



# Oral Cancer Prevention and Dentists' Attitude Towards Smoking

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EPIDEMIOLOGICAL STUDIES over the last 20 years have provided considerable data indicating that oral cancer (OC) is, in most cases, a self-inflicted disease. The main risk factor is smoking although OC is a multistep, multifactorial disease. The European rate of incidence of OC is high, reaching an incidence of 55.3/100 000, which is surprisingly high for a self-inflicted disease [1].

A recent epidemiological study suggests that smoking alone could explain 76–81% of OC in northern Italy [2]. This means that tobacco should be the first target of an effective prevention strategy against OC. Reduction of tobacco consumption is already considered the most important current challenge to preventive medicine: it is estimated that tobacco smoking accounts for 90% of lung cancer deaths, 75% of chronic lung disease deaths and 25% of coronary heart disease deaths.

The most important action in the war against tobacco would be to develop policies and programmes to promote the prevention and treatment of tobacco smoking, possibly on a European/International basis. This would mean:

(1) Abolition of any form of promotion of tobacco products including indirect advertising and sport sponsorships; particular attention should be paid to marketing campaigns directed at minors [3].

(2) Elimination of all subsidies and governmental financing supporting tobacco producers and resolution of such contradictions as that the European Union spends, every day, 3.5 million ECU to support domestic tobacco producers, while it allocates just 1.5 million ECU a year to anti-smoking campaigns [4].

(3) Substantial increases in taxes on tobacco (the profit from which should be spent on supporting anti-smoking programmes).

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Received 1 Aug. 1994; provisionally accepted 4 Aug. 1994; revised manuscript received 19 Sep. 1994.

Without information there will be no prevention, so attention must be paid to health education, which should be dispersed by every means available. Health personnel in general and dentists in particular could play a fundamental role in preventing OC. Every time a dentist sees a smoker for any reason, he should record the number of cigarettes he smokes per day in the medical data, and clinical management should include information and advice on how to stop smoking.

When health personnel smoke, it seems to decrease the effectiveness of counselling patients to quit smoking. The few data available about smoking habits of health personnel indicate that in some countries of the European Union more than 35% of general practitioners are current smokers and that this percentage is higher than in the general population [5, 6]. At present, there are no data readily available about prevalence of smoking among Italian dentists, nor about their attitudes towards anti-smoking intervention. In our opinion, in the near future, dentists should be the subjects and target of health education programmes concerning ways to stop smoking and data should be collected about their smoking habits and their attitudes towards anti-smoking intervention.

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