Toolkit for oral health professionals to deliver brief tobacco interventions
TOOLKIT FOR ORAL HEALTH PROFESSIONALS
TO DELIVER BRIEF TOBACCO INTERVENTIONS
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This toolkit 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 health care providers. It aims to serve as a quick reference guide to help oral health care providers deliver brief tobacco interventions as part of their routine practice in primary care. The content of this toolkit includes:

1. Oral diseases and tobacco use: Global epidemics;
2. The unique role of the oral health care provider in tobacco control;
3. Basics of tobacco use and tobacco dependence;
4. The 5A’s model to help dental patients ready to quit;
5. The 5R’s model to increase motivation to quit;
6. The 5A’s to avoid exposure to secondhand smoke.
I. Oral diseases and tobacco use: a deadly combination

There are confirmed associations between tobacco use and oral diseases, in that active and passive exposure to tobacco smoke is significantly associated with oral cancer and leukoplakia, periodontal disease, dental caries and tooth loss (Table 1).

Table 1: Associations between tobacco use and oral diseases

<table>
<thead>
<tr>
<th>Exposure to tobacco</th>
<th>Outcome</th>
<th>Estimated odds ratios (95%C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Oral cancer and leukoplakia</td>
<td>5.64 (4.24-7.51)</td>
</tr>
<tr>
<td></td>
<td>Periodontal disease</td>
<td>2.14 (1.44-3.17)</td>
</tr>
<tr>
<td></td>
<td>Tooth loss</td>
<td>1.50 (1.25-1.81)</td>
</tr>
<tr>
<td>Passive</td>
<td>Periodontal disease</td>
<td>1.28 (1.06-1.55)</td>
</tr>
<tr>
<td></td>
<td>Dental caries</td>
<td>1.79 (1.56-2.05)</td>
</tr>
</tbody>
</table>

Therefore, opportunities must be created within the oral health care system to support every oral patient who is a tobacco user to quit smoking; every oral patient who is not a smoker to avoid exposure to secondhand smoke. By doing so your patients can significantly improve their oral treatment outcomes and avoid the likelihood of recurrent periodontal diseases.
II. **The unique role**

of the oral health care provider in tobacco control

Health professionals have several roles to play in comprehensive tobacco control efforts, including role model, clinician, educator, scientist, leader, opinion-builder, and alliance builder. As an oral health care provider, you should at least:

- Serves as tobacco-free role models for the dental patients;
- Address tobacco dependence as part of your standard of dental care practice;
- Assess exposure to secondhand smoke and provide information about avoiding all exposure.

**Oral health care providers are in the unique position in helping tobacco users.** Oral health professionals are able to reach large numbers of tobacco users and have considerable potential in persuading them to quit. In developed countries, more than 60% of tobacco users see their dentist or dental hygienist annually. As emphasized in the World Oral Health Report 2003, there are also ethical, moral and practical reasons why oral health professionals can play an important role in helping tobacco users to quit:

- They are particularly concerned about the adverse effects caused by tobacco use in the oropharyngeal area of the body.
- They typically have access to children, young people and their caregivers, thus providing opportunities to influence individuals to quit or never begin using tobacco.
- They often have more time with patients than many other health professionals, providing opportunities to integrate tobacco cessation interventions into practice.
- They often treat women of childbearing age, and are thus able to explain the potential harm to babies from tobacco use.
- They are as effective as other health professionals in helping tobacco users quit.
- They can build their patient’s interest in discontinuing tobacco use by showing actual tobacco effects in the mouth.

Helping oral patients quit tobacco as part of oral health care providers’ routine practice takes them only three to five minutes and is feasible, effective and efficient. The algorithm below can guide you to deliver the 5A’s and 5R’s brief tobacco interventions to oral patients in primary care (Figure 1).
II. THE UNIQUE ROLE OF THE ORAL HEALTH CARE PROVIDER IN TOBACCO CONTROL

TOOLKIT FOR ORAL HEALTH PROFESSIONALS TO DELIVER BRIEF TOBACCO INTERVENTIONS

Figure 1. Algorithm for delivering brief tobacco interventions

All oral health care providers should also promote smoke-free policies, particularly where dental services are delivered so that your patients will not be exposed to secondhand smoke in your health facilities. By having a smoke free facility, you can encourage your patients to live in a smoke free home and work in a smoke free workplace, which will help them avoid exposure to secondhand smoke.
In order to assist oral patients in quitting more effectively, every oral health care provider should have some basic knowledge of tobacco use and tobacco dependence – such as the impact of tobacco use; the benefits of quitting tobacco use; and why people smoke and do not quit. The following information on the risk of tobacco use, the benefits of quitting, the three challenges in quitting tobacco and effective coping skills will help you deliver brief tobacco interventions.

I. THE IMPACT OF TOBACCO USE ON TOBACCO USERS AND OTHERS

For those dental patients who still do not feel that they should quit smoking it is important to go over the risks that are involved. Tobacco use will have both health and non-health impacts on tobacco users and others.

HEALTH IMPACT

This includes health risks to tobacco users and their family.

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. All tobacco products are harmful. 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[e]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. Tobacco users 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, they will be more likely to have the following oral conditions:

- 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 patient, tobacco use also has an impact on the outcome of their treatment:
• Failure of dental implant
• Less effective in periodontal treatment
• Prolonged wound healing following tooth extraction
• Higher risk of having new lesions or malignancies

Smoking puts the smoker’s family at risk. Secondhand smoke exposure increases the risks of having the following diseases and oral conditions:

<table>
<thead>
<tr>
<th>Diseases in children</th>
<th>Diseases in adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sudden infant death syndrome;</td>
<td>• coronary heart disease;</td>
</tr>
<tr>
<td>• acute respiratory illnesses;</td>
<td>• nasal irritation;</td>
</tr>
<tr>
<td>• middle ear disease;</td>
<td>• lung cancer;</td>
</tr>
<tr>
<td>• chronic respiratory symptoms;</td>
<td>• reproductive effects in women (low birth weight and cleft lip and palate);</td>
</tr>
<tr>
<td>• early childhood caries;</td>
<td>• periodontal disease.</td>
</tr>
<tr>
<td>• gingival pigmentation.</td>
<td></td>
</tr>
</tbody>
</table>

You will need to be prepared to help oral patients debunk misconceptions about health risks of tobacco use. Many tobacco users, especially those in developing countries, do not completely understand the dangers of tobacco use due to tobacco companies’ misleading data that distort the true things about smoking.

**ECONOMIC IMPACT OF TOBACCO USE**

Tobacco smoking takes away not just the smoker’s health but wealth. It is estimated that 5-15% of a smoker’s disposable income is spent on tobacco, which could be an enormous economic burden on them and their family. You can use the cost calculator below to help patients find out how much money they have spent on cigarettes.

<table>
<thead>
<tr>
<th>The smoking cost calculator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of packs you smoke a year</strong></td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td><strong>Number of years you have smoked</strong></td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td><strong>The average cigarette pack price</strong></td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td><strong>How much you have spent on cigarettes during your lifetime</strong></td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

*: For day to year conversion, see below table

<table>
<thead>
<tr>
<th>Number of packs you smoke a year</th>
<th>Number of years you have smoked</th>
<th>The average cigarette pack price</th>
<th>How much you have spent on cigarettes during your lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 pack a day</td>
<td>365 packs a year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½ packs a day</td>
<td>548 packs a year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 packs a day</td>
<td>730 packs a year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 ½ packs a day</td>
<td>913 packs a year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 packs a day</td>
<td>1095 packs a year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tobacco smoking causes an acknowledgeable amount of suffering for families and individuals associating with smokers. This suffering manifests itself in the form of diminished quality of life, death, and financial burden.

**SOCIAL CONSEQUENCES OF TOBACCO USE**

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, their personal relationships may be affected because many people don’t consider being in a relationship with a smoker. As a smoker, their children are more likely to smoke and to be heavier smokers at young ages.
II. BENEFITS OF QUITTING

You can explain to patients about the benefits of quitting in order to motivate them to make a quit attempt.

HEALTH BENEFITS

Helping your patients quit is the best thing that you can do to improve their health. There are immediate and long term health benefits of quitting for all tobacco users. You can extend the patient’s life up to 10 years by quitting. It is important to help your patients quit smoking as soon as possible so they can achieve these beneficial health changes and can live a longer and healthier life. 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

<table>
<thead>
<tr>
<th>Tobacco-related condition</th>
<th>Health risks</th>
<th>Cessation benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral cancer</td>
<td>• Smoking is a leading cause of oral cancer. Smokers are 5-10 times more likely to develop oral cancer than non-smokers.</td>
<td>• 5 years after quitting smoking, the risk of developing oral cancer is cut in half.</td>
</tr>
<tr>
<td></td>
<td>• In South Asia, smokeless tobacco users are 5 times more likely to develop oral cancer.</td>
<td></td>
</tr>
<tr>
<td>Leukoplakia</td>
<td>• 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.</td>
<td>• Quitting smoking and smokeless tobacco can reduce the risk of developing leukoplakia lesions.</td>
</tr>
<tr>
<td></td>
<td>• Quitting smoking and smokeless tobacco can reduce the risk of developing leukoplakia lesions.</td>
<td></td>
</tr>
<tr>
<td>Periodontal disease</td>
<td>• Smokers are 2-4 times more likely to have periodontitis, destructive inflammatory diseases of periodontal tissue.</td>
<td>• Quitting smoking reduces the risk of periodontal disease over time and improve the treatment outcome.</td>
</tr>
<tr>
<td></td>
<td>• After treatment for periodontal disease, smokers do not heal as well as nonsmokers.</td>
<td></td>
</tr>
<tr>
<td>Tooth loss</td>
<td>• Smokers are 2 times more likely to lose tooth.</td>
<td>• Quitting smoking reduces the risk of tooth loss over time.</td>
</tr>
<tr>
<td></td>
<td>• Accumulation of tooth loss, if left untreated, may impair quality of later life.</td>
<td></td>
</tr>
</tbody>
</table>
### Economic Benefits

Quitting also has very clear and tangible financial benefits to tobacco users. You can use the quit & save exercise to help patients understand how much money they can save if they quit.

<table>
<thead>
<tr>
<th>Tobacco-related condition</th>
<th>Health risks</th>
<th>Cessation benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanosis</td>
<td>Smoking contributes to darkening of gum which is known as “smoker’s melanosis”.</td>
<td>Within 3 months after quitting, darkening of gum will, in most cases, disappear.</td>
</tr>
</tbody>
</table>

**Other effects and the effects of secondhand smoke exposure**
- Dental implant
- Dental caries

**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.

**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.

### Social Benefits

After quitting, patients will feel less isolated - quitting means they can go anywhere, not just where they can smoke. They will improve their relationships with their family, friends and employers. They will be more productive - they don’t have to keep stopping what they are doing to have a smoke. They will be able to expand their social interactions. When patients quit smoking, their children become less likely to start smoking and more likely to quit if they already smoke.
III. THREE CHALLENGES TO QUITTING

In order for you to assist tobacco users in planning and making a quit attempt, it is important that you familiarize yourself with the common challenges and barriers to quitting and effective coping strategies and skills. Different people have different reasons why they smoke and why they don’t quit. Their reasons are typically classified into three categories: physical addiction, behavioral and social connections, and psychological or emotional connections.

PHYSICAL ADDICTION

Nicotine, an addictive chemical in tobacco products, affects the dopamine systems in the smoker’s brain and increases the number of nicotinic receptors in the brain. As a smoker, their brain and body become used to functioning on certain level of nicotine. If they stop smoking, their nicotine level will drop dramatically one or two hours after the last cigarette, which will cause them to crave nicotine (cigarettes) and have withdrawal symptoms.

Nicotine withdrawal symptoms 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, can be a major barrier against attempting to quit or staying quit. The good news is that these symptoms are normally temporary (2-4 weeks) and not all people will experience withdrawal symptoms. There are also effective methods available to help smokers overcome them.

There are two ways to deal with nicotine withdrawal symptoms: cognitive-behavioral therapies and pharmacological/medical therapies (nicotine replacement therapies, bupropion and varenicline) (Please refer to “A guide for oral patients to quit tobacco use” for details).

EMOTIONAL/PSYCHOLOGICAL CONNECTIONS

Smokers link cigarettes and smoking with certain emotions, thoughts, and beliefs via the process of withdrawal and “operant conditioning”. Part of quitting involves breaking those subconscious connections. It is important to work with your patients to find out the links between smoking and their feelings and beliefs that smokers form and to help them debunk negative beliefs of smoking and quitting (for example, “Smoking helps me relax”, “Smoking isn’t really harmful”). You can suggest patients 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 recurrence of dental diseases”, to help them break the connections between quitting and negative beliefs.

BEHAVIORAL AND SOCIAL CONNECTIONS

Smoking is a habit – an addictive habit. It is so intimately tied to the smoker’s everyday activities. To quit smoking, the smoker needs to break these connections that have formed the habit. You should work with your patients to find out what behavior or action has been associated with smoking and identify effective strategies or activities to break the connections (Please refer to “A guide for oral patients to quit tobacco use” for details).

It is important to remember that these three types of challenges are not necessarily separate obstacles. Success in dealing with challenges of one category can help patients deal with challenges from the other categories as well.
The 5As (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that an oral health care provider can do to help a tobacco user within 3-5 minutes in a primary care setting. This model can guide you through the right process to talk to patients who are ready to quit about tobacco use and deliver advice. Please find below action and strategies for implementing each of the 5As (Table 2).

Table 2. The 5A’s brief tobacco interventions for dental patients ready to quit

<table>
<thead>
<tr>
<th>5A’s</th>
<th>Action</th>
<th>Strategies for implementation</th>
</tr>
</thead>
</table>
| **Ask** - Systematically identify all tobacco users at every visit. | • Ask ALL of your patients at every encounter if they use tobacco and register the information in the patient’s dental treatment card.  
• Make it part of your routine. | • Tobacco use should be asked about in a friendly way — it is not an accusation.  
• Keep it simple, some sample questions may include:  
  - “Do you smoke cigarettes?”  
  - “Do you use any tobacco products?”  
• Tobacco use status should be included in dental treatment card.  
Countries should consider including the information on tobacco use in dental treatment card. |
| **Advise** - Persuade all tobacco users that they need to quit. | • Urge every tobacco user to quit in a clear, strong and personalized manner. | Advice should be:  
• **Clear** — “It is important that you quit now, and I can help you.” “Cutting down is not enough.” “Occasional or light smoking is still dangerous.”  
• **Strong** — “As your dentist, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. We are here to help you.”  
• **Personalized** — Tie tobacco use to:  
  - **Demographics:** For example, women may be more likely to be interested in the effects of smoking on fertility and esthetics than men.  
  - **Health concerns:** Dental patients need to hear about the effect of smoking on dental treatment outcomes and the possibility of having recurrent periodontal disease.  
  - **Social factors:** People with young children may be motivated by information on the effects of second-hand smoke, while a person struggling with money may want to consider the financial costs of smoking.  
In some cases, how to tailor advice for a particular patient may not always be obvious. A useful strategy may be to ask the patient:  
  - “What do you not like about being a smoker?” The patient’s answer to this question can be built upon by you with more detailed information on the issue raised.  
  - Example:  
**Dentist:** “What do you not like about being a smoker?”  
**Patient:** “Well, I don’t like how much I spend on tobacco.”  
**Dentist:** “Yes, it does build up. Let’s work out how much you spend each month. Then we can think about what you could buy instead!” |
**Assess** -
Determine readiness to make a quit attempt

- Ask two questions in relation to “importance” and “self-efficacy”:
  1. “Would you like to be a non-tobacco user?”
  2. “Do you think you have a chance of quitting successfully?”
- Any answer in the shaded area indicates that the tobacco user is NOT ready to quit. In these cases you should deliver the 5 R’s intervention (see Session V).

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Yes</th>
<th>Unsure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 2</td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
</tbody>
</table>

- If the patient is ready to go ahead with a quit attempt you can move on to Assist and Arrange steps.

**Assist** -
Help the patient with a quit plan

- Help the patient develop a quit plan
- Provide practical counseling
- Provide intra-treatment social support
- Provide supplementary materials, including information on quit lines and other referral resources
- Recommend the use of approved medication if needed
- Use the STAR method to facilitate and help your patient to develop a quit plan:
  - **S**et a quit date ideally within two weeks.
  - **T**ell family, friends, and coworkers about quitting, and ask for support.
  - **A**nticipate challenges to the upcoming quit attempt.
  - **R**emove tobacco products from the patient’s environment and make the home smoke free.
- Practical counseling should focus on three elements:
  - Help the patient identify the danger situations (events, internal states, or activities that increase the risk of smoking or relapse).
  - Help the patient identify and practice cognitive and behavioral coping skills to address the danger situations.
  - Provide basic information about smoking and quitting
- Intra-treatment social support includes:
  - Encourage the patient in the quit attempt
  - Communicate caring and concern
  - Encourage the patient to talk about the quitting process
- Make sure you have a list of existing local tobacco cessation services (quit lines, tobacco cessation clinics and others) on hand for providing information whenever the patient inquires about them.
- The support given to the patient needs to be described positively but realistically.

**Arrange** -
Schedule follow-up contacts or a referral to specialist support

- Arrange a follow-up contact with your dental patient either in person or by telephone.
- Refer the patient to specialist support if needed
- When: The first follow up contact should be arranged during the first week. A second follow up contact is recommended within one month after the quit date.
- How: Dental patients will regularly visit dental clinics. Please set a day after one week to talk again about their quit attempts. Following up with patients is recommended to be done through teamwork if possible.
- What:
  - For all patients:
    - Identify problems already encountered and anticipate challenges.
    - Remind patients of available extra-treatment social support.
    - Assess medication use and problems.
    - Schedule next follow up contact.
  - For patients who are abstinent:
    - Congratulate them on their success
  - For patients who have used tobacco again:
    - Remind them to view relapse as a learning experience.
    - Review circumstances and elicit recommitment.
    - Link to more intensive treatment if available.
V. The 5 R’s model
to increase motivation to quit

The 5 R’s - relevance, risks, rewards, roadblocks, and repetition – are the content areas that should be addressed in a motivational counseling intervention to help those who are not ready to quit.

If your oral patient doesn’t want to be a non-tobacco user (doesn’t think that quitting is important), please focus more time on “Risks” and “Rewards”. If your patient wants to be a non-tobacco user but doesn’t think he or she can quit successfully (doesn’t feel confident in their ability to quit), please focus more time on the “Roadblocks”. If patients remain not ready to quit, end positively with an invitation to them to come back to you if they change their minds. Table 3 summarizes some useful strategies for delivering a brief motivational intervention in primary care.

Table 3. The 5R’s brief motivational intervention for dental patients not ready to quit

<table>
<thead>
<tr>
<th>5R’s</th>
<th>Strategies for implementation</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>Encourage the patient to indicate how quitting is personally relevant to him or her as an oral patient. Motivational information has the greatest impact if it is relevant to a patient’s disease status (e.g., oral diseases) or risk, family or social situation (e.g., having children in the home), health concerns, age, sex, and other important patient characteristics (e.g., prior quitting experience, personal barriers to cessation).</td>
<td>OHCP: “How is quitting most personally relevant to you?”&lt;br&gt;P: “I suppose smoking is bad for my health.”</td>
</tr>
<tr>
<td>Risks</td>
<td>Encourage the patient to identify potential negative consequences of tobacco use that are relevant to an oral patient. Examples of risks are:&lt;br&gt;- Short-term risks: dental treatment outcomes.&lt;br&gt;- Long-term risks: increased risk of periodontal disease recurrence, tooth loss, oral cavity and other cancers (e.g., larynx, pharynx, esophagus), lung cancer, heart attacks and strokes, chronic obstructive pulmonary diseases, osteoporosis and long-term disability.&lt;br&gt;- Environmental risks: increased risk of dental caries and melanosis of children.</td>
<td>OHCP: “What do you know about the risks of smoking to your health? What particularly worries you?”&lt;br&gt;P: “I know it could make the treatment of dental implant less successful. That must be awful.”&lt;br&gt;OHCP: “That’s right – the risk of dental implant failure is 2 times higher among smokers.”</td>
</tr>
<tr>
<td>Rewards</td>
<td>Ask the patient to identify potential relevant benefits of stopping tobacco use. Examples of rewards could include:&lt;br&gt;- improved dental treatment outcomes;&lt;br&gt;- food will taste better;&lt;br&gt;- improved sense of smell;&lt;br&gt;- saving money;&lt;br&gt;- feeling better about oneself at the same time that oral disease is being cured;&lt;br&gt;- home, car, clothing and breath will smell better;&lt;br&gt;- setting a good example for children and decreasing the likelihood that they will smoke;&lt;br&gt;- having healthier babies and children;&lt;br&gt;- feeling better physically;&lt;br&gt;- performing better in physical activities.</td>
<td>OHCP: “Do you know how stopping smoking would affect your periodontal treatment outcomes?”&lt;br&gt;P: “I guess it would be more successful if I quit.”&lt;br&gt;OHCP: “Yes, and it will significantly improve your periodontal treatment outcomes. And it’s important to quit as soon as possible.”</td>
</tr>
</tbody>
</table>
### Roadblocks

Ask the patient to identify **barriers or impediments to quitting** and provide treatment (problem-solving counselling, medication) that could address barriers. Typical barriers might include:
- withdrawal symptoms;
- fear of failure;
- weight gain;
- lack of support;
- depression;
- enjoyment of tobacco;
- being around other tobacco users;
- limited knowledge of effective treatment options.

**OHCP:** "So what would be difficult about quitting for you?"

**P:** "Cravings – they would be awful!"

**OHCP:** "We can help with that. We can give you nicotine replacement therapy (NRT) that can reduce the cravings."

**P:** "Does that really work?"

**OHCP:** "You still need will-power, but study shows that NRT can double your chances of quitting successfully."

### Repetition

Repeat assessment of readiness to quit. If still not ready to quit repeat intervention at a later date.

The motivational intervention should be repeated every time an unmotivated dental patient visits the clinic setting.

**OHCP:** "So, now we’ve had a chat, let’s see if you feel differently. Can you answer these questions again…?"

(Go back to the **Assess** stage of the 5A’s. If ready to quit then proceed with the 5A’s. If not ready to quit, end intervention positively by saying "This is a difficult process but I know you can get through it and I am here to help you").
VI. The 5A’s to avoid exposure to secondhand smoke

If your patient is a non-smoker you can offer a brief advice to inform them about the dangers of secondhand smoke (SHS) and help them avoid exposure to SHS. Please find below actions and strategies for using the 5A’s model to help patient avoid exposure to SHS (Table 4).

Table 4. The 5A’s brief tobacco interventions for reducing dental patients’ exposure to SHS

<table>
<thead>
<tr>
<th>5A’s Action</th>
<th>Strategies for implementation</th>
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| **Ask** - Systematically identify non-smoking dental patients who are exposed to SHS at every visit | • Ask **ALL** of your non-smoking patients at every encounter if they are exposed to SHS.  
• Record the response on the oral treatment card.  
• Make it part of your routine.  
• Keep it simple. For example:  
  - “Does anyone else smoke around you”  
  • Countries should consider including the information on SHS in dental treatment card. |
| **Advise** - Persuade the patient to avoid exposure to SHS | • Educate the oral patient about the dangers of SHS and advise them to avoid it.  
• Your advice should be clear, positive, and tailored to that specific patient’s characteristics and circumstances. For example, “There is no safe level of exposure, it is important that you avoid exposure to SHS, which may reduce your chance of having periodontal disease.” |
| **Assess** - Determine the patient’s willingness to reduce exposure to SHS | • Assess if the patient is willing to reduce his or her SHS or not.  
• Assess where the patient is exposed to SHS and whether there is a possibility to reduce the patient’s exposure.  
• Have your patient list off all the common places where they can be around secondhand smoke. Common examples include:  
  - Place of employment  
  - Restaurants  
  - Bars  
  - Their home  
  - Recreational settings  
  • Encourage your patient to assess the possibility of reduce exposure to SHS in each place. Some places, for example, exposure to SHS at home, the patient would have a high possibility to reduce exposure by encouraging his or her family to quit or to smoke outside. |
| **Assist** - Help the patient in making an attempt to make his or her daily life environment smoke-free | • Assist your patient in developing an action plan to reduce their exposure to SHS.  
• Use MAD-TEA to help your patient plan what they can do:  
  - **M**eet their friends at spaces in the community that are smoke free  
  - **A**sk family members and visitors to smoke outside  
  - **D**eclare their home and personal spaces (e.g. their car) to be smoke free  
  - **T**alk to family members and people they work with about the risks of secondhand smoke  
  - **E**ncourage family members, friends, and workmates who smoke to stop  
  - **A**dvocate comprehensive smoke-free laws or regulations in workplaces and public places. |
| **Arrange** - Schedule follow-up contacts | • Arrange a follow-up contact after around one week to provide necessary support.  
• **When**: The first follow up contact should be arranged after one week.  
• **How**: Dental patients will regularly visit dental clinics. Please set a day after one week to talk again about their attempts to avoid SHS. Following up with patients is recommended to be done through teamwork if possible.  
• **What**:  
  - Congratulate them on their success if the patients have reduced exposure.  
  - Identify problems already encountered and anticipate challenges.  
  - Provide necessary support.  
  - Schedule next follow up contact. |
REFERENCES AND RESOURCES


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