

Focus on smoking

**Guidance on smoking and its implications for dental health
Local Dental Network – Shropshire and Staffordshire**



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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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Introduction

Tobacco use in England continues to kill more than 70,000 people every year; nearly 1,900 of these people die from oral cancer (The Office of National Statistics, 2013). Action by dental teams to reduce tobacco use will help to improve dental treatment outcomes, promote oral and general health and ultimately save lives.

Smoking remains the leading cause of preventable death and disease in England and has a significant impact on health inequalities and ill health. Other forms of tobacco or 'smokeless tobacco' (which are especially prevalent among the South Asian population) also impact on leading a healthy disease-free life (Tsai et al., 2009, Johnson and Bain, 2000).

Reducing tobacco use is a key priority for the NHS and a major part of the government's tobacco strategy has been to establish a nationwide network of local stop smoking services. A key priority is therefore to ensure that primary care professionals, such as members of a dental team, engage users of tobacco, advise that their local stop smoking service provides the best chance of stopping, and provide a referral to those services.

Smoking Prevalence in Adults: Changes over time

Local Authority	% age 2012	% age 2015
Stoke-on-Trent LA	24.3	18.8
Staffordshire	16.6	13.6
Telford and Wrekin	21.9	18.2
Shropshire	19.3	14.6
England	19.3	16.9

Dental effects of smoking

Tobacco use, both smoking and chewing tobacco, seriously affects general and oral health. At least 50 different diseases are caused by tobacco use including various types of cancers, ischaemic heart disease, strokes and chronic lung disease. The most significant effects of tobacco use on the oral cavity are oral cancers and pre-cancers, increased severity and extent of periodontal diseases, tooth loss and poor wound-healing post-operatively. It also leads to stained teeth, reduced taste sensation and halitosis (bad breath) (Johnson and Bain, 2000).

The latest Adult Dental Health Survey (2009) identified that 56% of dentate adults in England reported they attended the dentist for a regular check-up, 10% on an occasional basis and 27% when they had trouble with their teeth (The Health and Social Care Information Centre, 2013). Dental teams are therefore in a unique position to provide opportunistic advice to a large number of 'healthy' people who may use tobacco and need professional support to stop (Chestnutt, 1999).

All health professionals share an ethical duty of care to provide evidence-based interventions. Although progress has been made, with many dental teams routinely recording information on tobacco use and advising people to quit, there are teams that do not routinely offer tobacco cessation advice to their patients.

Among certain ethnic minority groups, chewing tobacco and/or areca nut (paan) is a common cultural practice. Evidence indicates that chewing tobacco and other products is associated with the development of oral cancers and other oral pathologies (Carr and Ebbert, 2012, Tsai et al., 2009).

Shisha is not a smokeless tobacco product and can be more damaging than smoking cigarettes or chewing any of the smokeless tobacco products. Users of shisha, who wish to stop smoking, should be referred to the stop smoking service in the same way as other users of tobacco.

Role of the dental team in supporting people who smoke

The National Centre for Smoking Cessation and Training (NCSCT) has developed a simple form of advice designed to be used opportunistically in fewer than 30 seconds in almost any consultation with a tobacco user. This is called “Very Brief Advice” (VBA) and there are three elements to it:

1. Establishing and recording smoking status (ASK)
2. Advising on the personal benefits of quitting (ADVISE)
3. Offering help (ACT).

There is no need to ask how long someone has used tobacco, how much they use or even what they use (cigarettes, shisha, cigars, chewing tobacco or paan). Stopping use will be beneficial in every case and the details of this are better saved for the stop smoking consultation. The best way of assessing motivation to stop is simply to ask: “Do you want to stop smoking/chewing tobacco?”

Therefore, what VBA involves is a simple statement advising that, the best way to stop is with a combination of support and treatment, which can significantly increase the chance of stopping.

Very Brief Advice on Smoking

30 seconds to save a life

ASK

AND RECORD SMOKING STATUS

Is the patient a smoker, ex-smoker or a non-smoker?

ADVISE

ON THE BEST WAY OF QUITTING

The best way of stopping smoking is with a combination of medication and specialist support.

ACT

ON PATIENT'S RESPONSE

Build confidence, give information, refer, prescribe.
They are up to four times more likely to quit successfully with support.

REFER THEM TO THEIR LOCAL STOP SMOKING SERVICE

Harm reduction

People who are not ready or willing to stop may wish to consider using a licensed nicotine-containing product to help them reduce their smoking. Most health problems are caused not by nicotine but other components in tobacco smoke. Smoking is highly addictive largely because it delivers nicotine very quickly to the brain and this makes stopping smoking difficult. Licensed nicotine-containing products are an effective way of reducing the harm from tobacco for smokers and those around them. It is safer to use licensed nicotine-containing products than to smoke.

People who reduce the amount they smoke without supplementing their nicotine intake with a licensed nicotine product will compensate by drawing smoke deeper into their lungs, exhaling later and taking more puffs. It is recommended that these individuals use a licenced nicotine containing product to give them some 'therapeutic' nicotine which is more likely to reduce the amount that they smoke and to improve their health.

There is reason to believe that lifetime use of licensed nicotine products will be considerably less harmful than smoking. Licensed nicotine-containing products are

available on prescription, over the counter at pharmacies and on general sale at many retail outlets.

If someone indicates that they are interested in trying a harm reduction approach to their smoking, then they should be referred/signposted in the same way. However, advise them that if they reduce their smoking now they are more likely to stop smoking in the future. Explain that this is particularly true if they use licensed nicotine-containing products to help reduce the amount they smoke.

E-cigarettes

An electronic cigarette (e-cigarette) is a device that allows you to inhale nicotine without most of the harmful effects of smoking. Over recent years, e-cigarettes have become a very popular stop smoking aid in the UK. Evidence is still developing on how effective they are, but many people have found them helpful for quitting. Research shows that e-cigarettes can help individuals give up smoking. E-cigarettes do not produce tar or carbon monoxide – two of the main toxins in conventional cigarette smoke. The vapour from e-cigarettes has been found to contain some potentially harmful chemicals also found in cigarette smoke, but at much lower levels.

E-cigarettes are still new and more research needs to be done, but according to current evidence on e-cigarettes, they carry a fraction of the risk of cigarettes. An expert independent evidence review published by Public Health England (PHE) concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking.

Key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

Key recommendations

- People who use any form of tobacco should receive advice to stop and be offered support to do so with a referral to their local stop smoking service.
- Dental teams are routinely proactive in engaging users of tobacco.

Local smoking support services

Referral services for patients:

Shropshire - 0345 678 9025

Stoke on Trent and Telford and Wrekin - 0800 622 6968

Staffordshire - 0300 111 8006

National smoking support services

National NHS Smokefree helpline - 0300 123 1044

Resources and further training

Dentist resources -

- ‘Stop smoking! Save your mouth...and your life’ – a smoking cessation leaflet for the dental surgery. Produced by the BDA, Action on Smoking and Health (ASH) and GlaxoSmithKline Consumer Health, it is free to BDA members.
- www.gosmokefree.nhs.uk – a website that includes information on local stop smoking services and other smoking cessation leaflets and resources.
- Online module on very brief advice on smoking: www.ncsct.co.uk/VBA. 20,000 people have viewed the promotional film and 7,500 have taken the formal assessment attached to the training module.

Patient resources -

- NHS choices -
<http://www.nhs.uk/LiveWell/Smoking/Pages/stopsmokingnewhome.aspx>

- Smokefree - <https://www.nhs.uk/smokefree>
- Action on smoking and health (ASH) - <http://ash.org.uk/home/>

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