Alcohol and Smoking Cessation Brief Interventions training for primary care dental staff

This pilot tests the delivery of alcohol and smoking brief intervention training for primary care dental staff.

In May 2016 NHS Lothian’s Alcohol Brief Intervention Lead and Smokefree Lothian Coordinator, in partnership with a Public Health Dental Consultant, facilitated an innovative brief intervention training pilot event for 20 members from the primary care dental team. The event aimed to enable staff to confidently and competently raise the issue of alcohol and tobacco use by addressing the barriers and concerns that may arise.

Definition: A brief intervention is a short, evidence-based, structured conversation about a health issue with a patient/service user that seeks, in a non-confrontational way, to motivate and support the individual to think about and/or plan behaviour change.

Background
The evidence suggests that people are not offended by professionals asking them about their habits. On the contrary, research indicates that people are cooperative and appreciative when professionals take an interest in their health.

Alcohol and smoking brief interventions in a dental setting
The recently published Scottish Dental Clinical Effectiveness Programme (SDCEP) Oral Health Assessment and Review (OHAR) guidance document aims ‘to facilitate the move from a restorative approach to patient care to a preventive and long-term approach that is risk-based and meets the specific needs of individual patients’. It aims to encourage patients to be involved in managing their own oral health.

The OHAR provides the dental team with a structured way to identify oral health risk factors and potentially adverse health behaviours including diet, smoking and alcohol consumption. The guidance recommends asking specific questions on alcohol consumption and smoking habits as part of a patient’s social and dental history and using basic questions to better understand the associated health risks. Using the OHAR guidance provides a way to discuss health risks and supports behaviour change through a motivational health behaviour change approach.

Inequalities
The population regularly attend the dental practice for routine check-ups. This provides the primary dental healthcare team with unique opportunities to intervene, particularly asking patients who are not engaging with other health services about their levels of alcohol and tobacco consumption as routine components of medical history taking. Effective treatment options include motivational advice, information leaflets and, when necessary, referral to specialist health professionals in consultation with the patient’s medical practitioner.

The goal of brief interventions
• An opportunity to discuss alcohol and tobacco use if the patient wishes to do so
• Offer them feedback on how drinking and smoking may affect their general and oral health, including the risk of oral cancer
• Explore how patients feel about changing their drinking and smoking behaviour
• Help them to make changes if they want to do so.

Aims of the training pilot
• Examine attitudes of the professional and others to alcohol and tobacco use and how those attitudes impact on practice
• Explore the obstacles to the delivery of brief interventions by professionals in practice, and how these barriers and concerns can be resolved
• Recognise good practice and the key skills involved in effectively delivering a brief intervention
• Being comfortable with the language that can be used when raising the issue of alcohol and tobacco
• Utilising screening tools to accurately assess the health risks associated with an individual’s alcohol and tobacco use, and giving appropriate feedback.

Brief intervention process
1. Raise the issue
2. Screen and give feedback
3. Listen for readiness to change
4. Develop rapport and communicate empathy
5. Advice and Information
6. Enhance motivation
7. Menu of options
8. Coping strategies
9. Enhance self-efficacy
10. Signpost or refer

ABI Training
• Prior to training participant’s completed alcohol and smoking national elearning modules
• Four hour face to face training facilitated interactive sessions.

Barriers to brief intervention delivery
• Lack of time
• Staff perceptions, capacity and competency
• Limited evidence of what works in joint topic delivery
• Limited evidence of joint topic-based training.

Training evaluation
• Increased awareness of dental health issues related to smoking and drinking
• An opportunity to consider positive health behaviour changes
• A cost-effective approach to training.

Secondary outcomes
• Reduction in dental trauma
• Reduction in the risk of oral cancer
• Stabilisation of dental erosion.

Most useful part
• The approach was non-confrontational and empathetic
• “I feel more confident when I talk to patients”
• Role play and group discussions
• How to calculate units.

What will you change?
• Could access material to display in the waiting area
• Document interventions in assessment history
• Get details of where to refer patients for help.

Recommendations
• Standardised joint topic training
• Develop joint topic literature.

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