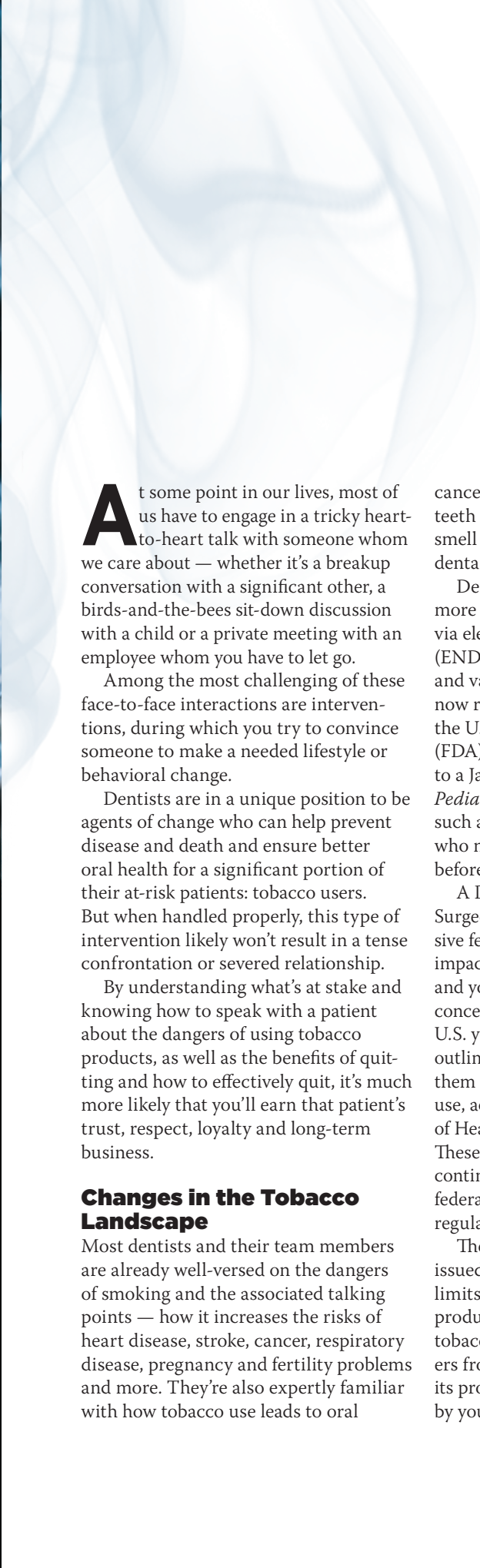




Getting Real about Tobacco

How You Should Discuss
Tobacco Use and Cessation
with Your Patients

By Erik J. Martin



At some point in our lives, most of us have to engage in a tricky heart-to-heart talk with someone whom we care about — whether it’s a breakup conversation with a significant other, a birds-and-the-bees sit-down discussion with a child or a private meeting with an employee whom you have to let go.

Among the most challenging of these face-to-face interactions are interventions, during which you try to convince someone to make a needed lifestyle or behavioral change.

Dentists are in a unique position to be agents of change who can help prevent disease and death and ensure better oral health for a significant portion of their at-risk patients: tobacco users.

But when handled properly, this type of intervention likely won’t result in a tense confrontation or severed relationship.

By understanding what’s at stake and knowing how to speak with a patient about the dangers of using tobacco products, as well as the benefits of quitting and how to effectively quit, it’s much more likely that you’ll earn that patient’s trust, respect, loyalty and long-term business.

Changes in the Tobacco Landscape

Most dentists and their team members are already well-versed on the dangers of smoking and the associated talking points — how it increases the risks of heart disease, stroke, cancer, respiratory disease, pregnancy and fertility problems and more. They’re also expertly familiar with how tobacco use leads to oral

cancer, gum disease, tooth loss, stained teeth and tongue, sensory dulling of smell and taste, slow healing following dental surgery and other issues.

Dental practitioners are also learning more about the harmful effects of vaping via electronic nicotine delivery systems (ENDS) such as e-cigarettes, vaporizers and vape pens, and hookah pens — all now regarded as tobacco products by the U.S. Food and Drug Administration (FDA) as of 2016. In addition, according to a January 2017 study published in *Pediatrics*, researchers found that ENDS such as e-cigarettes are attracting youth who may not have considered smoking before to start smoking.

A December 2016 report from the U.S. Surgeon General — the first comprehensive federal review of the public health impact of e-cigarettes on U.S. youth and young adults — raises public health concerns about e-cigarette use among U.S. youth and young adults, as well as outlines potential actions to prevent them from the harms of e-cigarette use, according to the U.S. Department of Health and Human Services (HHS). These recommended actions include continuing to regulate e-cigarettes at the federal level to protect public health and regulate e-cigarette marketing.

The FDA’s new deeming regulations, issued May 10, 2016, impose the same limits on advertisement of ENDS products as are imposed on combustible tobacco products; prohibit ENDS retailers from distributing gratis samples of its products in an effort to prevent use by youths; and ban ENDS manufacturers

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from being able to employ the terms “smoke-free” and “smokeless” to describe their products, with the FDA evaluating an ENDS manufacturer’s use of these terms on a case-by-case basis until the agency acquires product-specific evidence.

Additionally, beginning in 2018, the product packages and advertisements of all newly regulated ENDS products must bear the following statement: “WARNING: This product contains nicotine. Nicotine is an addictive chemical.”

Dental practitioners are also learning about how, according to CDC, the use of these devices can result in nicotine poisoning, expose users (and nonusers via secondhand aerosol) to carcinogens

and heavy metals, and become gateways to cigarettes and other tobacco products. Many younger adults turn to ENDS because they are viewed as healthier alternatives to conventional cigarettes, but a recent University of Rochester Medical Center study found that these devices cause cellular damage in the mouth that could lead to numerous oral diseases detrimental to gums and teeth.

Making a Difference through Dialogue

As they are often the first health care providers to recognize the harm that tobacco causes, dentists have an obligation to ask patients about suspected tobacco use and to try to initiate a conversation about it in the hopes of

encouraging them to quit, says Academy of General Dentistry (AGD) member Larry N. Williams, DDS, MAGD, ABGD, assistant professor and community outreach coordinator for the College of Dental Medicine–Illinois at Midwestern University in Downers Grove, Illinois.

“The harmful effects of tobacco are often first seen in the oral cavity,” Williams says. “If you suspect tobacco use and want to effectively handle their treatment, then you should bring it to their attention, offer advice and try to get them to quit. This is about doing the right thing. But you don’t have to smack anyone’s hand or point a finger; it’s about sending a positive message that you care and want to offer help.”

Fiona M. Collins, BDS, MBA, MA,

The 5 A’s and 5 R’s Approach to Intervention

HHS’s Agency for Healthcare Research and Quality (AHRQ) recommends these five steps to successful intervention with a patient who uses tobacco:

1 Ask

Identify and document tobacco use status for every patient at every visit.

2 Advise

In a clear, strong and personalized manner, urge every tobacco user to quit.

3 Assess

Is the tobacco user willing to make a quit attempt at this time?

4 Assist

For the patient who is willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.

5 Arrange

Schedule follow-up contact in person or by telephone, preferably within the first week after the quit date.

Patients who are not ready to make a quit attempt may respond to a motivational intervention. Try these five steps recommended by AHRQ:

1 Relevance

Encourage the patient to indicate why quitting is personally relevant.

2 Risks

Ask the patient to identify potential negative consequences of tobacco use.

3 Rewards

Ask the patient to identify potential benefits of stopping tobacco use.

4 Roadblocks

Ask the patient to identify barriers or impediments to quitting.

5 Repetition

The motivational intervention should be repeated each time an unmotivated patient has an interaction with a clinician. Most people make repeated quit attempts before they are successful.

Adapted with permission of the Agency for Healthcare Research and Quality (Rockville, Maryland), on behalf of the United States Public Health Service.

FPFA, a Boulder, Colorado-based dentist who is an author and speaker on tobacco cessation, says it's necessary to talk to patients about tobacco because they often aren't aware of the oral health risks and underestimate the impact of tobacco use, even if they are aware of systemic health risks.

"In one study, only 6 percent of responding patients knew that smoking cigarettes affected periodontal health," she says. "Individuals may also be unaware of the risk for oral cancer. It's estimated at a two- to three-fold risk for cancer of the oral cavity in cigarette smokers and more than a seven-fold risk for oro-/hypopharyngeal and laryngeal cancer, compared with nonsmokers. The risk is also greater for pipe and cigar smokers than nonsmokers and for smokeless tobacco users. That lack of knowledge and the consequences of tobacco use make it really important to educate patients."

Fewer people consume tobacco than before; however, millions of Americans continue to pick up the habit and use tobacco, including a high percentage of youth (see the sidebar, "Smoking and Tobacco Usage by the Numbers"). "That's why routinely having a conversation if someone is using tobacco, or if you suspect they are, is important," Collins adds.

Consider that nearly three out of five patients believe dental offices should provide tobacco cessation services, yet 61.5 percent of dentists don't think patients expect this, according to the study, "Patient perceptions of tobacco cessation services in dental offices," published in the February 1999 issue of *Journal of the American Dental Association*.

"Although dental professionals have reported worrying about upsetting patients by bringing up tobacco cessation, patients have actually said they want their dentists and dental hygienists to address this and help them," Collins says.

The bottom-line reason for initiating a discussion about tobacco use? Collins says, "You could save a patient's life and

improve their quality of life by having the conversation."

Understanding the Evolving Role of the Dentist and Dental Team

Dentists serve a pivotal purpose here, since patients trust their judgement, says Gerald J. Botko, DMD, MS, MAGD, FACD, past president of the AGD Foundation Board of Directors and chief dental officer for the Miami VA Healthcare System in Miami.

"The role of the dentist in overall health has evolved," he explains. "We have become educators as well as providers. It's about patients' overall health."

AGD member Merlin P. Ohmer, DDS, MAGD, of St. Augustine, Florida, says general dentists are ideal catalysts for motivating patients to curb their tobacco tendencies.

"Dentists frequently see their patients more often than their physician does. We also tend to spend more time with them and are in a position to talk about health concerns," he says. "Plus, stopping tobacco use saves the patient money in improved oral and general health, which dentists can communicate to them."

But it's not just the dentist who should take up this cause. "The whole office team must be on the same page when it comes to speaking to patients," Botko says. "The daily huddle can achieve this consistent message. During these huddles, dentists and staff should speak about the various health risks and problems associated with tobacco and smoke products."

Staff should be reminded that there are no safe tobacco products — that all are highly addictive and contain many dangerous chemicals.

"The entire team needs to be cognizant of the dangers of high blood pressure, heart disease, diabetes, oral cancer, fertility and pregnancy that are affected by tobacco product usage," Botko explains. "Tell your team how e-cigarettes are attractive to youth who are new to tobacco products. Inform them that a one-hour hookah session produces as much smoke as several

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packs of cigarettes and that the charcoal used in the heat increases the risks of higher levels of carbon monoxide and cancer. And remind them that smokeless tobacco in chew, spit, snuff and snus form is also associated with gum disease, oral cancer and other cancers.”

Discussing Tobacco Use and Cessation with Patients

We can all agree that dentists who know the tobacco facts can make a difference. But when and how do you best broach the topic with patients?

Williams recommends following three steps, in order. First, review the patient’s medical history form/questionnaire that he or she should have completed before the first visit. The form should have at least one query into whether the patient currently uses tobacco. Second, perform the oral evaluation and look for any red flags that indicate tobacco use.

“Telltale signs to watch for include the smell of smoke on clothing, bad breath, tooth discoloration, coated tongue, black hairy tongue, a dulled sense of taste, dry

mouth, slow healing and often a leather-like skin tone,” Botko says.

Third, if you confirm or suspect tobacco use, politely ask about it. Try using the “5 A’s” and “5 R’s” approach to talking about tobacco use with your patients (see the sidebar, “The 5 A’s and 5 R’s Approach to Intervention”).

“If they left the medical form question about tobacco use blank or incomplete, that may be the trigger to spark up a conversation,” says Williams, who speaks from experience. (While practicing dentistry in the military, he helped approximately half of the patients whom he treated quit tobacco — often more than 500 people per year.) “You can start by asking a question such as: ‘I’ve reviewed your health history, and I see that you left the tobacco question blank. To be able to provide the best treatment, I need to know if you currently use tobacco.’ Don’t be accusatory; instead, be supportive.”

Collins recommends talking about tobacco use and cessation in a straightforward, nonjudgmental manner, being careful to point out the risks and positively stressing the oral and systemic health benefits that build over time after quitting.

“Keep it simple,” she suggests. “Let them know a couple of facts about the risks of tobacco use to oral health. And focus on the positive — that it’s possible to quit, and there are benefits to it. Also, assess if the patient is interested in quitting.”

Another segue to a conversation about tobacco cessation is to appeal to the patient’s vanity.

Williams says, “For example, if you notice stained teeth that suggest tobacco use, try asking something like: ‘I see there’s some tooth discoloration here. Is this stain caused perhaps by drinking coffee or tea?’ If the answer is no, proceed further with your inquiry: ‘Was this stain caused by tobacco use? We have cosmetic treatments available like bleaching, crowns and veneers that can resolve this staining problem and improve your smile, but to pick the best treatment, we need to know first if you use tobacco.’”

Smoking and Tobacco Usage by the Numbers

The use of tobacco products may have decreased since 1965 — when 42.4 percent of U.S. adults smoked cigarettes — but plenty of patients still smoke, chew, dip and vape. Consider these facts:

5.3%

The percentage of middle-schoolers who reported using e-cigarettes in 2015

36.5 million

American adults aged 18 and older who smoked cigarettes in 2015

16%

The percentage of high-schoolers who reported using e-cigarettes in 2015

Almost 20%

The percentage of 18- to 24-year-olds were using hookahs in 2016

Nearly 69%

Of current U.S. adult cigarette smokers report that they want to quit completely

100%

The percentage by which cigar smoking increased between 2000 and 2015

16 million+

Americans who live with a disease associated with smoking

3,200+

The number of youth aged 18 or younger who smoke their first cigarette each day in the United States

Sources: Campaign for Tobacco-Free Kids, CDC, Center for Behavioral Health Statistics and Quality, FDA, Substance Abuse and Mental Health Services Administration, the journal Nicotine & Tobacco Research, U.S. Department of Health and Human Services, U.S. Department of the Treasury and Alcohol and Tobacco Tax and Trade Bureau

Ohmer advises approaching the topic with a dollars-and-cents rationale. “I explain that they will experience better health with lower dental and health costs and save money otherwise spent buying the product. I also bring up the personal reasons, such as being able to enjoy their family better and living longer,” he says. “The overall message to convey is they can save money, be healthier, feel better and stop being addicted.”

Don’t be afraid to ask additional questions while maintaining a supportive, encouraging attitude. “Ask if the smoking is affecting them now,” Botko advises. “Ask them if they are aware of the effects of smoking and remind them that it is life-threatening. Ask them if they are ready to quit. Ask them if they can cut down from maybe six cigarettes to three a day and see if there are any changes felt. If all goes well, they may be willing to get help to quit, which you can provide.”

Dentists should also anticipate non-receptive responses and resistance to change when talking with their patients about tobacco cessation.

“Some of your patients may think there’s no point in stopping now because they’ve been using tobacco for years,” Collins says. “You can tell them that the benefits of cessation start immediately and accrue over time. That may be helpful news that can make a real difference, even if they are longtime smokers.”

Prepare, too, for inquisitive reactions and how to address them. “Be ready to answer questions the patient may ask you and to provide answers on the risks of tobacco use, options for quitting, where they can get help, the facts on using alternative forms of tobacco and the potential dangers of environmental smoke,” Collins says.

In addition, be smart about which suspected tobacco users to identify for further talk. “Unless you see evidence of tobacco use, you might want to only aim for populations at risk, such as 12- to 18-year-olds,” Williams advises.

Five Tips for Successful Discussions

To be a more effective tobacco interventionist and help patients curb their harmful habits, try these tips suggested by the experts:

- 1. Carefully word your medical history form/questionnaire.** Avoid simply asking: “Do you smoke?” Instead, pose a more specific question: “Do you use any form of tobacco, including cigarettes, cigars, chew, snuff, dip, vape, pipe, e-cigarettes or hookahs?”
- 2. Thoroughly review and update each patient’s completed questionnaire at every appointment.** The form can be updated by verbally asking follow-up questions or printing a copy of the completed form and requesting that the patient review it and indicate any changes that are needed.
- 3. Stock up on educational materials, pertinent articles and literature in your office.** Hand your patients brochures, fliers and/or fact sheets on tobacco-related topics and display them in accessible areas (various organizations such as AGD can provide these). “Also, consider putting some of these materials inside of a binder that can be left on a coffee table in the waiting room, or make photocopies and leave a stack of them on the front desk,” Williams says.
- 4. Refer patients to external experts.** Recommend they call their state’s quitline or visit websites such as www.smokefree.gov. Encourage them to visit their primary care physician to get a prescription for appropriate cessation assistance medications, if needed, and refer them to an oral surgeon if you notice a serious problem such as one or more problematic lesions.
- 5. Get involved in legislative and community efforts.** Contact your local dental society and state or local public health department to learn

about how you can participate in helping to pass laws that curb tobacco use and volunteer to take part in events and fundraisers that increase awareness about tobacco use. “Some initiatives around the country that have already been successful include the barring of e-cigarettes from public places where smoking is prohibited, banning single filters on cigarettes, prohibiting use of chew tobacco in professional baseball stadiums and league games and the launching of advertising campaigns against smoking,” Botko says.

In addition to these tips, remember that a patient has to be ready to quit. So don’t be surprised if he or she isn’t willing to talk, becomes defensive or refuses to acknowledge using tobacco.

In these cases, “don’t pursue the conversation further,” Collins advises. “It won’t motivate the patients — it may actually alienate them. Let them know the support you can provide, and try to leave the door open for a future conversation.”

At the next appointment, gently ask again if they are ready to talk about tobacco use and cessation. “Always stress the fact that your office is concerned about wellness and that your patients are treated as you would want to be treated,” Botko adds.

Williams agrees. “Aim to make every encounter with your patient empowering, uplifting and positive to keep them coming back. Do not belittle the patient or try to call their bluff,” he says. “Instead, tell them you see signs of some oral health problems that may or may not be related to tobacco that you’ll need to keep an eye on. You can tell the patient, ‘If in the future you decide you want to address this, I’m here to provide a listening ear and support.’” ♦



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