Institut national de santé publique du Québec

Smoking Cessation Counselling

Results of a 2005 Survey of Quebec DENTAL HYGIENISTS

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INTRODUCTION

More than 13,000 men and women in Quebec (about 36 per day) die each year from tobacco-related diseases. Although the prevalence of tobacco use has declined in the past decade, there are still 1.6 million smokers in the province who inhale more than 4,000 chemical products each day, at least 50 of which are carcinogenic.

Since 2003, the ministère de la Santé et des Services sociaux du Québec (MSSS) has supported the implementation of the *Plan québécois d'abandon du tabagisme*. The objective of this province-wide program is to encourage smokers to quit, and to provide support for them in their efforts to quit. A range of free services have been implemented in Quebec progressively over the past four years, including a telephone helpline, a Web site on tobacco use cessation, and counselling services at smoking cessation centres located throughout the province.

In 2004, the MSSS mandated the Institut national de santé publique du Québec (INSPQ) to develop, in partnership with the Boards of six Professional Orders (i.e., Collège des médecins, Ordre des dentistes, Ordre des hygiénistes dentaires, Ordre des inhalothérapeutes, Ordre des pharmaciens and Ordre des infirmiers et infirmières), a project that encourages their members to become more actively involved in tobacco control. In the context of this project, dental hygienists are urged to integrate smoking cessation counselling into their daily practice.

Québec

SURVEY

A survey of members of the Ordre des hygiénistes dentaires du Québec (OHDQ) was conducted between May and July 2005 to collect data on:

- Current cessation counselling practices,
- Factors associated with these practices,
- Interest in and needs for training to improve cessation counselling practices.

A simple random sample of 500 dental hygienists was selected from the 2004 OHDQ database. To be eligible, respondents had to have provided clinical care during the year preceding data collection.

METHOD

A self-administered questionnaire, available in French and English, was mailed out by the OHDQ in May 2005. It was accompanied by a cover letter signed by the OHDQ's President, and a researcher from the INSPQ. Two subsequent mailings were carried out in June and July 2005 targeting non-respondents. The response rate after three mailings was 70%.

Descriptive analyses of the data collected were undertaken using SAS version 9.1. The relative frequencies are presented grouped together (e.g. answer categories "All" and "More than half" were grouped into a single category, "More than half").

FINDINGS

Assessing smoking status

The majority of dental hygienists ask both patients on their first visit and patients suffering from smoking-related symptoms whether or not they smoke (Table I).

For more than half of patients who smoke:

- 60% of dental hygienists note the smoking status in the patient's file,
- 26% of dental hygienists evaluate whether or not the patient is ready to quit smoking.

TABLE I

Proportion of dental hygienists who ascertain the smoking status of their patients according to type of patient

Type of Patient	Dental hygienists (%) ascertain smoking status of…	
	More than half of patients	Half of patients or fewer
Patients on their first visit	78	22
Patients with smoking-related symptoms or diseases	73	27
Patients who were smokers at the last visit	55	45
Patients without smoking-related symptoms or diseases	34	66

Counselling practices

Tables II and III describe counselling practices among dental hygienists for two types of smokers. Most dental hygienists discuss the impact of smoking on oral health and 40% advise quitting smoking to more than half of their smoking patients who are not ready to quit (Table II).

Forty-four percent of dental hygienists ask more than half their patients who smoke and are preparing to quit, how many cigarettes they smoke per day and 25% discuss strategies to quit smoking (Table III).

When they offer cessation counselling during a patient visit, 35% of dental hygienists undertake an intervention that lasts more than three minutes.

TABLE II

Proportion of dental hygienists who provide counselling for smokers who are not ready to quit, according to specific type of intervention

Intervention	Dental hygienists (%) provide intervention…	
	For more than half of smokers	For half of smokers or fewer
Discuss the effects of smoking on oral health	57	43
Discuss the effects of smoking on health	35	65
Discuss patients' perceptions of the pros and cons of smoking	25	75
Discuss patients' perceptions of the pros and cons of quitting	25	75
Express concerns about the patient's smoking	28	72
Advise patients to stop smoking	40	60
Offer print educational material on smoking or cessation	11	89
Offer an appointment specifically to discuss cessation	1	99
Discuss the effects of second-hand smoke on the health of relatives and friends	6	94

TABLE III

Proportion of dental hygienists who provide counselling for smokers who are preparing to quit, according to specific type of intervention

Intervention	Dental hygienists (%) provide intervention…	
	For more than half of smokers	For half of smokers or fewer
Ask about the number of cigarettes smoked each day	44	56
Discuss previous quit attempts	39	61
Discuss worries about cessation	18	82
Discuss strategies to quit smoking	25	75
Discuss withdrawal symptoms	19	81
Advise setting a quit date	9	91
Ask whether patients smoke their first cigarette within 30 minutes of waking	1	99
Offer print educational material on smoking or cessation	12	88
Refer patients to cessation resources available in the community	8	92
Recommend nicotine replacement therapy (gum, patch or inhaler)	21	79
Recommend Zyban (bupropion)	4	96

Dental hygienists' opinions

Several questions solicited dental hygienists' opinions on quitting smoking, on cessation counselling and on smokers' interest in quitting. The majority of dental hygienists agreed (either somewhat or completely) with the following statements:

- It is extremely difficult to quit smoking,
- Support from friends and family is an important factor in quitting,
- Physiological dependence on tobacco is an important barrier to quitting,
- Rituals associated with cigarettes are important barriers to quitting,
- Nicotine patches, nicotine gum and Zyban (bupropion) should be covered by health insurance.

Half of dental hygienists agreed (either somewhat or completely) with the following statements:

- Advice from dental hygienists will increase motivation to quit among smokers,
- Most of my patients who smoke want to quit.

They disagreed (either somewhat or completely) with the following statements:

- When a patient has been smoking for many years, it isn't worth the trouble to try to quit,
- When we advise smokers to quit smoking, we risk losing them as patients.

Opinions were divided in regard to the following statements:

- My patients who smoke are interested in discussing cessation with me,
- Counselling smokers to quit is an interesting work.

Perception of role

The dental hygienists surveyed believe that they have a major role to play in cessation (Table IV).

TABLE IV

Level of agreement among dental hygienists on their role in helping smokers quit, according to specific type of intervention*

Intervention	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
Dental hygienists should ask their patients if they smoke	94	6	1
Dental hygienists should advise patients to quit smoking	76	20	4
Dental hygienists should know about resources available that can help patients quit	88	9	3
Dental hygienists should make appointments with their patients who smoke specifically to help them quit	8	37	55
My employer allows me to give advice on smoking cessation	66	28	6
My employer allows me to follow up on patients who quit smoking	12	53	35

* Percentages are rounded off and therefore may not total 100.

Perception of barriers

Dental hygienists identified numerous barriers to cessation counselling as very or extremely important:

- Lack of knowledge about medication for cessation 75%
- Patients' resistance to advice 74%
- Lack of knowledge about cessation counselling 74%
- Lack of time 72%
- Lack of interest among patients 71%
- Difficulty following up 70%
- Lack of impact of counselling on patients 65%
- Difficulty assessing patient's readiness to quit 64%
- Lack of compliance among patients 59%
- Lack of community resources to which patients can be referred 59%
- Lack of print educational material 52%
- Cost of medication 47%
- No reimbursement for cessation counselling 37%

Perception of skills

The survey ascertained dental hygienists' perceptions of their skill levels in terms of providing cessation counselling (Table V).

TABLE V

Perceptions among dental hygienists of their skill levels to undertake cessation counselling*

Skill	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
I have the skills to help my patients quit smoking	33	31	35
I am able to tailor smoking cessation counselling to the specific needs of my patients	59	24	17
It is easy for me to initiate a discussion about quitting with my patients	48	23	29
I am able to ascertain the level of addiction of my patients	37	24	39
I think that I can influence my patients to quit smoking	39	40	21

* Percentages are rounded off and therefore may not total 100.

Interest in training

The survey found that 59% of dental hygienists are interested in updating their knowledge on smoking cessation and would like tools to help them provide advice to their patients who smoke (Table V)

TABLE VI

Level of interest among dental hygienists in training to update cessation counselling skills, and in specific tools to assist with counselling*

Training/tools	Very or extremely interested (%)	Somewhat interested (%)	Slightly or not at all interested (%)
Educational material for smokers	76	18	6
Inventory of resources	71	21	7
Articles in *l'Explorateur*	69	23	8
Print materials	66	25	9
System to better identify patients who smoke	57	28	15
Smoking cessation guidelines	55	30	15
Articles on smoking cessation on the OHDQ Web site	49	31	20
Conferences on smoking cessation counselling	36	33	31
Audiovisual materials	28	36	37
Internet-based training	27	31	42
Interactive workshops	24	36	39

* Percentages are rounded and therefore may not total 100.

COMMENTS

To our knowledge, this survey is the first ever in Quebec to describe cessation counselling practices among dental hygienists. The results suggest that dental hygienists believe they have a very important role in encouraging smokers to quit, and in supporting them in their efforts to quit. Dental hygienists are interested in professional development opportunities – very few reported that they had received training either during (1%) or after (9%) their studies. The results show that few dental hygienists have optimal cessation counselling practises-only 25% discuss smoking cessation strategies with more than half of their patients who are ready to quit.

Dental hygienists identified numerous barriers to providing cessation counselling, including lack of interest in quitting among smokers, resistance to advice among smokers, and lack of compliance with advice provided. Despite these barriers, it should be remembered that the majority of smokers do want to quit smoking to be liberated from an addiction that they did not choose to begin with (Fiore, et. al., 2000).[1]

Dental hygienists reported that their lack of knowledge about counselling and about medication limits their ability to provide effective cessation counselling. A challenge for the coming years will be to meet the needs of dental hygienists in terms of training. Training may allow dental hygienists to feel more competent in providing counselling and it may allow them to optimize their counselling practices. The OHDQ, in partnership with the INSPQ, is committed to meeting this challenge.

Finally, the difficulty in following up with smokers and the lack of time to provide counselling, may be issues that need review in terms of professional practice standards.

REFERENCE

1. Fiore, M.C., Bailey, W. C., Cohen, S. J., et al. 2000. *Clinical Practice Guideline: Treating Tobacco Use and Dependence.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

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