

Tobacco Use Prevention and Treatment: Impact on Oral Health

*Sponsored by the Michigan Department of Community Health
Tobacco and Oral Health Sections*



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TOBACCO USE PREVENTION

AND

TREATMENT:

IMPACT ON ORAL HEALTH



Learning Objectives

- Apply evidence-based treatment for patients seeking to become tobacco-free
- Identify the impact of tobacco use on oral health
- Handle patient resistance to quitting tobacco

ADA

Summary of Policy and Recommendations

Regarding Tobacco

7. The Association urges its members to become fully informed about tobacco cessation intervention techniques to effectively educate their patients to overcome their addiction to tobacco. This information should include education on primary prevention of tobacco use.

(Adopted in 1992)

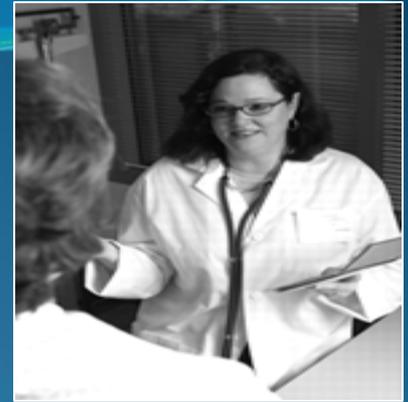
ADA CODE OF ETHICS

Failure to teach and intervene with patients concerning risk factors for oral disease (tobacco use?) is considered unethical behavior

TOMAR, SCOTT L.

Dentistry's role in tobacco control

J Am Dent Assoc 2001 132: 30S-35



Dental practice in the 21st century will increasingly move from a restorative orientation to one of broader promotion of health and well-being. It is

unconscionable to not include aggressive tobacco intervention in that new paradigm.

WHY?

**Dental Professionals
are on the front lines**



**Health educators
and motivators**



**Can show patients
the clinical effects
of tobacco use**

**Can educate about
ramifications of
tobacco use
orally and systemically**

WHY SHOULD THE DENTAL TEAM OFFER THIS VALUABLE SERVICE?

- Duration and intensity of tobacco use directly associated with prevalence of adult periodontal disease
- Poor wound healing/higher post surgical risks
- Improvement toward ruling out implant options
- Teeth staining/rapid discoloration of restorations
- Helps the patient's health and well-being and is life preserving
- Increasing proportion of businesses going smoke-free: public demand and willingness to buy cessation services expected to increase

SMOKING

- Reduces blood flow to your gums and cuts the supply of vital nutrients
- Reduces vitamin C levels, which is needed to keep your gums healthy
- Can cause gum disease, bone loss and tooth loss
- Reduces your saliva flow. Saliva is needed to clean the lining of your mouth and protect teeth from decay
- Raises the mouth's temperature, damaging and killing important cells in your mouth
- Releases tobacco compounds that cause oral cancer (cancer of the mouth)
- Smokers are at much greater risk for developing oral cancer

SMOKELESS TOBACCO

(moist snuff, dip or chewing tobacco)

- **Eats away at your gums and wears them down**
- **Increases your risk of tooth decay and gum disease**
- **Increases the risk of oral cancer**

TOBACCO USE

Periodontal Disease



Tooth Loss



Compromised Nutrition



Diminished Ability to Communicate



Low Self-Esteem

Tobacco complicates:

- Periodontal Disease
- Heart Disease
- Pregnancy
- Osteoporosis
- Diabetes

AS ORAL HEALTHCARE PROFESSIONAL

- We have interviewing skills: can assess and motivate
- We have educating skills: can relate tobacco use to medical and dental conditions
- We have motivating skills: can build trust and rapport with our patients
- We have counseling skills: can listen, encourage, support
 - *Practice builder*
 - *Extremely rewarding*

CHARACTERISTICS OF TOBACCO DEPENDENCY

- Addiction
- Hard to quit
- Withdrawal symptoms difficult
- Lifestyle change needed/change behaviors
- Most people don't know how to quit
- Most people don't know about meds
- Avoid information about health consequences
- Defensive of their tobacco use
- Try to shut down conversation about the tobacco use
- IT'S AN ORAL HEALTH ISSUE!!

NICOTINE DEPENDENCE DISORDER

American Psychiatric Association
DSM IV Criteria

*Diagnostic code(ICD-9-CM)

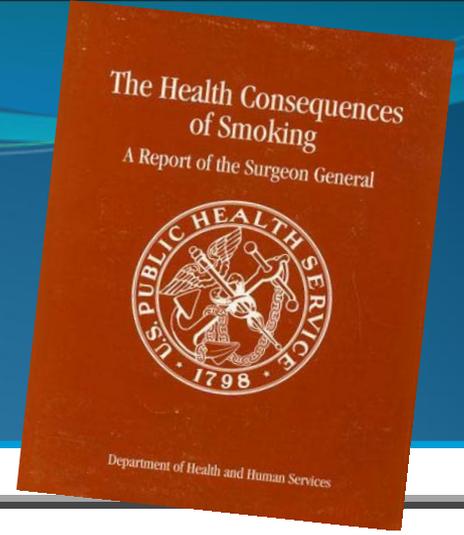
305.1 Tobacco Use Disorder

Cases in which tobacco is used to the detriment of a person's health or social functioning or in which there is tobacco dependence

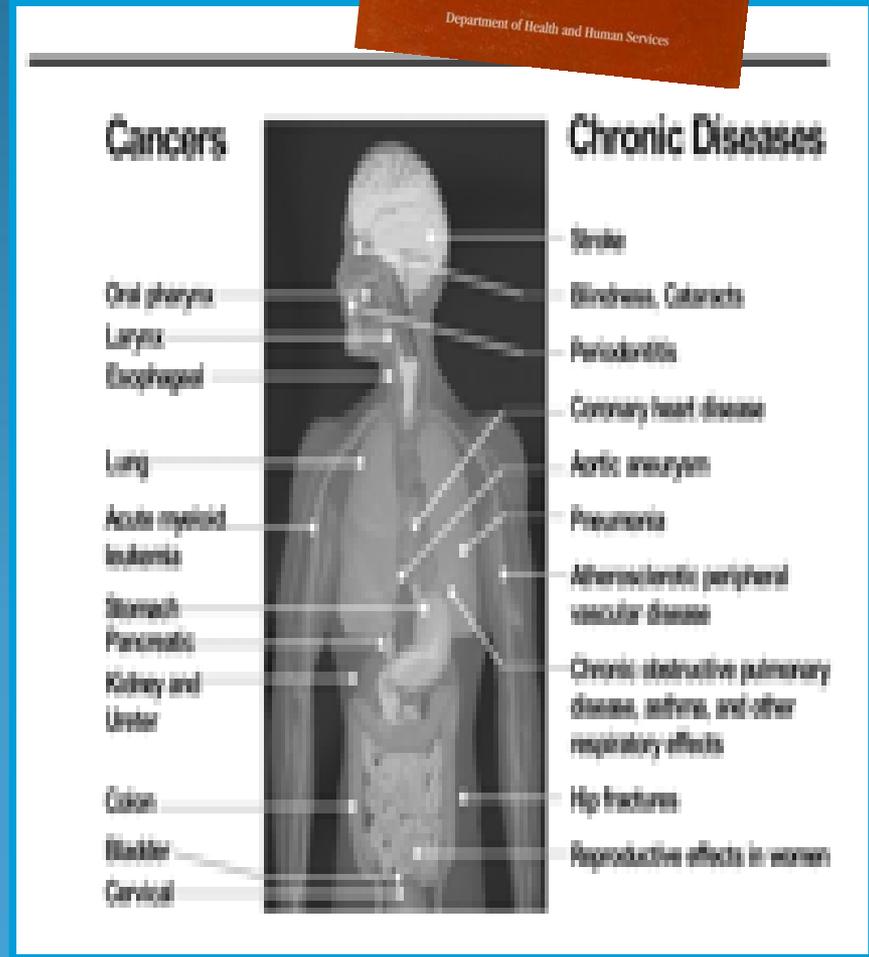
**A chronic and relapsing disease*



USDHHS SURGEON GENERAL'S REPORT ON THE HEALTH CONSEQUENCES OF SMOKING 2004



- Harms nearly every organ of the body
- Quitting has immediate and long-term benefits
- No clear benefit of “light” cigarettes
- List of diseases caused by smoking greatly expanded



NO AMOUNT OF TOBACCO, IN ANY FORM, IS SAFE!

What would do the
most harm:

a. Jumping from a 32
story building?

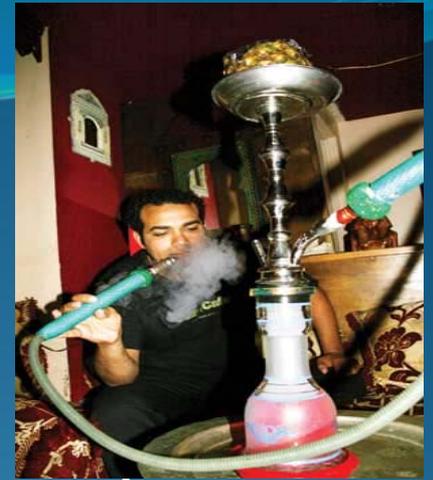
OR

b. Jumping from a 28
story building?



HOOKAH

- Flavored tobacco containing nicotine
- Evidence of addiction
- Shared mouthpieces that are not cleaned = increased risk of communicable diseases
- Secondhand smoke is still present
- Length of session = more nicotine and toxin intake
- Harder and longer drags required on the hookah





2006 REPORT OF THE SURGEON GENERAL: INVOLUNTARY EXPOSURE TO TOBACCO SMOKE

**There is no
safe level of
second-hand
smoke.**

SECONDHAND SMOKE EXPOSURE

- Doubles a child's risk of caries in the primary dentition
- Associated with delayed and irregular tooth formation
- Responsible for over 3000 lung cancer deaths per year
- Results in an increased risk of acute myocardial infarction
- Causes an increased risk of SIDS, asthma, bronchitis and pneumonia in young children
- Contributes to the incidence of middle ear infections and respiratory inflammation in children

SUCCESSFUL CESSATION EVIDENCE-BASED *SCIENCE-DRIVEN TREATMENT*

Application of the NCI model:

*Clinical Practice Guideline for Treating
Tobacco Use and Dependence*

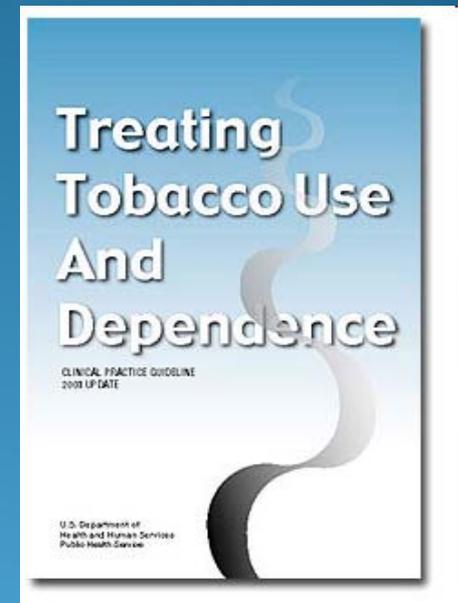
ASK

ADVISE

ASSESS

ASSIST

ARRANGE



BRIEF ADVICE

- Brief advice by a clinician (approximately 3 minutes or less) increases long-term abstinence rates significantly
- Any clinician can and should offer brief advice
- Goal: Every tobacco user is identified and offered at least a brief intervention at each clinical visit

HOW SMOKING IMPACTS DENTAL HEALTH: personalize your message

- Oral Cancer
- Snuff dipper's lesion
- Smoker's palate
- Smoker's melanosis
- Tooth loss
- Staining
- Abrasion
- Periodontal disease (destructive periodontitis, focal recession, acute necrotizing ulcerative gingivitis)
- Gingival bleeding
- Halitosis
- Calculus
- Chronic hyperplastic candidiasis
- Medium rhomboid glossitis
- Hairy tongue
- Oral clefts
- Dental caries
- Dental plaque
- Salivary changes
- Taste and smell



ROBERT MECKLENBERG, DDS

Clinical tobacco use intervention is to periodontal diseases as fluoride and sealant interventions are to dental caries



ADA INSURANCE CODE TITLE

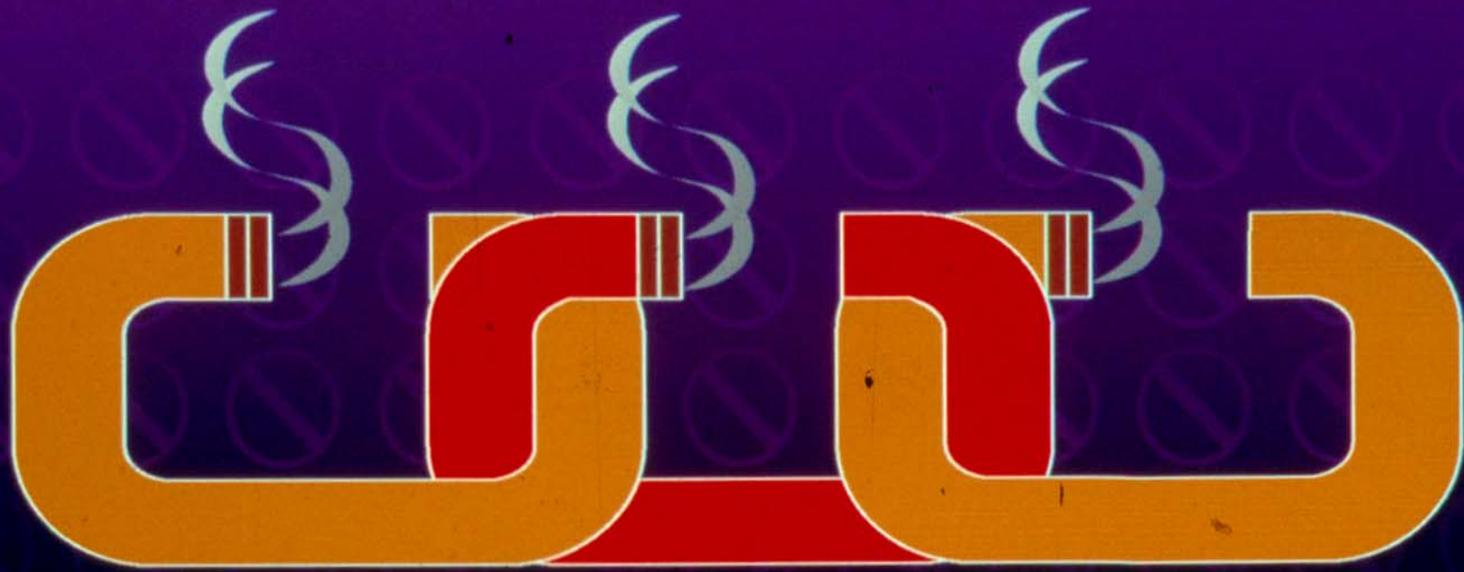
**“Tobacco Counseling
for the
Control and Prevention of Oral Disease”
ADA Insurance Code:
01320**

Resource for treatment codes:
Michigan Cancer Consortium

<http://www.michigancancer.org/WhatWeDo/tob-providerstoolkit.cfm>

see Michigan Providers Tobacco Cessation Tool Kit

What prevents most people from quitting . . .



Psychological
Dependence

Nicotine
Addiction

Social
Factors

... for good?

WHAT TO SAY????

Shift focus away from obstacles and barriers

- *Open-ended questions: Tell me more about your difficulties with this.*
- *Emphasize benefits*
- *“It’s not easy, but you can do it. We can help.”*
- *If you don’t make any change, what do you think will happen?*

"TALKING TOBACCO" WITH YOUR PATIENT

Interaction	Information	Open-Ended Questions
<p><i>Provide Advice</i> Smoking is harmful to your health. As your dentist/dental hygienist/dental assistant, I advise you to stop smoking.</p>		How do you think smoking is related to your health?
<p><i>Assess Motivation</i> To be a successful ex-smoker, you need to make a serious commitment and make a plan to stop smoking.</p>		How do you feel about trying to stop smoking?
<p><i>Assess Past Experience</i> Often there are many things you can learn from your past attempts at stopping.</p>		How did it go the last time you stopped?
<p><i>Discuss Problems</i> Certain situations, thoughts or feelings can bring on the urge to smoke.</p>		What problems do you anticipate if you stop now?
<p><i>Discuss Resources</i> Choosing other behaviors to substitute for smoking is easier if you plan ahead.</p>		What do you believe will enable you to be successful at stopping?
<p><i>Negotiate Plan</i> When developing a plan to stop smoking, it is important to choose a quit date.</p>		What date do you select to stop your tobacco use within the next 30 days?
<p><i>Arrange Follow-Up</i> I'd like to make arrangements to make contact with you in 1 or 2 weeks to follow your progress.</p>		What kind of follow-up from us would be helpful to you?



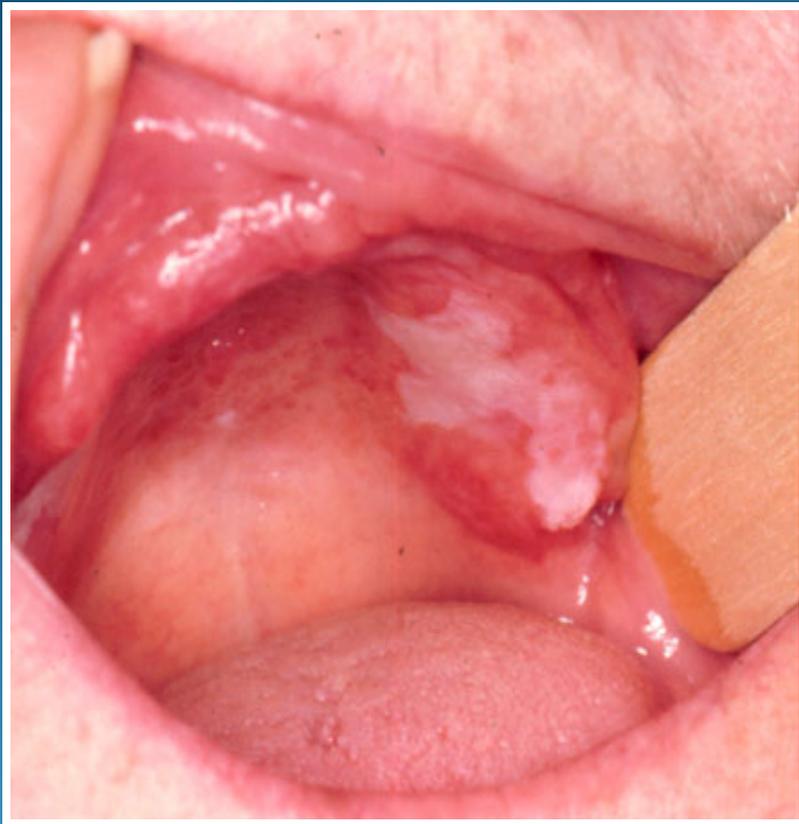
A GOOD RESPONSE FOR A CLINICIAN WHO HAS NEVER USED TOBACCO:

- “I’ve had training to help tobacco users quit”.
- “Male physicians help women have babies without experiencing birth”.

FOCUS ON “GAIN-FRAMED” MESSAGES

Quitting smoking can:

- *Decrease stains on your teeth and gums*
- *Prevent bad breath*
- *Lessen the amount of tartar and build-up on your teeth*
- *Protect gum tissue*
- *Improve healing after a tooth extraction or other oral surgery*
- *Reduce your risk of oral cancer*



ORAL CANCER



**TISSUE
CHANGES**

EARLY WARNING SIGNS OF ORAL CANCER

- A swelling, lump, or growth in the mouth that does not heal
- White or red patches inside the mouth that don't go away
- Loose teeth for no apparent reason
- Pain when swallowing
- Persistent sore throat
- Difficulty swallowing or in opening your mouth
- A nagging cough or persistent hoarseness
- Unusual bleeding in your nose or mouth
- Numbness or tingling in your lips or tongue

**When providing the regular oral cancer screening exam, use it as an opportunity to educate the patient about tobacco*

EFFECTIVE TREATMENT IS AVAILABLE!

- It takes most smokers 8-10 attempts at quitting before being successful : “skillpower”
- *FDA approved pharmacotherapy + behavioral approach can double the success rate*

OPTIONS FOR QUITTING

- Cold Turkey

or

- Telephone Quitline
- Online Counseling
- Group Counseling
- Individual Counseling
- Any of the above + FDA approved medication

HELP THE PATIENT WITH A QUIT PLAN

- Discuss barriers to success and ways to overcome them
- Personalize benefits
- Identify patient triggers to tobacco use and ways to overcome them
- Identify coping strategies
- Set quit date within the next 30 days
- Provide support materials



WORKSHEET FOR YOUR QUIT PLAN

By thinking things through in advance, and by choosing a date to quit, the likelihood of success is greatly increased. Answer these questions to prepare to be a successful quitter.

- Why do I want to quit?
- What are some of the benefits of me quitting soon?
- If I tried to quit in the past, what helped? And where did I stumble?
- What are the situations I personally need to avoid as my quit date arrives?
- How do I avoid weight gain?
- How will I handle situations that will urge me to smoke?
- Who are the members of my “quit team?” Who is going to back me up when I need someone to talk to about the urges, the cravings, the crazies?
- Who else can help me be successful at quitting?
- What should I expect from withdrawal symptoms and how can I prepare for this?
- Should I consider using medication to help me succeed?

FDA APPROVED MEDICATIONS

FDA Approved Medication	Contains Nicotine	Contains No Nicotine	Prescription Needed
Bupropion SR		X	X
Chantix		X	X
Nicotine inhaler	X		X
Nicotine nasal spray	X		X
Nicotine patch	X		
Nicotine gum	X		
Nicotine lozenge	X		

SETTING UP AN EFFECTIVE TOBACCO-TREATMENT PROGRAM

- Offer Options
- Remove Barriers
- Link Quitting to Each Patient's Current Medical and Dental Condition
- Offer Tobacco-Treatment Training for Staff
- Designate Champions and Coordinator:
 - Needs assessment
 - Assign tasks
- Design "Treatment Kit" or Set-up" (as in tray set-ups)
- Set Goals and Track Results
- Establish Ongoing Continuing Education



MEDICO LEGAL IMPLICATIONS

- “Obligated” to address?
- Need to record/document that you **ASKED** and **ADVISED**, and at a minimum
 - **REFER**, if you will not provide counseling

Tools



Walk your patients through their individualized plan to quit.

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT -

You Can Quit Spit Tobacco

SUPPORT AND ADVICE FROM YOUR CLINICIAN

A PERSONALIZED QUIT PLAN FOR: _____

WANT TO QUIT USING SPIT TOBACCO?

- ▶ Spit tobacco contains more nicotine than cigarettes. Nicotine is as addictive as narcotic drugs like heroin, cocaine, or alcohol.
- ▶ Quitting is hard, but you can do it.
- ▶ Many people try 2 or 3 times before they quit for good.
- ▶ Each time you try to quit, you are more likely to succeed.
- ▶ Spit tobacco is not a safe alternative to cigarettes.

GOOD REASONS FOR QUITTING:

- ▶ Spit tobacco contains over 28 cancer causing ingredients.
- ▶ 75% of mouth and throat cancers are caused by tobacco and only 1/2 of the people diagnosed with oral cancer are alive 5 years after the diagnosis.
- ▶ You will lower your risk of heart disease and high blood pressure caused by nicotine use.
- ▶ Your breath will be cleaner.
- ▶ You will reduce your risk of stained teeth and tooth loss.

TIPS TO HELP YOU QUIT:

- ▶ Get rid of ALL spit tobacco and related products in your home, car, or workplace.
- ▶ Ask your family, friends, and coworkers for support.
- ▶ Keep yourself busy.
- ▶ Reward yourself often.

QUIT AND SAVE YOURSELF MONEY:

- ▶ At \$3.00 or more a can, you will save a lot of money when you quit.
- ▶ What else could you do with this money?

Adapted from material available from the U.S. Department of Health and Human Services, Public Health Service.
South Dakota Department of Health QuitLine 1-866-SD-QUITS (1-866-737-8487)

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT—

You Can Quit Smoking

Support and advice from your clinician

A PERSONALIZED QUIT PLAN FOR: _____

WANT TO QUIT?

- ▶ Quitting is a gradual addiction
- ▶ Quitting is hard, but you can do it
- ▶ Many people try 2 or 3 times before they quit for good
- ▶ Each time you try to quit, you are more likely to succeed

GOOD REASONS FOR QUITTING:

- ▶ You will lower your risk of heart disease

FIVE KEYS FOR QUITTING | YOUR QUIT PLAN

	1. GET READY: <ul style="list-style-type: none"> ▶ Get a quit date and stick to it (at least one a single goal) ▶ Think about your quit strategy: "What works best for me?" 	1. YOUR QUIT DATE: _____ _____
	2. GET SUPPORT AND ENCOURAGEMENT: <ul style="list-style-type: none"> ▶ Tell your family, friends, and coworkers you are quitting. ▶ Talk to your doctor or other health care provider. ▶ Get group, individual, or telephone counseling. 	2. WHO CAN HELP YOU: _____ _____
	3. LEARN NEW SKILLS AND BEHAVIORS: <ul style="list-style-type: none"> ▶ When you have to quit, change your routine. ▶ Reduce stress. ▶ Develop yourself like you're in school. ▶ Have something enjoyable to do every day. ▶ Drink alcohol, eat, and take baths. 	3. SKILLS AND BEHAVIORS YOU CAN USE: _____ _____
	4. GET MEDICATION AND USE IT CORRECTLY: <ul style="list-style-type: none"> ▶ Talk with your health care provider about which combination will work best for you. ▶ Nicotine gum—available by prescription. ▶ Nicotine patch—available over the counter. ▶ Nicotine inhaler—available by prescription. ▶ Nicotine nasal spray—available by prescription. ▶ Nicotine lozenge—available over the counter. 	4. YOUR MEDICATION PLAN: Medication: _____ Quit date: _____ _____
	5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS: <ul style="list-style-type: none"> ▶ Avoid alcohol. ▶ Be careful around other smokers. ▶ Remember you should do ways other than smoking. ▶ Use a healthy line and stay calm. 	5. HOW WILL YOU PREPARE? _____ _____

Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.

Following plan: _____
 Other information: _____
 Referral: _____

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health
Call: 1-800-CDC-INFO
<http://www.cdc.gov/tobacco/>

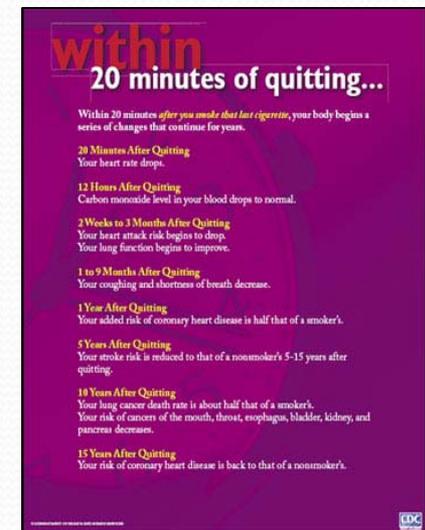
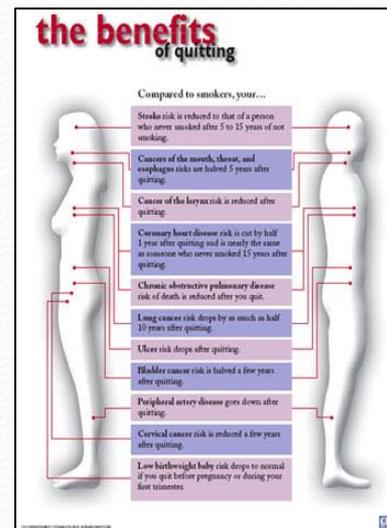
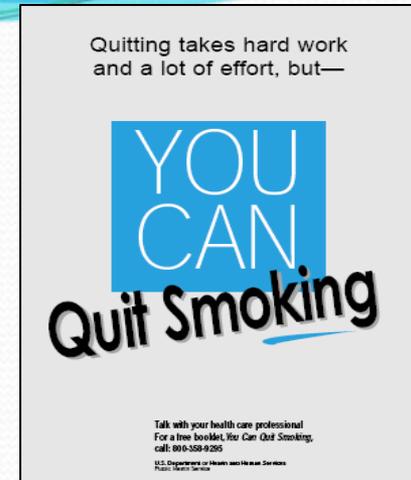
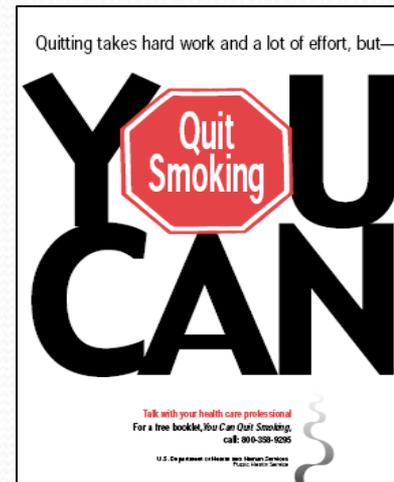
Posters & Brochures

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health
Call: 1-800-CDC-INFO

<http://www.cdc.gov/tobacco/>





What you can do at home:

1. Protect your children from tobacco smoke at all times.
2. If you smoke, quit! You will feel better and so will your children. To help you, free quit kits are available by calling 1-800-537-5666.
3. Limit your quit, do not smoke around your children. Smoke out-of-doors and away from your children.
4. Limit your quit, do not smoke where children can see you. If you do see you smoke, they may learn to believe that smoking is a healthy behavior.
5. Quitting can be difficult, but don't quit calling! Call 1-800-480-7848 for free help.
6. Call the EPA for a Smoke-Free Home Package at 1-800-228-6882. Learn how to make your home smoke-free.

What you can do about child care:

1. Choose child care carefully.
2. Express your concern that you don't want your children exposed to second-hand smoke.
3. If smoking is allowed, you have the right to ask for healthier child care options for your child.

Remember: Children exposed to tobacco smoke can become ill.

Remember: Protecting children from tobacco smoke is good medicine. Your child's health depends on it.

FOR MORE INFORMATION, CONTACT:

- Your family doctor or your child's doctor.
- Michigan Department of Community Health, Health Promotion & Publications, Network Section, 1000 N. State St., 1st Fl., Lansing, Michigan 48920 (517) 335-6376.
- Michigan AC Association, Community-Centered Child Care, 870 Catherine Way, Lansing, Michigan 48917 (517) 487-4171.

FREE QUIT AIDS ARE AVAILABLE FOR EVERYONE!

1-800-537-5666
For Free Help with Quitting, Call **1-800-480-7848**

Michigan Department of Community Health
MDCH
Jennifer M. Depaepe, Governor
Jason Chavkin, Director

A note for parents on Smoking Around Children




At high exposure levels, nicotine is potentially lethal poison. Secondhand smoke is the only source of nicotine in the air.

FIRST HAND Facts ON SECONDHAND SMOKE

Michigan Providers Tobacco Cessation Tool Kit

<http://www.michigancancer.org/WhatWeDo/tob-providerstoolkit.cfm#patients>



U.S. Environmental Protection Agency
National Center for Environmental Publications (NSCEP)
P.O. Box 42419
Cincinnati, OH 42419
www.epa.gov/smokefree/publications.html

Secondhand
Tobacco Smoke
and the Health
of Your Family



Make your home smoke-free.
Prohibit smoking in the home.
Prohibit smoking in the car.
Prohibit smoking in the workplace.



1 Educational Cases

2 Patient Education and Practice Tools

3 Forum: chat with others

? Ask-A-Question

Question of the week
Read about friendly Question of the week contest [HERE](#)

 **New: Practice Action Plan!**

Instructions for the course:

Although you may navigate the site in any order you wish, we recommend three steps.

- 1** : Complete interactive "[Educational Cases](#)"
- 2** : Visit the "[Patient Education and Practice Tools](#)" to download patient education materials and other practice resources, find out where to refer patients and read more evidence
- 3** : Visit the "[Forum](#)" to chat with other dental providers or send a message to the course directors

Also, read how others have integrated prevention into their [practice](#), check out latest [headlines](#).

Providers' Stories



[Read how others made it work](#)

Headlines

[Read more headlines](#)

OralCancerPrevention.org Site Now Open to All!
[more ...](#)

Resource for Oral Healthcare Providers:
www.oralcancerprevention.org

Resource for Oral Healthcare Providers

http://www.ctri.wisc.edu/HC.Providers/healthcare_dentists.htm



The banner features the UW-CTRI logo on the left, a search bar, and a central teal section with a stethoscope icon and the text "HEALTHCARE PROVIDERS Tools for Treating Tobacco Dependence". To the right is a photo of a man and a woman in a clinical setting. Below the teal section is a black navigation bar with white text: "NEWS CENTER | QUIT LINE | UW-CTRI PUBLICATIONS | ABOUT CTRI".



Quit Line



Researchers



Healthcare Providers



Smokers



Insurers



Employers

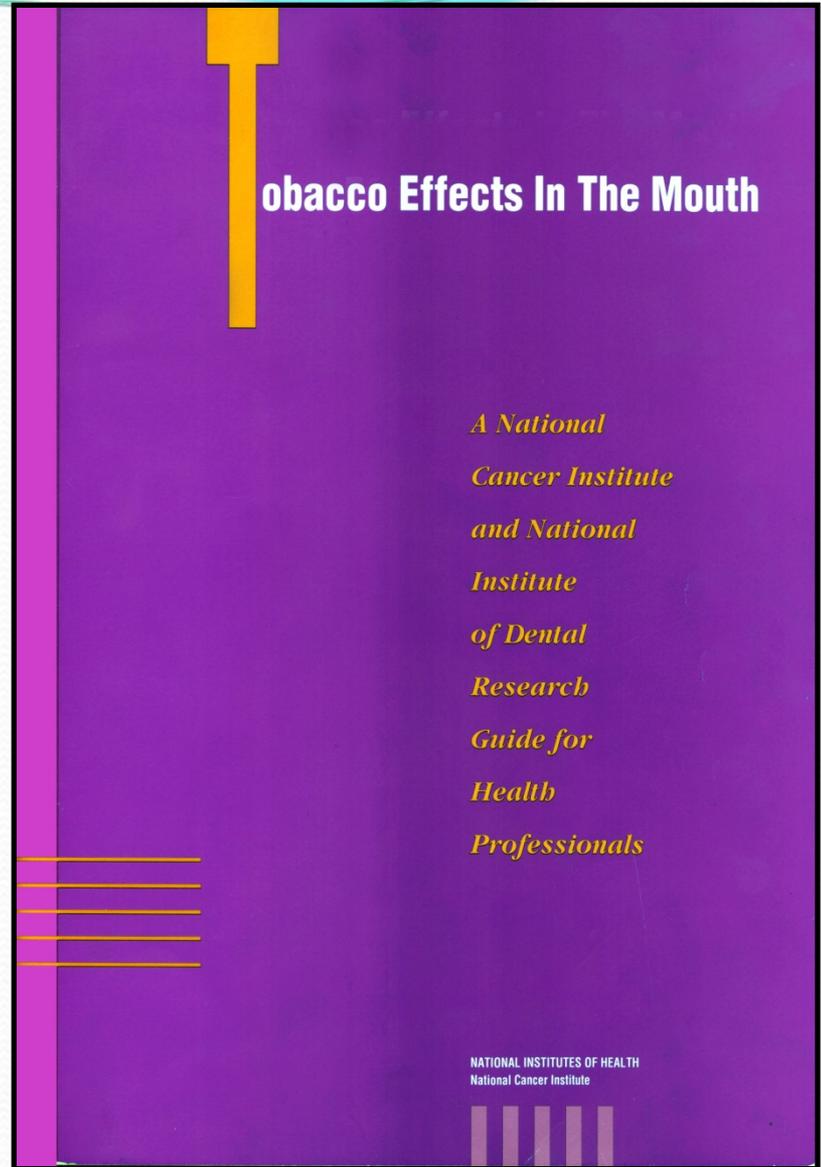
Tobacco-Treatment Resources for Dentists and Hygienists

Tobacco use is the leading cause of preventable disease and death in America.

- [Wisconsin Dental Association Journal article, February 2010](#)
- **Wisconsin Dental Examining Board:** [Treatment of Tobacco Use is Within the Scope of Dentistry](#)
- Fact Sheets: [Treating Tobacco Use in Dental Clinics](#)
- One-Pager: [Brief Intervention to Help Dental Patients Quit Tobacco](#)
- [Other Resources for Dental Professionals](#)



A guide published by the
National Cancer Institute and
the National Institute of Dental
and Cranio-facial Research



Tobacco and Your Oral Health

Author(s)/Editor(s):

**Christen, Arden G and Klein, Jennifer
A**

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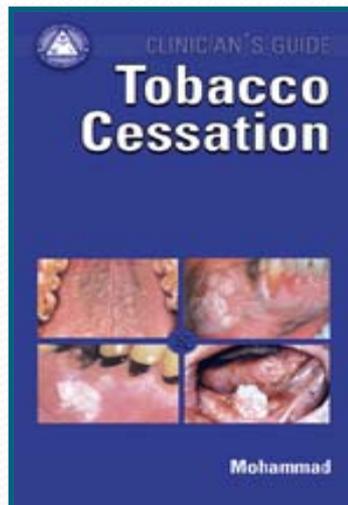
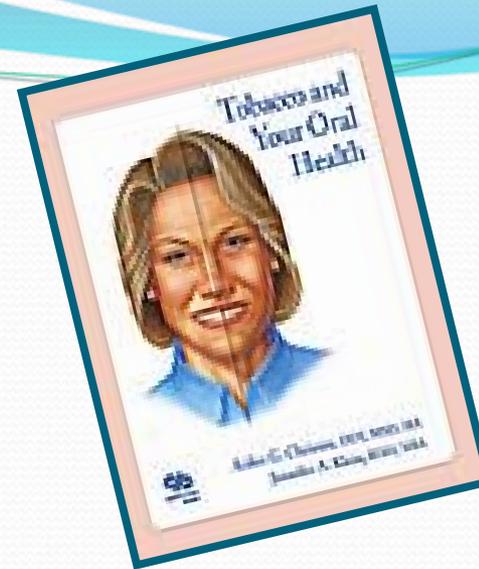
Price: ~\$ 19.50

Stock #: B3261

630/682-3223

800/621-0387

www.quintpub.com



Clinician's Guide Tobacco Cessation

**Author: Abdel Rahim Mohammad,
DDS, MS, MPH, FAAOM, FACD**

For oral healthcare professionals

American Academy of Oral Medicine

BC Decker

bcdecker.com

Resources

- American Academy of Oral Medicine

<http://www.aaom.com/index.cfm>

- Oral Health Network on Tobacco use Prevention and Cessation (OHNTPC)

<http://www.tobacco-oralhealth.net/news/news.asp>

- Oral Effects of Tobacco Use
The Maxillofacial Center for Diagnostics & Research

<http://www.maxillofacialcenter.com/TobaccoEffects.html>



PATIENT INFORMATION SHEET

Oral Changes Associated with Tobacco Use

The oral changes from tobacco use range from harmless soft tissue changes to a life-threatening oral cancer. Your dentist is trained to perform an oral examination to detect tobacco use related abnormalities. Some of the more common of these are discussed below:

Smoker's Melanosis

Smoker's melanosis (see Right) is increased tissue pigmentation, or darkening, due to irritation from tobacco smoke. Typically this pigmentation occurs on the gingiva (gums) of the upper and lower front teeth. The amount of pigmentation increases with greater tobacco use, and is more common in females; it occurs in 5.0 - 22% of cigarette and pipe smokers. There is no treatment for smoker's melanosis; however, tissues typically return to normal color in six to 36 months after quitting smoking.



Periodontal Disease

The evidence is overwhelming that smoking contributes to periodontal disease (see Right) and that continued smoking results in a reduced response to periodontal treatment. There is a greater amount of bone loss around teeth in smokers and individuals who smoke are more likely to lose teeth than nonsmokers. It is reported that more than half of advanced gum disease can be linked to tobacco use.



Nicotinic Stomatitis



In nicotinic stomatitis, the hard palate (roof of the mouth) appears white instead of pink, and numerous, small raised areas with red centers are found throughout the palate (see Left). These red areas are irritated minor salivary glands whose duct openings are inflamed in response to the heat from tobacco products. This lesion is most commonly seen in older male tobacco users who smoke pipes but it also can be found in cigar and cigarette smokers.