**Letters to the Editor**

**Dentist in Asia and Smoking Cessation**

Dear Sir;

Smoking is the number one public health problem worldwide accounting for five million deaths annually with an expected increased to eight million by 2030. The World Health Organization estimates that 500 million lives alive today would have been lost by then, a trend that can be reduced by reducing current prevalence by 50% according to a World Bank report. The bulk of these lost lives will be in developing nations as most developed nations in the Western world like America, Australia and the UK are noticing reducing trends. There are reports of similar reductions in certain developed Asian nations like Singapore, however this is not the norm. Most countries in developing nations, which has many Asian countries like China, Indonesia, Philippines and Malaysia are reported to have high male prevalence at >50% and low female prevalence rates (<3%). China is especially a worry considering it is the most populous country in the world and it has been reported to consume close to a third of the world’s cigarette production.

Despite of these concerns, most of these nations are signatories to the Framework Convention on Tobacco Control (FCTC), a World Health Organization (WHO) treaty to promote health by providing regulatory strategy to address addictive substances like tobacco by asserting the importance of both demand and supply issues of this substance. Through being a signatory of FCTC, member countries are committed to implement various public health policies like taxation, policy for second hand smoking and regulation of tobacco products to name a few. The FCTC also encourages cessation through both education and measures to reduce tobacco dependence. Therefore member nations need to encourage their people to quit. Despite the good intentions and also setting up of policies by member nations from developing countries, implementation and most times enforcement is the main problem. This has been seen first-hand by the author on visits to South East Asian countries including Malaysia where smoking is still prevalent in non-smoking areas.

There are many reasons for this lack of implementation among them is the deficiency of healthcare systems and its infrastructures. An example is in Malaysia whereby despite the abundance (reported 300) of stop smoking clinics, there are very few cessation experts. There appears to be a lack of coordination between health care providers like physicians, dentist, pharmacist and nurses and those interested and willing to provide treatment not many. In fact in the Clinical Practice Guideline on Tobacco Dependence 2003, the only published to date, dentist were not included in the panel of reviewers and therefore had very little mention in spite of them being able to detect smoking at every visit. Dentist as a group in fact are in an advantageous position to assist in smoking cessation through their clinical role and potential advocacy position.

On observing this situation in Malaysia we conducted research through workshops across the country with the intention to educate and hopefully empower dentist in Malaysia to provide cessation services. Our research has shown that dentist in Malaysia are interested to assist and appear motivated to learn. We have high retention numbers in our workshops on smoking cessations amongst this group. They also appear to be motivated to use cessation medications like NRT’s as well as behavioural treatments. They were also interested in training on the use of non-NRT’s like varenicline. Our work has shown that dentist are attentive and willing to use NRT’s, there is no reason why with adequate training they cannot be given the opportunity to use all methods to assist their patients in quitting.

To conclude, dentist together with their medical colleagues and other health professionals have an opportunity to assist in reducing prevalence of smoking in their respective countries. Through collaboration and communication there is an opportunity to reduce healthcare deficiency and infrastructure by pooling limited resources and expertise to increase our contribution in saving lives.

References:

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