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

Christoph A. Ramseier<sup>a,b</sup>/Nikos Mattheos<sup>b</sup>/Ian Needleman<sup>c</sup>/Richard Watt<sup>d</sup>/  
Seppo Wickholm<sup>e</sup> and co-authors of the first European workshop's position papers†



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*a* Department of Periodontics and Oral Medicine, University of Michigan, Ann Arbor, USA.

*b* Department of Periodontology and Fixed Prosthodontics, School of Dental Medicine, University of Berne, Berne, Switzerland.

*c* Department of Periodontology, Eastman Dental Institute, University College London, London, UK.

*d* Department of Epidemiology and Public Health, University College London, UK.

*e* Stockholm Centre for Public Health and Department of Periodontology, Institute of Odontology, Karolinska Institutet Huddinge, Sweden.

† The 37 participants of the first European Workshop on Tobacco Prevention and Cessation for Oral Health Professionals are (in alphabetical order): Rolf Attström (Switzerland, Sweden), Viv Binnie (Schottland), Michael Bornstein (Switzerland), Elias Casals Peidró (Spain), Arden Christen (USA), Thomas Dietrich (USA, Germany), Jacquelyn Fried (USA), Angela Fundak (Switzerland), Christine Gafner (Switzerland), Marjolijn Hovius (The Netherlands), Martin Janda (Sweden), Ron Knevel (The Netherlands), Kerstin Knutsson (Sweden), Eva Lädach (Switzerland), Sabine Ledderhose (Switzerland), Nikos Mattheos (Switzerland, Greece), Bernard McCartan (Ireland), Andy McEwen (United Kingdom), Joan McGowan (USA), Robert Mecklenburg (USA), Luigi Minenna (Italy), Ian Needleman (United Kingdom), Tim Newton (United Kingdom), Kerstin Öhrn (Sweden), Susan Padruitt (Switzerland), Lena Persson (Sweden), Argy Polychronopoulou (Greece), Nicki Radley (United Kingdom), Christoph Ramseier (USA, Switzerland), Ulrich Peter Saxer (Switzerland), Meta Schoonheim-Klein (The Netherlands), Gay Sutherland (United Kingdom), Jeanie Suvan (United Kingdom), Clemens Walter (Switzerland), Saman Warnakulasuriya (United Kingdom), Richard Watt (United Kingdom), Seppo Wickholm (Sweden)

## 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)**

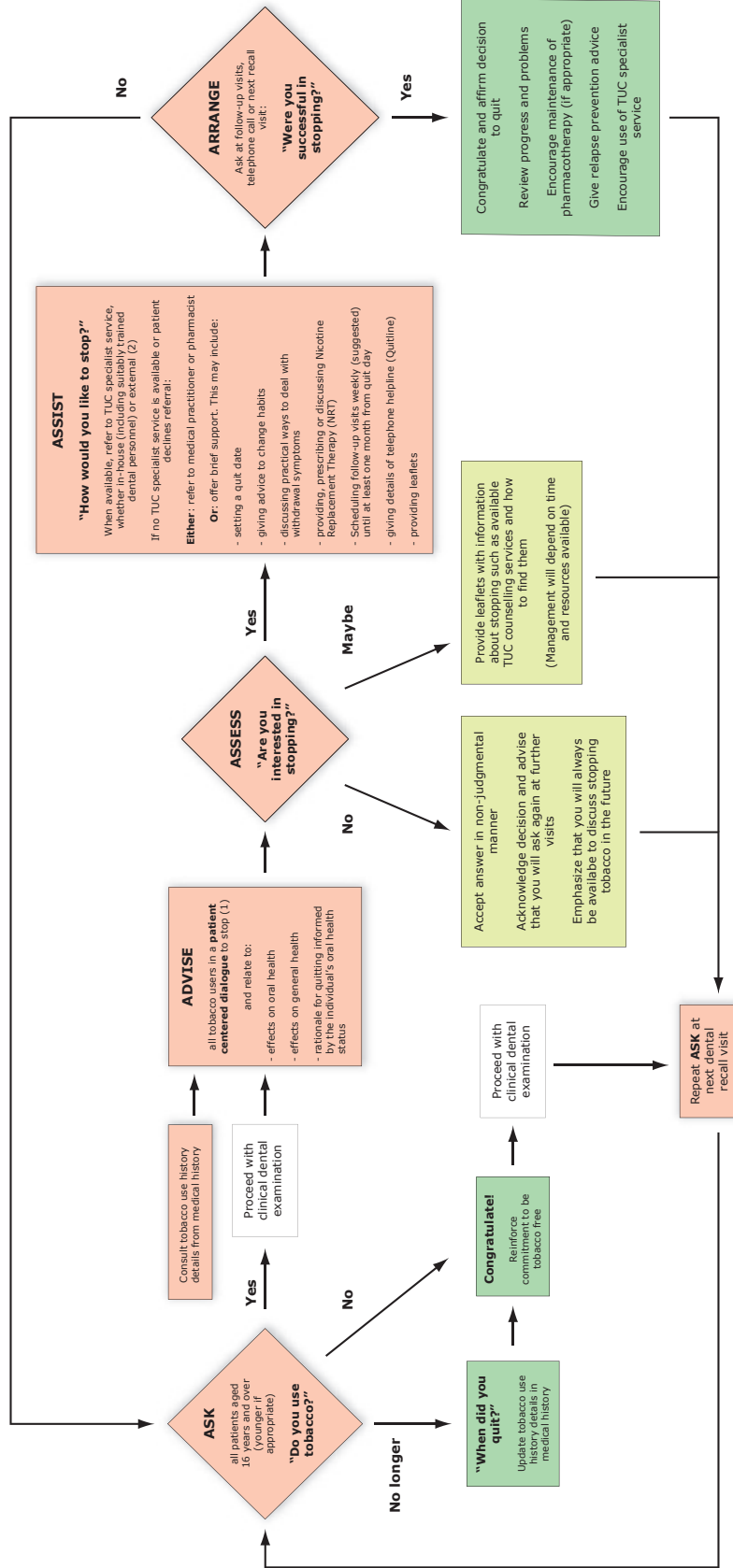
The Oral Health Network of Tobacco Use Prevention and Cessation (OHNTPC) that has been brought to life with the first European Workshop in 2005 is in its initial stage. Future collaborations and workshops may establish and augment the necessary connections with professional organisations, the effective 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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# Working Groups

## **Group A - Undergraduate Education**



Bernard McCartan (Ireland), Christoph Ramseier (USA, Switzerland), Joan McGowan (USA), Clemens Walter (Switzerland, Germany), Kerstin Öhrn (Sweden), Arden Christen (USA), Luigi Minenna (Italy)

## **Group B - Continuing Education**



Seppo Wickholm (Sweden), Eva Lädach (Switzerland), Lena Persson (Sweden), Jacquelyn Fried (USA), Martin Janda (Sweden), Ron Knevel (The Netherlands), Andy McEwen (United Kingdom), Nicki Radley (United Kingdom)

**Group C - Evaluation of Education**



Ulrich Peter Saxer (Switzerland), Rolf Attström (Switzerland, Sweden), Nikos Mattheos (Switzerland, Greece), Argy Polychronopoulou (Greece), Susan Padrutt (Switzerland), Angela Fundak (Switzerland), Meta Schoonheim-Klein (The Netherlands), Kerstin Knutsson (Sweden)

**Group D - Evaluation of Tobacco Use Cessation Counselling in the Dental Office**



Ian Needleman (United Kingdom), Saman Warnakulasuriya (United Kingdom), Thomas Dietrich (USA, Germany), Jean Suvan (United Kingdom), Elias Casals Peidró (Spain), Gay Sutherland (United Kingdom), Michael Bornstein (Switzerland)

**Group E - Public Health Issues**



Christine Gafner (Switzerland), Robert Mecklenburg (USA), Marjolijn Hovius (The Netherlands), Richard Watt (United Kingdom), Tim Newton (United Kingdom), Viv Binnie (Schottland), Sabine Ledderhose (Switzerland)

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## Workshop Participants List

### **Group A - Undergraduate Education**

Christoph Ramseier, Dr. med. dent. (Chair)  
University of Michigan School of Dentistry  
Department of Periodontics and Oral Medicine  
1011 N. University Avenue  
Ann Arbor, MI, 48109-1078  
USA  
E-mail: christoph.ramseier@swissonline.ch

Bernard McCartan, Prof. (Co-chair)  
Royal College of Surgeons in Ireland  
123 St. Stephen's Green  
Dublin 2  
Ireland  
E-mail: bmccartan@rcsi.ie

Arden Christen, Prof. Dr. Emeritus (Consultant)  
Indiana University, School of Dentistry  
Department of Oral Biology  
1121 West Michigan Street  
Indianapolis, IN, 46202-5186  
USA  
E-mail: achriste@iupui.edu

Joan McGowan, RDH, DDH  
University of Michigan School of Dentistry  
Department of Periodontics and Oral Medicine  
1011 N. University Avenue  
Ann Arbor, MI, 48109-1078  
USA  
E-mail: mcgowan@umich.edu

Luigi Minenna, DDS  
University of Ferrara  
Research Center for the study of Periodontal  
Diseases  
Corso Giovecca, 203  
Ferrera, 44100  
Italy  
E-mail: luigiminenna@libero.it

Kerstin Öhrn, RDH, RDHT, PhD  
Dalarna University  
Department of Health and Social Sciences  
SE-791 88 Falun  
Sweden  
E-mail: koh@du.se

Clemens Walter, Dr.  
Universitätskliniken für Zahnmedizin der  
Universität Basel  
Klinik für Parodontologie, Endodontologie und  
Kariologie  
Hebelstrasse 3  
4056 Basel  
Switzerland  
E-mail: clemens.walter@unibas.ch

**Group B - Continuing Education**

Seppo Wickholm, DDS, Med. Lic. (Chair)  
Stockholm Centre for Public Health  
Box 17533  
11891 Stockholm  
Sweden  
E-mail: seppo.wickholm@sl.se

Andy McEwen, (Co-chair)  
University College London  
Cancer Research UK Health Behaviour Unit  
2-16 Torrington Place  
London  
United Kingdom  
E-mail: andy.mcewen@ucl.ac.uk

Jacquelyn Fried, BA, RDH, MS (Consultant)  
University of Maryland, Dental School  
Division of Dental Hygiene  
666 W. Baltimore St.  
Baltimore, MD 21201  
USA  
E-mail: jfried@umaryland.edu

Martin Janda, DDS, Dr. PhD  
Malmö University  
Faculty of Odontology  
Nätuniversitetet  
205 06 Malmö  
Sweden  
E-mail: martin@janda.se

Ron Knevel, RDH  
InHolland University of Professional Education  
School of Dental Hygiene  
Louwesweg 1  
1066 EA Amsterdam  
The Netherlands  
E-mail: rknevel@planet.nl

Eva Lädach, RDH, SRK  
Swiss Dental Hygienists  
Enggisteinstrasse 36  
3076 Worb  
Switzerland  
E-mail: elaedrach@bluewin.ch

Lena Persson, DDS, PhD  
Mälarsjukhuset  
SE-631 88 Eskilstuna  
Sweden  
E-mail: persson.edsviken@bredband.net

Nicki Radley, MS (Sponsor representative)  
Pfizer Consumer Healthcare  
Walton Oaks, Dorking Road, Walton on the Hill  
Surrey, KT20 7NS  
United Kingdom  
E-mail: nicola.radley@pfizer.com

**Group C - Evaluation of Education**

Nikos Mattheos, DDS, PhD (Chair)  
Department of Periodontology and Fixed  
Prosthodontics, University of Berne, Switzerland  
Freiburgstrasse 7  
3012 Bern  
Switzerland  
E-mail: nikolaos.mattheos@od.mah.se

Rolf Attstrom, Prof. (Co-Chair)  
Malmö University  
Centre for Oral Health Sciences  
Stadelweg 8  
3855 Brienz  
Switzerland  
E-mail: rolf.attstrom@od.mah.se

Ulrich Peter Saxer, Prof. Dr. (Consultant)  
Prophylaxeschule Zürich Nord  
Herzogenmühlestrasse 14  
8051 Zürich  
Switzerland  
E-mail: u.p.saxer.pszn@bluewin.ch

Kerstin Knutsson, Odont. Dr.  
Faculty of Odontology  
Department of Oral and Maxillofacial Radiology  
Malmö University  
205 06 Malmö  
Sweden  
E-mail: kerstin.knutsson@od.mah.se

Susan Padrutt,  
CEFOPS - School of Dental Hygiene  
16 blvd. De la Cluse  
1205 Geneva  
Switzerland  
E-mail: spadrutt@freesurf.ch

Argy Polychronopoulou, PhD  
University of Athens, School of Deontology  
Department of Preventive and Community Dentistry  
P.O. Box 18018  
11610 Athens  
Greece  
E-mail: argypoly@dent.uoa.gr

Meta Schoonheim-Klein, DDS  
Academic Center for Dentistry (ACTA)  
Department of Periodontology  
Louwesweg 1  
1066 EA Amsterdam  
The Netherlands  
E-mail: m.schoonheim@acta.nl

Angela Fundak, RDH (Sponsor representative)  
Oral B laboratories, Gillette International SarL  
Blandonnet International Business Centre  
Chemin de Blandonnet 8  
Geneve, 1214  
Switzerland  
E-mail: angela\_fundak@gillette.com

**Group D - Evaluation of Tobacco Use Cessation  
Counselling in the Dental Office**

Ian Needleman, Dr. (Chair)  
UCL Eastman Dental Institute,  
Department of Periodontology  
256 Gray's Inn Road  
London, WC1X 8LD  
United Kingdom  
E-mail: i.needleman@eastman.ucl.ac.uk

Saman Warnakulasuriya, Prof. Dr. (Co-chair)  
Guy's, King's and St Thomas' Dental Institute  
King's College London  
Caldecot Road  
London, SE 95RW  
United Kingdom  
E-mail: s.warne@kcl.ac.uk

Gay Sutherland, MS (Consultant)  
King's College London  
Institute of Psychiatry  
4 Windsor Walk  
London, SE5 8AF  
United Kingdom  
E-mail: g.sutherland@iop.kcl.ac.uk

Michael Bornstein, Dr. med. dent.  
School of Dental Medicine, University of Bern  
Department of Oral Surgery and Stomatology  
Freiburgstrasse 7  
3010 Bern  
Switzerland  
E-mail: michael.bornstein@zmk.unibe.ch

Elias Casals Peidró, Dr. PhD  
University of Barcelona  
Dental School - Department of Community and  
Preventive Dentistry  
Mare de Déu de Montserrat, 61  
08400 Granollers, Barcelona  
Spain  
E-mail: ecasals@uoc.edu

Thomas Dietrich, Dr. med., Dr. med. dent., MPH  
Boston University Goldman School of  
Dental Medicine  
Department of Health Policy and Health  
Services Research  
Department of Periodontology and Oral Biology  
715 Albany St, 560  
Boston, MA 02118  
USA  
E-mail: tdietric@bu.edu

Jean Suvan, RDH  
Eastman Dental Institute & Hospital  
Department of Periodontology  
256 Gray's Inn Road  
London, WC1X 8LD  
United Kingdom  
E-mail: j.suvan@eastman.ucl.ac.uk

**Group E - Public Health Issues**

Richard Watt, Prof. Dr. (Chair)  
University College London  
Department of Epidemiology and Public Health  
1-19 Torrington Place  
London, WC1E 6BT  
United Kingdom  
E-mail: r.watt@ucl.ac.uk

Habib Benzian, Dr. (Corresponding participant)  
FDI World Dental Federation  
13 Chemin du Levant, L'avant centre  
01210 Ferney-Voltaire  
France  
E-mail: hbenzian@fdiworldental.org

Robert Mecklenburg, Dr. DDS MPH (Consultant)  
12304 River's Edge Drive  
Potomac, MD, 20854-1072  
USA  
E-mail: rbtmeck@EarthLink.net

Viv Binnie, Dr.  
University of Glasgow  
Dental School  
Level 8, Glasgow Dental School, 378 Sauchiehall St.  
Glasgow, G 2 3JZ  
Scotland  
E-mail: v.binnie@dental.gla.ac.uk

Christine Gafner  
Progef  
Neufeldstr. 134  
3012 Bern  
Switzerland  
E-mail: progef@milprog.ch

Marjolijn Hovius, RDH  
InHolland University of Professional Education  
School of Dental Hygiene  
Louwesweg 1  
1066 EA Amsterdam  
The Netherlands  
E-mail: marjolijn.hovius@inholland.acta.nl

Tim J. Newton, Prof. Dr.  
King's College London  
King's College Hospital  
Caldecot Road  
London, SE 59RW  
United Kingdom  
E-mail: tim.newton@kcl.ac.uk

Sabine Ledderhose, Dr. (Sponsor representative)  
Pfizer AG  
Consumer Healthcare  
Schärenmoosstrasse 99  
8052 Zürich  
Switzerland  
E-mail: sabine.ledderhose@pfizer.com