Studies show that a simple but strong quit smoking message delivered as part of routine care by health professionals can achieve 10% to 15% quit rates among smokers. The dental team is well situated to provide this counselling as preventive treatment services, oral screening and patient education are already an integral part of dental practice. The 1990 Canada Health Promotion Survey (Health Canada) found that 83% of 15 to 19 year olds and 59% of smokers see their dentist one or more times a year. These regular interactions present repeated opportunities for counselling, a strategy found to be more effective than single contacts.

In 1992 the Alberta Cancer Board conducted a survey of Alberta dentists to determine their attitudes, current office procedures, counselling practices and perceived obstacles to counselling. A self-administered survey was mailed to all dentists registered with the Alberta Dental Association with the exception of 192 who had participated in a pretest (n=1192). Non-respondents were sent one reminder letter and then contacted by phone to compare age, years in practice, tobacco use, attitudes and counselling practices with respondents. Practice location was classified as metropolitan (Edmonton, Calgary) or non-metropolitan (all other locations).

The response rate was 55% (755) after excluding retired, out of province or administrative dentists. The majority (86%) were male, in general dentistry (87%) with median age of 39 years and a median of 13 years in practice. Most practiced in metropolitan areas (78%) and had graduated from the University of Alberta (71%). The majority (68%) had never smoked, only 4% were current smokers but 41% had staff who smoked.

Over 90% agreed dentists should show leadership and set a good example by not using tobacco. Fewer agreed they should "try to convince" patients to quit (73%), "actively help" (63%) or make repeated counselling attempts (49%). Only 36% agreed counselling was useful and 25% indicated intervention was not appropriate as tobacco use is a personal choice. Almost all dental offices had smoke-free reception areas.

About half the dentists indicated tobacco use is recorded on the chart but only 39% routinely take an in-depth smoking history and only 12% consistently record patient counselling in the chart. Recent graduates and those in metropolitan areas were more likely to record patients' tobacco use and take a routine smoking history. The most common counselling strategies used by dentists were discussing the hazards (73%), benefits of quitting (65%) or advising patients to quit (41%). Less than 15% referred patients to smoking cessation classes, offer self-help materials or prescribe nicotine replacement therapy.

Perceived obstacles identified by respondents included a lack of information and coordinator between cessation services and dentistry (44%), pessimism that people can quit (43%), need for further training (35%), other priorities (31%) or fear that patients may "tune out" other oral health advice (22%). Interestingly, very few were afraid patients would leave their practice (13%) or felt they were too busy (12%). Metropolitan dentists were less likely than non metropolitan dentists to identify lack of referral services (12% vs 21%, p=0.01) or their won pessimism about patients' ability to quit (41% vs 52% p=0.02) as obstacles to counselling. While older graduates were more likely than recent graduates to indicate counselling was not a high priority (36%vs 26% p=0.001), they were less likely to find lack of coordination between dentistry and counselling services (40% vs 49% p=0.005) or fear patients would leave their practices (9% vs 17% p=0.042)

While our results represent only half of Alberta's dentists and probably under represent the views of tobacco users, they concur with other dental studies which show increasing support for a dental role in tobacco counselling. Most of the obstacles cited by Alberta dentists could be addressed by educational programs to improve counselling skills, change office practice routines and demonstrate that professional counselling can be successful. Professional associations and educational institutions have the potential to assist the dental community in this regard and attention should be turned to development and delivery of such programs.

This study was undertaken in collaboration with the Alberta Dental Association. The full study is published: Campbell HS, MacDonald JM. Tobacco counselling among Alberta dentists. Canadian Dental Association Journal, 1994; 60:117-123.