

TOBACCO CESSATION TOOLKIT FOR INDIANA DENTAL PRACTICES



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BACKGROUND

According to the United States Public Health Service's Clinical Practice Guideline, at least 70% of smokers visit a physician each year and 50% visit a dentist. Physicians and dentists can play a key role in helping motivate patients to quit tobacco. About 70% of tobacco users report wanting to quit, and tobacco users cite a physician's advice to quit as an important motivator for making a quit attempt. Tobacco users who attempt to quit on their own have only a 7 % success rate while cessation rates of around 15% are documented in patients who receive intensive counseling by physicians and dental professionals. In fact, evidence suggests that even a minimal clinical intervention lasting three minutes and delivered by a variety of clinicians increases long-term abstinence rates. This minimal intervention includes using the "Ask, Advise, Refer" method in which providers ask the patient if she/he uses tobacco, advises her or him to quit, and then refers the patient to a quitline or local tobacco cessation counseling resource.

Given, all the evidence, it becomes very imperative to provide resources and an environment to all oral healthcare providers, which will motivate and assist them in implementing a program of tobacco dependence discussions and treatment with their patients. In spite of having a set of baseline skills most oral health professionals cite 'lack of appropriate informational resources' as the key barrier to engaging in such discussions with their patients. Hence, we believe that an extremely resourceful toolkit can be a great aide for the dental team. The toolkit will provide information on how oral healthcare professionals can develop a tobacco cessation intervention program and outline key roles for each member of the dental team in the program. Ultimately we believe that in the long run, a dental team's active involvement in tobacco cessation awareness will greatly contribute in this public health infrastructure working towards tobacco cessation.

At the IU School of Dentistry, such efforts to ensure and attract the dental community to actively involve themselves in tobacco cessation efforts started in the early 1990s. In 1992, Dr. Arden Christen, now professor emeritus, launched the IU dental school's Indiana University Nicotine Dependence Program, which is based on the Mayo Clinic model. In 1997, IU School of Medicine faculty member Dr. Stephen Jay joined Christen and expanded the program to include the medical school. Upon his retirement in 2004, Christen moved the program to Fairbanks Hospital, a chemical addiction treatment facility in Indianapolis. With Dr. Christen's help, the Tobacco Cessation and Biobehavioral Group was created at IUPUI which represented one facility that united the efforts of those seeking to reduce the harm done by nicotine. It is proud to carry on Dr. Christen's legacy to meet the cessation needs of tobacco-using patients at IUSD. Dr. Laura Romito, a Certified Tobacco Treatment Specialist (CTTS) and the current director of the IUSD Nicotine Program, now offers cessation counseling services to residents of central Indiana through the IUSD Faculty Practice facility.

In June 2007, Indiana Health Commissioner Dr. Judy Monroe sent letters to all Indiana healthcare practitioners, including dental practitioners, encouraging them to advise their patients to quit tobacco and refer their patients to local tobacco cessation counseling resources. In response, the Indiana Dental Hygienists' Association (IDHA), in collaboration with the TCBC, applied and received a \$52,000 grant from the Indiana Tobacco Prevention and Cessation Agency in the summer of 2008. The TCBC and the IDHA are using part of the grant to provide training to dental professionals at four locations around the state in the year ahead and engage them in statewide anti-tobacco efforts.

Being an Associate Professor of Oral Biology at the IU School of Dentistry, along with being the Director of the Nicotine Dependence Program, Dr. Romito mentored a couple of student projects on tobacco control. One such project was an internship for a graduate public health student at the then IU School of Medicine-Dept. of Public Health, Ruchin Mandiwala in 2011-12. The project was a needs assessment study and subsequently making recommendations to incorporate more learning opportunities about tobacco dependence education in the predoctoral curriculum at IUSD.

After making recommendations to the training component of dental professionals, we thought that the next logical step in the process is to provide a tool which facilitates tobacco dependence treatments by dental professionals in their private practice. Hence, Ruchin, under the mentoring of Dr. Romito, considered making this toolkit as his final project for his public health degree.

The process started with literature review and studying various toolkits that were out there in practice viz. 1) Manhattan Tobacco Cessation Program Tobacco Treatment Toolkit for Dental Providers 2) Treating tobacco use and dependence: A toolkit for dental office teams by Wisconsin Dental Association 3) Treating tobacco use and dependence 2008 update by the US Department of Health and Human Services 4) Tobacco cessation protocols for the dental practice by the 'Ask. Advise. Refer', ADHA.

We interviewed several dentists in the state of Indiana from different disciplines (generalists and specialists) and practicing in different neighborhoods (more and less affluent places) to get qualitative data about their perceptions on tobacco cessation in their practices, their experiences, barriers and possible solutions to those barriers.

After an initial presentation of this project at the School of Public Health, the toolkit was revised, updated and formalized with expert opinions from Dr. Stephen Jay and Dr. Arden Christen. Furthermore, we presented an overview of the toolkit at the IDA along with a draft copy to a focus group of dentists at IDA. With their feedback, the toolkit was further revised and formalized.

In conclusion, we sincerely hope that this toolkit serves as an important resource to all the oral healthcare professionals in the state of Indiana which will facilitate greater awareness and active involvement of oral healthcare professionals in providing tobacco dependence education and treatment to their patients.

Laura Romito, DDS, MS

Ruchin Mandiwala, BDS, MPH

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INTRODUCTION

Tobacco Cessation Toolkit for dentists and their dental team

Why should dentists and the dental team play a role in the tobacco cessation of a patient?

As oral health care professionals

- You have the skills of interviewing that allows you to Ask, Advise and Assess the patients' tobacco use and motivation to quit.
- You can observe and assess the patients' oral health status and discern tobacco-related changes.
- You have the skills of educating patients about their tobacco use and its implications on their oral and overall health.
- You usually have preventive and prophylactic services in a treatment plan.
- You have the unique opportunity of frequently seeing the patients and arranging follow-ups, which can help you, build a rapport and discuss/assist their quitting process, on a regular basis.
- You can implement a tobacco-dependence treatment program in the dental office setting that can be brief, simple and does not need to disrupt the practice routine.
- Expanding your 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 your patient's quality of life and save lives.

This toolkit is designed to serve as a resource for dentists and dental practices across Indiana in order to help them provide tobacco dependence treatment to their patients.

This toolkit can be used to:

- Provide important information to your patients, about the effects of tobacco (in both its forms: smoking and smokeless) to their oral and overall health, and their family's health.
- Provide information to your patients about the benefits of quitting tobacco.
- Assist your patient with their quitting by referring to the treatment modalities as recommended by the US Department of Health and Human Services, Public Health Service 2008 Clinical Practice Guideline: *Treating Tobacco Use and Dependence*.
- Assist you and your entire dental team in helping your patients quit, by outlining the roles' of every member of your dental team.
- Anticipate roadblocks faced by your dental team and the patients in his/her quitting attempts and provide possible solutions to such barriers.
- Provide resources and referral options for dentists and patients.

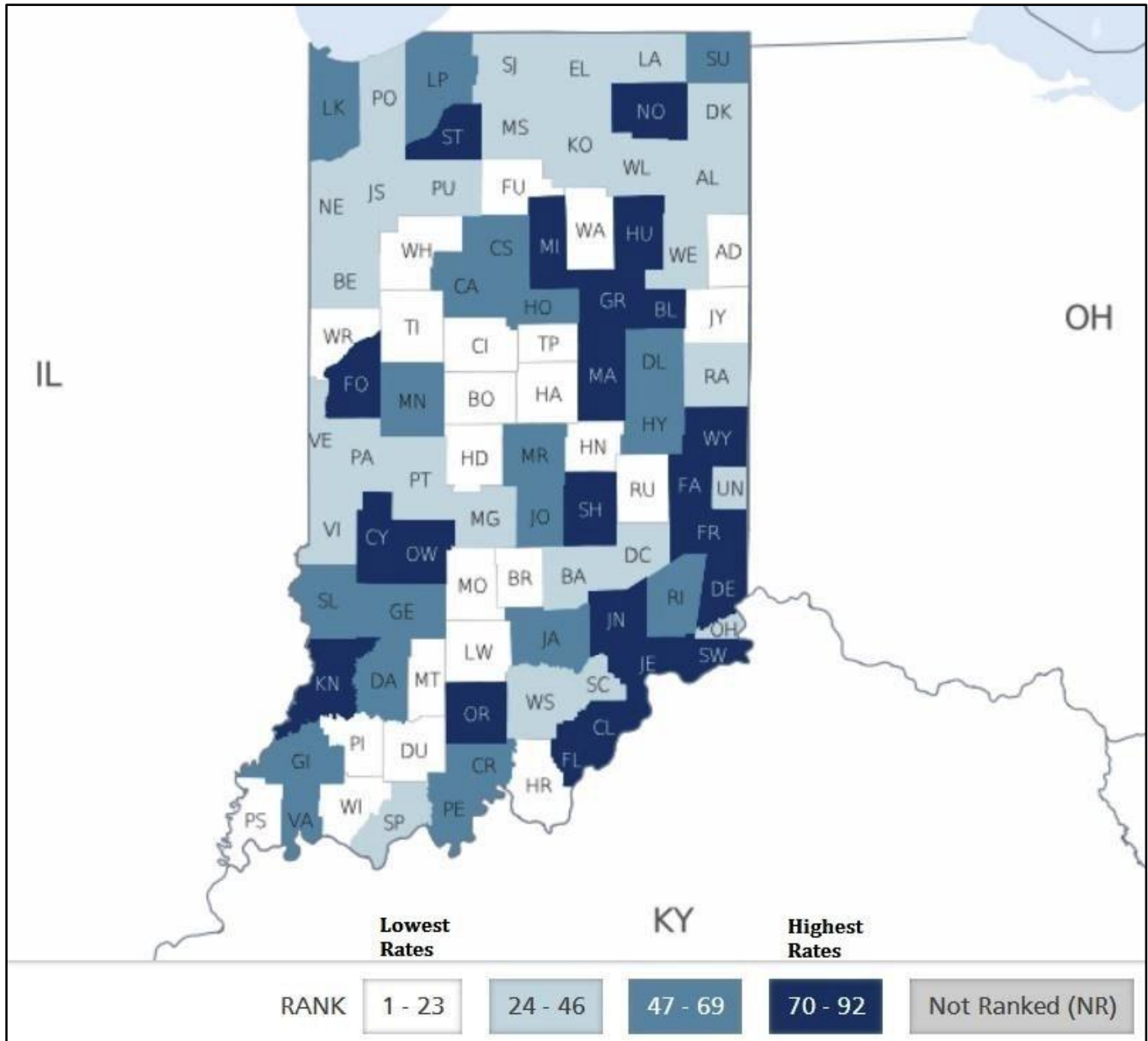
TOBACCO USE AND PREVALENCE

A. Types of Tobacco products:

Smoked Tobacco Products	Smokeless Tobacco Products
Cigarettes <ul style="list-style-type: none">○ Menthol○ Flavored	Chewing Tobacco <ul style="list-style-type: none">○ Loose-leaf○ Plugs○ Twists
Cigars <ul style="list-style-type: none">○ Little Cigars○ Small Cigars (Cigarillos)○ Regular Cigars○ Premium Cigars	Snuff <ul style="list-style-type: none">○ Moist○ Dry
Beedis and Kreteks/Cloves	Dissolvable Tobacco Products: <ul style="list-style-type: none">○ Orbs○ Strips○ Sticks○ Lozenges
Hookah	
Electronic Cigarettes	

B. Smoking Prevalence and Facts:

i) Adults:

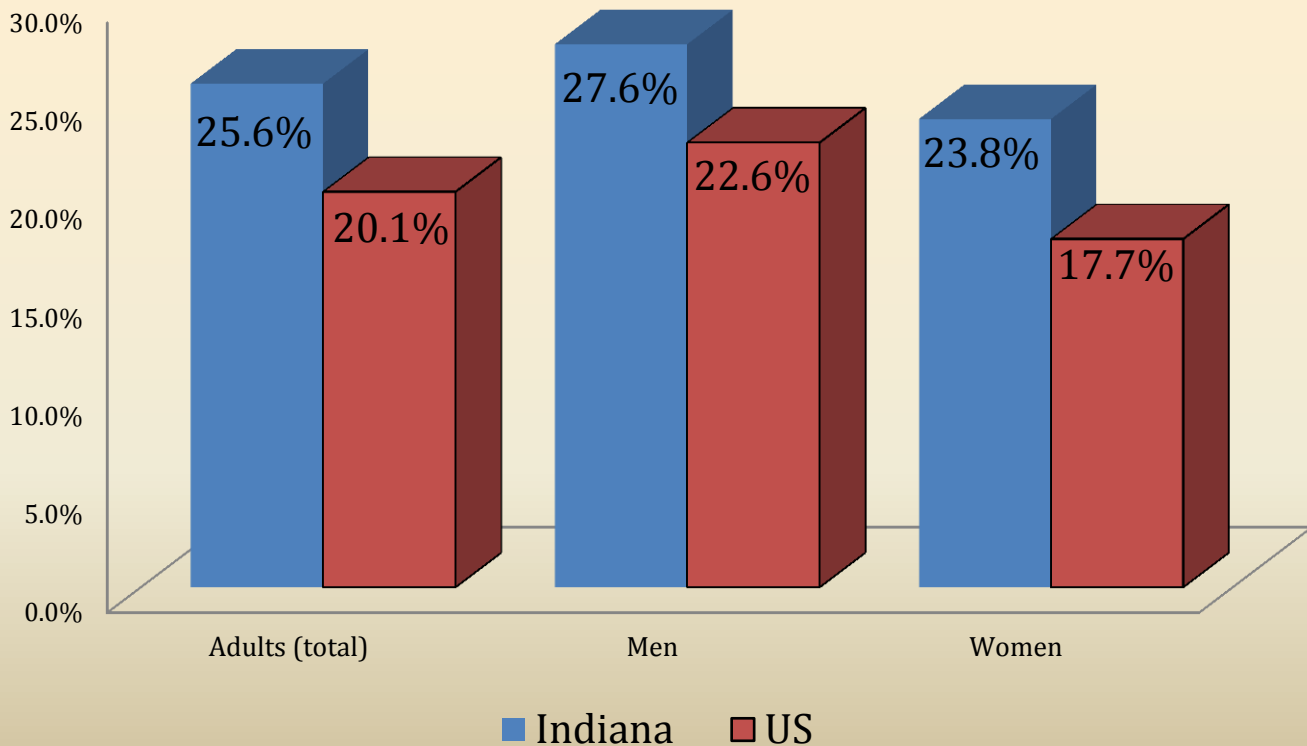


Rankings of 92 Counties of Indiana based on their respective 'Adult Smoking rates'
(Range: 13-37%)

Adult Smoking: Percent of Adults that report smoking ≥ 100 cigarettes in their lifetime and currently smoking. This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. More information can be found at:

<http://www.countyhealthrankings.org/app/indiana/2013/measure/factors/9/map>

Comparison of Smoking Rates in Indiana and US, 2011



Note: This data based on the Behavioral Risk Factor Surveillance System, an ongoing, state-based, random-digit-dialed telephone survey of non-institutionalized civilian adults aged 18 years and older. Current statistics retrieved from:

<http://www.statehealthfacts.org/profileind.jsp?cat=2&sub=24&rgn=16&cmprgn=1>

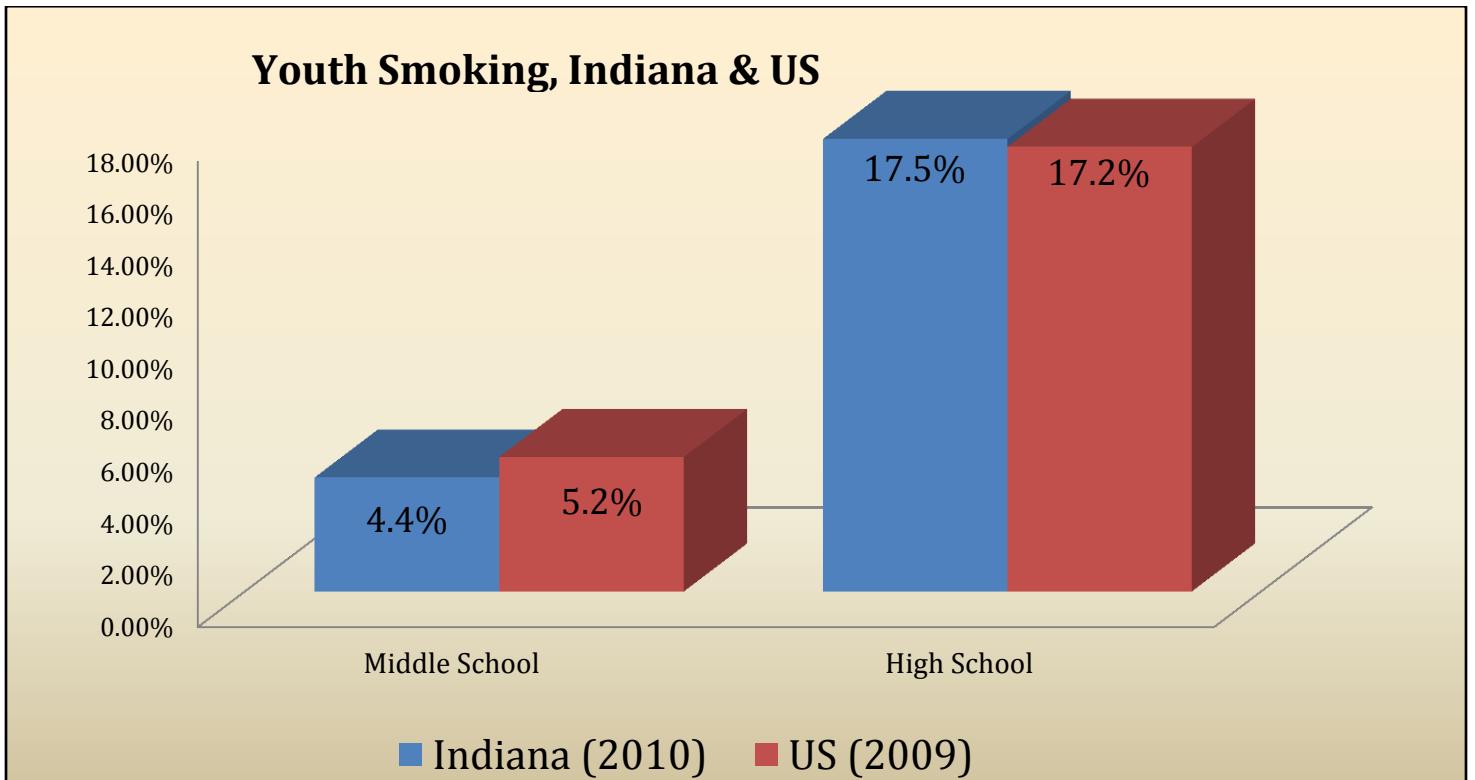
- Indiana ranks 7th in the adult smoking rate in US (2011).¹
- In Indiana, the number of deaths per 100,000 population that can be attributed to smoking is 308.9.²
- In 2008, **23%** of adult smokers in Indiana wanted to quit in the next 30 days, while **32 %** wanted to quit in the next 30 days-6 months.³

1. Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance Survey, 2011.

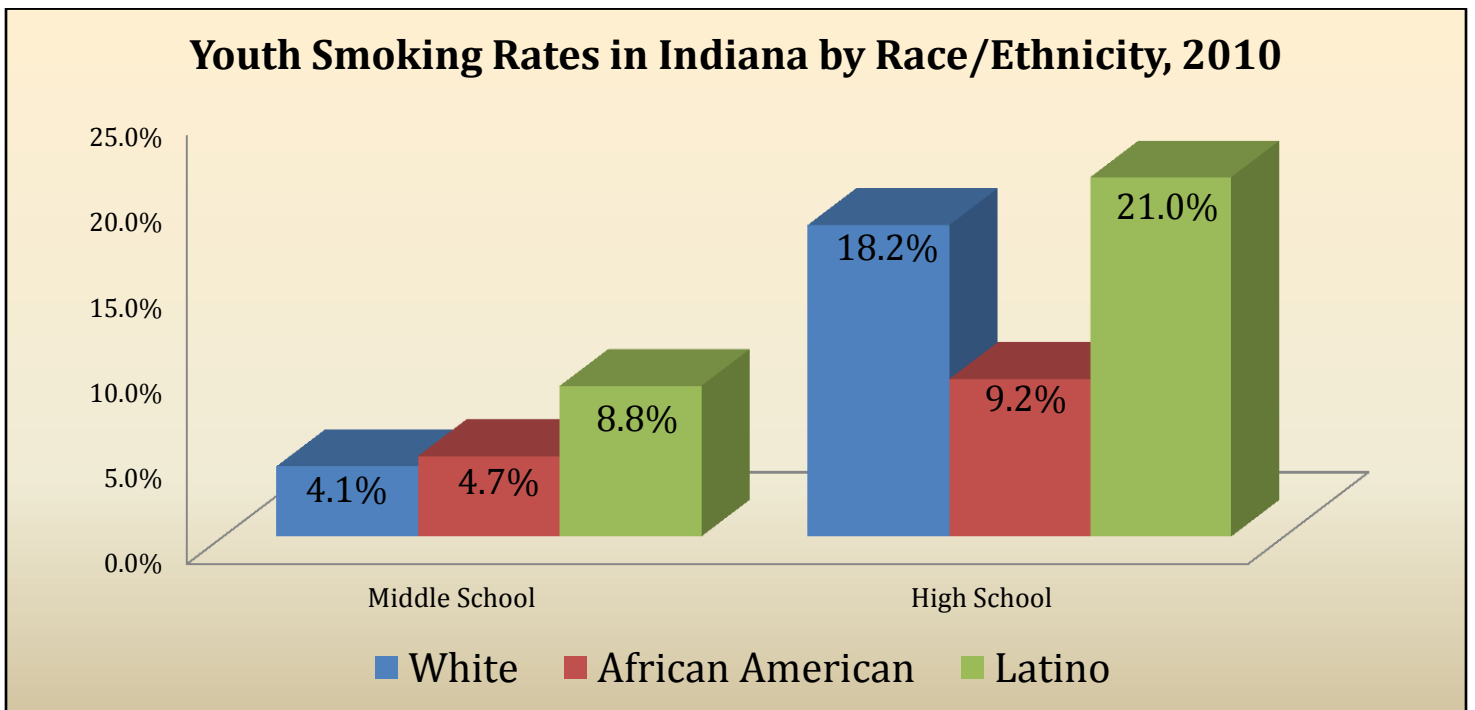
2. American Lung Association State of Tobacco Control 2012 report. Retrieved from: http://www.stateoftobaccocontrol.org/SOTC_2012.pdf

3. 2008 Adult Tobacco Survey. Retrieved from: http://www.in.gov/isdh/tpc/files/ITPC_2008ATScssation.pdf

ii) Youth:

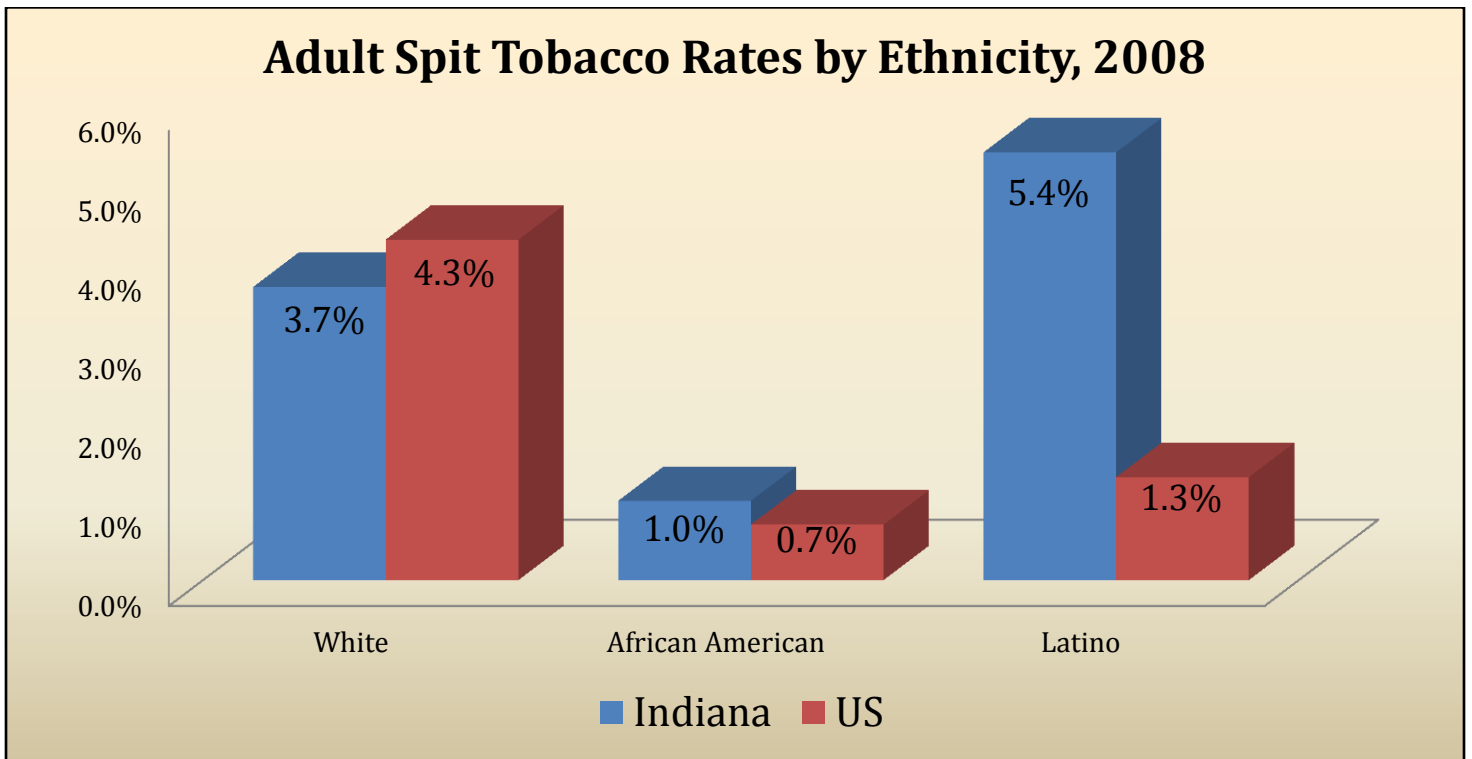


Note: This data is based on the 2009 National Youth Tobacco Survey (NYTS) and 2010 Indiana Youth Tobacco Survey. Data obtained from: http://www.in.gov/isdh/tpc/files/IN_youth_smoking_7_8_2011.pdf

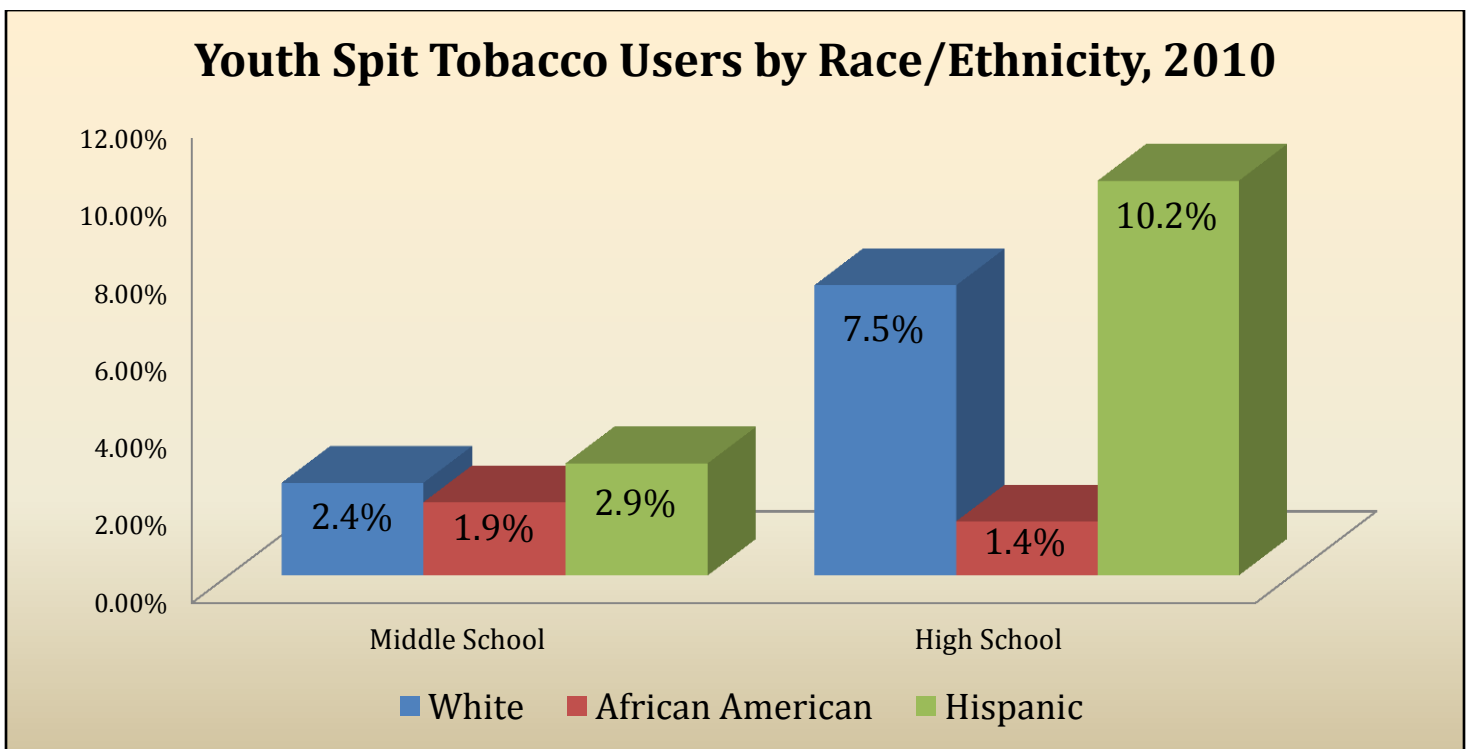


Note: This data is based on the 2010 Indiana Youth Tobacco Survey. Data obtained from: http://www.in.gov/isdh/tpc/files/IN_youth_smoking_7_8_2011.pdf

C. Smokeless Tobacco:



Note: This data is based on the 2008 Indiana Adult Tobacco Survey. Data obtained from: http://www.in.gov/isdh/tpc/files/Spit_Tobacco_8_24_11rev.pdf



Note: This data is based on the 2010 Indiana Youth Tobacco Survey. Data obtained from: http://www.in.gov/isdh/tpc/files/Spit_Tobacco_8_24_11rev.pdf

D. Cost to the State Economy:

For every **\$5.13*** spent on a pack of cigarettes in Indiana = Indiana has to spend **\$15.90** per pack in total expenditures in the form of medical care and loss productivity.

*Based on an average price for a pack of cigarettes in Indiana in 2009 as reported by the American Lung Association: <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/reports/IN.pdf>

Component	Total	Per Pack	Per Smoker
Workplace Productivity Losses	\$2,067,358,699	\$4.25	\$1,638.94
Direct Health Care Expenditures	\$2,646,640,160	\$5.44	\$2,098.18
Premature Death	\$3,021,123,890	\$6.21	\$2,395.05
Total Cost to the State	\$7,735,122,748	\$15.90	\$6,132.17

Rumberger J, Hollenbeak C., Kline D. (2010). Potential costs and benefits of Smoking Cessation for Indiana. Retrieved from: <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/reports/IN.pdf>

RISKS ASSOCIATED WITH TOBACCO USE

A. Risks of Smoking Tobacco:

a. Chemicals found in Tobacco Smoke:

Tobacco smoke contains a deadly mix of more than **7,000 chemicals**. Hundreds are toxic. **About 70 can cause cancer**. Here are some of the chemicals:

Cancer-Causing Chemicals

- **Formaldehyde:** Used to embalm dead bodies
- **Benzene:** Found in gasoline
- **Polonium 210:** Radioactive and very toxic
- **Vinyl chloride:** Used to make pipes

Toxic Metals

- **Chromium:** Used to make steel
- **Arsenic:** Used in pesticides
- **Lead:** Once used in paint
- **Cadmium:** Used to make batteries

Poison Gases

- **Carbon monoxide:** Found in car exhausts
- **Hydrogen cyanide:** Used in chemical weapons
- **Ammonia:** Used in household cleaners
- **Butane:** Used in lighter fluid
- **Toluene:** Found in paint thinners

Retrieved from: http://www.cdc.gov/tobacco/data_statistics/sgr/2010/consumer_booklet/chemicals_smoke/

b. Systemic risks:

	Disorder	Facts	
Respiratory system	COPD Acute Respiratory Disease Reduced lung function in infants Cough, phlegm, wheezing, dyspnea Poor asthma control Premature onset of accelerated age-related decline in lung function	<ul style="list-style-type: none"> ➤ Third leading cause of death in US. ➤ 85-90% of COPD deaths are due to smoking. ➤ Smoking cessation will reduce rates of symptoms and infections as compared to continued smoking. ➤ Increased benefit from chronic medications, particularly steroids ➤ Decrease rates of death from COPD among former smokers decline, compared with continuing smokers. 	
	Impaired lung growth during childhood and adolescence		
Cardiovascular System	Coronary Artery Disease Sudden Death Stroke Atherosclerosis (thickening of blood vessel walls) Abdominal aortic aneurysms Heart Attacks	<ul style="list-style-type: none"> ➤ Women who smoke have their first heart attacks 12-14 years sooner than non-smokers; Men have it 6 years sooner than non-smokers. ➤ Cessation will decrease angina, risk of peripheral vascular disease and its complications (amputation). ➤ Within 5 years of quitting, stroke risk reduces to that of someone who has never smoked. 	
	Peripheral Vascular Disease		
Cancer	Lung Cancer Kidney Cancer Bladder Cancer Laryngeal Cancer Oral Cavity and Pharyngeal Cancer Esophageal Cancer Pancreatic Cancer Cervical Cancer Stomach Cancer Colorectal Cancer	<ul style="list-style-type: none"> ➤ Cessation decreases the risk of second primary tumors, particularly in lungs and head/neck cancers. ➤ Cessation will improve efficacy of radiation therapy. ➤ Secondhand smoke significantly increases the chance of breast cancer. Women with regular exposure to tobacco smoke could have up to a 90% greater risk of contracting the disease. ➤ Young women who smoke prior to their first pregnancy have a 20% higher risk of breast cancer in their later years. 	
	Acute Leukemia		
	Reduced fertility in women		
	Placental previa, placental abruption, preterm delivery, fetal growth restriction and low-birth weight babies in pregnant smokers		
	Increased absenteeism from work		
	Delayed wound healing,		
	Reproductive system		Children born to women who smoked during pregnancy were hospitalized more days during the first 5 years of life than children born to women who didn't smoke.
	Miscellaneous		

respiratory complications and
adverse surgical outcomes
Osteoporosis in postmenopausal
women
Hip fractures
Erectile dysfunction
Cataracts

c. Oral Health Risks:

Hard tissue (teeth, bones)	<ul style="list-style-type: none"> ➤ Caries, ➤ Attrition ➤ Staining of teeth and dental restorations ➤ Halitosis
Soft tissues (gums, cheeks, tongue, lip)	<ul style="list-style-type: none"> ➤ Cancers of oral mucosa ➤ Precancerous lesions like leukoplakia ➤ Periodontal disease, loosening of teeth, reduced bone around the teeth and eventual loss of teeth.
Other	<ul style="list-style-type: none"> ➤ Implant failure ➤ Reduced response to periodontal therapy ➤ Diminished taste, delayed wound healing

Tobacco causes more deaths annually than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.

According to CDC, tobacco use is the **single most preventable cause** of disease, disability and death in the United States.

U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

US Department of Health and Human Services. A report of the Surgeon General: the health benefits of smoking cessation. Washington (DC): US Department of Health and Human Services, 1990

American Association for Cancer Research (2009, December 3). Cigarette smoking increases colorectal cancer risk. *ScienceDaily*.

Facts for Life. <http://www.in.gov/isdh/tpc/2340.htm>

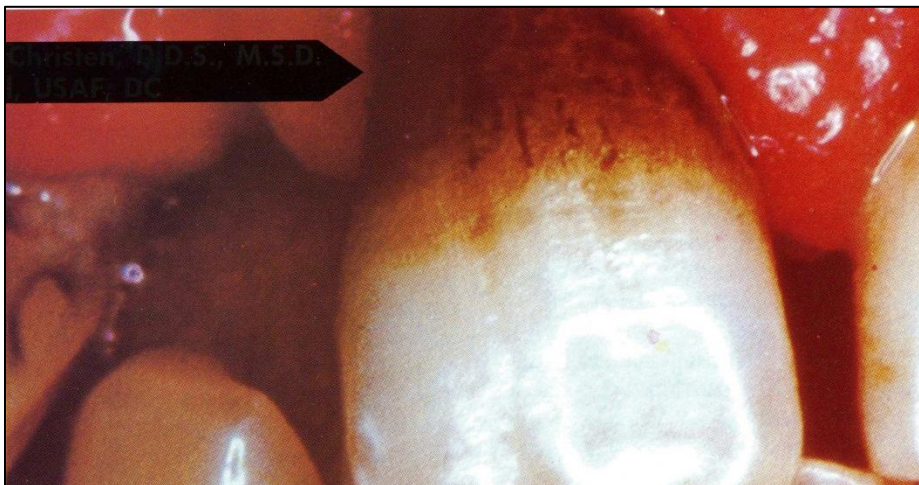
Tobacco and Your Mouth



The patient developed **dark stains** on his teeth. After thorough cleaning, his teeth were restored to their original whiteness; however, the discoloration will recur if the individual continues to smoke.

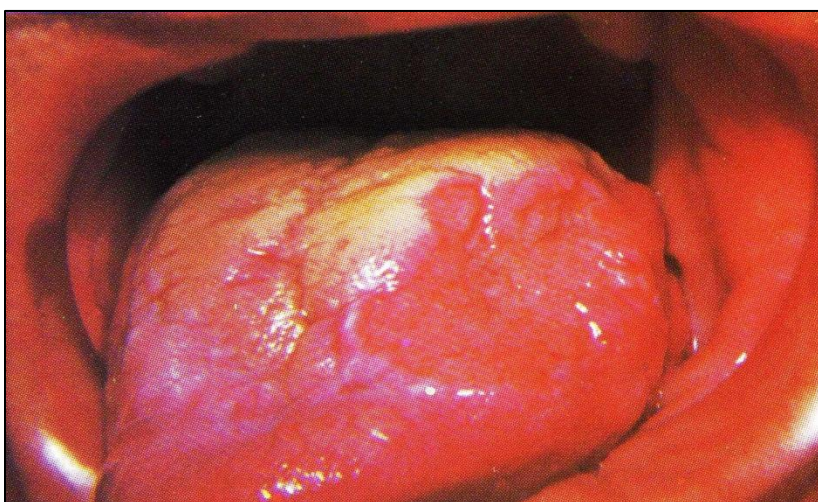
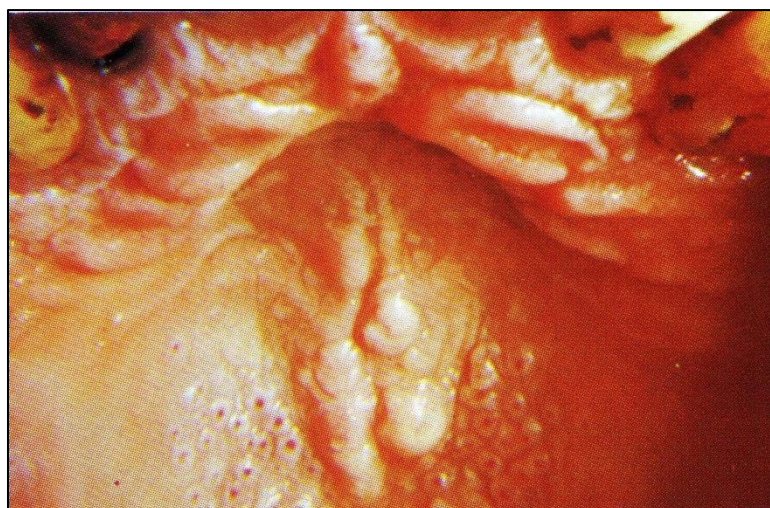


Images obtained with permission from 'Arden G. Christen, Tobacco and Your Mouth: The oral health team's view of what tobacco does to the oral cavity'



Tobacco Stains on the teeth, which may be dark brown or black, are especially noticeable in those areas of the mouth where cigarettes, cigars, and pipes are held.

Stomatitis Nicotina (“smoker’s palate”) has been detected on the roof of the mouth of this 49-year-old man who has smoked a pipe for 12 years. His teeth are stained, and the roof of his mouth is sore and tender. The partially blocked salivary gland openings appear as red dots around a white, nodular, thickened area. These bumps look like a cobblestone street.



Epidermoid Carcinoma (cancer) of the tongue was identified in a 56-year-old heavy smoker and alcoholic. This advanced cancer had already spread to the lymph nodes in the neck and eventually resulted in the patient’s death.

Images obtained with permission from 'Arden G. Christen, Tobacco and Your Mouth: The oral health team’s view of what tobacco does to the oral cavity'

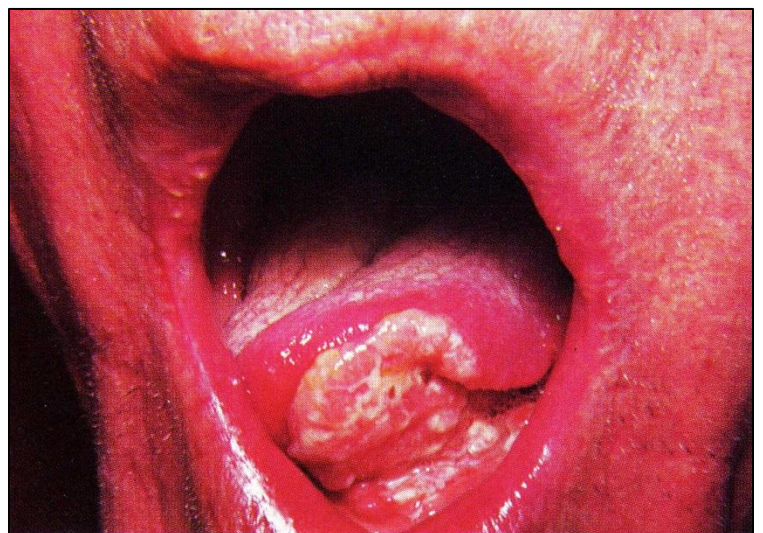
The patient with this severe case of **leukoplakia** on the roof of his mouth is a student who smokes a pipe. Smoker's palate is common in heavy pipe smokers and in some cigar and cigarette users.



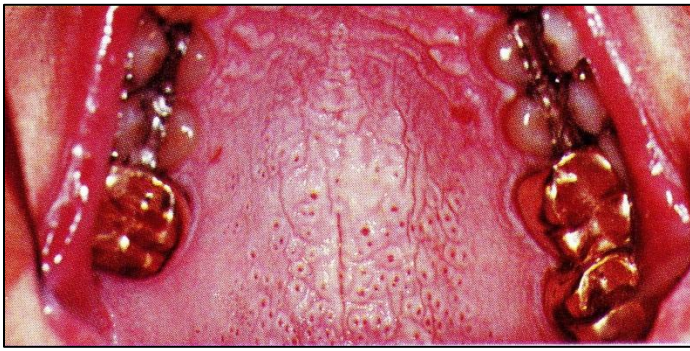
This 48-year-old man, who has been a heavy pipe smoker for 15 years, has **leukoplakia** of the lower lip. A thickened white area has occurred where he has routinely held the pipe stem.

This 61-year-old oral **cancer** victim, a long-term alcoholic, smoked more than two packs of cigarettes a day for 25 years.

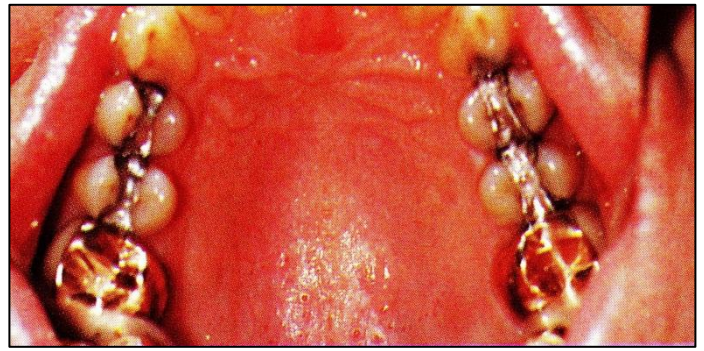
He died within six months, of metastatic lung cancer.



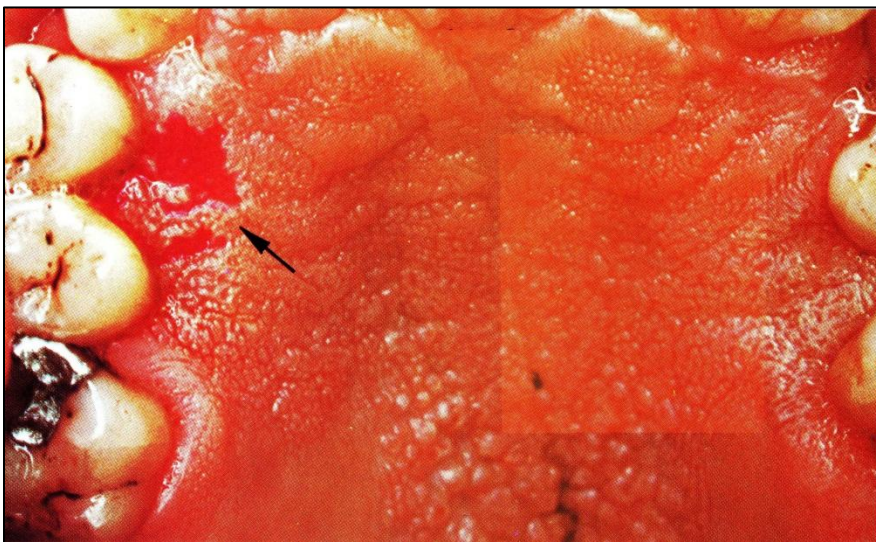
Images obtained with permission from 'Arden G. Christen, Tobacco and Your Mouth: The oral health team's view of what tobacco does to the oral cavity'



Pipe smoker's palate



Leukoplakia healed after only 3 weeks of cessation



Papillomatosis: Thickened tissue lining over the entire roof of mouth. In one area (arrow), the skin is completely sloughing off, leaving an open irritated sore.

Acute Necrotizing Ulcerative Gingivitis ("trench mouth") in a 21-year-old male smoker. This severe, destructive, painful condition occurs almost exclusively in cigarette smokers.



Images obtained with permission from 'Arden G. Christen, Tobacco and Your Mouth: The oral health team's view of what tobacco does to the oral cavity'

B. Smokeless Tobacco (ST):

Myths	Truths
“It’s a ‘Healthier/Safer’ option to Cigarettes”	<ul style="list-style-type: none"> ➤ Smokeless tobacco is not a safe alternative to smoking cigarettes. ➤ Smokeless tobacco can cause oral cancer as it contains many cancer-causing agents.
<p>“Not addictive because it has less nicotine”</p> <p>“It’s easy to quit”</p>	<ul style="list-style-type: none"> ➤ Nicotine absorbed after using smokeless tobacco is much higher than that provided by a cigarette (See table below)
“It’s cool to use”	<ul style="list-style-type: none"> ➤ No, it’s not. You have to regularly spit, stains teeth, causes oral malodor and is socially offensive.
Health-Risks	
<ul style="list-style-type: none"> ❖ Oral Cancer ❖ Leukoplakia, a precancerous lesion of the oral mucosa. ❖ Recession of gums, gum disease, and tooth decay. ❖ In men, it is known to cause reduced sperm count and abnormal sperm cells. 	

‘Smokeless’ but not ‘Harmless’

Smokeless Tobacco Pharmacology

4.8 mg nicotine/gm of moist snuff X 30 gm/can = **144 mg**

144 mg nicotine/(1.8 mg nicotine/cigarette) = **80 cigarettes**

80 cigarettes/(20 cigarettes/pack) = **4 packs**

1 can of snuff = 4 packs of cigarettes

National Cancer Institute. [Smokeless Tobacco or Health: An International Perspective](#). Bethesda: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 1992

U.S. Department of Health and Human Services. [Preventing Tobacco Use Among Young People: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994

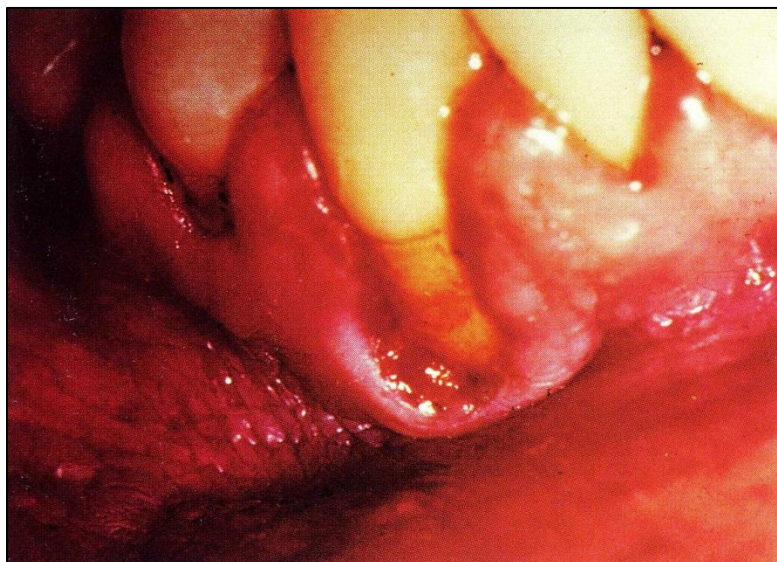
World Health Organization. [Smokeless Tobacco and Some Tobacco-Specific N-Nitrosamines](#). (PDF-3.18 MB) International Agency for Research on Cancer Monographs on the Evaluation of Carcinogenic Risks to Humans Vol. 89. Lyon (France): World Health Organization, 2007

Campaign for Tobacco-Free Kids. [Smokeless Tobacco and Kids](#). (PDF-144 KB) Washington: Campaign for Tobacco-Free Kids, 2009



Severe gum recession, bone loss, and leukoplakia are present in a 21-year-old man who had used snuff since age 15.

This 36-year-old man started chewing tobacco at age 12. The grit in the tobacco has significantly worn down the biting edges of his teeth.



Severe gum recession and bone loss is visible in a 36-year-old man who dipped snuff for 13 years. The affected tooth was extracted because of this condition.

Images obtained with permission from 'Arden G. Christen, Tobacco and Your Mouth: The oral health team's view of what tobacco does to the oral cavity'

SECOND-HAND SMOKE

- **Secondhand Smoke (SHS) or Environmental Tobacco Smoke (ETS)** is a mixture of side stream smoke and exhaled smoke in the air.¹
- **Secondhand smoke** is classified as Group A carcinogen (cancer causing agent) under the Environmental Protection Agency's (EPA) carcinogen assessment guidelines. It contains over **7,000 chemicals, more than 70 carcinogens** and other irritants and toxins.¹

- ❖ **There is no risk-free level of SHS exposure; even brief exposure can be harmful to health.**²
- ❖ Eliminating smoking in indoor spaces fully protects non-smokers from exposure to SHS.²
- ❖ Separating smokers from non-smokers, cleaning the air, and ventilating buildings **CAN NOT** eliminate exposures of non-smokers to SHS.²

- In Indiana each year, approximately **1,200 adult non-smokers die** from exposure to secondhand smoke and it costs Indiana about **\$201 per person each year** in excess medical expenses and premature loss of life.³

For nonsmokers, exposures to low levels of secondhand smoke for just **30 minutes** can cause damage to lining of their blood vessels.

↓

Hardening of Arteries (Atherosclerosis)

↓

Stroke/Heart Attack.

1. http://www.in.gov/isdh/tpc/files/Health_Effects_of_Secondhand_Smoke_11_7_2012.pdf
2. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
3. Zollinger, T., Saywell, R., Lewis, C. Estimating the Economic Impact of Secondhand Smoke on Indiana in 2010. Bowen Research Center – Indiana University School of Medicine, January 2012.

How will the secondhand smoke affect YOUR children?

- Ear infections
- More frequent and severe asthma attacks.
- Respiratory symptoms by nasal irritations (e.g., coughing, sneezing, shortness of breath)
- Respiratory infections (i.e., bronchitis, pneumonia)
- A greater risk for sudden infant death syndrome (SIDS)

- ❖ Smoking during pregnancy will increase the risk of pregnancy complications, premature delivery, low birth-weight infants, stillbirth, and SIDS.
- ❖ Maternal smoking in pregnancy is associated with behavioral/cognitive disorders like toddler negativity, aggressive behavior in childhood, decreased academic achievement and ADD-like behavior.
- ❖ Recent evidence suggests that prenatal passive smoking increases the risk of obesity in children later in their lives.

1. http://www.in.gov/isdh/tpc/files/Health_Effects_of_Secondhand_Smoke_11_7_2012.pdf
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.
3. Frey PF, Ganz P, Hsue PY, Benowitz NL, Glantz SA, Balmes JR, Schick SF (2012). The exposure-dependent effects of aged secondhand smoke on endothelial function. *J Am Coll Cardiol.* 2012 May 22;59(21):1908-13.

What can be done?

- ❖ Smoke-free home Policy: Establish a smoke-free home policy. Ensure that everyone including family members, friends, visitors etc. follow this policy.
- ❖ Smoke-free car policy: Establish a smoke-free car policy. Ensure that everyone including family members, friends, visitors etc. do not smoke in the car.
- ❖ Clean your car, home etc. of the tobacco and freshen it up.
- ❖ Ensure that people interacting with your kids on a regular basis do not smoke or at least avoid smoking in front of the kids.
- ❖ Improving ventilation, installing air filters or smoking in another room/away from children will NOT avoid the adverse outcomes of SHS exposure.

House Enrolled Act No. 1149, General Assembly of the State of Indiana

Since July 1, 2012, smoking will be prohibited in the following places:

- ❖ Most places of employment
- ❖ Most public places
- ❖ Restaurants
- ❖ The area within eight (8) feet of a public entrance to a public place or a place of employment
- ❖ Any vehicle owned, leased, or operated by the state if the vehicle is being used for a governmental function

Retrieved from: <http://www.in.gov/isdh/tpc/2684.htm>

BENEFITS OF CESSATION

A. To YOUR health:

Short-term benefits: When you quit smoking,

Within 20 minutes:

- Blood Pressure decreases to normal
- Heartbeat stabilizes
- Temperature of hands and feet increase to normal

Within 24 hours:

- Chance of a heart attack decreases

**0
minutes**

20 minutes

8 hours

24 hours

48 hours

Within 8 hours:

- Carbon Monoxide level in the blood decreases to normal
- Oxygen level in the blood increases to normal
- Mucus begins to clear from the lungs

Within 48 hours:

- Sense of smell and taste improves
- Nerve endings begin to repairing, increasing the tactile sensations.

Long-term benefits: When you quit smoking,

Within 3 months:

- Circulation improves
- Walking becomes easier
- Lung function improves
- Immune system improves

Within 1 year:

- Risk of coronary heart disease is halved to that of a smoker

Within 10 years:

- Risk of Lung cancer halves to that of a current smoker
- Risk of mouth, throat, esophagus, bladder, kidney and pancreas decreases
- Risk of ulcers decreases

3
months

9
months

1
year

5
years

10
years

15
years

Within 9 months:

- Coughing, sinus congestion, wheezing, fatigue and shortness of breath decreases
- Cilia regain normal function in the lungs, increasing the ability to handle mucus and clean the lungs

Within 5 years:

- Risk of Stroke is reduced to that of a person who has NEVER smoked.

Within 15 years:

- Risk of coronary heart disease is similar to those who have NEVER smoked
- Risk of death returns to similar level to those who have NEVER smoked

Retrieved from: http://www.in.gov/isdh/tpc/files/Never_too_late_to_quit_7_7_2011.pdf

US Department of Health and Human Services. A report of the Surgeon General: the health benefits of smoking cessation. Washington (DC): US Department of Health and Human Services, 1990

Impact of Quitting on oral health:

- The risk of periodontal disease and the incidence of oral mucosal lesions decrease considerably.
- Rapid improvement in periodontal health status.
- Better response to periodontal therapy.
- Decrease in the elevated risk for tooth loss over time.
- Pre-cancerous lesions like leukoplakia shows decreased incidence.
- Reductions in smoker's palate, central papillary atrophy of the tongue, and pre-leukoplakia.
- Oral and Esophageal cancer risk decreases.

The longer individuals have abstained from tobacco use, the lower the incidence of oral mucosal lesions and the lower the risk of periodontal disease.

Tomar SL, Asma S. Smoking-attributable periodontitis in the United States: findings from NHANES III. National Health and Nutrition Examination Survey. *J Periodontol.* 2000;71(5):743-751.

Gupta PC, Murti PR, Bhonsle RB, Mehta FS, Pindborg JJ. Effect of cessation of tobacco use on the incidence of oral mucosal lesions in a 10-yr follow-up study of 12,212 users. *Oral Dis.* 1995;1(1):54-58.

Hughes FJ, Syed M, Koshy B, Bostanci N, McKay JJ, et al. Prognostic factors in the treatment of generalized aggressive periodontitis: II. Effects of smoking on initial outcome. *J Clin Periodontol.* 2006;33(9):671-676.

Grossi SG, Zambon J, Machtei EE, Schifferle R, Andreana S, et al. Effects of smoking and smoking cessation on healing after mechanical periodontal therapy. *J Am Dent Assoc.* 1997;128:599-607.

Dietrich T, Maserejian NN, Joshipura KJ, Krall EA, Garcia RI. Tobacco use and incidence of tooth loss among US male health professionals. *J Dent Res.* 2007;86(4):373-7.

Gupta PC, Murti PR, Bhonsle RB, Mehta FS, Pindborg JJ. Effect of cessation of tobacco use on the incidence of oral mucosal lesions in a 10-yr follow-up study of 12,212 users. *Oral Dis.* 1995;1(1):54-58.

U.S. Department of Health and Human Services: The Health Benefits of Smoking Cessation. A Report of the Surgeon General. Rockville, Md: 1990. DHHS Publ No. (CDC) 90-8416.

B. To YOUR children/family members:

- No second-hand smoke for your children or family members.
- It will decrease the chances that your children will pick up the habit.

C. To YOUR pocket:

For example, if you are smoking one packet of cigarettes a day:

AfterYou've Saved
1 day	\$ 5.27*
1 week	\$36.89
1 month	\$158.10
6 months	\$948.60
1 year	\$1,923.55
5 years	\$9,617.75
10 years	\$19,235.50
20 years	\$38,471.00

*\$5.27 is an average retail price of a pack of cigarettes calculated from a reported price range of \$3.33 - \$7.46/pack depending upon brand. Retrieved from: <http://www.in.gov/atc/2387.htm>

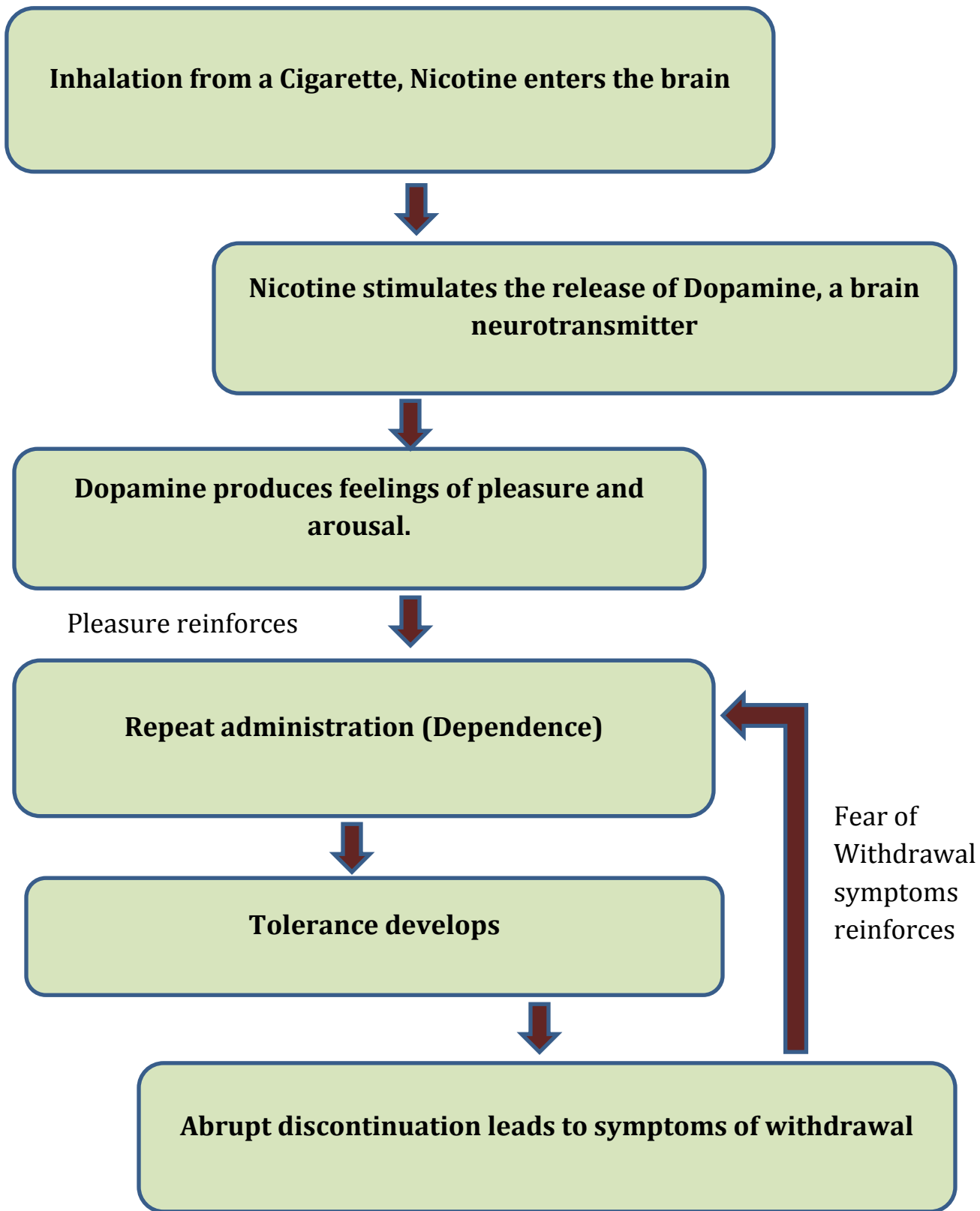
NICOTINE AND THE PHYSIOLOGY OF DEPENDENCE

Tobacco Dependence is a progressive, chronic, relapsing disorder

Unique Qualities of Nicotine Through Smoking

- A cigarette is a highly engineered drug-delivery system
- Inhaling produces a rapid distribution of nicotine to the brain
- **Drug levels peak within 10 seconds in the brain**
- Acute effects dissipate within minutes, causing the smoker to continue frequent dosing throughout the day
- Average smoker takes 200-300 boluses to the brain per day

Henningfield JE, Schuh LM, Jarvik ME. Pathophysiology of tobacco dependence. In: BloomF, KupferD, editors. Psychopharmacology: the fourth generation of progress. New York, NY: Raven Press; 1995. p. 1715-29.



Mechanism of Nicotine Dependence

Nicotine Withdrawal Symptoms:

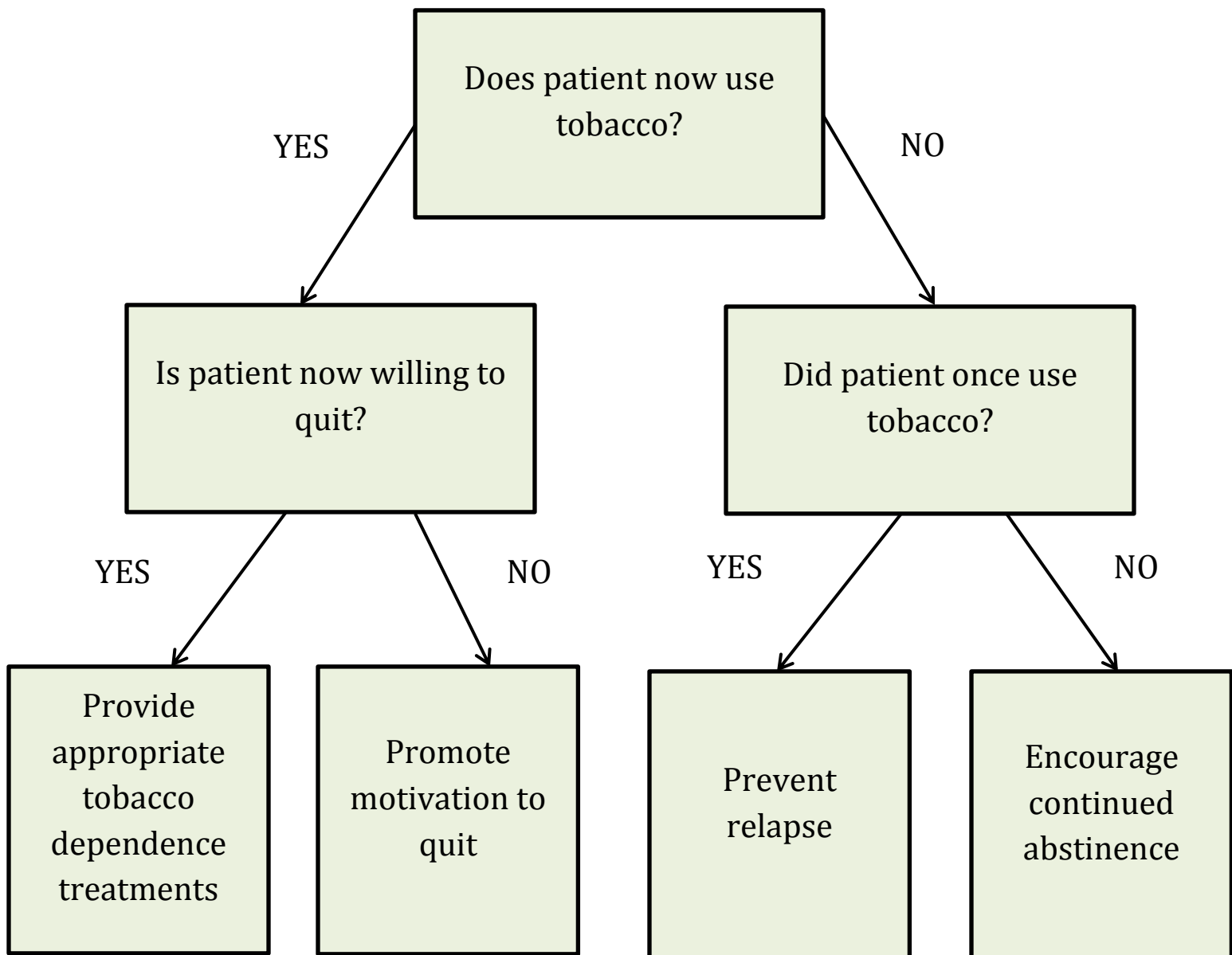
Constant Craving of cigarettes	Depression
Insomnia	Difficulty in concentrating
Irritability	Restlessness
Anxiety	Decreased heart rate
Frustration	Increased Appetite
Anger	

Withdrawal peaks within 24-48 hours and diminishes over 1 month

It is extremely hard to quit and hence, it is important to provide constant support and motivation.

TOBACCO CESSATION COUNSELING

The Clinical Practice Guideline 2008 Update recommends the following algorithm be used to treat patient tobacco use and dependence:



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

Clinical Reminder/Chart Systems

“USING CHART SYSTEMS LIKE CHART REMINDER STICKERS OR TREATMENT ALGORITHMS ATTACHED TO THE CHART INCREASES RATES OF TOBACCO USE ASSESSMENT, SETTING A QUIT DATE, PROVIDING MATERIALS AND ARRANGING FOR FOLLOW-UP.”

Click [Here](#) for a Vital Signs Stamp.

Click [Here](#) for a Tobacco Cessation Intervention Card.

Click [Here](#) for a Tobacco-Use Status Sticker.

The “5 A’s” model for treating tobacco use and dependence

A sk about tobacco use.	Identify and document tobacco use status for every patient at every visit.
A dvice to quit.	In a clear, strong, and personalized manner, urge every tobacco user to quit.
A ssess willingness to make a quit attempt.	Is the tobacco user willing to make a quit attempt at this time?
A ssist in quit attempt.	<p>For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.</p> <p>For patients unwilling to quit at the time, provide interventions designed to increase future quit attempts.</p>
A rrange follow-up.	<p>For the patient willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date.</p> <p>For patients unwilling to make a quit attempt at the time, address tobacco dependence and willingness to quit at next appointment.</p>

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

ASK

..... about their tobacco use at every visit.

Examples:

- “Do you currently use tobacco or have you used tobacco in the past?”
- Determine the form, frequency and duration of tobacco use.
- Document the status in the patient’s dental record.
- A conversational approach will yield a more effective and casual conversation from the patients about their tobacco use, past quit attempts and their perception about tobacco use/quitting.

ADVISE

..... every tobacco user to quit their habit in a clear, strong, and personalized manner.

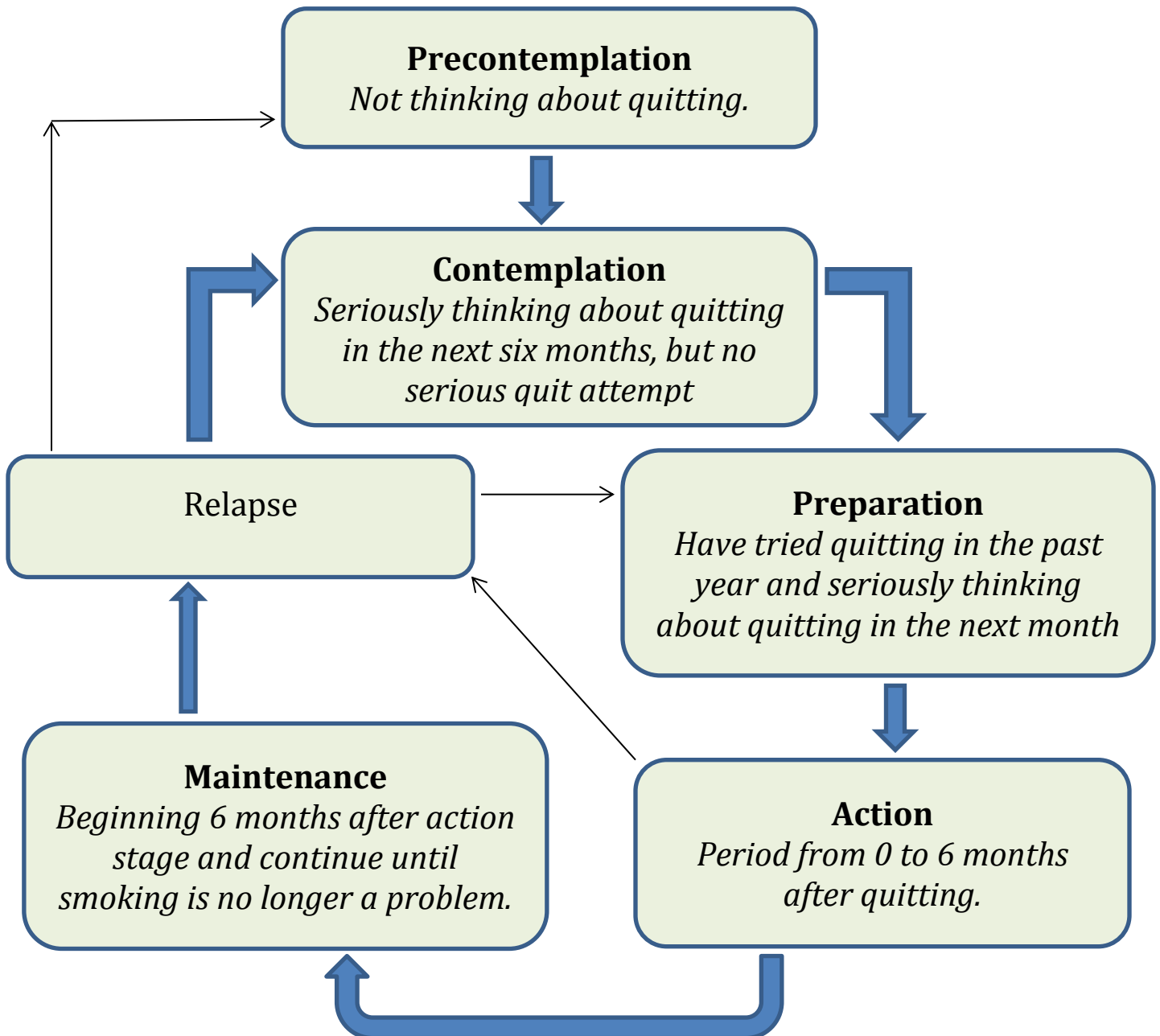
Examples:

- “As your oral healthcare provider it is my responsibility to advise you that your use of tobacco is detrimental to your oral and overall health, and when you decide to quit tobacco, I am here to help you in every way I can.”
- ““During your oral exam, I noticed that your use of tobacco has resulted in certain changes in your mouth and I would like to provide you with more information about that.”
- “I have noticed certain white streaks in your cheeks and that is mainly produced due to irritation caused by the use of tobacco products. That is called leukoplakia, which is a precancerous condition. However, if you quit, there is a higher chance that these changes will disappear. Have you ever seriously considered quitting tobacco?”

ASSESS

..... *the patient's readiness to quit.*

Assessing the Stages of Change:



Prochaska, JO; DiClemente, CC; Velicer, WF; Rossi, JS. Standardized, individualized, interactive, and personalized self-help programs for smoking cessation. *Health Psychol* 1993 Sep;12(5):399-405.

Examples:

- “What are your thoughts about quitting now?”
- “How do you think quitting now or in the next few weeks will affect you and your family?”
- “If you have some doubts about quitting or how will quitting affect you, I’m here to help you and provide you information. So, what do you think about it?”

❖ The Readiness Ruler can be used to assess the patient’s readiness to quit. This can also serve as a great conversation starter regarding the patient’s thoughts on quitting:

On a scale of 1 to 10, with 1 being ‘having no desire to quit’ and 10 being ‘Ready to quit TODAY’, where are you in your desire to quit tobacco?

1	2	3	4	5	6	7	8	9	10
----------	----------	----------	----------	----------	----------	----------	----------	----------	-----------

Some follow-up questions:

- “Why are you at your current score and not at zero?”
- “What would it take for you to move to a higher score?”
- “What would it take for you to move to a lower score?”

ASSIST

..... your patient with quitting.

- The Clinical Practice Guideline Update recommends that the combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Therefore, whenever feasible and appropriate, both counseling and medication should be provided to patients trying to quit smoking.
- Optimize the treatment by anticipating withdrawal symptoms and providing relief, controlling the cravings and urges to smoke.
- Medication doses can be customized for the patient to achieve targets like prescribing higher doses, combination medications, and longer course of treatments.

A. For patients ready to quit:

Action	Strategies for implementation
<p>Help the patient with a quit plan.</p>	<p>A patient’s preparations for quitting: (STAR approach)</p> <ul style="list-style-type: none"> • 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.
<p>Recommend the use of approved medication, except when contraindicated or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).</p>	<p>Explain how medications increase quitting success and reduce withdrawal symptoms. FDA-approved medications are: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline. There is insufficient evidence to recommend medications for certain populations (e.g., pregnant women, smokeless tobacco users, light smokers, adolescents). Further information about these medications is available in the ‘Pharmacotherapy’ section.</p>
<p>Provide supplementary materials, including information on quitlines.</p>	<ol style="list-style-type: none"> 1. 1-800-QUIT-NOW (800-784-8669). http://www.in.gov/quitline/index.htm 2. Refer ‘Referral Options’

B. For patients NOT ready to quit:

If a patient is unwilling to quit, you should respect his/her decision, but along with that, also let them know that they should feel free to re-open this discussion at any point of time and you will be there to help them. You can also use the “5 R’s” approach to enhance the patient’s motivation to quit.

R everance	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).
R isks	The clinician should ask the patient to identify potential negative consequences of tobacco use. The clinician may 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: <ul style="list-style-type: none">• <u>Acute risks</u>: Shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, infertility, and periodontal disease.• <u>Long-term risks</u>: Heart attacks and strokes, lung and other cancers (e.g., larynx, oral cavity, pharynx, esophagus, pancreas, stomach, kidney, bladder, cervix, and acute myelocytic leukemia), chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability, and need for extended care.• <u>Environmental risks</u>: 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
R ewards	The clinician should ask the patient to identify potential benefits of stopping tobacco use. The clinician may suggest and highlight those

	<p>that seem most relevant to the patient. Examples of rewards follow:</p> <ul style="list-style-type: none"> • Improved health • Food will taste better • Improved sense of smell • Saving money • Feeling better about oneself • Home, car, clothing, breath will smell better • Setting a good example for children and decreasing the likelihood that they will smoke • Having healthier babies and children • Feeling better physically • Performing better in physical activities • Improved appearance, including reduced wrinkling/aging of skin and whiter teeth
<p>Roadblocks</p>	<p>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:</p> <ul style="list-style-type: none"> • 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
<p>Repetition</p>	<p>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.</p>

Motivational Interviewing strategies

<p>Express empathy</p>	<ul style="list-style-type: none"> ➤ Use open-ended questions to explore: <ul style="list-style-type: none"> ○ The importance of addressing smoking or other tobacco use (e.g., “How important do you think it is for you to quit smoking?”) ○ Concerns and benefits of quitting (e.g., “What might happen if you quit?”) ➤ Use reflective listening to seek shared understanding: <ul style="list-style-type: none"> ○ 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.”).
<p>Develop discrepancy</p>	<ul style="list-style-type: none"> ➤ 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?”). ➤ Reinforce and support “change talk” and “commitment” language: <ul style="list-style-type: none"> ○ “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: <ul style="list-style-type: none"> ○ “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.”
<p>Roll with resistance</p>	<ul style="list-style-type: none"> ➤ Back off and use reflection when the patient expresses resistance: <ul style="list-style-type: none"> ○ “Sounds like you are feeling pressured about your smoking.” ➤ Express empathy: <ul style="list-style-type: none"> ○ “You are worried about how you would manage withdrawal symptoms.” ➤ Ask permission to provide information: <ul style="list-style-type: none"> ○ “Would you like to hear about some strategies that can help you address that concern when you quit?”
<p>Support with self-efficacy</p>	<ul style="list-style-type: none"> ➤ Help the patient to identify and build on past successes: <ul style="list-style-type: none"> ○ “So you were fairly successful the last time you tried to quit.” ➤ Offer options for achievable small steps toward change: <ul style="list-style-type: none"> ○ Call the Indiana Tobacco quitline (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

..... for a follow-up with the patient.

- Tobacco Dependence is a chronic, relapsing disease. It's an addiction. Most tobacco users typically cycle through multiple periods of remission and relapse. To avoid relapse, it is extremely important that your patient has follow-up options. Ask the patient to read the materials you give, talk to their physician about their plan to quit, and arrange for a follow-up.
- For the patient who is ready to quit, arrange for a follow-up.
- **Timing:** Withdrawal symptoms peak in the initial few days and are greatest at-risk for relapse and hence follow-up should begin soon after the quit-date, preferably **during the first week**. A second follow-up contact is recommended within the first month. Scheduling of follow ups should be as needed for that patient.
- **Actions during follow-up contact:** Congratulate the patient on his/her abstinence and motivate further. Assess the use of medications and any problems. Remind patients of quitline support (1-800-QUIT-NOW). Address tobacco use at next appointment.

PHARMACOTHERAPY

FDA-APPROVED MEDICATIONS TO ASSIST IN QUITTING TOBACCO

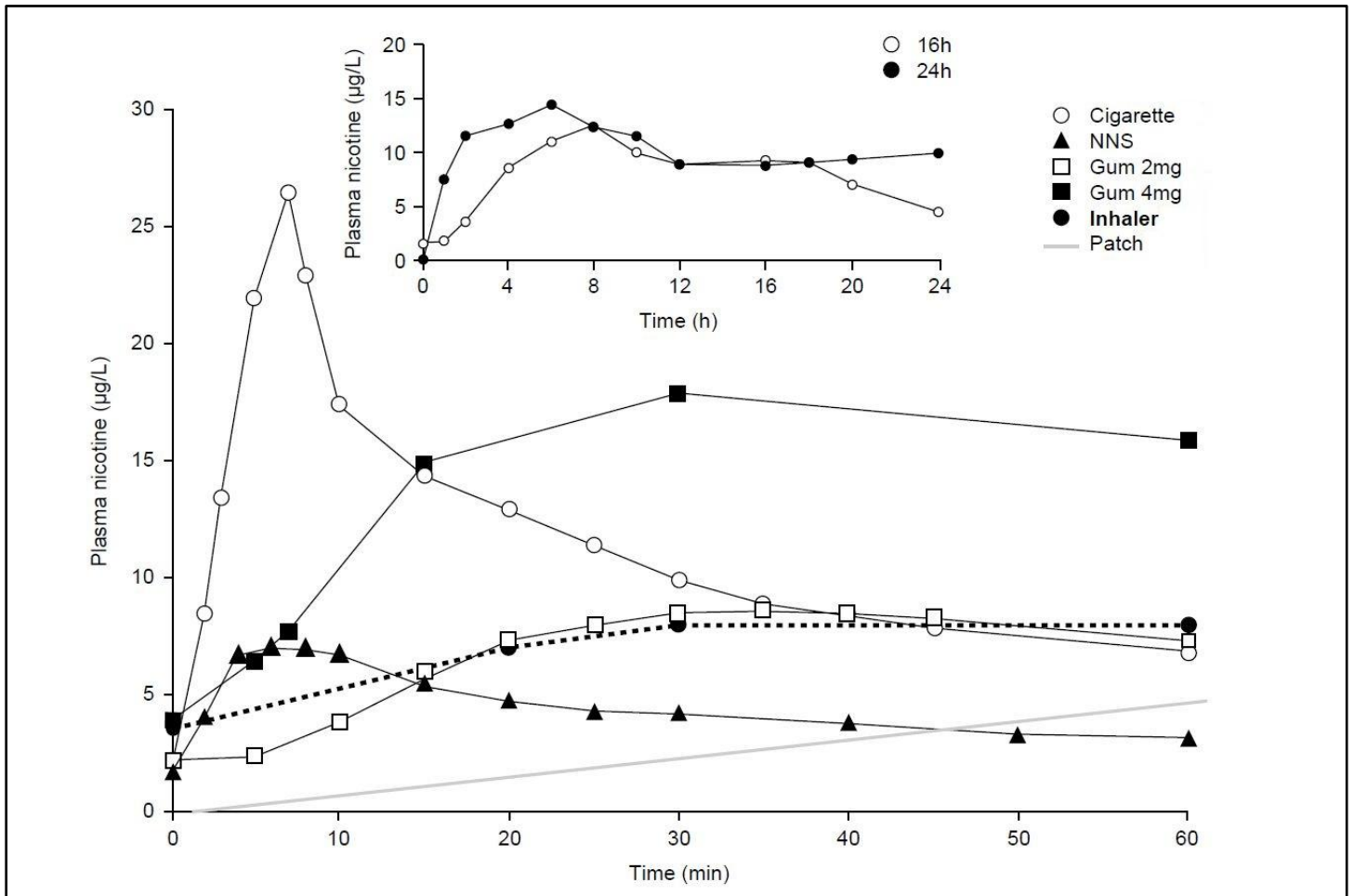
Nicotine Replacement Therapy	Non-Nicotine Cessation Drugs
Nicotine Gum	Bupropion (Zyban)
Nicotine Lozenge	Varenicline (Chantix)
Nicotine Patch	
Nicotine Nasal Spray	
Nicotine Inhaler	

Addition of Pharmacotherapy to brief
healthcare provider advice or
counseling sessions can **DOUBLE** the
efficacy of the intervention

Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. Clinical Practice Guideline.. Rockville, MD: US Department of Health and Human Services. Public Health Service, 2000.

Medication	Estimated Odds Ratio (95% C.I.)	Estimated Abstinence Rate (95 % C.I.)
Placebo	1	13.8
Nicotine Gum (6-14 weeks)	1.5	19.0
Long-term Nicotine Gum (>14 weeks)	2.2	26.1
Nicotine Patch (6-14 weeks)	1.9	23.4
High-Dose Nicotine Patch (>25 mg)	2.3	26.5
Long-term Nicotine Patch (>14 weeks)	1.9	23.7
Nicotine Nasal Spray	2.3	26.7
Nicotine Inhaler	2.1	24.8
Bupropion SR	2.0	24.2
Varenicline (1mg/day)	2.1	25.4
Varenicline (2mg/day)	3.1	33.2

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



Note: Venous plasma nicotine concentrations for a single cigarette and single doses of the following ‘acute’ nicotine delivery systems: nicotine nasal spray (NNS), nicotine 2 mg gum, nicotine 4 mg gum and nicotine inhaler. The course of the first hour of transdermal administration is also represented. There are only 3 time-points for the inhaler preparation. Intake time varies with the cigarette smoked over 5 minutes, gum chewed over 30 minutes, inhaler used over 20 minutes (80 puffs). **(Insert)** The course of 2 nicotine patches (16 and 24 hours) represented in hours over a 24-hour period.

BECAUSE DIFFERENT NRT MEDICATIONS PROVIDE DIFFERENT LEVELS OF NICOTINE IN THE PLASMA AT DIFFERENT INTERVALS OF TIME, HEALTH PROVIDERS OFTEN PRESCRIBE COMBINATION PHARMACOTHERAPY.

FOR E.G. IN A GUM + PATCH THERAPY, PATCHES PROVIDE A SUSTAINED LEVEL OF NICOTINE IN THE BODY WHILE THE GUM HELPS THE BODY TO HANDLE THOSE ACUTE NICOTINE URGES.

NICOTINE GUM

Availability	2 mg, 4 mg OTC/Prescription
Dosage	<ul style="list-style-type: none"> ➤ Based on cigarettes per day: <ul style="list-style-type: none"> > 20 cigarettes/day : 4mg ≤ 20 cigarettes: 2 mg ➤ Based on time to first cigarette of the day: <ul style="list-style-type: none"> <30 minutes: 4 mg >30 minutes: 2 mg. ➤ Initial dosing is 1 piece every 1 to 2 hours for the first 6 weeks, it should be used for up to 12 weeks with no more than 24 pieces to be used per day.
Pros	<ul style="list-style-type: none"> ➤ Gum chewing might satisfy oral cravings ➤ Gum use might delay weight gain ➤ Patients can titrate their therapy to manage withdrawal symptoms
Cons	<ul style="list-style-type: none"> ➤ Maybe inappropriate for people with dental problems and those with temporomandibular joint (TMJ) syndrome ➤ Should not eat or drink 15 minutes before or during use
Instructions	<ul style="list-style-type: none"> ➤ Chew each piece slowly ➤ Park between cheek and gum when peppery or tingling sensation appears (~15-30 chews) ➤ Resume chewing when taste or tingle fades ➤ Repeat chew/park steps until most of the nicotine is gone (generally 30 mins) ➤ Park in different areas of mouth ➤ Acidic beverages interfere with the action, so eating and drinking anything except water should be avoided for 15 minutes before or during its use.
Cost	\$2.16-\$4.68 (9 pieces)

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

The price ranges are based upon generic and brand availability. http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

NICOTINE LOZENGE

Availability	2 mg, 4 mg OTC/Prescription
Dosage	<ul style="list-style-type: none"> ➤ Based on cigarettes/day: <ul style="list-style-type: none"> >20 cigarettes/day: 4 mg ≤20 cigarettes per day: 2 mg ➤ Based on time to first cigarette of the day: <ul style="list-style-type: none"> <30 minutes = 4mg ≥30 minutes= 2 mg ➤ Initial dosing is 1-2 lozenges every 1-2 hours (minimum of 9 per day). ➤ It should be used for up to 12 weeks, with no more than 20 lozenges per day. Taper as tolerated.
Pros	<ul style="list-style-type: none"> ➤ Lozenge use might satisfy oral cravings ➤ Lozenge use might delay weight gain ➤ Patients can titrate their therapy to manage withdrawal symptoms ➤ Delivers doses of nicotine approximately 25% higher than nicotine gum
Cons	<ul style="list-style-type: none"> ➤ Should not eat or drink 15 minutes before or during use ➤ Gastrointestinal side effects might be bothersome
Instructions	<ul style="list-style-type: none"> ➤ Allow to dissolve slowly (20-30 minutes) ➤ Nicotine release may cause a warm, tingling sensation ➤ Do not chew or swallow ➤ Occasionally rotate to different areas of the mouth ➤ Acidic beverages interfere with the action, so eating and drinking anything except water should be avoided for 15 minutes before or during its use.
Cost	\$3.24-\$4.95 (9 pieces)

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

The price ranges are based upon generic and brand availability. http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

NICOTINE PATCH

Availability	<p>24 hour delivery systems (7, 14, 21 mg/24 hr) 16 hour delivery systems (5, 10, 15 mg/16 hr) OTC/Prescription</p>
Dosage	<ul style="list-style-type: none"> ➤ Based on cigarettes per day: <ul style="list-style-type: none"> ≥40 cigarettes per day = 42 mg/day 21-39 cigarettes per day= 28-35 mg/day <10 cigarettes per day = 14 mg/day ➤ Adjust based on withdrawal symptoms, urges, and comfort. ➤ After 4-6 weeks of abstinence, taper every 2-4 weeks in 7-14 mg steps as tolerated.
Pros	<ul style="list-style-type: none"> ➤ Achieves high and consistent levels of nicotine replacement ➤ Easy to use and conceal ➤ Fewer side effects and lesser compliance required
Cons	<ul style="list-style-type: none"> ➤ Patients cannot titrate the dose ➤ Local skin reactions and sleep disturbances might occur
Instructions	<ul style="list-style-type: none"> ➤ Patch can be applied and left on for anywhere from 16 to 24 hours. ➤ Patches may be placed anywhere on the upper body-including arms and back. ➤ Rotate the patch site each time a new patch is applied ➤ A 16 hour-patch can be removed at bedtime to avoid sleep disturbances ➤ Do NOT cut the patch
Cost	\$1.90 - \$ 3.89 (1 patch)

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

The price ranges are based upon generic and brand availability. http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

NICOTINE NASAL SPRAY

Availability	0.5 mg nicotine in 50 µL aqueous nicotine solution, Prescription ONLY
Dosage	<ul style="list-style-type: none"> ➤ A dose of nicotine nasal spray consists of one 0.5-mg dose delivered to each nostril (1 mg total) ➤ Initial dosing should be 1-2 doses per hour, increasing as needed for symptom relief ➤ Minimum recommended treatment is 8 doses/day, with a maximum limit of 40 doses/day ➤ Each bottle contains approximately 100 doses ➤ Recommended duration of therapy is 3-6 months
Pros	<ul style="list-style-type: none"> ➤ Patients can titrate their therapy to manage withdrawal symptoms ➤ FASTEST delivery of nicotine of currently available products but not as fast as cigarettes ➤ Can be used in response to stress or urges to smoke
Cons	<ul style="list-style-type: none"> ➤ Nose and Eye irritation is common, but usually disappears within a week ➤ Frequent use is required to obtain adequate nicotine levels ➤ It has the highest dependence potential
Instructions	➤ It is NOT to be sniffed, swallowed or inhaled. It is to be sprayed.
Cost	\$3.92 (8 doses)

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

The price ranges are based upon generic and brand availability. The nasal spray, inhaler and Chantix are not yet available in generic form.

http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

NICOTINE INHALER (ORAL)

Availability	10 mg cartridge delivers 4 mg inhaled nicotine vapor, Prescription ONLY
Dosage	<ul style="list-style-type: none"> ➤ A dose from the nicotine inhaler consists of a puff or inhalation ➤ Each cartridge delivers a total of 4 mg of nicotine over 80 inhalations ➤ Recommended dosage is 6-16 cartridges/day ➤ Recommended duration of therapy is up to 6 months
Pros	<ul style="list-style-type: none"> ➤ Patients can titrate their therapy to manage withdrawal symptoms ➤ Mimics hand-to-mouth ritual of smoking
Cons	<ul style="list-style-type: none"> ➤ May cause mouth or throat irritation ➤ Frequent use during the day required to obtain adequate nicotine levels
Instructions	<ul style="list-style-type: none"> ➤ Best effects with continuous puffing for 20 minutes ➤ Nicotine in cartridge is depleted after 20 minutes of active puffing ➤ Patient should inhale into back of throat or puff in short breaths ➤ Do NOT inhale into lungs ➤ Patient should taper dosage during the final 3 months of treatment
Cost	\$7.20 (6 cartridges)

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

The price ranges are based upon generic and brand availability. The nasal spray, inhaler and Chantix are not yet available in generic form.

http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

BUPROPION SR (ZYBAN)

Availability	150 mg sustained-release tablet Prescription ONLY
Dosage	<ul style="list-style-type: none"> ➤ Patients should begin Bupropion SR treatment 1-2 weeks before they quit smoking. ➤ Patients should begin with a dose of 150 mg every morning for 3 days, then increase to 150 mg twice daily. ➤ Dosing at 150 mg twice daily should continue for 7-12 weeks. ➤ For long-term therapy, consider using Bupropion SR 150 mg for up to 6 months post-quit.
Pros	<ul style="list-style-type: none"> ➤ Easy to use, fewer compliance problems ➤ Can be used with NRT ➤ Might be beneficial in patients with depression
Cons	<ul style="list-style-type: none"> ➤ Contraindicated with certain medical conditions and medications
Instructions	<ul style="list-style-type: none"> ➤ Take doses at least 8 hours apart ➤ Avoid bedtime dosing to minimize insomnia ➤ Dosage should not exceed 300 mg per day.
Cost	\$3.62-\$7.78 (2 tablets)

Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

The price ranges are based upon generic and brand availability. http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

VARENICLINE (CHANTIX)

Availability	0.5 mg, 1 mg tablet Prescription ONLY
Dosage	<ul style="list-style-type: none"> ➤ Start varenicline 1 week before the quit date at 0.5 mg once daily for 3 days, followed by 0.5 mg twice daily for 4 days, followed by 1 mg twice daily for 3 months. ➤ Varenicline is approved for a maintenance indication for up to 6 months.
Pros	<ul style="list-style-type: none"> ➤ Easy to use, fewer compliance problems, generally well tolerated ➤ No known drug interactions
Cons	<ul style="list-style-type: none"> ➤ Nausea and insomnia are common but temporary ➤ To be used with caution in patients with cardiovascular diseases (not contraindicated), pregnant smokers, kidney disease, behavioral problems, depression, psychiatric illness.
Instructions	<ul style="list-style-type: none"> ➤ Take dose after eating with a full glass of water. ➤ Patient should quit smoking on day 8, when dosage is increased to 1 mg twice daily. ➤ To avoid insomnia, take second pill at supper rather than bedtime.
Cost	\$4.70-\$4.96 (2 tablets)

Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

The price ranges are based upon generic and brand availability. The nasal spray, inhaler and Chantix are not yet available in generic form.

http://www.in.gov/quitline/files/Pharmacotherapy_CHART.pdf

COMBINATION MEDICATIONS

- ❖ Certain combinations of first-line medications have been shown to be effective smoking cessation treatments. Therefore, clinicians should consider using these combinations of medications with their patients who are willing to quit. Effective combination medications are:
 - Long-term (> 14 weeks) nicotine patch + other NRT (gum and spray)
 - The nicotine patch + the nicotine inhaler
 - The nicotine patch + bupropion SR

- ❖ Nicotine patches provides a sustained level of nicotine in the body while nicotine gums/lozenges/sprays provide spikes in nicotine levels which can function to satisfy those sudden cravings and urges.

PHARMACOTHERAPY FOR SMOKELESS TOBACCO (ST) USERS?

- Cochrane Reviews indicate that NRT and bupropion are of little use.
- Behavioral interventions which include telephone counseling or an oral examination may increase abstinence rates
- However, there is no reason to NOT try the drugs approved for smoking cessation.

Recommended ST treatment Approach:

1. Behavioral Treatment:
 - a. Oral Examination
 - b. Add oral replacement products
2. Bupropion
 - a. 150 mg twice a day
 - b. Continue for 3-6 months
3. Tailored nicotine patch therapy
 - a. +/- Gum/lozenge for self-titration
4. Combination of medications

Initial Dosing Guidelines for Smokeless tobacco:

<u>Cans/Pouches/Week</u>	<u>Mg NRT/day</u>
>3	42+
2-3	33-44
1-2	21-33
<1	11-22

How to Prescribe Medications? (Examples)

John A. Smith, D.D.S.
1000 Main Street,
Indianapolis, IN 44444

Phone: (123)-456-7890

DEA # 0000000000

SMITH'S FAMILY DENTISTRY

Name: _____ Age: _____

Address: _____ Date: _____

R_x Zyban 150 mg

Disp: 60 tablets

Sig: Starting 1 week from quit date, take 1 tablet per day for 3 days then take 2 tablets per day (at least 6 hours apart) for 7-12 weeks

Signature: _____

John A. Smith, D.D.S.
1000 Main Street,
Indianapolis, IN 44444

Phone: (123)-456-7890

DEA # 0000000000

SMITH'S FAMILY DENTISTRY

Name: _____ Age: _____

Address: _____ Date: _____

R_x Chantix 1mg

Disp: 60 tablets

Sig: Starting 1 week before quit date, take 1/2 tablet per day for 3 days, then 1/2 tablet 2 times per day (at least 8 hrs apart) for 4 days, then take 1 tablet 2 times per day (at least 8 hrs apart) for 12 weeks.

Signature: _____

John A. Smith, D.D.S.
1000 Main Street,
Indianapolis, IN 44444

Phone: (123)-456-7890

DEA # 0000000000

SMITH'S FAMILY DENTISTRY

Name: _____ Age: _____

Address: _____ Date: _____

R_x NRT Gum or Lozenge (OTC products)
Disp: 12 week-supply
Sig: Weeks 1-6: 1 piece every 1-2 hours
Weeks 7-9: 1 piece every 2-4 hours
Weeks 10-12 or longer: 1 piece every 4-8 hours
Not to exceed maximum dose : 24 pieces / day

Signature: _____

John A. Smith, D.D.S.
1000 Main Street,
Indianapolis, IN 44444

Phone: (123)-456-7890

DEA # 0000000000

SMITH'S FAMILY DENTISTRY

Name: _____ Age: _____

Address: _____ Date: _____

R_x Nicotrol NS (NRT Nasal Spray)
Disp: 4- 10mL bottles
Sig: 1-2 sprays in each nostril every hour for 6-8 weeks
Maximum dose: 40 mg /day or 5 doses/hr

Signature: _____

John A. Smith, D.D.S.
1000 Main Street,
Indianapolis, IN 44444

Phone: (123)-456-7890

DEA # 0000000000

SMITH'S FAMILY DENTISTRY

Name: _____ Age: _____

Address: _____ Date: _____

R_x Nicotrol Nicotine Inhalation System

Disp: 1 unit (contains cartridges (168), mouthpieces, storage trays, case)

Sig: 6 cartridges per day and increase as needed to maximum of 16 cartridges per day,
minimum 3 weeks up to 12 weeks or longer as needed with gradual dose reduction

Signature: _____

*General Instructions for the Prescriber:

- These are just examples of adult doses of these medications. Doses should be individualized based on patient's nicotine dependence level and the occurrence of symptoms of nicotine excess.
- For complete information on each product, please refer to the product manufacturer's information.

INSURANCE COVERAGE IN INDIANA

INDIANA MEDICAID COVERAGE

- ✓ NRT Gum
- ✓ NRT Patch
- ✓ NRT Nasal Spray
- ✓ NRT Lozenge
- ✓ NRT Inhaler
- ✓ Bupropion (Zyban)
- ✓ Varenicline (Chantix)
- ✓ Individual Counseling
- ✓ Group Counseling

MEDICAID

- Reimbursement for smoking cessation is available for one(1) twelve (12) week course of treatment per recipient per calendar year.
- Treatment may include prescription of any combination of smoking cessation products and counseling.
- One (1) or more modalities of treatment may be prescribed.
- Counseling MUST be included in any combination of treatment.
- Prior authorization is NOT required for reimbursement for smoking cessation products or counseling.

MEDICARE

- Medicare part B (Medical Insurance) covers up to 8 face-to-face visits during a 12-month period.
- Medicare part D (Prescription Drugs) will cover prescription medications for smoking cessation but it will NOT cover over-the-counter cessation aids.

Indiana Medicaid Preferred Drug List (PDL): <http://www.indianapbm.com/Downloads/Master%20Preferred%20Drug%20List%20updated%2010.1.12.pdf>
State of Indiana, Article 5, Medicaid Services, Rule 37. Smoking Cessation Treatment Policy
Indiana Health Coverage Programs, Provider Bulletin, 'Changes to Copayment Amounts for Pharmacy Services,' May 24, 2002. Retrieved from:
<http://www.indianamedicaid.com/ihcp/bulletins/bt200224.pdf>
Medicare Coverage: <http://www.medicare.gov/coverage/smoking-and-tobacco-use-cessation.html>

PRIVATE INSURANCE COVERAGE

- Currently Indiana does NOT mandate tobacco cessation coverage for private health insurance plans. Coverage for cessation treatments including medications varies by employers and/or plans.
- **However, under the Affordable Healthcare Act, 2010, private insurance companies must provide tobacco cessation services for all plans beginning on or after September 23, 2010.**

Preventive Services Covered Under the Affordable Care Act. Retrieved from: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>

STATE EMPLOYEE HEALTH COVERAGE

- State Employees have different plans and tobacco cessation treatment coverage depend on their respective plans.

Coding:

American Dental Association Code for Smoking Cessation (CDT)

Dental professionals providing tobacco dependence treatment to their patients should use the following code:

D1320: Tobacco counseling for the control and prevention of oral disease

Private Payer Smoking Cessation Codes

Private payer benefits are subject to specific plan policies. Please verify individual eligibility and payer requirements, before using the codes:

HCPCS/CPT Codes:*

- **99406:** Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. *Short descriptor:* Smoke/Tobacco counseling 3-10
- **99407:** Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes. *Short descriptor:* Smoke/Tobacco counseling greater than 10
- **S9075:** Smoking Cessation Treatment. One unit of S9075 is 15 minutes of service. Fractional units of service cannot be billed; providers should accumulate billable time equivalent to whole units before billing.

*HCPCS: Healthcare common procedure coding system; CPT: Current procedural terminology

Retrieved from: HCPCS, CPT, & ICD-9 Codes Related to Tobacco Cessation Counseling:
http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/pub_health/askact/coding.Par.0001.File.tmp/CodingList.pdf
<http://www.in.gov/quitline/files/BillingInfoChart.pdf>

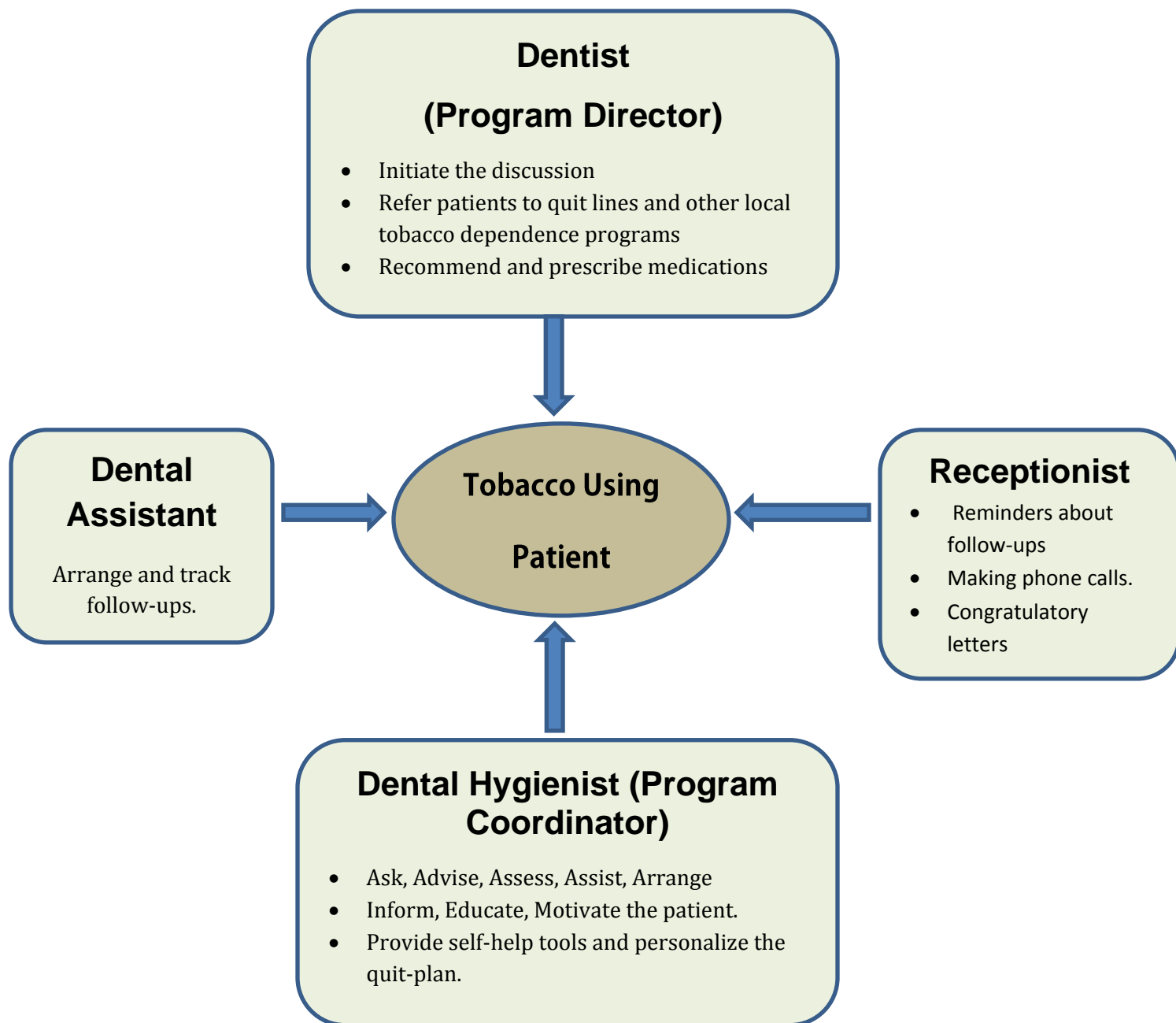
ICD-9 diagnosis codes (All codes with .x or .xx require fourth and fifth digits. See the ICD-9 manual for complete descriptions.)

Report 305.1 Tobacco use disorder and related condition:

140.x	Malignant neoplasm, lip
141.x	Malignant neoplasm, tongue
143.x	Malignant neoplasm, gum
144.x	Malignant neoplasm, floor of mouth
145.x	Malignant neoplasm, other parts mouth
146.x	Malignant neoplasm, oropharynx
523.0x	Acute gingivitis
523.1x	Acute gingivitis
523.2x	Gingival recession
523.3x	Aggressive and acute periodontitis
523.4x	Chronic periodontitis
523.5	Periodontosis
523.9	Unspecified gingival and periodontal disease

Retrieved from: HCPCS, CPT, & ICD-9 Codes Related to Tobacco Cessation Counseling:
http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/pub_health/askact/coding.Par.0001.File.tmp/CodingList.pdf
<http://www.in.gov/quitline/files/BillingInfoChart.pdf>
www.icd9data.com/2012

ROLE OF DENTISTS AND THE DENTAL TEAM



- **The ultimate goal of every healthcare team is to restore the health status of their patient and assist them in this process in every which way. A dental team should be no different.**
- **Implement a ‘Tobacco Dependence Treatment Program’ at your clinic to standardize the tobacco cessation services that you are going to provide to your patients. The dentist should adopt the role of a ‘Program Director’ for this program and motivate all the members of the dental team to perform their respective duties.**

‘Tobacco Dependence Treatment Program’ at your office

Dentist can

- Initiate the program and adopt the role of ‘Program Director’.
- Communicate the purpose and the plan of action of this program to the office team members.
- Appoint the dental hygienist as the Program Coordinator.
- Assign duties to the team members’ i.e. dental hygienist, dental assistant, and receptionist.
- Initiate the discussion of the patients’ tobacco use and its implications on their health and treatment outcomes.
- Counsel patients about the risk of their tobacco use and the benefits of quitting.
- Provide the possible referral resources to patients including the free Indiana Tobacco Quitline (1-800-QUIT-NOW or 800-784-8669).
- Discuss, recommend, and prescribe nicotine replacement products; and medications to assist the patient with their quitting.
- Discuss the program with their hygienist on a regular basis and suggest/implement changes, if required.

Dental Hygienist can

- The Program Coordinator will carry out the 'Assess', 'Assist' and 'Arrange' parts of the tobacco dependence treatment.
- Assess the patient's tobacco use and his/her readiness and motivation to quit.
- Educate the patient about their tobacco use and its ill-effects on theirs and their family's health.
- Give the patient a menu of options of quit strategies and medications to help them quit.
- Assist the patient in making a quit-plan.
- Arrange for follow-ups and inform them about the importance of follow-ups.
- Refer patients to the free Indiana Tobacco Quitline (1-800-QUIT-NOW or 800-784-8669)
- Evaluate the effectiveness of the program at the office and report the findings to the Program Director and suggest changes to the program, if required.
- Assist the dentist in motivating and providing trainings to the staff members.

Dental Assistant can

- Carry out the administrative duties of the program like ordering tobacco cessation materials, brochures, tobacco history forms etc.
- Assist with follow-ups, making calls and tracking key-dates in the patients' quit-plans.
- Encourage and support the patients in their quitting process during every interaction.

Receptionist can

- Update health history with tobacco use status.
- Encourage and support the patients in their quitting process when they enter or exit the offices.
- Call the patients to remind them about their quit-dates and follow-up appointments.
- Congratulatory messages and gestures to patients who have achieved even the smallest targets in their quit-plan as a way to motivate them.

BARRIERS AND THEIR POSSIBLE SOLUTIONS

A. Patient-Related:

Barriers	Possible Solutions
<p>Patient Resistance and Unwillingness</p> <p>➤ “I don’t know doctor, I am really not thinking about quitting right now.”</p>	<p>➤ Dental Hygienists are trained in counseling methods and motivational interviewing.</p> <p>➤ They spend a lot of time with the patients, educating and providing prophylactic instructions and hence can easily incorporate tobacco cessation in practice and help them progress from precontemplation to action stage.</p>
<p>Patient Anger, Hostility, driving them out of clinic</p> <p>➤ “I am sorry doctor, but I don’t think I want to hear about this. I am tired of everyone asking me to quit, when I don’t want to.”</p>	<p>➤ While still maintaining ‘Patient Autonomy’, assess their willingness and assist them with quitting, and offer them, help and support.</p> <ul style="list-style-type: none">○ “I hear you saying that you are not ready to quit smoking right now. I’m here to help you when you are ready.”○ “It sounds like you are really bugged by everyone about your tobacco use and it is okay if you don’t want to talk about it. I and my team are here to help, whenever you want it.”
<p>Extremely hard to quit</p> <p>➤ “I have tried a couple of times in the past, but I have failed. It’s so hard.”</p> <p>➤ “I fear all the withdrawal and everything that happens immediately after quitting.”</p> <p>➤ ‘I have heard that medications cause heart attacks, so I don’t want to quit.’</p>	<p>➤ Build confidence, motivation, and stress on the benefits of quitting on their health, their family’s health and their pockets. Provide proper information on quitting, referral resources and state quitline brochures to help them.</p> <ul style="list-style-type: none">➤ “I know quitting is very hard, but with proper support from your healthcare providers, your family and friends and proper quit plans and with follow-ups, it’ll be a lot easier on you”.➤ “Withdrawal symptoms are irritating, but there are ways to counter those symptoms. Also, these symptoms last for 1-2 weeks only. Would you like more information about it?”

Don't see any role of dentists in cessation

- "I am sorry doctor, but are you really the right person to talk to about this? It's my physician who should be concerned about my smoking."

- In screening, point the negative effects of tobacco use on oral cavity and treatment outcomes. Presenting oneself as a support will also help the patients:
 - "This is a common misconception that tobacco use does not affect the oral health. Both smoking and smokeless tobacco affect the oral cavity in various ways. I would like to share some information with you about it."
 - "Tobacco use affects the mouth and the entire body. It also has some serious ill-effects on the dental treatments. Quitting can improve the treatment outcomes considerably and we are here to help you in your quitting in every which way, we can."

Patient Compliance

- Follow-up is one of the most important components in helping the patient quit.
- So, hygienists, assistants and receptionists can play an important role by reminding about their appointments, following-up and congratulating the patients.
- Receptionists can send 'Congratulatory letters' at every small success in the patient's quitting process.

B. Provider-Related:

Barriers	Possible Solutions
<p>Lack of time/Busy practice</p>	<ul style="list-style-type: none"> ➤ Implementing a ‘Tobacco Dependence Treatment Program’ at your practice will not disrupt the practice, majorly. ➤ Dentists and Hygienists routinely provide oral health education and prophylactic services. Incorporating a tobacco cessation service would not be too hard. ➤ It will help expand the office’s services to include tobacco-cessation.
<p>Lack of referral options</p>	<ul style="list-style-type: none"> ➤ A number of resources have been provided in this toolkit for referring your patients. ➤ There is : <ul style="list-style-type: none"> ○ Indiana Tobacco Quitline (Call 1-800-QUIT-NOW or use Fax-to-quit) ○ Quitline also offers local resources including programs and support groups to the patients for free. ○ Some local cessation programs have been provided in this toolkit.
<p>Lack of education materials</p>	<ul style="list-style-type: none"> ➤ Resources have been provided in this toolkit for reference, both for patients and for healthcare providers. ➤ Indiana Tobacco Quitline provides brochures, that can be ordered through their website. ➤ Many online websites provide education materials for free like brochures, pamphlets, stickers, wallet-cards etc.
<p>Side-effects of medications/Liability issues</p>	<ul style="list-style-type: none"> ➤ Proper follow-up, quit plans and support via family, friends and healthcare providers is extremely important in determining the success of the patient’s quitting. ➤ Continuing education trainings throughout Indiana and other states related to nicotine addiction, tobacco dependence counseling strategies, medications etc.
<p>Lack of Confidence in counseling/prescribing</p>	<ul style="list-style-type: none"> ➤ Knowledge about reimbursements, coding etc. ➤ Information materials over the Indiana Tobacco Quitline about the safety of medications.

Lack of Staff members' motivation

- Toolkits are available to provide trainings to your staff members to start such a program.

C. Administrative:

Barriers	Possible Solutions
Lack of reimbursement	<ul style="list-style-type: none">➤ Proper training on coding and billing.➤ D1320 Tobacco Counseling for the control and prevention of oral disease.➤ Indiana Medicaid covers all medications and counseling.
Billing and coding issues	
Lack of standard practices	<ul style="list-style-type: none">➤ Implementing a 'Tobacco Dependence Treatment Program' at the office.➤ Clinical Reminder Systems can be used like charts, algorithms, tobacco-use status stickers.

RESOURCES

1. For patients:



Indiana Tobacco Quitline

**(1-800-QUIT-NOW or
800-784-8669)**

www.indianaquitline.net

<http://www.quitnowindiana.com>

The Indiana Tobacco Quitline is a FREE phone-based counseling service to all Hoosiers age 18 and older that helps them quit tobacco.

When you call them, you will receive:

- One on one proactive telephone counseling with a Quit Coach.
 - Access to 24-hour WebCoach.
 - Referrals to local quit smoking services in your community.
-
- Services are available to you 7 days-a-week in more than 170 languages.
 - You can call anytime between 8 am – 3 am EST.
 - A trained quit coach will work with you and provide solutions tailored to your needs.
 - Tobacco users that enroll in Indiana Tobacco Quitline services are eligible to receive a two-week starter kit of nicotine replacement therapy (NRT as patch, gum or lozenge).
 - Even family and friends can call who want to help their loved ones stop smoking.

Online resources for tobacco-related information and quitting-tools:

	Website	Phone Number
Fact Sheets related to tobacco use in Indiana	http://www.in.gov/isdh/tpc/2341.htm	
Voice: Action Speaks	http://www.voiceaction.tv/	
Local Community-Based and Minority-Based partners	http://www.in.gov/isdh/tpc/2350.htm	
Freedom From smoking, American Lung Association	http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/	1-800-LUNG-USA (1-800-586-4872)
Not on Tobacco (for teens), American Lung Association	http://www.notontobacco.com/	1-800-LUNGUSA (1-800-586-4872)
Become an Ex	http://www.becomeanex.org/	
Smokefree	http://www.smokefree.gov/	Teens can text QUIT to iQuit (47848) .
CDC: How to Quit	http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm	
Smokeless Tobacco, National Institute of Dental and Craniofacial Research	http://www.nidcr.nih.gov/	

Local Cessation Resources by County:

County	Smoking Cessation Resources
Allen	<ul style="list-style-type: none"> ➤ Tobacco Free Allen County. Call 260-420-7484 for information on group classes. ➤ Ohio State Quit Line. Call 800-934-4840 for free telephone counseling. ➤ Smoke Buster's Support Group. Meets every Wednesday from 6–7 p.m. at Lutheran Hospital, Medical Office Building 1, Suite 306, Women's Cancer Center. Free support group. ➤ Dupont Resource Center. Call (260) 416-3009. ➤ INTER_xVENT. A lifestyle management program designed to reduce your risk for heart disease and stroke. Self-help or face-to-face mentored programs are available for smoking cessation. Contact the Dupont Resource Center at (260) 416-3009 for details. ➤ The Benito Juarez Cultural Center offers smoking cessation classes for adults and youth that are bilingual and bicultural by calling (260) 456-5000.
Bartholomew	<ul style="list-style-type: none"> ➤ The Tobacco Awareness Action team supports and promotes the Indiana Tobacco Quitline. <ul style="list-style-type: none"> ○ Training, educational materials, awareness campaigns, and smoking cessation support are among the activities provided to help quit smoking. ○ Group tobacco cessation programs are offered periodically throughout the year. For more information, call 812-379-4927. ○ A participant fee of \$35, which includes the cost of materials, will be taken at the first class.
Boone	<ul style="list-style-type: none"> ➤ Adult cessation classes are offered multiple times throughout the year. Please contact Vickie for more information at 765-482-3942 option 6. ➤ Teen education classes are court ordered only. If you have any questions please contact 765-482-3942 option 6.
Clark	<ul style="list-style-type: none"> ➤ Clark County Tobacco Prevention and Cessation Coalition: Call 283-2649 for the next available class.
DeKalb	<ul style="list-style-type: none"> ➤ Smoking Cessation Support Group American Lung Association's program for adults, "Freedom From Smoking," and program for teens, "N-O-T"(Not On Tobacco) will be presented by cardiopulmonary fitness & health experts of DeKalb Health. Call (260) 920-2571.
Dubois	<ul style="list-style-type: none"> ➤ Becoming a Non-Smoker program http://www.mhhcc.org/news.aspx?id=2468&terms=cessation&rawsearchtype=1&fragment=false&SearchType=AndWords FREE Call the Community Relations department at 812/996-2399.
Elkhart	<ul style="list-style-type: none"> ➤ Tobacco Control of Elkhart County (TCEC): http://www.elkhartcountyhealth.org/tobacco.php
Hancock	<ul style="list-style-type: none"> ➤ Hancock Regional Hospital http://www.hancockregionalhospital.org/wellness-education/classes?Course=Tobacco+Education+Group <ul style="list-style-type: none"> ○ Nicotine Patches are available through the Hancock County Health Department: 6 weeks of nicotine patches available for individuals desiring to quit smoking. Registration in the smoking cessation classes through Hancock

	Regional Hospital is mandatory.
Hendricks	<ul style="list-style-type: none"> ➤ Hendricks County Coalition for Tobacco Intervention and Prevention Michael McDonalds Hendricks Regional Health 998 E. Main St. Suite 103 Danville, IN 46122 (317)828-9248
Howard	<ul style="list-style-type: none"> ➤ Break the Habit <ul style="list-style-type: none"> ○ http://www.stvincent.org/St-Joseph/Classes/Smoking-Cessation.aspx ○ FREE ○ To schedule an appointment, please call (765) 456-5000. For questions or more information, please call (765) 456-5233
Huntington	<ul style="list-style-type: none"> ➤ For current cessation classes at Parkview Huntington Hospital Contact: Sarah Mohrman at 260-355-3240
Jackson	<ul style="list-style-type: none"> ➤ The Health Department is partnering with Schneck Medical Center to offer a six-week tobacco education/cessation program for anyone 18 years of age or older who wishes to stop using tobacco products including cigarettes, cigars and chew. <ul style="list-style-type: none"> ○ Classes are held in the Schneck Medical Center facility and classes are led by certified instructors using the Fresh Start (American Cancer Society) curriculum. Four weeks of nicotine replacement patches are available at no cost for those requesting this service. ○ How to get signed up: Call our Public Health Coordinator at 522-6474 or email limontgomery@localhealth.in.gov.
Jay	<ul style="list-style-type: none"> ➤ If you're ready to quit, Jay County is ready to help. When you enroll in our smoking Cessation Program, you'll speak with an expert counselor who is certified in smoking cessation about your smoking habit, previous attempts to quit and other relevant topics. For more information on Smoking Cessation Classes, please call 260-726-7131, Ext. 1053.
Knox	<ul style="list-style-type: none"> ➤ Smoking Cessation Classes Smoking cessation classes are taught by an American Lung Association-trained facilitator and are available to the public. Contact Good Samaritan Hospital Community Health Services for information. <ul style="list-style-type: none"> ○ Please call 812-885-3214 for more information. Respiratory Care, 520 S. Seventh St., Vincennes, IN 47591
Lake	<ul style="list-style-type: none"> ➤ An 8-week program to teach you how to quit smoking. <ul style="list-style-type: none"> ○ Class includes instruction, counseling, behavior modification such as breathing & relaxation techniques, lifestyle changes, how to get pharmacological support, and more. Sanctioned by the American Lung Association. ○ Cost of the program is \$50.00, however, \$30.00 will be refunded upon successful completion of the program. ○ Held Tuesdays, Jan 15-March 5. ○ Location: St. Mary Medical Center, Patient Tower, 1500 S. Lake Park Ave., Hobart, IN Time: 6:30 PM - 8:00 PM Registration: Please call 219-836-3477 or toll-free 866-836-3477 to register.
Marion	<ul style="list-style-type: none"> ➤ http://www.indyhealthnet.org/index.php/patient_care/program_information/quit

	<p><u>smoking/</u></p> <ul style="list-style-type: none"> ➤ Fairbanks Recovery Center : http://www.fairbanks.cd.org/recovery-center Fairbanks Addiction Treatment Center 8102 Clearvista Parkway Indianapolis, Indiana 46256 ➤ Freedom from Tobacco Cessation Assistance Program <p>http://stvincent.org/St-Vincent-Indianapolis/Community-Connections/Programs/Freedom-from-Tobacco.aspx</p> <ul style="list-style-type: none"> ○ Participation in Freedom from Tobacco will require a referral. For more information: ○ Physician and Health Care Providers: Please contact The Care Group at (317) 338-6163 or (800) 732-1484 (or fax to (317) 338-6214). ○ Self-Referrals: To initiate the referral process or to obtain more program information, contact The Care Group at (317) 338-6163 or (800) 732-1484 or email : lheflin@thecaregroup.com.
Monroe	<ul style="list-style-type: none"> ➤ Monroe county Cessation Resources: http://www.smokefreebloomington.org/quit/
Putnam	<ul style="list-style-type: none"> ➤ Chris Shuck, with the Putnam County Tobacco Prevention and Cessation Coalition, facilitates classes to help people who are ready to quit smoking. Please call Chris Shuck at 765.655.2697 for more information.
Rush	<ul style="list-style-type: none"> ➤ Rush Memorial Hospital offers tobacco cessation counseling at no cost. The counseling is private and can be done either in person or over the phone. The counseling normally consists of four sessions lasting from 20-30 minutes each. <ul style="list-style-type: none"> ○ The sessions are conducted by a Registered Nurse who is certified in TAP/TEG cessation techniques for both adult and teens. ○ Hours: Monday – Friday 8:00 a.m.- 5:00 p.m. ○ Contact: Ronda Sweet Director of Education ronda.sweet@rushmemorial.com 765-932-7472
Shelby	<ul style="list-style-type: none"> ➤ http://www.majorhospital.org/ClassesEvents/classes/personalhealth.php Contact Information: Call (317) 398-5297 or email kwagoner@majorhospital.org for more information or to register. UnaVie Cardiology Center (2451 Intelliplex Drive, Shelbyville, IN)
St. Joseph	<ul style="list-style-type: none"> ➤ St. Joseph Regional Medical Center http://www.sjmed.com/body.cfm?id=16&action=detail&ref=112 call (574) 335-3896. It's FREE. ➤ Memorial Hospital of South bend: Smoking Cessation Support Group: For more information about quitting smoking or any other support groups, please call the Lung Center at 574-647-7620 or e-mail lungctr@memorialsb.org.
Tippecanoe	<ul style="list-style-type: none"> ➤ Kathryn Weil Center for Education (Franciscan St. Elizabeth Health) <ul style="list-style-type: none"> ○ Group and individual cessation classes offered. ○ A \$60 fee is charged for this cessation program. ○ Phone: 765-449-5133 ○ Programs offered in English (some Spanish materials available.)

	<ul style="list-style-type: none"> ➤ Prenatal Substance Use Prevention Program (Riggs Community Health Center) <ul style="list-style-type: none"> ○ Cessation programs are offered to women who are pregnant and their "families". (This may include their mother, father, significant other, ect.) ○ Sessions are free for patients of the Riggs Community Health Center. ○ Phone: 765-429-2703 ○ Programs offered in English and Spanish. (However, if our interpreter is unavailable, participants must bring their own interpreter.) ➤ Purdue University WorkLife <ul style="list-style-type: none"> ○ For Benefit-eligible Purdue faculty and staff ○ Quit Smart Group Cessation Classes ○ Phone: 765-494-5461 ➤ Purdue University Student Wellness Office <ul style="list-style-type: none"> ○ For Purdue Students ○ Free X-Pack (includes chewing gum, information slider, pocket cards, putty, and cinnamon toothpicks) and one or more brief counseling sessions with a quit leader ○ Phone: 765-494-9355 ➤ CAT <ul style="list-style-type: none"> ○ For CAT employees, spouses, and retirees covered under standard insurance ○ 12 month telephonic coaching through Quit for Life; pataches and gum are provided through the program to those who indicate a need ○ Zyban is covered by the medical plan if certain health care plan requirements are met ➤ SIA <ul style="list-style-type: none"> ○ For SIA employees and spouses covered under the medical plans ○ Chantix at no cost via the Health and Wellness Center ○ 100% reimbursement for NRT with a prescription ○ Cigna's Tobacco Cessation Telephonic Coaching Program ○ Referrals to 1-800-QUIT-NOW
Tipton	<ul style="list-style-type: none"> ➤ http://iuhealth.org/tipton/ IU Health Tipton Hospital 1000 S Main Street Tipton, IN 46072
Vanderburgh	<ul style="list-style-type: none"> ➤ http://www.deaconess.com/SmokingCessation ➤ The Health Department offers a smoking cessation program for all City of Evansville and Vanderburgh County residents. <ul style="list-style-type: none"> ○ Eligibility requirements include: 18 years or older, not pregnant, smoke at least one-pack per day, obtain a doctor's permission slip, attend four (4) one-hour classes. ○ A six week supply of nicotine patches are included at no cost to the participant in this program. Contact Mary Jo Borowiecki, Health Education Supervisor at 435-5807 or mborowiecki@vanderburghgov.org to register. ○ Vanderburgh County Health Dept. 420 Mulberry St., Evansville, IN 47713 ➤ Smokefree Communities <ul style="list-style-type: none"> ○ 1601 John St., Evansville, IN Martha Caine 812-303-7378 ○ Offers smoking-cessation classes, resources, educational programs and materials for both individuals and groups.

	<p>➤ <u>FOR PREGNANT WOMEN:</u> Smoking Cessation Classes for Pregnancy Vanderburgh County Health Dept. 420 Mulberry St., Evansville IN 47713 Mary Jo Borowiecki 812-435-5807 Free, incentives for success, call to register</p> <p>Tri-Cap Health Services 727 John St., Evansville, IN 47713 ONE session Stop Smoking Program for Pregnant Moms Attend at your convenience, class will take 1 hour. Receive \$10 Walmart giftcard upon completion. Register by calling 428-5871</p>
Vermillion	<p>➤ Smoking Cessation Educators</p> <p>Union Hospital Smoking Cessation Program 1606 North 7th Street Terre Haute, Indiana 47807 Ph. 812-238-7822 Fax 812-238-4994 acottrell@uhhg.org jimmckanna@uhhg.org</p>
Warrick	<p>➤ http://www.deaconess.com/My-Health/Especially-For-You/Healthy-Living/Smoking-Cessation.aspx</p>
Washington	<p>➤ FREEDOM FROM SMOKING</p> <p>QUITTERS is a smoking cessation course that can help you!!!</p> <ul style="list-style-type: none"> ○ Cost for class is based on a sliding scale, but will not exceed \$40.00 ○ Uses the American Lung Association's Freedom From Smoking curriculum ○ Course lasts 7 weeks, with 8 sessions ○ Nicotine Replacement Therapy available if needed ○ Course starting time is flexible with participants <p>For more information regarding QUITTERS contact: Brittany Litton, QUITTERS Coordinator at 438-8555 Lisa, Sandy or Cara at Washington County Health Department at 438-2164</p> <p>➤ The St.Vincent Physician Network clinics at Campbellsburg and Pekin offer low cost individualized comprehensive tobacco cessation programs. These programs, which are partially funded through the Washington County Health Department, include tobacco replacement therapies such as gum and patches. For more information on the tobacco cessation programs offered at these clinics, please call St.Vincent Physician Network in Pekin at 967-6900 or the St.Vincent Physician Network in Campbellsburg at 755-4443.</p>
White	<ul style="list-style-type: none"> ● http://iuhealth.org/white-memorial/ IU Health White Memorial Hospital 720 S Sixth Street, Monticello, IN 47960 574.583.7111

2. For oral healthcare providers:

Indiana Tobacco Quitline

**(1-800-QUIT-NOW or
800-784-8669)**

www.indianaquitline.net

<http://www.quitnowindiana.com>



The Indiana Tobacco Quitline is a FREE phone-based counseling service to all Hoosiers age 18 and older that helps them quit tobacco.

For healthcare providers, services include:

- Resources to improve patient outcomes.
- Best practices for Employers who want to implement smoke-free policies.
- Tools for Tobacco Control partners to complement their current programs.

A number of materials can be ordered from the Indiana Tobacco Quitline like:

- Break Free From Tobacco brochure (English and Spanish)
- Prescription Pads
- Resource Guide with Pharmacotherapy (Attached)
- Fax Referral Form (Attached)
- Tobacco Cessation Guidelines (Attached)
- Preferred Provider Enrollment Form.

Online Resources:

	Website
Fact Sheets related to tobacco use in Indiana	http://www.in.gov/isdh/tpc/2341.htm
ADA: Smoking and Tobacco Cessation	http://www.ada.org/2615.aspx
ADA: Summary and Policy of Recommendations Regarding Tobacco	http://www.ada.org/2056.aspx
Ask, Advise, Refer by ADHA (American Dental Hygienists' Association)	http://www.askadviserefer.org/how_to_intervene.asp
Local Community-Based and Minority-Based partners	http://www.in.gov/isdh/tpc/2350.htm
Freedom From smoking, American Lung Association	http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/
Indiana University Tobacco Cessation and Bio-behavioral Group	http://www.iusd.iupui.edu/tcbc_site/
Clinical Practice Guideline: Treating Tobacco Use and Dependence, Update 2008	http://www.ahrq.gov/clinic/tobacco/treating_tobacco_us_e08.pdf
Smoking and Tobacco Control Monograph No. 2	http://cancercontrol.cancer.gov/tcrb/monographs/2/m2_complete.pdf
CDC: Smoking and Tobacco Use	http://www.cdc.gov/tobacco/
Smokeless Tobacco, NIDCR (National Institute of Dental and Craniofacial Research)	http://www.nidcr.nih.gov/
Tobacco Cessation Intervention Techniques for the Dental Office Team	http://www1.umn.edu/perio/tobacco/office_tcmanual.pdf
Manhattan Tobacco Cessation program Tobacco Treatment Toolkit for Dental Providers	http://pophealth.med.nyu.edu/divisions/mtcp/health-care-providers/toolkits?CSRT=13454989614187050337
Tobacco-Treatment Resources for Dentists and Hygienists	http://www.ctri.wisc.edu/HC.Providers/healthcare_dentists.htm

Vital Signs Stamp

VITAL SIGNS

Blood Pressure: _____

Pulse: _____ Weight: _____

Temperature: _____

Respiratory Rate: _____

Tobacco Use: Current Former Never

(circle one)

Tobacco Cessation Intervention Card

Tobacco Cessation Intervention Card	
Name _____	Date of birth _____
Intervention dates ____/____ ____/____ ____/____ ____/____ ____/____ ____/____	
<input type="checkbox"/> ASK	<input type="checkbox"/> Former tobacco user. Quit date _____
✓ Number of cigarettes _____, cigars _____, pipe bowls _____ per day	
✓ Number of smokeless tobacco cans/pouches per week _____	
✓ Number of years used _____	
<input type="checkbox"/> ADVISE about the risks of tobacco use and the benefits of quitting.	
<input type="checkbox"/> REFER	
✓ Assess willingness to quit. <input type="checkbox"/> Willing <input type="checkbox"/> Unwilling	
✓ Develop Personalized Quit Plan and distribute Consumer Guide.	
✓ Refer to tobacco quitline and distribute state or national card.	
✓ Arrange follow-up telephone call.	
Tobacco Cessation Follow-Up Record	
Preferred contact number _____	
Who will make call? _____	
Quit date (with no pharmacotherapy) _____	
Phone before quit date _____ Week 1-2 _____	
Month 1 _____ 3 _____ 6 _____ 12 _____	
Pharmacotherapy prescribed _____	
Quit date _____	
Phone before quit date _____	
Week 1 _____ 3 _____ 6 _____	
<input type="checkbox"/> Provide self-help materials.	
<input type="checkbox"/> Encourage to call tobacco quitline for support.	
<input type="checkbox"/> Upon quitting, send congratulatory letter.	
<input type="checkbox"/> Comments _____	

Retrieved from: http://www.askadviserefer.org/how_to_intervene.asp

3. Contact Information:

LAURA ROMITO, DDS, MS

Associate Professor
Director, Nicotine Program
Department of Oral Biology, Rm S411
Indiana University School of Dentistry

1121 West Michigan Street
Indianapolis, IN 46202

Email: lromitoc@iu.edu

Ph : [317-278-6210](tel:317-278-6210)

Fax: [317-278-1411](tel:317-278-1411)

https://www.dentistry.iu.edu/tcbc_site/



RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH

INDIANA UNIVERSITY
IUPUI



SCHOOL OF DENTISTRY

INDIANA UNIVERSITY
IUPUI

Patient ID# _____



1-800-QUIT NOW
Indiana's Tobacco Quitline

Indiana Tobacco Quitline
CLINIC FAX REFERRAL FORM
FAX 1.800.483.3114

Clinic

Date Fax Sent ____/____/____

PROVIDER INFORMATION

Clinic Name _____

Health Care Provider _____

Address _____

City _____ State _____ Zip _____ County _____

I am HIPAA-Covered Entity (check one) Yes No I Don't Know

Fax (____) _____ - _____ Phone (____) _____ - _____ email _____

Comments _____

PATIENT INFORMATION

Gender Male Female **Pregnant?** Yes No

Patient Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____ County _____

Primary Phone# (____) _____ - _____ **TYPE** Home Work Cell Other

Secondary Phone# (____) _____ - _____ **TYPE** Home Work Cell Other

Language Preference (check one) English Spanish Other _____

Tobacco Type (check all that apply) Cigarettes Smokeless Tobacco Cigar Pipe

(Initial) I am ready to quit tobacco and request the Indiana Tobacco Quitline contact me to help me with my quit plan.

(Initial) I **do not** give my permission to the Indiana Tobacco Quitline to leave a message when contacting me.

Patient Signature _____

The Indiana Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you.

Note: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than the selected 3-hour time frame.

6am-9am 9am-12pm 12pm-3pm 3pm-6pm 6pm-9pm

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**



1-800-QUIT NOW
Indiana's Tobacco Quitline

TOBACCO CESSATION **GUIDELINES**

STEP

1

ASK ABOUT TOBACCO USE

EVERY PATIENT • EVERY VISIT • NON-JUDGEMENTAL

- When was the last time you smoked or used any type of tobacco?

STEP

2

ADVISE TO QUIT

CLEAR • STRONG • PERSONALIZED

- It's important that you quit as soon as possible, and I can help.
- Quitting is the best decision you can make for your health and the health of your family

STEP

3

REFER TO INDIANA TOBACCO QUITLINE

Complete entire provider section of the FAX REFERRAL FORM. Have your patient complete the patient section and sign for consent as required by HIPAA.

- Fax the form to: **1-800-483-3114**. The Indiana Tobacco Quitline will fax a follow-up report back to your office.
- To obtain the Fax Referral Form, visit: www.indianatobaccoquitline.net/documents/QLfaxreferral.pdf.

THE 5 R'S

INTERVENTION FOR PATIENTS
NOT READY TO QUIT

Relevance Encourage patients to consider reasons why quitting is personally relevant.

Risks Identify patient-specific negative consequences of tobacco use.

Rewards Identify patient-specific benefits of quitting.

Roadblocks Identify barriers to quitting and ways to overcome them.

Repetition Enhance motivation at every encounter.

STEP

4

PRESCRIBE PHARMACOTHERAPY

Discuss Medication Options with Your Patient
(See *Pharmacotherapy Chart*.)

STEP

5

EVALUATE THE QUIT ATTEMPT AT FOLLOW-UP

- Status of attempt
- Congratulate success, encourage continued efforts to quit if still smoking
- "Slips" and relapse
- Medication compliance and plans for discontinuation

The Quitline is FREE to your Indiana patients and is staffed by trained tobacco cessation quit coaches.

FDA-APPROVED PHARMACOTHERAPY FOR TOBACCO DEPENDENCE TREATMENT*

Product	Nicotine Patch	Nicotine Gum	Nicotine Lozenge	Nicotine Nasal Spray	Nicotine Oral Inhaler	Bupropion SR Tablet	Varenicline Tablet
BRAND NAMES	NicoDerm CQ® generic	Nicorette® generic	Commit® generic	Nicotrol®NS	Nicotrol® Inhaler	Zyban® generic	Chantix®
AVAILABILITY	OTC & Rx	OTC	OTC	Rx	Rx	Rx	Rx
PRODUCT STRENGTHS	21 mg 14 mg 7 mg	2 mg (<25 cigarettes/day) 4 mg (≥ 25 cigarettes/day)	2 mg (1st cigarette > 30 mins after waking) 4 mg (1st cigarette ≤ 30 min after waking)	10 mg/ml	10 mg/cartridge (delivers 4 mg/ cartridge)	150 mg	0.5 mg and 1 mg
INITIAL DOSING	1 patch/ 24 hours	1 piece/ 1 or 2 hours	1 lozenge/ 1 or 2 hours	1-2 doses/hour (1 dose = 2 sprays or 1 per nostril)	6-16 cartridges/ day	150 mg once daily (days 1-3); then 150 mg twice daily	0.5 mg once daily (days 1-3); 0.5 mg twice daily (days 4-7); then 1 mg twice daily
MAXIMUM DOSING	same as above	24 pieces/ 24 hours	5 lozenges/ 6 hours or 20 lozenges/day	5 doses/hour or 40 doses/day	16 cartridges/ day	150 mg twice daily	1 mg twice daily
TIME TO PEAK PLASMA LEVEL	5-10 hours	20-30 minutes	20-30 minutes	5-7 minutes	15 minutes	3 hours	3-4 hours
RECOMMENDED TREATMENT DURATION	8-10 weeks (2-4 weeks per dose level)	Up to 12 weeks	Up to 12 weeks	3-6 months	Up to 6 months, taper during final 3 months	7-12 weeks (In special circumstances, may take for up to 6 mo.)	12 weeks (An additional 12 weeks can be pre- scribed for patients who have successfully stopped smoking at the end of 12 weeks.)
ADVERSE REACTIONS	Local skin reaction (Rotate and use steroid cream or try a different brand), headache, sleep disturbances (insomnia, abnormal/vivid dreams)	Mouth soreness, hiccups, dyspepsia, mild, transient jaw ache (Correct technique)	Headaches, insomnia, nausea if swallowed or chewed (Correct technique)	Local transient irritation in nose, throat and eyes (Typically resolved through regular use)	Mouth and throat irritation (Typically resolved through regular use), dyspepsia	Dry mouth, insomnia (Avoid use at bedtime), shakiness, skin rash, constipation, seizure risk is 1/1,000 (Instructions for Use 0.1%)	Nausea, headache, insomnia, constipation, abnormal dreams, neuropsychiatric symptoms (See Precautions, below)
PRECAUTIONS, CONTRAINDICATIONS AND WARNINGS	PRECAUTIONS: Pregnancy and breastfeeding, 2-week post myocardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris	PRECAUTIONS: Pregnancy and breastfeeding, 2-week post myo- cardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris, severe TMJ or other jaw problems, pre- sence of dentures	PRECAUTIONS: Pregnancy and breastfeeding, 2-week post myocardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris	PRECAUTIONS: Pregnancy and breastfeeding, 2-week post myocardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris, severe reactive airway disease	PRECAUTIONS: Pregnancy and breastfeeding, 2-week post myocardial infarction, serious arrhythmia or serious angina, bronchospastic disease	CONTRAINDICATIONS: Seizure disorder, current use of Well- butrin/bupropion, current or prior bulimia or anorexia nervosa, current or recent use of MAO inhibitors Warning: See below for FDA warning**	PRECAUTIONS: Pregnancy and breastfeeding, severe renal impairment Warning: See below for FDA warning**
DAILY COST***	\$1.90-\$3.89 (1 patch)	\$2.16-\$4.68 (9 pieces)	\$3.24-\$4.95 (9 pieces)	\$3.92 (8 doses)	\$7.20 (6 cartridges)	\$3.62-\$7.78 (2 tablets)	\$4.70-\$4.96 (2 tablets)
INSTRUCTIONS FOR USE	Stop all tobacco use prior to treatment. Apply 1 patch to healthy, clean, dry, hairless skin such as upper arm or hip. Remove and replace daily. Rotate patch site.	Stop all tobacco use prior to treatment. Chew gum slowly until you notice a peppery taste and a slight tingle. Then park between your cheek and gum. When taste and tingle fade, bite until it starts working again, then park in another part of your mouth. Continue for 30 minutes.	Stop all tobacco use prior to treatment. Allow lozenges to dissolve slowly over 20-30 minutes without chewing or swallowing. Occasionally, move the lozenge from one side of your mouth to the other.	Stop all tobacco use prior to treat- ment. Blow nose if it is not clear. Tilt head back slightly, insert tip of bottle as far into nostril as is comfortable. Breathe through mouth. Spray once in each nostril. Do not sniff or inhale while spraying. If nose runs, gently sniff to keep spray in nose. Wait two or three minutes before blowing nose.	Stop all tobacco use prior to treatment. Pull off the top of the mouthpiece and insert cartridge until seal breaks. Replace top. Align marks to close. Inhale a short breath to the back of mouth or puff in short breaths. Do not inhale into lungs. The nicotine in a cartridge lasts for about 20 minutes of active puffing.	Start using bupropion one to two weeks before quitting tobacco use. Take 1 tablet orally (150 mg) each morning for 3 days, then 1 tablet (150 mg) twice daily. Allow at least 8 hours between doses.	Start using Chantix one week before quitting tobacco use. Chantix should be taken after eating and with a full glass of water. Days 1-3, take one 0.5 mg tablet once daily. Days 4-7, take 0.5 mg tablet twice daily. Days 8-end of treatment, take 1 mg tablet twice daily.

*Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference or the product manufacturer for complete product information and contraindications.
 **Assess prior to prescribing and observe patients on Chantix for "serious" neuropsychiatric symptoms, including changes in behavior, agitation, depressed mood, suicidal ideation and suicidal behavior.
 ***The price ranges are based upon generic and brand availability. The nasal spray, inhaler and Chantix are not yet available in generic form.