Tobacco Counseling
Role of dental team in helping smokers quit

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4/21/11

Program outline

- Our vision
- Comprehensive risk assessment
- Effect of tobacco on oral health
- Why people smoke? Addiction
- Patient attitude toward tobacco
- Role of dental team in tobacco quitting
- UB tobacco counseling program
- Final thought

Presentation Outline

- Why should I care about tobacco use?
- Who is using tobacco these days and what are they using?
- Why do people still use tobacco and what does this imply for reducing the tobacco caused disease?

http://roswelldocs.com/dentalschool10-20-08.pdf

Presentation Outline

- Why is it so hard to quit?
- Smoking cessation – what works?
- New treatments in the pipeline?
- Things to avoid?
- What can I do in my practice?
  - A simple treatment protocol

Our Vision

- There is a gap between clinical research and clinical practice
- Treatment plan should address local, systemic and environmental risk factors.
- Dental Practice should have solid preventive dentistry programs
- Treatment Planning should lead to both short and long term successful outcome

TREATMENT PROGNOSIS Outcome

Long term Prognosis outcome is based on

1. Severity of the disease
2. **Associated local & environmental risk factors**
3. **Implementation of comprehensive and appropriate Preventive protocols**

It is the goal of the dental profession to **help individuals** achieve and maintain maximum oral health throughout their lives.

How this can be achieved

Dental curriculum is

- Strong

  Diagnosis and treatment

- Weak

  addressing diseases associated risk factors

  designing individualized and personalized preventive protocols

  motivating and counseling the patients to be part of the treating team

Oral Diseases

- Dental Caries
- Periodontal diseases
- Oral cancers

Common risk factors for oral diseases

- Plaque
- **Smoking**
- Diabetes
- Alcohol
- Diet
- Stress
- Etc.

Protocols for Preventive Dentistry

Diagnosis Protocols

- Salivary flow rate
- CRT testing

Prevention protocols

1. Oral hygiene instruction,
2. Adult topical fluoride application,
3. Dietary counseling to reduce dental caries.
4. Systemic health motivation
5. **Tobacco and alcohol cessation programs**

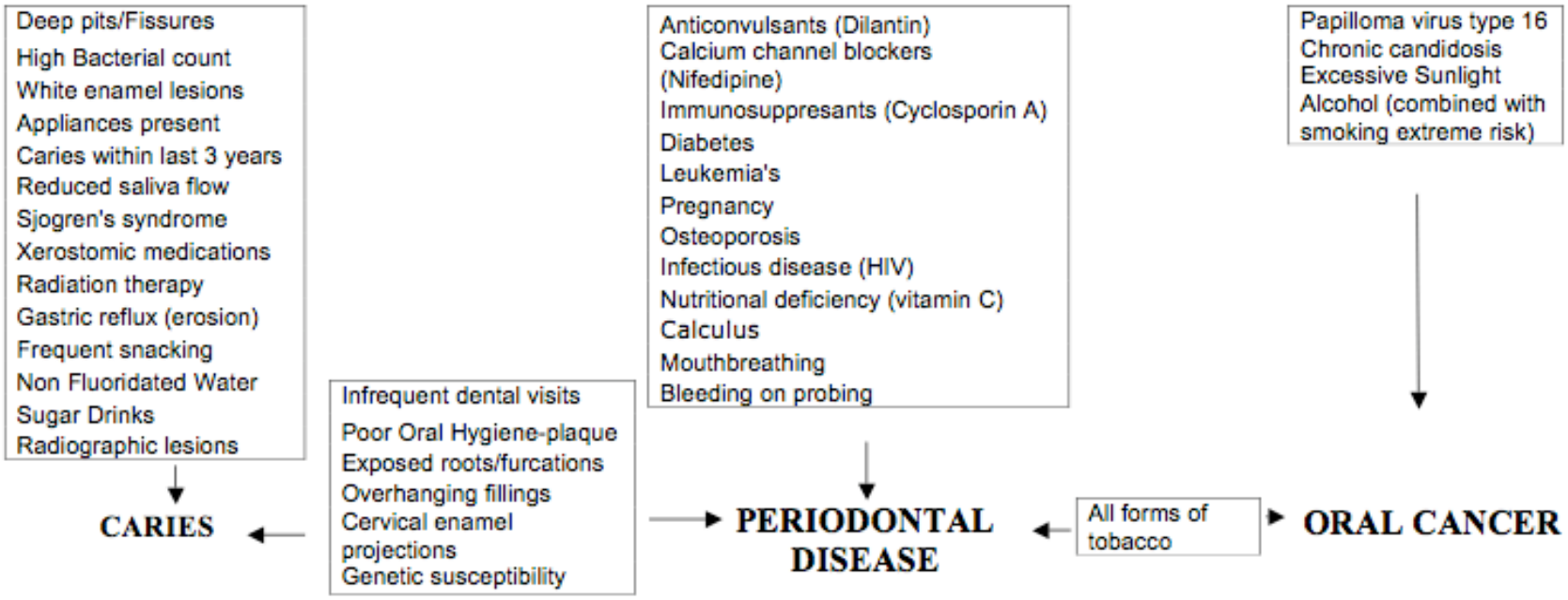
COMPREHENSIVE RISK ASSESSMENT & PREVENTION

Must be done for every new patient

How to perform Global Risk assessment:

- Patient presents for comprehensive care.
- Medical update,
- Head and neck exam,
- Intra-oral soft tissue exam,
- Periodontal probing, radiographs
- Comprehensive risk assessment form.
- Identify the reasons for current conditions
- Identify preventive needs
- Maintaining our successful treatment outcome
- Avoiding: recurrence, relapse, deterioration and progression

COMPREHENSIVE RISK ASSESSMENT & PREVENTION Patient: _____ Date: _____



PATIENT ASSESSMENT:

_____

Oral Hygiene:
____ Brush twice daily
____ Floss daily
____ Superfloss (appliances and ortho)
____ Interproximal brush

Diet:
____ Nutrition counseling
____ Limit snacking
____ Limit sodas

Flouride:
____ Fluoride rinse ***ACT*** or ***Fluorigard*** 2X/day
____ Office fluoride trays
____ Office fluoride varnish
____ ***Prevident* 5000 Plus**
____ ***Prevident*** "brush-on"
____ Fluoride lozenges
____ Calcium and phosphate enhancing products (***MI Paste with Recalcident***)

Antibacterial rinse
____ **Chlorhexidine gluconate**, 0.12% (***Periogard, Peridex, Oral Rx***)
____ 10% providence iodine (***Betadine***) to be **administered by dental professional only** (ask about allergies and contraindications) 1x/mo.

Dry Mouth (Xerostomia)
____ Baking soda toothpaste with fluoride
____ Baking soda gum - ***Dental Care Gum*** Chew frequently throughout the day, especially after snacks.

Smoking Cessation
_____UB Protocol for smoking cessation

CRT testing? YES NO

RECOMMENDATIONS:

_____

_____

Identify risks for

- Periodontal diseases
- Dental caries
- Oral cancer

Identify joined risk factors

Joined risk factors Cancer and Periodontal disease

- All forms of tobacco

Summary of Patient assessment

- **Patient profile, Good profile**
- **Patient is diabetic, caries**

- **at risk for caries, periodontal disease etc.**

Outcome of comprehensive Risk assessment:

After risks are identified

- make your assessment of the risks
- recommend the appropriate treatment at the bottom of the sheet.

How do I get cavities?

Tooth decay is caused by certain types of bacteria (mutans streptococci and Lactobacilli) that live in your mouth. When they attach themselves to the teeth and multiply in dental plaque, they can do damage. The bacteria feed on what you eat, especially sugars (including fruit sugars) and cooked starch (bread, potatoes, rice, pasta, etc.). Within about 5 minutes after you eat, or drink, the bacteria begin producing acids as a by-product of their digesting your food. Those acids can penetrate into the hard substance of the tooth and dissolve some of the minerals (calcium and phosphate). If the acid attacks are infrequent and of short duration, the saliva can help to repair the damage by neutralizing the acids and supplying minerals and fluoride that can replace those lost from the tooth. However if: 1. your mouth is dry, 2. you have many of these bacteria, 3. you snack frequently; then the tooth mineral lost by attacks of acids is too much, and cannot be repaired. This is the start of tooth decay and leads to cavities.

How do I get Periodontal disease?

Periodontitis is a very common disease affecting approximately 50% of U.S. adults over the age of 30 years.

Periodontitis occurs after chronic gingivitis - an inflammation of the gums surrounding the tooth. The cause of gingivitis is the accumulation plaque. Plaque forms from bacteria that are naturally found in your mouth. When you don't brush your teeth these bacteria flourish and form more plaque. If left undisturbed, plaque calcifies to form calculus. Calculus above and below the gum line must be removed by your dentist or it will irritate your gums, almost like a rose thorn irritates your skin. When this condition becomes chronic the bacteria begin to breakdown your gums and your bone. If left untreated, periodontitis causes progressive bone loss around teeth, looseness of the teeth and eventual tooth loss.

Anything that affects your bodys natural ability to fight against these bacteria can be a risk factor to developing periodontis. One of the most predominant risk factors of periodontal disease is tobacco. Other conditions such as diabetes and other diseases that affect one's resistance to infection also increase susceptibility to periodontitis.

How do I get Oral cancer?

Oral cancer accounts for 2-5% percent of all cancers diagnosed annually in the United States. Only 50% of the persons diagnosed with oral cancer are alive 5 years after the diagnosis.

Approximately 75% of oral cavity cancers are attributed to the use of tobacco. Tobacco causes irritation of the mucous membranes of the mouth. The heat also irritates the mouth. Tobacco contains over 19 known carcinogens. Use of chewing tobacco or snuff causes irritation from direct contact with the mucous membranes. Alcohol consumption is another risk factor. Combinations of tobacco and alcohol are believed to represent substantially greater risk factors than either substance consumed alone. Other factors that can place a person at risk for these cancers are viral infections, immunodeficiencies, poor nutrition, exposure to ultraviolet light (a major cause of cancer to the lips).

- **Case Study**

General Information

- **Name:** D F
- **Age:** 37
- **Gender/ Race:** Male / White
- **Occupation:** employee

CHIEF PERIODONTAL COMPLAINT

- “I am dying from pain my upper right tooth my gum is irretable and my gum bleed on brushing and my teeth are sensitive to hot and cold.”

Medical history:

- Last physical examination was on January 2001
- Patient denied any bleeding problems, rheumatic fever, rheumatic heart disease, stroke, renal or hepatic disorders, pulmonary problems or seizures, past surgeries or other serious illness.
- Lortab
- Methadone
- Pt smoke 2 pack/day for the last 20 years.

HISTORY OF PERIODONTAL ILLNESS

- Severe infection and pain in the upper tooth for the last few days.
- Experiencing bleeding upon brushing for the last 2 years.
- Experiencing teeth sensitivity to hot and cold for the last 2 years.

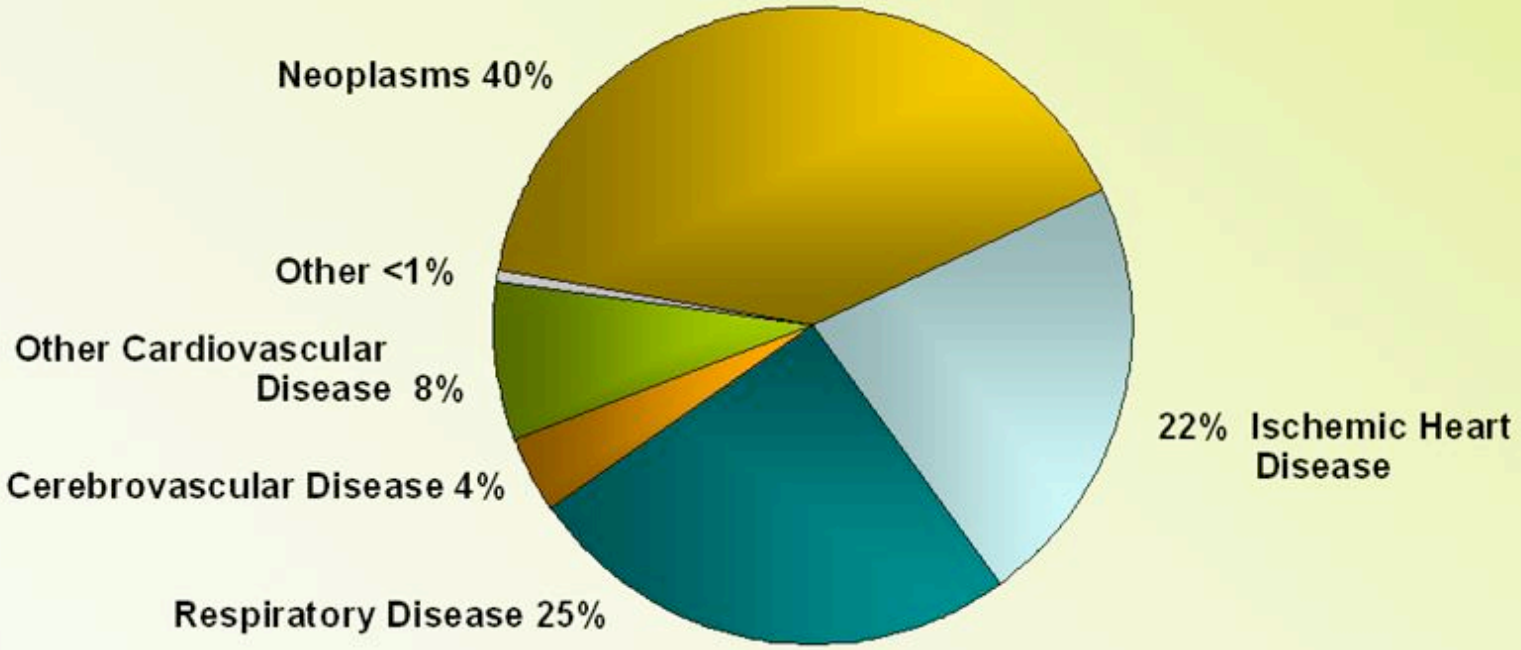
HISTORY OF PERIODONTAL THERAPY

- Pt has SRP 3 years ago
- one 15 years ago.

- Brush once a day no flossing.

U.S. Mortality From Smoking-Related Disease

Smoking-Related Disease Mortality*



* Percentage of deaths attributable to specific smoking-related diseases, 1997 – 2001 based on estimates using smoking-attributable fraction and relative risk estimations

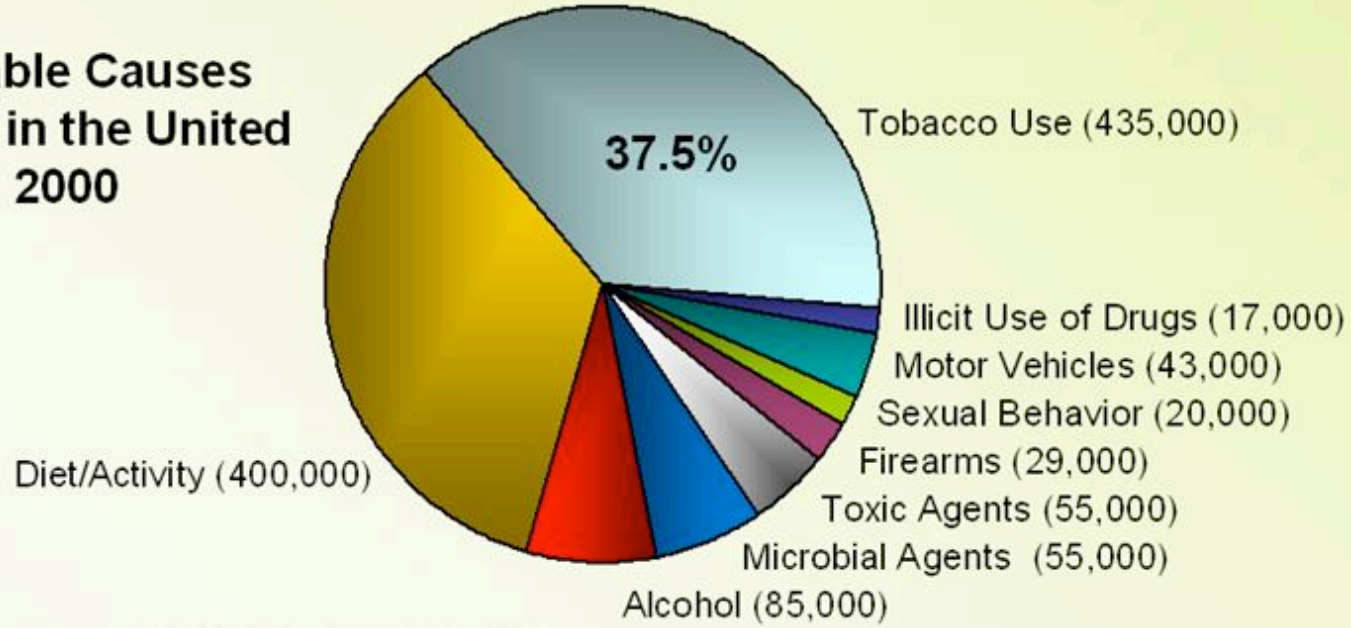
- More than 399,000 US deaths annually are attributable to cigarette smoking
- Every eight seconds, someone dies from tobacco use

1. Adapted from CDC. *MMWR*. 2005;54:625-628. 2. WHO. Fact Sheets Smoking Statistics. http://www.wpro.who.int/media_centre/fact_sheets/fs_20020528.htm. Accessed on May 18, 2006.

Tobacco Use Contributes to Preventable Causes of Death

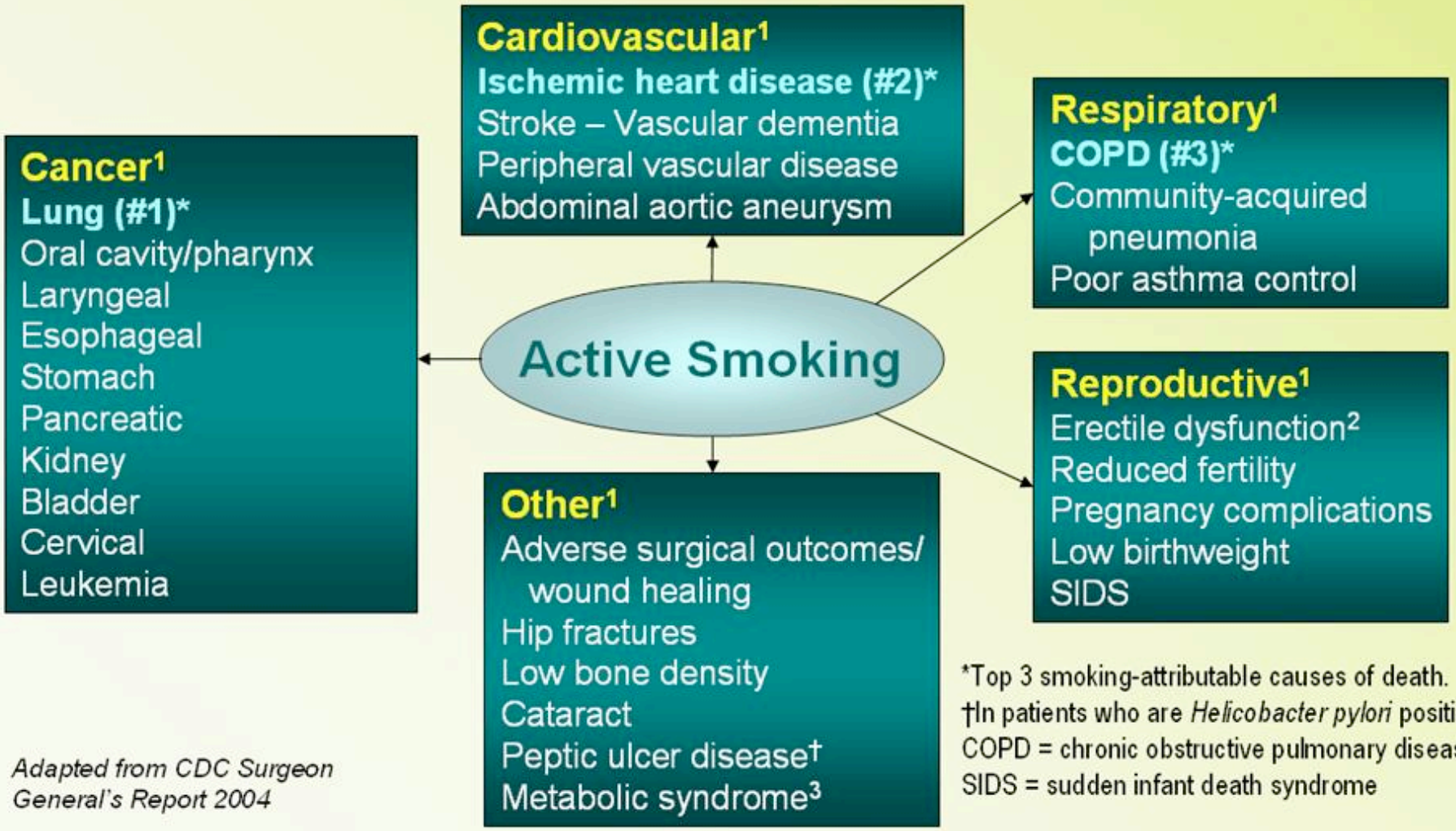
- 18% of total deaths and 37.5% of preventable causes of death in the United States are tobacco-related
- According to the US Department of Health and Human Services, 1/3 of all tobacco users in this country will die prematurely from tobacco-related diseases, shortening their own life span by an average of 13.2 years in men and 14.5 years in women

Preventable Causes of Death in the United States in 2000



1. Adapted from Mokdad AH et al. *JAMA*. 2004;291:1238-1245.
2. Fiore MC et al. *U.S. DHHS, U.S. Public Health Service*, 2000. 3. CDC. *MMWR*. 2004;53:427-431.

Smoking is a Risk Factor Across an Array of Diseases



Adapted from CDC Surgeon General's Report 2004

*Top 3 smoking-attributable causes of death.
†In patients who are *Helicobacter pylori* positive
COPD = chronic obstructive pulmonary disease
SIDS = sudden infant death syndrome

1. Adapted from CDC. Surgeon General's Report. *The Health Consequences of Smoking: Executive Summary*. 2004. 2. CDC. Surgeon General's Report. *The Health Consequences of Smoking*. 2004. 3. Weitzman et al. *Circulation*. 2005;112:862-869.

1 out of 3 cancer deaths due to smoking

Intervention

- AAP Parameters of Care include tobacco cessation as a part of periodontal therapy

- 2000 Surgeon General's Report on Oral Health in America encourages dental professionals to become more active in tobacco cessation counseling.

- 2008 Surgeon General's report

It is essential that clinicians and healthcare delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting.

2008 Update. Clinical Practice Guideline.

- Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.
- http://www.surgeongeneral.gov/tobacco/

Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.
2. It is essential that clinicians consistently identify and document tobacco use status and treat every tobacco user
3. Tobacco dependence treatments are effective across a broad range of populations.
4. Brief tobacco dependence treatment is effective.
5. Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt:

   Practical counseling

   Social support delivered as part oft treatment

6 Seven first-line medications (5 nicotine and 2 non-nicotine)
Bupropion SR

- Nicotine gum
- Nicotine inhaler
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine patch
- Varenicline

Clinicians should also consider the use of certain combinations of medications identified as effective in this Guideline.

7 Combination of counseling and medication is more effective than either alone.

8 Telephone quitline counseling is effective. Clinicians should ensure patient access to quitlines and promote quitline use.

9 If a tobacco user currently is unwilling to make a quit attempt, clinicians should use the motivational treatments

10 Providing coverage for these treatments increases quit rates.

Smoking statistics

- **70% of smokers want to quit** smoking
- National Institute on Drug Abuse, **7%** of smokers who quit remain smoke-free after 1 year
- The average smoker will try to quit **6 to 9 times**
- Nicotine addiction is similar to cocaine and heroin addictions
- Smoking cessation therapies are more likely to succeed for smokers who are ready to quit and receive additional advice and support

Center for disease Control and Prevention

- 21% of Americans smoke 2008
- 19.8% of Americans smoke 2007
- The first increase since 1994

Smoking and increased risk of root canal tx

- 30 year VA study
- Smokers are 70% more in need for RCT
- 4 years of smoking 20% more RCT
- 5-12 years of smoking 40% more RCT
- > 12 years of smoking 120% more RCT
- Smokers have more dental caries

Dr. Elizabeth Kaye et al JDR;4:2006

Is tobacco a dental problem?

Is periodontal disease a systemic disease?

WHO, the Framework Convention for Tobacco Control (FCTC)

- Tobacco control, whether in private practice or in public service, must be viewed within the context of an ethical obligation for primary prevention.

Ayo-Yusuf .SADJ. 60(5):202-4, 2005

Oral Lesions of Tobacco

- Increase in pigmentation
- Thickening of the epithelium (white)
- Irritate the minor salivary glands
- Periodontal disease.
- Nicotinic stomatitis,

Smokeless tobacco

- Keratosis,
- Gingival recession/tooth abrasion,
- Black hairy tongue,
- Oral cancer.

Adverse Health Effects of ST Use

- Oral and pharyngeal cancer
- Smokeless tobacco keratosis / leukoplakia
- Gingival recession
- Dental caries (chewing tobacco)
- Cardiovascular diseases (possibly)
- Nicotine addiction

Periodontal Disease and Smoking

The past 20 years International Literature

- No match to smoking in causing harm to the periodontium.
- Smoking interfere, vascular and immunologic reactions,
- Bone loss,
- Attachment loss & Pocket formation
- Tooth loss
- Smokers risk is 5- to 20-fold to make periodontal treatment unfavorable
- More treatment failures and relapse

Bergstrom, J Odontology. 92:1-8, 2004

Periodontal Disease and Smoking

The past 20 years International Literature

- Microflora of smokers and non-smokers are no different
- Interference with vascular and inflammatory phenomena
- Nicotine and CO negatively influence wound healing.
- Periodontal disease should be regarded as a systemic disease.
- Periodontal disease is driven by smoking.

Bergstrom, J Odontology. 92(1):1-8, 2004

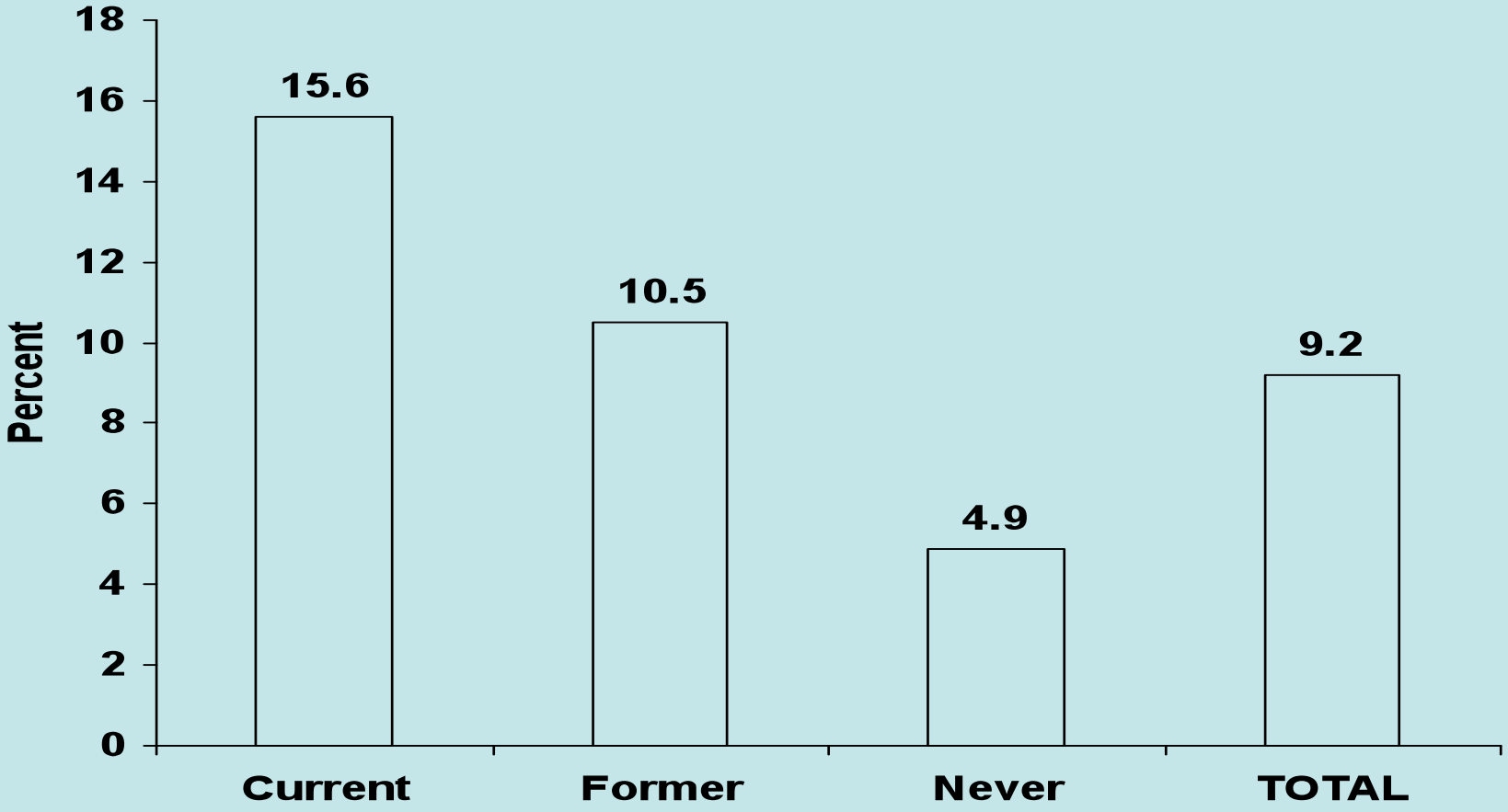
Periodontal Disease Severity in Smokers and Non-smokers.

In > 45 years age group smokers had,

- 13% more bone loss,
- 15% more pockets in the 4-6 mm category
- 7% more pockets in the >/= 7 mm
- Fewer teeth

Razali M.et al. British DJ. 198(8):495-8; 2005

Prevalence of Periodontitis, by Smoking Status



Source: Tomar & Asma. *J Periodontol* 2000;71:743-51.

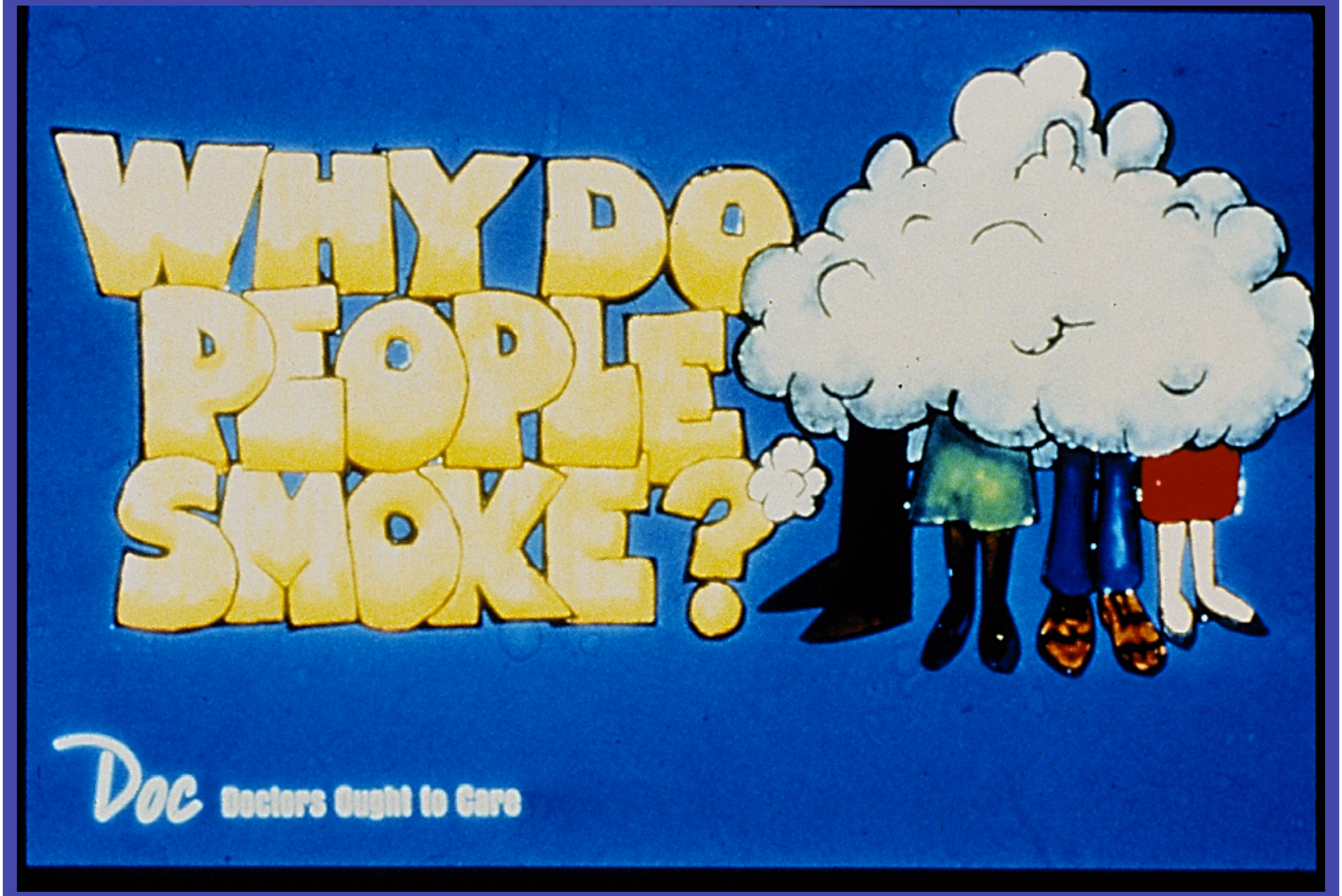
Probable Biologic Mechanisms Smoking and Periodontitis

- Possibly increased prevalence or proportion of periodontal pathogens in subgingival plaque of smokers
- Altered immune response in smokers
- Reduced tissue repair
- Vasoconstriction and reduced blood flow

Smoking, periodontal disease and heart disease (NHANES study)

- Only significant associations between attachment loss and heart attack history for smokers, with odds ratios and 95% (CI) of 2.64, 3.84 and 5.87 for those with 2.0 to 2.99, 3.0 to 3.99, and 4 mm or more mean AL.
- **CONCLUSIONS:** smoking is a necessary cofactor in the relationship between periodontal disease and coronary heart disease,

Hyman et al J Periodontol. 73(9):988-94, 2002


WHY DO PEOPLE SMOKE?
Doc
Doctors Ought to Care

Side effect of smoking

Nicotine Addictions is a chronic, relapsing Condition

- *The $\alpha_4\beta_2$ receptor is a ligand-gated ion channel on the cell membrane. It consists of two α_4 and three β_2 subunits.*
- *Nicotine binds between an alpha and a beta subunit and causes dopamine release.*

Philip Morris (1972)

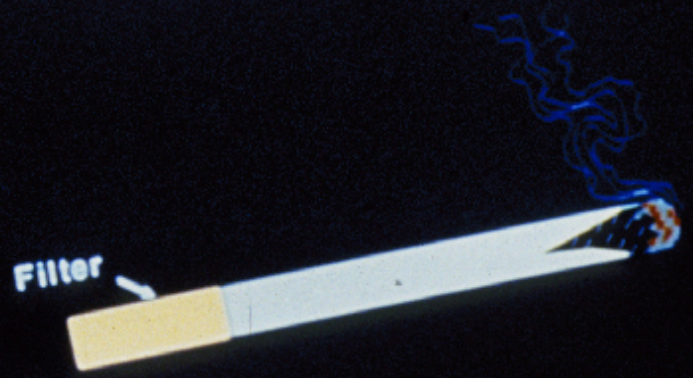
"No one has ever become a cigarette smoker by smoking cigarettes without nicotine"

Cigarettes are designed to deliver nicotine…

then why not take the nicotine out?

FILTER

Cellulose, paper, plastic and glue. Does almost nothing to reduce the danger.



What do smokers know about ingredients in cigarettes and cigarette smoke?

4000 chemicals in every puff: including

- Cyanide (poison)
- Butane (lighter fluid)
- Cadmium (battery contents)
- Acetone (polish remover)
- Hexamine (barbecue lighter)
- Methanol (rocket fuel)
- Nicotine (insecticide)
- Formaldehyde (embalming fluid)
- Stearic acid (candle wax)
- Alcohol
- Methane (sewer gas)
- Toluene (industrial solvent)
- Urea (pee)

Nicotine is not distributed uniformly through tobacco leaves.
Chopping up a few leaves and rolling them in paper with a filter on the end does not give you a Marlboro!

Do they really use fake "Tobacco"? seeing is believing

1

Fill a large clear glass with water.

2

Break your cigarette and pour its contents into the water.

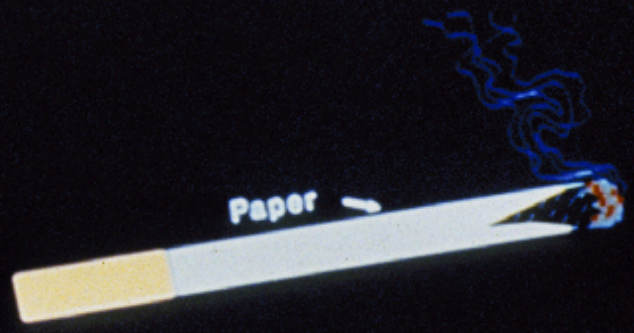
3 **NOT SO NATURAL**

The yellow color is nicotine and coloring chemicals.

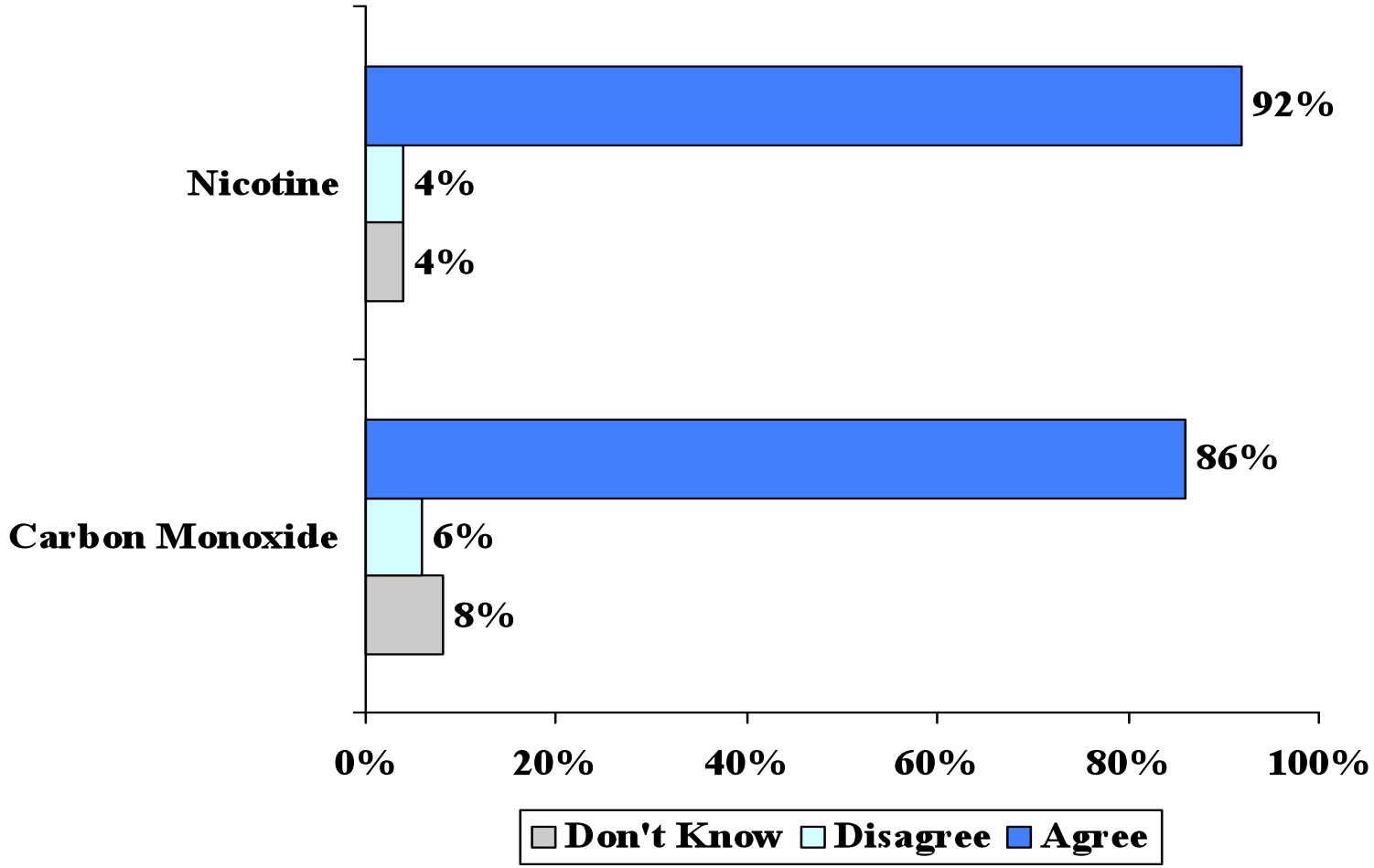
Pieces that sink to the bottom are fake tobacco, made from floor sweepings, stems, recycled cigarettes and dust.

PAPER

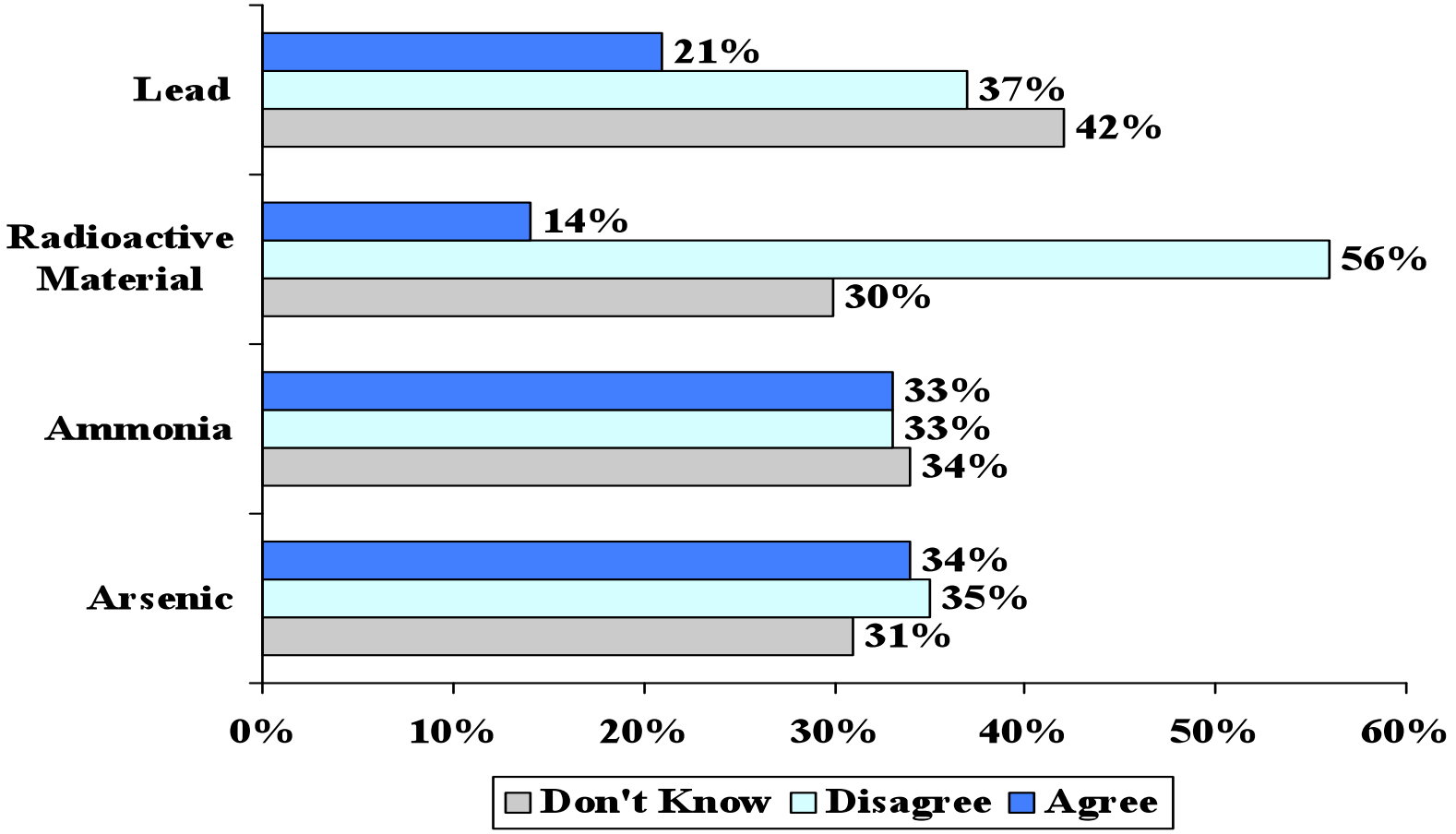
Treated with secret fire-retarding chemicals to control burn rate.



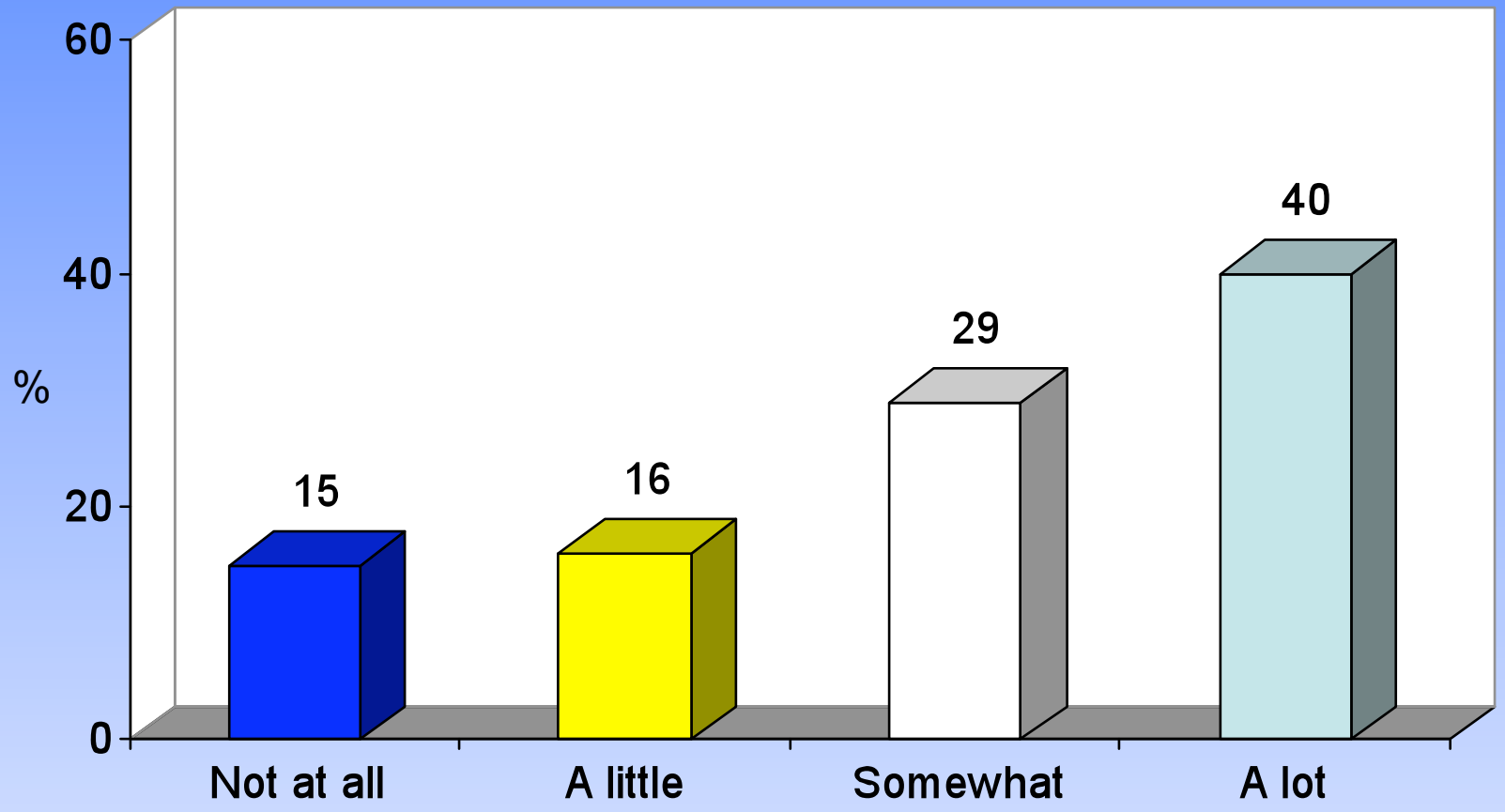
Most smokers know about nicotine and carbon monoxide in cigarettes…



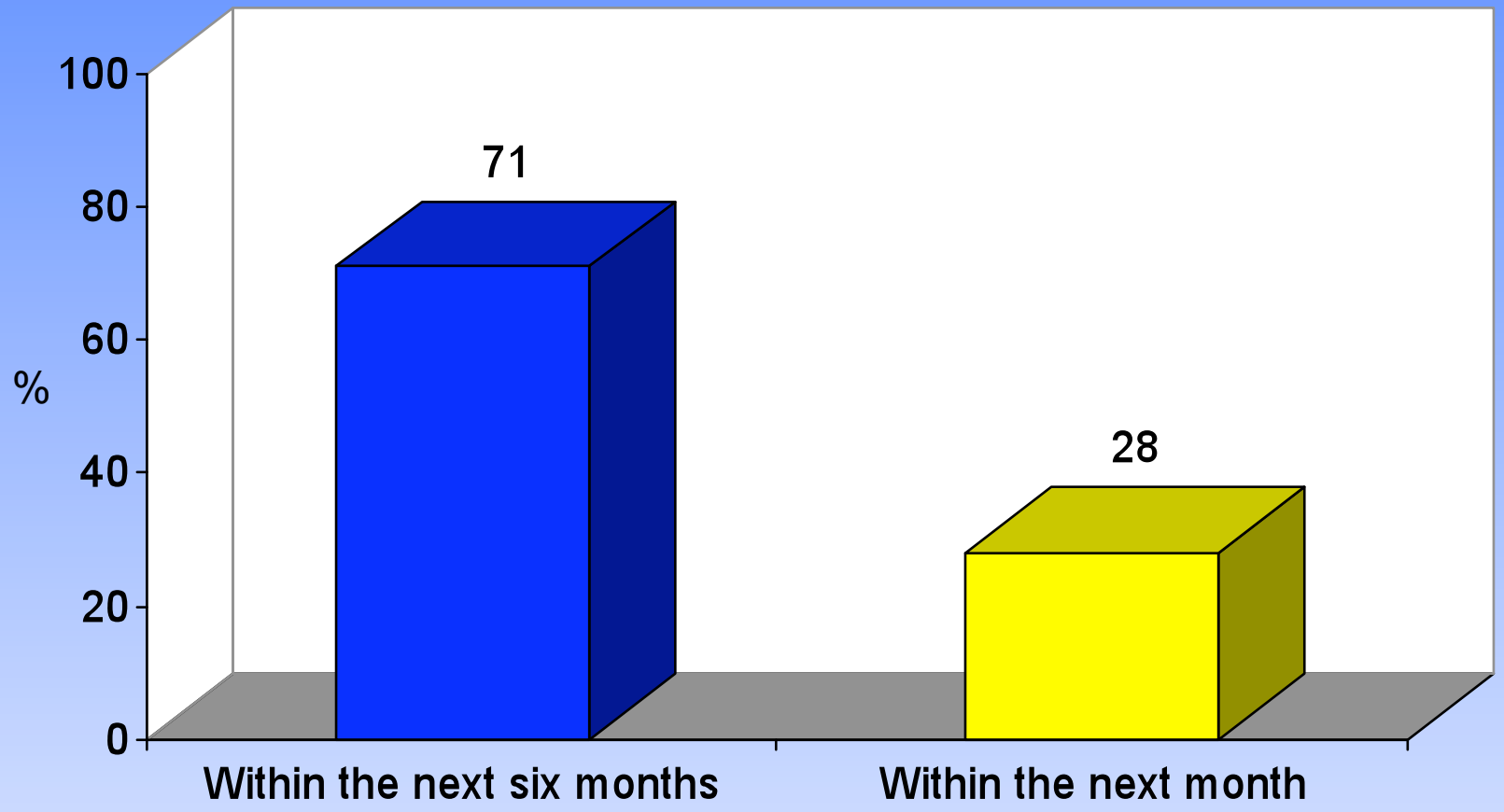
but few were aware of other ingredients



Desire To Quit Smoking Among Current Smokers



Intention To Quit Smoking



Role of Dental team in helping smokers quit

- Dental team see patients more often and on regular basis
- Patients value and appreciate dental team advice in issues related to general health
- Smoking counseling follow up visits can be incorporated with periodontal treatment plan

Clustering of Risk Factors

- Smoking with drinking go together
- Behavioral & demographic characteristics
- Smokers are more likely to eat
  - diet rich with fats & sugars
  - Low in fibers, fruits, vegetables
  - Less exercise
  - Drink more alcohol

Nuttens et al J Inter Med 1992;231:349-356
Shelham and Watt J Com Dent Oral Epid 2000; 28:399-406

What doesn’t work …

Tobacco cessation Intervention 5A's

UB Tobacco Cessation Protocol

Your patients want your help

Randomized, controlled trials show that medical and dental clinic teams using brief interventions can help patients stop.

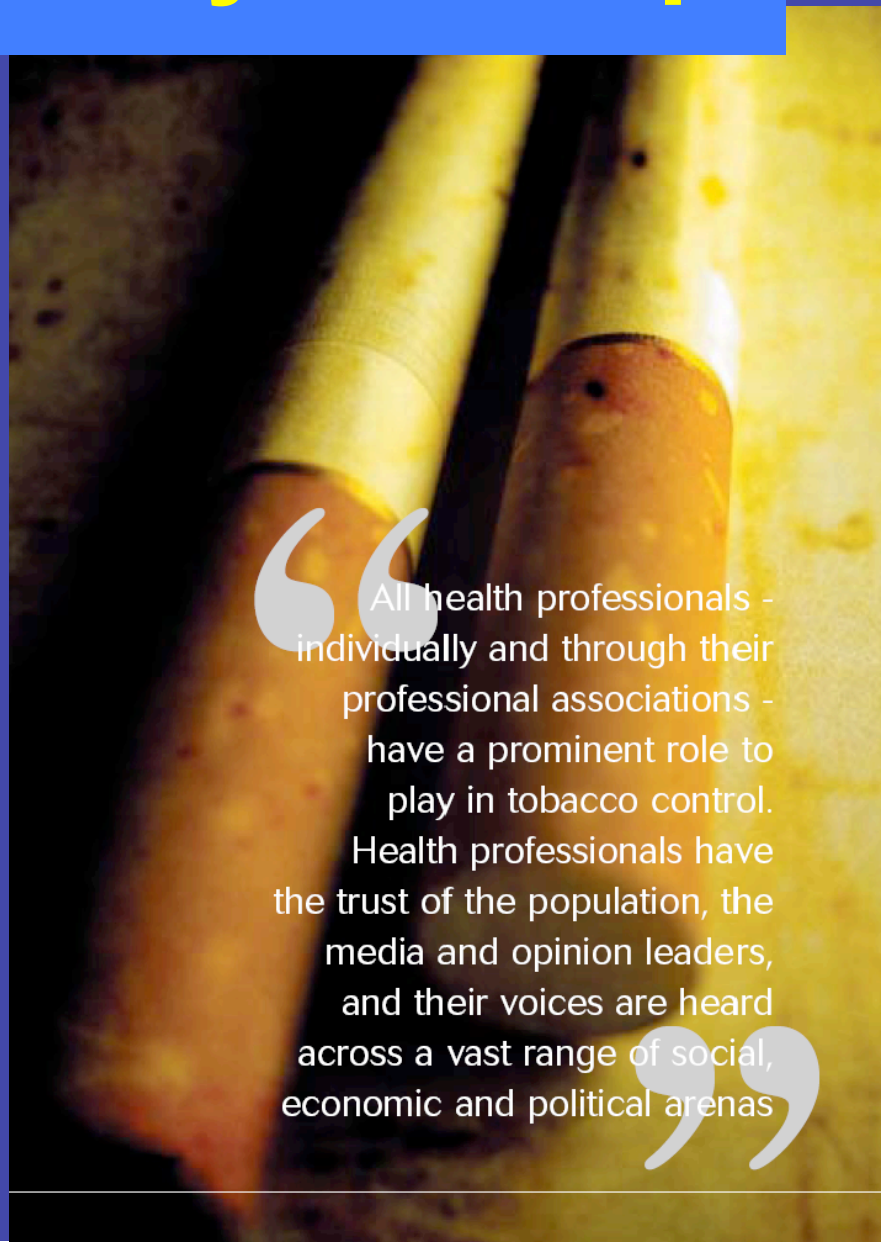
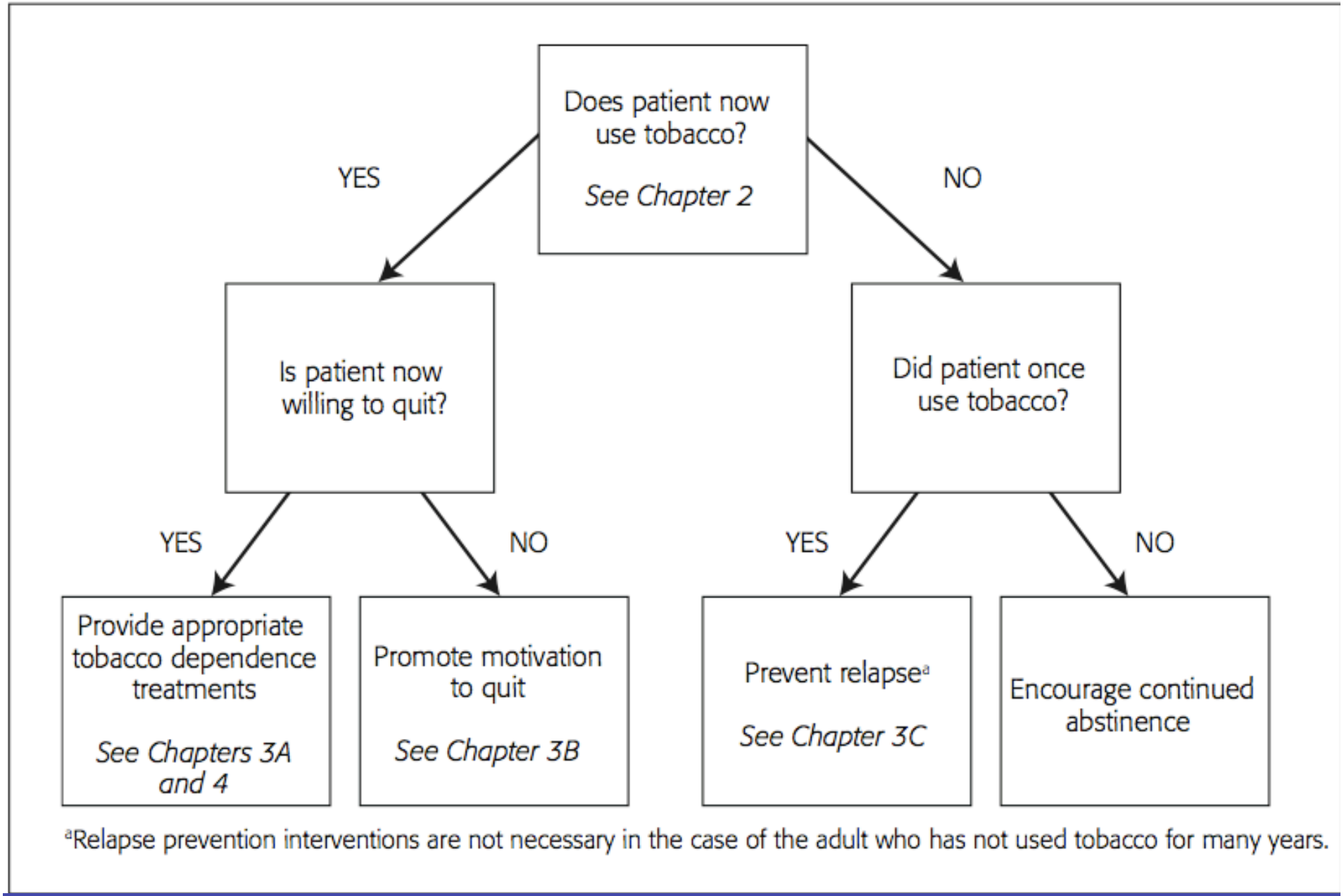


Figure 2.1. Algorithm for treating tobacco use



[a]Relapse prevention interventions are not necessary in the case of the adult who has not used tobacco for many years.

Role of Dental team in helping smokers quit

- Dental team see patients more often and on regular basis
- Patients value and appreciate dental team advice in issues related to general health
- Smoking counseling follow up visits can be incorporated with periodontal treatment plan

ADA Insurance Code Title

“Tobacco Counseling for the Control and Prevention of Oral Disease”

ADA Insurance Code:

01320

UB tobacco counseling codes

U1322 Tobacco counseling cessation (Smoker)

U1323 Tobacco prevention (Non-Smoker)

Tobacco cessation Intervention 5A's

Help Patients: The "Five A's"

- Ask
- Advise
- Assess
- Assist
- Arrange

TOBACCO CESSATION PROTOCOL

- **This protocol -the 5 A's - *Ask, Advise, Assess, Assist, Arrange* -is FOR EVERY PATIENT WHO USES TOBACCO.**
- **It is to be done at each prophylaxis, periodontal maintenance, or periodontal case presentation appointment.**
- **The code for the ATF is 01320 and is worth 2 CPU's**
- **Place the attached sticker in the patient's chart in the treatment notes and mark responses as described below.**

1. **Ask the patient (mark on sticker)**

   "Do you currently smoke cigarettes every day ___ or just some days___"?

   If every day, *"How many cigarettes per day?"* _____# cigs.

   If some days, *"How many cigarettes per week?"* _____# cigs.

   "How many years altogether have you smoked cigarettes?" _____# years

   "Do you currently use"

   - *Cigars - How many cigars do you smoke per week?* ____# cigars
   - *Pipe tobacco - How many pipe bowls do you smoke per week?* ____#bowls
   - *Chewing tobacco - How many pouches do you use per week?* _____#pouches
   - *Moist snuff (smokeless tobacco) - How many cans do you use per week?* ___ #cans

2. **Advise the patient**

   "As your health care provider, I must tell you that the most important thing you can do to improve your health is to stop using tobacco."

   - Document smoking-related lesions and tell patient **(mark on sticker)**
   - Tell the patient the oral and general health benefits of quitting; tobacco's contribution to periodontal and oral diseases; smokers respond less favorably to dental treatment than non smokers; necessity of stopping now;
   - If lesions does not resolve in 2 weeks biopsy may be indicated. Document changes in follow up visits.

3. **Assess the patient**

   "I'd like to know how interested you are in trying to stop using tobacco now. Tell me on a scale from 1 to 10, where "1" is not at all interested and "10" is very interested, how much do you want to quit NOW? **(mark on sticker)**

   IF patient answers #'s 1-6, SAY: *"It doesn't really look to me like you are ready to try to quit now. Have I got that correct?* (if not, correct score and skip to script for "IF patient answers #'s 7-10"). *Of course, I'd like you to think about quitting, but we both know in order for you to quit you've got to want to do it. I'm going to give you some information to read, which will hopefully get you to think about quitting soon. I'll ask you next time you're here if you change your mind. I can help you quit when you're ready to give it a try. Also, you can contact the Quitline for support and free nicotine patches when you're ready to stop."*

   IF patient answers #'s 7-10, SAY: *"I'm glad to hear you say this. It looks to me like your ready to try to quit now. Have I got that correct?"* (if not, correct score and go back to script for "IF patient answers #'s 1-6")

4. **Assist the patient**

   "It is a good idea to set a quit date. Are you ready to quit right now?"

   IF YES: *"Great. Let's start by getting rid of your tobacco. Did you bring any with you today that you're ready to toss out? You need to toss out the tobacco you might have at home or in your car. Put away the ashtrays. It is also a good idea to write down on a piece of paper the reasons why you want to quit and to keep it as a reminder. I'm going to give you some information to read that might help you quit "* **(mark on sticker)**

   IF NO: *"That's OK, most people aren't ready to quit right away. However, I'd like you to pick a quit date in the next week or two. What date would work for you:* **(mark on sticker).** *Good. It is a good idea to make some changes in your tobacco use behaviors before quitting. For example, you could cut back on how much tobacco you use every day. You can start to limit where you allow yourself to use tobacco. It is a good idea to tell other people that you're going to quit. . It is also a good idea to write down on a piece of paper the reasons why you want to quit and to keep it as a reminder. I'm going to give you some information to read that might help you plan for your quit* (insert on sticker that material given to patient).. *On your quit date, I want you to get rid of your tobacco. Put away the ashtrays."*

   "Would you like some help to quit?"

   IF YES: *"Sometimes it helps to use nicotine medication to reduce the urges to smoke after you quit. I have some free nicotine patches I can offer, but the patch is not for everyone. Are you interested?*

   IF YES: *"I need you to fill out the information on this questionnaire to see if you qualify for the free patches".*

   IF MEDICAID: Medicaid clients are eligible for prescription stop smoking medications. If the smoker is interested in using medications consider writing a prescription for a nicotine patch.

   IF NO *"OK, I'm going to give you some information about the QUITLINE just in case you might need some help. They offer free nicotine patches to eligible smokers, so you can give them a call if you want"*

5. **Arrange for the patient**

   "Can I have someone call you to see how you're doing with your quit attempt?"

   IF YES, *"When would be a good time to call?"* _____

   "What number should we call you at?" _____

TOBACCO CESSATION PROTOCOL

DATE: _____

ASK THE PATIENT: SMOKING HISTORY

cigs/day _____ # cigs/wk _____ # yrs smoking _____
cigars/wk _____ # bowls pipe tobacco/wk _____
pouches/cans smokeless tobacco/wk _____

ADVISE THE PATIENT: TOBACCO-RELATED ORAL PROBLEMS NOTED (check all present)

Stain ____ Periodontitis _____ Halitosis _____
Oral Lesion _____ Other _____

ASSESS THE PATIENT:

Patient interest in quitting from 1 to 10 _____

ASSIST THE PATIENT:

Literature given: Yes ____ No____
Quit Date: Now ____ Later ____
Expected quitting date: _____
Patch Dispensed: Yes ____ No ____

ARRANGE FOR THE PATIENT:

Willing to be called: Yes ____ No ____
Time _____ Number _____
Referred to Quitline: Yes ___ No___

Instructions

- Every patient should be asked whether they smoke or not when taking their medical history
- Their smoking status should be updated each time you update their medical history
- Tobacco counseling is mandatory for every tobacco user
- Should be done at each perio visit
- Worth 2 cpu
- ATF code 01320

Table 3.1. The "5 A's" model for treating tobacco use and dependence

Ask about tobacco use.	Identify and document tobacco use status for every patient at every visit. (Strategy A1)
Advise to quit.	In a clear, strong, and personalized manner, urge every tobacco user to quit. (Strategy A2)
Assess willingness to make a quit attempt.	Is the tobacco user willing to make a quit attempt at this time? (Strategy A3)
Assist in quit attempt.	For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit. (Strategy A4) For patients unwilling to quit at the time, provide interventions designed to increase future quit attempts. (Strategies B1 and B2)
Arrange followup.	For the patient willing to make a quit attempt, arrange for followup contacts, beginning within the first week after the quit date. (Strategy A5) For patients unwilling to make a quit attempt at the time, address tobacco dependence and willingness to quit at next clinic visit.

1. Ask

Ask the patient

- "How many cigarettes per day?" _____# cigs.
- "How many cigarettes per week?" _____# cigs.
- "How many years altogether have you smoked cigarettes?" _____# years

Type

- Cigars - per week? ____# cigars
- Pipe tobacco - bowls per week? ____#bowls
- Chewing tobacco - pouches per week? _____#pouches
- Moist snuff (smokeless tobacco) - cans per week? ___ #cans

Action	Strategies for implementation
Implement an officewide system that ensures that, for *every* patient at *every* clinic visit, tobacco use status is queried and documented.[a]	Expand the vital signs to include tobacco use, or use an alternative universal identification system.[b] **VITAL SIGNS** Blood Pressure: _____ Pulse: _____ Weight: _____ Temperature: _____ Respiratory Rate: _____ Tobacco Use (circle one): Current Former Never

Ask

2. Advise

"As your health care provider, I must tell you that the most important thing you can do to improve your health is to stop using tobacco."

Tell patient:

- oral and general health benefits of quitting;
- tobacco's contribution to periodontal and oral diseases;
- smokers respond less favorably to dental treatment than non smokers;
- necessity of stopping now;

Document smoking-related lesions

- If lesions does not resolve in 2 weeks biopsy may be indicated.
- Document changes in follow up visits.

Transfer of Advances in Sciences into Dental Education

Effect of Tobacco Counseling by Dental Students on Patient Quitting Rate

Othman Shibly, D.D.S., M.S.

Abstract: Tobacco use has widespread, devastating effects on the body, including the oral cavity. Today's dental professional must be trained to counsel patients on tobacco cessation, but dental health professionals and students do not feel confident in their counseling abilities. The University at Buffalo School of Dental Medicine (SDM) established the Tobacco Counseling Cessation Protocol (TCCP), which was implemented in the dental curriculum, and dental students were trained in its use. The goal of this study was to assess the effectiveness of the TCCP by surveying both patients and dental students. Students and patients were contacted to determine the effect of the TCCP on the quitting rate. Third- and fourth-year dental students were surveyed through the school e-mail system and asked to report on their tobacco cessation counseling practices. Patients who received TCCP received follow-up telephone calls to obtain their input on the program and also to determine if they had quit. According to the follow-up survey, 14 percent of patients reduced the number of cigarettes smoked per day, and 22 percent quit entirely. Fifty-one percent of those who received the TCCP made a commitment to quit at the time of the intervention; 32 percent of those receiving the TCCP were still smoke-free at six months, but 19 percent had returned to smoking. If predoctoral students receive appropriate training, they can be effective in motivating patients to quit smoking. Dental students are generally receptive to the educational material on tobacco use and smoking cessation counseling, yet only half report routinely implementing the TCCP. More needs to be done to incorporate tobacco cessation counseling into routine dental care. The culture of dentistry must be changed to view tobacco use as a dental problem.

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Keywords: tobacco cessation, tobacco counseling, dental education

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Strategy A2. *Advise*—Strongly urge all tobacco users to quit

Action	Strategies for implementation
In a *clear, strong, and personalized* manner, urge every tobacco user to quit.	Advice should be: • *Clear*—"It is important that you quit smoking (or using chewing tobacco) now, and I can help you." "Cutting down while you are ill is not enough." "Occasional or light smoking is still dangerous." • *Strong*—"As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you." • *Personalized*—Tie tobacco use to current symptoms and health concerns, and/or its social and economic costs, and/or the impact of tobacco use on children and others in the household. "Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health." "Quitting smoking may reduce the number of ear infections your child has."

Advise

3. Assess

on a scale from 1 - 10, how much do you want to quit

If patient answers #'s 1-6, SAY:

"It doesn't really look to me like you are ready to try to quit now. Have I got that correct?

Of course, I'd like you to think about quitting, but we both know in order for you to quit you've got to want to do it. I'm going to give you some information to read, which will hopefully get you to think about quitting soon. I'll ask you next time you're here if you change your mind. I can help you quit when you're ready to give it a try. Also, you can contact the Quitline for support and free nicotine patches when you're ready to stop."

•

Action	Strategies for implementation
Assess every tobacco user's willingness to make a quit attempt at the time.	Assess patient's willingness to quit: "Are you willing to give quitting a try?" • If the patient is willing to make a quit attempt at the time, provide assistance (see Chapter 3A, Strategy A4). – If the patient will participate in an intensive treatment, deliver such a treatment or link/refer to an intensive intervention (see Chapter 4). – If the patient is a member of a special population (e.g., adolescent, pregnant smoker, racial/ethnic minority), consider providing additional information (see Chapter 7). • If the patient clearly states that he or she is unwilling to make a quit attempt at the time, provide an intervention shown to increase future quit attempts (see Chapter 3B).

Assess

Case Report

Resolution of Oral Lesions After Tobacco Cessation

Othman Shibly,* K. Michael Cummings,† and Joseph J. Zambon*

Background: *Dentists and other health care professionals are familiar with the impact of tobacco on oral and general health. However, oral health care professionals do not often provide tobacco-cessation counseling to their patients, thus reflecting a significant disconnect between research and clinical practice. This report demonstrates the benefits of tobacco cessation in resolving oral lesions and improving overall periodontal and oral health.*

Methods: *A 51-year-old white male presented to the University at Buffalo, School of Dental Medicine clinic requesting an oral and periodontal examination*

The use of smokeless tobacco (ST) has increased rapidly in North America and is becoming more common especially in southern and rural areas. ST is expected to become even more popular in the near future as more localities ban smoking.[1] In 2005, ~2.3% of United States (U.S.) adults used ST, whereas 20.9% smoked tobacco.[2] Data from the National Health and Nutrition Examination Survey III (NHANES III) showed the highest regular use of ST was among rural, lower-income black and white men (33.3%), followed by rural, higher-income men regardless of race/ethnicity (14.9%).[3] By contrast, the use of ST has

4. Assist

Quit now or quit later

- "It is a good idea to set a quit date. Are you ready to quit right now?"
- **IF YES:** "Great. Let's start by getting rid of your tobacco. Did you bring any with you today that you're ready to toss out? You need to toss out the tobacco you might have at home or in your car. Put away the ashtrays. It is also a good idea to write down on a piece of paper the reasons why you want to quit and to keep it as a reminder. I'm going to give you some information to read that might help you quit "

Would you like some help to quit?

IF YES: I have some free nicotine patches I can offer but the patch is not for everyone. Are you interested?

IF YES: "I need you to fill out the information on this questionnaire to see if you qualify for the free patches".

IF MEDICAID: Medicaid clients are eligible for prescription stop smoking medications. If the smoker is interested in using medications consider writing a prescription for a nicotine patch.

IF NO "OK, I'm going to give you some information about the QUITLINE just in case you might need some help. They offer free nicotine patches to eligible smokers, so you can give them a call if you want"

- Pick a quit date in the next week or two.
- changes in your tobacco use behaviors before quitting. cut back on how much tobacco you use every day.
- limit where you allow yourself to use tobacco.
- tell other people that you're going to quit.
- write down the reasons why you want to quit and keep it as a reminder.
- give some information to quit
- material given to patient)..
- On your quit date, get rid of your tobacco. Put away the ashtrays."

Strategy A4. *Assist*—Aid the patient in quitting (provide counseling and medication)

Action	Strategies for implementation
Help the patient with a quit plan.	*A patient's preparations for quitting:* • ***S**et a quit date.* Ideally, the quit date should be within 2 weeks. • ***T**ell* family, friends, and coworkers about quitting, and request understanding and support. • ***A**nticipate* challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms. • ***R**emove* tobacco products from your environment. Prior to quitting, avoid smoking in places where you spend a lot of time (e.g., work, home, car). Make your home smoke-free.
Recommend the use of approved medication, except when contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).	Recommend the use of medications found to be effective in this Guideline (see Table 3.2 for clinical guidelines and Tables 3.3–3.11 for specific instructions and precautions). Explain how these medications increase quitting success and reduce withdrawal symptoms. The first-line medications include: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline; second-line medications include: clonidine and nortriptyline. There is insufficient evidence to recommend medications for certain populations (e.g., pregnant women, smokeless tobacco users, light smokers, adolescents).

Assist

Provide practical counseling (problemsolving/skills training).	*Abstinence.* Striving for total abstinence is essential. Not even a single puff after the quit date.[141] *Past quit experience.* Identify what helped and what hurt in previous quit attempts. Build on past success. *Anticipate triggers or challenges in the upcoming attempt.* Discuss challenges/triggers and how the patient will successfully overcome them (e.g., avoid triggers, alter routines). *Alcohol.* Because alcohol is associated with relapse, the patient should consider limiting/abstaining from alcohol while quitting. (Note that reducing alcohol intake could precipitate withdrawal in alcohol-dependent persons.) *Other smokers in the household.* Quitting is more difficult when there is another smoker in the household. Patients should encourage housemates to quit with them or to not smoke in their presence. For further description of practical counseling, see Table 6.19.

Assist

Strategy A4. *Assist*—Aid the patient in quitting (provide counseling and medication) (continued)

Action	Strategies for implementation
Provide intratreatment social support.	Provide a supportive clinical environment while encouraging the patient in his or her quit attempt. *"My office staff and I are available to assist you." "I'm recommending treatment that can provide ongoing support."* For further description of intratreatment social support, see Table 6.20.
Provide supplementary materials, including information on quitlines.	*Sources:* Federal agencies, nonprofit agencies, national quitline network (1-800-QUIT-NOW), or local/state/tribal health departments/quitlines (see Appendix B for Web site addresses). *Type:* Culturally/racially/educationally/age-appropriate for the patient. *Location:* Readily available at every clinician's workstation.
For the smoker unwilling to quit at the time	See Section 3B.

Table 6.22. Meta-analysis (2008): Effectiveness of and estimated abstinence rates for the combination of counseling and medication vs. medication alone (n = 18 studies)[a]

Treatment	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
Medication alone	8	1.0	21.7
Medication and counseling	39	1.4 (1.2–1.6)	27.6 (25.0–30.3)

Table 6.26. Meta-analysis (2008): Effectiveness and abstinence rates for various medications and medication combinations compared to placebo at 6-months postquit (n = 83 studies)[a]

Medication	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
Placebo	80	1.0	13.8
Monotherapies			
Varenicline (2 mg/day)	5	3.1 (2.5–3.8)	33.2 (28.9–37.8)
Nicotine Nasal Spray	4	2.3 (1.7–3.0)	26.7 (21.5–32.7)
High-Dose Nicotine Patch (> 25 mg) (These included both standard or long-term duration)	4	2.3 (1.7–3.0)	26.5 (21.3–32.5)
Long-Term Nicotine Gum (> 14 weeks)	6	2.2 (1.5–3.2)	26.1 (19.7–33.6)
Varenicline (1 mg/day)	3	2.1 (1.5–3.0)	25.4 (19.6–32.2)
Nicotine Inhaler	6	2.1 (1.5–2.9)	24.8 (19.1–31.6)
Clonidine	3	2.1 (1.2–3.7)	25.0 (15.7–37.3)
Bupropion SR	26	2.0 (1.8–2.2)	24.2 (22.2–26.4)
Nicotine Patch (6–14 weeks)	32	1.9 (1.7–2.2)	23.4 (21.3–25.8)
Long-Term Nicotine Patch (> 14 weeks)	10	1.9 (1.7–2.3)	23.7 (21.0–26.6)
Nortriptyline	5	1.8 (1.3–2.6)	22.5 (16.8–29.4)
Nicotine Gum (6–14 weeks)	15	1.5 (1.2–1.7)	19.0 (16.5–21.9)

Combination therapies			
Patch (long-term; > 14 weeks) + *ad lib* NRT (gum or spray)	3	3.6 (2.5–5.2)	36.5 (28.6–45.3)
Patch + Bupropion SR	3	2.5 (1.9–3.4)	28.9 (23.5–35.1)
Patch + Nortriptyline	2	2.3 (1.3–4.2)	27.3 (17.2–40.4)
Patch + Inhaler	2	2.2 (1.3– 3.6)	25.8 (17.4–36.5)
Patch + Second generation antidepressants (paroxetine, venlafaxine)	3	2.0 (1.2–3.4)	24.3 (16.1–35.0)
Medications not shown to be effective			
Selective Serotonin Re-uptake Inhibitors (SSRIs)	3	1.0 (0.7–1.4)	13.7 (10.2–18.0)
Naltrexone	2	0.5 (0.2–1.2)	7.3 (3.1–16.2)

[a] Go to *www.surgeongeneral.gov/tobacco/gdlnrefs.htm* for the articles used in this meta-analysis.

Dispense patches

- 2nd F. dispensary clinic supplies
- No patches if smoke less than 10 sig/day
- 14 mg if smoke between 10 to 20 siga/day
- 21 mg if smoke more than 20 sigar./day
- Suplies for 2 weeks
- Contact quitline for more supplies if need it up to 8 weeks

5. Arrange

- **5. Arrange for the patient**
  - "Can I have someone call you to see how you're doing with your quit attempt?"
    - **IF YES,** "When would be a good time to call?"

      _____
- "What number should we call you at?"

  _____

Strategy A5. *Arrange*—Ensure followup contact

Action	Strategies for implementation
Arrange for followup contacts, either in person or via telephone.	*Timing*: Followup contact should begin soon after the quit date, preferably during the first week. A second followup contact is recommended within the first month. Schedule further followup contacts as indicated. *Actions during followup contact*: For all patients, identify problems already encountered and anticipate challenges in the immediate future. Assess medication use and problems. Remind patients of quitline support (1-800-QUIT-NOW). Address tobacco use at next clinical visit (treat tobacco use as a chronic disease). For patients who are abstinent, congratulate them on their success. If tobacco use has occurred, review circumstances and elicit recommitment to total abstinence. Consider use of or link to more intensive treatment (see Chapter 4).
For smokers unwilling to quit at the time	See Section 3B.

R_x *Prescription to Quit*

A prescription for a stop smoking intervention to be filled by the Quitline...

Call for Help to Stop Smoking

1-866-NY-QUITS

(1-866-697-8487)

NEW YORK STATE
SMOKERS' QUITLINE

Quitline Services

- Telephone counseling service in English and Spanish (other languages available)
- Free 2-week NRT starter kit offer
- Proactive backs to some callers
- “Fax to Quit” referral program
- Clearinghouse for materials and information
- Internet resource (www.nysmokefree.com)

Nicotine Patch Instructions

Instructions for Use of the Nicotine Patch *(Please read manufacturer's instructions).*

Do not smoke while using the nicotine patch.
If you go back to being a regular daily smoker, stop using the patch.

How should I use the patch?

- Stop smoking *completely* before you start using the patch.
- Use only one patch each day.
- Put the patch on in the morning and wear it all day.
- Put the patch on clean skin between the neck and the waist, such as the upper arm, the shoulder, or on your back.
- Apply the patch to a different location each day to prevent problems with skin irritation.
- Do not put the patch on and then remove it as a substitute for a cigarette.
- Keep the patch on while you are sleeping. If you have trouble sleeping, or have bad dreams, take off the patch before going to bed.
- Keep new and used patches out of reach of children and pets.
- Used patches should be folded in half and safely disposed of.
- If children or pets chew or swallow a patch, get medical help or call American Association of Poison Control Centers 1-800-222-1222 right away to find the nearest poison control center. To use the Internet to find the nearest poison control center, address or phone number go to: http://www.aapcc.org/findyour.htm and enter your zip code information.

What if I forget to put a patch on first thing in the morning?

- Put a patch on as soon as you can that day. If you skip a day, do not put on more than one patch.

Which dose of the patch should I start with and how long should I use it?

- We've provided you with a 2-week supply of patches.
- It is the manufacturer's recommendation that nicotine patches be used for 8 full weeks.
- While you are using these 14 patches, save the money you would have spent on cigarettes and use it for your next supply. You can purchase additional patches without a prescription at most pharmacies, food or discount stores. If you are insured, ask your carrier if the nicotine patches are covered.

What if I feel dizzy, develop a skin rash or my heart beats faster than normal?

Stop using the patch and contact your doctor or health care provider.

Opinions of Dental Students

on Newly Implemented Tobacco Cessation Protocol

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Objectives: Tobacco cessation and tobacco-use cessation counseling are important in the prevention of both oral and systemic diseases. The University at Buffalo School of Dental Medicine recently added the Tobacco Cessation Counseling Protocol (TCCP) to the predoctoral curriculum, in which students are trained to provide this service to patients. The purpose of this study was 3-fold: to evaluate the opinions of students regarding the new TCCP, to identify barriers for successful implementation of the program, and to explore ways to improve effectiveness of the TCCP from the perspective of dental medicine.

Methods: A total of 120 third- and fourth-year dental students were asked to complete a survey regarding the TCCP, which included questions

tients' nicotine dependence and 50% reported that they had sufficient skills to provide tobacco cessation counseling. Fifty-five percent of students believed they had re-

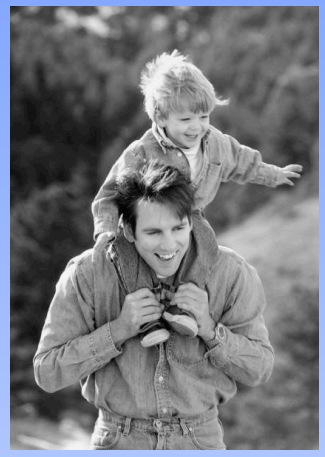
For those not ready to quit… The "5 R's"

- **RELEVANCE:**
  - Tailor advice and discussion to each patient
- **RISKS:**
  - Discuss risks of continued smoking
- **REWARDS:**
  - Discuss benefits of quitting
- **ROADBLOCKS:**
  - Identify barriers to quitting
- **REPETITION:**
  - Reinforce the motivational message at every visit

RELEVANCE

Help the patient understand why quitting is personally relevant, being as specific as possible

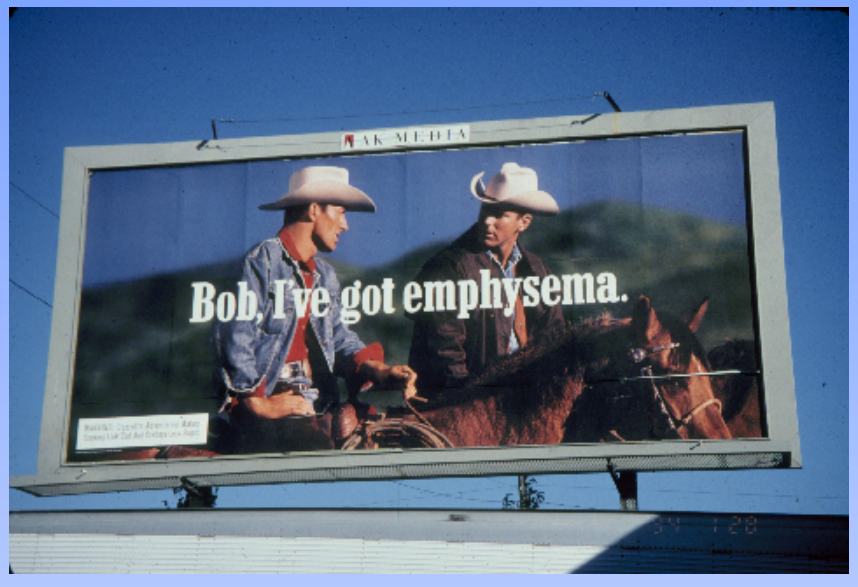
- ✓Disease status or risk
- ✓Family or social situations
- ✓Health concerns
- ✓Age, gender



RISKS

Talk with the patient about negative consequences of tobacco use

- ✓Acute risks
- ✓Long term risks
- ✓Environmental risks



REWARDS

Ask the patient to identify potential benefits of stopping tobacco use

- ✓Improved health
- ✓Food will taste better
- ✓Improved sense of smell
- ✓Save money
- ✓Feel better about yourself

ROADBLOCKS

Ask the patient to identify barriers or impediments to quitting and note elements of treatment (i.e., problem-solving, pharmacotherapy) that could address barriers

- ✓Withdrawal symptoms
- ✓Fear of failure
- ✓Weight gain
- ✓Lack of support
- ✓Depression
- ✓Enjoyment of tobacco

REPETITION

- The motivational intervention should be repeated **every time** an unmotivated patient visits the clinic setting.
- Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

What works…

- Numerous effective pharmacotherapies for smoking cessation now exist and should be used except in the presence of contraindications

First-Line Pharmacotherapies

- **FDA has approved the use of these medications for the treatment of tobacco dependence**
  - Nicotine patch (OTC)
  - Nicotine gum (OTC)
  - Nicotine inhaler (Rx)
  - Nicotine nasal spray (Rx)
  - Nicotine Lozenge (OTC)
  - Bupropion SR (Rx)

Nicotine Replacement Therapy

- All forms of NRT appear to be equally effective (increase quit rates by ~1.5-2 fold)
- Effectiveness of NRT increased with amount of behavioural support
- Choice of medication is based mainly on susceptibility to side effects, patient preference and availability

West R, McNeill A and Raw M. *Thorax* 2000; **55**: 987-999.
Silagy C, et al. *Cochrane Database Syst Rev* 2002; 1.
USDHHS. Treating Tobacco use and dependence. A clinical practice guideline. Rockville, MD AHQR 2000.

Safety of NRT

- NRT can be used safely by majority of people with cardiovascular disease, even with concomitant smoking
- Meta-analysis shows no difference in rate of acute MI between NRT patch and placebo
- Nicotine per se is not a known cause of cancer
- The benefits of NRT outweigh the risks, even in smokers with cardiovascular disease

Bupropion SR

- **Doubles abstinence rates vs. placebo**
- **Only non-nicotine medication approved by FDA for smoking cessation treatment**
- **Marketed as Zyban for smoking cessation or Wellbutrin SR for depression**
- **Mechanism: presumably enhances neural reuptake of dopamine and/or norepinephrine**

Bupropion SR (continued)

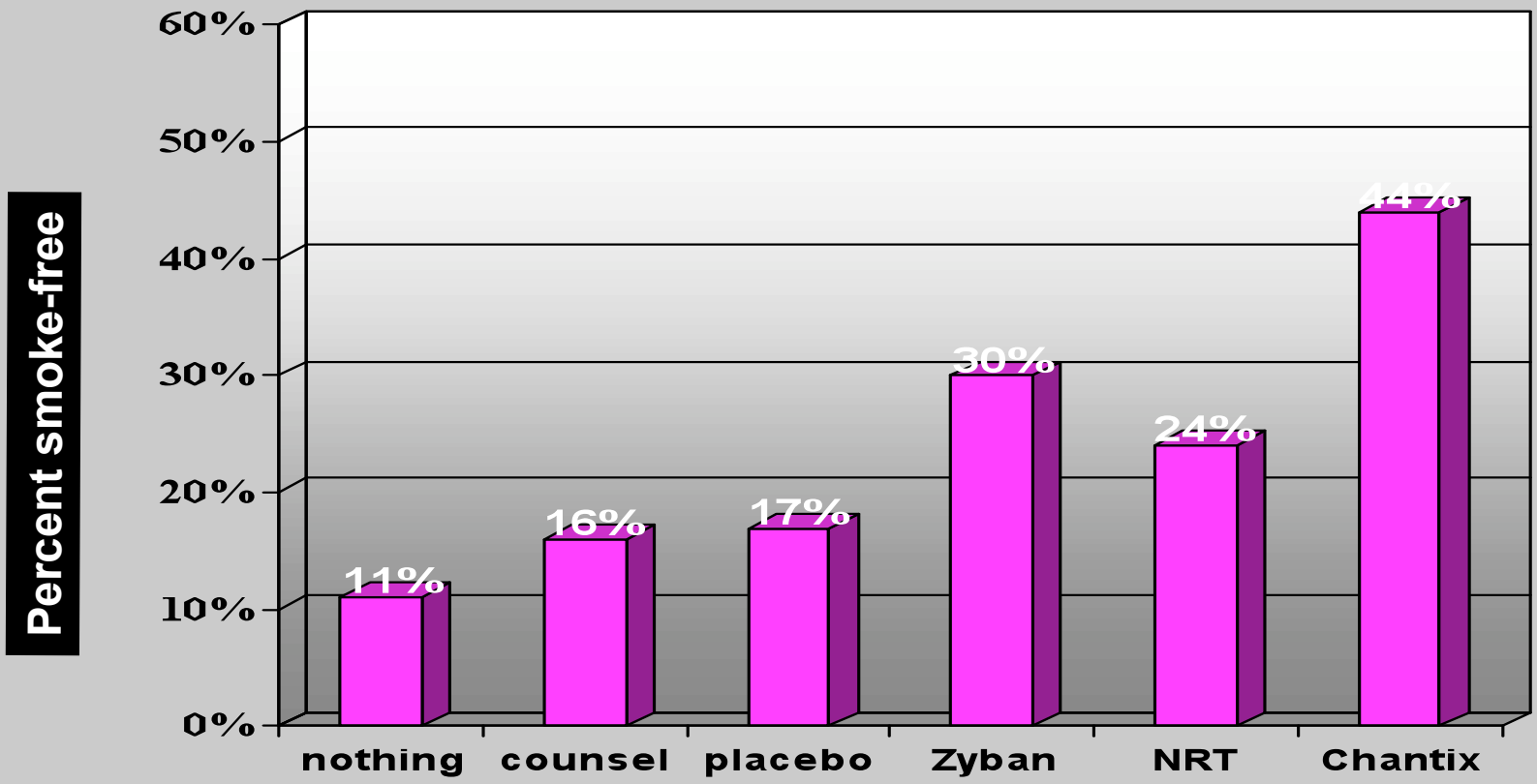
- **Available by prescription only (USA)**
- **Dosing:**
  - Start 1-2 weeks before quit date
  - 150 mg orally once daily x 3 days
  - 150 mg orally twice daily x 7-12 weeks
  - No taper necessary at end of treatment
- **Maintenance: consider as a maintenance therapy for up to 6 months post-cessation**

New Medications: What's Coming…

First-Line Pharmacotherapies

- **FDA has approved the use of these medications for the treatment of tobacco dependence**
  - Nicotine replacement therapy (NRT)
  - Bupropion SR (Zyban™)
  - Varenicline (Chantix™)

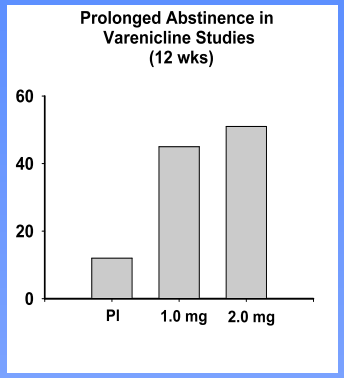
Long term abstinence rates:



Clinical Practice Guideline, Treating tobacco use and dependence, HHS/ PHS, 2000.

Varenicline

- Partial nicotine agonist
- Both substitutes for nicotine and blocks nicotine effects
- Like replacing 75 watt bulb with 40 watt bulb



CHANTIX™

- tablets the active ingredient, varenicline (as the tartrate salt),
- partial agonist selective for α4β2 nicotinic acetylcholine receptor subtypes.
- 0.5 mg
- 1 mg

Mechanism Of Action

- Varenicline binds with high affinity and selectivity at $\alpha 4\beta 2$ neuronal nicotinic acetylcholine
- receptors.
- varenicline's activity at a sub-type of the nicotinic receptor where its binding produces agonist
- activity, while simultaneously preventing nicotine binding to $\alpha 4\beta 2$ receptors.
- Varenicline blocks the ability of nicotine
- to activate $\alpha 4\beta 2$ receptors and thus to stimulate the central nervous mesolimbic dopamine system,

- Varenicline is highly selective and binds more potently to $\alpha 4\beta 2$ receptors than to other common nicotinic receptors
- .

The $\alpha_4\beta_2$ receptor

- specific nicotinic acetylcholine receptor in the brain that is believed to act as the primary mediator of the addictive properties of nicotine:
- Binding of Nicotine will lead to the release of Dopamine

Chantix Dosage

- Days 1-3: 0.5 mg once daily
- Days 4-7: 0.5 mg twice daily
- Maintenance (week 2-12): 1 mg twice daily
- Should be given with food
- and a full glass of water

Summary

- Nicotine replacement therapies (NRT) and Zyban (Bupropion) increase quit rates 1.5 to 2-fold
- Varenicline is promising due to high efficacy
- Rimonabant is promising due to weight loss
- Blockers still promising (e.g., Mecamylamine, Naltrexone)
- Vaccine is interesting, but no data yet
- SSRIs do not appear to work, MAO inhibitors too early to tell
- Still can do more with NRT and combination therapies

Final thoughts…

With your patients:

- Keep records and assure patient contact

With your profession:

- Study tobacco use trends and new cessation methods

With your community:

- Participate in organizations that educate, assist high user populations and help to prevent children from starting

With yourself:

- Enjoy living a tobacco-free life

Stay Healthy

- Drink less alcohol
- Quit smoking
- Do more exercise
- Eat healthy food

- Have a nice trip back home

Opinions of Dental Students

on Newly Implemented Tobacco Cessation Protocol

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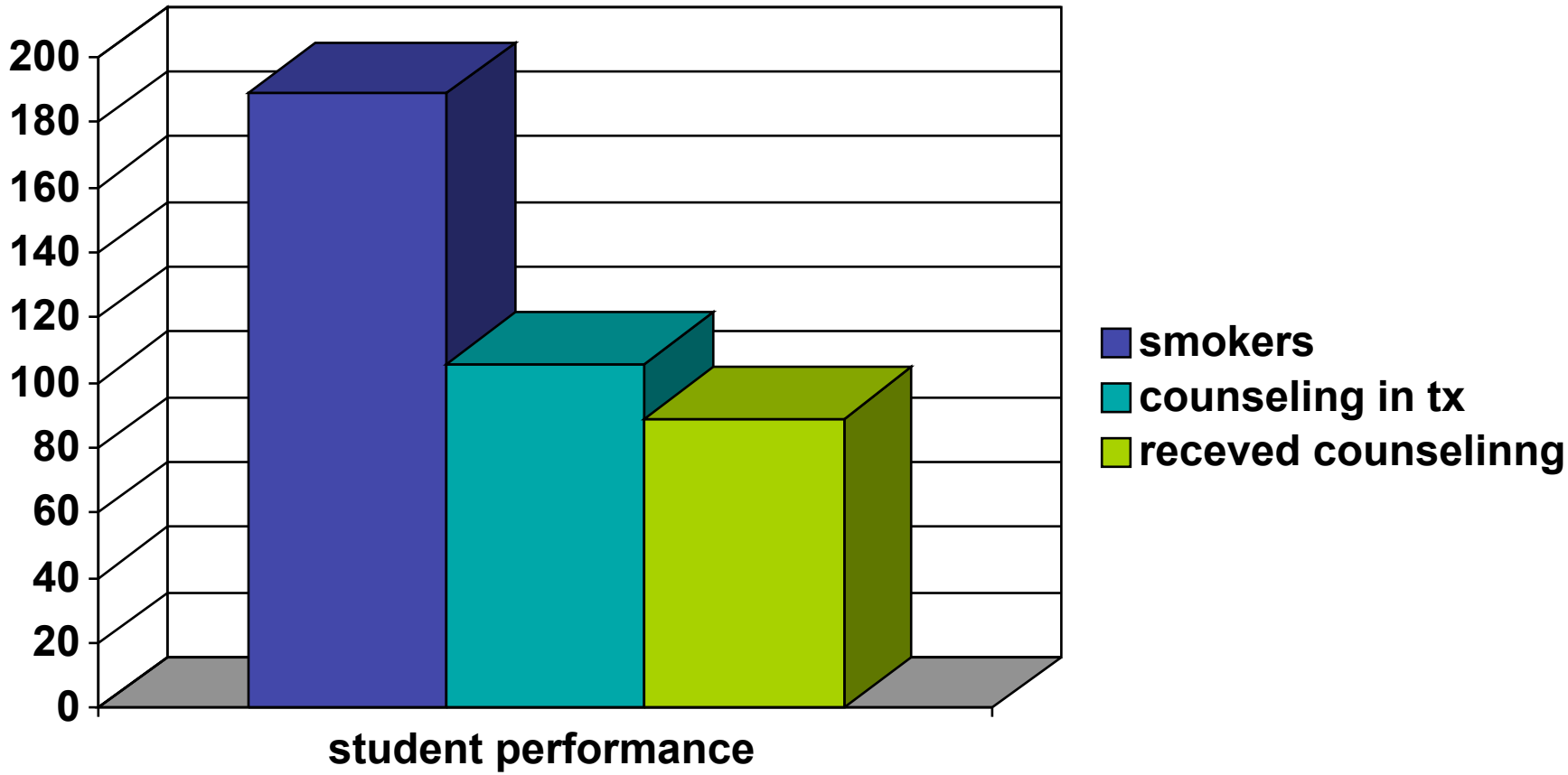
Objectives: Tobacco cessation and tobacco-use cessation counseling are important in the prevention of both oral and systemic diseases. The University at Buffalo School of Dental Medicine recently added the Tobacco Cessation Counseling Protocol (TCCP) to the predoctoral curriculum, in which students are trained to provide this service to patients. The purpose of this study was 3-fold: to evaluate the opinions of students regarding the new TCCP, to identify barriers for successful implementation of the program, and to explore ways to improve effectiveness of the TCCP from the perspective of dental medicine.

Methods: A total of 120 third- and fourth-year dental students were asked to complete a survey regarding the TCCP, which included questions

tients' nicotine dependence and 50% reported that they had sufficient skills to provide tobacco cessation counseling. Fifty-five percent of students believed they had re-

Student performance



Predoctoral dental students on their patients

	# of patients	percentage
Total pt family	1218	
smokers	189	16%
Counseling in tx	106	56%
Received counseling	89	83%
Immediate quit	46	51%
Relapsed	17	19%
Smoke free after 6 m	29	32

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Conclusions

- Counseling by dental students was very effective 51% quitting rate
- Counseling in tx is low 56%
- Culture of dentistry must be changed
- Relapsed was high 19%
- better follow up and maintenance
- Counseling should be staged like perio tx
- Ask should be in the questionnaire

Dental Students Attitudes Toward Tobacco Cessation Counseling

- 99% of the students believed that it is part of their role as a dentist to assist patients to quit using tobacco products,
- 9 out of 10 students feel confident in implementing tobacco cessation counseling
- major barriers identified in our study was lack of familiarity among the faculty, dental hygienists, and staff about TCCP

Summary

Before holding the burs, scalers, handpiece

- Use the Comprehensive Risk Assessment
- Identify risk factors for oral diseases.
- Implement Preventive Protocols.
- Perform tobacco counseling for both smokers and non smokers.
- Nicotine patches, gum and lozenges
- Plan for long term success outcome.

Final thought

- Being a good dentist is not identified by how good you can do dental procedures but rather by your vision of designing treatment plan that addresses patients preventive needs and control their oral disease risk factors

- **Video on tobacco**

Rumi

- From myself, I am copper,
- Through you, friend, I am gold;
- From myself I am a stone,
- But through you I am a gem.

TAKE HOME POINTS

- Most smokers want to quit
- Optimal quit attempt = pharmacotherpy + counseling
- Nicotine replacement therapies (NRT), Zyban™ (Bupropion), Chantix™ (Varenicline) increase quit rates 1.5 to 3-fold
- A simple tobacco cessation treatment protocol can help you improve you patient's oral health outcomes

Tobacco Cessation Center of Western New York

The Cessation Center of Western NY
Roswell Park Cancer Institute
Telephone: (716) 845-8255
E-mail: kimberly.bank@roswellpark.org
Counties served: Erie, Niagara, Genesee, Orleans

Take home messages

Smokers can be motivated to quit by your advice and by providing a supportive environment that reinforces non-smoking as the norm

Smokers can increase their odds of quitting if you treat tobacco dependence as a chronic disease (with bouts of remissions and relapse expected) and provide patients with evidenced based treatments varying the dose based on need

Things you can do to advance tobacco control

- Sets an example by not using tobacco
- Make your office smoke free
- Make tobacco control a priority by encouraging governments to adopt strong evidence based tobacco control policies

Key Summary Points

1. Tobacco caused diseases are common, serious, and completely preventable
2. Cigarettes are the most frequently used type of tobacco product, although oral tobacco use is increasing and common in other parts of the world
3. Worldwide the tobacco problem is getting bigger
4. Most people start using tobacco when they are teenagers and too young to care about health risks
5. People continue to use tobacco because they get addicted to nicotine and are confused about health risks
6. As a health professional it is your job practice tobacco control

The Tobacco Cessation Center

Roswell Park Cancer Institute

- The New York State Department of Health Tobacco Control Program funds 19 Tobacco Cessation Centers in New York State.
- Cessation Centers provide evidence- based training to healthcare providers on treating patients for tobacco dependence.
- The Cessation Centers follow the Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence (updated May 2008).

Resources for Healthcare Providers:

- TCC- North --- www.quitspace.com
- New York State Smokers' Quitline – www.nysmokefree.com
- New York State Dept of Health – http://www.TalkToYourPatients.org
- CDC - http://www.cdc.gov/tobacco/index.htm