

Tobacco Cessation Intervention: How to Communicate with Tobacco Using Patients

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Abstract

Tobacco use is a dental as well as a medical problem. When dental team members assist their patients in becoming tobacco free, they are eliminating a causative/contributing factor for a number of oral conditions including cancer and periodontal diseases. Studies have shown that brief tobacco use cessation interventions in the dental office can be effective in helping many patients to stop using tobacco. Interventions can be optimized through understanding the stage of change the tobacco user is in when an intervention is attempted. Only then can we use the appropriate intervention at the right time. This article discusses and demonstrates a protocol for tobacco cessation interventions that can be used in the dental office.

Keywords: Tobacco cessation, dentistry, stages of change, brief tobacco cessation intervention

Introduction



As dental healthcare professionals we are responsible for the oral health and wellness of the people that come to us for care. Tobacco use is one of the most significant risk factors for both oral cancers¹ and periodontal diseases². Numerous studies have shown that both current and former smokers have an increased incidence and severity of periodontal diseases. Smoking also reduces the success of both non-surgical and surgical periodontal therapy.¹ Tobacco use cessation is therefore an important service that dental professionals should be actively involved with in the care of dental patients. Unfortunately, this type of intervention is not a commonplace in many dental practices.³

Studies have shown that all healthcare professionals, including dental office team members, can be effective in helping their patients become tobacco free.⁴ The dental office is a logical place for brief tobacco cessation interventions. Dental office team members are familiar with one-to-one communication and have important skills in interviewing, educating, and motivating. The whole office team should be involved, but in many offices the dental hygienist plays a leading role and serves as coordinator of the program.

Brief tobacco cessation interventions can be offered as an important addition to other preventive and treatment procedures.⁵ Helping patients to stop using tobacco is very satisfying and rewarding. If approached in a very low key, nonjudgmental, caring manner, tobacco users are very appreciative of our help and they are quick to spread the word. Increased referrals are a definite additional benefit.⁶

The purpose of this paper is to demonstrate several ways of communicating with tobacco-using dental patients. The communication strategy will include the use of the Tobacco Use Assessment Form and follow the "5 A's" contained in the National Center Institute (NCI) protocol which are described later in this paper.⁷ Methods to optimize communication with individuals in different stages of change will also be demonstrated and discussed. Although the examples are with smokers, similar approaches can be used with smokeless/spit tobacco users.



There are stages people go through when changing a habit.⁸ These stages of change are precontemplation, contemplation, preparation, action, and maintenance. To be most effective when intervening with tobacco users, it is important to determine their stage of change. This paper will provide examples of communicating with patients who are in three of these stages of change: precontemplation, contemplation, and preparation.

The goal of intervention is to encourage people through the stages and to use the right approach at the right time. Even if tobacco-using patients are unable to quit after the first intervention, the support of dental professionals can help them get further along on the road to terminating their use of tobacco. Many people make a several attempts, sometimes over many years, before they succeed. The dental staff can continually encourage users through several attempts until they succeed. Action followed by relapse is much better than no action at all. Patience is required along with a sensitive manner and a long-term mindset when helping tobacco-using patients to stop smoking, using smokeless tobacco.



Approximately 40% of tobacco users are in the precontemplation stage. In this stage individuals deny having a problem and they have no intention of quitting.

The following is an example of a typical dialog between a dental healthcare provider (**DHP**) and a smoker (**Pt**) in the precontemplation stage of change. The patient's responses provide a valuable insight into their feelings about their use of tobacco.

DHP: "Hi Mike, I noticed from your medical/dental questionnaire you smoke two packs of cigarettes a day. How do you feel about your smoking?"

Pt: "I get a lot of pleasure and relaxation from it. In fact, cigarettes are probably the best friends I have.

DHP: "Have you ever had any interest in quitting or tried to quit in the past?"

Pt: "Nah, I love to smoke and I've never wanted to quit. I don't understand why this is any of your concern as a dentist."

DHP: "Well, you told me during your first visit that you wanted to improve the appearance of your teeth. I also want to make sure you understand that smoking is one of the major reasons why you have gum disease and have lost some of your teeth. I am also concerned that smoking will be a factor in continual loss of bone around your remaining teeth."

Pt: "Hmm....I didn't know smoking causes gum disease too, along with everything else."

DHP: "Well it does. The treatment we have planned to reduce your periodontal infection will not be as effective if you continue to smoke. However, in addition to your oral health, I am also concerned about your general health. These are the reasons I asked if you had any interest in quitting.

By the way, if you would like more information about smoking and periodontal disease, you may want to take this pamphlet home and read through it."

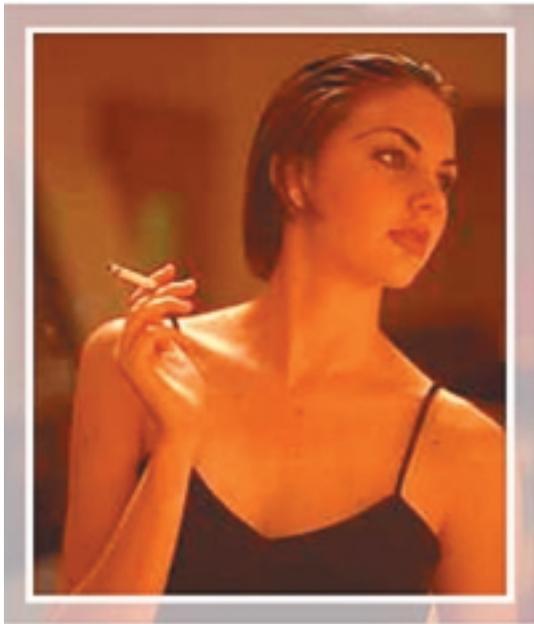
Pt: "No one I know has been able to quit. I just don't think quitting works. For me, smoking is just too enjoyable."

DHP: "I can appreciate that, but you should know today's methods of treatment and the new stop-smoking products and combinations of these aids have improved long-term quit rates. People who couldn't quit in the past have been able to do so now with the help of these newer products and methods.

If you do change your mind about quitting later on, we would be happy to help you or refer you to some quit smoking programs and "help lines." Just let us know. If it is OK with you, we will ask during your next recall appointment if you have changed your mind."

Pt: "Well, maybe some day, but I doubt it. Right now I just don't want to quit."

This example of a brief intervention with a patient in the precontemplation stage of change emphasizes the importance of a low key, nonjudgmental approach. This is especially important with those individuals who are not interested in quitting. Precontemplators are in denial and may be very defensive. The intervention should try to raise their awareness of the effects of tobacco use on their oral health, but not nag or rush them into action. Raising their awareness may help them to think about the benefits of stopping and help to move them to the next stage. You should let them know that you would be willing to help them if they do change their mind. This leaves the door open for intervention later on.



About 40% of tobacco users are in the contemplation stage. In this stage individuals know they have a problem, but they have no commitment to take action now. They may have indefinite plans to quit within 6 months or so.

The following is an example of a typical dialog between a dental healthcare provider and a smoker in the contemplation stage of change. The patient responses reflect a different attitude about their smoking than a patient in the precontemplation stage.

DHP: "Hi Kim, thanks for filling out the Tobacco Use Assessment Form. Looking at your answers I see you are currently smoking a pack and a half a day and that you are interested in quitting."

Pt: "I would like to quit. Smoking is not doing me any good that's for sure."

DHP: "I'm glad to hear you are interested in quitting. Why do you want to quit?"

Pt: "Well, I have a two-year old daughter and I've read about the effect secondhand smoke could have on her and, of course, I want to be a good role model too. I'm also a little concerned about my own health. My dad was a smoker and now he has emphysema real bad."

DHP: "Those are all good reasons! How long have you been smoking a pack and a half a day?"

Pt: "Oh, for about 15 years."

DHP: "You indicated on the assessment form your first cigarette is fairly soon after you wake up?"

Pt: "It is the first thing I do."

DHP: "Have you tried to quit in the past?"

Pt: "Yes, I have tried a couple of times. When I was pregnant and the last time I tried to quit was about six months ago."

DHP: "What strategy did you use to quit?"

Pt: "I did it cold turkey. I didn't want to hurt my child when I was pregnant and I decided I didn't want cigarettes to control me for the rest of my life."

DHP: "What was the longest time you went tobacco free?"

Pt: "Almost 2 months."

DHP: "What got you started smoking again?"

Pt: "A very stressful project at work. That's what worries me. I don't have much confidence in myself as far as quitting is concerned and I'm afraid I will just fail again."

DHP: "So you want to quit, you have some very good reasons to quit, but you are afraid you can't succeed."

Pt: "That's right, I know I should quit, but I know how difficult it was to quit before."

DHP: "Well I'm encouraged you have tried a couple times and you were able to quit for as long as two months. That is very positive. It's rather common for a lot of smokers to have several quit attempts before they succeed. If you are willing to keep trying, your next one may be successful"

Pt: "I certainly hope so."

DHP: "Let's see now, our oral exam revealed you have periodontal disease. As you recall, I explained that process and recommended treatment for you.

We also discussed the fact that smoking is a major factor in the onset and progression of this disease. The best thing you could do to improve the results of your treatment and give you the best chance of long-term oral health would be for you to become tobacco-free."

Pt: "Well I sure want to keep my teeth. That is another good reason for me to quit, but I don't know the best way to go about it."

DHP: “Many people who quit smoking don’t do enough planning before their quit date. They fail to plan for how they will cope with the triggers, or cues to their cigarette use. Furthermore, many people don’t look at the daily routines and rituals they will need to change during this period of time.

If you are interested, I will give you some pamphlets you can read and think about. They include information on coping strategies, withdrawal symptoms, stress management, and helpful tips on quitting.”

You might also consider some group or individual tobacco cessation programs and helplines. I can give you a list of local programs with their phone numbers so you can contact them if you want more information, or help in your quit attempt.”

Pt: “I would like to look at the information. I’m not so sure about the group programs. I might consider the helpline approach and possibly a more intense counseling program later, depending on how I do.”

DHP: “Do you know anyone who has used any of the stop smoking aids like the nicotine gum or patch, or the pill Zyban?”

Pt: “I do know a co-worker that was able to quit using a nicotine patch.”

DHP: “That individual may be a good person to support you in your quit attempt. A nicotine replacement product, or a combination of nicotine replacement products would be helpful in your case. Let’s plan to see you for a series of treatment appointments. After you have had a chance to look at the self-help pamphlets and think about your quit plans, we can talk about the stop smoking pharmaceutical options. I will give you some printed material on these products.

If it is OK with you, I would like to keep in touch with you to see how you are doing.”

Pt: “Good, I will think about what you have said. I don’t think I am quite ready to quit yet, but this information will help me with the decision. I really appreciate your help and concern.”

This example of a brief intervention with a patient in the contemplation stage of change also includes raising their awareness of the general and oral health benefits of a tobacco free lifestyle. One can assist patients by providing self-help materials and a list of local programs helps them to think about and plan for their next quit attempt. Helping patients to gain confidence can be done by being positive about their previous attempts and letting them know it takes many people a number of quit attempts before they are successful.

The contemplator is ambivalent and not ready to set a quit date now, but a positive brief intervention may help him or her to move on to the next stage. Contemplators must become more and more aware of the disadvantages of the old behavior and the advantages of change. Letting the patient know you are supportive and want to see them succeed can be very important.

Approximately 20% of users are in the preparation for action stage. The individual in this stage is ready to quit within the next month, but they have not necessarily resolved his or her ambivalence. These individuals may have tried to quit a number of times in the past.

The following is an example of a typical dialog between a dental healthcare provider and a smoker in the preparation stage of change. The patient responses reflect even more concern about their use of tobacco than patients in either of the first two stages.

DHP: “Hi Mike, thanks for filling out the Tobacco Use Assessment Form. Looking at your answers I see you are currently smoking a little over a half a pack of cigarettes a day. You said you would very much like to quit. How long have you been using a half a pack?”

Pt: “I have smoked 10 to 15 cigarettes a day for ummmm, about the last 9 months. Before that I smoked a pack a day for over 10 years! I have tried hard to cut down more, but can’t make it below 10 a day.”

DHP: “Your questionnaire indicates your first cigarette of the day is fairly soon after you wake up.”

Pt: "Yeah, when that first cup of coffee is in one hand, a cigarette is in the other."

DHP: "Well it is good you have been able to cut down to half of what you were smoking. Good for you! That is a great step in the right direction. What are your reasons for wanting to quit completely?"

Pt: "I'm a bit worried about shortness of breath and lack of energy. At one time I got fairly regular exercise and felt much better about myself. Quitting smoking might help my breathing and energy."

DHP: "I think you are right and those are good reasons. As we discussed before, smoking has also contributed to your periodontal disease."

Pt: "Just another reason to quit!"

DHP: "Have you tried to quit in the past?"

Pt: "Sure....many times. At least 4 or 5 fairly serious attempts."

DHP: "When was the last attempt?"

Pt: "About two months ago."

DHP: "How long were you tobacco free?"

Pt: "I never got past the first week."

DHP: "What quit method did you use?"

Pt: "I just quit. I told myself I had to do it."

DHP: "Did you have problems during the first week?"

Pt: "Oh I was a mess. I was terribly irritable and the cravings were awful."

DHP: "Is that what got you started again?"

Pt: "Yes, I just had to have one cigarette and I was up to 15 a day in no time."

DHP: "I'm encouraged you have tried a number of times and succeeded, if only for a few days. That is very positive. It takes many people a number of quit attempts before they succeed. Are you willing to try again and set a quit date?"

Pt: "I really do want to try again fairly soon. I saw that poster in your reception room with the list of quit smoking programs, but I really don't think that approach is for me. I think I would like to quit on my own. Can you make any suggestions?"

DHP: "Sure. Many people who quit smoking don't do enough planning before their quit date. Many don't plan for how they will cope with the triggers or cues to their cigarette use, and many don't look at the daily routines and rituals they will need to change during this period of time. I will give you some pamphlets you can read

and think about. They include coping strategies, information about withdrawal symptoms, stress management, and other helpful quit tips.

You need to get back to some regular exercise but start slowly. I also think a nicotine patch might help to reduce the cravings and other withdrawal symptoms you have had in the past. Then you can concentrate on changing some of the daily routines that are triggers to your smoking. The pamphlets will give you some other suggestions.

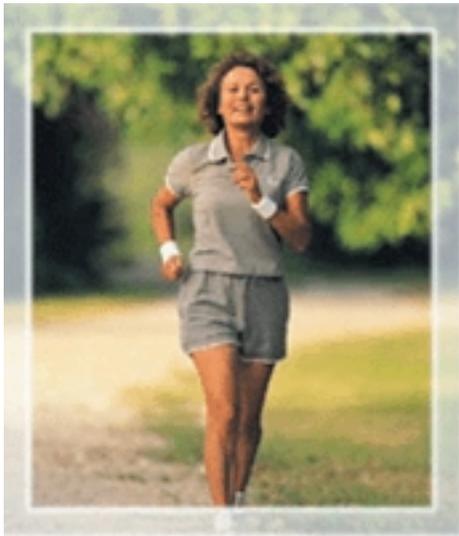
Your health insurance might cover the cost of the nicotine patch therapy, but they require that it has to be a prescribed medication, even though you can get patches over the counter without a prescription. I will write you one and we will go over how to use the patches at your next appointment. What would be a good quit date for you?"

Pt: "I will look at the pamphlets and do some planning, but I would like to quit fairly soon. You know my birthday is in two weeks; that could be a good present to myself!"

DHP: "Great! That sounds like a good plan. We have an appointment next week and we can talk a little more about using the nicotine patch and your exact quit date. After you get started, we will follow-up to see how things are going for you."

Pt: "I am really anxious to get going and make it work. I really appreciate your help."

This example of a brief intervention with a patient in the preparation stage also shows a positive approach to the previous quit attempts, even though this smoker was successful for only a short period. Giving self-help materials and recommending that they work on a "quit plan" is an important part of this communication. The patient committing to a "quit date" and our recommending pharmaceutical aids helps move the attempt forward.⁹ Our willingness to follow-up and support the tobacco user's progress may encourage them to continue with their plan until they succeed.



Individuals in the action stage have stopped using tobacco. They may also have started an exercise program, become more aware of eating balanced meals, and have made other changes in their daily routines. They are highly susceptible to relapse.

The maintenance stage is a long, ongoing process and can last 6 months to a lifetime. The new habit has become a part of daily living, but the challenges of overconfidence and daily temptation still remain.

Relapse may follow these stages and then individuals may go through the cycle again. The majority of those who relapse do not go all the way back to precontemplation.



In order to set up a tobacco intervention program in the dental office a number of steps should be taken including: organizing the office team, a tobacco free office environment, patient records, codes and procedures, and patient education

materials. For more information relevant to tobacco cessation activities in the dental office, please refer to: www.umn.edu/perio/tobacco/. This web site was established to provide detailed information relevant to the didactic and clinical components, including information for dental professionals, patients, and the public at large. The web site also includes tobacco-related resources and online links to a number of education, professional, and governmental organizations which are involved in tobacco control, cessation, and related activities. Such links are of interest for healthcare professionals and the public. Simple, brief tobacco intervention can easily be part of the routine office schedule.

The National Center Institute's (NCI) protocol for office team approach involves the 5 A's:

1. **ASK** every patient whether he/she uses tobacco,
2. **ADVISE** users about the risk of tobacco use and benefits of a tobacco-free lifestyle,
3. **ASSESS** willingness to make a quit attempt,
4. **ASSIST** them in quitting, and
5. **ARRANGE** for follow-up.

The Tobacco Use Assessment form and the Brief Tobacco Cessation Intervention Form are used for session intervention. A copy of these records should be kept in a separate file for patient follow-up and outcome assessment. Tobacco use chart stickers can also be used to identify patient status. Follow-up after the initial intervention is important to show our patients their dental office is sincere and interested in their well being. Again, these tobacco cessation interventions can be brief, simple, and do not need to disrupt the practice routine.

The effects of tobacco use on the oral cavity and on dental treatment should be of great concern to the dental profession. As oral healthcare professionals, we have the skills necessary and the opportunity to help our patients progress through the stages of changing a dependence on tobacco use.

Tobacco use cessation interventions are not a routine in many offices. Adding this service to the list of services the dental office provides can lead to improved patient-office relationships and can be very satisfying. By assisting our patients with tobacco cessation, we can improve the outcome of dental treatment and at the same time add years and quality to our patients' lives.

References

1. Mecklenburg RE, ed. Tobacco effects in the mouth: A National Cancer Institute and National Institute of Dental Research guide for health care professionals. Public Health Service, NIH; 1996. HPH publication 92-3330.
2. American Academy of Periodontology position paper: Tobacco use and the periodontal patient. *J Periodontol* 1999 Nov;70(11): 1419-1427. Review.
3. Hastreiter RJ, Bakdash B, Roesch MH, Walseth J. Use of tobacco prevention and cessation strategies and techniques in the dental office. *J Am Dent Assoc* 1994 Nov;125(11): 1475-1484.
4. A clinical practice guideline for treating tobacco use and dependence: A U.S. Public Health Service report. The Tobacco Use and Dependence Clinical Practice Guideline Panel, Staff, and Consortium Representatives. *JAMA* 2000 June 28;283(24): 3244-3254. Review.
5. Stafne EE. Cigarette smoking and periodontal diseases: the benefits of smoking cessation. *Northwest Dent* 1997;76(5): 25-9.
6. Stafne EE. The role of the dental office in tobacco cessation: a practical approach. *Northwest Dent* 1993;73(3):19-22.
7. Mecklenberg RE, Christen AG, Gerbert B, et al. How to help your patients stop using tobacco: a NCI manual for the oral health team. US Public Health Service, NIH publication No. 91-3191, 1990.
8. Prochaska J, Norcross J, DiClemente CC. Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward. Avon Books NY, 1994.
9. Hughes JR, Goldstein MG, Hurt RD, et al. Recent advances in the pharmacotherapy of smoking. *JAMA* 1999;281(1): 72-76, Jan. 6.

Online Resources

Stafne EE, and Bakdash B: Tobacco use cessation program web resources. URL: <http://www1.umn.edu/perio/tobacco/>. School of Dentistry, University of Minnesota, 1998-present.

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Brief Tobacco Cessation Intervention Form

Name _____ **BD** _____

Phone (H) _____ (W) _____

Medical concerns:

Write comments here: _____

ASK: Fill out Tobacco Use Assessment Form

ASSESS Present interest in quitting (**Stage of quitting**)

Tobacco use history: Type / frequency / length of time used _____

Reasons for wanting to quit _____

Previous quit attempts (#, length of time, method(s)) _____

ADVISE:

Medical / dental effects of tobacco (personalize) _____

Benefits of cessation _____

ASSIST: Self-help materials:

ACS - *Smart Move*

NCI - *Why do you smoke?*

NCI - *Clearing the Air*

Refer: Give a list of local community group or individual quit smoking program or helplines

Encourage a quit date if patient is ready

Pharmacotherapy: Nicotine patch / gum / nasal spray / inhaler / Zyban

ARRANGE: Follow-up patient status (phone calls / letters / office visits)

Quit Date **Date** **Service** **Follow-up**

TOBACCO USE ASSESSMENT FORM

Name _____ Date _____

1. Do you use tobacco in any form? yes___ no___
- 1a. If no, have you **ever used** tobacco in the past? yes___ no___
- How long did you use tobacco? years___ months___
- How long ago did you stop? years___ months___

If you are **not currently** a tobacco user, no other questions should be answered.

Thank you for completing this form.

Questions 2 to 10 are for **current** tobacco users only.

2. **If you smoke**, what type? (check) How many? (number)
- | | |
|------------------|--------------------------|
| Cigarettes _____ | cigarettes per day _____ |
| Cigars _____ | cigars per day _____ |
| Pipe _____ | bowls per day _____ |
3. **If you chew / use snuff**, what type? How much?
- | | |
|---------------|------------------------|
| Snuff _____ | days a can lasts _____ |
| Chewing _____ | pouches per week _____ |

3a. **How long** do you keep a chew in your mouth? minutes _____

4. **How many days** of the week do you use tobacco? **7 6 5 4 3 2 1**

How soon after you wake up do you first use tobacco?

Within 30 minutes _____, more than 30 minutes _____

6. Does the person **closest to you** use tobacco? yes___ no___
7. **How interested are you** in stopping your use of tobacco?
- not at all___, a little___, somewhat___, yes___, very much___
8. Have you tried to stop using tobacco before? yes___ no___
- 8a. How long ago was your **last try** to stop? years___ months___
9. Have you **discussed stopping** with your physician? yes___ no___

If you decided to stop using tobacco completely during the next two weeks,

How confident are you that you would succeed?

not at all___, a little___, somewhat___, very confident___