

Using clinical practice guidelines for tobacco cessation in dental settings

Ontario Dental Assistants Association Affiliate Meeting



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Overview

- Tobacco use in Ontario
- Health Effects of Tobacco
- Introducing CAN-ADAPTT
- Dental office intervention: Using the 5A's



Objectives

1. Learn about the development of the first Canadian clinical practice guideline (CPG) for tobacco cessation
2. Expand knowledge for integrating tobacco cessation in dental settings
3. Review tobacco cessation resources

Tobacco Use in Ontario

Leading cause of premature death in Ontario –
kills 44 people a day or 13,500 people each year

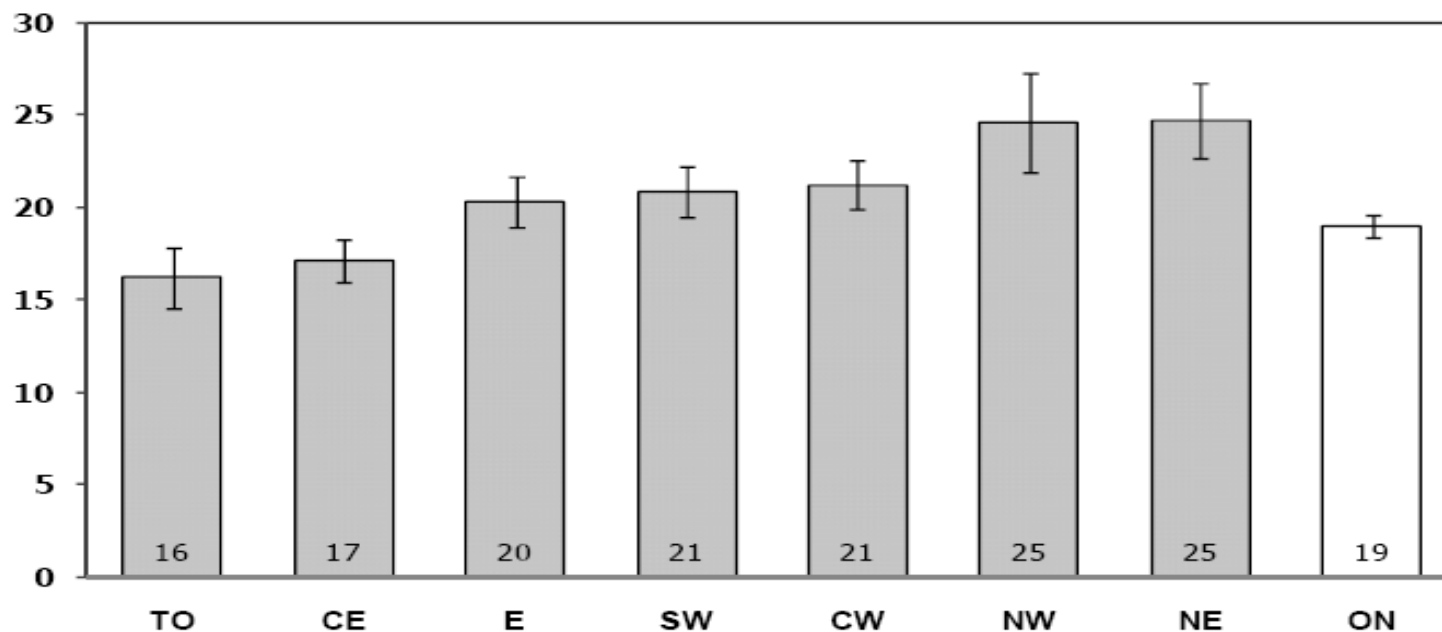
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300 school buses full of people/year



Rates of Smoking Across Ontario

Figure 5: Current Smoking (Past 30 Days), by Tobacco Control Area Network, Ages 12+, Ontario, 2007/08, %



Note: Vertical lines represent 95% confidence intervals.

Source: CCHS 2007/08.

Tobacco Use and Oral Cancer

- All forms of tobacco (cigarettes, cigars, pipes, smokeless) have been established as risk factors for oral/pharyngeal cancer
- Oral cancers: tongue, mouth, gums, tonsils, pharynx
- In 2009, 3400 Canadian developed oral cancer, 9th most common for males; 14th in females



Other Oral Health Effects of Tobacco Use

- Periodontal disease
 - Smokers 4x more likely; heavy smokers (>31 cigarettes/day) 6x more likely than non-smokers*
- Discoloured teeth
- Persistent bad breath
- Increase in tartar build-up
- Jaw bone loss
- Shifting teeth
- Sinusitis
- Hairy tongue
- Smoker's lip
- Delayed wound healing
- Altered sense of taste and smell
- Mouth sores
- Root caries
- Tooth loss

Overall Health Effects of Tobacco Use

Causes cancer, including:

- Lung
- Esophagus
- Breast
- Kidney, liver & pancreas
- Uterine, Cervix
- Breast
- Stomach
- Bone marrow
- Colon and colorectum

More than Cancer...

- Cardiovascular & respiratory diseases
- Reproductive effects
- Healing complications of surgery
- Hip fractures, low bone density
- Cataracts



Smokeless Tobacco

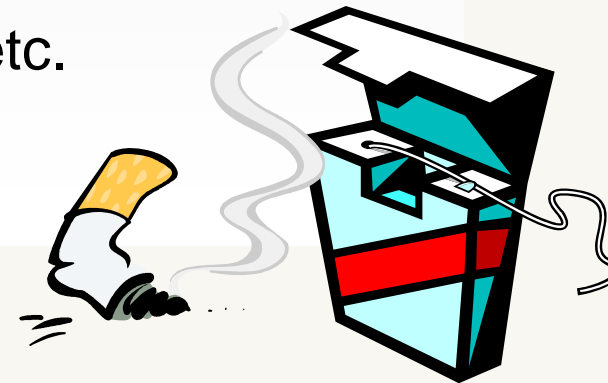
- Also known as: spit tobacco, snuff, snus, chew, dip
- Overall prevalence rates are low (>1%, recent; 8% for *ever* use)*
- Marketed as an alternative to cigarettes when smoking isn't possible – but not safe



*Canadian Tobacco Use Monitoring Survey, 2006

Dental Assistants: Why get involved?

- Ideally suited to deliver brief tobacco use cessation interventions through education, motivation & follow up visits
- “Captive audience” in your chair
- Scope of practice: patient and community education on oral health (includes smoking cessation)
- Part of a larger interdisciplinary health professional team including dentists, nurses, pharmacists, etc.



Tobacco Cessation and the Dental Office team

How many of you currently:

- Ask about tobacco use with your patients?
- Know that tobacco status is consistently asked by other members of the dental team?
- Work in settings where tobacco status is documented?
- Work in a setting that provides tobacco cessation resources for clients wanting to quit?

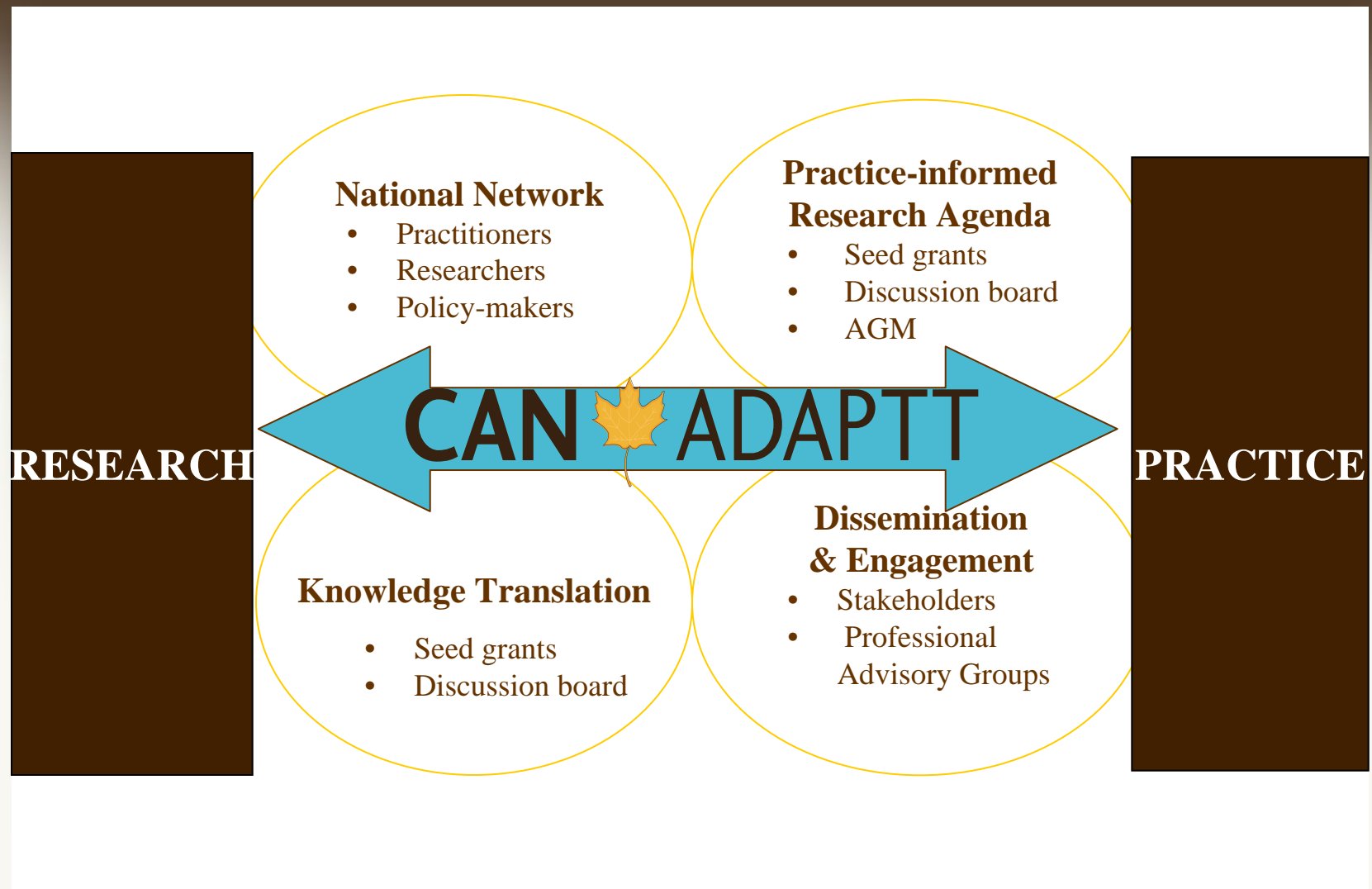
CAN-ADAPTT



Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment

- Guideline development and dissemination project
- Multidisciplinary network

Funding provided by Drugs and Tobacco Initiatives Program, Health Canada
Dr. Peter Selby, Director, CAN-ADAPTT



Practice-informed Approach

Input obtained from CAN-ADAPTT network to:

- Develop research agenda
- Revise and identify gaps in guideline

Member input is collected via:

- Discussion board
- CAN-ADAPTT Wiki
- Guideline revision workshops
- Teleconference/Webcast
- Member surveys



CAN-ADAPTT Guideline

Multidisciplinary, broad in scope

- Counselling (including 5 A's)
- Specific populations
 - Includes: Pregnant and Breastfeeding populations; Youth; Hospital-based populations; Mental health and addictions; Aboriginal populations (upcoming)
- Medication (upcoming)
- Population-level approaches (upcoming, Oct. 1st)

Access the guideline at:
www.can-adaptt.net

Perceived Barriers



- Lack of time
- Lack of reimbursement
- Fear of alienating patients
- Lack of knowledge/experience

Brothwell DJ., Gelsky SC.; J Can Dent Assoc. 2008; 74

O'Keefe J., Lessio A., Kassirer B.; J Can Dent Assoc. 1995; 61.

Lack of Time

Total Contact Time	Estimated Abstinence Rate
None	11.0%
1-3 minutes	14.4%
4-30 minutes	18.8%
31-90 minutes	26.5%
90-300 minutes	28.4%
>300 minutes	25.5%

Slide from TEACH  (Fiore et al., 2008)

Lack of Reimbursement

Codes for Tobacco Use Cessation Services

Canadian Dental Association's (CDA) Uniform System of Coding & List of services

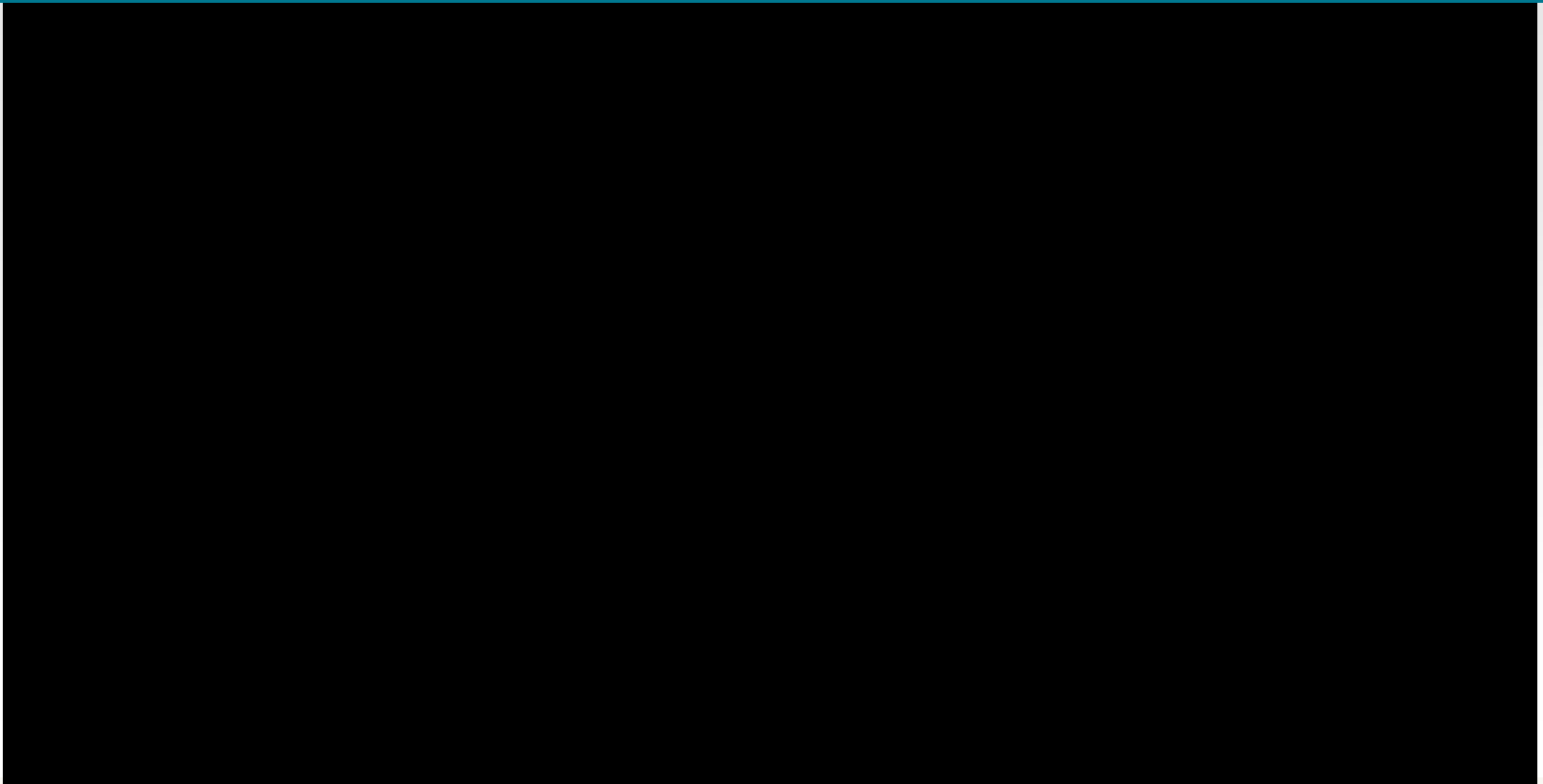
Tobacco use cessation services - (98100)

- 1 unit of time (98101), 2 units (98102), each additional unit of time (98109)

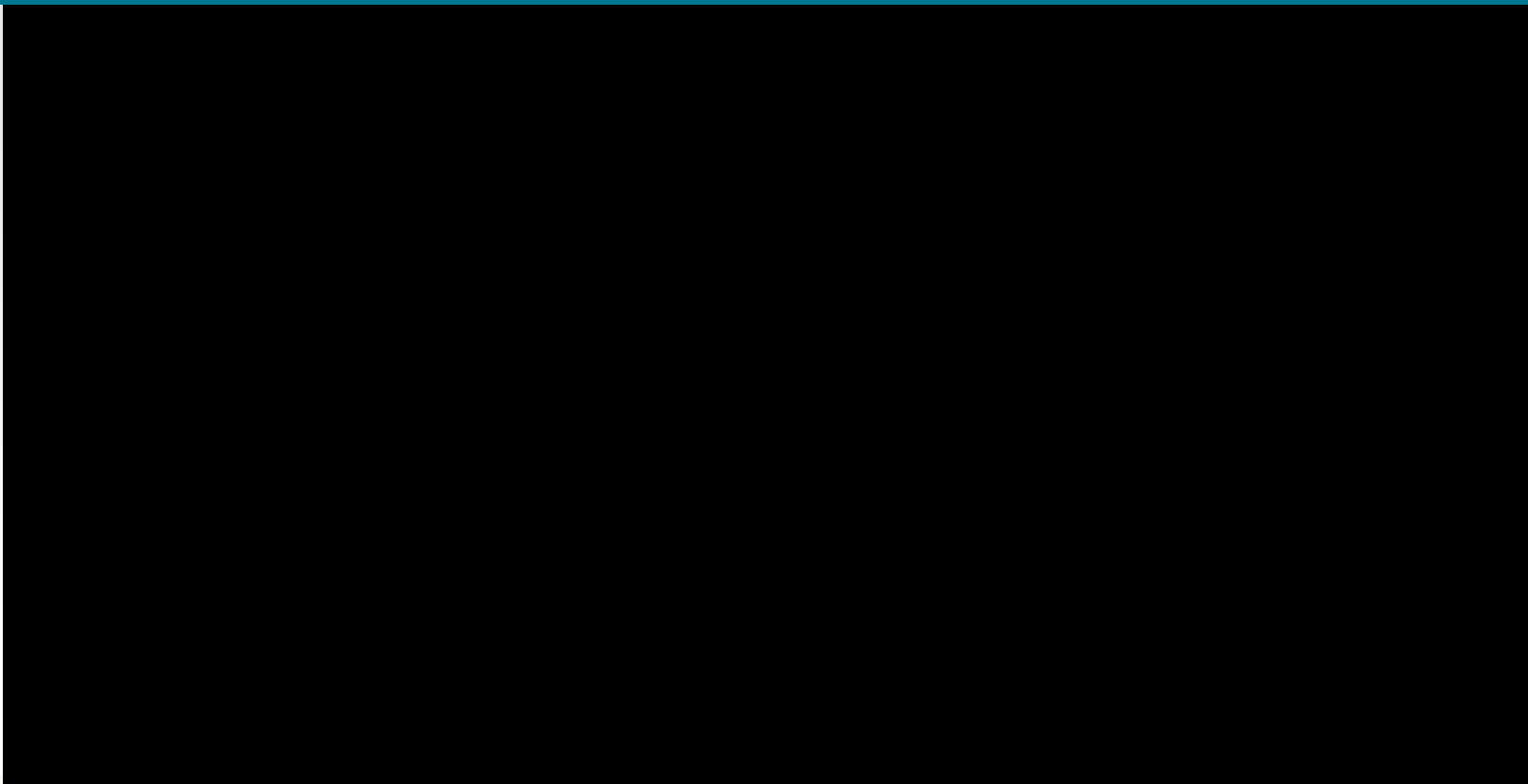
Fear of alienating patients

- Majority of tobacco users want to quit
- Approach
 - TEACH video vignettes: “Good Doc”/”Bad Doc”

“Bad Doc”



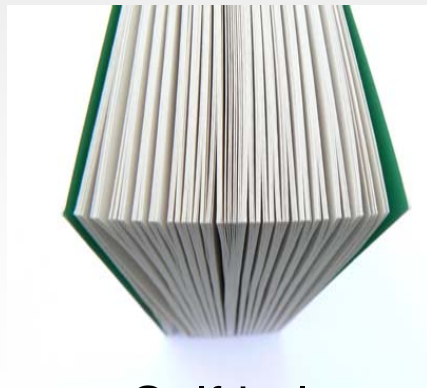
“ Good Doc ”



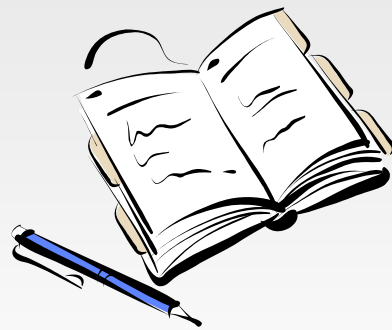
Lack of knowledge/experience

- Learning opportunities
- Resources
- Motivational Interviewing
- CAN-ADAPTT
- TEACH Project

Levels of Interventions



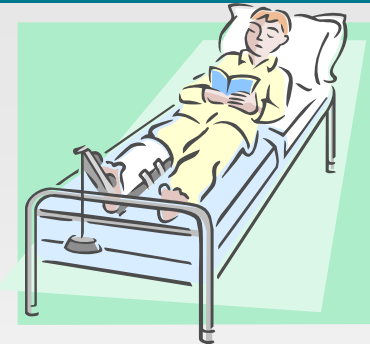
Self help
books



Brief
Intervention
< 3 min



Intensive
Intervention
Multi-session



Inpatient

Brief Dental Office Intervention



- 5 A's
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange



Ask

Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.*

- “Have you used any form of tobacco in the past six months?”
- Watch for oral signs



Advise

Health care providers should clearly advise patients/clients to accept treatment (quit).*

- Advise in a **clear, strong** and **personalized** statement
- *i.e.:* “Mr. Packaday, I’ve noticed some recession on your gums – abstaining from tobacco products could improve your oral health.”
- “As your dental assistant, I need you to know that changing your tobacco consumption, whether that be abstaining or reducing towards cessation, could really protect you from oral cancer, now and in the future.”

Assess

Health care providers should assess the readiness of patients/clients to engage in treatment to achieve abstinence (quitting).*

- *“Are you interested in quitting? In the next 6 months?”*
 - No
 - Precontemplation stage
 - Yes, but not in the next 6 months
 - Contemplation stage, offer to help when ready
 - Yes
 - Preparation & Action

Assist

Every tobacco user who expresses a readiness to engage in treatment (to quit) should be offered assistance.*

- Resources in your community (i.e.: Smokers Helpline, booklets, comprehensive smoking cessation programming)



Assist cont'd

- Medication
 - Over the counter: Patch, gum, lozenge, inhaler
 - Under the counter: Zyban, Champix
- Counselling
- Telephone quitline
- Self-help materials
- Refer to other HCPs who can provide more specialized support

Arrange

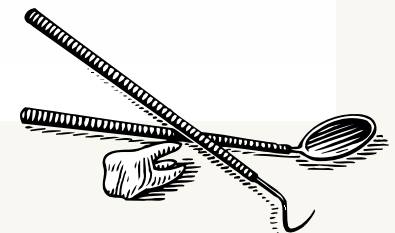
Health care providers:

- a) should conduct regular follow-up to assess response, provide support and modify treatment as necessary.
- b) are encouraged to refer patients/clients to relevant resources as part of the provision of treatment, where appropriate.*
 - For example, Smokers Helpline fax referral, local smoking cessation services, etc.



Resources and Links

- CAN-ADAPTT – www.can-adaptt.net
- TEACH Project – www.teachproject.net
- Smokers Helpline – www.smokershelpline.ca
Helpline: 1 877 513-5333; fax referral – Quit Connection
- You Can Make It Happen – www.youcanmakeithappen.ca
- My Last Dip – www.mylastdip.com (web based smokeless tobacco cessation project)
- Canadian Cancer Society – www.cancer.ca (resources for clients)



You Can Make It Happen

The majority of people who smoke want to quit.

- In less than 3 minutes, you can make a difference in your patients' health.
- Follow the 5 A's
 - Ask, Advise, Assess, Assist, Arrange
- For more information on helping your clients to quit smoking, visit:

www.youcanmakeithappen.ca

Quitting is hard but you can help your client make it happen.

In less than 3 minutes, you can make a difference in your client's health.

Follow the 5A's:

Ask your client if he/she smokes.
Advise your client to quit smoking.
Assess your client's readiness to quit smoking.
Assist your client to quit smoking.
Arrange a follow-up.

For more information on helping your clients quit smoking contact your local Public Health Unit or www.youcanmakeithappen.ca.

Adapted with permission from BC's Tobacco Control Support Program Publishers

smokers' **helpline**

1-877-878-2222
1-877-878-2222



Contact Information

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For more information on CAN-ADAPTT or to join the network visit: **www.can-adaptt.net**

Comments/Questions?

