

THE SMOKE NEVER CLEARS

THE AMERICAN MEDICAL ASSOCIATION RECENTLY ANNOUNCED THAT IT WOULD NO longer hold meetings or conventions at facilities that allow smoking. It is good to see that the AMA is putting its money where its mouth is.

We all know that there is incontrovertible evidence linking smoking to various physical system shutdowns. It is clear how deleterious smoking is to the teeth and supporting tissues, with direct causative links to oral cancer and periodontal disease. In fact, in treatment planning for implant restorations, there is such strong evidence linking smoking to implant failure that it is generally considered not good practice to place fixtures in patients who are heavy smokers, especially in “the esthetic zone.” Smoking contributes to infections after oral surgery. There is also recently reported evidence that cigarette smoke can destroy the antioxidants found in saliva, a process whose by-products might accelerate the development of oropharyngeal cancer.

In addition, secondhand smoke is known to affect the health and well-being of family members and fellow workers. There is direct evidence that smoking has a severe negative effect on the economy due to its impact and burden on the health care system, as well as lost work time.

Organized dentistry advocates for specific themes and causes that are worthy and important. A major problem is that “hot” programs that are beneficial and effective often end without follow-up plans. If an issue is addressed on a continuing basis, it becomes part of the normal routine. If not, awareness diminishes and important programs fall by the wayside. During the last decade, there was a strong antismoking program centered on patient education in the dental office. However, there has not been ongoing follow-up. We need to be vigilant in our efforts, no matter how small the impact, because some patients will continue to smoke, no matter what.

Typically, dentists are willing to donate their time for just causes. In order for people to embrace a cause, it must be continuously publicized. Such efforts *are* working—cigarette smoking among high school students has declined by 40 percent since 1990. These results show that patient education must continue.

Every practice should make patient education as high a priority as regular prophys or oral cancer screenings. Antismoking education could easily be incorporated into the process of regular oral cancer exams. It should also be part of the treatment planning session so patients can better understand why certain procedures do not have a good prognosis when performed on those who smoke.

The American Dental Association and the Massachusetts Dental Society must put our money where our mouths are as our counterparts in the American Medical Association have done. ■

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