FDI POLICY STATEMENT

The Role of Oral Health Practitioners in Tobacco Cessation

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CONTEXT

Health practitioners, including oral health practitioners, have the greatest potential of any group in society to promote the reduction of tobacco use. In line with the WHO Framework Convention on Tobacco Control Article 14 guidelines, oral health practitioners should deliver brief tobacco interventions as part of their routine services in primary care.

SCOPE

This Policy Statement aims to increase awareness of the fundamental role of oral health practitioners to reinforce tobacco cessation in clinical and community settings. It also provides recommendations on the use of electronic cigarettes and heated tobacco products (HTPs) and develops implementable recommendations on tobacco cessation activities at organizational, community and national levels.

DEFINITIONS

Oral health practitioners: people involved in promoting oral health, such as dentists and other members of the dental team.

E-cigarettes: electronic devices that are designed to create aerosols by heating a solution that contains glycerin, propylene glycol, flavours, and other substances, commonly known as “electronic cigarettes,” “Electronic Nicotine Delivery Systems (ENDS),” or “Electronic Non-Nicotine Delivery Systems (ENNDS), also called “e-cigs,” “dab pens,” “dab rigs,” “vapes,” “vape pens,” “mods,” “pod-mods,” “e-hookahs,” “tanks,” or “JUUL.”

Heated tobacco products (HTPs): devices that heat tobacco to generate aerosols containing nicotine and other chemicals (e.g., flavours), namely iQOS, Ploom TECH, Glo, and PAX.

PRINCIPLES

Tobacco in all forms is harmful and is a risk factor that poses public health burdens worldwide. Oral health practitioners, as health care personnel who are most likely to encounter “healthy tobacco users,” have an important role in discouraging tobacco use by delivering brief tobacco cessation interventions (5A’s) or giving Very Brief Advice (VBA; 3A’s) to all patients at the first dental visit and every recall visit.

POLICY

FDI recommends the following actions:

Oral health practitioners should:

- ideally deliver the **5A's**: **ask** all patients about their tobacco use to identify tobacco users, **advise** them to quit, **assess** their quitting motives, **assist** their patients in quitting and **arrange** follow-up contacts;
- at least deliver the **3A's**: **ask** all patients about their tobacco use to identify tobacco users, **advise** them to quit and refer them to tobacco cessation clinics or services (**act**), bearing in mind that the 3A's are not recommended when other tobacco cessation services are inaccessible or unavailable;
- not recommend using e-cigarettes and heated tobacco products as an alternative to conventional tobaccos, nor as a tobacco cessation tool since they have not been proved to be safe and these products prompt initiation of combustible cigarettes in younger users;
- attend tobacco cessation training to maintain a consistent protocol in their dental practice and work with interdisciplinary teams to coordinate services and update tobacco cessation techniques and skills;
- with the consent of the patient, cooperate with other departments, including medical practitioners, to share patients' tobacco use information and refer patients to other departments when necessary;
- ensure that their working environments (e.g., hospitals, dental clinics, etc.) are tobacco-free or smoke-free;
- arrange and/or participate in tobacco cessation programmes in the community (e.g., tobacco cessation training for volunteers, tobacco cessation programmes in schools, etc.) as primary prevention;
- assist in mass communication as part of anti-tobacco advocacy along with the discouragement of the use of harmful tobacco alternatives.

Providers of dental education should:

- educate students on different tobacco products and their health effects and integrate tobacco cessation trainings (3A's and 5A's) in their dental curriculum;
- create a tobacco-free environment in their offices, buildings or campuses and encourage staff members and students to quit tobacco use;
- support research that applies the common risk factor approach, such as oral health promotion through tobacco cessation for prevention of non-communicable diseases and oral diseases, with special emphasis on oral cancer.

National Dental Associations and their member organisations should:

- encourage policy-makers to raise public awareness of the harm, especially on oral health, caused by tobacco products via advertisement and campaigns;

- lobby the government for implementation of MPOWER measures for tobacco control, the restriction of flavoured tobacco products and actions to address the social determinants of health and health behaviours;
- disseminate information about successful innovations and activities for tobacco cessation among dental and other health personnel;
- encourage dental public health services to incentivise dental practices to be involved in tobacco cessation activities and advise the government to include tobacco cessation counselling and treatments in public health insurance coverage (e.g., national health insurance, occupational-based health insurance).

KEYWORDS

Tobacco use, Tobacco Cessation, Oral Health Practitioners, ENDS, ENNDS, HTPs

DISCLAIMER

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

REFERENCES

1. Guidelines for implementation of Article 14 of the WHO FCTC. Geneva, World Health Organization, 2010. Seventh plenary meeting. Available from: https://www.who.int/fctc/guidelines/adopted/article_14/en/
2. World Health Organisation. WHO monograph on tobacco cessation and oral health integration; 2017. Available from: https://www.who.int/publications/i/item/who-monograph-on-tobacco-cessation-and-oral-health-integration
3. Attar-Zadeh D, Baxter N, Bobak A, Cheeseman H. Inc; 2019. PCRS Pragmatic guides for clinicians diagnosis and management of tobacco dependency [Internet]. Available from: https://www.pcrs-uk.org/sites/pcrs-uk.org/files/tobacco_dependency_pragmatic_guide_2.pdf [Accessed 21 July 2021]
4. World Health Organisation. Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS), World Health Organization statement; 2016. Appendices to WHO report (FCTC/COP/7/11). Available from: https://www.who.int/publications/m/item/electronic-nicotine-delivery-systems-and-electronic-non-nicotine-delivery-systems-(ends-ennds)
5. World Health Organization. Heated tobacco products (HTPs) information sheet; 2018. Available from: https://apps.who.int/tobacco/publications/prod_regulation/heated-tobacco-products/en/index.html
6. World Health Organisation. WHO report on the global tobacco epidemic 2021: addressing new and emerging products; 2021. Available from: https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021