

TREATING TOBACCO USE + DEPENDENCE

A Toolkit for Dental Office Teams



Given the enormous public health burden imposed by tobacco use, it is critical that all healthcare clinicians address this issue. Smoking and tobacco use directly and negatively impact oral health and extant research indicates that dental professionals can have an impact on the health behaviors of patients. Thus, it is very important that dentists and hygienists intervene with their patients that use tobacco.

Recommendations and strategies for treating tobacco use and dependence are presented in the, U.S. Department of Health and Human Services, Public Health Service 2008 Clinical Practice Guideline: Treating Tobacco Use and Dependence. The guideline is the result of an extraordinary partnership among Federal Government and nonprofit organizations. It provides 10 key recommendations to assist clinicians in delivering and supporting effective treatments for tobacco use and dependence, that is built around the 5 A's brief intervention model (Ask, Advise, Assess, Assist, and Arrange).

**EACH YEAR
1,600**
MONTANA FAMILIES suffer the loss of a loved one due to a preventable death caused by tobacco use. One in two current smokers in Montana will die prematurely if they don't quit. Others will suffer multiple health complications.

THE GUIDELINE STATES:

- + "That tobacco dependence treatment delivered by a variety of clinician types increases abstinence rates. Therefore, all clinicians (physician, nurse, dentist, psychologist or counselor) should provide smoking cessation interventions." (pg 87)
- + "The clinician audience for this Guideline update is all professionals who provide health care to tobacco users. This includes: physicians, nurses, physician assistants, medical assistants, dentists, hygienists.... The ultimate beneficiaries of the Guideline are tobacco users and their families." (pg 14)

This packet is designed to assist dental offices with integrating the brief intervention recommended by the guideline into standard office procedures and successfully intervene with their patients that use tobacco. It provides tools and resources to help you, help your patients, quit.

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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The "5 A's" model for treating tobacco use and dependence is recommended for providing brief interventions in clinical settings.

ASK

ABOUT TOBACCO
USE AT EVERY VISIT

Asking the tobacco use question is the first step in the coaching process. Tobacco users are often viewed as outcasts in our society. Because many of them feel

defensive, it's wise to approach all tobacco cessation conversations with care and a sympathetic view. No one who starts using tobacco wants to become addicted. Present yourself as someone who wants to help your patient.

DIRECT APPROACH EXAMPLES

- + Do you currently use tobacco or have you used tobacco in the last six months?
- + Do you smoke or use chewing tobacco?
- + How long have you been smoking and/or using tobacco?

CONVERSATIONAL APPROACH EXAMPLES

- + From your health history, I notice that you use tobacco.
- + Is there any one in your life who is encouraging you to stop smoking (or using tobacco?)
- + Our oral exam revealed that you have periodontal disease. As your dental provider it's important to let you know that smoking is a major factor in the onset and progression of this disease.

ADVISE

ALL TOBACCO USERS TO QUIT

In a clear, strong and personalized manner, urge every tobacco user to quit.

EXAMPLES:

- + One of the most important things you can do to improve your dental health is to stop using tobacco, and I can help you.
- + If you want to make a change in your life that would positively impact you in a number of ways, stopping the use of tobacco is the best place to start.
- + I notice that your gum line is receding. Stopping your tobacco use will arrest that recession of your gum tissue.
- + You have some white areas in your gum tissue. I don't want to alarm you, but that is leukoplakia and its evidence that cellular change is taking place. If you stop using tobacco, there's better than a 96% chance that this area will disappear.
- + I'd like to show you some changes in your mouth caused by tobacco use.
- + The No.1 cause of periodontal disease is tobacco use. Have you thought seriously about quitting?



ASSESS

READINESS TO QUIT

In a caring manner, assess whether the tobacco user is willing to make a quit attempt.

EXAMPLES

- + What are your thoughts about quitting?
- + How do you feel about making a quit attempt?
- + Quitting tobacco is one of the most important things you can do to improve your oral health. If you're ready to make a quit attempt, I can help you.
- + Quitting tobacco is one of the most important things you can do to improve your oral health. How do you feel about quitting?
- + Are you interested in quitting in the next two weeks?

READINESS SCALE TOOL

Use this simple tool to gauge your patient's readiness to quit and to provide you with an opening to talk to your patients about their tobacco use.

On a scale of 1 to 10, with 1 being no desire to quit and 10 being ready to quit today, where are you in your desire to quit smoking?

1 2 3 4 5 6 7 8 9 10

Sample Follow-up Questions to Readiness Scale:

- If a tobacco user indicates s/he is a 5, ask them, "What has to happen to move you up the scale, to a 6 or an 8?"

- Why did you say you were a 5 instead of a 3?

Other questions that can be applied to this scale:

On a scale from 1 – 10, how important would you say it is for you to quit?

- Why are you at a ___ and not a (lower number)?

On a scale from 1 – 10, how confident would you say you are, that if you decided to quit, you could do it?

- What would it take to move your confidence up one or 2 numbers?

ASSIST

YOUR PATIENT WITH QUITTING

Research shows that the combination of coaching and medication gives your patient the best chance of becoming a successful quitter.

Help the patient with a quit plan. A patient's preparations for quitting (STAR)

- Set a quit date. Ideally, the quit date should be within 2 weeks.
- Tell family, friends, and coworkers about quitting and request understanding and support.
- Anticipate challenges to the upcoming quit attempt, particularly during the critical first few weeks. These include nicotine withdrawal symptoms.
- Remove 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 FDA approved medication, except where contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers and adolescents).

Explain how these medications increase quitting success and reduce withdrawal symptoms. There is insufficient evidence to recommend medications for pregnant women, adolescents, smokeless tobacco users and light (< 10 cigarettes/day) smokers. COUNSELING SHOULD INCLUDE practical problem solving skills and providing support and encouragement.

- + Develop coping skills. Identify and practice coping or problem-solving skills.
- Learning to anticipate and avoid temptation and trigger situations.
 - Learning cognitive strategies that will reduce negative moods.
 - Accomplishing lifestyle changes that reduce stress, improve quality of life, and reduce exposure to smoking cues.
 - Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention; changing routines).

5 A'S MODEL

- + Provide basic information about smoking and successful quitting.
 - The fact that any smoking (even a single puff) increases the likelihood of a full relapse.
 - Withdrawal symptoms typically peak within 1-2 weeks after quitting but may persist for months. These symptoms include negative mood, urges to smoke, and difficulty concentrating.
 - The addictive nature of smoking.
- + Encourage the patient about the quit attempt.
 - Note that effective tobacco dependence treatments are now available.
 - Note that one-half of all people who have ever smoked have now quit.
 - "You can do this. We can help."
 - Encourage patient self-efficacy.
 - Communicate care and concern.
 - Ask how patient feels about quitting.
 - Directly express concern and willingness to help as often as needed.
 - Ask about the patient's fears and ambivalence regarding quitting.
- + Encourage the patient to talk about the quitting process.

Ask about:

 - Reasons the patient wants to quit.
 - Concerns or worries about quitting.
 - Success the patient has achieved.
 - Difficulties encountered while quitting.

PROVIDING COUNSELING

- + Provide practical counseling.
 - Abstinence. Striving for total abstinence is essential. "Not even a single puff after the quit date."
 - Past quit experience. Identify what helped and what hurt in previous quit attempts. Build on past success.
 - Anticipate triggers or challenges for the upcoming attempt. Discuss challenges/triggers and how patient will successfully overcome them (e.g., avoid triggers, alter routines). Emphasize self- efficacy.
 - Alcohol. Since 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 not smoke in their presence.
 - Learning to anticipate and avoid temptation and trigger situations.
- + Provide intra-treatment 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."
- + Provide supplementary materials, including information on quit lines.

Sources: Quit line network (1-800-QUIT-NOW), or local/state/tribal health departments/ quit lines.

Type: Culturally/racially/educationally/age appropriate for the patient.

Location: Readily available at every clinician's workstation.
- + Recognize danger situations. Identify events, or activities that increase the risk of smoking or relapse.
 - Negative affect and stress
 - Being around other tobacco users
 - Drinking alcohol

PATIENTS NOT READY TO QUIT

If your patient has no interest in quitting, tell s/he that you respect their decision but let them know that you'd like to re-open the discussion at a future appointment. Invite them to take a quitline card in case they are curious about calling a quit tobacco coach to ask questions or talk about making a quit attempt. You can also use the "5 R's" approach to enhance your patient's motivation to quit.

Enhancing Motivation to Quit Tobacco – the "5 R's"

RELEVANCE

Encourage the patient to indicate why quitting is personally relevant, being as specific as possible. Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation (e.g., having children in the home), health concerns, age, gender and other important patient characteristics (e.g., prior quitting experience, personal barriers to cessation).

RISK

The clinician should ask the patient to identify potential negative consequences of tobacco use.

Suggest and highlight those that seem most relevant to the patient. The clinician should emphasize that smoking low-tar/low-nicotine cigarettes or use of other forms of tobacco (e.g., smokeless tobacco, cigars and pipes) will not eliminate these risks. Examples of risks are:

- Acute risks: Shortness of breath, exacerbation of asthma or bronchitis, increased risk of respiratory infections, harm to pregnancy, impotence, infertility, and periodontal disease.
- Long-term risks: Heart attacks and strokes, lung and other cancers, chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability and need for extended care.
- Environmental risks: Increased risk of lung cancer and heart disease in spouses; increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease and respiratory infections in children of smokers.

REWARDS

Ask the patient to identify potential benefits of stopping tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient. Examples of rewards:

- Improved health.
- Food will taste better.
- Improved sense of smell.
- Saving money.
- Better self-esteem.
- Home, car, clothing and breath will smell better.
- They'll set a better example for children and decrease the likelihood that they will smoke.
- Healthier babies and children.
- Better physical fitness.
- Improved appearance, including reduced wrinkling/aging of skin and whiter teeth.

ROADBLOCKS

The clinician should ask the patient to identify barriers or impediments to quitting and provide treatment (problem-solving counseling, medication) that could address barriers. Typical barriers might include:

- Withdrawal symptoms.
- Fear of failure.
- Weight gain.
- Lack of support.
- Depression.
- Enjoyment of tobacco.
- Being around other tobacco users.
- Limited knowledge of effective treatment options.

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 and that you will continue to raise their tobacco use with them.

MOTIVATIONAL INTERVIEWING STRATEGIES

Express Empathy

- Use open-ended questions to explore:
 - The importance of addressing smoking or other tobacco use (e.g., "How important is it for you to quit?").
 - Concerns and benefits of quitting (e.g., "What might happen if you quit?")
- Use reflective listening to seek shared understanding:
 - Reflect words or meaning (e.g., "So you think smoking helps you to maintain your weight").
 - Summarize (e.g., "What I have heard so far is that smoking is something you enjoy. On the other hand, your boyfriend hates your smoking and you are worried you might develop a serious disease.>").
- Normalize feelings and concerns (e.g., "Many people worry about managing without cigarettes.>").
- Support the patient's autonomy and right to choose or reject change (e.g., "I hear you saying you are not ready to quit smoking right now. I'm here to help you when you are ready.>").

Develop Discrepancy

- Highlight the discrepancy between the patient's present behavior and expressed priorities, values and goals (e.g., "It sounds like you are very devoted to your family. How do you think your smoking is affecting your children and spouse/partner?").
- Reinforce and support "change talk" and "commitment" language.
 - "So, you realize how smoking is affecting your breathing and making it hard to keep up with your kids."
 - "It's great that you are going to quit when you get through this busy time at work."
- Build and deepen commitment to change.
 - "There are effective treatments that will ease the pain of quitting, including counseling and many medication options."
 - "We would like to help you avoid a stroke like the one your father had."

Roll with Resistance

- Back off and use reflection when the patient expresses resistance.
 - "Sounds like you are feeling pressured about your tobacco use."
- Express empathy.
 - "You are worried about how you would manage withdrawal symptoms."
- Ask permission to provide information.
 - "Would you like to hear about some strategies that can help you address that concern when you quit?"

Support Self-Efficacy

- +
 - Help the patient to identify and build on past successes.
 - “So you were fairly successful the last time you tried to quit...”
 - Suggest options for achievable small steps toward change.
 - Call the Montana TobaccoQuit Line (1-800-QUIT-NOW) for advice and information
 - Read about quitting benefits and strategies
 - Change smoking patterns (e.g., no smoking in the home)
 - Ask the patient to share his or her ideas about quitting strategies



ARRANGE

FOLLOW UP WITH PATIENT

Tobacco dependence is an addiction. Quitting is challenging for most tobacco users. The patient who is trying to quit should have follow-up options when s/he leaves your office. This is especially important when the treatment is shared by a team of clinicians and includes treatment extenders such as quit line counseling. Urge the patient who is making a quit attempt to contact their primary care provider about their plan to make a quit attempt. This will give your patient the best chance of being a successful quitter.

When you see your patient again, ask how the quit attempt is going. 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.

TIMING

Follow-up contact should begin soon after the quit date, preferably during the first week. The reason for this is that many patients trying to quit have their worst withdrawal symptoms during the first week when they are at greatest risk for relapse. At a minimum, a second follow-up contact is recommended within the first month. Schedule follow-up contacts as needed.

ACTIONS DURING FOLLOW-UP CONTACT

For all patients, identify problems already encountered and anticipate challenges in the immediate future. Assess medication use and any problems. Remind patients of quitline support (1-800-QUIT-NOW). Address tobacco use at next visit (treat tobacco use as a chronic disease).

MEDICATIONS

The United States Public Health Service guidelines for quitting tobacco use recommend a combination of counseling and medication to give your patient the best chance of becoming a successful quitter. Your patient's primary care provider is your partner in helping the patient to quit. Ideally, treatment is shared between a team of clinicians (dental and medical). This includes treatment extenders such as the Montana Tobacco Quit Line.

The following medications are approved by the FDA for that purpose, and can significantly increase chances of quitting. Talk to your doctor to find the right fit for you.



Bupropion SR 150 generic (Zyban)

Bupropion SR is a prescription pill marketed under the brand name Zyban. It is also available generically. It is designed to help reduce cravings for nicotine. It can also relieve symptoms of depression for some patients. This is not for use if you have a history of seizures or eating disorders or are currently using a monoamine oxidase (MAO) inhibitor or any other form of bupropion (such as Zyban or Wellbutrin). Treatment is recommended for seven to 12 weeks. Begin taking bupropion 7-14 days prior to your quit date. On July 1, 2009, the FDA issued a boxed warning for use of bupropion. For more information, visit the FDA Web site: <http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm169988.htm>

Nicotine Replacement Therapies (NRT)

Unlike the high risk of addiction to tobacco use, the risk of addiction to NRT is very low.

MEDICATIONS



Patch

Patches are designed to provide a steady stream of nicotine through your skin over a designated time (16-24 hours, depending on the product). The patch is available via prescription or over the counter (OTC). It's designed to give you enough nicotine to ease cravings. Treatment is typically recommended for six to eight weeks.



Gum

This OTC product is recommended for smokers who want something to turn to when experiencing urges to smoke. Chew up to 20-30 pieces a day for six to eight weeks. Use the 4 mg gum if you're smoking 25 cigarettes or more per day. Use the 2 mg gum if you're smoking less than 24 cigarettes a day.



Lozenge

This OTC medication is usually used eight to 12 weeks. If you typically have your first cigarette within 30 minutes of awakening, use the 4 mg dose. Otherwise use the 2 mg dose. Patients are urged to use at least 6 to 12 lozenges per day.



Varenicline (Chantix)

Varenicline is a quit-smoking pill available by prescription only. Varenicline is intended to block some of the rewarding effects of nicotine (the addictive drug in tobacco products) while preventing the withdrawal most people feel after they quit. Begin taking varenicline seven days prior to your quit date. Recommended treatment is 12 weeks. The most common side effects include nausea, headache, trouble sleeping and abnormal dreams. The FDA and manufacturer warn that varenicline patients have reported depressed mood, agitation, behavior changes, thoughts of suicide and some have committed suicide. If you experience a change in mood or behavior while taking this medication, inform your clinician. On July 1, 2009, the FDA issued a boxed warning for use of varenicline. For more information, visit the FDA Web site: <http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm169988.htm>

YOU ARE URGED TO NOTIFY YOUR PRIMARY CARE PHYSICIAN BEFORE STARTING NEW MEDICATION.
This information is intended for general information and educational purposes. It is not intended to replace the advice of your healthcare provider or the instructions that come with the medication. Contact your healthcare provider if you believe you have a health problem.

FDA APPROVED MEDICATIONS

How to “write for”

- Nicotine patch (generic; NicodermCQ; Nicotrol)

21 mg for 28 days (for month one), followed by 14 mg for 14 days and 7 mg for 14 days (for month 2) – over the counter or prescription

14 mg for 28 days (for month one), followed by 7 mg for 28 days (for month 2) – over the counter or prescription

- Nicotine gum (generic; Nicorette)

4 mg, 1 every 1-2 hours or with cravings (6-15 pieces/day) (2 boxes of 110 = 28 day supply); refill 28 day supply x 3 months total therapy – over the counter

2 mg, 1 every 1-2 hours or with cravings (6-15 pieces/day) (2 boxes of 110 = 1 month supply); refill 28 day supply x 3 months total therapy – over the counter

- Nicotine lozenge (generic; Commit)

4 mg, 1 every 1-2 hours or with cravings (3 boxes of 72 = 28 day supply); refill 28 day supply x 3 months total therapy – over the counter

2 mg, 1 every 1-2 hours or with cravings (3 boxes of 72 = 28 day supply); refill 28 day supply x 3 months total therapy – over the counter

- Bupropion SR

150 mg, #60, days 1-3: 1 tablet a.m.; day 4-end: 1 tablet a.m., 1 tablet p.m. (8 hrs apart); refill one month kit (#60) x 3 months total therapy – prescription only

- Nicotine Inhaler (Nicotrol)

168 cartridges/box = 1 month supply; 6-16 cartridges/day for 28 days; refill x 6 months total therapy – prescription only

- Nicotine nasal spray (Nicotrol NS)

approximately 100 doses/bottle; dose = .5 mg per nostril (1 mg total). 1-2 doses/ hour, increase as needed; Minimum 8 doses/day, maximum 40 doses/day (5 doses/hour); 3-6 months total therapy – prescription only

- Chantix™ (Varenicline) Tablets

Day 1-3: 1 tablet (0.5 mg) a.m.; day 4 - 7: 1 tablet (0.5 mg) a.m., 1 tablet (0.5 mg) p.m. (8 hrs apart); Day 8-end 1 tablet (1 mg) a.m., 1 tablet (1 mg) p.m. (8 hrs apart); (Starter Pak first month; Continuing Month Packs x 2 months = 3 months total therapy – prescription only

PROVIDING MEDICATION FREQUENTLY ASKED QUESTIONS

1. Who should receive medication for tobacco use? Are there groups of smokers for whom medication has not been shown to be effective?

All smokers trying to quit should be offered medication, except where contraindicated or for specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers and adolescents).

2. What are the recommended first line medications?

All seven of the FDA-approved medications for treating tobacco use are recommended: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, the nicotine patch and varenicline. The clinician should consider the first-line medications shown to be more effective than the nicotine patch alone: 2 mg/day varenicline or the combination of long-term nicotine patch use + ad libitum NRT. Unfortunately, there are no well accepted algorithms to guide optimal selection among the first-line medications.

3. Are there contraindications, warnings, precautions, others concerns and side effects regarding the first-line medications recommended?

All seven FDA-approved medications have specific contraindications, warnings, precautions, other concerns and side effects. Please refer to FDA-package inserts for this complete information and FDA updates.

4. What other factors may influence medication selection?

Pragmatic factors may also influence selection—such as insurance coverage or out-of-pocket patient costs, likelihood of adherence, dentures when considering the gum, or dermatitis when considering the patch.

5. Is a patient's prior experience with a medication relevant?

Prior successful experience (sustained abstinence with the medication) suggests that the medication may be helpful to the patient in a subsequent quit attempt, especially if the patient found the medication to be tolerable and/or easy to use. However, it is difficult to draw firm conclusions from prior failure with a medication. Some evidence suggests that re-treating relapsed smokers with the same medication produces small or no benefit while other evidence suggests that it may be of substantial benefit.

6. What medications should a clinician use with a patient who is highly nicotine dependent?

The higher-dose preparations of the nicotine gum, patch or lozenge have been shown to be effective in highly dependent smokers. Also, there is evidence that combination-NRT therapy may be particularly effective in suppressing tobacco-withdrawal symptoms. Thus, it may be that NRT combinations are especially helpful to highly dependent smokers or those with a history of severe withdrawal.

7. Is gender a consideration in selecting a medication?

There is evidence that NRT can be effective with both sexes; however, evidence is mixed as to whether NRT is less effective in women than men. This may encourage the clinician to consider use of another type of medication with women such as bupropion SR or varenicline.

8. Are cessation medications appropriate for light smokers (i.e., <10 cigarettes/day)?

As noted above, cessation medications have not been shown to be beneficial to light smokers. However, if NRT is used with light smokers, clinicians may consider reducing the dose of the medication. No adjustments are necessary when using bupropion SR or varenicline.

9. When should second-line agents be used for treating tobacco dependence?

Consider prescribing second-line agents (clonidine and nortriptyline) for patients unable to use first-line medications because of contraindications, or for patients for whom the group of first-line medications has not been helpful. Assess patients for the specific contraindications, precautions, other concerns and side effects of the second-line agents. Please refer to FDA-package inserts for this information.

10. Which medications should be considered with patients particularly concerned about weight gain?

Data show that bupropion SR and nicotine-replacement therapies, in particular 4 mg nicotine gum and 4 mg nicotine lozenge, delay, but do not prevent, weight gain.

11. Are there medications that should be especially considered in patients with a past history of depression?

Bupropion SR and nortriptyline appear to be effective with this population, but nicotine-replacement medications also appear to help individuals with a past history of depression.

12. Should nicotine-replacement therapies be avoided in patients with a history of cardiovascular disease?

No. The nicotine patch in particular has been demonstrated as safe for cardiovascular patients.

13. May tobacco-dependence medications be used long-term (e.g., up to six months)?

Yes. This approach may be helpful with smokers who report persistent withdrawal symptoms during the course of medications, who have relapsed in the past after stopping medication, or who desire long-term therapy. A minority of individuals who successfully quit smoking use ad-libitum NRT medications (gum, nasal spray, inhaler) long-term.

The use of these medications for up to six months does not present a known health risk and developing dependence is uncommon. Additionally, the FDA has approved the use of bupropion SR, varenicline and some NRT medications for six-month use.

14. Is medication adherence important?

Yes. Patients frequently do not use cessation medications as recommended (e.g., they don't use them at recommended doses or for recommended durations) and this may reduce their effectiveness.

15. May medications ever be combined?

Yes. Among first-line medications, evidence exists that combining the nicotine patch long-term (> 14 weeks) with nicotine gum or nicotine nasal spray, the nicotine patch with the nicotine inhaler, or the nicotine patch with bupropion SR, increases long-term abstinence rates relative to placebo treatments.

MEDICATIONS

16. My patient can't afford medications and doesn't have insurance or insurance doesn't cover it. What can I do?

- Instruct patients to set aside all the money they would have spent on tobacco once they quit. After initial use of medication, they will be able to afford medication going forward.
- Many clinics that serve people with no health insurance will provide treatment for tobacco dependence, including medication. Check for ones in your area and have them available for staff and patients as a referral source.
- As a clinician, you can call the Montana Tobacco Quit Line (1-800-QUIT-NOW) and ask about any sources of free or reduced-cost medication for your patients.
- If your patient qualifies for Medicaid or Medicare, these programs cover some tobacco dependence treatment medications. Get this information for your state and have it available for staff and patients



CODING, BILLING + REIMBURSEMENT

Brief interventions lasting less than 3 minutes (5 A's model) increase overall tobacco abstinence rates. This brief intervention is designed to be part of the normal dental and oral hygiene care you provide on a routine basis. Tobacco prevention and cessation services reduce patient risks for developing tobacco-related oral diseases and conditions and improve prognosis for certain dental therapies.

- + Dental plans in Montana generally do not include benefits for smoking cessation but may be available through medical insurance.
- + Montana Medicaid does cover tobacco counseling by dental providers. D1320- Tobacco counseling for the control and prevention of oral disease.

PATIENT RESOURCES

Patient handouts are a way of extending your message beyond the walls of your practice. While there is no guarantee that patients will look at or read the information on handouts, we should aim for reaching the percentage of patients who are looking for educational support and motivation to quit.



PLAN TO QUIT

Quitting takes hard work, but you can do it! This plan can help.



GET READY

List your reasons for quitting and tell your friends and family about your plan. See your doctor to find out if medication is right for you. Think of whom to reach out to when you need help, like a support group or the Montana Tobacco Quit Line. The Quit Line can help you create a plan that's tailored to your needs. Stop buying tobacco. Set a quit date.

My quit date is: _____



PURCHASE MEDICATION

Ask your doctor if quit-smoking medication is right for you. If so, buy either over-the-counter nicotine patches, lozenges or gum—or get a prescription from your doctor for the nicotine inhaler, patch, nasal spray, or one of the non-nicotine pills: Bupropion SR 150 (Zyban) or varenicline (Chantix). Note that patients should start taking bupropion SR 150 one to two weeks prior to the quit date. Patients should begin varenicline a week prior to quitting.

Medication(s) I will use: _____



CHANGE YOUR ROUTINE

Think of routines you may want to change. For example, take walks or work out when you normally smoke or chew. Pay attention to when and why you smoke or chew. Clean your clothes to get rid of the smell of cigarette smoke. Think of new ways to relax or things to hold in your hand instead of a cigarette or chew.

Things to do instead: _____



PLAN FOR MORE MONEY

Make a list of the things you could do with the extra money you will save by not buying tobacco.

Things I will do with the money: _____



PLAN YOUR REWARDS

Think of rewards you will get yourself after you quit. Make an appointment with your dentist to have your teeth cleaned. At the end of the day, throw away all tobacco, matches or tins. Put away or toss lighters and ashtrays.

My reward will be: _____



QUIT DAY

Keep very busy. Change your routine when possible, and do things that don't remind you of smoking/chewing. Remind family, friends, and coworkers that this is your quit day, and ask them to help and support you. Avoid alcohol. Call the Quit Line for ongoing support at 1-800-QUIT-NOW. Buy yourself a treat, or do something to celebrate. You can do it!



DAY AFTER YOU QUIT: CONGRATULATIONS!

Congratulate yourself. When cravings hit, do something else that isn't connected with smoking/chewing, like taking a walk, drinking a glass of water or taking deep breaths. Call your support network or the Quit Line.

QUIT TIPS

For the first week

Nicotine is a powerful addiction. If you have tried to quit, you know how hard it can be. People who quit smoking or chewing typically experience physical and psychological withdrawal. Millions have quit smoking and chewing tobacco. You can, too!

+ SEE YOUR DOCTOR FOR MEDICATION

There are seven FDA-approved medications to help you quit – including Chantix, Zyban and nicotine replacement therapies, including the patch, gum, lozenge, inhaler and nasal spray. Ask your doctor if prescription or OTC medications are right for you. These medications, combined with the proper coaching, may significantly improve your chances of quitting for good.

**+ CALL THE QUIT LINE TO GET FREE COACHING
AND DISCOUNTED MEDICATION:**

Call the Montana Tobacco Quit Line at 1-800-QUIT-NOW (800-784-8669) for advice on how to quit, help developing a plan and a discounted nicotine replacement medications. It's confidential.

+ REPLACE TOBACCO WITH HEALTHIER OPTIONS:

Keep your hands and mouth busy. Try low-calorie foods for snacking--- carrots, cinnamon sticks, sugarless gum or pretzel sticks. Don't skip meals. Drink a lot of liquids, especially water. Try herbal teas or fruit juices. Limited coffee, soft drinks and alcohol---they can increase your urge to smoke.

SPIT TOBACCO FACTS

Chewing Tobacco Statistics

- + Chew tobacco is not a safe alternative to cigarettes. It can be just as addictive as cigarettes.
- + Nationally, an estimated three percent of adults – 8.9 million – chew tobacco. Chew-tobacco use is much more common among men (six percent) than women (0.3 percent).
- + Nearly twice the number of adult males use spit tobacco than the national average, 15% vs. 8%.
- + In Montana, 12 percent of high school children use chew.
- + Nationally, seven percent of high school students chew tobacco. It's more common among male (11 percent) than female high school students (2 percent). Also, an estimated 3 percent of middle school students chew tobacco.
- + Tobacco manufacturers spend \$7.8 billion on tobacco advertising and promotion.

Good Reasons to Quit

- + Brighter smile. Healthier teeth and gums.
- + Save money. At \$4.30 or more a tin, a chewer can save a lot of money by quitting. If a person dips a tin a day, that's more than \$1,500 a year!
- + Reducing cancer risk. Chewing tobacco contains 28 cancer-causing chemicals. Three-quarters of mouth and throat cancers are caused by tobacco and only half of those diagnosed are alive five years later.
- + Reducing risk of heart disease and high blood pressure.
- + Tips to Help People Quit Chewing Tobacco
- + Quitting tobacco is very difficult, but it CAN be done with a little preparation!
- + Ask family, friends or co-workers for support.
- + Call the Montana Tobacco Quit Line for free coaching and materials: 1-800-QUIT-NOW (784-8669).
- + Get rid of all tobacco and related products in the home, car and workplace.
- + Replace the tin or pouch of tobacco with pretzels, carrots or gum.
- + Log on to www.ChewFree.com.

Four Keys For Quitting Chew

1 Get Ready

- + Set a quit date and stick to it - not even a single dip!
- + Think about past quit attempts. What worked and what did not?

2 Get Support and Encouragement

- + Get help through telephone coaching or other individual or group counseling.
- + Free, confidential coaching is available by calling 1-800-QUIT-NOW (784-8669).
- + Tell family, friends and coworkers you are quitting.
- + Talk to your doctor or other health care provider.

3 Learn New Skills and Behaviors

- + When you first try to quit, change your routine.
- + Reduce stress. Exercise.
- + Distract yourself from urges to use spit tobacco.
- + Plan something enjoyable to do every day.
- + Drink a lot of water and other fluids.
- + Use oral substitutes like sunflower seeds, gum, hard candy or cinnamon sticks.

4 Be Prepared For Relapse or Difficult Situations

- + Avoid alcohol.
- + Be careful around other tobacco users.
- + Improve your mood without using spit tobacco.
- + Eat healthy and stay active.
- + Be aware of triggers.

ONLINE RESOURCES

The websites listed here are intended to assist readers in finding additional information regarding the treatment of tobacco dependence and does not constitute endorsement of the contents of any particular site.

www.ahrq.gov
Agency for Health Care Research and Quality

www.americanlegacy.org
American Legacy Foundation

www.srnt.org
Society for Research on Nicotine and Tobacco

www.attud.org
Association for the Treatment of Tobacco Use and Dependence

www.tobaccofreekids.org
Campaign for Tobacco-Free Kids

www.cdc.gov/tobacco
Smoking and Health at the Centers for Disease Control and Prevention

www.tobaccofreenurses.org
Tobacco Free Nurses

www.oralhealthamerica.org
Oral Health America

www.drugabuse.gov
National Institute on Drug Abuse

www.cancer.org
American Cancer Society

www.who.int
World Health Organization

www.nci.nih.gov
National Cancer Institute

www.lung.org
American Lung Association
(maintains profiles of state tobacco control activities)

ONLINE RESOURCES

SMOKELESS TOBACCO EDUCATION AND TREATMENT

www.chewfree.com

Developed as part of a research project funded by the National Institutes of Health to help people quit their use of chewing tobacco or snuff; teen friendly

www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/
Centers for Disease Control smokeless tobacco information and factsheets.

www.rwjf.org/pr/product.jsp?id=34370

Robert Wood Johnson Foundation's national smokeless tobacco education program.

www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/smokeless-fact-sheet

National Cancer Institute's smokeless tobacco Fact sheet with Q&A style information

www.tobaccofreekids.org/research/factsheets/pdf/0003.pdf

Many fact sheets with information and statistics regarding spit tobacco.

www.quittobacco.com/facts/effects.htm

Graphic images of oral health damage caused by smokeless tobacco use.

www.tobwis.org/uploads/media/Links-TreatingSpitTobacco.pdf

What you need to know as a dental care provider by Jon Ebert, Mayo Clinic

www.nidcr.nih.gov/OralHealth/Topics/SpitTobacco/SpitTobaccoAGuideforQuitting.htm

The National Institute of Dental and Craniofacial Research guide for quitting smokeless tobacco

www.mylastdip.com

MyLastDip offers two unique programs to help chewing tobacco users quit.

www.fda.gov/TobaccoProducts/PublicHealthEducation/PublicEducationCampaigns/TheRealCostCampaign/default.htm

The U.S. Food and Drug Administration's The Real Cost Campaign