



A guide for oral disease patients
to quit tobacco use

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Introduction

This self-help material was developed based on WHO Capacity Building Training Package 4 entitled "Strengthening health systems for treating tobacco dependence in primary care", the latest evidence on the association between tobacco use and oral diseases as well as the evidence on the benefits of tobacco cessation on oral health outcomes. Its target audience are oral disease patients who use tobacco. It aims to give advice and information to improve tobacco users' readiness to quit and to help those who are ready to quit to plan a quit attempt. The content of this self-help material includes:

1. How to get ready to quit (for oral disease patients not ready to quit);
2. How to plan and make quit attempts (for oral disease patients ready to quit);
3. Local tobacco cessation support resources.

I. Getting ready to quit

Quitting tobacco is a difficult task, but we are here to help. We understand that you might not think it's important to quit or that you can't be successful. As a person with oral disease, it is even more important for you to quit tobacco use. Here you can find information about why quitting tobacco is important for you and your family; the great risks of smoking for people having oral disease; the benefits of quitting and how to improve your confidence in making a quit attempt. We hope you find this information useful, and also hope you will continue to seek advice and suggestions on how to get ready to make a quit attempt.

i. THE IMPACT OF TOBACCO USE ON YOU AND YOUR FAMILY

Tobacco use has both health and non-health related impacts to you and those around you.

1. HEALTH RISKS OF TOBACCO USE

Tobacco kills up to half of its users because tobacco products are made of extremely toxic materials.

Tobacco smoke contains more than 7000 chemicals, of which at least 250 are known to be harmful and at least 69 are known to cause cancer. Here are some of the chemicals contained in tobacco smoke:

- Stearic acid (which is used to make candle wax)
- Butane (the gas inside a lighter)
- Paint
- Methanol (gas commonly used for rocket fuel)
- Acetic acid (a main component of vinegar)
- Hexamine (a common component of barbecue starters)
- Methane (sewer gas)
- Nicotine (an addictive substance commonly used for insecticides)
- Cadmium (a main ingredient in batteries)
- Arsenic (poison)
- Toluene (Industrial solvent)
- Ammonia (toxic component of detergents)
- Carbon monoxide (gas from car exhaust)



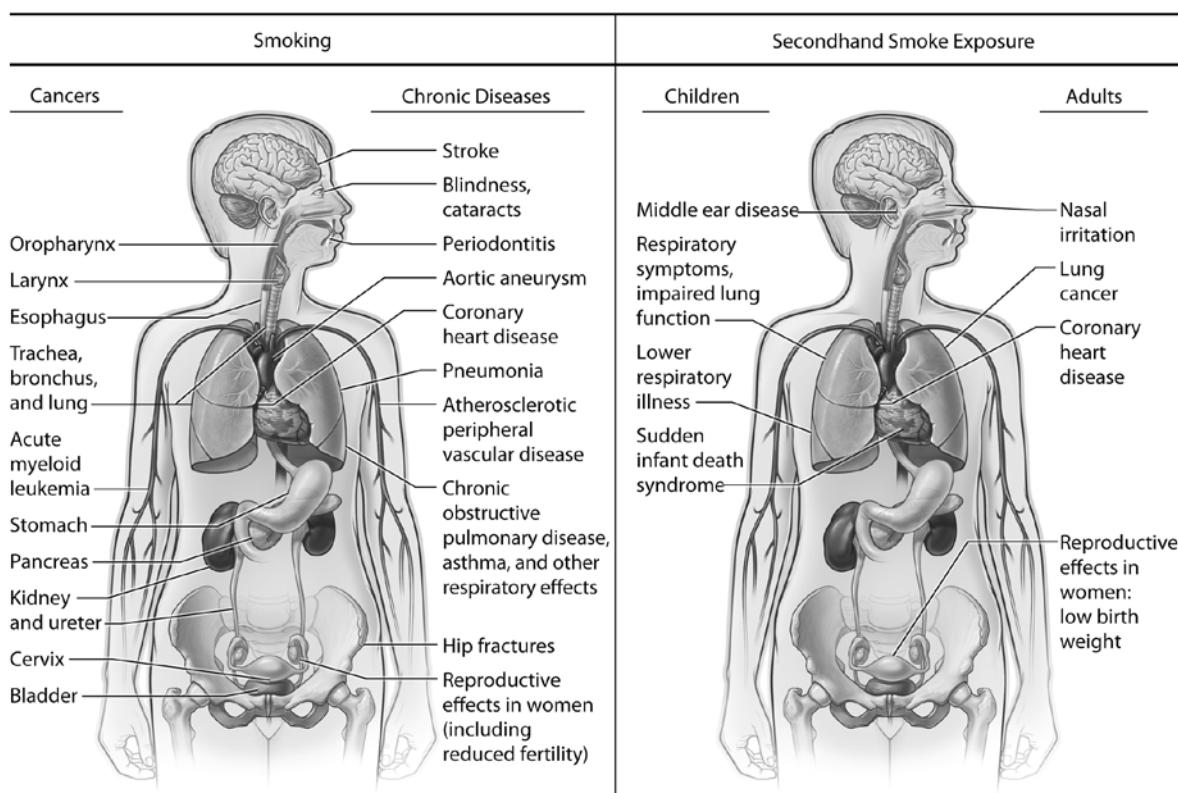
Smokeless tobacco products also contain a number of carcinogens and toxicants. To date, 31 carcinogens such as tobacco-specific nitrosamines, polycyclic aromatic hydrocarbons (PAHs), benzo[a]pyrene, urethane, formaldehyde, acetaldehyde, nickel, arsenic and chromium, have been identified in smokeless tobacco.

Tobacco use, including tobacco smoking and smokeless tobacco use, causes a wide spectrum of diseases including oral diseases. As a tobacco user, you are at an increased risk of many acute and chronic diseases, such as shortness of breath, chronic respiratory diseases, many types of cancer and heart disease. In addition, you will be more likely to have:

- Change in taste
- Dental calculus
- Tooth discoloration
- Gingival abscess
- Gingival melanin pigmentation
- Leukoplakia
- Oral cancer
- Oral malodor
- Periodontal disease
- Premature tooth loss
- Smoker's lip
- Smoker's palate

As an oral disease patient, tobacco use also has an impact on the outcome of your treatment:

- Failure of dental implant
- Less effective in periodontal treatment
- Prolonged wound healing following tooth extraction
- Higher risk of having new lesions or malignancies



2. HEALTH RISKS TO THE FAMILY

Smoking puts your family at risk. Second hand smoke exposure puts members of your household at an increased risk for the following diseases:

Diseases in children	Diseases in adults
<ul style="list-style-type: none">– sudden infant death syndrome;– acute respiratory illnesses;– middle ear disease;– chronic respiratory symptoms;– early childhood caries;– gingival pigmentation.	<ul style="list-style-type: none">– coronary heart disease;– nasal irritation;– lung cancer;– reproductive effects in women (low birth weight and cleft lip and palate);– periodontal disease.

3. THE COST OF TOBACCO USE TO THE TOBACCO USER AND THEIR FAMILY

The cost of tobacco use to the tobacco user.

Tobacco use takes away not just your health but wealth. It is estimated that 5-15% of a tobacco user's disposable income is spent on tobacco, which could be an enormous economic burden on you and your family. Below is a cost calculator, which can help you find out how much money you have spent on cigarettes.

The smoking cost calculator						
Number of packs you smoke a year*	X	Number of years you have smoked	X	The average cigarette pack price	=	How much you have spent on cigarettes during your lifetime
	X		X		=	

*: For day to year conversion, see below table

1 pack a day	1 ½ packs a day	2 packs a day	2 ½ packs a day	3 packs a day
365 packs a year	548 packs a year	730 packs a year	913 packs a year	1095 packs a year

Tobacco use is financially taxing on the family as well.

Tobacco use causes an acknowledgeable amount of suffering for families and individuals associating with tobacco users. This suffering manifests itself in the form of diminished quality of life, death, and financial burden. Tobacco products are not only harmful, but they're expensive as well.

4. SOCIAL CONSEQUENCES OF SMOKING TO THE SMOKER AND SMOKER'S FAMILY

Smoking affects social interaction and relationships negatively. In most cultures, people see smokers negatively. There is a stigma attached to smoking (for example, people may think the smoker is smelly, disgusting/dirty, unhealthy...). As a smoker, your personal relationship may be affected because many people don't consider being in a relationship with a smoker. As a smoker, your children are more likely to smoke and to be heavier smokers at young ages.

ii. REWARDS OF QUITTING

The good news is that there are great benefits from quitting tobacco use, with both immediate and long term gains.

1. HEALTH BENEFITS

Quitting will help you minimize the previously mentioned negative effects, both health and non-health related. Quitting now, or making efforts to quit, will greatly decrease your chances of these long term health risks. As shown below, quitting has immediate and long term benefits on oral health outcomes as well.

Fact sheet: Oral health risks of tobacco use and cessation benefit on oral health outcomes

Tobacco-related condition	Health risks	Cessation benefits
Oral cancer 	<ul style="list-style-type: none">Smoking is a leading cause of oral cancer. Smokers are 5-10 times more likely to develop oral cancer than non-smokers.In South Asia, smokeless tobacco users are 5 times more likely to develop oral cancer.	<ul style="list-style-type: none">5 years after quitting smoking, the risk of developing oral cancer is cut in half.
Leukoplakia 	<ul style="list-style-type: none">Smoking and smokeless tobacco can lead to leukoplakia, a precancerous condition in which thickened white patches form on the gums and other areas in the mouth.	<ul style="list-style-type: none">Quitting smoking and smokeless tobacco can reduce the risk of developing leukoplakia lesions.
Periodontal disease 	<ul style="list-style-type: none">Smokers are 2-4 times more likely to have periodontitis, destructive inflammatory diseases of periodontal tissue.After treatment for periodontal disease, smokers do not heal as well as nonsmokers.	<ul style="list-style-type: none">Quitting smoking reduces the risk of periodontal disease over time and improve the treatment outcome.
Tooth loss 	<ul style="list-style-type: none">Smokers are 2 times more likely to lose tooth.Accumulation of tooth loss, if left untreated, may impair quality of later life.	<ul style="list-style-type: none">Quitting smoking reduces the risk of tooth loss over time.
Melanosis 	<ul style="list-style-type: none">Smoking contributes to darkening of gum which is known as "smoker's melanosis".	<ul style="list-style-type: none">Within 3 months after quitting, darkening of gum will, in most cases, disappear.

Tobacco-related condition	Health risks	Cessation benefits
<p>Other effects and the effects of secondhand smoke exposure</p> <ul style="list-style-type: none"> Dental implant  Dental caries 	<ul style="list-style-type: none"> Smoking is a common cause of bad breath and dry mouth, and can decrease the ability to taste and smell. Smoking contributes to the discoloration of teeth and restorations, and smell and discoloration of dentures. Smokers are 2 times more likely to experience dental caries and implant failure. Smokers who undergo oral surgery may have delayed wound healing. Effects of exposure to secondhand smoke are significant for dental caries and melanosis in children who live with smokers. Exposure to secondhand smoke may increase risk of periodontal disease. 	<ul style="list-style-type: none"> Shortly after quitting smoking, breath smells better, and the sense of taste and smell improves. In addition to oral health benefits, quitting smoking can save money and reduce the risk of serious disease, including many cancers and heart disease.

2. ECONOMIC BENEFITS

Quitting also has very clear and tangible financial benefits. Quitting tobacco use can put more money in your pocket!

The quit & save exercise can help you understand how much money you can save if you quit.

Quit & Save	
How much money can you save if you quit?	
Total money spent on tobacco per day	
Amount of money spent per month	
Amount of money spent per year	
Amount of money spent in 10 years	
What you can buy with the money saved?	
    	

3. SOCIAL BENEFITS

You will feel less isolated - quitting means you can go anywhere, not just where you can smoke. You will improve your relationships with your family, friends and employer. You will be more productive - you don't have to keep stopping what you are doing to have a smoke. You will be able to expand your social interactions - you don't have to restrict yourself to talking to other smokers. When you quit smoking, your children become less likely to start smoking and more likely to quit if they already smoke.

iii. HOW TO IMPROVE YOUR CONFIDENCE IN QUITTING

Many tobacco users are afraid to quit because they have tried to quit in the past and were unsuccessful. They think it will be too hard because they don't believe they can overcome withdrawal symptoms, they feel like they have no support, or just don't think they are capable of success. Here are a few suggestions to help improve your confidence:

1. Try to quit tobacco and being tobacco free for 1 day, then 2, and so on.
2. Follow role models. Observe those around you that have recently quit and practice their behaviors. What actions and reactions of theirs can you adopt? In the United States alone, almost 50 million smokers have quit smoking successfully on their own.
3. Look at each quit attempt as a learning process. Each time, you learn what doesn't work for you and how you can be more successful next time. You should know that it's common for smokers trying to quit to make multiple attempts before they are successful. But they do achieve success!
4. Improve your negative mood towards quitting. Many smokers associate fear, stress, and anxiety with trying to quit. However, if you surround yourself with the proper support, such as friends and family and maintain a healthy lifestyle by eating well, exercising, and getting enough sleep you will find that any stress, fear, or anxiety that you are anticipating can be properly managed. If you do begin to feel any of these things, yoga, meditation, and other relaxation methods, are great coping mechanisms.

III. Planning and making quit attempts

It's great that you've made the decision to quit. As an oral disease patient, it is even more crucial for you to commit to quit tobacco for good. Tobacco use can't fit your values, priorities, and goals such as curing your oral disease, living longer, living better and being a good role model for your kids. You are choosing to make a positive change for yourself! Quitting starts with the first action you take: developing a quit plan. Here you will find steps, advice, and a list of supportive resources to help in planning and making your quit attempts. Always remember that you can be successful. You will be able to quit, as long as you keep your goals in sight, your head held high, and your "eye on the prize" !

i. DEVELOPING A QUIT PLAN

Your first step to quitting is to develop a quit plan. Here are key elements of a successful quit plan as outlined by the STAR acronym.

1. ***Set a quit date.*** It is important to set a quit date as soon as possible. Giving yourself a short period to quit will keep you focused and motivated to achieve your goal. Choosing your birthday or some other meaningful day is a good idea, but you don't have to always follow suit. You can start quitting today!
2. ***Tell your friends, family, and coworkers.*** It is important to share your goal to quit with those you interact frequently.
 - ***Ask them for support.*** They can support you by reminding you of your goal to quit and encouraging you to not give in to temptations like cravings. By telling your friends, family, and coworkers you might also inspire those of them who smoke to create a quit plan with you. Having a "quit buddy" is a great way to keep both of you accountable and on track to quitting.
 - ***Ask them for understanding.*** If you have friends or family that smoke, it is a good idea to ask them to refrain from lighting up when you're around!
3. ***Anticipate challenges to the upcoming quit attempt.*** Quitting tobacco is no easy feat, so you are brave and courageous for committing to this goal! It's important that you anticipate triggers and challenges in the upcoming attempt, particularly during the critical first few weeks. The first few days and weeks will be the hardest due to potential nicotine withdrawal symptoms as well as the obstacles presented by breaking any habit (see more information below on how to successfully overcome them).
4. ***Remove tobacco products from your environment.*** It's important to minimize exposure to smoking cues. If the tobacco products are still around, you will be more tempted to pick them up and smoke. It's best to rid yourself of such temptations by making a tobacco free house, avoiding smoking areas, and asking your peers to not smoke around you. If you live with other smokers who are not yet ready to quit, ask them to smoke outside the home and cars to best achieve your smoke-free environment.

ii. STRATEGIES AND SKILLS TO OVERCOME COMMON BARRIERS AND CHALLENGES TO QUITTING

In order for you to develop and implement your quit plan successfully, it is important that you familiarize yourself with the common challenges and barriers to quitting and effective coping strategies and skills. The challenges to quitting are typically classified into three categories: physical addiction, behavioral and social connections, and psychological or emotional connections.

1. PHYSICAL ADDICTION

Nicotine, a harmful chemical in tobacco products, is an addictive substance. It affects the dopamine systems in your brain similar to that of heroin and cocaine: nicotine increases the number of nicotinic receptors in the brain. As a smoker, your brain and body become used to functioning on certain level of nicotine. Your nicotine level will drop dramatically one or two hours after your last cigarette (whether it's for quitting or simply the natural break between tobacco smoking), and then you will crave nicotine (cigarettes). When you quit, it is important to remember that, the absence of nicotine in your brain will make you feel uncomfortable and cause withdrawal symptoms.

Nicotine withdrawal symptoms refer to a group of physical and mental changes that may occur from suddenly stopping the use of tobacco such as headaches, coughing, cravings, increased appetite or weight gain, mood changes (sadness, irritability, frustration, or anger), restless, decreased heart rate, difficulty concentrating, influenza-like symptoms and insomnia. The good news is that these symptoms are normally temporary (2-4 weeks) and will subside as your body learns, again, how to function without the high levels of nicotine. There are also effective methods available to help you overcome them.

Just because you quit tobacco does not mean you will experience all, if any, of the withdrawal symptoms. But it is important to prepare yourself for the possibility. There are two ways to deal with nicotine withdrawal symptoms: cognitive-behavioral therapies and pharmacological/medical therapies. In the following tables, you will find more information on how to use cognitive-behavioral and pharmacological coping mechanisms to overcome nicotine withdrawal symptoms.

1.1 Cognitive-behavioral therapies

Cognitive-behavioral therapies can effectively help tobacco users alleviate withdrawal symptoms. Table 1 provides you some suggested cognitive or behavioral interventions.

Table 1. Cognitive-behavioral therapies

Withdrawal symptoms	Cognitive-behavioral therapies
Headaches	If you are experiencing frequent headaches, make sure you are getting enough sleep, eating regularly, and partaking in physical activity. These lifestyle changes should help keep headaches at bay and/or lessen their severity.
Coughing	Staying hydrated is key to manage any coughing you may experience. A spoonful of honey, warm teas, juices, inhaling vapors, and avoiding dairy are common "remedies" to deal with coughing.
Cravings	The 4Ds Strategy to Deal with Smoking Cravings 1) Delay: set a time limit before you give in to use tobacco. Delay as long as you can. If you feel that you must give in to your urge, move on to step 2. 2) Deep breathing: take 10 deep breaths to relax yourself. Try to meditate with deep breathing to relax yourself from within until the urge passes. If the urge does not subside, move on to next step. 3) Drink water: drinking water is a healthy alternative to sticking a cigarette in your mouth. Water also helps flush out toxins to refresh your body. If you still crave for tobacco, move on to next step. 4) Do Something else to distract yourself: read, go for a walk, listen to music, watch TV- engage in any hobby other than using tobacco!

Increased appetite or weight Gain	Weight gain is one of the most common roadblocks and side effects responsible for derailing smokers trying to quit. It is true that when you quit, you are likely to have a larger appetite and be tempted to replace cigarettes with food. However, you can avoid weight gain by making healthy eating choices (fruits, vegetables, and other healthy snacks) and drinking lots of water, which will also help you make an important step towards a healthier lifestyle as well!
Mood changes (sadness, irritability, frustration, or anger)	Try focusing on positive thoughts about quitting or filling your head with happy, uplifting music to drown out the negative thoughts and emotions that you are experiencing. Remind yourself of all of the benefits of quitting smoking; remember how much better your dental treatment outcomes will be; think of how much better you will physically feel, think of all the extra energy you will have.
Restlessness	The best way to deal with restlessness is to get up and move around! Engage in physical activity, go for a walk!
Decreased heart rate	See the NOTE below
Difficulty concentrating	The best way to deal with difficulty in concentrating is through your mind. Yoga, meditation, and mental imagery are great ways to focus on concentrating and regain your abilities to function normally. Think of it like exercising for your mind! The only way to improve concentration is to practice it! (Also see the NOTE)
Flu-like symptoms	As is with any case of the flu, or common cold, the best "medicine" is rest and hydration. Keep drinking water and making sure your body is getting enough sleep.
Insomnia	Relaxation methods and regular exercise are good for overcoming your sleeping problem. Common practices to overcome insomnia also include counting sheep, guided meditation, and self-guided imagery.

NOTE: All symptoms can be managed with a healthy lifestyle. Make sure you are eating and sleeping enough, take a multivitamin, exercise, make good eating choices, develop relaxation mechanisms (whether it's utilizing a stress ball, deep breathing, yoga, or something of your own creation!), and reward yourself with things such as a new book or a hot bath to not only help relax you, but to also distract you from your current urges and cravings. These healthy lifestyle changes will also increase your wellbeing as a dental patient.

1.2 Pharmacological therapies

In addition to behavioral therapies, there are also pharmacological therapies available to help overcome nicotine withdrawal symptoms. There are two major types of medication available that may be able to relieve withdrawal symptoms: nicotine replacement therapies (NRTs) and non-nicotine replacement therapies. NRTs include things such as nicotine gum and patch whereas non-nicotine therapies include medications like Bupropion and Varenicline. Table 2 can help you better understand the available dosage, proper usage and side effects of the aforementioned medications.

Table 2. Description of NRT, Bupropion and Varenicline

Medication	How to use	Side effects and Warnings
<u>Nicotine gum (over the counter):</u> delivers nicotine through the lining of the mouth. (available as 2mg, 4mg)	<p><u>Dosing:</u></p> <ul style="list-style-type: none"> -Based on cigarettes/day (cpd) <ul style="list-style-type: none"> >20cpd: 4mg ≤20cpd: 2mg -Based on time to first cigarette of the day <ul style="list-style-type: none"> ≤30 min: 4mg >30 min: 2mg <p>Initial dosage is 1-2 pieces every 1-2 hours (10/12 pieces a day). Taper as tolerable.</p> <p><u>Duration of use:</u> Up to 12 weeks with no more than 24 pieces used per day</p> <p><u>How to use:</u> It isn't chewed like regular but chewed briefly until you notice a "peppery" taste. Then place it between cheek and gum for about 30 minutes.</p>	Hiccups, jaw ache, stomach irritation, sore mouth

Medication	How to use	Side effects and Warnings
<u>Nicotine patch (over the counter)</u> : Delivers nicotine through skin (available as 24hr delivery in 7mg, 14mg, 21mg, and 16hr delivery in 5mg, 10mg, 15mg)	<p><u>Dosing</u>: (24hour patch) > 40 cpd: 42 mg/day 21-39 cpd: 28-35 mg/day 10-20 cpd: 14-21 mg/day <10 cpd: 14 mg/day</p> <p>Adjust based on withdrawal symptoms, urges, and comfort. After 4 weeks of abstinence, taper every 2 weeks in 7-14 mg steps as tolerated.</p> <p><u>Duration</u>: 8 to 12 weeks</p> <p><u>How to use</u>: Patches may be placed any hairless area on the upper body-including arms and back. Rotate the patch site each time a new patch is applied to lessen skin irritation.</p>	Skin irritation, allergy (not suitable if you have chronic conditions), vivid dreams and sleep disturbances
<u>Bupropion (prescription)</u> : Originally used as antidepressant. Affects the levels of neurotransmitters affecting the urge to smoke. (available in 150mg sustained release tablet)	<p><u>Dosing</u>: take doses at least 8 hours apart, start medication one week prior to the Target Quit Date (TQD)</p> <p>150mg once daily for 3 days, then 150 mg twice daily for 4 days, then on TQD stop smoking! Continue at 150 mg twice daily for 12 weeks. May stop medication abruptly, no need to taper.</p>	<p>Insomnia, dry mouth, nervousness/ difficulty concentrating, rash, headache, dizziness, seizures (risk is 1/1,000)</p> <p><u>Warnings</u>: stop bupropion and contact your doctor if you experience agitation, depressed moods, and/or any changes in behavior that are not typical of nicotine withdrawal or if you experience suicidal thoughts or behaviors</p>
<u>Varenicline (prescription)</u> : attaches to nicotine receptors partially blocking the reward of effects of nicotine and partially stimulating the nicotine receptors. (available in 0.5mg, 1mg)	<p><u>Dosing</u>: Take with food, start medication one week prior to the TQD.</p> <p>0.5mg once daily for 3 days, then 0.5mg twice daily for 4 days, then on TQD stop smoking and take 1mg twice daily for 11 weeks. May stop abruptly, no need to taper.</p>	<p>Nausea, sleep disturbances (insomnia, abnormal dreams), constipation, flatulence, vomiting</p> <p><u>Warnings</u>: the same as for Bupropion</p>

2. EMOTIONAL/PSYCHOLOGICAL CONNECTIONS

You may not have realized this, but, as a smoker, you link cigarettes and smoking with certain emotions, thoughts, and beliefs. Part of quitting involves breaking those subconscious connections. Some common links that smokers form include smoking when they feel stressed, happy, sad or angry. In fact, using cigarettes to cope with these feelings is misguided. It does not help solve the source of your problems.

In addition to linking emotions or feelings with smoking, it is also common to link certain beliefs with smoking. These beliefs include, and are not limited to:

- “Smoking helps me relax.”
- “Smoking isn’t really harmful!”
- “It’s cool to smoke!”
- “It keeps my weight down.”

In order to avoid being derailed by such emotional or psychological roadblocks, it is important to remember and remind yourself of the risks of smoking and the benefits quitting. You can create positive self-talks based on the benefits of quitting, such as “quitting can help improve my dental treatment outcomes”, “quitting can reduce my chance of having recurrent periodontal disease”, to help you break the connections between quitting and negative beliefs.

3. BEHAVIORAL AND SOCIAL CONNECTIONS

By this time your smoking becomes a habit – an addictive habit. It is so intimately tied to your everyday activities. To quit smoking is to, once again, break these connections that have formed the habit. Your smoking may be associated with other habits or behavior such as watching television, talking on the phone, eating, and hanging out with friends. Below are just a few suggestions on how to begin breaking the links of smoking and certain behaviors.

Action/behavior	Suggestion to break the link
Smoking associated with eating	Begin a new activity immediately after eating. Distract yourself from the temptations and urges. Wash the dishes, exercise, read, or do other household chores are just a few examples.
Smoking as a social activity (while with friends or coworkers)	Avoid these situations until you have successfully quit smoking. You do not have to cease ties with your friends all together, just avoid going to dinner, or out, with them until you are strong in your commitment to abstain.
Smoking as a stress reliever	This is a common misconception believed by many smokers. Smoking has absolutely no connection to stress relief. However, there are many other ways to deal with stress. Drink water or tea , carry around a stress ball to keep your hands busy, practice deep breathing or exercise to relieve stress.
Smoking in the car	Remove all cigarettes from the car, listen to music, take public transportation, or carpool to help avoid temptation.
Smoking while on the phone	Engage in another activity while on the phone. Whether it's playing with a stress ball, or walking around, distract yourself from the urge to smoke.

It is important to always keep your end goal at the forefront of your mind so that you are not derailed by your connected habits. If you find yourself craving a cigarette, get up and remove yourself from the situation – whatever it may be! Do what you must to distract yourself until the tied habits are no longer a trigger for smoking cravings. Typically cravings/urges are brief, lasting only 1 to 2 minutes.

These three categories, while separate on paper, are not necessarily separate obstacles. Success in dealing with symptoms of one category can help you deal with symptoms from the other categories as well. Every quit attempt is unique to the smoker trying to quit and you may experience challenges and barriers not listed here, you may experience all of them, or you may experience none of them.

iii. PREPARING FOR RELAPSE

Every quit attempt is a positive step in the right direction towards quitting permanently. It might take multiple quit attempts, but each time you resume your attempt to quit, you move farther and farther in the right direction and will make it easier for you to stop next time. Relapsing and making mistakes are only natural. Do not let a relapse hinder your confidence - a relapse does not mean failure. Use any relapse as a learning experience in how to develop better coping skills, and to adjust them for future attempts to ensure even greater success.

The best way to prevent relapses is to use effective treatments. Effective and approved treatments include self-help materials; advice from healthcare providers; individual behavioral counseling; group behavior counseling; telephone counseling; "Quit and Win" contests and the above-mentioned medications.

To prevent relapse, you will also need to avoid using unapproved therapies. Many communities offer common, alternative therapies such as E-cigarettes, acupuncture, laser treatment, and other alternative measures. These alternative therapies hold claims to aiding in quit attempts but there is no or not enough evidence to support that they can improve quit rate and increase quit attempt success.

III. Local tobacco cessation support resources

If you are interested in finding more about the importance of being a non-tobacco user, how to be more confident in quitting and how to successfully quit smoking, we suggest you turn to your community for other available resources. Your oral health care providers can be a great source of support in your efforts to quit tobacco. There are also many other resources within your own community such as support groups and toll free tobacco quit lines that can support you in your journey to quit. You may also find useful online resources.

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