

for Dental Professionals

We Can Save Lives *and* Build Our Practice

As Oral Health Care Professionals:

- We have interviewing skills that allow us to assess patient tobacco use and desire to quit.
 - We review medical histories and are aware of patients who smoke or chew.
- We have the skills to: educate patients about the medical and dental implications of tobacco use; respectfully discuss the benefits of quitting; and motivate patients to quit.
- The trust and rapport we have with our patients is beneficial in effecting behavior change.
- Our patients are used to visiting the dental office on a regular basis. Patient follow-up with tobacco cessation can be incorporated into the regular recall routine.
- A tobacco-cessation protocol in the dental office setting can be brief, simple and does not need to disrupt the practice routine.
- Expanding our professional services to include a tobacco-cessation program is an excellent practice builder.
- Helping patients to free themselves of their addiction is extremely rewarding to the dental team. Brief tobacco cessation interventions may take only a small amount of office time but, when successful, may greatly improve our patient's quality of life and save lives.



Perceived Barriers to Tobacco Treatment:

Some dental health care professionals:

- Don't believe it is their responsibility... but, in reality, tobacco use causes significant oral health problems.
- Are concerned with patient perception of this program in the dental office setting... but research shows patients will appreciate the help and concern if approached in a low-key, nonjudgmental and sensitive manner.
- Think it takes too much time... but interventions can be brief (less than three minutes), simple and do not need to disrupt the practice routine.
- Feel that they can't be reimbursed for this service... but fees can be charged in conjunction with other treatment or separately.
- Are concerned about effectiveness of the program... but intervention has been shown to be very effective in the dental office setting.
- Feel uncomfortable because of lack of training... but this tool will assist you.

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Tobacco Dependence Treatment Roles

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Dentist:

- Convene office team to solicit support for the program and to determine the office plan of action.
- Appoint a dentist or hygienist as program coordinator. The coordinator will be responsible for tracking and assessing the effectiveness of the tobacco cessation interventions for each patient.
- Negotiate roles of other team members. Work with hygienist(s) to counsel patients (1-3 minutes) concerning oral effects of tobacco use and benefits of quitting.
- Refer patients to the free Wisconsin Tobacco Quit Line for free coaching and information about local tobacco dependence treatment programs.
- Recommend and prescribe nicotine replacement products; varenicline (Chantix); bupropion (Zyban); or a combination of bupropion and nicotine replacement medication (when appropriate).
- Establish meetings to monitor program progress and evaluate personnel time and commitment; reassign responsibilities if needed. Introduce new team members to program-related responsibilities; delegate training to appropriate personnel, when necessary.

Hygienist:

- Assess tobacco use for every patient via medical history and personal interview. Assess their willingness to quit.
- Provide personalized oral health information as it relates to tobacco use.
- Determine patient's motivation for quitting.
- Based on patient information, provide quit strategies.
- Inform patient of follow-up procedures.
- Record tobacco use status, counseling interactions and any medications in patient chart. A smoking cessation log may also be kept for quick reference and follow up on patients. This confidential log should include patient name, quit date, interventions prescribed, next follow-up date and whether the patient was ultimately successful with quitting tobacco use.
- Refer patients to the free Wisconsin Tobacco Quit Line. Connect the patient with the Quit Line. Advise them to:
 - Call 800-QUIT-NOW (800-784-8669)
 - Text READY to 34191
 - Visit www.WiQuitLine.org



Work with a dentist to evaluate the effectiveness of the program and implement any necessary changes.

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Tobacco Dependence Treatment Roles

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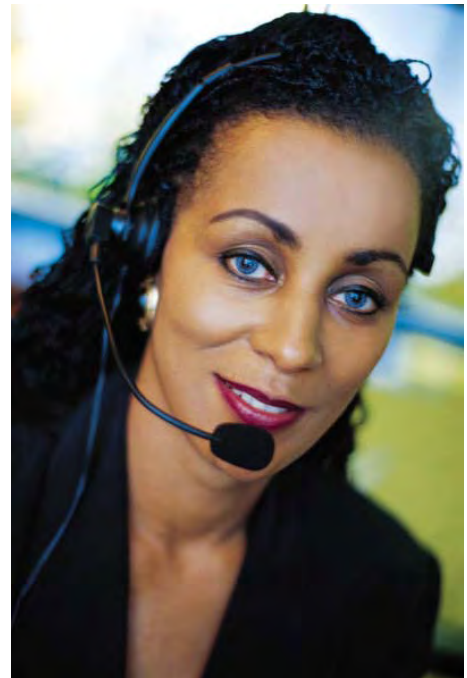
Dental Assistant:

- Order supplies, such as chart stickers and tobacco history questionnaires, as directed by the program coordinator.
- Monitor pamphlets/forms and reorder as necessary.
- Access Wisconsin Tobacco Quit Line materials at <https://ctri.wisc.edu/fact-sheets/>
- Assist the receptionist, as needed, making follow-up calls concerning quit dates and progress achieved.
- Encourage patients who are going through the quitting process.

WISCONSIN TOBACCO
QuitLine
800-QUIT-NOW

Receptionist:

- Update medical history with current tobacco use status.
- Place indicator in medical record to reflect tobacco status.
- Place tobacco-history and counseling forms in medical record before visit.
- Note quit date in patient record, appointment book and tobacco-cessation log.
- Telephone patients around their quit dates to encourage and support them.
- Establish appropriate follow-up calls, letters and appointments.
- Replace tobacco-use indicator with non-tobacco-use indicator after a successful quit attempt.
- Record results of each quit attempt for team updates and patient feedback.



for Dental Professionals

Protocols for Tobacco Cessation in the Dental Office

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Make tobacco use part of your standard review of new and recall patient health histories. See the next page of this handout for a sample tobacco-use questionnaire. Having the question, “Are you interested in quitting at this time?” on your health history questionnaire is a great way to start the conversation about quitting.

After reviewing the patient’s health history, the receptionist flags the patient’s chart (with the appropriate tobacco-use sticker) or makes a note in the electronic medical record.

The hygienist or dentist briefly discusses the patient’s tobacco use history—including the effects of tobacco on oral health and the benefits of being tobacco free. This takes one to three minutes and should follow the 5 A’s, as recommended by the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*.



The 5 A’s:

- **Ask** every patient if he or she smokes or chews tobacco (at every visit). Document it using a vital sign box, sticker or chart summary in the patient record.
- **Advise** tobacco users to quit. Be clear; avoid lecturing. Make it relevant for each patient (discoloration, receding gums, etc.). “Quitting tobacco use is the most important thing you can do for your health and for your teeth.” If the patient is not interested in quitting, assure him or her you’ll ask again at the next visit.
- **Assess** interest in quitting. “Are you interested in quitting in the next two weeks? I can help you.” If the patient is ready to quit soon, talk with the patient to establish a date to quit smoking.
- **Assist** with quitting. **Recommend/prescribe the use of FDA-approved medications.** Explain how these medications increase quitting success and reduce withdrawal symptoms. Medications include: bupropion SR (Zyban), varenicline (Chantix), nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray and nicotine patch. For a one-page chart of medications and their use, see fact sheet #5 of this Treating Tobacco Use Series.
- Refer patients to the free Wisconsin Tobacco Quit Line. Connect the patient with the Quit Line. Advise them to:
 - Call 800-QUIT-NOW (800-784-8669)
 - Text **READY** to **34191**
 - Visit www.WiQuitLine.org



It’s sponsored by the Wisconsin Department of Health Services.

To access free materials on the Wisconsin Tobacco Quit Line, visit: <https://ctri.wisc.edu/fact-sheets/>

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Protocols for Tobacco Cessation in the Dental Office

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- *Arrange* follow up. Ask how the quit attempt is going at the next visit. Praise the patient for quitting. Make it relevant to the individual – “I see the discoloration of your teeth has decreased and your gums are healthier than when you were using tobacco.” In the patient record, list 'tobacco cessation discussed' and any medications recommended or prescribed. Use the **ADA code D1320** to indicate that this is for the **control and prevention of oral disease**.



Sample: Health History Tobacco Use Questionnaire

1. Do you use any form of tobacco? Yes No
(If no, skip to question 2)

1a. What type? Circle all that apply:

a) cigarettes b) spit/chew tobacco c) cigars d) pipe e) other

1b. How many times a day? _____

1c. For how long? _____

1d. Are you interested in quitting at this time? Yes No

2. Are you a former tobacco user? Yes No

If yes, please explain: _____

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Scripts for Discussing Tobacco Use and Quitting with Patients

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Determine if the patient uses tobacco.

“Do you use tobacco in any form?”

If Yes:

- “How many cigarettes per day do you smoke?”
- “How many cigars per day do you smoke?”
- “How many bowls of pipe tobacco do you use per day?”
- “How many tins/pouches do you chew?”

If No: “Have you ever used tobacco in the past?”

For the patient who currently uses tobacco:

Provide clear, strong, personalized messages advising the patient to quit:

- “Have you thought about quitting?”
- “I would like to show you some changes in your mouth caused by tobacco use.”
- “I know quitting tobacco is very difficult. Many people are successful with medication and coaching.”
- “The most important thing you can do to improve your overall health and your teeth is to quit using tobacco. I can help you.”
- “Let me give you the phone number for the free, confidential Wisconsin Tobacco Quit Line. It's **800-QUIT-NOW**, that's **800-784-8669**. If you prefer to text, you can text **READY** to **34191**. You can receive coaching on how to quit and free medications. This can quadruple your chances of quitting. They won't judge you; they'll support you. Tobacco quit lines have successfully helped thousands of callers quit.”
- “Sometimes it takes more than one try. I know you can do it.”

For pregnant women:

- “My best advice for you and your baby is for you to quit smoking.”
- “As your dental hygienist/dentist, I need you to know that quitting smoking is the most important thing you can do for your health and to protect your baby.”

For youth:

- “Tobacco use stains teeth and wrinkles skin.”
- “Most young people do not smoke. I can help you quit.” Text **READY** to **34191**.

(more)

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Scripts for Discussing Tobacco Use and Quitting with Patients

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For hygienists/dentists who used to smoke:

- Determine if the patient will benefit from your personal testimonial.
- Use discretion to determine if this is appropriate.
- Use your own words. “I empathize with you. It took me several attempts at quitting before I was successful. I know it’s difficult. I found it is much easier to quit with assistance, such as medications and coaching.” (Call **800-QUIT-NOW** or text READY to 34191.)

Ask about tobacco users in household:

- “Do others in your household use tobacco? Who? Will they consider smoking outside or quitting with you?”

For patients who never used tobacco:

- Congratulate the patient and encourage continued abstinence: “Congratulations, you have made a wise decision to protect your teeth--and your overall health.”

For patients who relapse:

- Congratulate the patient for attempting to quit. “You did great just by trying to quit. Quitting is very difficult, and many succeed after multiple tries. Don’t give up; you can do it.”

For patients who quit using tobacco:

- Congratulate the patient and encourage continued cessation: “Congratulations, you made a wise decision to protect your teeth--and your overall health.”
- If you need help getting through a craving, there are some good programs to help you remain tobacco-free. I can give you the contact information for the Wisconsin Tobacco Quit Line. It’s **800-QUIT-NOW**. Or text READY to 34191.”

Wisconsin Tobacco Quit Line: Call **800-QUIT-NOW** or text **READY** to **34191**

- Free, confidential, non-judgmental coaching and information about quitting for dental providers and patients.
- Quit coaches help each tobacco user develop an individualized quit plan, including selecting a quit date.
- The Quit Line also mails callers a free quit guide with information about quitting methods, medications and other tips. Callers can get information on local programs as well.

for Dental Professionals



Help your patients quit smoking by following the “5 A’s”:

- 1. ASK.** “Do you smoke?” Record in every patient chart at every visit.
- 2. ADVISE.** “I strongly advise you to quit smoking for your health and the health of others around you. I can help you.”
- 3. ASSESS.** “Are you ready to quit within the next 30 days?”
- 4. ASSIST:**
 - Brief counseling.
 - Prescribe medications or recommend OTC.
 - Refer to the Quit Line at 800-QUIT-NOW or texting READY to 34191.
- 5. ARRANGE.** Advise the patient to set a follow-up appointment.

Medication Chart

| Medication | Cautions | Side Effects | Dosage | Use | Availability |
|---|---|---|--|--|--|
| Bupropion SR 150 | Not for use if you: • Currently use a monoamine oxidase (MAO) inhibitor • Use bupropion in any other form • Have a history of seizures • Have a history of eating disorders | • Insomnia • Dry mouth | • Days 1-3: 150 mg each morning • Day 4-end: 150 mg twice daily | Start 1-2 weeks before your quit date; use 2 to 6 months | Prescription Only: • Generic • Zylban • Wellbutrin SR |
| Nicotine Gum (2 mg or 4 mg) | • Caution with dentures • Don't eat or drink 15 minutes before or during use | • Mouth soreness • Stomach ache | • 1 piece every 1 to 2 hours • 6-15 pieces per day • 2 mg: If smoking 24 cigarettes or less per day • 4 mg: If smoking 25+ cigs | Up to 12 weeks or as needed | OTC Only: • Generic • Nicorette |
| Nicotine Inhaler | • May irritate mouth/throat at first (but improves with use) • Don't eat or drink 15 minutes before or during use | • Local irritation of mouth and throat | • 6-16 cartridges/day • Inhale 80 times/cartridge • May save partially-used cartridge for next day | Up to 6 months; taper at end | Prescription Only: Nicotrol inhaler |
| Nicotine Lozenge (2 mg or 4 mg) | • Do not eat or drink 15 minutes before or during use • One lozenge at a time • Limit 20 in 24 hours | • Hiccups • Cough • Heartburn | • 2 mg: If you don't smoke for 30 minutes or more after waking • 4 mg: If you smoke within 30 minutes of waking • Wks 1-6: 1 every 1-2 hrs • Wks 7-9: 1 every 2-4 hrs • Wks 10-12: 1 every 4-8 hrs | 3-6 months | OTC Only: • Generic • Commit |
| Nicotine Nasal Spray | • Not for patients with asthma • May irritate nose (improves over time) • May cause dependence | • Nasal irritation | • 1 “dose” = 1 squirt per nostril • 1 to 2 doses per hour • 8 to 40 doses per day • Do NOT inhale | 3-6 months; taper at end | Prescription Only: Nicotrol NS |
| Nicotine Patch | Do not use if you have severe eczema or psoriasis | • Local skin reaction • Insomnia | • One patch per day • If > 10 cigs/day: 21 mg 4 wks, 14 mg 2-4 wks, 7 mg 2-4 wks | 8-12 weeks | OTC: • Generic • Nicoderm CQ • Nicotrol Prescription: • Generic |
| Varenicline | Use with caution in patients: • With significant renal impairment • With serious psychiatric illness • Undergoing dialysis | • Nausea • Insomnia • Abnormal, vivid or strange dreams | • Days 1-3: 0.5 mg every morning • Days 4-7: 0.5 mg twice daily • Day 8-end: 1 mg twice daily | Start 1 week before quit date; use 3-6 months | Prescription only: Chantix |
| FDA Boxed Warning: See the FDA Web Site for more information | | | | | |
| Combinations | | | | | |
| 1. Patch+bupropion 2. Patch+gum 3. Patch+lozenge OR inhaler | • Only patch + bupropion is currently FDA-approved • Follow instructions for individual medications | • See individual medications above | • See individual medications above | See above | See above |

Brief Intervention to Help Dental Patients Quit Tobacco

Date _____

Patient Name _____

Chart # _____

Medical concerns and medications:

☐ **ASK** about tobacco use: ☐ Current ☐ Never ☐ Former (please check appropriate boxes)

☐ **ADVISE** about the oral benefits of quitting

☐ **ASSESS** willingness to make a quit attempt

Willing to try quitting in the next 30 days

- ☐ Number of cigarettes____, cigars____, pipe bowls____ per day
- ☐ Number of spit tobacco cans/pouches per week _____
- ☐ Number of years used _____
- ☐ How soon after you wake up do you use tobacco?
 - ☐ Within 30 minutes ☐ More than 30 minutes
- ☐ Previous quit attempts:
 - ☐ # of attempts _____
 - ☐ Longest quit period _____
 - ☐ Method(s) used _____
 - ☐ How long ago was last attempt to quit: ____ years ____ months
- ☐ Reasons for wanting to quit _____

☐ **Not ready to try to quit in next 30 days** (re-assess during next visit, encourage patient to reconsider, relate reasons why to each individual)

☐ **Recently quit:** Any challenges, urges, close calls? Ideas to help: _____

☐ **ASSIST** patients willing to quit

- ☐ Self-help pamphlets & materials
- ☐ Refer to the Quit Line: Call **800-QUIT-NOW** or text **READY** to **34191** Encourage a quit date
- ☐ Medication: nicotine gum/ lozenge/ patch/ inhaler/ nasal spray/ Zyban/ Chantix Rx _____(D1320)

☐ **ARRANGE** follow-up if set a quit date (with permission)

Quit date _____ Phone calls/visits: Week 1-2____ Month 1____, 3____, 6____, 12____

It is important that any medication prescribed or recommended be listed in the progress notes or on the intervention form. Use ADA code D1320: Tobacco counseling for the control and prevention of oral disease.

Source: *This fact sheet was adapted from "Tobacco Cessation Intervention Techniques for the Dental Office Team," Eric E. Stafne, D.D.S., M.S.D., Director of the Tobacco Cessation Program, University of Minnesota School of Dentistry.*
Web site: www.umn.edu/perio/tobacco

A Quit Plan

for _____
PRINT NAME

KEYS FOR QUITTING

YOUR QUIT PLAN

☐ PLAN AHEAD

- ☐ Set a quit date and stick to it – not even a single puff!
- ☐ Avoid alcohol, coffee and other things that trigger your smoking.
- ☐ Consider past quit attempts, what worked and what didn't.

MY QUIT DATE IS:

Things to remember:

☐ GET MEDICATIONS

- ☐ Nicotine Gum (OTC)
- ☐ Nicotine Inhaler (PRESCRIPTION)
- ☐ Nicotine Lozenge (OTC)
- ☐ Nicotine Nasal Spray (PRESCRIPTION)
- ☐ Nicotine Patch (OTC & PRES.)
- ☐ Bupropion (PRESCRIPTION)
- ☐ Varenicline (PRESCRIPTION)

MY MEDICATION(S):

I will start taking them on:

☐ CONTACT THE QUIT LINE



or text READY to 34191
877-NO-FUME
877-777-6534 (TTY)

- Get free coaching and support that is confidential and non-judgmental.
- 24/7 daily

Other instructions:

Time Quit Line will call

(IF PARTICIPATING IN FAX TO QUIT)



Tobacco Dependence Treatment Medications

| Medication | Cautions/Warnings | Side Effects | Dosage | Use | Availability |
|--|---|---|---|--|--|
| Combination Nicotine Replacement Therapy (NRT) 1) Patch + lozenge 2) Patch + gum | * Follow instructions for individual medications | See individual medications below | See below | See below | See below |
| Varenicline (Package insert) | Use with caution in patients: * With significant renal impairment * With serious psychiatric illness * Undergoing dialysis | * Nausea * Insomnia * Abnormal dreams | * Days 1-3: 0.5 mg every morning * Days 4-7: 0.5 mg twice daily * Day 8–end: 1 mg twice daily | * Start 1 week before quit date & use for 3-6 months * Typically quit on day 8 * Optional: quit between days 8 - 35 | Prescription only: * Chantix |
| Nicotine Patch (7 mg, 14 mg or 21 mg) | * Do not use if you have severe eczema or psoriasis | * Local skin reaction * Insomnia | * One patch per day * If ≥ 10 cigs/day: 21 mg 4 wks, 14 mg 2-4 wks, 7 mg 2-4 wks * If < 10 cigs/day: 14 mg 8 wks | * Post-quit: 12 weeks * OPTIONAL Pre-quit: Up to 6 months prior to quit date with smoking reduction | OTC or prescription: * Generic * Nicoderm CQ * Nicotrol |
| Nicotine Lozenge (2 mg or 4 mg) | * Do not eat or drink 15 minutes before or during use * One lozenge at a time * Limit 20 in 24 hours | * Hiccups * Cough * Heartburn | * If smoke > 30 minutes after waking: 2 mg * If smoke ≤ 30 minutes after waking: 4 mg * Weeks 1-6: 1 every 1-2 hrs * Wks 7-9: 1 every 2-4 hrs * Wks 10-12: 1 every 4-8 hrs | 3-6 months * OPTIONAL Pre-quit: Up to 6 months before quit date with smoking reduction * Recommend mini-lozenge due to more rapid nicotine blood level and ease of use | OTC Only: * Generic * Commit |
| Nicotine Gum (2 mg or 4 mg) | * Caution with dentures * Do not eat or drink 15 minutes before or during use | * Mouth soreness * Stomachache | * 1 piece every 1 to 2 hours * 6-15 pieces per day * If smoke > 30 minutes after waking: 2 mg * If smoke ≤ 30 minutes after waking: 4 mg | * Post-quit: Up to 12 weeks * OPTIONAL Pre-quit: Up to 6 months before quit date with smoking reduction | OTC Only: * Generic * Nicorette |
| Nicotine Inhaler (Package Insert) | * May irritate mouth/throat at first (improves with use) | * Local irritation of mouth & throat | * 6-16 cartridges/day * Inhale 80 times/cartridge * May save partially-used cartridge for next day | * Post-quit: Up to 6 months; taper at end * OPTIONAL Pre-quit: Up to 6 months before quitting with smoking reduction | Prescription Only: * Nicotrol inhaler |
| Nicotine Nasal Spray (Package Insert) | * Not for patients with asthma * May irritate nose (improves over time) * May cause dependence | * Nasal irritation | * 1 “dose” = 1 squirt per nostril * 1 to 2 doses/hour; 8 to 40 doses/day * Do NOT inhale | 3-6 months; taper at end | Prescription only: * Nicotrol NS |
| Bupropion SR 150 (Package insert) | Not for use if you: * Use monoamine oxidase (MAO) inhibitor * Use bupropion in any other form * Have a history of seizures * Have a history of eating disorders | * Insomnia * Dry mouth | * Days 1-3: SR 150 mg each morning * Days 4–end: SR 150 mg twice daily | Start 1-2 weeks before quit date; use 2 to 6 months | Prescription Only: * Generic * Zyban * Wellbutrin SR |