Treating Tobacco Use and Dependence

A Toolkit for Dental Providers
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Introduction

About the Provider Toolkit
A Toolkit for Dental Providers

- The purpose of this toolkit is to provide the evidence-based best practices for treating tobacco use
- Clear and concise steps on how to implement guidelines
- Tools and resources
- Provide ‘insider’ tips on smoking cessation in Dentistry

* Note: Hyperlinks have been placed throughout the toolkit to provide additional information and resources
According to the Clinical Practice Guidelines:

- “Tobacco dependence treatment delivered by a variety of clinician types increases abstinence rates. Therefore, all clinicians (physician, nurse, dentist, psychologist or counselor) should provide smoking cessation interventions.”

- “The clinician audience for this Guideline update is all professionals who provide health care to tobacco users. This includes: physicians, nurses, physician assistants, medical assistants, dentists, hygienists…The ultimate beneficiaries of the Guidelines are tobacco users and their families.”

Tobacco Use and Health

Understanding the Health Consequences of Tobacco Use
Tobacco Products

**Smoked Tobacco Products**
- Cigarettes
- Cigars/Pipes
- Bidis and Kreteks/Cloves
- Hookah

**Smokeless Tobacco Products**
- Chewing Tobacco
  - Loose-leaf
  - Plug
  - Twist
- Snuff (moist and dry)
  - Snus
Smoking Prevalence at a Glance

Tobacco Use in the U.S.
As of 2010, prevalence of adult smoking in the U.S. was 17.2%

- 70% of tobacco users want to quit
- Approximately 45% of smokers attempt to quit each year

Tobacco Use in New York
2010 marked an all-time low in smoking prevalence for New York State at 15.5%. This drop in smoking can be attributed to smoke-free policies as well as efforts made towards increasing the utilization of smoking cessation benefits.
Oral Health Consequences of Tobacco Use

Oral Health-related Outcomes

- Delayed healing after tooth extractions and oral surgery
- Bad breath
- Stained teeth and tongue
- Diminished sense of taste and smell

- Periodontal disease
  - Gingival recession
  - Bone attachment loss
  - Dental caries

- Oral leukoplakia

- Cancers
  - Oral cavity and pharyngeal

Periodontitis, Caries & Staining

Smokeless Tobacco Use

Similar to national and local trends in tobacco use, smokeless tobacco use has followed the downward trend.

- In New York State, smokeless tobacco use has reduced from 1.5% in 2003 to 0.7% in 2009.
Oral Health Consequences and Smokeless Tobacco

- Smokeless tobacco products:
  - contain at least 28 cancer-causing chemicals
  - cause cancers of the mouth, lip, tongue and pancreas
  - Significantly increases risk for developing cancers of the pharynx, larynx, esophagus, colon and bladder
  - Can cause gingival recession and periodontal disease

- Due to the sugar added to enhance the taste of smokeless tobacco products, users increase their risk for dental caries and tooth decay

For more information:
Smokeless tobacco and oral health
Tobacco Use and Addiction

Why is it so hard for your patients to quit?

- Physiological
- Psychological/Social
- Mood and Control

It is important to understand that nicotine addiction involves physiological, psychological and behavioral components.

Smoking is highly contextual and associated with certain rituals that may be important to consider when helping your patients quit.

For example, a patient that smokes more with coffee may struggle in quitting if they don’t prepare for these moments. Recommended tips for this patient might include reducing coffee intake or replacing coffee with tea.
The Cycle of Nicotine Addiction: The Role of Dopamine

Research has shown that nicotine addiction is a chronic condition, one with a biological basis. Nicotine stimulates the release of brain neurotransmitters, including dopamine, which activates the dopamine reward pathway. This induces feelings of pleasure, which reinforce repeat administration of the drug.

With chronic administration, tolerance to the behavioral and cardiovascular effects of nicotine develops over the course of the day. Tobacco users regain sensitivity to the effects of nicotine after overnight abstinence from smoking. When tobacco users abruptly discontinue nicotine they experience symptoms of withdrawal. These withdrawal symptoms serve as a powerful stimulus to repeat nicotine administration.

Immediately following inhalation from a cigarette nicotine enters the brain, stimulating the release of dopamine. This induces nearly immediate feelings of pleasure and relief of symptoms of nicotine withdrawal. This rapid dose-response reinforces and perpetuates the smoking behavior.

Nicotine Withdrawal Effects

Smoking cessation results in the body’s withdrawal from nicotine. Often patients will experience the following side effects of nicotine withdrawal:

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/Impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increase appetite/weight gain
- Cravings

Most symptoms manifest within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.

Tobacco Use and Dentistry

The Role of Dentistry in Tobacco Use Treatment
Tobacco Use and Dentistry

The Role of Dentistry in Tobacco Use Treatment

“On a routine day in dental practice, it is rare that we have the opportunity to save thousands of dollars in health care expenses, improve the health of a patient and their family and just possibly save a life. Every time we Ask, Advise, Assess, Assist and Arrange for a patient to quit smoking, we do just that. Helping patients with tobacco cessation has become core to every New York University College of Dentistry graduate.”

-Mark Wolff, DDS, PhD, Professor and Chair for Pre-doctoral Clinical Education, Cariology & Comprehensive Care, New York University College of Dentistry
Tobacco Use and Dentistry: Why Dentistry?

- As of 2009,
  - 78% children ages 12-17 had a dental visit in the past year
  - 62% of adults ages 18-64 had a dental visit in the past year
  - 60% of adults ages 65 and over had a dental visit in the past year

THEREFORE:

- Dental providers have the opportunity to diagnose and monitor oral manifestations in their early stages.
- Cosmetic concerns offer an opportunity to discuss and educate patient on health oral health habits.
- Dental visits are a window of opportunity to provide preventative services for those who may not have a regular source of medical care.

An opportunity to save a life…

A majority of people who die from oral and pharyngeal cancers use tobacco.

Photo by Ambro


Tobacco Use and Dentistry: A Professional Responsibility

Recent national data on dental providers found that…

- 87% of dentists and 96% of dental hygienists reported that treating tobacco use was an important professional responsibility

- Over 70% believed that cessation treatment including pharmacotherapy and/or clinician advice were effective in helping patients quit

Implementing the Clinical Practice Guidelines for Treating Tobacco Use and Dependence nationally would generate 1.6 million additional quitters per year and almost 3.3 million quality life years saved


The New York State Education Department requires dentists to complete a continuing education course on tobacco use:

- All dentists are required to take a one-time, two-hour course on oral health effects of tobacco products.
- Tobacco course must be completed during the first registration period.
  - Course must cover the chemical and related effects and usage of tobacco and tobacco products and the recognition, diagnosis, and treatment of the oral health effects of tobacco and tobacco products, including cancers and other diseases.

* If dental schooling was completed outside New York, dentists must take the tobacco course to fulfill the New York State registration criteria.
Responses to Perceived Barriers for Treating Tobacco Use

**Barrier:**
- It’s not the responsibility of dental providers to treat tobacco use.
  - **Response:**
    Tobacco use causes oral health problems that impact a patient’s overall health and well-being.

**Barrier:**
- Dental providers don’t have the time to treat tobacco use.
  - **Response:**
    Brief interventions as little as 3 minutes have been proven to be effective in helping a patient quit tobacco use.

**Barrier:**
- Dental providers lack training in treating tobacco use.
  - **Response:**
    In addition to this toolkit, there are several free services around the State to assist providers in treating tobacco use.
Treating Tobacco Use

Clinical Reminder Systems
Clinical Reminder Systems and Treating Tobacco Use

“Clinical reminder systems are intended to ensure that tobacco use is systematically assessed and treated at every clinical encounter. These strategies are designed to work synergistically with clinician and patient-focused interventions, ultimately resulting in informed clinicians and patients interacting in a seamless way that facilitates the treatment of tobacco use and dependence”.

Clinical Reminder Systems: Paper Chart Stamps

The first step to approaching tobacco use in a clinical setting is implementing a chart reminder to prompt providers to identify and document tobacco use status.

Vital Signs:

- Blood Pressure: _____________
- Pulse: _______ Weight:_________
- Temperature: ________________
- Respiratory Rate: ________________
- Tobacco Use: (circle one) Current Former Never

🔍 ASK

- 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 ____

🔍 ADVISE about the risks of tobacco use and the benefits of quitting.

🔍 REFER

  - Assess willingness to quit. Willing Unwilling
  - Develop Personalized Quit Plan and distribute Consumer Guide.
  - Refer to tobacco quitline and distribute state or national card.
  - Arrange follow-up telephone call.

Sample paper chart stamps

Clinical Reminder Systems: Electronic Reminders

Electronic reminder system in the social history form

*Note:* Tobacco-specific prompts can be added in dental electronic systems like Dentrix.
Treating Tobacco Use

For Patients Ready to Quit: The 5As
Addressing Tobacco Use: Ready to Quit

Following the *Public Health Service Guidelines to Treating Tobacco Use and Dependence*, every patient should be asked and assessed about their tobacco use.

Diagram:

1. **Does patient now use tobacco?**
   - **YES**
   - **NO**

2. **Is patient now willing to quit?**
   - **YES**
   - **NO**

   - **YES**
     - Provide appropriate tobacco dependence Treatments: 5 A’s
   - **NO**
     - Promote motivation to quit: 5 R’s and Motivational Interviewing

   - **YES**
     - Prevent relapse
   - **NO**
     - Encourage continued abstinence

A Framework for Treating Tobacco Use: The 5 A’s

<table>
<thead>
<tr>
<th>ASK</th>
<th>Identify and document tobacco use status at every visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISE</td>
<td>In a clear, strong and personalized manner urge every tobacco user to quit.</td>
</tr>
<tr>
<td>ASSESS</td>
<td>For current tobacco users: “Are you interested in quitting smoking?”</td>
</tr>
<tr>
<td></td>
<td>For past tobacco users: Assess continued abstinence.</td>
</tr>
<tr>
<td>ASSIST</td>
<td>Assist patients by prescribing medication and referring for behavioral counseling.</td>
</tr>
<tr>
<td>ARRANGE</td>
<td>Arrange for follow up care to discuss treatment or maintenance.</td>
</tr>
</tbody>
</table>

The 5 A’s model is adapted from the Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence.
3 A’s, Referral & Prescribe (3 A’s, R and P): A Short Cut to Providing the 5 A’s

In absence of time or expertise of a physician, brief counseling methods such as the 3 A’s, R and P have been shown to be effective in treating patients for tobacco use.
The 3 A’s, R and P: Ask

1. **Ask** every patient about tobacco use

- “Do you, or does anyone in your household, ever smoke or use any type of tobacco?”

- “We like to ask our patients about tobacco use, because it has the potential to interact with many medications.”

- “We like to ask our patients about tobacco use, because it contributes to many dental and medical conditions.”
2. Advise tobacco users to quit (clear, strong, personalized)

- “It’s important that you quit as soon as possible, and I can help you.”

- “Occasional or light smoking is still harmful.”

- “I realize that quitting is difficult. It is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready, I will work with you to design a specialized treatment plan.”
The 3 A’s, R and P: Assist

3. Assist tobacco users by treating them for tobacco use or referring to counseling and prescription cessation medications

Refer
- A doctor, nurse, pharmacist, or other clinician, for additional counseling
- A local group program
- The New York State Smokers’ Quitline, 1-866-NY-QUITS

Prescribe
- Nicotine replacement therapy
- Non-nicotine pharmacotherapy
Assist: Creating a Quit Plan and the STAR Technique

Set a quit date. Ideally, the 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.

HOW TO QUIT

Talk to your dental or general healthcare provider.
Your dental or general healthcare provider can help you quit smoking. Ask about medications and quit classes that can help.

Choose a medication.
They can double your chance of success. They include the nicotine replacement therapies (such as the patch), bupropion, and varenicline.

Get free telephone counseling.
Talk to a counselor for support and information. 1-866-NYQUIT’S or outside of New York City call 800.QUITNOW

Prepare.
Make a list of your reasons for quitting and read it often. Make your house and car smoke-free zones. Throw out ashtrays and lighters.

Pick a quit date.
Pick a day you can plan in advance for — like the first day of a month or someone’s birthday.

Watch out for triggers.
Alcohol, caffeine, stress and other triggers can make you feel like smoking. Don’t let triggers make you light up. Plan ahead to deal with them.

Get support.
Ask someone you trust to help you if it gets tough. Talk to them often. Join a quit class or call a phone quitline.

THE 5 D’S

When the urge to smoke strikes, remember to:

**Distract yourself**
Do something else. Call a friend, go for a walk, listen to music, do an errand or search the internet.

**Drink water**
Make your mouth feel clean and fresh. Brush your teeth if you can or maybe have a fresh mint.

**Deep breathe**
Think about keeping your lungs clean and healthy while taking deep breaths.

**Discuss**
Talk with someone about why you don’t want to smoke. Have them give you support and a pep talk.

**Delay**
Use all of the above D’s to help delay lighting up. The longer you delay — the more the urge will go away.
Counseling Methods: Ask the Experts

MTCP asks NYU College of Dentistry, What counseling methods do you employ in helping your patients quit smoking?

“To motivate my patients, I highlight how quitting smoking will cause their teeth to change esthetically and cosmetically. I usually concentrate on emphasizing how quitting will help eliminate puffy, red, bleeding gums and give whiter, healthier teeth.”

-Bruce Brandolin, DDS, Clinical Assistant Professor
Group Practice Director
New York University College of Dentistry
Treating Tobacco Use

Patients NOT Ready to Quit
Treating Tobacco Use: Not Ready to Quit

Often, patients are not ready to make a quit attempt. Providers should not take “No” as a final answer. Rather, providers should explore the patients' reasons for saying no.

Common reasons for a patient’s unwillingness or readiness for quitting:

- Lack of information on the health effects of smoking and the benefits of quitting
- Fears or concerns about quitting
- Discouraged by previous relapse

Patients that fall in this category may respond to brief interventions, such as Motivational Interviewing (MI), that are aimed to increase motivation or readiness to quit.
Counseling Methods for Patients Not Ready to Quit

Strategies to enhance a patient’s motivation to quit:

- **5 R’s**
  Relevance, Risks, Rewards, Roadblocks, Repetition

- **Motivational Interviewing**
  A collaborative, patient-centered form of guiding to elicit and strengthen motivation to change

Photo by Jeroen van Oostrom
Counseling Methods: The 5 R’s

<table>
<thead>
<tr>
<th>Relevance</th>
<th>Encourage the patient to indicate why quitting is personally relevant to them. Motivational information has the greatest impact if it is relevant to patient: - Disease risk, family/social situation, health concerns, age, gender, etc.</th>
</tr>
</thead>
</table>
| Risks     | Clinician should ask patient to identify potential negative consequences of tobacco use. Clinician should highlight the risks associated with tobacco use.  
**Acute Risks:** Shortness in breath, exacerbation of asthma or bronchitis, increased risk of respiratory infections, harm to pregnancy, impotence, infertility.  
**Long-term Risks:** Heart attacks and strokes, lung and other cancers, chronic obstructive pulmonary disease, osteoporosis, and long-term disability.  
**Environmental Risks:** Increased risk of lung cancer and heart disease in spouses, increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease, and respiratory infections in children of smokers. |
| Rewards   | Clinician should ask patient to identify potential benefits of quitting tobacco. Examples of rewards:  
- Improved health  
- Food will taste better, improved sense of smell  
- Saving money  
- Home, car, clothing, breath will smell better  
- Setting a good example for children  
- Having healthier babies and children  
- Feeling better physically  
- Improved appearance including reduced wrinkles/aging of skin and whiter teeth. |
| Roadblocks| Clinician should ask patients to identify barriers or impediments to quitting and provide treatment that could address barriers.  
Examples of barriers:  
- Withdrawal symptoms  
- Fear of failure  
- Being around other tobacco users  
- Limited knowledge of effective treatment options  
- Lack of support  
- Depression  
- Enjoyment of tobacco |
| Repetition| The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful and that you will continue to talk about their tobacco use with them. |
### Counseling Methods: **Motivational Interviewing**

| Express Empathy | **Use open-ended questions to explore:**
Importance of addressing tobacco use: “How important do you think it is for you to quit?” Concerns and benefits of quitting: “What might happen if you quit?”
**Use reflective listening to seek shared understanding:**
Reflect words or meaning: “So you think smoking helps you maintain your weight?” Summarize: “What I have heard so far…”
**Normalize feelings and concerns:**
“Many people worry about managing without cigarettes.”
**Support patient’s autonomy and right to choose or reject change:**
“I hear you saying you are not ready to quit smoking right now.” |
| Develop Discrepancy | **Highlight the discrepancy between the patient’s present behavior and expressed priorities, values and goals:**
“It sounds like you are very devoted to your family. How do you think your smoking is affecting your children and spouse/partner?”
**Reinforce and support “change talk” and “commitment” language:**
“It’s great that you are going to quit when you get through this busy time at work.”
**Build and deepen commitment to change:**
“There are effective treatments that will ease the pain of quitting, including counseling and many medication options.” |
| Roll with Resistance | **Back off and use reflection when the patient expresses resistance:**
“Sounds like you are feeling pressured about your tobacco use.”
**Express empathy:**
“You are worried about how you would manage withdrawal symptoms.”
**Ask permission to provide information:**
“Would you like to hear about some strategies that can help you address that concern when you quit?” |
| Support Self-Efficacy | **Help the patient identify and build on past successes:**
“So you were fairly successful the last time you tried to quit…”
**Offer options for achievable small steps towards change:**
Call the NY State Smokers’ Quitline (1-866-NY-QUITS) for advice and information. Read about quitting benefits and strategies. Ask patient to share his or her ideas about quitting strategies (e.g., change smoking patterns – no smoking in the home). |
Treating Tobacco Use

Pharmacotherapy
“Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment, except where contraindicated or for specific populations* for which there is insufficient evidence of effectiveness.”

* Includes pregnant women, smokeless tobacco users, light smokers and adolescents.

Pharmacotherapy can double or triple quit rates.
Treating Tobacco Use: Pharmacotherapy

Pharmacotherapy is **not** recommended for:

- Pregnant women
  - Insufficient evidence of effectiveness
- Smokeless tobacco users
  - No FDA indication for smokeless tobacco cessation
- Individuals smoking fewer than 10 cigarettes per day
- Adolescents
  - Nonprescription sales (patch, gum, lozenge) are restricted to adults ≥18 years of age
  - Nicotine Replacement Therapy (NRT) use in minors requires a prescription

**Recommended treatment is behavioral counseling.**
### Effectiveness and Abstinence Rates for Various Medications Versus Placebo at 6-Months Post-quit

<table>
<thead>
<tr>
<th>Medication</th>
<th>Estimated Odds Ratio (95% C.I.)</th>
<th>Estimated Abstinence Rate (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>1</td>
<td>13.8</td>
</tr>
<tr>
<td>Bupropion SR</td>
<td>2</td>
<td>24.2</td>
</tr>
<tr>
<td>Varenicline (1mg/day)</td>
<td>2.1</td>
<td>25.4</td>
</tr>
<tr>
<td>Varenicline (2mg/day)</td>
<td>3.1</td>
<td>33.2</td>
</tr>
<tr>
<td>Nicotine Nasal Spray</td>
<td>2.3</td>
<td>26.7</td>
</tr>
<tr>
<td>High Dose Nicotine Patch (&gt; 25mg)</td>
<td>2.3</td>
<td>26.5</td>
</tr>
<tr>
<td>Nicotine Patch (6-14 weeks)</td>
<td>1.9</td>
<td>23.4</td>
</tr>
<tr>
<td>Long-term Nicotine Patch (&gt;14 weeks)</td>
<td>1.9</td>
<td>23.7</td>
</tr>
<tr>
<td>Long-term Nicotine Gum (&gt; 14weeks)</td>
<td>2.2</td>
<td>26.1</td>
</tr>
<tr>
<td>Nicotine Gum (6-14 weeks)</td>
<td>1.5</td>
<td>19</td>
</tr>
<tr>
<td>Nicotine Inhaler</td>
<td>2.1</td>
<td>24.8</td>
</tr>
</tbody>
</table>

Treating Tobacco Use: Pharmacotherapy

Comprehensive guide to prescribing pharmacotherapy proven to help smokers quit smoking

Contents Include:
- Dosage
- Treatment
- Duration
- Precautions
- Adverse Effects
- Patient Education
- Medication
- Coverage
Treating Tobacco Use: Pharmacotherapy

**Nicotine Replacement Therapy**
- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenge
- Oral Inhaler
- Nasal Spray

**Non-Nicotine Pharmacotherapy**
- Bupropion
  - (Zyban/Wellbutrin)
- Varenicline
  - (Chantix)
# Treating Tobacco Use: Pharmacotherapy

## Nicotine Patch

<table>
<thead>
<tr>
<th>Availability</th>
<th>OTC or prescription.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Duration</td>
</tr>
<tr>
<td>Step-Down Dosage</td>
<td>4 weeks then 2 weeks then 2 weeks</td>
</tr>
<tr>
<td>Prescribing Instructions</td>
<td><strong>Location</strong> – At the start of each day, the patient should place a new patch on a relatively hairless location, typically between the neck and waist, rotating the site to reduce local skin irritation. <strong>Activities</strong> – No restrictions while using the patch. <strong>Dosing information</strong> – Patches should be applied as soon as the patient wakes on their quit day. With patients who experience sleep disruption, have the patient remove the 24-hour patch prior to bedtime or use the 16-hour patch (designed for use while patient is awake).</td>
</tr>
</tbody>
</table>
# Nicotine Gum

<table>
<thead>
<tr>
<th>Availability</th>
<th>OTC or prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage</strong></td>
<td>Nicotine gum (both regular and flavored) is available in 2 mg and 4 mg (per piece) doses. The 2 mg gum is recommended for patients smoking less than 25 cigarettes per day, while the 4 mg gum is recommended for patients smoking 25 or more cigarettes per day. Smokers should use at least 1 piece every 1 to 2 hours for the first six weeks and the gum should be used for up to 12 weeks with no more than 24 pieces/day.</td>
</tr>
<tr>
<td><strong>Prescribing Instructions</strong></td>
<td><strong>Chewing technique</strong> – Gum should be chewed slowly until a “peppery” or “flavored” taste emerges, then “parked” between cheek and gum to facilitate nicotine absorption through the oral mucosa. Gum should be slowly and intermittently “chewed and parked” for about 30 minutes or until the taste dissipates. <strong>Absorption</strong> – Acidic beverages (e.g., coffee, juices, soft drinks) interfere with the buccal absorption of nicotine, so eating and drinking anything except water should be avoided for 15 minutes before or during chewing. <strong>Dosing information</strong> – Patients often do not use enough prn NRT medicines to obtain optimal clinical effects. Instructions to chew the gum on a fixed schedule (at least one piece every 1-2 hours) for at least 1-3 months may be more beneficial than <em>ad libitum</em> use.</td>
</tr>
</tbody>
</table>
# Treating Tobacco Use: Pharmacotherapy

## Nicotine Lozenge

<table>
<thead>
<tr>
<th>Availability</th>
<th>OTC or prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage</strong></td>
<td>Nicotine lozenges are available in 2 mg and 4 mg (per piece) doses. The 2 mg lozenge is recommended for patients who smoke their first cigarette more than 30 minutes after waking, while the 4 mg lozenge is recommended for patients who smoke their first cigarette within 30 minutes of waking. Generally, smokers should use at least 9 lozenges per day in the first six weeks. The lozenge should be used for up to 12 weeks with no more than 20 lozenges/day.</td>
</tr>
</tbody>
</table>
| **Prescribing Instructions** | **Lozenge use** – The lozenge should be allowed to dissolve in the mouth rather than chewing or swallowing it.  
**Absorption** – Acidic beverages (e.g., coffee, juices, soft drinks) interfere with the buccal absorption of nicotine, so eating and drinking anything except water should be avoided for 15 minutes before or during use of the nicotine lozenge.  
**Dosing information** – Patients often do not use enough prn NRT medicines to obtain optimal clinical effects. Generally, patients should use one lozenge every 1-2 hours during the first six weeks of treatment, using a minimum of 9 lozenges/day, then decrease lozenge use to one lozenge every 2-4 hours during Weeks 7-9, and then to one lozenge every 4-8 hours for Weeks 10-12. |
# Treating Tobacco Use: Pharmacotherapy

## Oral Inhaler

<table>
<thead>
<tr>
<th>Availability</th>
<th>Prescription only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage</strong></td>
<td>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. Instruct patient to taper dosage during the final 3 months of treatment.</td>
</tr>
</tbody>
</table>
| **Prescribing instructions** | **Ambient temperature** – Delivery of nicotine from the inhaler declines significantly at temperatures below 40°F. In cold weather, the inhaler and cartridges should be kept in an inside pocket or other warm area.  
**Absorption** – Acidic beverages (e.g., coffee, juices, soft drinks) interfere with the buccal absorption of nicotine, so eating and drinking anything except water should be avoided for 15 minutes before or during use of the inhaler.  
**Dosing information** – Patients often do not use enough prn NRT medicines to obtain optimal clinical effects. Use is recommended for up to 6 months with gradual reduction in frequency of use over the last 6-12 weeks of treatment. Best effects are achieved by frequent puffing of the inhaler and using at least 6 cartridges/day. |

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## Treating Tobacco Use: Pharmacotherapy

### Nasal Spray

<table>
<thead>
<tr>
<th>Availability</th>
<th>Prescription only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage</strong></td>
<td>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 (5 doses/hr). Each bottle contains approximately 100 doses. Recommended duration of therapy is 3-6 months.</td>
</tr>
<tr>
<td><strong>Prescribing Instructions</strong></td>
<td><strong>Dosing information</strong> – Patients should not sniff, swallow, or inhale through the nose while administering doses as this increases irritating effects. The spray is best delivered with the head tilted slightly back.</td>
</tr>
</tbody>
</table>
**Bupropion**

<table>
<thead>
<tr>
<th>Availability</th>
<th>Prescription only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage</td>
<td>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. Dosage should not exceed 300 mg per day. Dosing at 150 mg twice daily should continue for 7-12 weeks. For long-term therapy, consider use of bupropion SR 150 mg for up to 6 months post-quit.</td>
</tr>
</tbody>
</table>
| Prescribing instructions | **Stopping smoking prior to quit date** – Recognize that some patients may lose their desire to smoke prior to their quit date, or will spontaneously reduce the amount they smoke.  
**Dosing information** – If insomnia is marked, taking the PM dose earlier (in the afternoon, at least 8 hours after the first dose) may provide some relief.  
**Alcohol** – Use alcohol only in moderation. |
## Varenicline

<table>
<thead>
<tr>
<th>Availability</th>
<th>Prescription only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage</td>
<td>Start varenicline one 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. Note: patient should be instructed to quit smoking on day 8 when dosage is increased to 1 mg twice daily.</td>
</tr>
</tbody>
</table>
| Prescribing Instructions | **Stopping smoking prior to quit date** – Recognize that some patients may lose their desire to smoke prior to their quit date, or will spontaneously reduce the amount they smoke.  
**Dosing information** – To reduce nausea, take on a full stomach. To reduce insomnia, take second pill at supper rather than bedtime. |
When compared to other forms of tobacco and nicotine replacement products, **smoking cigarettes delivers the highest amount of nicotine** in the shortest time. This is important to consider when assisting patients to quit smoking. Many of the smoking cessation aids do not deliver the burst of nicotine in the same way cigarettes do.
Suggested Prescribing Instructions: Nicotine Replacement Therapy (NRT)

<table>
<thead>
<tr>
<th>Patient smokes 10-15 cigarettes per day</th>
<th>Patient smokes &gt;15 cigarettes per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start patient on:</strong></td>
<td><strong>Use Combination Therapy:</strong></td>
</tr>
<tr>
<td>14 mg patch for 2 weeks</td>
<td>21 mg patch</td>
</tr>
<tr>
<td>or</td>
<td>+ Gum (2 or 4mg)</td>
</tr>
<tr>
<td>4 mg gum or lozenge q 1-2 hours</td>
<td>or</td>
</tr>
<tr>
<td>or</td>
<td>+ Lozenge (2 or 4mg)</td>
</tr>
<tr>
<td>Nictorol Inhaler or Nasal Spray q 1-2 hours</td>
<td>or</td>
</tr>
<tr>
<td>*If cravings persist, increase patch to 21 mg OR increase frequency of gum or lozenge</td>
<td>+ Nicotrol Inhaler</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>+ Nasal Spray</td>
</tr>
</tbody>
</table>

When treating patients for tobacco use, inform and educate patients on the pharmacotherapy options. If your patient has a preference for a certain medication, empower them by letting them choose. Be aware of how much your patient smokes. If they choose to use NRT, a key component to success is administering enough nicotine to curb withdrawal symptoms and cravings.
How has your experience been in prescribing or monitoring NRT or other prescribed quit-smoking medications?

“We prescribe and monitor NRT routinely, particularly patch, gum, lozenge through the program at NYUCD. I’ve also prescribed Bupropion and Varenicline on occasion. The program set up at NYUCD works wonderfully.”

-Alexander Kerr, DDS, M.S.D., Clinical Associate Professor, Oral and Maxillofacial Pathology, Radiology and Medicine, New York University College of Dentistry
Referral Options

New York State Smokers’ Quitline
Referral Options: State Smokers’ Quitline

New York State Smokers’ Quitline

Services include:

- **Free** telephonic smoking cessation counseling
  - Open-ended telephone counseling services (unlimited counseling sessions)

- **Free** 2-week starter-kit of nicotine replacement therapy (NRT)
  - Patch or Gum
  - Starter-kit is available twice a year, given 3 months apart
  - Offer is limited to New York State residents, 18 years of age or older.

- **Quitline Hours (1-866-NY-QUITS)**
  - Monday-Thursday, 9:00 AM – 9:00 PM
  - Friday-Sunday, 9:00 AM-5:00 PM

www.nysmokefree.com
Referral Options: State Smokers’ Quitline

Intake Process:
- 15 minute interview on smoking practices
- NRT regimen based on patient’s intake survey
- Dosage is determined by number of cigarettes smoked per day
- Patients must not display any contraindications: recent myocardial infarction within 2 weeks or pregnant

Special Services:
- Counseling services available in English, Spanish and Chinese languages
Referral Options: State Smokers’ Quitline

- **New York State Smoke-free Community**
- Web-based interactive community social network
- Personalized quit plans
  - Forums and discussion boards
- Alternative methods of cessation support
- Reaches audience that may not want to call for support, i.e., young adults

https://qunity.nysmokefree.com
Referral Options: State Smokers’ Quitline

Refer-to-Quit:

- Health care providers can refer their patients to the State Quitline through fax and/or online.
- Patients will receive a telephone call from a Quit Coach to begin smoking cessation treatment.
- A progress report will be sent back to health care provider to update them on their patients progress.
Referral Options Outside of NY: National Smoking Quitline

**National Quitline Contact Information:**
- 1-800-4-CANCER (1-800-422-6237)
- Mondays – Fridays, 8:00 AM – 8:00 PM, Eastern Time
- Call-back service, where callers receive 4 follow up calls to discuss quit progress

**Quitline Eligibility:**
- Smoking cessation services are open to all smokers regardless of age and type of tobacco used

For assistance via the web go to [www.smokefree.gov](http://www.smokefree.gov)
- LIVEHELP: Live, online assistance through NCI's [LiveHelp](http://LiveHelp) instant messaging service
  English, Monday-Friday, 8am-11pm ET (English only)
- Access to smoking cessation counselors, in English or Spanish
- Assistance in creating a personalized quit plan
- Provides smoking cessation literature and materials with tips and guides on how to quit smoking
- Referrals to local Quitlines or smoking cessation programs
- Information on obtaining smoking cessation medications
Patient Information and Guides to Quit Smoking

- Patient Guides and Materials
- Fact Sheets for Downloading
- Ordering Quitline Materials
- Quit Tips

- Tools to Quit
- Quit Smoking Booklet
- Topics Related to Quitting
Implementing Tobacco Use Guidelines in Your Practice

Roles and Responsibilities
The Role of Dental Providers: Dentists

- Organize and lead office to adopt guidelines to treating tobacco use and dependence
- Contact your local cessation center to schedule a smoking cessation training session with office staff
- Designate roles for staff members (dentists and dental hygienists) to screen, counsel and advise patients to quit
- Offer training opportunities such as the ADHA’s Ask.Advise.Refer Program for dental hygienists
- Explain and recommend the use of nicotine replacement therapy (NRT), varenicline (Chantix) and bupropion (Zyban)
- Communicate with dental team about progress of treating patients for tobacco use
- Refer patients to the New York State Smokers’ Quitline
  - (1-866-NY-QUITS)
  - www.nysmokefree.com
  - Refer-to-Quit
The Role of Dental Providers: Dental Hygienists

- Obtain training and educational materials sponsored by the ADHA’s Ask. Advise. Refer Program
- Ask and document each patient’s tobacco use status
- Provide advice and information on tobacco use and oral health
- Assess patient’s interest in quitting
- Guide patient through a quit plan
- Document patient’s quit date and mode of cessation
- Refer patients to the NY Quitline (1-866-NY-QUIT) for a free supply of NRT and counseling services
The Role of Receptionists

- Support and reinforce the **office systems** designed to treat tobacco use and dependence

- Supply office with free **quit smoking materials and guides** from the NY State Smokers’ Quitline
Insurance Coverage and Coding

Billing and Reimbursements for Smoking Cessation Counseling and Medication
Insurance Coverage for Tobacco Use

NY State Medicaid covers both OTC and Rx smoking cessation medications except nicotine lozenge. Patients are allowed a course of therapy twice a year. A course of therapy is defined as a 90 day supply (an original order and 2 refills). Medicaid will cover combination therapy (i.e. patch and gum) during each course of treatment.

* In New York State dentists can prescribe these medications however they cannot bill Medicaid and Medicare for counseling
# Smoking Cessation Medication Coverage

<table>
<thead>
<tr>
<th>Medicaid Coverage</th>
<th>Nicotine replacement therapies: patch, gum, nasal spray and inhaler (lozenge is excluded)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Bupropion (Wellbutrin or Zyban) and Varenicline (Chantix)</td>
</tr>
<tr>
<td></td>
<td>• Two 3 month courses are covered per year</td>
</tr>
<tr>
<td></td>
<td>• Combination therapy is allowed</td>
</tr>
</tbody>
</table>

| Medicare Coverage | Medicare Part D will cover smoking cessation treatments prescribed by a physician. However, over-the-counter treatments, such as nicotine patches or gum, will not be covered. |

For up-to-date information on Medicaid and Medicare smoking cessation coverage, please visit us at our [website](#).
American Dental Association Code for Smoking Cessation

- Dental providers that are treating patients for tobacco use dependence should use the following ADA CDT code:

  D1320: Tobacco Prevention and Cessation Services

  - Reduce patient risks of developing tobacco-related oral disease and conditions, and improve prognosis for certain dental therapies
New York State Tobacco Control Program and Resources for Providers

Guidelines, Campaigns and Continuing Education
About the New York State Department of Health Tobacco Control Program

New York State Tobacco Control Program

- Implements evidence-based and promising strategies to prevent and reduce tobacco use

**Vision:** All New Yorkers living in a tobacco-free society

**Mission:** To reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State

**Goal:** To reduce the prevalence of adult cigarette use to 12% and adolescent cigarette use to 10% by 2013
New York State Tobacco Control Program: Program Components

Program Components:

- **Community Partnerships:** Work to change the community environment to support the tobacco-free norm

- **Youth Action Programs:** Train youth to become activists in the movement to change community norms regarding tobacco use

- **Media and Counter-Marketing:** Use of television, radio, outdoor, print and internet advertising to educate New Yorkers about the risks of tobacco use and the benefits of cessation. Counter-marketing efforts seek to expose the manipulative and deceptive marketing practices of the tobacco industry, and build and sustain a tobacco-free norm.

- **Cessation Centers:** work with health-care organizations and providers to implement systems to screen patients for tobacco use and prompt providers to offer advice and assistance to quit

- **The New York State Smokers’ Quitline:** Provides free Nicotine Replacement Therapy and counseling services for eligible New York Smokers
About New York State’s Cessation Centers

- There are 19 Cessation Centers located in New York State. The Cessation Centers work with health-care providers to implement systems to screen and treat patients for tobacco use.

- The Manhattan Tobacco Cessation Program is a Cessation Center housed at New York University School of Medicine.
Cessation Center Advertising: Don’t Be Silent Campaign

The New York State Cessation Center’s “Don’t Be Silent About Smoking” campaign aims to motivate health care providers to treat their patients for tobacco use.

“Every time I help a smoker stop, I feel great.”

www.talktoyourpatients.org
Educational Opportunities: New York State Collaborative Conference Calls

- One hour bi-monthly calls by nationally recognized speakers in the field of tobacco use and dependence
- Relevant and up-to-date topics
  - Donna Shelley, MD, MPH: Medicaid and the Expanded Smoking Cessation Counseling Benefit
  - Jill Williams, MD: Smoking and Mental Illness
  - Geoffrey Williams, MD, PhD: Practical Issues in Applying the 5A’s in Practice
  - Jonathan Fader, PhD: Cultural Competence and Tobacco Dependence
- Continuing Education Services:
  - Instituted University of Buffalo sponsored CME and Certificate of Competition
  - Offers OASAS clock hours
  - Offers IACET hours
- Register for the next call
General Tobacco Control Resources

American Dental Association
American Dental Association’s Position on Tobacco Use Treatment

- ADA’s Policy and Recommendations Regarding Tobacco Use
- Journal of the American Dental Association (JADA) Special Report on Dentistry’s Role in Promoting Freedom From Tobacco
- ADA’s Oral Health Topics: Dentist’s Version on Smoking and Tobacco Cessation
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  - Donna Shelley, MD, MPH
  - Diana Zraik, MPH
  - Deanna Jannat-Khah, MSPH
  - Marcy Hager, MA
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http://medicine.med.nyu.edu/dgim/manhattan-tobacco-cessation-program

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