

TOBACCO USE AND PERIODONTAL DISEASE

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LEARNING OBJECTIVES

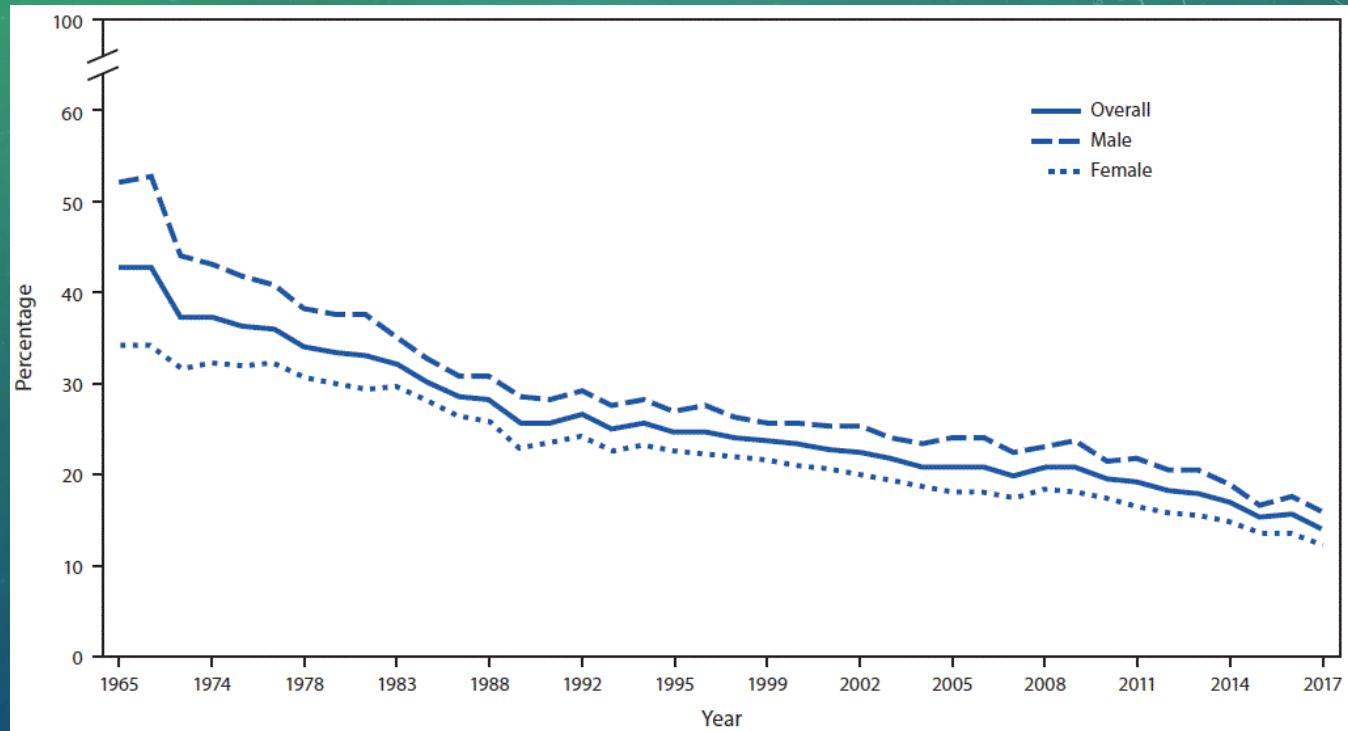
- Describe the effects of smoking on
 - the prevalence and severity of periodontal disease
 - periodontal microflora
 - response to periodontal therapy
 - host response
- Describe the role of smokeless tobacco products in periodontal diseases
- Define the elements of nicotine addiction and withdrawal symptoms
- List various quitting techniques and resources
- Describe the steps of 5A's brief intervention form

TOBACCO USE PREVALENCE

- Cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or about 1 in 5 deaths.
- In 2019, 14 of every 100 U.S. adults aged 18 years or older (14.0%) currently smoked cigarettes.
 - This means an estimated 34.1 million adults in the United States currently smoke cigarettes.
 - More than 16 million Americans live with a smoking-related disease.

*Current smokers are defined as people who reported smoking at least 100 cigarettes during their lifetime and who reported smoking every day or some days.

TOBACCO USE PREVALENCE



Percentage of adults aged ≥ 18 years who were current cigarette smokers, overall and by sex - National Health Interview Survey (NHIS), United States, 1965–2017

TOBACCO USE PREVALENCE

Cigarette smoking is down, but about

34 MILLION

American adults still smoke

Cigarette smoking remains high
among certain groups



Men



Adults 25-64
years old



Lower education



Below
poverty level



Midwest
and South



Uninsured
or Medicaid



Disabled



Serious
psychological
distress



American Indians,
Alaska Natives and
Multiracial

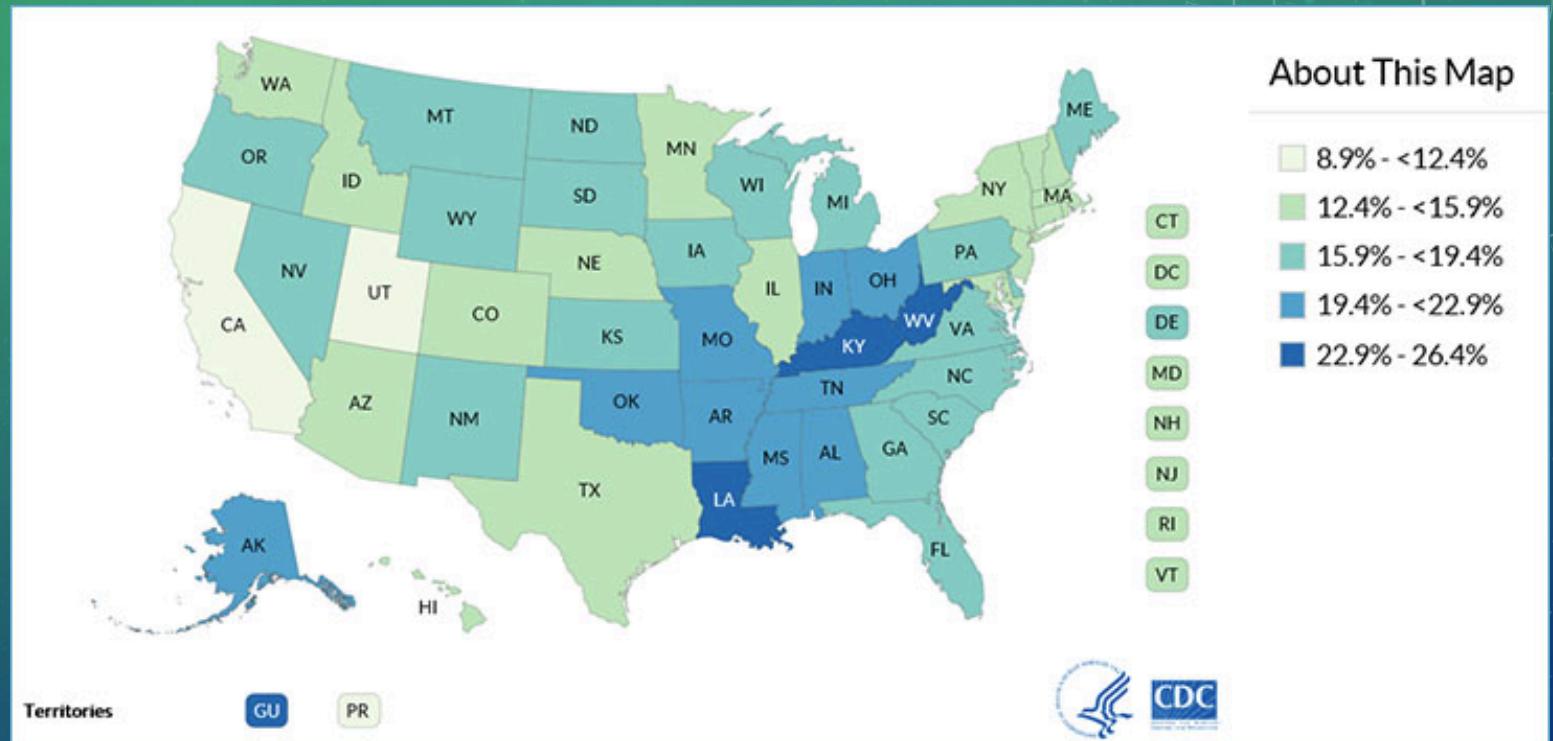


Lesbians, gays,
and bisexuals

TOBACCO USE PREVALENCE

- Gender:
 - Men: 15.3%
 - Women: 12.7%
- Age:
 - 18-24yrs: 8%
 - 25-44yrs: 16.7%
 - 45-64yrs: 17%
 - >=65yrs: 8.2%
- Race/Ethnicity:
 - American Indians/ Alaska Natives: 20.9%
 - Non-Hispanic multi-racials: 19.7%
 - Blacks: 14.9%
 - Whites: 15.5%
 - Hispanics: 8.8%
 - Asians: 7.2%

TOBACCO USE PREVALENCE

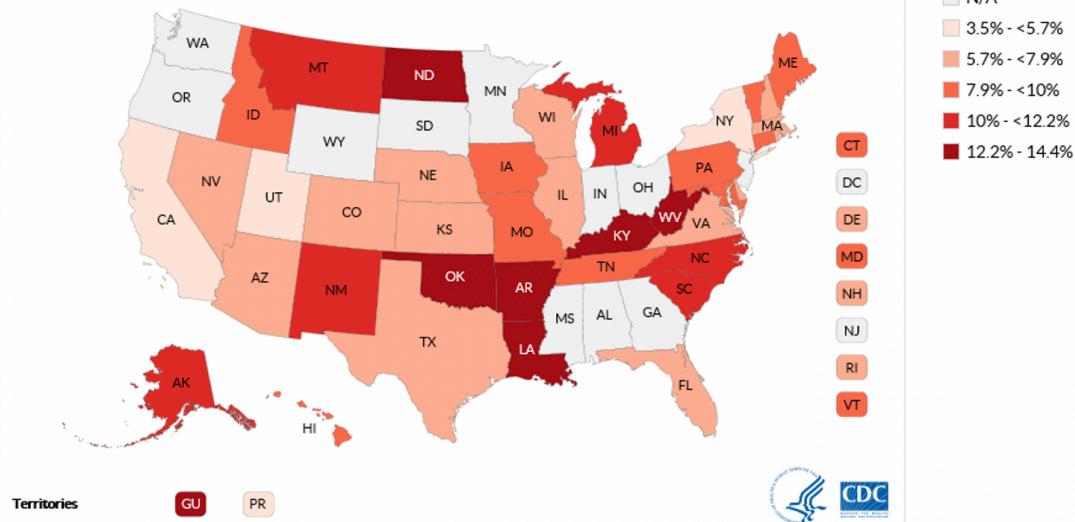


- Percentage of adults in each state who were current smokers in 2017.
- Current smoking ranged from nearly 9 of every 100 adults in Utah (8.9%) to 26 of every 100 adults in West Virginia (26.0%)

TOBACCO USE PREVALENCE

Current Cigarette Use Among Youth*

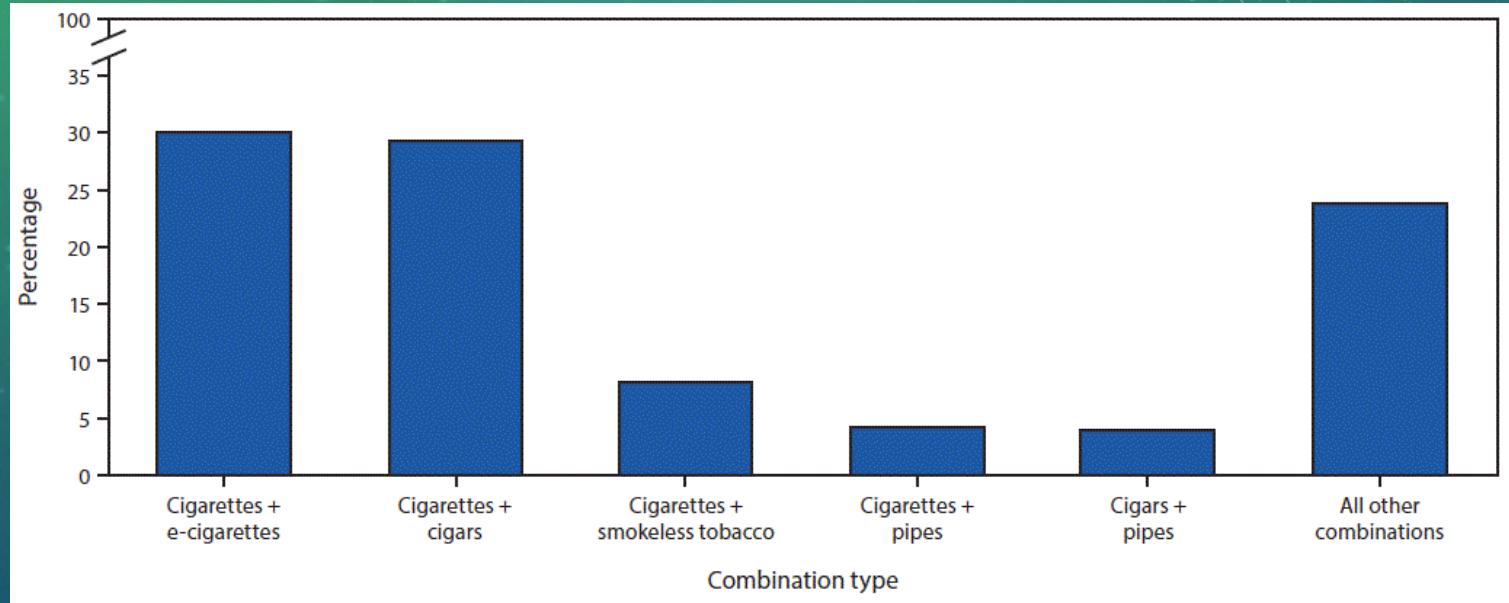
Current Cigarette Use Among Youth (Youth Risk Behavior Surveillance System) 2017*



*Not all states have data reported.

TOBACCO PRODUCTS USED

FYI



- Top tobacco product use combinations among adults aged ≥ 18 years who currently used ≥ 2 tobacco products — National Health Interview Survey, United States, 2017

WHAT'S IN THE SMOKE?



<https://vimeo.com/194709338>

CHEMICAL COMPOUNDS IN CIGARETTE SMOKE

THIS GRAPHIC OFFERS A SUMMARY OF A SELECTION OF HAZARDOUS COMPOUNDS IN CIGARETTE SMOKE & THEIR EFFECTS

ESTIMATED NUMBER OF CHEMICAL COMPOUNDS IN CIGARETTE SMOKE



70

NUMBER OF THESE COMPOUNDS WITH CONFIRMED CARCINOGENIC ACTIVITY



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The compounds shown below are all found in cigarette smoke. The mass figures, given in µg, take into account both mainstream (inhaled) and sidestream smoke. 1 µg is equal to 1 millionth of a gram. Amounts of these compounds vary in different brands of cigarettes - these figures are approximate.

NICOTINE



- Approx. 919µg per cigarette
- Addictive
- Increases heart rate
- Increases blood pressure
- Increases blood glucose
- Lethal dose: around 500-1000mg

ACETALDEHYDE



- Approx. 680-1571µg per cigarette
- Known animal carcinogen
- Probable human carcinogen
- Irritant to skin & eyes
- Irritant to respiratory tract

N-NITROSAMINES



- Large class of compounds
- Several are tobacco-specific
- Known human carcinogens
- Most carcinogenic: NNK & NNN
- NNK: approx. 0.3µg per cigarette
- NNN: approx. 2.50-50µg per cigarette
- May cause reproductive damage

BENZENE



- Approx. 46-272µg per cigarette
- Known human carcinogen
- Damages bone marrow
- Lowers red blood cell count
- May harm reproductive organs

AROMATIC AMINES



- Large class of compounds
- Includes 2-aminoanthracene:
- Known human carcinogen
- Linked with bladder cancer
- Approx. 0.04µg per cigarette

ACROLEIN



- Approx. 69-306µg per cigarette
- Possible human carcinogen
- Known DNA mutagen
- Irritant to skin & nasal passages
- May contribute to heart disease

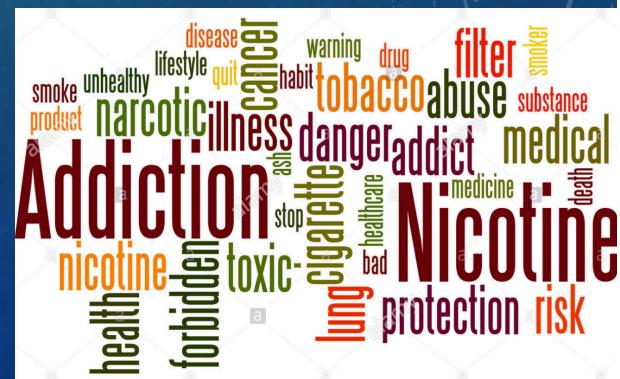
POLYAROMATICS



- Large class of compounds
- Includes benzo[a]pyrene:
- Known human carcinogen
- Known DNA mutagen
- Affects reproductive capacity
- Up to 0.14µg per cigarette

NICOTINE ADDICTION

- Stimulatory effects- Epinephrine release
- Tranquilizing effects
 - Altered electrical, metabolic and neuro-hormonal activity
 - ↑ use = ↑ Nicotinic receptors in the brain (Tolerance) → *smoke more for same stim. effect*
 - Modulation of activity of other neurotransmitters in the brain esp. Dopamine
- Depression (30-50%)
- Addiction:
 - As addictive as Heroin
 - 1000x more potent than Alcohol
 - 10-100x more potent than Barbiturates
 - 5-10x more potent than cocaine or morphine



NICOTINE WITHDRAWAL

- Irritability
- Depression
- Difficulty concentrating
- Impatience
- Craving
- Insomnia
- Impaired performance
- Restlessness
- Decreased Heart Rate
- Weight Gain



Smoking History



SMOKING HISTORY

- All dental patients must be asked about their smoking status.
- Ask about current smoking and past smoking.

- How much they used to smoke
- How many years they smoked
- When they quit

- Record **pack-years** of smoking

- $Pack\ years = Number\ of\ packs\ smoked\ per\ day$

$$x Number\ of\ years\ of\ smoking$$

- 1PPD = 7,000 cigarettes/year
- 1PPD = 73,000 puffs/year

a) 1 pk/day for 5 yrs
= 5 pack years

b) 0.5 pk/day for 10 yrs
= 5 pack years

SMOKING HISTORY

- **Biochemical tests**
 - Exhaled carbon monoxide concentration
 - Cotinine (the major metabolite of nicotine) concentration in serum, saliva, or urine.
- **Cotinine** is measured in preference to nicotine because the half-life of nicotine is short (\approx 1 to 2 hours), whereas that of cotinine is approximately 20 hours.
- **Plasma and saliva cotinine concentrations:**
 - Smokers: Approximately 300 ng/mL
 - Nonsmokers: Usually less than 2ng/mL
- **Urine cotinine** concentration in smokers:
 - Approximately 1500 ng/mL

EFFECT OF SMOKING ON PREVALENCE AND SEVERITY OF PERIODONTAL DISEASE

SMOKING AND PERIODONTITIS

- Smoking is a **major risk factor** for periodontitis, and it affects the prevalence, extent, and severity of disease.
- Smoking has an adverse impact on the clinical outcome of nonsurgical and surgical therapy as well as the long-term success of implant placement.

NHANES III STUDY(N=12,000)

NHANES-NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

- Smokers were 4x as likely to have periodontitis as compared with persons who had never smoked after adjusting for age, gender, race/ethnicity, education, and income/poverty ratio.
- Former smokers were 1.7x more likely to have periodontitis than persons who had never smoked

NHANES III STUDY(N=12,000)

NHANES-NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

- **Dose-response relationship** between cigarettes smoked per day and the odds of having periodontitis
 - **Heavy Smokers**, smoking 31 or more cigarettes per day – 6 times
 - **Light Smokers**, smoking 9 or fewer cigarettes per day, - 2.8 times } of having periodontitis
- Odds of having periodontitis declined with the number of years since quitting.
- These data are consistent with the findings of other cross-sectional studies performed in the United States and Europe.

SMOKING AND PERIODONTITIS

- Odds ratio for periodontitis in current smokers has been estimated to range from as low as 1.5 to as high as 7.3, depending on the observed severity of periodontitis.
- **Cigar and pipe smoking** effects are similar to those of cigarette smoking, however, less data is available

SMOKING AND ORAL CONDITIONS



- Periodontal Disease
- Gingival Recession
- Tooth Loss
- Staining
- Calculus formation
- Tooth Abrasion
- Dental Caries
- Halitosis

SMOKING AND ORAL CONDITIONS

PRE-MALIGNANT AND MALIGNANT CONDITIONS



- Leukoplakia
- Erythroplakia
- Oral cancers (Laryngeal Cancers, Esophageal Cancers)
- Nicotinic Stomatitis
- Hairy tongue

SMOKING AND ADVERSE PREGNANCY OUTCOMES

- Increased risk of fetal cleft lip/ palate (within 5-8wks, often unaware of pregnancy)
- Preterm Birth and Low-birth weight



Low birth weight places infants at risk.					
Long-term difficulties related to low birth weight have remained relatively unchanged.	6x LONGER INITIAL HOSPITAL STAYS	≥ 15% NEUROLOGICAL IMPAIRMENTS ¹ i.e. cerebral palsy	= 20% LOW IQ SCORES ² 20% of LBW children have scores below the average range	≥ 40% DEVELOPMENTAL PROBLEMS ³ i.e. language delays, attention disorders, emotional disorders	5.5 lb 2,5 kg
	25x HIGHER INITIAL HOSPITAL COSTS ⁴ 42% covered by Medicaid	≤ 60% HEALTH COMPLICATIONS ⁵ i.e. chronic lung disease or brain hemorrhaging			3.3 lb 1,5 kg
					2.2 lb 1 kg



SECONDHAND SMOKE AND CARIES

- NHANES III
- Children: 4-11yrs old
- N=3331
- 53% had Serum Cotinine levels consistent with ETS (Environmental Tobacco Smoke) exposure
↳ second hand smoke
- ↑ Serum Cotinine levels significantly associated with ↑ in Decayed and Filled Deciduous teeth (however, not permanent teeth)
- 27% children could be caries-free if no ETS exposure



SMOKING AND PERIODONTITIS

- Smokers may present with periodontal disease at an early age;
- They may be difficult to treat effectively with conventional therapeutic strategies
- They may continue to have progressive or recurrent periodontitis,
- They may be at an increased risk of tooth loss or peri-implant bone loss, even when an adequate maintenance control is established

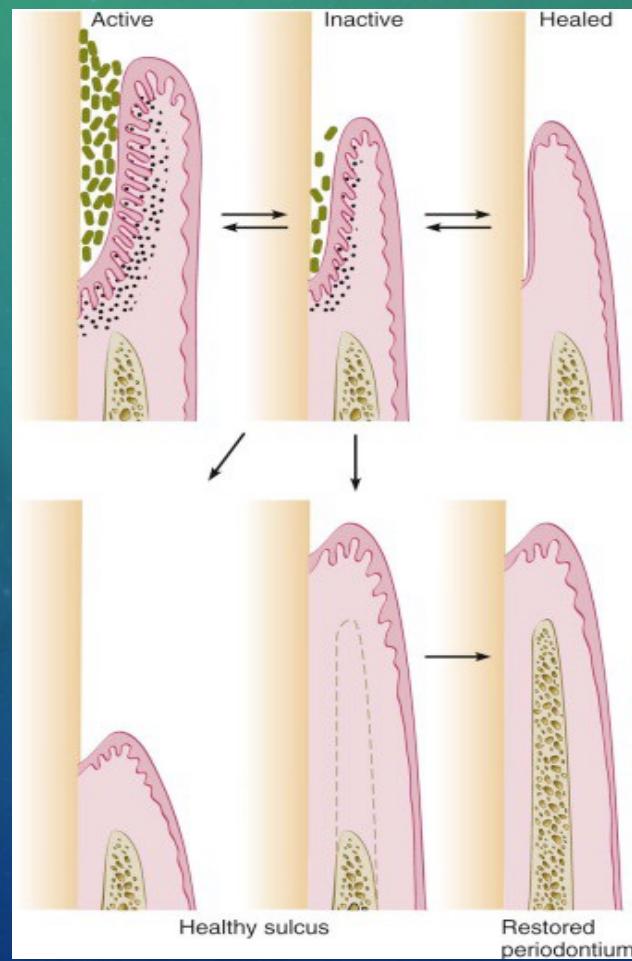
Effect of Smoking on Response to Periodontal Therapy

NON-SURGICAL THERAPY

- Smokers respond less well to nonsurgical therapy than nonsmokers.
- Former smokers and nonsmokers respond equally well to nonsurgical therapy



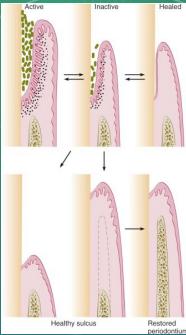
OUTCOMES OF PERIODONTAL THERAPY



PERIODONTAL SURGERY

- Longitudinal comparative study
 - Four different treatment modalities (coronal scaling, root planing, modified Widman flap surgery, and osseous resection surgery)
 - Heavy Smokers: ≥ 20 cigarettes/day
 - Light Smokers: ≤ 19 cigarettes/day
- Smokers showed less pocket reduction and less gain in clinical attachment as compared with nonsmokers or former smokers, at completion of therapy and throughout 7 years of supportive periodontal therapy.
- Deterioration at furcation areas was greater in heavy and light smokers than in former smokers and nonsmokers

GUIDED TISSUE REGENERATION (GTR)



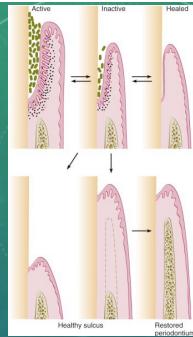
- Smokers demonstrated less than half the attachment gain than nonsmokers after GTR in deep infrabony defects (2.1 mm versus 5.2 mm)

Tonetti, MS et al, 1995

- Smokers showed less attachment gain than nonsmokers (1.2 mm versus 3.2 mm), less reduction of pocket depths, more gingival recession, and less bone fill after the use of bone grafts for the treatment of infrabony defects, than nonsmokers

Rosen, PS et al, 1996

OPEN FLAP DEBRIDEMENT



- Most common surgical procedure used for accessing the root and bone surfaces.
- Smokers showed significantly less reduction of deep pockets (≥ 7 mm) than nonsmokers (3.0 mm for smokers versus 4.0 mm for nonsmokers) and significantly less gain in clinical attachment (1.8 mm for smokers versus 2.8 mm for nonsmokers), even though all of the patients received supportive periodontal therapy every month for 6 months.
- Only 16% of deep pockets in smokers returned to 3 mm or less at 6 months after surgery, whereas 47% of deep pockets in nonsmokers were 3 mm or less after the completion of therapy.

Scabbia, A et al, 2001

PERIODONTAL PLASTIC SURGERY

- Smokers had significantly less root coverage and lesser gains in clinical attachment levels, as compared to nonsmokers, after the treatment of gingival recession defects by subepithelial connective-tissue grafts
- Smokers showed significantly less sites with complete root coverage than were seen in the nonsmokers



IMPLANT THERAPY



- Smoking increases the risk of implant failure, approximately double the risk for failure in nonsmokers.
- Risk is higher in maxillary implants and when implants are placed in poor-quality bone
- Smoking has also been shown to be a risk factor for peri-implantitis, with a majority of studies showing a significant increase in peri-implant bone loss as compared with nonsmokers

PERIODONTAL MAINTENANCE

- Longitudinal comparative study
 - Four different treatment modalities (coronal scaling, root planing, modified Widman flap surgery, and osseous resection surgery)
- Maintenance therapy was performed by a hygienist every 3 months for 7 years
- Smokers consistently had deeper pockets than nonsmokers and less gain in attachment when evaluated each year for the 7-year period.

Kaldahl, WB et al, 1996

EFFECT OF SMOKING ON PATHOGENESIS OF PERIODONTAL DISEASE

SMOKING AND PERIODONTITIS

- Smokers had significantly higher levels of *Tannerella forsythia* and were 2.3 times more likely to harbor *T. forsythia* as compared with nonsmokers and former smokers

Stoltenberg JL, et al, 1996

- Plaque samples from deep pockets (i.e., ≥ 6 mm) demonstrated no differences in the counts of *Aggregatibacter actinomycetemcomitans*, *Porphyromonas gingivalis*, and *Prevotella intermedia*

Preber et al, 1992, Stoltenberg JL, et al, 1993

- Orange and red complex bacterial species—including *Eikenella nodatum*, *Fusobacterium nucleatum* ss *vincentii*, *P. intermedia*, *Peptostreptococcus micros*, *Prevotella nigrescens*, *T. forsythia*, *P. gingivalis*, and *Treponema denticola*—were significantly more prevalent in current smokers than in nonsmokers and former smokers (Checkerboard DNA–DNA hybridization technology)

Haffajee, AD and Socransky, SS, 2001

SMOKING AND PERIODONTITIS

- Smoking exerts a major effect on the immune-inflammatory response that results in an increase in the extent and severity of periodontal destruction.
- The deleterious effects of smoking appear to result in part from the downregulation of the immune response to bacterial challenge

SMOKING AND PERIODONTITIS

- Levels of antibody to the periodontal pathogens essential for phagocytosis and killing of bacteria, specifically immunoglobulin G₂, have been reported to be reduced in smokers as compared with nonsmokers with periodontitis
- Smoking not only impairs the response of neutrophils to plaque bacteria (Altered chemotaxis, phagocytosis and oxidative burst) but also increases the release of tissue-destructive enzymes (Neutrophil collagenase and elastases; Tumor Necrosis Factor-a, Prostaglandin E2)

SMOKING AND PERIODONTITIS

- Clinical signs of inflammation are less pronounced in smokers than in nonsmokers.
- Response of the microcirculation to plaque accumulation appears to be altered in smokers as compared with nonsmokers.

Effect of Smoking Cessation on Periodontal Treatment Outcomes

EFFECT OF SMOKING CESSATION ON PERIODONTAL TREATMENT OUTCOMES



- The periodontal status of former smokers is intermediate to that of current smokers and nonsmokers, and it appears to usually be closer to that of nonsmokers.
- Very few intervention studies of the effect of smoking cessation on periodontal treatment outcomes (i.e., studies in which smokers were helped to quit and in which the effect on periodontal status was then assessed)
- Smoking has a negative impact on the gingival vasculature however these changes are reversible with smoking cessation



SMOKING CESSATION AND PERIODONTITIS

- Meta-analyses
- Quitters demonstrate 30% more sites with probing depth reductions of 2 mm or more as compared with non-quitters
- Quitters had 22% fewer sites with residual probing depths of 4 mm or greater as compared with nonquitters at the end of the 12-month follow-up period

"QUITTING SMOKING IS EASY. I'VE DONE
IT A THOUSAND TIMES."

MARK TWAIN.

METHODS OF SMOKING CESSATION QUIT RATES AT 1 YEAR



- Willpower Alone –3%
- Self-Help Materials –4%
- Brief Intervention Program in Primary Care –5%-10%
- Counselling
 - $\leq 3\text{mins} = 13\%$
 - $\geq 10\text{mins} = 22\%$
- Counseling, nicotine replacement therapy, and bupropion: 20%



METHODS OF SMOKING CESSATION

- **Nicotine Replacement Therapy**- Success rate = 10-20%
 - **Patches** (available in different doses and worn for 16 to 24 hours per day)
 - **Lozenges and gum** (available in different flavors; should be chewed slowly to allow the nicotine to be absorbed through the mouth)
 - **Nasal spray** (delivers nicotine solution via the nasal passages)
 - **Inhalator** (a plastic mouthpiece with a supply of nicotine cartridges that fit on the end; nicotine is absorbed in the mouth by drawing on the inhalator like a cigarette).





METHODS OF SMOKING CESSATION

- **Zyban (Bupropion HCl, Wellbutrin)**

- Success rate = 20-30%
- used as an antidepressant at higher doses, but it is effective for smoking cessation at lower doses
- Acts on the dopaminergic and/or noradrenergic pathways involved in nicotine addiction and withdrawal
- 1wk prior to Quit Date
- 150mg (qd) x 3days -> 150mg (bid) 7 – 12 weeks



METHODS OF SMOKING CESSATION



• Chantix (Varenicline)

- selective $\alpha 4\beta 2$ nicotinic acetylcholine receptor partial agonist
- reducing the symptoms of nicotine withdrawal and blocking dopaminergic stimulation.
- Day 1 to Day 3 - White tablet (0.5 mg), qd
- Day 4 to Day 7 - White tablet (0.5 mg), bid
- Day 8 to upto 12 wks - Blue tablet (1 mg) bid



OTHER METHODS OF SMOKING CESSATION



- Intensive counseling
- Motivational interviewing
- Cognitive behavioral therapy
- Hypnosis
- Acupuncture

THE 5 A'S BRIEF INTERVENTION FORM

- Ask

- Medical/Dental History
- Q: "If we would help you quit, would you be interested?"
- Q: How do you feel about your smoking/ST use?"
- Tobacco Use Assessment Form--Discuss

- Advise

- Oral effects
- Benefits to quit
- Use a low-key, non-judgemental, respectful, sensitive, caring manner

- Assess—Stage of Change

- Assist

- Self help pamphlets and resources
- Encourage a Quit Date
- Quit Programs and Phone helplines
- Pharmacotherapy

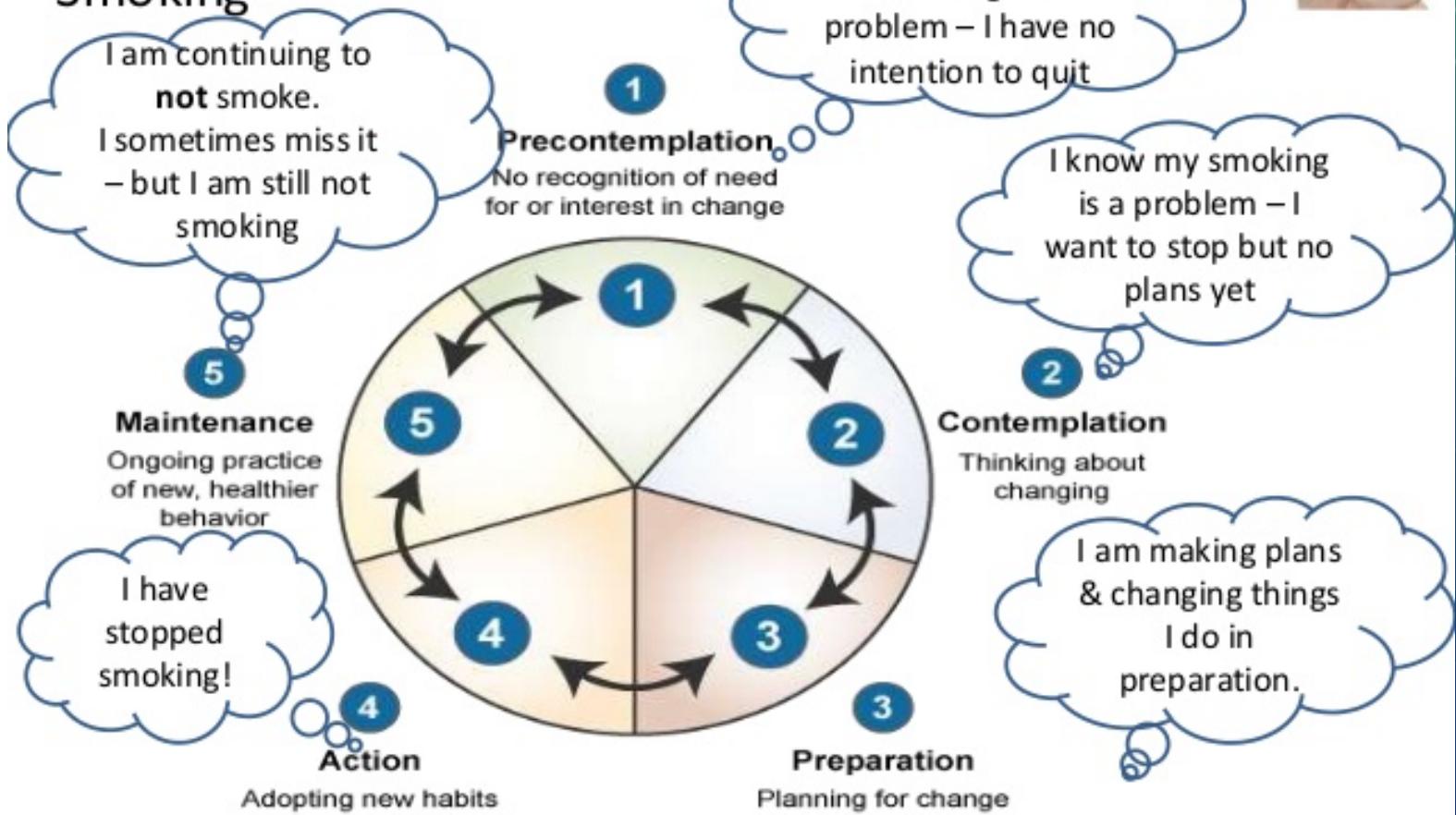
- Arrange

- Follow-up
- Referral

❖ ADA code D1320: Tobacco counseling for the control and prevention of oral disease.

"Stages of change"

Smoking



THE 5 A'S BRIEF INTERVENTION FORM

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❖ ADA code D1320: Tobacco counseling for the control and prevention of oral disease.

TOBACCO COUNSELLING -AXIUM-

Tobacco Cessation Counseling (TCC)

Page 1 of 4
10/9/2013 4:08 pm

Form	Tobacco Cessation Counseling
Form Type	Shared EPR
Owner Type	EPR
Section	Adult Record
Sub-tab	Treatment
Multiple Forms Per Patient	Yes
Inactive	No

Question Answer Type Alert Answer Code

INITIAL VISIT - Page 1

INITIAL VISIT:

ASK:

Type of tobacco (select Yes to display list):

Cigarettes Yes/No
Yes/No

Amount per day: Text
Text

For how many years? Text
Text

How interested are you in stopping?

ListCode: INT
Very interested
Somewhat interested
Not interested

Cigars Yes/No
Yes/No

Amount per day: Text
Text

For how many years? Text
Text

How interested are you in stopping?

ListCode: INT
Very interested
Somewhat interested
Not interested

Snuff Yes/No
Yes/No

Amount per day: Text
Text

For how many years? Text
Text

How interested are you in stopping?

ListCode: INT
Very interested
Somewhat interested
Not interested

Chew Yes/No
Yes/No

Amount per day: Text
Text

For how many years? Text
Text

How interested are you in stopping?

ListCode: INT
Very interested
Somewhat interested
Not interested

Pipe smoking Yes/No
Yes/No

Amount per day: Text
Text

For how many years?

Tobacco Counselling -Axium-

Question		Answer Type	Alert	Answer Code
How interested are you in stopping?	ListCode: INT Very interested Somewhat interested Not interested	List		
Other	Describe other type of tobacco used For how many years? How interested are you in stopping?	Yes/No Text List		
	ListCode: INT Very interested Somewhat interested Not interested			
Has patient tried to quit?		Yes/No		
How many times?		Number		
When was the last time?		Text		
Longest period of abstinence:		Text		
ADVISE:				
Have you explained the risks of tobacco use?		Yes/No		
Have you explained the clinical manifestations of use?		Yes/No		
ASSESS:				
Have you assessed Readiness to Quit?	ListCode: RQ Ready Now Quit Soon Quit Later Not Interested	List		
Have you discussed what patient needs in order to quit?		Yes/No		
Have you discussed the patient's challenges or barriers to quitting?		Yes/No		
ASSIST:				
Have you set a Quit Date?	Quit Date:	Yes/No		
Have you made a referral to a quit line or other support?	Describe	Date		
Have you provided educational resources to the patient?	Describe the educational resources you provided.	Yes/No		
		Text		
		Yes/No		
ARRANGE:				
Have you arranged a follow-up contact with the patient?		Yes/No		
Have you made a referral to a physician or other program?		Yes/No		
Have you discussed adjunctive or pharmacotherapy options?		Yes/No		

Tobacco Counselling -Axium-

Question	Answer Type	Alert	Answer Code
1st FOLLOW-UP APPT - Page 2			
FIRST FOLLOW-UP APPOINTMENT:			
Date:	Date		
Tobacco Use:	Yes/No		
Amount	Long Text		
Did the patient complete the referral process?	Yes/No		
Did the patient enter a program?	Yes/No		
Patient tobacco use status:	Long Text		
Information provided/action taken	Long Text		
2nd FOLLOW-UP APPT - Page 3			
SECOND FOLLOW-UP APPOINTMENT			
Date:	Date		
Tobacco Use:	Yes/No		
Amount	Long Text		
Did the patient complete the referral process?	Yes/No		
Did the patient enter a program?	Yes/No		
Patient tobacco use status:	Long Text		
Information provided/action taken	Long Text		
3rd FOLLOW-UP APPT - Page 4			
THIRD FOLLOW-UP APPOINTMENT			
Date:	Date		
Tobacco Use:	Yes/No		
Amount	Long Text		
Did the patient complete the referral process?	Yes/No		
Did the patient enter a program?	Yes/No		
Patient tobacco use status:	Long Text		
Information provided/action taken	Long Text		
4th FOLLOW-UP APPT - Page 5			
FOURTH FOLLOW-UP APPOINTMENT			
Date:	Date		
Tobacco Use:	Yes/No		
Amount	Long Text		
Did the patient complete the referral process?	Yes/No		

Tobacco Counselling -Axium-

Question	Answer Type	Alert	Answer Code
Did the patient enter a program?	Yes/No		
Patient tobacco use status:	Long Text		
Information provided/action taken	Long Text		

5th FOLLOW-UP APPT - Page 6

FIFTH FOLLOW-UP APPT

Date:	Date
Tobacco Use:	Yes/No
Amount	Long Text
Did the patient complete the referral process?	Yes/No
Did the patient enter a program?	Yes/No
Patient tobacco use status:	Long Text
Information provided/action taken	Long Text

QUIT LINES & OTHER RESOURCES



SIMOKING CESSION

- » About
- » Programs & Services
- » Research
- » Smoking Cessation Resources
 - » For Smokers & Tobacco Users
 - How to Quit Resources
 - Oregon Tobacco Quit Line
 - » For Healthcare Professionals
 - » Contact Us

Search OHSU



QUICK LINKS

- » K-12 Programs
- » Higher Ed Programs
- » Workplace Programs
- » Community Programs
- » Rural Health

OREGON TOBACCO QUIT LINE

The Oregon Tobacco Quit Line is a toll-free telephone-based assistance program that helps tobacco users quit. More than 60,000 people have called the Quit Line for help. Tobacco users receive personalized counseling that is proven to be effective. Residents of the state of Washington can also call this same number to get help to quit.

Phone:

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

Spanish: 1-855-DEJELOYA(1-855-33535692)

TTY: 1-877-777-6534

Hours:

The Quittline is open seven days a week,
5am-12am (Pacific Time)

Visit the Oregon Tobacco Quit Line Website [↗](#)

Register Online for the Oregon Tobacco Quit Line [↗](#)



Call the Oregon Quittline to help kick the habit.





SMOKING CESSATION

- » About
- » Programs & Services
- » Research
- » Smoking Cessation Resources
- » Contact Us

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GO

QUICK LINKS

- » K-12 Programs
- » Higher Ed Programs
- » Workplace Programs
- » Community Programs
- » Rural Health



OHSU SMOKING CESSATION CENTER

The Smoking Cessation Center at OHSU is a team of researchers, educators and clinicians dedicated to improving treatment for tobacco use through research, education, and policy applications. We do this through:

- clinical trials of behavioral and pharmacologic interventions
- education and training on evidence-based treatment
- collaborative projects on policy and treatment implementation



[View Smoking Cessation Center Programs & Services](#) →

[View Smoking Cessation Center Research](#) →

[View Smoking Cessation Resources](#) →

OHSU Smoking Cessation Center

We are a team of researchers, educators and clinicians dedicated to improving treatment for tobacco use through research, education, and policy applications.

WE SPECIALIZE IN:

- Clinical trials of pharmacotherapies.
- Studies of smoking and quitting patterns, pharmacology use and reuse, relapse prevention, smokers with COPD, gender response to pharmacologic and behavioral interventions, and spirituality as an aid to quitting.
- National tobacco cessation collaborative knowledge network
(Tobacco Cessation Leadership Network
- OHSU Tobacco Free Campus Initiative and hospital consult service
- Smoking cessation health plan benefits

[More About Us: →](#)



HOW TO QUIT RESOURCES



- American Legacy Foundation's EX Cessation Program

www.becomeanex.org This program helps you create a personalized cessation program, which targets the physical, psychological, behavioral and spiritual aspects of addiction. The website also features a Resource Center and an online community for EX members to share their experiences.

- Getting Ready to Quit www.ohsu.edu/xd/outreach/smoking-cessation/resources/for-smokers-and-tobacco-users/upload/Getting-Ready-to-Quit.pdf Downloadable two-page summary of How to Quit and resources from OHSU
- Nicotine Anonymous www.nicotine-anonymous.org A 12-step support program designed to help people live without using tobacco. Meetings are available by telephone, over the Internet, and in many communities
- Clearing the Air www.smokefree.gov/pubs/Clearing -the-Air_acc.pdf U.S. Department of Health and Human Services (National Cancer Institute) downloadable workbook for smoking cessation.
- Help for Smokers and Other Tobacco Users (English/Spanish) www.ahrq.gov/patients-consumers/prevention/lifestyle/tobacco/helpsmokers.html Consumer booklet from the Agency for Healthcare Research and Quality.
- Stay Away from Tobacco www.cancer.org/Healthy/StayAwayfromTobacco/index American Cancer Society's web page with many resources on how to quit.
- Pathways to Freedom: Winning the Fight Against Tobacco www.cdc.gov/tobacco/quit_smoking/how_to_quit/pathways/index.htm A smoking cessation guidebook for African-American adults from the U.S. Centers for Disease Control and Prevention.
- Kill The Can – Help for Smokeless Tobacco Users killthecan.org
- Smoking Cessation assistance through text messaging www.smokefree.gov/smokefreetxt/default.aspx

HOW TO QUIT WEBSITES

- Freedom from Smoking ffsonline.org An online version of the American Lung Association's tobacco cessation program. Access is free but requires registration. Once registered many handout and information sheets are available to download in either Acrobat or Microsoft word. Topics range from readiness quizzes and rewards to assertive communication skills and relapse prevention.
- Centers for Disease Control and Prevention
www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm Resources to quit smoking including downloadable brochures, posters, and website resources.
- Smoke Free Smokefree.gov Online help to quit smoking provided by the National Cancer Institute and other partners. Resources include fact sheets and access to a live chat service.
- Quit Net www.quitnet.com/qnhompage.aspx QuitNet operates in association with the Boston University School of Public Health and offers free online support and resources for smokers. You must register first to access services. Member only services feature 24/7 community support, topic specific message boards, personal quitting guide and other useful tools and resources to help you quit.
- My Time to Quit www.mytimetomitquit.com/sites/mttq/pages/index.aspx
A website created by the pharmaceutical company Pfizer. This website provides materials and resources for smokers and a link to Pfizer's website with information on the new stop smoking medication, Chantix ®.
- Way 2 Quit www.quit.com A website created by the pharmaceutical company GlaxoSmithKline (GSK). The website provides materials and resources for smokers including tools such as online quizzes. The site also links to information about GSK's medications, NicoDerm ® CQ ® Patch, Nicorette ® gum, and Commit ® Lozenge. For information about GSK's medication, Zyban ® , go to their main website. gsk.com

GETTING READY TO QUIT?

HERE'S HOW TO GET STARTED.

Most smokers know that quitting improves your health. But did you know that when you quit, ***you will likely:***

- Reduce your chances of getting sick from smoking.
- Have more energy and breathe easier
- Heal more easily from surgery, injuries, and infections.
- Reduce your chance of a heart attack, stroke, or cancer.
- Reduce your chances of a second heart attack (if you've already had one).
- Give your baby a healthier start in life if you are pregnant.
- Help the people (and pets!) you live with be healthier. Breathing in smoke can cause asthma and other health problems, especially in children.
- Have more money to spend.
- Stop the hassles about finding a place to smoke and worrying about running out of cigarettes.

Most smokers have seriously tried to quit, usually more than once. But, when you cut back or stop smoking, withdrawal symptoms from nicotine can make you feel "not your normal self." Quitters can feel anxious, restless, sad or depressed, frustrated, or even angry. Withdrawal can make you hungrier and make it harder to sleep and think clearly.

Most withdrawal symptoms go away after 3-6 weeks, although cravings can last longer.

For some smokers, quitting means first figuring out why you want to quit and then finding the best ways to overcome withdrawal. Others may just decide to quit right now and want to know what to do. The experts recommend the ***Four Keys to Quitting.***

Call the Oregon Tobacco Quitline at: 1-800-QUIT NOW or visit www.oregonquitline.org.

A Quitline specialist will talk to you and help you decide the best way to quit. The Quitline may also be able to send you ***FREE*** medications.

Four Keys to Quitting

These four keys can help withdrawal and help you successfully quit.

1. Set a specific date to quit.
2. Take the stop smoking medication your doctor recommends.
3. Get help and support from friends, family, and your health professional.
4. Learn how to stay quit.

KEY 1: SET A QUIT DATE

- Choose a day that works for you. What's better: Monday morning? Saturday morning? Special days like anniversaries or birthdays? ***Maybe today is the day!***
- Consider giving yourself a few days to a couple of weeks to get ready. Try changing brands and cutting back. If you still smoke in your car or house, think about only smoking outside until your quit day.
- Be prepared for your quit day:
 - ***Be determined to succeed & stay busy!***
 - Plan to spend time with non-smokers.
 - Collect a few things to have with you to help with urges. Quitters have tried sugarless gum and mints, red hot candy, water bottle, carrot sticks, a list of the reasons for quitting, pictures of family members and pets. Choose (or invent!) what you think will help.
- The day before your quit day, get rid of all your cigarettes, lighters and ashtrays. Clean your car and your home to help get ready.

KEY 2: TAKE A MEDICATION

- Take the medication your doctor recommends. ***Stop smoking medications can double or triple your chances of success.***
- Medications can help you with physical, nicotine withdrawal symptoms so you can feel more like your "normal self" while learning not to smoke.
- ***IMPORTANT: Be sure to use enough medication and use it as long as recommended.*** People who smoke a lot sometimes use two medications together. But, some quitters stop using the medication as soon as they feel better. This can be too soon! Your OHSU pharmacist or your doctor can help you decide.

KEY 3: GET HELP AND SUPPORT

- Studies show that getting support helps increase your chances of quitting.
- Ask your friends and family for help, but be specific. Know that some people may be helpful and others may not. You want to make quitting easier, not more stressful!
- Find other quitters who can help. Try joining a class, getting individual coaching, or checking out internet quit sites.
- **Call the Oregon Tobacco Quitline at 1-800-Quit Now.**

KEY 4: LEARN HOW TO STAY QUIT

- Always take it one day at a time.
- Try avoiding smokers and smoking areas for the first weeks. Seeing and smelling smoke can be a big trigger and cause you to start up again.
- Stick with it even if you slip up.
- Remind yourself (even if you don't feel that way) that you will feel better and quitting will get easier.
- Help stay motivated by rewarding yourself.

Smokers who succeed, keep at it!

For help online:

Centers for Disease Control website at www.cdc.gov/tobacco **or**

National Cancer Institute website for live on-line assistance for smokers at www.smokefree.gov.

Commonly Asked Questions

Why do I get really uncomfortable when I try to quit?

These are normal feelings. Nicotine is a drug in tobacco that affects your mind and body by causing chemical changes in your brain. Most smokers know that smoking (nicotine) can help you feel relaxed and calm and also keep you alert and help you concentrate. It can also reduce your appetite and delay eating. Your body gets used to having lots of nicotine over years of smoking. When you suddenly cut way down or stop, your body reacts. Withdrawal starts within a couple of hours after your last cigarette.

What can I expect from withdrawal?

When smokers quit they often feel irritated, anxious, tired, sad or down or have a hard time thinking clearly. Many can't sleep as well, feel hungrier, and many gain some weight.

No wonder it is hard to quit!

Is there a way to quit without withdrawal?

Most smokers have withdrawal when they stop. Medications help, but there isn't a painless way to quit. Some smokers have said: "You just have to make up your mind to stop," or "Just get past the physical craving and you'll be alright," or "Don't beat yourself up if quitting is harder for you than for your friends" And, all are right! It can be hard to keep your mental attitude positive about quitting when you are feeling withdrawal.

Following the **Four Keys to Quitting** can help smokers make withdrawal easier and be successful.

I am trying to get away from nicotine! Why would I use nicotine patches, gum, or the lozenge?

This is a common question. Nicotine is an addictive drug. But it isn't nicotine that causes cancer and the other serious diseases. It is all the other chemicals in tobacco and in the smoke that cause so much harm. When you follow a program with the patch, gum, or lozenge you gradually decrease the amount of nicotine you are getting. Your body has more time to adjust and you get rid of all of the other chemicals from the tobacco and the smoke that cause harm. You can also try non-nicotine medications for quitting including bupropion (Zyban/Wellbutrin®) or varenicline (Chantix®).

Can I really quit?

YES! Quitting takes commitment and patience> it also takes staying with it even if it is hard to do. Think of past quit attempts as practice, not failures. Forty years ago more than 42% of Americans smoked. Now there are more ex-smokers than smokers. You can quit if you are willing to stick with it!

**Want to save
\$1,825 a year?
Stop smoking.**

**SMOKEFREE
Oregon**



Quitting is easier with help.

Call: 1-800-QUIT-NOW (1-800-784-8669)

Español: 1-877-2NO-FUME (1-877-266-3863)

<https://www.quitnow.net/oregon/>



Smokers spend an average of
\$1,500 a year on cigarettes.
Quit today and start saving money.

[ENROLL ONLINE NOW ▶](#)**Already Enrolled?**[Log In Now »](#)**SMOKEFREE
oregon**

0 8 3 9 3 1

Lives Helped Counter

You can quit. We'll show you how.

We understand that quitting is about more than just not smoking. So we teach people how to become experts in living without tobacco using "The 4 Essential Practices to Quit For Life," principles based on 25 years of research and experience helping people quit tobacco.

[Learn More About the Program »](#)[Learn More About Smokefree Oregon »](#)[facebook BECOME A FAN](#)[twitter FOLLOW US](#)

What's New

Meet Our Quit Coaches

Did you know that many of our Quit Coaches are former smokers, just like you? They know how hard it can be to

[↓ Next](#) [↑ Previous](#) [👉 Highlight all](#) [☒ Match case](#)

Are You Ready?

Yes
 No
 Don't know

[Take the Readiness Quiz!](#)

Participant Testimonials

Steven Drier



"If you're thinking about quitting it's not impossible to do it, but you MUST do it for yourself and be ready to make some serious changes to get there. If you don't give it your full effort to quit then you won't. It doesn't matter how many patches you put

Thinking About Quitting?

Download our free e-book and learn how to make quitting manageable.

[Download e-book »](#)**Refer A Friend**

Refer a friend to this program.

[Send to a Friend »](#)**Have a Question?**



Resources Home

Oregon Legislature

Stop Smoking

Facts & Stats

Tools

What Were They SMOKING?

"No U.S. tobacco manufacturer can analyze tobacco or tobacco smoke for carcinogens because he may be cross-examined in lawsuits. Therefore all contract this work out."

Philip Roger and Geoffrey Bible, Researchers, Tobacco Research Council

[see more smoke & mirrors »](#)

RESOURCES: STOP SMOKING

The Oregon Tobacco Quit Line

The Oregon Tobacco Quit Line is a free telephone service available to all Oregon residents who want to stop using tobacco. The Quit Line offers you free quitting information, one-on-one telephone counseling, referrals for you or a loved one, and you may be eligible for free patches or gum. [Learn More](http://www.quitnow.net/oregon/) at: www.quitnow.net/oregon/.

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

Español: 1-877-2NO-FUME (1-877-266-3863)

TTY: 1-877-777-6534



American Lung Association

The American Lung Association's Freedom From Smoking® program offers a variety of options to help you quit smoking*. Learn more at: <http://www.lungoregon.org>



TAKE ACTION!

There are many way to get involved:

STAY INFORMED

Sign up for the occasional TOFCO news alert! Enter your email below.

Subscribe

We will never share your email address.

CONTACT YOUR REPRESENTATIVES

U.S. Senator, U.S. Rep, State Legislator, County Commissioner, and Mayor

FOLLOW US



SUPPORT OUR MISSION

[Donating is Easy »](#)



Public Health

**Tobacco Prevention**

Data and Publications

Materials for Download

Get Help Quitting

Press Releases, Media and Advisories

Smokefree Workplace Law & Other Laws

Topics
A-ZData &
StatisticsForms &
PublicationsNews &
AdvisoriesLicensing &
CertificationRules &
RegulationsPublic Health
Directory

Search this site...



About Us | Contact Us

Public Health > Prevention and Wellness > Tobacco Prevention > Get Help Quitting



Oregon Tobacco Quit Line

The Quit Line Is Open Seven Days A Week, 4:00 AM To 12:00 AM (Pacific Time)

The Oregon Tobacco Quit Line provides free counseling to help you quit tobacco.

Call 1.800.QUIT.NOW (1.800.784.8669) or visit www.quitnow.net/oregon/ to get started.

Spanish Quit Line: 1.855.DEJELO-YA (1.855.335356.92) or www.quitnow.net/oregonsp/.

TTY: 1.877.777.6534

On this page:

- Should you call the Quit Line?
- What happens when you call the Quit Line?
- Quit Smoking Websites
- Resources for Health Care Providers

Should You Call The Quit Line?

- Are you ready to quit? Call and we'll help you make your quit plan.
- Are you not quite ready to quit? Call and we'll help you get started.
- Have you tried to quit and it didn't work? It can take more than one try to quit for good. Don't be discouraged. Call us. We'll help you make a new quit plan.
- Have you already quit? We know it's hard for a while. If you need some help to stay tobacco-free, please call us.

Still not sure?

We know what you're going through. We don't nag or lecture. We help you feel more confident about quitting for good. There are many different ways to quit. We'll help you make a plan that will work for you.

Contact Us

Tobacco Prevention and Education Program Staff



Oregon Tobacco Quit Line Fax Referral Form
Fax Number: 1-800-483-3114

Provider Information:

CLINIC NAME

FAX SENT DATE: _____ / _____ / _____

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

YES

NO

DON'T KNOW

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER

MALE FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER

HM WK CELL

SECONDARY PHONE NUMBER

HM WK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

ENGLISH SPANISH OTHER

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

I DO NOT give my permission to the Oregon Tobacco Quit Line to leave a message when contacting me.
(Initial) **By not initialing, you are giving your permission for the quitline to leave a message.

PATIENT SIGNATURE: _____ DATE: _____ / _____ / _____

The Oregon Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM – 9AM

9AM – 12PM

12PM – 3PM

3PM – 6PM

6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

Primary #

Secondary #

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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.

‘HOW TO QUIT’ RESOURCES

- American Legacy Foundation’s EX Cessation Program
This program helps you create a personalized cessation program, which targets the physical, psychological, behavioral and spiritual aspects of addiction. The website also features a Resource Center and an online community for EX members to share their experiences.
- Getting Ready to Quit
Downloadable two-page summary of How to Quit and resources for OHSU employees and patients.
- Nicotine Anonymous
A 12-step support program designed to help people live without using tobacco. Meetings are available by telephone, over the Internet, and in many communities.
- Clearing the Air
U.S. Department of Health and Human Services' downloadable workbook for smoking cessation.
- Help for Smokers and Other Tobacco Users
Consumer booklet from the Agency for Healthcare Research and Quality.
- Stay Away from Tobacco
American Cancer Society's web page with many resources on how to quit.
- Pathways to Freedom: Winning the Fight Against Tobacco
A smoking cessation guidebook for African-American adults from the U.S. Centers for Disease Control and Prevention.

‘HOW TO QUIT’ WEBSITES

- [Freedom from Smoking](#)

An online version of the American Lung Association's tobacco cessation program. Access is free but requires registration. Once registered many handout and information sheets are available to download in either Acrobat or Microsoft word. Topics range from readiness quizzes and rewards to assertive communication skills and relapse prevention.

- [Centers for Disease Control and Prevention](#)

Resources to quit smoking including downloadable brochures, posters, and website resources.

- [Smokefree.gov](#)

Online help to quit smoking provided by the National Cancer Institute and other partners. Resources include fact sheets and access to a live chat service.

- [Quit Net](#)

QuitNet operates in association with the Boston University School of Public Health and offers free online support and resources for smokers. You must register first to access services. Member only services feature 24/7 community support, topic specific message boards, personal quitting guide and other useful tools and resources to help you quit.

- [My Time to Quit](#)

A website created by the pharmaceutical company Pfizer. This website provides materials and resources for smokers and a link to Pfizer's website with information on the new stop smoking medication, Chantix ®.

- [Way 2 Quit](#)

A website created by the pharmaceutical company GlaxoSmithKline (GSK). The website provides materials and resources for smokers including tools such as online quizzes. The site also links to information about GSK's medications, NicoDerm ® CQ ® Patch, Nicorette ® gum, and Commit ® Lozenge. For information about GSK's medication, Zyban ® , go to their [main website](#).

ADDITIONAL RESOURCES

- [Tobacco Education - CDC](#)
- [Secondhand Smoke - EPA](#)
- [Quit Smoking - National Cancer Institute](#)
- [Tobacco Education- ETR Associates](#)
- Nicotine Anonymous (12 step counterpart to AA)
 - www.nicotine-anonymous.org
- Mayo Nicotine Dependence Center
 - 8-day residential program (1-800-344-5984)
- Internet Programs:
 - www.quitplan.com
 - www.chewfree.com