Summary of: Delivering alcohol screening and alcohol brief interventions within general dental practice: rationale and overview of the evidence

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FULL PAPER DETAILS

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Alcohol consumption and affordability in the UK has increased over the last 50 years and is associated with a range of adverse oral health outcomes, the most serious of which, oral cancer, is also increasing in incidence. Despite this, routine screening and intervention relating to alcohol consumption within general dental practice remains uncommon. This review of the literature describes the background and outlines the evidence base for undertaking alcohol screening and delivering brief interventions in general dental practice. Consideration will be given to the rationale for, and range of issues related to, introducing this into general dental practice.

EDITOR'S SUMMARY

In recent years there has been increasing focus on the links between dental health and general health, and a corresponding rise in calls for dentists to become more involved in screening for conditions that are not purely dental or oral in nature. While routine screening of dental patients for diabetes, for example, is still some way off (and indeed may never become established), there is increasingly widespread acceptance among both dental professionals and patients that the dental practitioner has a role to play in providing patients with a broader range of health advice than simply brushing and flossing alone.

Smoking cessation is one example of this. While the link between smoking and lung cancer is now surely well-known and accepted by the general public, the link between smoking and oral cancer and periodontal disease has been slower to reach public attention. Few could argue that dentists are not ideally placed to inform their patients about these effects of smoking, and the role of the dental team in providing smoking cessation advice is now well-established.

The link between oral cancer and alcohol consumption is even less well-known to members of the public than its link with smoking, and this is surely another area where the dental team can help to educate and advise their patients. However, routine screening and intervention regarding alcohol consumption is uncommon in general dental practice. The authors of this article review the evidence base for alcohol screening and brief interventions in dental practice and importantly, look at some of the barriers to implementation.

The rise in the incidence of oral cancer in the UK, together with the increase in alcohol consumption, suggest a clear need for increased vigilance from all healthcare professionals regarding patients who may be drinking to excess. However, as the authors point out, the barriers to routine discussion of alcohol with patients reported by general dental practitioners are not insignificant. While barriers such as lack of time and remuneration are difficult to overcome and will require a change in attitudes to dental roles from both dentists and policymakers, others are psychological in nature. Similarly to reported barriers to

providing tobacco cessation advice, dentists have cited lack of confidence and fear of offending patients as barriers to discussion alcohol consumption. It may be that the detrimental effects of alcohol misuse in social and behavioural contexts result in patients being less willing to discuss alcohol openly than tobacco – or at least that dentists perceive this to be the case. However, evidence suggests that patients are supportive of dentists asking about alcohol consumption, so this barrier can and should be overcome.

Despite the barriers that exist, there is clearly a role for the dental team in advising patients on their alcohol consumption. By considering the evidence and policy context, this article helps to raise the profile of alcohol screening in dental practice and provides a basis for the development of effective dental practice-based alcohol interventions in future.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 210 issue 9.

Rowena Milan
Managing Editor

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IN BRIEF

- Alcohol consumption is a major risk factor associated with harm to health.
- Oral cancer constitutes the condition that might most reasonably link the provision of alcohol-related advice with dentistry.
- Dental primary care is potentially an ideal environment to engage in discussions about alcohol consumption.
- Further research is needed to help develop a consistent approach to delivering alcohol advice in dentistry across the UK.

COMMENTARY

About 16 years ago, calls for dental teams' involvement in smoking cessation appeared in the UK dental press, the rationale for which centred on tobacco's role in the aetiology of oral disease and the potential for dental teams to have a wider public health impact. Nearly two decades on, although involvement varies, the 'screening' of tobacco use and its prevention and cessation are embedded in undergraduate and postgraduate dental education.

The authors of this article should be congratulated for highlighting dental teams' potential for reducing the deleterious effects of excess alcohol consumption. Although they focus on Scotland, the arguments made and principles described apply to other parts of the UK and beyond. It appears that the increasing incidence of oral cancer, especially in younger age groups, is associated with changes in patterns of alcohol consumption. When considered alongside the well-known public health and social impacts of excess consumption, it is difficult to argue against dental teams' involvement.

However, the key here is to consider barriers to involvement. As the authors describe, dental teams' involvement in tobacco use cessation forms one part of a multisectoral health promotion approach (eg taxation, restrictions on purchase and use, health education) which has increased awareness and arguably made it easier for dental teams to raise this with patients. A similar approach is now required for

excess alcohol consumption, so that patients and clinicians see this as a legitimate role for dental teams (as I write, the government is proposing a minimum price for alcohol, which may be the first of such measures). It is also a nuanced message to deliver, as moderate consumption can have health and social benefits. In addition, the evidence for moderating consumption is a little thin on the ground compared to that for smoking cessation.

In England, many PCTs already include alcohol consumption screening and appropriate advice in their dental quality frameworks as part of a focus on evidence-based prevention. Although this is a start, we now need NHS dental contracts that support such a public health role as part of a true team approach to care in all countries in the UK.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

The scale of alcohol consumption and related harm in Scotland has been well documented in recent years. The need to adopt a whole-population approach to tackling this is at the forefront of the current public health and policy agenda. Guidelines suggest that alcohol advice should be provided by all health professionals to patients when the opportunity arises. This study was undertaken as part of a wider programme of work exploring the feasibility of using of general dental practice as a setting for identifying problem drinkers and providing them with alcohol advice. This work has identified the evidence base and policy drivers behind alcohol brief interventions and the need to determine how applicable this approach can be in dental primary care.

2. What would you like to do next in this area to follow on from this work?

Using the knowledge from this study and parallel works we hope to develop and evaluate an intervention that will encourage and support dental practitioners to provide alcohol-related health advice to patients who attend their surgery.