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CED COUNCIL OF EUROPEAN DENTISTS

CED White Paper

Oral Care: Prevention is better than cure

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EXECUTIVE SUMMARY

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries. As such the CED strongly advocates to strengthen oral health of people in the European Union.

Health is a value in itself - And every citizen in Europe is entitled to proper healthcare, including oral health, which is essential to general health. Contrary to often-held views, oral health goes far beyond having good teeth. **Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.**[1] Oral conditions, most of which are preventable, affect almost four billion people in the world, more than half of today's population.

To improve the oral health of European citizens the CED calls on European policy-makers to:

1. Acknowledge and promote oral health as an integral part of general health.
2. Reduce sugar consumption: Sugar is not only a risk factor for general health (e.g. diabetes and obesity), but free dietary sugars are the most important risk factor for dental caries.
3. Promote proper oral hygiene.
4. Advocate fluoride as a key prevention tool.
5. Inform citizens about oral cancer, the importance of early detection and prevention measures.
6. Invest in EU-wide public awareness efforts to inform citizens about the importance of oral health, how a healthy lifestyle can help and how it can be achieved.
7. Prioritise prevention and health promotion in the educational curricula and professional practice of healthcare professionals, dentists included.
8. Invest in research on oral health through frameworks such as the upcoming Horizon Europe and the European Social Fund+.

I - INTRODUCTION

Health is a value in itself[2] - And every citizen in Europe is entitled to proper healthcare, including oral health, which is essential to general health. Contrary to often-held views, oral health goes far beyond having good teeth.

While healthcare systems worldwide are struggling with constrained budgets, they are also slowly coming to the realisation that it is essential to focus on prevention. In the 2017 State of Health Companion Report, the European Commission pointed out that "Prevention is the key to avoid ill health and achieve a high level of mental and physical well-being effectively and

[1] FDI. *FDI's Definition of Oral Health*. Retrieved from https://www.fdiworlddental.org/oral-health/fdi-definition-of-oral-health

[2] The Council of the European Union (2006). *Council Conclusions on Common Values and Principles in European Union Health Systems*. OJ 2006/C 146/01. Retrieved from https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2006:146:0001:0003:EN:PDF

efficiently".[3] More emphasis is needed on health promotion and preventive approaches in conjunction with early diagnosis and treatment of the damage caused by oral diseases.

With this White Paper, the CED wants to highlight the importance of having a prevention-based oral health approach in Europe. It will be reviewing the role of prevention in oral care and explaining the importance of shifting more resources to a preventive approach.[4] Many studies have further shown that inequalities also exist in oral health. Focusing the attention on the social determinants of oral health is necessary and programmes on health promotion included in this paper will be a tool to narrow the gap in inequality.[5]

II – PREVENTION AND ORAL DISEASE

According to the Global Burden of Diseases Study, which aims to look at all major diseases, Oral health has not improved in the last 25 years, and oral conditions remained a major public health challenge all over the world in 2015. Due to demographic changes, including population growth and aging, the cumulative burden of oral conditions dramatically increased between 1990 and 2015. The number of people with untreated oral conditions rose from 2.5 billion in 1990 to 3.5 billion in 2015, with a 64% increase in DALYs[6] due to oral conditions throughout the world. Clearly, oral diseases are highly prevalent in the globe, posing a very serious public health challenge to policy makers.[7] Even though a higher caries prevalence/incidence is found in adults, due to the cumulative nature of the disease, children and adolescents are most at risk. To prevent caries in adults, prevention must start at an early age.

Dental caries is a biofilm-mediated, sugar-driven, multifactorial, dynamic, non-communicable disease that results in the phasic demineralization and remineralization of dental hard tissues.[8] Early stages of dental caries can be diagnosed and treated but are often without symptoms, while advanced stages of dental caries (cavities) may lead to pain, infections and abscesses, or even sepsis. Advanced stages often result in tooth extraction or expensive restorative dental treatments (endodontic, restoration, crowns, etc.). The development of caries is influenced by the susceptibility of the tooth, bacterial profile, quantity and quality of the saliva, levels of fluoride, and amount and/or frequency of sugar intake.[9]

The burden on societies and economies in terms of financial cost of dental caries is tremendous. Globally, the WHO estimates that $298 billion were spent on direct costs related

[3] European Commission (2017). State of Health in the EU – Companion Report. Retrieved from https://ec.europa.eu/health/sites/health/files/state/docs/2017_companion_en.pdf
[4] See also Pitts, N. B., Mazevet, M. E., Mayne, C., Hinrichs-Krapels, S., Boulding, H. F., & Grant, J. (2017). *Towards a Cavity Free Future: How do we accelerate a policy shift towards increased resource allocation for caries prevention and control?* The Policy Institute at King's.
[5] Marmot M, Bell R. Social Determinants and Dental Health, *Adv Dent Res 2011, 23(2): 201-206.*
[6] WHO Definition of a DALY: One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability. Retrieved from https://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/
[7] Kassebaum NJ, Smith AGC, Bernabé E, Fleming TD, Reynolds AE, Vos T, Murray CJL, Marcenes W; GBD 2015 Oral Health Collaborators (2017). Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990-2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. *J Dent Res. Apr;96(4):380-387.*
[8] Pitts NB, Zero DT, Marsh PD, Ekstrand K, Weintraub JA, Ramos-Gomez F, Tagami J, Twetman S, Tsakos G, Ismail A. Dental Caries. *Nat Rev Dis Primers. 2017 May 25;3:17030.*
[9] WHO (2018). *Diet and Oral Health*. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0009/365850/oral-health-2018-eng.pdf

to caries.[10] 5-10% of healthcare budgets in industrialised countries are consumed by treatment for dental caries.[11] In high-income countries it is a major cause for hospitalisation among children.[12] Beyond the direct financial cost, dental caries also interferes in people's quality of life, causing absences at work and school, severe problems in eating and sleeping, strong pain and can have great impact on socialising.

There are several major risk factors that are related to oral diseases, including tobacco, alcohol, diet, personal hygiene and socio-economic factors. Sugar is the main risk factor for dental caries due to bacteria metabolising sugars into acid that demineralises the tooth enamel. Common sources of sugar intake are juices, beverages, confectionery, desserts, cakes, chocolate bars, etc. Many products contain so-called hidden sugars, meaning that it is not obvious for consumers that these products contain sugar, for instance, soups, sauces, salad dressings, yogurt, etc. The European Food Safety Authority (EFSA) reported in 2010 that in some Member States the added intake of sugar exceeded 10% of total energy intake.[13] The level recommended by the WHO to protect dental health throughout life is 5 % of total energy intake.[14] Soft drinks, energy drinks and sports drinks – both those with and without sugar - have a high erosive potential due to their acidity, which ultimately leads to the irreversible loss of the tooth structure leading to **dental erosion**.[15] The use of tobacco (in its different forms as cigarettes or smokeless tobacco products) is a risk factor for oral cancer, periodontal disease and can have a severe impact on an unborn child (e.g. cleft lift and palate). In addition, it negatively affects the immune system's ability to deal with infections in the oral cavity therefore harming the patient's ability to recover.[16] Studies have found that the changes caused in the oral micro-flora by tobacco and alcohol use may be a serious factor in the initiation and progression of dental caries.[17]

Oral cancer is one of the cancers with the lowest survival rate in the European Union, due to late detection. The survival rate decreases from 80% in cases of early detection to just 50% in case of late detection. What this means in real life is that there were 45,547 estimated cases

[10] Kassebaum NJ, Smith AGC, Bernabé E, Fleming TD, Reynolds AE, Vos T, Murray CJL, Marcenes W; GBD 2015 Oral Health Collaborators (2017). Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990-2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. *J Dent Res. Apr;96(4):380-387*.

[11] Marcenes W., Kassebaum N.J., Bernabé E., Flaxman A., Naghavi M., Lopez A., and Murray C.J.L. (2013). Global Burden of Oral Conditions 1990-2010: A Systematic Analysis. *Journal of Dental Research 92(7):592-597*.

[12] Public Health England (2018). *Oral health survey of five-year-old children 2017. A report on the inequalities found in prevalence and severity of dental decay.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768368/NDEP_for_England_OH_Survey_5yr_2017_Report.pdf

[13] European Food Safety Authority (2010). Scientific Opinion on Dietary Reference Values for carbohydrates and dietary fibre*. EFSA Journal 2010; 8(3):1462.* Retrieved from https://efsa.onlinelibrary.wiley.com/doi/epdf/10.2903/j.efsa.2010.1462

[14] Moynihan P. (2016). Sugars and Dental Caries: Evidence for Setting a Recommended Threshold for Intake. Advances in nutrition (Bethesda, Md.), 7(1), 149-56. doi:10.3945/an.115.009365

[15] Cheng R, Yang H, Shao MY, Hu T, Zhou XD. Dental erosion and severe tooth decay related to soft drinks: a case report and literature review. *J Zhejiang Univ Sci B*. 2009;10(5):395-9.

[16] Petersen, P.E. (2003). *Tobacco and Oral Health – the Role of the World Health Organization*. Retrieved from http://www.who.int/oral_health/media/en/orh_tobacco_whorole.pdf?ua=1

[17] Rooban, T., Vidya, K., Joshua, E., Rao, A., Ranganathan, S., Rao, U. K., & Ranganathan, K. Tooth decay in alcohol and tobacco abusers. Journal of Oral and Maxillofacial Pathology: *JOMFP, 2011 15(1), 14–21.*

of oral and lip cancer in Europe in 2018, out of which 15 103 are thought to be fatal.[18] In fact, Europe is second and only behind South-East Asia when it comes to the age-standardised rate specific to oral and oropharyngeal cancer. The principal causes for oral cancer are tobacco and alcohol consumption and the human papillomavirus (HPV). It is thus crucial to increase early detection through increasing awareness and knowledge among the medical profession, patients and the public. Countries like Ireland, Portugal and Spain have already shown through a variety of prevention programmes that this can be successful.

The UN's political declaration on the prevention and control of non-communicable diseases has recognised that "renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases".[19] Studies also point to associations between oral infections – primarily gum infections – and diabetes, heart disease, stroke, respiratory ailments, and poor pregnancy outcomes.[20] Dentists have an important role to play in general health promotion and in disease prevention: they are well placed to detect diseases at an early stage when treating their patients, because problems in the mouth can often signal trouble in other parts of the body.[21]

III –PREVENTION: A GLOBAL AND EUROPEAN PERSPECTIVE

Primary prevention aims at avoiding the manifestation of disease and minimising the burden of disease. Secondary prevention focuses on early detection with the goal of improving health outcomes. In the case of oral diseases, this can be done through oral and dental hygiene education, provision of information about behavioural and medical risks, fluoride supplementation, and regular screenings. At the same time, health promotion increases the ability of people to take control of their own health, including through health literacy programmes and efforts to increase healthy behaviours. This will include upstream measures and work for Universal Health Coverage (UCH) in oral health.[22] One very successful example of the application of these concepts is in the field of tobacco and smoking prevention.

Our healthcare systems are however still too focused on acute care rather than a prevention-based approach. EU Member States devote a fraction of their healthcare budgets to prevention - on average 3%, which translates to only an average 0.2% of GDP.[23] An ageing population in combination with an increase of non-communicable diseases and co-morbidities will only further strain already stretched healthcare budgets, increasing health inequities across and within the Member States. In fact, every year, 550,000 people of working age die

[18] European Cancer Information System (2018). *Estimates of cancer incidence and mortality in 2018.* Retrieved from https://ecis.jrc.ec.europa.eu/explorer.php?$1-All$2-All$4-1,2$3-1$6-0,14$5-2008,2008$7-7$0-0$CEstByCountry$X0_8-3$CEstRelative$X1_8-3$X1_9-AEE

[19] United Nations (2012). *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*. Retrieved from https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

[20] Chapple IL, Genco R. (2013). Diabetes and periodontal diseases: consensus report of the Joint EFP/AAP Workshop on Periodontitis and Systemic Diseases. *J Periodontol. 2013 Apr;84(4 Suppl): S106-12*.

[21] HIV/AIDS and osteoporosis are examples.

[22] Fisher J, Selikowitz HS, Mathur M, Varenne B. Strengthening oral health for universal health coverage, *Lancet 2018 Sep 15;392(10151):899-901.*

[23] European Commission (2016). *Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability Volume 1.* Retrieved from https://ec.europa.eu/info/sites/info/files/file_import/ip037_vol1_en_2.pdf

prematurely from NCDs in Europe, according to the OECD.[24] This means that NCDs are the leading cause of mortality in the EU, and therefore incur the highest healthcare expenses which cost EU economies €115 billion, or 0.8% of GDP annually.

It is important that both above-mentioned concepts of primary and secondary prevention are duly applied in the future to ensure that citizens have the best chances to live a healthy life without oral diseases. Evidently, this requires a shift in how care is delivered and financed.

IV – THE EU'S ROLE IN PREVENTION

Article 168 of the Treaty on the Functioning of the European Union (TFEU) states that "high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, […]."

Even though the article further explains that it is the competence of the Member States to define their own health policy and organise their healthcare systems, the European Union has a role to play when it comes to prevention. The EU can do so by supporting Member States in achieving shared objectives and tackling shared challenges, e.g. through establishing guidelines and indicators or preparing periodic monitoring and evaluation.

The 2017 State of Health Companion Report states that "Despite the fact that prevention is the key to saving lives and saving money, only around 3% of health budgets are currently spent on prevention measures. Therefore, a shift in focus from sickness and cure to prevention is needed".[25] Further it adds that the "Commission is working closely with Member States to focus more proactively on prevention and the social determinants of health".

The 2007 White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013' featured "Health is the greatest Wealth" as its second principle. It acknowledged that healthy individuals are the backbone of a strong society and economy. Even further, the Commission recognised that spending on health is an investment, rather than just a cost. The real costs of not investing in health are the follow-up expenses linked to ill health and all its consequences.[26]
The European Commission's Staff Working Document 'Investing in Health' acknowledged that the "human and economic burdens of chronic diseases can be contained by devoting resources directly or indirectly to prevention, screening, treatment and care. It is important to do so by targeting the different age groups throughout their lives".[27]
The Commission uses the European Semester and the Country Reports to identify areas for improvement within Member States' healthcare systems in the area of prevention. In the past years, the European Semester through its country specific recommendations has increasingly scrutinised the efficiencies of national healthcare systems. **While the CED acknowledges**

[24] OECD/EU (2018). *Health at a Glance: Europe 2018: State of Health in the EU Cycle*. Retrieved from: https://doi.org/10.1787/health_glance_eur-2018-en
[25] European Commission (2017). State of Health in the EU – Companion Report. Retrieved from https://ec.europa.eu/health/sites/health/files/state/docs/2017_companion_en.pdf
[26] Commission of the European Communities (2007). *White Paper – Together for Health: A Strategic Approach for 2008-2013.* Retrieved from http://www.europeanpublichealth.com/wp-content/uploads/2016/01/EU-Health-Strategy-Together-for-Health.pdf
[27] European Commission Staff Working Document (2013). *Investing in Health.* Retrieved from https://ec.europa.eu/health/sites/health/files/policies/docs/swd_investing_in_health.pdf

the need to encourage the financial sustainability of healthcare systems, we believe that a more prevention-based approach should be taken rather than focusing on mere efficiency gains.

A concrete example of the EU's role in health prevention is tobacco. The Tobacco Products Directive (2014/40/EU) came into effect in 2016 and will hopefully lead to a significant reduction in smoking over the next years. In addition to this legislation, there has also been a 2009 Council Recommendation on smoke-free environments[28] and the Commission ran two public anti-smoking campaigns called 'ex-smokers are unstoppable' in recent years, even setting up a free online digital health coaching platform to help individuals stop smoking.

When it comes to chronic diseases, the EU sees it as a priority and has followed through by creating Joint Actions such as Chrodis and Chrodis+. One of the cornerstones of Chrodis+ is '*health promotion and primary prevention as a way to reduce the burden of chronic diseases'*. The project is looking at the existing national strategies for health promotion and disease prevention, inclusion of vulnerable populations and the integration of healthcare with the wider care system.

The EU also supports countries in reaching nine voluntary WHO targets linked to non-communicable diseases, of which at least two are linked indirectly to oral health – targets 5 (tobacco) and 7 (obesity and diabetes).[29]

To support the Member States in reaching those targets, amongst other things, the Commission has created the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) in July 2018.[30] Within the framework of the SGPP, a knowledge gateway on health promotion and disease prevention was published in early 2018. The briefings review the scientific literature available for example on the health effects of sweeteners, sugars, fruits, fibres, etc., including the unfavourable effects on dental health. Further, the EU recently established a Best Practice Portal for practices related to health promotion, disease prevention and management of NCDs. Currently there are no best practices regarding oral or dental health in this database. The CED calls on policy makers to include relevant best practices in the portal, for example the Public Health England document "Delivering better Oral Health – an evidence-based toolkit for prevention".[31]

Further, the EU recently adopted an environmental piece of legislation called the Mercury Regulation to ratify the UN Minamata Convention on Mercury. [32] This Convention sets out several measures to phase down the use of dental amalgam, one of them being "setting national objectives aiming at dental caries prevention and health promotion, thereby

[28] Council of the European Union (2009). *Council Recommendation of 30 November 2009 on smoke-free environments.* Retrieved from https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32009H1205(01)
[29] WHO. *About 9 voluntary global targets*. Retrieved from http://www.who.int/nmh/ncd-tools/definition-targets/en/
[30] European Commission (2018). *Commission Decision of 17.7.2018 setting up a Commission expert group "Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases" and repealing the Decision setting up a Commission expert group on rare diseases and the Decision establishing a Commission expert group on Cancer Control.* Retrieved from https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/c2018_4492_en.pdf
[31] Public Health England (2017). Delivering better oral health: an evidence-based toolkit for prevention. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf
[32] United Nations Environment Programme (2013*). Minamata Convention on Mercury*. See specifically Article 4, Annex A, Part II. Retrieved from http://www.mercuryconvention.org/Convention/Text/tabid/3426/language/en-US/Default.aspx

minimizing the need for dental restoration." It is important to recognise that prevention and health promotion are essential so that dentists do not have to restore as many teeth, which will not only have clear benefits to the patient and to the healthcare system, but as in the case of dental amalgam also for the environment. Equally, effective prevention of oral disease will reduce the need for antibiotics to treat dental infections. In a time when antimicrobial resistance is a global concern, this is clearly of utmost benefit to all communities.

The political will from the European Commission to engage from prevention is welcomed and must be followed through with concrete action, also in the field of oral care.

V – ORAL CARE AND PREVENTION IN THE FUTURE

To conclude, an ambitious multi-agency approach – bringing together EU institutions, Member States, dentists, doctors, public health experts, patient groups and other relevant stakeholders - to health promotion and disease prevention is needed to deliver the best health outcomes for people in Europe. The CED asks to address the following to move the needle from cure to prevention in oral care:

Key Message 1: Oral health must be acknowledged and promoted as an integral part of general health. Dental caries, periodontal disease and oral cancer are some of the most common non-communicable diseases, influencing the general health of a patient while at the same time being influenced by his/her general health. The Commission should use its existing fora with Member States to stress the importance of oral health and advocate Member States to consider this.

Key Message 2: Sugar consumption is the main risk factor for dental caries and must be reduced to protect teeth. While the Member States retain the competence to organise their own healthcare systems, including when it comes to oral health, the European Union has a role to play in such issues that are transversal and that benefit from a European approach (as was the case with tobacco). **The EU should continue to promote a reduction of free sugars in the food/beverage production process through awareness raising campaigns and give Member States a platform to discuss their experiences with different population-wide strategies to reduce consumption.** The CED acknowledges that there are a number of Member States that have already decided to introduce public health policies that encourage the reduction of sugar consumption, including taxation or levies on sugar and/or sweetened beverages and advertising restrictions against the strong push-back from the industry. Taxation provides an opportunity for funding of prevention. In addition to the pure taxation, there need to be increased efforts to inform citizens about the dangers of free sugar for their teeth and their general health and ensure that they are equipped to make informed choices when it comes to their diet. The CED has spelled out a number of measures that should be taken in the 2016 CED Resolution on Sugar, including restrictions on marketing/advertising/sponsorship/price promotions, clear labelling, information campaigns

and reformulation.[33] In addition, specific guidelines should be developed for those supporting and caring for vulnerable and older people.

Key message 3: Promote proper oral hygiene.

Key Message 4: Improve access to fluoride using evidence-based interventions, for instance by promoting toothbrushing with fluoride toothpaste and other direct topical fluoride applications like varnishes for risk population. If and where appropriate water fluoridation can be an effective alternative.

Key Message 5: The EU should inform citizens about oral cancer, the importance of early detection and prevention measures. As all cancers, early detection is crucial for quality of life and survival. A number of risk factors that have been addressed can lead to oral cancer, including smoking and alcohol consumption, but also the sexually transmitted human papillomavirus (HPV) for which a vaccine exists. Patients need to be made aware that they need to go to a dentist regularly to facilitate early detection of oral cancer, which only has a 50% survival chance when detected late. CED advises that HPV vaccination should be offered to girls and boys.

Key Message 6: The EU should invest in EU-wide public awareness efforts to inform citizens about the importance of oral health, how a healthy lifestyle can help and how it can be achieved, for example by supporting World Oral Health Day activities. In line with the EU's work on the anti-smoking campaigns, a European-wide information campaign highlighting the importance of oral health for the whole body should be disseminated. It should touch upon appropriate oral hygiene including brushing, sugar-free diets and the importance of regular/preventative dental check-ups. Dialogue and awareness raising for both the healthcare community and the public is of crucial importance, especially on oral care – for example, only 57% of Europeans consulted a dentist less than one year ago.[34] The CED also encourages early childhood education and special school programmes that inform young children about correct tooth brushing habits and how to keep their mouths healthy. We therefore encourage the continuation or introduction of such targeted programmes at national level. **Health inequities are a serious issue also when it comes to oral care**: **it is imperative that such campaigns focus especially on vulnerable populations, for example by using appropriate social marketing or peer champions.** Research indicates that poor living conditions and low educational levels relate to a high relative risk of oral disease. A 2017 Eurobarometer poll, for instance, showed that smoking rates are particularly high amongst unemployed citizens (46%) and those with difficulties paying their bills (43%).[35]

[33] Council of European Dentists (2016). *Resolution on Sugar.* Retrieved from https://cedentists.eu/component/attachments/attachments.html?id=2779
[34] European Commission (2009). *Special Eurobarometer 330 – Oral Health*. Retrieved from http://ec.europa.eu/commfrontoffice/publicopinion/archives/ebs/ebs_330_en.pdf
[35] European Commission (2017). *Special Barometer 458 – Attitudes of Europeans towards Tobacco and Electronic Cigarettes.* Retrieved from https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/79003

Key Message 7: Prevention and health promotion should be a priority in the educational curricula and professional practice of healthcare professionals, dentists included. It is crucial to employ a one-health approach that integrates different types of practitioners to create the best framework for healthcare systems and patients alike. It is important to keep in mind that prevention is a two-way activity, placing responsibility both in the hands of the healthcare professional and the patient alike.

Key Message 8: The EU should invest in research on oral health through frameworks such as the upcoming Horizon Europe and the European Social Fund+. The phase-down of dental amalgam, for instance, calls for intensified research into alternative materials, both from a health and environmental point of view.

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Unanimously adopted at the 24-25 May 2019 CED General Meeting