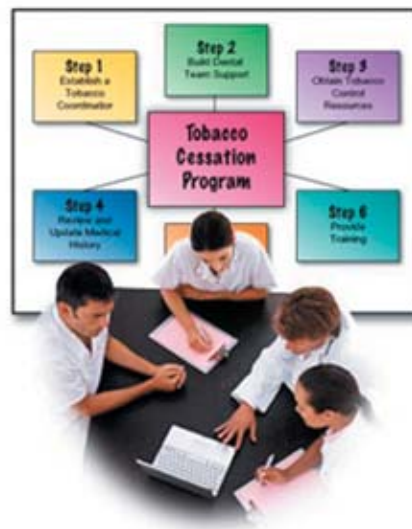


## Tobacco Cessation for the Dental Team: A Practical Guide Part II: Evidence-based Interventions

Joan M. Davis RDH, MS



### Abstract

Dental professionals are strategically placed to be the leaders in tobacco prevention and cessation as they provide preventive and therapeutic services to a basically healthy population on a regular basis. By expanding the dental exam, diagnosis, and treatment to include tobacco cessation, a potentially life saving element of care is added to an established service. In addition periodontal disease and the potential for oral cancer mandate the inclusion of tobacco cessation services into dental care. Though dental professionals are aware of the health issues associated with tobacco use, they often feel ill prepared or uncomfortable presenting patients with a clear cessation message.

In this, the second of a two-part article, the purpose is to provide dental professionals with the evidence-based strategies necessary to provide effective tobacco cessation as a normal part of patient care.

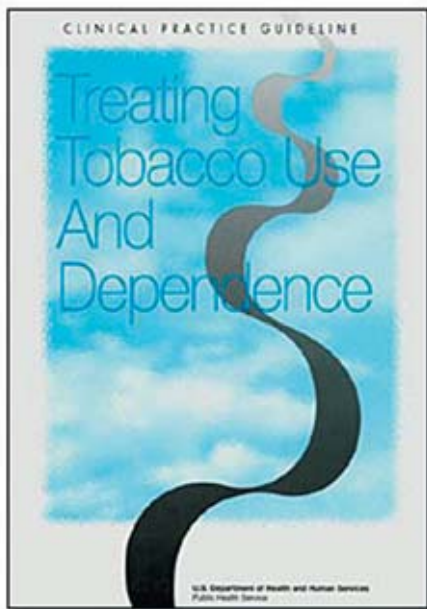
**Keywords:** Tobacco cessation, dental hygiene, dental care, tobacco history, tobacco use, nicotine dependence, nicotine addiction, consequences of tobacco use, oral cancer, periodontal disease

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## Evidence-Based Chair Side Interventions

In theory clinicians understand the need to address patient tobacco use. In practice many report lacking the confidence to offer tobacco control services. They feel they do not have the training, time, or financial remuneration for tobacco cessation efforts.<sup>1,2,3</sup> With an estimated 50% of the nation's smokers visiting the dental office annually<sup>4</sup> and patients expecting the dentist to routinely provide cessation information<sup>1</sup>, the dental team is in an ideal position to become leaders in providing this important, life saving service. *The Clinical Practice Guideline: Treating Tobacco Use and Dependence*, 2000 (Figure 1) Clear and easy guides for cessation treatment can be found at: <http://www.guideline.gov> and <http://www.ahrq.gov/clinic/>



**Figure 1.** *The Clinical Practice Guideline: Treating Tobacco Use And Dependence* has become the 'Gold Standard' in evidenced-based tobacco cessation interventions.

## Brief Clinical Interventions

Due to the time constraints of the dental hygiene appointment, the most practical application of the *Guideline* is to incorporate motivational interviewing while applying the 5 A's and 5 R's.

### The 5 A's

A summary of the 5 A's, the *Stages of Change*, and the 5 R's can be found in Table 1 (A suggested use: make a copy, laminate it, place

a copy in each operatory as a handy reference). For great intervention dialogs, read the article entitled, "Tobacco Cessation Intervention: How to Communicate with Tobacco Using Patients," Stafne EE, Bakdash B. *J Contemp Dent Pract.* 2000;(1)4: 037-047.

**Ask:** The first step in providing tobacco cessation is to gather information on the patient's tobacco use (Figure 2). By including three or four specific questions on a standard medical health history, a fairly accurate tobacco use risk assessment can be accomplished. An important step in gaining the patient's trust is to reflect back and review the information they put on the tobacco use section. This will help the clinician gain a better understanding of the patient's attitude toward their tobacco use and readiness to quit.



**Figure 2.** Providing a chair side tobacco intervention can easily be made a part of the existing oral hygiene visit - in most cases adding no more than five minutes to the appointment.

**Advise:** *The Clinical Practice Guideline* recommends every tobacco user be given a strong, clear message to quit smoking or using smokeless tobacco at every appointment. This could be as simple as saying, "I see on your health history you smoke. Today would be a great day to quit. What do you think?" Or, a stronger message could be, "I see you use snuff—as your dental hygienist, I highly recommend that you quit. We have various resources to help you. What are your thoughts?" However, saying this to a patient not ready to quit every six months may cause the patient unnecessary anxiety and possible avoidance of dental care. The author's personal clinical experience has lead her to assess the patient's willingness to quit first, conduct the oral cancer exam, then provide the

Table 1. Tobacco Control Intervention Reference Guide.

| 5 A's      | Providing a Brief Tobacco Cessation Intervention<br>Dental Hygiene / Dental Visit  | Time    |
|------------|--|---------|
| Ask        | <ul style="list-style-type: none"> <li>Identify all tobacco users—new and existing patients.</li> <li>Health History should include frequency of tobacco use, amount, type, and if they have thought about quitting.</li> <li>Verbally clarify the tobacco use information on the health history.</li> </ul> <p><b>Establish the Stage of Change</b></p> <p><b>Precontemplation:</b> Not interested in quitting<br/> <b>Contemplation:</b> Planning to quit in next six months<br/> <b>Preparation:</b> Planning on quitting in the next 30 days<br/> <b>Action:</b> Has quit within the past month<br/> <b>Maintenance:</b> Has not used tobacco for at least six months</p> <ul style="list-style-type: none"> <li>Flag the patient's record to indicate tobacco use—sticker, symbol.</li> </ul> | 1 min   |
| Advise     | <ul style="list-style-type: none"> <li>Advise the tobacco user to quit.</li> <li>This could be done during the health history review, during the oral cancer screening, or periodontal evaluation. Sensitivity, empathy, active listening, and personalizing the message are key elements when advising a patient to quit.</li> </ul>  | 30 sec  |
| Assess     | <ul style="list-style-type: none"> <li>Assess the patient's wiliness to quit using the <b>Stage of Change</b> section of the Health History or verbal inquiry:<br/> <b>Precontemplation:</b> Utilize the <b>5 R's</b> or discontinue intervention<br/> <b>Contemplation:</b> Utilize <b>5 R's</b> and provide information<br/> <b>Preparation:</b> Provide <b>Assistance</b><br/> <b>Action:</b> Provide <b>Assistance</b><br/> <b>Maintenance:</b> Congratulate and encourage them on a great choice</li> </ul>   | 30 sec  |
| Assist     | <ul style="list-style-type: none"> <li>Help the patient with a quit plan; set a quit date before the appointment is done; make a note in their chart.</li> <li>Give them a resource packet (how to quit pamphlets, quit assistance in the community, quit hotline or web site, problem solving strategies).</li> <li>Discuss the use of nicotine replacement therapies or bupropion SR.</li> <li>Offer this information as a part of the educational component of the dental hygiene appointment.</li> <li>If more assistance is needed, refer to a Tobacco Dependence professional.</li> </ul>  | 3-5 min |
| Arrange    | <ul style="list-style-type: none"> <li>Provide follow-up in approximately one week after the appointment—by phone or letter.</li> <li>Follow-up intervention at next dental appointment. If the patient is using tobacco again, encourage them and continue to provide assistance, utilize the 5 R's or refer.</li> </ul>  | 5 min   |
| 5 R's      | Brief Motivational Interventions to encourage patients to quit—be sensitive  |         |
| Relevance  | <ul style="list-style-type: none"> <li>Encourage the patient to say why quitting would be important to them (family, pregnancy).</li> </ul>  | 30 sec  |
| Risks      | <ul style="list-style-type: none"> <li>Encourage the patient to think of short- and long-term risks of tobacco use.</li> <li>What are the risks of them smoking to others around them (greater illness in children, asthma, lung disease, cancer). Give patient a consequences of smoking pamphlet.</li> </ul>   | 15 sec  |
| Rewards    | <ul style="list-style-type: none"> <li>What are the benefits or rewards if they stopped using tobacco?<br/>Improved health, food tastes better, improved smell, save money, feel better about themselves, their car, home and breath smells better, set a good example for children.</li> <li>Let patients think about what rewards are important to them.</li> </ul>  | 30 sec  |
| Roadblock  | <ul style="list-style-type: none"> <li>Encourage the patient to identify perceived barriers blocking them from successfully quitting.</li> <li>Withdrawal symptoms, fear of failure, weight gain, lack of support, likes tobacco, stress.</li> </ul>   | 30 sec  |
| Repetition | <ul style="list-style-type: none"> <li>At every recall visit, the patient should be assessed for tobacco use. If still using, review some of their stated concerns emphasizing the benefits of quitting.</li> <li>Use empathy, listen carefully to responses and provide appropriate interventions.</li> </ul>   | 1-2 min |

©Davis 2004 (Adapted from the PHS Clinical Practice Guidelines, Treating Tobacco Use and Dependence, 2000.)

clear, strong quit message taking into account the patient's readiness to quit. This approach includes the entire recommended component without offending the patient. Each clinician should decide the most effective approach for their patients.

**Assess:** An effective model to assess a person's willingness to change smoking behavior is Prochaska and DiClemente's Transtheoretical Model commonly known as the *Stages of Change* detailed below.<sup>5,6</sup> By asking a few basic questions, this model gives clinicians insight into whether a tobacco user is ready to quit, and if so, when.

**Precontemplation - not willing to quit.**

When a patient is in precontemplation, they are not interested in quit information—they want to use tobacco. A short, clear quit message followed-up with an offer to help them by providing a basic informational pamphlet may be the most appropriate message for this patient. It is very important to ask and assess precontemplators at each recall visit since they may be ready to quit at any time and need assistance.

**Contemplation - willing to quit in the next six months.**

A patient in contemplation regularly thinks about quitting and is interested in any information. Unfortunately, contemplators may stay in this stage for years and never actually make a serious quit attempt. A contemplator wants to be shown the oral consequences of their tobacco use and is interested in quit pamphlets. Though the patient may not make a quit attempt at this time, moving them closer to action is a success in itself.

**Preparation - willing to quit within the next months.**

A patient ready to quit is in need of verbal support, specific quit information, and advice on pharmacotherapies. The tobacco user about to quit knows what is coming – withdrawal and a complete life change. Stressing the benefits of quitting is more important at this time than focusing on negative side effects.

**Action - has recently quit.** A patient who has recently quit using tobacco may be experiencing withdrawal symptoms and needs emotional support affirming their positive choice. Relapse, or starting to use again, is most common three months after quitting. A review of coping strategies, social support, and how the patient is using cessation medication should be provided.

**Maintenance - has abstained for at least six months.**

Patients who are former tobacco users may be at lifelong risk of relapse and need support to stay tobacco free. A clinician's short but sincere, "Great job! You made a very good choice" may provide them with the support they need at that moment.

*The Health Behavior Change* model is another strategy available to healthcare professionals to help accurately assess if the patient is ready to quit. The clinician<sup>6</sup> is encouraged to explore:

- How important quitting is to the patient
- How confident does the patient feel in their ability to succeed in quitting - self efficacy
- How ready is the patient to quit at this time

This is a relatively non-offensive way to help the patient focus on what they are actually ready to do and helps the clinician decide on what intervention would be most appropriate.

**Assist:** The Assist segment of the 5 A's, to some degree, has been covered in the discussion of the *Stages of Change*. Patients who are in the preparation or action stage will be the most receptive to assistance to quit. A summary of the 5A's, 5Rs, and Stages of Change can be found in Table 1.

**Arrange:** The dental team may choose to establish a follow-up system for patients who have recently quit or set a quit date. Arranging follow-up could be provided by a call, letter, post-card, or referral to a local or state "quit line" (Figure 3). Quit lines are available in most states and provide personalized support and follow-up from tobacco dependence specialists. The use



of phone quit lines or web based quit resources have been found to be very effective in helping tobacco users quit.<sup>8</sup> The American Dental Hygienists' Association recognizes clinicians may only have limited time when providing tobacco cessation and advocate utilizing the Ask and Advise of the Five A's and then refer to external resources.



**Figure 3.** Tobacco quit lines can be found at <http://smokefree.gov/>

Click on a state and the “quit line” number for that state will appear.

#### Smoking Quit Line of the National Cancer Institute

Phone: 1-877-44U-QUIT

Web site: <http://smokefree.gov/>

#### Ask, Advise & Assist. Smoker's Help Line of the Alberta Cancer Board

Phone 1-866-33AADAC

#### CDC's Quit Resources

Web site: [www.cdc.gov/tobacco/how2quit.htm](http://www.cdc.gov/tobacco/how2quit.htm)

#### Brief Clinical Interventions

##### The 5 R's – Enhancing Motivation to Quit Tobacco

Patients not ready to quit (Precontemplation or Contemplation) may be motivated to make a quit attempt by employing the *Clinical Practice Guideline's* 5 R's.

**Relevance:** Encourage the patient to talk about why quitting would be important to them such as protecting their children from second-hand smoke.



**Risks:** Encourage the patient to talk about short- or long-term health risks that may be of concern to them. Reflecting on their concerns may move them to action.

**Rewards:** Tobacco users may respond more favorably to rewards or benefits (Table 1) than fear of physical consequences.

**Roadblocks:** Every tobacco user has a reason, or several reasons, why they are not making a quit attempt at this time. By encouraging patients to talk about their barriers to quitting may provide the clinician insight into how to suggest ways to overcome their concerns.

**Repetition:** Most people try to quit several times before they succeed. Total, long-term abstinence is often the final step, or stage, in a long process of going “cold turkey,” using pharmacotherapies, attending a support group, or any combination of personal strategies.

#### Pharmacotherapies

The U.S. Food and Drug Administration (FDA) has approved safe and effective over-the-counter (OTC) and prescription medications to help ease withdrawal symptoms and reduce cravings for nicotine.<sup>9</sup> As with all medication, the patient must be advised to follow the directions for use very carefully.

#### Bupropion SR (prescription only)

The FDA approved bupropion SR in 1997 for use in smoking cessation. Bupropion SR (Zyban®), an antidepressant sold by prescription only, is believed to work by blocking neurotransmitter

reuptake, though the exact mechanism for smoking cessation is not known.<sup>9</sup> Tobacco users are directed to start taking bupropion one to two weeks before their quit date. Many smokers who use this drug report losing interest in smoking and feeling ill if they do smoke during this time. Bupropion should not be prescribed for patients with a history of alcoholism, eating disorders, seizure disorders, or using MAO inhibitors.<sup>10</sup>

### Nicotine Replacement Therapy (NRT)

Nicotine replacement therapy is provided in a number of different delivery systems and is designed to relieve some of the withdrawal symptoms by replacing a portion (about 10%) of the nicotine normally obtained from tobacco use.

#### Forms of NRT currently available:

##### Nicotine Gum (nicotine polacrilex) 2mg or 4mg / OTC

The gum should be chewed slightly until a peppery/mint flavor is tasted then 'parked' in the vestibule with the cycle repeated in approximately 30 minutes. If the gum is chewed too rapidly, the patient may feel ill due to the rapid release of nicotine into the system. In addition acidic beverages may interfere with the absorption of nicotine. Patients with dentures or temporomandibular joint problems have reported difficulties chewing the gum and may benefit from the new NRT lozenge

##### Nicotine Transdermal Patch / 7 mg, 14mg, 21 mg / OTC

The transdermal patch is applied directly to the skin allowing nicotine to be absorbed through the skin. Up to 50% of patients experience mild skin irritation, which often clears up in a few days. Insomnia has also been reported in connection with the transdermal patch.

##### Nicotine Inhaler (prescription only )

Nicotine from the nicotine inhaler is not actually inhaled. The patient takes a puff from the inhaler, holds the aerosols in the mouth and pharynx area, and then exhales. Mouth and throat irritation, coughing, and rhinitis are common though these reactions are often temporary.

##### Nicotine Nasal Spray (prescription only)

Nicotine nasal spray poses local irritations with 94% of users reporting moderate to severe nasal irritation initially and 81% reporting irritation after three weeks of use. In addition about 15-20% of patients report using the nicotine nasal spray longer than recommended because it is potentially addictive.

##### Nicotine Lozenge (nicotine polacrilex-contains Aspertine) 2mg or 4mg / OTC

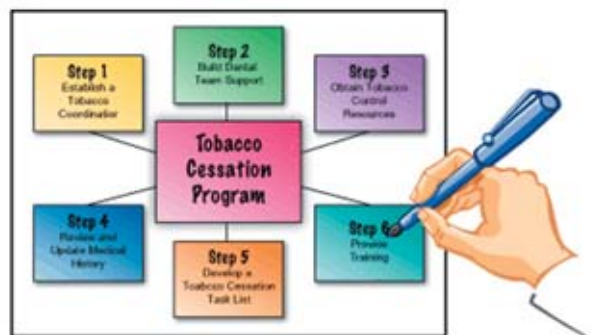
The nicotine lozenge (Commit<sup>®</sup>) is a new and effective nicotine replacement delivery system that seems to have addressed many of the drawbacks reported with other NRTs.<sup>11</sup> When placed in the vestibule, the lozenge is able to deliver the whole dose of nicotine. Researchers found the lozenge delivered 25% to 27% more nicotine than the same dose of nicotine gum due to the retention of nicotine in the gum base. With the increase of available nicotine, participants found they experienced less cravings.<sup>12</sup> Similar to nicotine gum, acidic beverages may interfere with the absorption of nicotine, therefore, patients should be advised to avoid coffee, juices, and soft drinks 15 minutes before they use the lozenge.

Tobacco Cessation Pharmacotherapy Reference Chart (see page 7)

Detailed information on tobacco cessation pharmacotherapies can be found in the PHS "Clinical Practice Guideline," "Physician's Desk Reference," or the tobacco use chapter in the "ADA Guide to Dental Therapeutics 4th Edition."

### Establishing A Tobacco Control Program

The inclusion of a tobacco control intervention (TCI) is a natural extension of what is already an integral part of most dental appointments. It



**Table 2. Tobacco Cessation Pharmacotherapy Reference Chart.**

**Suggestions for the Clinical Use of Pharmacotherapies for Smoking Cessation**

(Revised and updated from the Clinical Practice Guideline: Treating Tobacco Use and Dependence, 2000)

| Pharmacotherapy  | Precautions/<br>Contra-<br>indications           | Side<br>Effects                      | Dosage  | Duration   | Availability  | Cost/Day   |
|--|--|--------------------------------------|---|--|---|--|
| <b>First-line Pharmacotherapies</b><br>(Approved for use for smoking cessation by the FDA)         |  |                                      |   |  |   |  |
| <b>Bupropion SR</b>  | History of seizure<br>History of eating disorder | Insomnia<br>Dry mouth                | 150 mg every morning for 3 days, then 150 mg twice daily (Begin tr. 1-2 weeks pre-quit) | 7-12 weeks maintenance up to 6 months            | <i>Zyban</i> (prescription only)  | \$4.33/day(2003)   |
| <b>Nicotine Gum</b><br>(chew then 'park' for 30 min.)  | Do not use tobacco while using product           | Mouth soreness<br>Dyspepsia          | 1-24 cigs/day- 2 mg gum (up to 24 pcs/day)<br>25+ cigs/day- 4 mg gum (up to 24 pcs/day) | Up to 12 wk                                      | <i>Nicorette</i> ,<br><i>Nicorette</i> Mint (OTC only)<br>Generic available                             | \$6.25 for 10, 2-mg pieces<br>\$6.87 for 10, 4-mg pieces |
| <b>Nicotine Lozenge</b><br>(do not chew, dissolve slowly in side of cheek)<br>sugar free/Aspartame | Do not use tobacco while using product           | None reported                        | 1 lozenge every 1-2hr<br>No more than 20/day  | Up to 12 wk                                      | <i>Commit</i> (OTC only)  | \$6.30 for 10, 2mg pieces(2003)                          |
| <b>Nicotine Inhaler</b>  | Do not use tobacco while using product           | Local irritation of mouth and throat | 6-16 cartridges/day   | Up to 6 months                                   | <i>Nicotrol</i> Inhaler (prescription only)   | \$10.94 for 10 cartridges                                |
| <b>Nicotine Nasal Spray</b>  | Do not use tobacco while using product           | Nasal irritation                     | 8-40 doses/day  | 3-6 months                                       | <i>Nicotrol</i> NS (prescription only)  | \$5.40 for 12 doses                                      |
| <b>Nicotine Patch</b>  | Do not use tobacco while using product           | Local skin reaction<br>Insomnia      | 21 mg/24 hours<br>14 mg/24 hours<br>7 mg/24 hours<br>15 mg/16 hours                     | 4 weeks then 2 weeks then 2 weeks<br><br>8 weeks | <i>Nicoderm</i> CQ (OTC only),<br>Generic patches (prescription and OTC),<br><i>Nicotrol</i> (OTC only) | Brand name patches \$4.00-\$4.50 <sup>¢</sup>            |

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The information contained within this table is not comprehensive. Please see package insert for additional information. Prices are based on retail prices of medication purchased at a national chain pharmacy, located in Madison, WI, April 2000. The Bupropion SR and lozenge pricing: as of 10/03 located in Carbondale, IL. Generic brands of the patch and gum are available and may be less expensive. **NOTE:** OTC = Over-the-Counter.

has been estimated an effective tobacco control intervention need only add around three to five minutes to an existing appointment.<sup>10</sup> The most successful tobacco cessation program is one where there is practice-wide support.<sup>10, 13, 14</sup>

### **Step One - Establish a Tobacco Coordinator**

Identify one person in the dental office who is interested in the issue and is willing to take on the role of Tobacco Coordinator.

### **Step Two – Build Dental Team Support**

Though every practice has its own unique culture, an office-wide discussion and consensus needs to be reached by the dentist and staff on the importance of tobacco use in relation to general and oral health as well as the professional obligation to provide prevention and cessation services. Employers/staff who currently use tobacco may be defensive or resistant (Precontemplators/Contemplators) to the idea of a tobacco control program. In a non-judgmental way these dental team members should be encouraged to quit for their own well-being and to be a positive role model for patients.

### **Step Three – Obtain Tobacco Control Resources**

There exists a large body of low and no-cost tobacco control resources from a wide range of agencies, organizations, publishers, and pharmaceutical manufacturers. The American Cancer Society and American Lung Association are excellent resources for prevention and cessation literature. The Internet is also an excellent resource to obtain materials and locate online and telephone resources for patients trying to quit. The online, interactive cessation support programs provide tobacco users with personalized information twenty-four hours a day, seven days a week. State telephone quit lines (Table 3) are staffed by trained tobacco dependence specialists.

### **Step Four – Review and Update Medical History**

Most dental questionnaires have at least one question pertaining to tobacco use. Only slight adjustments are needed to establish the type of tobacco use, frequency, duration, and level of tobacco dependence necessary to formulate an appropriate cessation intervention.

**Sample:** Did you ever use tobacco on a regular basis?

If Yes, how long ago did you quit?

In addition to the medical history update the oral cancer exam record should include ongoing notation of any signs of tobacco use. This will facilitate a personalized intervention from visit to visit by different dental team members examining the patient. Patient records should be modified to include some type of identifier, such as a yellow sticker, to alert the dental team of tobacco use. In addition TCIs should be submitted on the insurance claim under the dental procedure code (D1320) “tobacco counseling for the control and prevention of oral disease.”<sup>15</sup>

### **Step Five – Develop a Tobacco Cessation Task List**

Once the groundwork has been completed, the next step is to place the tobacco control program on paper in order for the dental team to be clear on their role.

#### **Sample Task List**

#### **Receptionist**

- Order only tobacco free magazines in reception area
- Place “Thank you for not smoking” sign in waiting room
- Send follow-up letters for patients who set a quit date
- Make available Quit Kits

#### **Dental Assistant**

- Make notations of tobacco use in chart
- Have available cessation information material
- Provide words of support and encouragement based on the *Stage of Change*

#### **Dental Hygienist (recall or new patient exam)**

- Establish Stage of Change via health history
- Conduct risk assessment: oral cancer exam, oral health assessment
- Provide a TCI and review pharmacotherapy options with patients willing to quit
- Make note of tobacco use in chart



**Table 3. Tobacco Control Resources.**

**GOVERNMENT PUBLICATIONS**

**Best Practices for Comprehensive Tobacco Control Programs**

Available from CDC/OHS at

[http://www.cdc.gov/tobacco/research\\_data/stat\\_nat\\_data/bestprac.pdf](http://www.cdc.gov/tobacco/research_data/stat_nat_data/bestprac.pdf) or 1-770-488-5705

**Guide to Community Preventive Services**

Available at <http://www.thecommunityguide.org/tobacco/default.htm>.

**Morbidity and Mortality Weekly Report**

(MMWR) Series on the Internet available at: <http://www.cdc.gov/epo/mmwr/mmwr.html>

**Reducing Tobacco Use: A Report of the Surgeon General**

Available from the Centers for Disease Control and Prevention, Office on Smoking and Health (CDC/OSH) at

[http://www.cdc.gov/tobacco/sgr/sge\\_2000/FullReport.pdf](http://www.cdc.gov/tobacco/sgr/sge_2000/FullReport.pdf) or 1-770-488-5705.

**Treating Tobacco Use and Dependence: Clinical Practice Guidelines**

Available at [http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf) or from CDC at

1-800-CDC-1311, the Agency for Healthcare Research and Quality at 1-800-358-9295, or the National Cancer Institute at 1-800-4-Cancer.

**Women and Smoking: A Report of the Surgeon General**

Available from CDC/OHS at [http://www.cdc.gov/tobacco/sgr\\_forwomen.htm](http://www.cdc.gov/tobacco/sgr_forwomen.htm)

or 1-770-488-5705

**QUIT HELP LINES**

**Want to Quit? Smoking Quit line of the National Cancer Institute**

Phone: 1-877-44U-QUIT

Web site: <http://smokefree.gov/>

**Ask, Advise & Assist. Smoker's Help Line of The Alberta Cancer Board**

Phone: 1-866-33AADAC

**ORGANIZATIONS**

**AAFP Policies on Health Issues—Tobacco and Smoking**

Phone: 1-202-454-5555

Web site: <http://www.aafp.org/policies.xml>

**American Academy of Periodontology**

Phone: 1-312-787-5518

Web site: [www.perio.org](http://www.perio.org)

**American Cancer Society**

Phone: 1-800-227-2345

Web site: <http://www.cancer.org>

**American Dental Association**

Phone: 1-312-440-2500 or 1-800-947-4746

E-mail: [publicinfo@ada.org](mailto:publicinfo@ada.org)

Web site: [www.ada.org](http://www.ada.org)

**American Dental Hygienists' Association**

Phone: 1-312-440-8900

E-mail: [mail@adha.net](mailto:mail@adha.net)

Table 3. Continued.

**American Heart Association**

Phone: 1-800-242-8721

Web site: <http://www.americanheart.org>

**Canadian Cancer Society**

Web site: <http://www.ontario.cancer.ca>

**Centers for Disease Control, Office on Smoking and Health's Information Resources**

Phone: 1-770-488-5705 / Fax: 1-800-CDC-1311

E-mail: [tobaccoinfo@cdc.gov](mailto:tobaccoinfo@cdc.gov)

Web site: [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)  
[www.cdc.gov/pubs.htm](http://www.cdc.gov/pubs.htm)

**Health Canada Tobacco Control Programme**

Web site: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/index.html>

**National Oral Health Information Clearinghouse**

Phone: 1-301-402-7364

E-mail: [nohic@nidcr.nih.gov](mailto:nohic@nidcr.nih.gov)  
[nidr@aerie.com](mailto:nidr@aerie.com)

Web site: [www.nohic.nidcr.nih.gov](http://www.nohic.nidcr.nih.gov)  
[www.aerie.com/nohicweb](http://www.aerie.com/nohicweb)

**Professional Assisted Cessation Therapy (PACT)**

Web site: <http://www.endsmoking.org/body.asp>

**The Spit Tobacco Prevention Network**

Web site: <http://www.nospit.com/texhome.html>

- Review TCI with dentist when dental exam is provided (along with the caries and periodontal review)
- Provide the patient with Stage specific information or a Quit Kit
- Refer to cessation support services

**Dentist (new patient or recall exam)**

- Provide risk assessment / Stage of Change via health history
- Provide / Review oral cancer exam / oral health assessment
- Provide / Review / Support TCI and review pharmacotherapy options with patients willing to quit
- Provide any needed prescriptions
- Refer to cessation support services

**Step Six – Provide Training**

The most frequently cited reason why clinicians do not offer TCIs is a lack of training or preparation.<sup>1,2</sup> Therefore, the final step prior to implementing a tobacco control program is to provide in-service training. The in-service could be conducted by the tobacco coordinator or by inviting a community tobacco control professional.

**Conclusion**

Dental professionals are strategically placed to be leaders in tobacco cessation. By regularly including tobacco cessation into the dental exam and treatment for tobacco using patients, a potentially life saving intervention can be added to normal care.

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