customised to meet each team member's individual needs. CE courses that include a brief intervention introduction, followed by periodic, reinforcing tailored modular units, can be built around individual oral health professionals' needs for tobacco-related intervention knowledge and skills.

### ***Evaluation of undergraduate and continuing education***

The evaluation of competent TUC skills should be within the scope of undergraduate and graduate as well as continuing education of all oral health professionals.

In undergraduate and graduate education of dentists and dental hygienists, the assessment should target both the knowledge base and the necessary skills for behavioural change counselling and communication. (1) Assessment of the knowledge base should ideally be conducted in a comprehensive, multidisciplinary, centrally coordinated manner. Such an assessment should be placed early in the curriculum (preclinical phase), to emphasise the importance of TUC interventions as part of clinical practice. (2) Assessment of the necessary skills for behavioural change counselling and communication should be integrated throughout the entire curriculum. Two complementary assessment directions could be utilised, such as reflection, presentation and observation methods, each with specific application and strengths.

In CE courses, an initial 'screening' assessment would help course organisers and educators adjust

the course to the participants' backgrounds and needs. Three major assessment schemes are proposed: (1) assessment of pre-course knowledge and skills, (2) evaluation of the entire CE course by the participants, and (3) assessment of the clinical practice implementation process.

### **ORAL HEALTH NETWORK OF TOBACCO USE PREVENTION AND CESSATION (OHNTPC)**

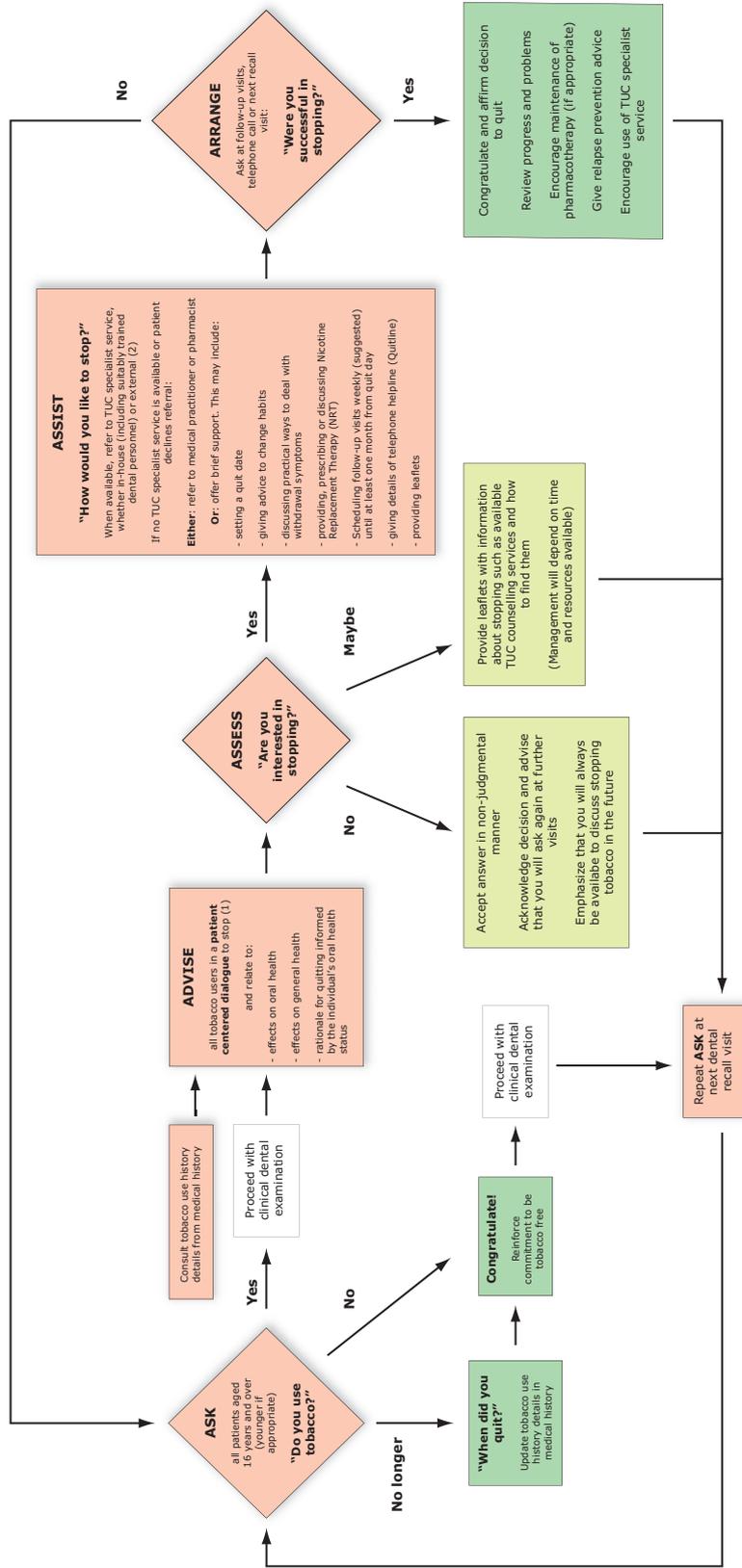
The Oral Health Network of Tobacco Use Prevention and Cessation (OHNTPC) that has been brought to life with the first European Workshop in 2005 is in its initial stage. Future collaborations and workshops may establish and augment the necessary connections with professional organisations, the effective strategies for TUC in dental practice, and the content and assessment of undergraduate, graduate, and continuing education, to support dental practice teams in all European and other countries implementing TUC strategies into routine practice.

By establishing a network of oral health professionals using online resources, this collaboration can be continued and intensified. The website of the OHNTPC ([www.tobacco-oralhealth.net](http://www.tobacco-oralhealth.net)) is designed to serve this purpose.

### **CARE PATHWAY FOR TOBACCO USE PREVENTION AND CESSATION IN DENTAL PRACTICE**

A care pathway has been produced by the workshop and is recommended as guidance for TUC activity in dental practice. The care pathway has been developed from recognised national and international guidelines.

## Tobacco Use Cessation (TUC) care pathway for dental practice



Based on recognised national and international guidelines.

This care pathway should be reviewed again no later than January 2009.

**Rationale**

- (1) West, R., A. McNeill, et al. (2000). Smoking cessation guidelines for health professionals: An update. Thorax 55: 987-999.
- (2) Sutherland G. Evidence for counselling effectiveness for smoking cessation. J Clin Psych Monograph 2003; 18: 22-34.



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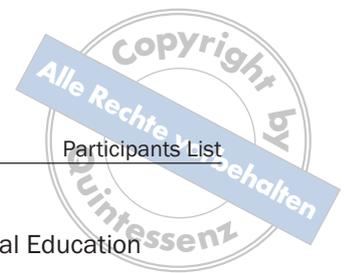
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