

Review Article

Role of dentists in supporting the WHO MPOWER tobacco control strategy: a review

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ABSTRACT

Tobacco use continues to pose a significant global public health challenge and is linked to numerous oral diseases, such as periodontal disease, delayed wound healing, oral potentially malignant disorders, and oral cancer. Dentists are uniquely positioned to promote tobacco cessation within routine clinical practice. This review evaluates the role of dentists in supporting the World Health Organization (WHO) MPOWER tobacco control strategy and summarizes current evidence on tobacco cessation interventions in dental settings. Articles published between 2009 and 2025 were identified through searches in PubMed, ScienceDirect, Google Scholar, ResearchGate, and BMC Public Health using keywords related to dentists, tobacco cessation, MPOWER, oral health, tobacco use, dental professionals, and WHO strategies. Thirty articles meeting the eligibility criteria were included, and their findings were synthesized according to the six components of the WHO MPOWER strategy. The literature indicates that dentists generally have sufficient knowledge of the harmful effects of tobacco and maintain positive attitudes toward tobacco cessation counseling. Nevertheless, implementation of cessation interventions remains inconsistent due to inadequate training, limited consultation time, lack of institutional support, insufficient referral systems, and, in some contexts, tobacco use among dental professionals. Dentists can make a substantial contribution to tobacco control by incorporating evidence-based tobacco cessation interventions into routine dental practice. Enhancing undergraduate education, continuing professional training, institutional support, and integration of dental services with national tobacco control programs may further strengthen their contribution to the WHO MPOWER strategy.

Keywords: Dentists, Tobacco cessation, MPOWER, Tobacco control, Oral health, Public health

INTRODUCTION

Tobacco use remains one of the leading preventable causes of morbidity and premature mortality worldwide, contributing substantially to cardiovascular diseases, respiratory illnesses, cancers, and numerous other chronic conditions.¹ In addition to its systemic effects, tobacco use has profound consequences on oral health, including periodontal disease, delayed wound healing, dental implant failure, oral potentially malignant disorders, and oral cancer.² These oral manifestations are frequently

encountered during routine dental examinations, placing dentists in a unique position to identify tobacco users, provide cessation counseling, and facilitate timely referral for tobacco dependence treatment.³

Recognizing the growing burden of tobacco-related diseases, the World Health Organization (WHO) introduced the MPOWER package in 2008 as a comprehensive framework to assist countries in implementing the WHO Framework Convention on Tobacco Control (WHO FCTC). The MPOWER strategy

comprises six evidence-based measures: Monitor tobacco uses and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion, and sponsorship; and Raise taxes on tobacco products. Collectively, these interventions have been shown to reduce tobacco consumption, increase quit attempts, and strengthen national tobacco control programs.^{2,4}

Although MPOWER was primarily developed as a population-level public health framework for governments and policymakers, several of its components, particularly monitoring tobacco use, offering cessation support, and warning patients about the harmful effects of tobacco can be reinforced through routine dental practice. Dentists frequently interact with patients across different age groups and are well-positioned to integrate brief tobacco cessation interventions into regular oral healthcare. Evidence suggests that brief advice delivered by oral healthcare professionals can improve patient's motivation to quit and contribute to successful tobacco cessation when combined with appropriate behavioural support and referral services.^{3,5}

Despite increasing awareness regarding the adverse effects of tobacco, the incorporation of tobacco cessation services into dental practice remains inconsistent across countries.⁶ Previous articles have identified multiple barriers, including inadequate undergraduate training, limited clinical time, lack of confidence in counselling skills, insufficient institutional support, absence of standardized referral pathways, and inadequate continuing professional education.⁷ In addition, variations in healthcare infrastructure, tobacco control policies, and professional practices influence the extent to which dentists participate in tobacco cessation activities.^{5,8}

Given the expanding role of oral health professionals in health promotion and disease prevention, there is a need to comprehensively evaluate the available evidence regarding dentist's contribution to tobacco control within the context of the WHO MPOWER strategy. Such evidence may help identify existing gaps, inform dental education, strengthen clinical practice, and support integration of oral healthcare professionals into national tobacco control programs. Therefore, the present review aimed to synthesize the available literature on the role of dentists in supporting the WHO MPOWER tobacco control strategy, with particular emphasis on tobacco cessation practices, barriers to implementation, and opportunities for strengthening the contribution of dental professionals to comprehensive tobacco control.

METHODS

This review was conducted to synthesize the available evidence on the role of dentists in supporting the World Health Organization (WHO) MPOWER tobacco control strategy, with particular emphasis on tobacco cessation

practices, implementation barriers, and opportunities to strengthen tobacco control in dental settings.

Literature search strategy

A comprehensive literature search was performed from January 2009 to June 2025 using PubMed, ScienceDirect, Google Scholar, ResearchGate, and BMC Public Health to identify relevant articles published between January 2009 and June 2025. Articles published from 2009 to 2025 were primarily considered, while selected earlier studies relevant to tobacco cessation practices among dental professionals were also included to provide contextual evidence. The search period was selected because the WHO MPOWER strategy was introduced in 2008, and subsequent publications were considered relevant to its implementation in dental practice. The search was conducted using combinations of the following keywords and Boolean operators:

("Dentists" OR "Dental professionals") AND ("Tobacco cessation" OR "Smoking cessation") AND ("MPOWER" OR "WHO MPOWER") AND ("Oral health") AND ("Tobacco control")

Additional manual searching of the reference lists of selected articles was also performed to identify potentially relevant articles.

Eligibility criteria

Articles were included if they: evaluated the role of dentists or dental professionals in tobacco cessation or tobacco control, addressed one or more components of the WHO MPOWER strategy, were published in English, were published between 2009 and 2025 with selected earlier studies included where relevant for contextual evidence. It was available as full-text articles.

The following articles were excluded: conference abstracts, editorials, letters to the editor, duplicate publications, articles not involving dental professionals and articles without sufficient methodological or outcome information.

Article selection

The electronic database search initially identified more than 120 articles. After the removal of duplicate records, titles and abstracts were screened for relevance. Full-text assessment was subsequently performed, and articles fulfilling the eligibility criteria were included in the review. A total of 30 articles were finally selected for qualitative synthesis.

Data extraction and synthesis

Data extracted from the selected articles included author, year of publication, country, study design, study population, principal findings, and relevance to the WHO

MPOWER strategy. The findings were narratively synthesized under the six WHO MPOWER domains: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship. Raise taxes on tobacco products.

RESULTS

A total of 30 articles published between 2009 and 2025 were included in this review following the literature screening process. The included articles represented diverse geographical regions, including Asia, Europe, the Middle East, Africa, and global reports, providing a comprehensive overview of dentist's involvement in tobacco control activities within the framework of the WHO MPOWER strategy (Figure 1) (Table 1).

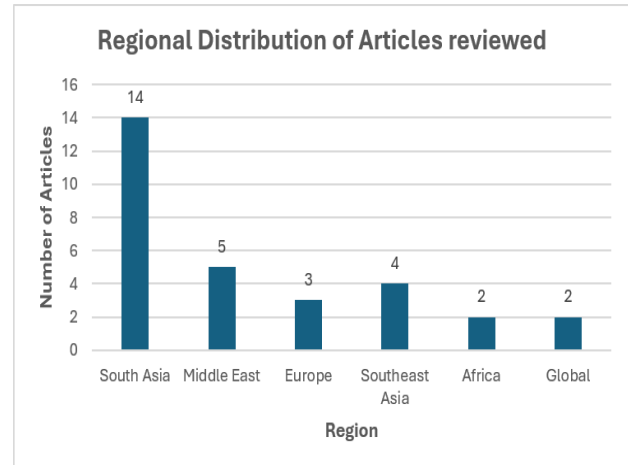


Figure 1: Regional distribution of the articles reviewed.

Table 1: Characteristics of the articles included in the review.

S. No	Author (Year)	Country	Study design	Study population	Key findings	Relevant MPOWER component(s)
1	Pai et al. (2025)	India	Review	National oral health programme	Integration of oral health and tobacco control programmes recommended	Monitor, Offer
2	WHO (2023)	Global	WHO Report	Population level	Global progress in MPOWER implementation and tobacco control	All components
3	WHO (2017)	Global	Guideline	Dentists and physicians	Practical guidance for tobacco cessation counselling	Offer, Warn
4	Prabhakar et al. (2021)	India	Cross-sectional	Dentists	Variable implementation of MPOWER strategies in dental practice	Monitor, Offer
5	Preet et al. (2016)	Sweden	Qualitative study	Dentists	Positive attitude but inadequate confidence in cessation counselling	Offer, Warn
6	Albert et al. (2002)	USA	Survey	Dentists	Knowledge regarding tobacco was adequate, counselling practices were inconsistent	Offer
7	AlSaad et al. (2022)	Saudi Arabia	Cross-sectional	Dental professionals	Tobacco use among professionals influenced counselling behaviour	Protect, Offer
8	Holliday et al. (2023)	Global	Narrative review	Dental professionals	Training and institutional support remain major barriers	Offer, Warn
9	AlLawati et al. (2009)	Oman	Cross-sectional	Healthcare professionals	Tobacco use among healthcare workers affected preventive practices	Protect
10	Chandrasekhar et al.	India	Survey	Dental practitioners	Low frequency of tobacco cessation	Offer

Continued.

S. No	Author (Year)	Country	Study design	Study population	Key findings	Relevant MPOWER component(s)
	(2011)				counselling despite awareness	
11	Mehta et al. (2020)	India	Cross-sectional	Private dental practitioners	Limited implementation due to lack of training and time	Offer
12	Chauhan et al. (2024)	India	Cross-sectional	Security guards	High tobacco burden requiring preventive interventions	Monitor, Warn
13	Ahmady AE et al. (2014)	India	Cross-sectional	Dental patients	Patients showed favourable attitudes toward dentist-led cessation counselling	Offer
14	Yurekli et al. (2019)	Turkey	Policy review	National tobacco control	Strong tobacco control policies improved implementation	Enforce, Raise
15	Haque et al. (2021)	Bangladesh	Intervention study	Diabetic patients	Integrated oral health and cessation programmes were effective	Offer, Warn
16	Al Ajmi B et al (2017)	Kuwait/Saudi Arabia	Cross-sectional	Dentists	Low counselling practices despite adequate awareness	Offer
17	Bauld et al. (2024)	Scotland	Population study	Dental attendees	Smoking status influenced dental attendance patterns	Monitor
18	Zaidi SMA et al. (2011)	Pakistan	Cross-sectional	Tobacco users	Visual warnings increased motivation to quit	Warn
19	Chaloupka FJ et al. (2012)	Global	Review	Population	Tobacco taxation reduced tobacco consumption	Raise
20	Sreeramareddy CT et al. (2022)	Western Pacific Region	Epidemiological study	Population	MPOWER indicators associated with reduced smokeless tobacco use	Monitor
21	Rasool S et al. (2024)	Pakistan	Process evaluation	Tobacco users	Structured cessation programmes improved quitting outcomes	Offer
22	Maharani et al. (2021)	Indonesia	Cross-sectional	Dental students	Higher intention to provide tobacco cessation counselling following training	Offer
23	Goel et al. (2021)	Nepal	Cross-sectional	Adults	Strong association between tobacco use and periodontal disease	Warn
24	Pakhale et al. (2020)	Global	Systematic review	Adults	Significant burden attributable to smokeless tobacco	Monitor
25	Francis et al. (2025)	Southeast Asia	Review	Tobacco users	Smokeless tobacco strongly associated with oral cancer	Warn
26	Prasad et al. (2021)	India	Cross-sectional	Dental interns	Positive knowledge but inadequate practical counselling skills	Offer
27	Kulkarni V	India	Comparative	Dental	Dentists recognised	Warn

Continued.

S. No	Author (Year)	Country	Study design	Study population	Key findings	Relevant MPOWER component(s)
	et al. (2016)		study	professionals	adverse oral effects of tobacco	
28	Sinha DN et al. (2012)	Asia	Review	Dental curricula	Limited incorporation of MPOWER strategies in dental education	Offer
29	Park YD et al. (2010)	South Korea	Cross-sectional	Dental professionals	Professional education improved cessation practices	Offer
30	Alkhatatbeh MJ et al. (2017).	Jordan	Cross-sectional	Dentists	Readiness to implement tobacco control measures varied according to training	Monitor, Offer

Monitoring tobacco uses and prevention policies

Monitoring tobacco use is the first component of the WHO MPOWER strategy and serves as the foundation for effective tobacco control programs. Several articles reported that dentists routinely enquired about patient's tobacco use during clinical examinations; however, systematic documentation and long-term follow-up were inconsistently practiced. While awareness regarding the importance of tobacco-use surveillance was generally satisfactory, structured recording systems and standardized monitoring protocols were lacking in many dental settings⁹. Articles from India, Scotland, and the Western Pacific region emphasized that regular documentation of tobacco habits could facilitate early identification of high-risk individuals and improve continuity of tobacco cessation interventions.¹⁰⁻¹²

Protecting people from tobacco smoke

The reviewed literature demonstrated that dentists strongly supported smoke-free healthcare environments and recognized the harmful effects of second-hand tobacco smoke on oral and general health. Nevertheless, implementation varied considerably among countries. Some articles reported tobacco use among dental professionals themselves, which negatively influenced their willingness to counsel patients and advocate for smoke-free environments. Institutional tobacco-free policies and supportive workplace environments were identified as important factors for strengthening this component of the MPOWER strategy.^{7,9}

Offering help to quit tobacco use

The "Offer" component represented the most frequently addressed aspect across the reviewed articles. Most dentists acknowledged their professional responsibility to provide brief tobacco cessation counselling and educate patients regarding available cessation services.^{13,14} However, consistent implementation remained limited because of insufficient undergraduate training, lack of

confidence, inadequate consultation time, absence of standardized clinical protocols, and limited referral pathways.¹⁵⁻¹⁷ Articles involving dental students demonstrated that formal tobacco cessation education significantly improved their confidence and willingness to provide cessation counselling in future clinical practice.¹⁸⁻²⁰

Warning about the dangers of tobacco

Patient education was identified as one of the principal contributions of dentists to tobacco control. Several articles reported that visual demonstrations of tobacco-related oral lesions, personalized counselling, and oral health education significantly enhanced patient's awareness regarding the harmful effects of tobacco and increased motivation to quit.²¹⁻²³ The reviewed evidence consistently highlighted the importance of integrating oral health education into routine dental consultations as an effective strategy for promoting tobacco cessation.²⁴

Enforcing bans on tobacco advertising, promotion and sponsorship

Compared with clinical tobacco cessation activities, dentists had relatively limited involvement in tobacco policy advocacy, including enforcement of bans on tobacco advertising and promotion. The available literature indicated that these responsibilities were largely perceived as governmental and regulatory functions. Nevertheless, professional dental organizations and academic institutions were recognized as important stakeholders who could support tobacco control advocacy through professional awareness campaigns and policy initiatives.^{14,25,26}

Raising taxes on tobacco products

Evidence relating to the "Raise" component was limited within dental literature. Although dentists rarely participated directly in tax policy, several articles have acknowledged that increased taxation remains one of the

most effective public health measures for reducing tobacco consumption. Dental professionals may indirectly contribute by supporting evidence-based tobacco control policies and participating in public health advocacy initiatives aimed at reducing tobacco-related disease burden.^{14,19} (Figure 2).

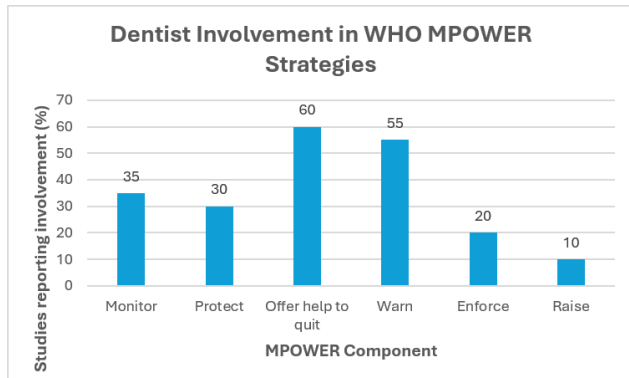


Figure 2: Percentage of studies involving each of the MPOWER components.

DISCUSSION

The present review synthesized the available evidence regarding the role of dentists in supporting the WHO MPOWER tobacco control strategy. The findings indicate that dentists possess adequate knowledge regarding the adverse effects of tobacco on oral and general health and generally exhibit positive attitudes toward tobacco cessation counselling. However, the integration of tobacco cessation interventions into routine dental practice remains inconsistent across different healthcare settings and countries. Although many dental professionals recognize tobacco cessation as part of their professional responsibility, implementation is often influenced by individual, institutional, and health system-related factors.^{3,5,8}

Among the six components of the WHO MPOWER strategy, dentists made the greatest contribution by providing tobacco cessation support and educating patients about the harmful effects of tobacco. Routine dental visits provide repeated opportunities to identify tobacco users, deliver brief behavioural counselling, demonstrate tobacco-related oral lesions, and motivate patients to quit. Several studies have reported that patients consider dentists to be credible healthcare professionals for delivering tobacco cessation advice, particularly when counselling is supported by clinical findings observed during oral examination.^{3,13,15,18}

Despite this potential, the implementation of tobacco cessation services in dental practice remains suboptimal.¹⁴ The reviewed literature consistently identified inadequate undergraduate training, lack of confidence in counselling techniques, limited consultation time, insufficient institutional support, and the absence of standardized referral systems as the major barriers to effective tobacco

cessation practice.^{18,26} Similar findings have been reported across studies conducted in India, Sweden, Indonesia, Saudi Arabia, and other countries, indicating that these challenges are common across diverse healthcare systems.^{27,28} (Figure 3).

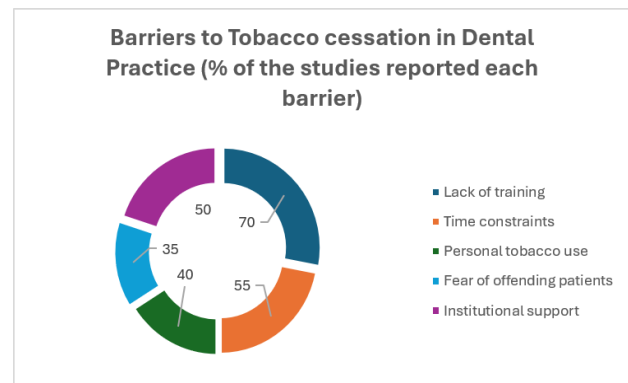


Figure 3: Barriers to tobacco cessation in dental practice.

Another important observation was the relatively limited involvement of dentists in broader population-level tobacco control measures, including policy advocacy, enforcement of tobacco advertising restrictions, and support for tobacco taxation.^{29,30} These components of the WHO MPOWER strategy are primarily implemented by governments and public health authorities; however, professional dental organizations and academic institutions can contribute by advocating for stronger tobacco control policies, participating in public awareness campaigns, and integrating tobacco control into oral health promotion initiatives.^{14,19,31}

The findings of this review also highlight the importance of strengthening tobacco cessation education within undergraduate and postgraduate dental curricula.²⁹ Formal training in behavioural counselling, motivational interviewing, pharmacotherapy for tobacco dependence, and referral pathways has been associated with improved confidence and greater willingness among dental professionals to provide tobacco cessation services. Continuing professional development programs and institutional tobacco cessation protocols may further enhance the routine integration of evidence-based cessation interventions into dental practice.^{26,28,29}

This review has several strengths. It provides a comprehensive synthesis of published evidence from multiple countries and examines dentists' contribution to tobacco control using the WHO MPOWER framework as a public health model. By organizing the available evidence according to the six MPOWER components, the review offers a structured overview of current practices, existing gaps, and opportunities for strengthening the role of oral healthcare professionals in tobacco control.

However, certain limitations should be acknowledged. The review included only English-language publications

and was limited to the databases searched. Owing to this methodology, no formal assessment of methodological quality or risk of bias was performed. Furthermore, considerable heterogeneity in study design, participant characteristics, and outcome measures limited direct comparison across studies. These factors should be considered while interpreting the findings.

Future research should focus on evaluating standardized tobacco cessation interventions delivered in dental settings, assessing the long-term effectiveness of dentist-led cessation programs, and exploring innovative approaches such as digital health technologies and teledentistry to strengthen tobacco cessation services. In addition, greater collaboration between dental professionals, public health agencies, and policymakers may facilitate integration of oral healthcare into comprehensive national tobacco control programs.

CONCLUSION

Dentists play a pivotal role in supporting tobacco control by identifying tobacco users, delivering brief cessation counselling, promoting oral health education, and reinforcing evidence-based tobacco cessation interventions during routine dental care. This narrative review demonstrates that although dental professionals generally possess adequate knowledge and favourable attitudes towards tobacco cessation, the implementation of tobacco control practices remains inconsistent due to barriers such as inadequate training, limited consultation time, insufficient institutional support, and the absence of standardized clinical protocols. Strengthening tobacco cessation education within dental curricula, promoting continuing professional development, establishing structured referral pathways, and integrating dental services into national tobacco control programmes may substantially enhance the contribution of dentists to the WHO MPOWER strategy. Greater collaboration between dental professionals, public health authorities, and policymakers is essential to strengthen comprehensive tobacco control efforts and reduce the burden of tobacco-related oral and systemic diseases.

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