

Smoking Cessation Brief Intervention in Oral Health Settings

Summary The purpose of this Policy Directive is to establish a clear understanding of the minimum requirements for NSW Public Oral Health Practitioners to provide smoking cessation intervention at the chairside for appropriate dental patients, who have expressed an interest in quitting.

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Distributed to Ministry of Health, Public Health System, Divisions of General Practice

Audience All Public Oral Health Staff

SMOKING CESSATION BRIEF INTERVENTION IN ORAL HEALTH SETTINGS

POLICY STATEMENT

Tobacco smoking is a leading cause of preventable chronic disease, including periodontitis and oral pharyngeal cancer, and premature death in Australia. Tobacco use is more prevalent in disadvantaged groups who are served in public oral health settings. Dental practitioners and dental assistants in NSW public oral health settings can play a pivotal role in engaging with patients and supporting them to modify their risk practices. Dental practitioners must consider providing brief advice and support to patients, through smoking cessation brief interventions as appropriate to the clinical situation.

SUMMARY OF POLICY REQUIREMENTS

Dental practitioners and dental assistants are expected to be appropriately trained in delivering smoking cessation brief interventions. Mandatory training is available via *My Health Learning*.

All patients aged 14 years and over are to have their use of tobacco or other similar substances assessed and recorded in the oral health record, unless doing so would be clinically inappropriate.

Where the setting is appropriate, all patients who smoke are to be approached in a non-judgmental way about their smoking and be provided advice to quit. Dental practitioners must record the smoking cessation advice offered in the patient’s oral health record.

Consenting patients are to be offered a referral to a smoking cessation support service. Oral health executives must ensure that supporting resources are available. Local health districts and the Ministry of Health are to monitor local smoking cessation brief intervention activities.

REVISION HISTORY

| Version | Approved by | Amendment notes |
|-----------------------------|---|--|
| June-2021 (PD2021_016) | Approved by Executive Director, Centre for Oral Health Strategy | Amend the HETI hyperlink in the procedures section. |
| May-2021 (PD2021_014) | Deputy Secretary, Population and Public Health | Key updates include mandatory training for dental assistants, recording e-cigarette/vape use; and electronic referral pathway via Titanium to NSW Quitline |
| August 2015 (PD2015_030) | Deputy Secretary, Population and Public Health | Replaces PD 2009_046; revised policy to align with new e-learning training |
| July 2009 (PD2009_046) | Chief Health Officer | New policy |

ATTACHMENTS

1. Smoking Cessation Brief Intervention in Oral Health Settings: Procedures.

CONTENTS

| | |
|--|----------|
| 1. BACKGROUND..... | 1 |
| 1.1. About this document..... | 1 |
| 1.2. Key definitions..... | 1 |
| 2. EDUCATION AND TRAINING | 2 |
| 3. SMOKING CESSATION BRIEF INTERVENTIONS..... | 2 |
| 3.1 Delivering the 3As: Ask, Advise, Act | 2 |
| 3.1.1 Dental practitioner role..... | 2 |
| 3.1.2 Dental assistant role | 3 |
| 3.2 Step 1: Ask..... | 3 |
| 3.3 Step 2: Advise..... | 4 |
| 3.4 Step 3: Act..... | 4 |
| 4. MONITORING AND REPORTING | 4 |
| 5. ADDITIONAL RESOURCES..... | 5 |
| 6. REFERENCES..... | 5 |

1. BACKGROUND

1.1. About this document

Tobacco smoking remains the leading cause of preventable disease and premature death in Australia. For current smokers in Australia, up to two-thirds of them will die from the complications of smoking (e.g. lung cancer, emphysema). They lose, on average, a decade of life¹.

In New South Wales (NSW), 11.2% of adults aged 16 years and over were daily smokers in 2019². Tobacco smoking has accounted for around 6,700 deaths (in 2018)³ and 62,930 hospitalisations (2018-19)⁴. There are also emerging practices such as: electronic cigarette (e-cigarette) or vape use⁵, water-pipe (shisha or hookah) smoking^{6,7} and betel nut chewed with tobacco⁸⁻¹⁰, which may contain nicotine and/or tobacco.

A key strategy in reducing smoking rates and the adverse effects of tobacco in NSW is to support the delivery of brief interventions to help people quit smoking as part of routine care¹¹. Oral health professionals have a major role to play in smoking cessation. They are well placed to give advice and support to their patients who want to stop smoking¹².

This policy establishes the minimum requirements for NSW public dental practitioners and dental assistants providing smoking cessation brief interventions to dental patients, at the chairside.

Dental practitioners need to ensure they are aware of tobacco or nicotine practices, such as cigarettes, e-cigarettes/vapes, water-pipe/shisha, pipes, cigars, tobacco mixed with cannabis, chop chop (illegal tobacco) or betel nut chewed with tobacco to aid in smoking cessation conversations. For example, the practice of chewing of betel nut with tobacco is a risk factor for oral cancer⁹ and water-pipe/shisha smoking causes similar health issues to tobacco use⁶.

It is expected that patients will have better health outcomes as they are supported to modify their risk practices through smoking cessation brief interventions.

More information to support dental health services to embed smoking cessation interventions are available from the [NSW Health](#) and [Cancer Institute NSW](#) websites.

1.2. Key definitions

Electronic cigarettes (e-cigarettes)

An electronic cigarette (e-cigarette) is a battery-operated device that heats a liquid (also known as e-liquid) to produce an aerosol or vapour that the user inhales. E-cigarettes are also called e-cigs, vapes, electronic nicotine delivery systems (ENDS) or alternative nicotine delivery systems (ANDS). Regular e-cigarette use is likely to have adverse health outcomes, such as impaired lung function⁵.

Water-pipe/Shisha

A water-pipe is a smoking device also known as a nargila, argileh, hubble bubble, hookah, shisha and goza. It uses heated water to vaporise the substance to be inhaled⁶.

Shisha smoking is a traditional method of tobacco smoking and is related to cultural identity in the communities that practice it⁷.

Shisha tobacco is usually a combination of tobacco prepared in molasses and flavoured with fruit flavours. Shisha smoke contains nicotine, carbon monoxide, tar and other toxins. Shisha can stain teeth, increase the risk of heart disease, lung cancer and other lung diseases⁶.

Betel nut

Betel (areca) nut is used as a chewing substance. It plays an important role in social customs, religious practices and cultural rituals in the Asia-Pacific region⁸. Betel nut can be used on its own or as a mixture of various ingredients, known as 'betel quid'. In its most basic form, betel quid consists of betel leaf, betel nut, slaked lime, various spices and may contain tobacco¹⁰. The quid is placed in the mouth (usually between the gum and cheek) and chewed.

Betel nut is also a widely used psychoactive substance and has been declared as a group 1 carcinogen to humans⁹. Long-term health issues linked with betel nut use include mouth ulcers, gum disease, oral cancers and cardiovascular effects^{8,9}.

2. EDUCATION AND TRAINING

All dental practitioners and dental assistants must complete the MHL online training module 'Smoking Cessation: Brief intervention in Oral Health Settings' (Course Code: 365368415) on orientation and every three years thereafter.

In addition to completing the mandated ['Respecting the Difference'](#) Aboriginal cultural awareness training, dental practitioners and dental assistants are encouraged to:

- complete the MHL online [motivational interviewing module](#) to support the delivery of brief interventions,
- educate themselves about medications to support smoking cessation attempts, such as nicotine replacement therapy (NRT) (patches, gum, lozenges and inhalators)¹³, varenicline (Champix) and bupropion (Zyban). This can be useful when encouraging patients to consider a referral to their general practitioner (GP), who can discuss smoking cessation medications. More information on NRT and other quitting methods are available on the [iCanQuit website](#).

3. SMOKING CESSATION BRIEF INTERVENTIONS

3.1 Delivering the 3As: Ask, Advise, Act

3.1.1 Dental practitioner role

Dental practitioners must, as a minimum, undertake the best practice 3As – Ask, Advise, Act - smoking cessation brief intervention model for all appropriate patients.

Summary of the 3As

| 3As | Steps |
|---------------|---|
| ASK | All patients aged 14 years and over must have their use of tobacco or other similar substances checked at their initial dental visit and when their medical history is updated as part of a new course of care. |
| ADVISE | All patients who smoke must be approached in a non-judgmental way about their smoking. Advice may include discussing the benefits of quitting and the risks of smoking to dental/general health as clinically appropriate. |
| ACT | All patients who are receptive must be informed about the availability of smoking cessation information (e.g. iCanQuit website). Patients who are interested in quitting must be offered a referral to smoking cessation support such as the NSW Quitline, GP and/or other smoking cessation support (e.g. local health support services). |

Appropriate patients include smokers aged 14 years and over. Most people who smoke long-term started smoking during their secondary school years and early uptake is associated with heavier smoking patterns and greater difficulty in quitting¹⁴.

In some cases, the dental practitioner may decide that assessment of smoking status in children under the age of 14 years is clinically appropriate.

Dental practitioners must consider delivering a brief intervention each time the medical history is updated if the patient is identified as a smoker. This may not always be appropriate given the urgency of the patient's presenting dental condition or their perceived receptiveness to such advice.

3.1.2 Dental assistant role

Dental assistants play an important role in patient care. The dental assistant may support the delivery of brief interventions by assisting with information collection and sharing resources with patients. The dental practitioner is responsible for documenting the brief intervention in the oral health record. The dental practitioner must be made aware of any smoking cessation conversation the dental assistant has engaged in.

3.2 Step 1: Ask

All patients aged 14 years and over must have their use of tobacco or other similar substances checked at their initial visit and when their medical history is updated as part of a new course of care, unless doing so would be clinically inappropriate (e.g. acute trauma, psychosis). Some population groups with a higher prevalence of smoking practices may be asked about the use of tobacco products including manufactured or roll-your-own cigarettes, water-pipe/shisha, pipes, cigars, tobacco mixed with cannabis, chop chop (illegal tobacco), betel nut chewed with tobacco, and e-cigarettes or vapes.

Tobacco or other similar substance use must be recorded in the patient's oral health record.

3.3 Step 2: Advise

All patients who smoke must be approached in a non-judgmental way about their smoking. Interventions must take the form of respectful conversations that may include the negative dental and general health impacts of smoking and the benefits of quitting.

Provision of a smoking cessation brief intervention must be recorded through an Item 142 Smoking Cessation in the patient's oral health record.

3.4 Step 3: Act

If the patient is receptive, they must be informed about the availability of smoking cessation information (e.g. the [iCanQuit website](#) , NSW Quitline phone number, [Healthy Mouths Healthy Living website](#)). Patients who are interested in quitting must be offered one or more of the following:

- A referral to the NSW Quitline, including the NSW Aboriginal Quitline
- A referral to a GP
- Other smoking cessation support (e.g. more information and resources, health provider of their choice, local health support services).

Oral health executives must ensure that supporting resources are available and accessible to dental practitioners and dental assistants. This may include translated and culturally appropriate resources, such as information about the NSW Aboriginal Quitline.

It is not expected that dental practitioners will undertake lengthy counselling of patients.

Dental practitioners must advise patients that NSW Quitline is available for everyone and that patients do not need to be ready to quit to talk to Quitline. NSW Quitline advisors can help patients plan and prepare for quit attempts. Patient consent must be obtained for the referral to NSW Quitline. Patients can expect a call from a Quitline counsellor within 48 hours of referral. Patients can decline participating in the program at any time.

Patients consenting to NSW Quitline referral can be referred electronically (e-referral) from Titanium. If the e-referral pathway is unavailable for any reason, dental practitioners are to complete an [online referral](#) to NSW Quitline. Any referrals made online to NSW Quitline must be noted in the patient's oral health record. For information about referring see www.cancer.nsw.gov.au/quitline-referral.

4. MONITORING AND REPORTING

Local health districts are to monitor recording of tobacco or other similar substance use, training completion and smoking cessation brief intervention activities in their public oral health settings. The brief intervention activities include Item 142 and NSW Quitline referrals.

The NSW Ministry of Health will also monitor and prepare quarterly reports on the recording of tobacco or other similar substance use, training and smoking cessation brief intervention activities and share the reports with local health districts.

5. ADDITIONAL RESOURCES

- The [iCanQuit website](#) has information on the NSW Quitline and quitting methods
- Quitline phone number: 13 78 48
- [NSW Quitline Referral Form](#)
- [NSW Quitline brochure](#)
- Download or order a paper copy of the [NSW Quit Kit](#)
- [NSW Health Smoking & Your Oral Health brochure](#)
- [Healthy Mouths Healthy Living website](#)
- [Tools for health professionals](#)
- Free [‘Shisha No Thanks’ online training module](#)
- [Video of a dental professional](#) on the importance of referring to NSW Quitline

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