



# British Dental Association (BDA) Response to the Department of Health consultation on the future of tobacco control

## Introduction

The British Dental Association (BDA) welcomes the opportunity to comment on this Department of Health consultation document. The BDA is the professional association and trade union for dentists practising in the UK. Its 23,000-strong membership is engaged in all aspects of dentistry including general practice, salaried services, the armed forces, hospitals, academia and research, and includes students.

The BDA has an obvious and major interest in initiatives to reduce tobacco use across the general population. Oral cancer accounts for four per cent of all cancer cases in the UK. Tobacco is by far the greatest risk factor for oral cancer. Smoking 20 or more cigarettes a day increases the risk to six times that of non-smokers<sup>1</sup>. Over 90 per cent of people with mouth cancer smoke or chew tobacco<sup>2</sup>. Smokers are nearly three times more likely than non-smokers to suffer from gum disease and smoking is the most important environmental risk factor for the condition. Current evidence suggests that most of the increased susceptibility to gum disease is due to the systemic effects of smoking on the inflammatory, immune and healing responses<sup>3 4</sup>. In addition, smoking causes staining of the teeth and bad breath.

The BDA is a member of the *Smokefree Action Coalition*, a group of organisations committed to promoting public health<sup>5</sup>. We support their consultation response which addresses all 17 consultation questions. In particular, we support the Coalition's call for a comprehensive, well-funded, Government tobacco control strategy. This BDA response complements that of the wider Coalition by focusing on questions 13 – 17, these being specific to BDA policy priorities in relation to tobacco control.

The BDA has worked with the Department previously to develop guidance enabling dental professionals to facilitate access to, and delivery of, smoking cessation services<sup>6 7 8</sup>. In addition the BDA has published research<sup>9</sup> in this field for the use of our members with their patients and for direct access by the general public. Beyond supporting the work of the *Smokefree Action Coalition*, we also work with the National

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<sup>1</sup> Choosing Better Oral Health: An Oral Health Plan for England, Department of Health 2005.

<sup>2</sup> Stop Smoking! Save your mouth...and your life. ASH UK/BDA, 2006.

<sup>3</sup> A clinical guide to periodontology, Palmer RM, Floyd PD, BDJ Books, London, 2003

<sup>4</sup> Oral Health; Risks to oral health and intervention; Tobacco.

[www.who.int/oral\\_health/action/risks/en/index2.html](http://www.who.int/oral_health/action/risks/en/index2.html)

<sup>5</sup> [www.smokefreeaction.org.uk/about.html#members](http://www.smokefreeaction.org.uk/about.html#members)

<sup>6</sup> Choosing Better Oral Health: An Oral Health Plan for England, Department of Health 2005.

<sup>7</sup> Delivering Better Oral Health: An evidence-based toolkit for prevention, Department of Health, 2007.

<sup>8</sup> Smokefree and smiling: helping dental patients to quit tobacco, Department of Health, 2007

<sup>9</sup> Tobacco Cessation Strategies – Should Dentists Be Allowed to Prescribe NRT and Zyban? Johnson NW, Stott JC, British Dental Association, 2002.



No Smoking Day campaign and the British Dental Health Foundation's Mouth Cancer Awareness Week. We look forward to receiving this consultation outcome and to working with the Department, with our *Smokefree Action Coalition* colleagues and with wider stakeholders to progress a new tobacco control strategy across England.

Responses to consultation questions 13–17 (Consultation sections C and D):

### Part C: Supporting smokers to quit

*Question 13: What do you believe the Government's priorities for research into smoking should be?*

The BDA believes research into the following areas will help the Government to drive down smoking rates and reduce harm from tobacco products.

- Research to further understand and overcome the barriers to using medicinal nicotine or other pharmacotherapies including research into the extension of Nicotine Replacement Therapy (NRT) prescribing on the NHS to a wider range of healthcare professionals including dentists<sup>10</sup>.
- Research to improve the identification, referral and retention in treatment of pregnant smokers
- Studies to examine the impact of interventions and policies on different social groups
- The use of tobacco amongst ethnic minority groups
- The use of chewing tobacco across the UK population and its impact on the health of users
- Studies to examine the efficacy of different prevention approaches including mass media interventions targeting young people
- Research to ensure optimum access to accredited smoking cessation services, deploying these across the broadest range of healthcare professionals and settings
- Research into best practice in oral cancer screening to ensure early identification and referral

*Question 14: What can be done to provide more effective NHS Stop Smoking Services for:*

- *smokers who try to quit but do not access NHS support?*
- *routine and manual workers, young people and pregnant women - all groups that require tailored quitting support in appropriate settings?*

Stop smoking services are very cost effective and combined with the use of pharmacotherapies can increase a smoker's chances of quitting four-fold compared to using willpower alone. However, take up by smokers wanting to quit is still low with

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<sup>10</sup> Johnson, NW and Stott, JC, Tobacco Cessation Strategies – Should Dentists Be Allowed to Prescribe NRT And Zyban? British Dental Association 2002



only three per cent to six per cent of smokers making use of the services per year. If attendance was raised to ten per cent of smokers, it is estimated that the population long-term quit rate could be increased by 0.5 per cent.<sup>11</sup> Therefore, there is huge scope for improving the services and making them more attractive to people seeking help in stopping smoking.

Hospitals should be required to monitor smoking rates of patients and to give all smokers brief advice to quit, access to stop smoking medicines and referral to stop smoking services. Smoking rates of people leaving hospital should also be monitored.

Healthcare professionals in a variety of non-hospital settings should also be checking which of their patients smoke and/or chew tobacco and referring these patients to stop smoking services. Where they do not already do so, PCTs should facilitate this by establishing local referral systems in order that appropriate smoking cessation services are accessible across the widest range of healthcare professionals and settings. In line with these proposals, the range of healthcare professionals trained to offer smoking cessation counselling should be broadened. An approach for this, in respect of dental care, is detailed in *Smokefree and Smiling*<sup>12</sup> and set out below:

**Recommendation 1:** All dental patients should have their smoking status (current, ex-, never smoked) established and checked at regular intervals. This information should be recorded in the patient's clinical notes.

**Recommendation 2:** All smokers and chewers of tobacco should be advised both of the value of stopping, and of the health risks of continuing. The advice should be clear, firm and personalised. It is essential that the message all smokers take away with them is that only complete cessation will do.

**Recommendation 3:** All smokers should be advised of the value of attending their local NHS Stop Smoking Services for specialised help in going smokefree. Smokers who are interested and motivated to stop should be referred to these services.

**Recommendation 4:** In a small minority of cases, dental patients who are smokers and who want to quit, but who do not wish to use the NHS Stop Smoking Services, should be offered appropriate help in stopping by their dental team. Only dental team members who have received accredited training in tobacco cessation should offer this assistance.

**Recommendation 5:** Primary care trusts (PCTs) are advised to take full account of the potential that members of dental teams have to contribute to their NHS Stop Smoking Services. Dental teams should be offered appropriate cessation training, and local systems of referral should be established.

**Recommendation 6:** Dental schools are encouraged to develop smoking cessation training for all members of dental teams.

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<sup>11</sup> West, R. The Smokers Toolkit Study. [www.smokinginengland.info](http://www.smokinginengland.info)

<sup>12</sup> Smokefree and Smiling: helping dental patients to quit tobacco, Department of Health, 2007.



Dentists and other healthcare professionals must be properly supported in providing smoking cessation advice, with contracting arrangements that facilitate and encourage, rather than providing a barrier to, such activity. In dentistry, for instance, the absence of any kind of incentive to engage in smoking cessation activity in the Units of Dental Activity (UDA) system used to measure and reward dentists' work can actually act as a barrier to practitioners providing the kind of advice they would like to. This is because engaging in activity that does not contribute to meeting UDA targets, such as this, can actually cause dentists to fail to meet their UDA targets and, as a consequence, be stripped of funding for their practices.

In addition, smoking cessation should be included in the *Standards for Better Health* set by the Healthcare Commission.

The cost of purchasing stop smoking aids can be a barrier to use, as can the limited availability of these products. Although some versions of NRT are now on general sale, availability is still largely limited to pharmacies and supermarkets. Meanwhile tobacco products are widely available from many outlets such as corner shops, garage forecourts, supermarkets, pubs, vending machines in licensed premises, and specialist tobacconists. In order to help smokers who want to quit without NHS support, stop smoking aids should be accessible in all the places where tobacco products are currently sold. There is widespread public support for such a policy. According to a YouGov poll, 76 per cent of adult smokers in England said they supported making NRT easier to access.

Research should be conducted to examine the effectiveness and cost-effectiveness of strategies to increase the uptake of the smoking cessation services.

Social marketing campaigns targeted at particular social groups should be used to assist those who find it most difficult to quit.

*Question 15: How can communication and referral be improved between nationally provided quit support (such as the website and helplines) and local services?*

Clearly much more needs to be done to make the services attractive to people who want to stop smoking. This could be achieved by ensuring the highest quality in the selection, training, assessment and supervision of specialists; the implementation of treatment protocols, and administrative support for services.

Mass media health campaigns should be complemented by community-based initiatives to promote local services.

*Question 16: How else can we support smoking cessation, particularly among high-prevalence or hard-to-reach groups?*

All health professionals should be trained to offer opportunistic stop smoking advice and referral to the stop smoking services, particularly to disadvantaged smokers who are likely to be in most need of help and ongoing support.



Access to NHS dental and general medical practitioner surgeries in deprived areas needs to be improved if the full benefits of improved Stop Smoking services are to be reaped. Beyond the issue of how many patients are able to access NHS dental care lies a more fundamental question about what access actually means and the kind of care patients are able to avail themselves of.

In addition to this, the following should be considered:

- Smoking cessation should be included as part of the clinical training for all healthcare professionals.
- There should be more outreach with services being set up in places where people are likely to see them, such as in workplaces and shopping centres.
- Better use could be made of existing social networks including faith groups to reduce smoking prevalence.
- The NHS smoking quitline should appear on all tobacco packaging.

#### Part D: Helping those who cannot quit.

*Question 17: Do you support a harm reduction approach and if so can you suggest how it should be developed and implemented?*

People are free to smoke but it is important to find ways of reducing the harm caused by smoking whilst allowing people to use nicotine in a way that will not endanger their health. Nicotine is relatively safe but little has been done to promote longer term use of NRT as an alternative to smoking for those who are unable to quit. Although the Medicines and Healthcare Regulatory Agency (MRHA) has taken steps to increase the accessibility of NRT much more needs to be done, including broadening the range of healthcare professionals who can prescribe NRT. The BDA is calling for dentists to be included in the list of healthcare professionals permitted to prescribe NRT.

The Government should take a lead in encouraging the development and promotion of pure nicotine products (which like the current medicinal products on the market only contain nicotine and not any other tobacco products) as an alternative to smoking.

This should include educational campaigns to raise awareness of the relative safety of nicotine, as currently a significant proportion of smokers and health professionals believe that nicotine can cause smoking-related diseases such as cancer.<sup>13</sup> Such an approach will be particularly attractive to more deprived smokers who tend to be more heavily addicted to nicotine and so find it harder to quit, thereby helping to reduce health inequalities.

#### **This response submitted on 8 September 2008**

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<sup>13</sup> Siahpush M, McNeill A, Hammond D, and Fong GT. Socioeconomic and country variations in knowledge of health risks of tobacco smoking and toxic constituents of smoke: results from the 2002 International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* 2006; 15: iii65 - iii70.



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