Effective Tobacco Interventions:  
*You Can Make It Happen*

Best Practices for Smoking Cessation

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“Tobacco use is the largest cause of premature morbidity and mortality in Canada.”

- 47,000 Canadians die from tobacco use each year
- 1 in 5 deaths are due to tobacco use
- 1 in 2 smokers die from diseases related to tobacco use
The International Dental Federation, the World Health Organization and the Canadian Dental Association have all promoted and encouraged expanding the role of dental professionals in the treatment of tobacco dependence.

Chief Medical Officer of Health (2012)

• In Ontario, two million people smoke.
• Tobacco use is the number one cause of preventable disease and death, killing 13,000 Ontarians every year.
• In Ontario, tobacco-related diseases cost the provincial economy:
  • $1.9 billion in direct health care costs annually (roughly twice as much as tobacco taxation revenue)
  • $5.8 billion in productivity losses
Social Determinants of Health

- Income and social status
- Social support network
- Education and literacy
- Employment/working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Biology and genetic endowment
- Healthy child development
- Health Services
- Gender
- Culture
Quitting Smoking at Any Age Can *Increase Life Expectancy*

<table>
<thead>
<tr>
<th>Age stop smoking by</th>
<th>Life years gained</th>
</tr>
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<tbody>
<tr>
<td>&lt;30 years</td>
<td>10</td>
</tr>
<tr>
<td>&lt;40 years</td>
<td>9</td>
</tr>
<tr>
<td>&lt;50 years</td>
<td>6</td>
</tr>
<tr>
<td>&lt;60 years</td>
<td>3</td>
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Quit smoking before the age of 30: normal life expectancy
Tobacco Use and Dental Health

Increased risk of:
• Tartar and plaque
• Persistent bad breath and tooth staining
• Sensitivity to hot & cold
• Periodontitis and tooth decay
• Delayed healing of dental work
• Gum and mouth sores and cavities
• Bone disease, jaw bone loss
• Brown Hairy Tongue
• Nicotine Stomatitis
• Leukoplakia
• Oral and pharyngeal cancers

"Dental hygienists have a professional responsibility to provide tobacco use cessation services, as a routine component of dental hygiene practice"
Tobacco dependence treatment delivered by a variety of clinician types increases abstinence rates.

Therefore, all clinicians should provide smoking cessation interventions. This includes physicians, nurses, physician assistants, medical assistants, dentists, hygienists....

Fiore et al., 2008
Tobacco is the leading cause of preventable death in the developed world

70% of smokers want to quit

Just 3-5% of unassisted quit attempts are successful, compared with up to 20% success for those receiving counseling and medications

Cessation interventions are comparable with other chronic disease management (hypertension, asthma, diabetes)

“There is a role for every Canadian health professional in tobacco-use cessation.”

The Role of Health Professionals in Tobacco Cessation: Joint Position Statement (2011). CAOT-ACE, CCPA, CDHA, CMA, CNA, and CPA.
Understanding Nicotine Dependence

Why do people smoke... to relax; for taste; to fill the time; something to do with my hands... But for the most part, people continue to smoke because they find it too uncomfortable to quit.

Phillip Morris 1984
Understanding Nicotine Dependence

- Nicotine binds to nicotinic acetylcholine receptors (primarily in the VTA)
- Dopamine is released in the NA and stimulates the reward pathway
Understanding Nicotine Dependence

10 puffs/cigarette  25 cigs/pack  356 days/year  91,250 puffs/year
Viceroy's Filters
the Smoke!

As your Dentist,
I would recommend Viceroy's

Camel Crush Experience
Own the Option

I Choose
AN AMERICAN ORIGINAL

Las Autoridades Sanitarias advierten que el tabaco perjudica seriamente la salud.
Nic.: 0.9 mg, Alg.: 12 mg.
Electronic Cigarettes

Ontario
• The sale or supply of e-cigarettes to persons less than 19 years old is prohibited. Other restrictions are currently being reviewed.
• There are insufficient numbers of studies of adequate quality and objectivity. The body of knowledge about e-cigarettes is inconclusive on just about every research question.

United Kingdom
• Promote e-cigarettes, NRT and other non-tobacco nicotine products as widely as possible as a substitute for smoking.

Tobacco Industry
• involved in e-cigarette market. Trying to exploit these products to market tobacco cigarettes, and to undermine wider tobacco control work
Reframing Smoking

Chronic Disease with a Pediatric Onset

- Majority of tobacco users start prior to age 18
- A small minority of tobacco users quit permanently after initial quit attempt
- Majority of tobacco users cycle through multiple cycles of remission and relapse
Levels of Intervention

Self Help

Minimal/Brief Contact
• Delivered during the course of a health care encounter in less than 3 minutes (The 5As)

Intensive Interventions
• Multi-session counselling programs involving extensive contact with a care provider/counsellor
• Inpatient programs (Mayo Clinic)
Health Care Intervention

Minimal Contact Tobacco Intervention is designed to be completed in *three to five minutes*

For patients who have used tobacco in the past six months; documentation *supports your practice*

- Ask
- Advise
- Assess
- Assist
- Arrange
ASK About Tobacco Use

• Ensure that tobacco use status is queried and documented for every patient, at every follow-up visit.
• Have you used any form of tobacco in the past 6 months?
• For all clients who identify as having used tobacco in the past six months
• Documentation supports your practice
ADVISE All Tobacco Users to Quit

with a non-judgmental, unambiguous, and personally relevant statement

“There are a number of harmful effects of smoking on oral health. Is it OK if we talk about that for a minute?”

“Tobacco use can increase your risk of tarter and plaque build-up which is why you’re here today. Eventually, you are at more risk for tooth loss. The most important advice I can give you is to quit smoking. What are your thoughts about that?”
ASSESS Readiness to Quit

• Ask every tobacco user if they are ready to make a quit attempt at this time

• Assess how important it is for them to quit and how confident they are to make a change

### Readiness Ruler

**How important** is it for you to quit/cut down?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**How confident** are you about making this change?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**How ready** are you to make this change?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
ASSIST in Quitting: Counselling

- Discuss pros and cons of smoking
- Discuss pros and cons of quitting smoking
- Assist client to identify triggers & strategies
- Review past quit experiences
- Discuss stop smoking medications
- Assist client to identify social supports
ASSIST in Quitting: Pharmacotherapy

The combination of counselling and medication is more effective than either medication or counselling alone.
ARRANGE Follow Up or Referral

• YOU!

• *Smokers’ Helpline*

• Local Public Health Services

• Physician

• Pharmacist
“I wish I had never started smoking.”

“I was diagnosed with cancer of the larynx when I was 48. I had to have my vocal cords removed, and now I breathe through a hole in my throat.”

– Leroy

Need help to quit?
1-866-366-3667
gosmokefree.gc.ca/quit

Health Canada
Try the 4 D’s: Delay, Distract, Deep Breath, Drink Water
• Materials provided to patients with intent that they connect with us

• Formalized partnership includes custom forms and reporting

• Using a generic form to refer patient to us

• Formalized partnership with SHL & Ottawa Heart

Patient Initiated Contact

Quit Connection

Referral Partner

Ottawa Model
The majority of people who use tobacco want to quit. In less than 3 minutes you can make a difference in the health of your patients and clients.

<table>
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<th>The 5A's</th>
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<tr>
<td>ASK about tobacco use at every visit</td>
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<tr>
<td>ADVISE all tobacco users to consider quitting</td>
</tr>
<tr>
<td>ASSESS tobacco users’ readiness to quit</td>
</tr>
<tr>
<td>ASSIST according to client readiness</td>
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<tr>
<td>ARRANGE for referral and follow-up</td>
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Download our printable 5A’s reference card