



## Smoking Cessation Counselling

### Results of a 2005 Survey of Quebec DENTISTS

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### INTRODUCTION

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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, dentists are urged to integrate smoking cessation counselling into their daily practice.

## SURVEY

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A survey of members of the Ordre des dentistes du Québec (ODQ) was conducted between November 2004 and February 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 dentists was selected from the 2004 ODQ database. To be eligible, respondents had to have provided clinical care during the year preceding data collection.

## METHOD

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A self-administered questionnaire, available in French and English, was mailed out in November 2004. It was accompanied by a cover letter signed by the ODQ's President, and a researcher from the INSPQ. Two subsequent mailings were carried out in December 2004 and January 2005 targeting

non-respondents. The response rate after three mailings was 60%.

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

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### *Assessing smoking status*

The majority of dentists 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:

- 51% of dentists note the smoking status in the patient's file,
- 21% of dentists evaluate whether or not the patient is ready to quit smoking.

**TABLE I**

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

Type of Patient	Dentists (%) ascertain smoking status of...	
	More than half of patients	Half of patients or fewer
Patients on their first visit	76	24
Patients with smoking-related symptoms or diseases	73	27
Patients who were smokers at the last visit	52	48
Patients without smoking-related symptoms or diseases	32	68

## *Counselling practices*

Tables II and III describe counselling practices among dentists for two types of smokers. Most dentists discuss the impacts of tobacco on oral health and advise quitting smoking to more than half of smokers who are not ready to quit (Table II).

Thirty-five percent of dentists ask more than half their patients who smoke and are preparing to quit, how many cigarettes they smoke per day and discuss previous quit attempts with them (Table III).

When they offer cessation counselling during a patient visit, 33% of dentists undertake an intervention that lasts more than three minutes.

**TABLE II**

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

Intervention	Dentists (%) provide intervention...	
	For more than half of smokers	For half of smokers or fewer
Discuss the effects of smoking on oral health	53	47
Discuss the effects of smoking on health	40	60
Discuss patients' perceptions of the pros and cons of smoking	27	73
Discuss patients' perceptions of the pros and cons of quitting	28	72
Express concerns about the patient's smoking	38	62
Advise patients to stop smoking	54	46
Offer print educational material on smoking or cessation	11	89
Offer an appointment specifically to discuss cessation	2	98
Discuss the effects of second-hand smoke on the health of relatives and friends	12	88

**TABLE III**

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

Intervention	Dentists (%) provide counselling...	
	For more than half of smokers	For half of smokers or fewer
Ask about the number of cigarettes smoked each day	35	65
Discuss previous quit attempts	35	65
Discuss worries about cessation	15	85
Discuss strategies to quit smoking	21	79
Discuss withdrawal symptoms	17	83
Advise setting a quit date	11	89
Ask whether patients smoke their first cigarette within 30 minutes of waking	2	98
Offer print educational material on smoking or cessation	12	88
Refer patients to cessation resources available in the community	7	93
Recommend nicotine replacement therapy (gum, patch or inhaler)	18	82
Recommend Zyban (bupropion)	6	94

### *Dentists' opinions*

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

- Advice from dentists 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 dentists surveyed believe that they have a major role to play in cessation (Table IV).

**TABLE IV**

Level of agreement among dentists 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 (%)
Dentists should ask their patients if they smoke	90	7	3
Dentists should advise patients to quit smoking	86	10	4
Dentists should know about resources available that can help patients quit	86	11	3
Dentists should make appointments with their patients who smoke specifically to help them quit	14	33	53

### *Perception of barriers*

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

- Patients' resistance to advice 66%
- Lack of knowledge about medication for cessation 64%
- Lack of knowledge about cessation counselling 62%
- Lack of interest among patients 62%
- Difficulty following up 61%
- Lack of compliance among patients 59%
- Difficulty assessing patient's readiness to quit 56%

- Lack of time 56%
- Lack of impact of counselling on patients 50%
- Lack of community resources to which patients can be referred 42%
- No reimbursement for cessation counselling 37%
- Lack of print educational material 33%
- Cost of medication 29%
- Inadequate office space 26%

### *Perception of skills*

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

**TABLE V**

Perceptions among dentists 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	35	35	30
I am able to tailor smoking cessation counselling to the specific needs of my patients	49	28	23
It is easy for me to initiate a discussion about quitting with my patients	58	20	22
I am able to ascertain the level of addiction of my patients	24	28	47
I think that I can influence my patients to quit smoking	47	35	18

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

## *Interest in training*

The survey found that 55% of dentists are interested in updating their knowledge on smoking cessation

and would like tools to help them provide advice to their patients who smoke (Table VI).

**TABLE VI**

Level of interest among dentists 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	70	19	12
Inventory of resources	66	23	12
Print materials	56	32	12
Smoking cessation guidelines	56	24	20
Articles on smoking cessation in the <i>Journal dentaire du Québec</i>	54	30	16
System to better identify patients who smoke	50	32	18
Articles on smoking cessation in <i>Le point de contact</i>	46	33	21
Possibility of prescribing a nicotine replacement therapy	45	24	30
Articles on smoking cessation on the ODQ Web site	38	34	29
Possibility of prescribing Zyban (bupropion)	37	25	38
Audiovisual materials	31	34	34
Internet-based training	29	28	43
Conferences on smoking cessation counselling	27	32	41
Interactive workshops	19	35	47

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

## COMMENTS

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To our knowledge, this survey is the first ever in Quebec to describe cessation counselling practices among dentists. The results suggest that dentists believe they have a very important role in encouraging smokers to quit, and in supporting them in their efforts to quit. Dentists are interested in professional development opportunities – very few reported that they had received training either during (3%) or after (6%) their studies. The results show that few dentists have optimal cessation counselling practises—only 21% discuss smoking cessation strategies with more than half of their patients who are ready to quit.

Dentists 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)<sup>1</sup>.

Dentists 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 dentists in terms of training. Training may allow dentists to feel more competent in providing counselling and it may allow them to optimize their counselling practices. The ODQ, 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

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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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