

Toolkit for oral health  
professionals to deliver brief  
**tobacco interventions**

# TOOLKIT FOR ORAL HEALTH PROFESSIONALS TO DELIVER BRIEF TOBACCO INTERVENTIONS

Toolkit for oral health professionals to deliver brief tobacco interventions in primary care  
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# Introduction

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**

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

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:

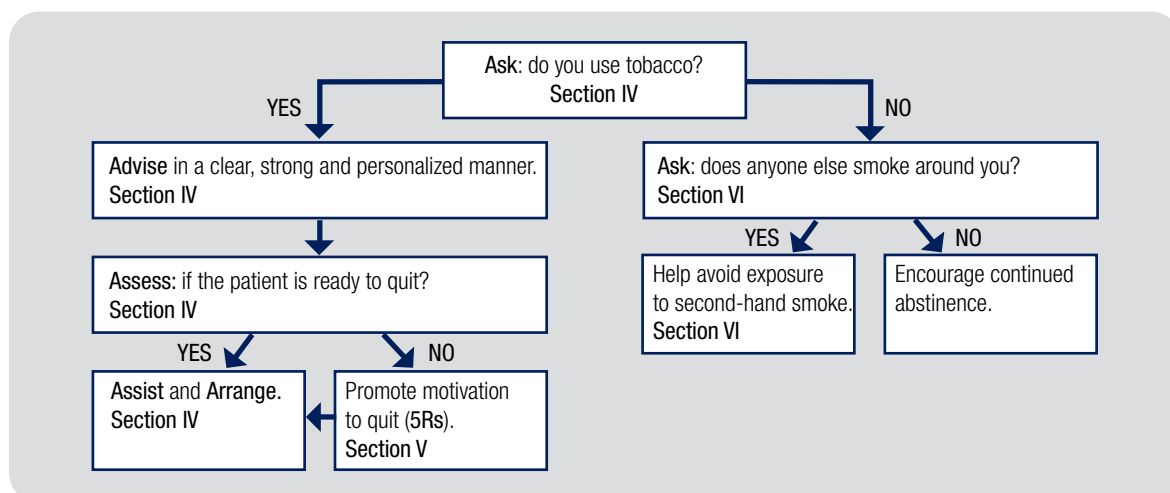
- Serves as tobacco-free role models for the dental patients;
- Address tobacco dependence as part of your standard of dental care practice;
- Assess exposure to secondhand smoke and provide information about avoiding all exposure.

**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).

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.

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