



Public Health  
England

# **Smokefree and smiling**

## **Helping dental patients to quit tobacco**

Second edition

# About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England  
133-155 Waterloo Road  
Wellington House  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk

Facebook: [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland)

For queries relating to this document, please contact: [jenny.godson@phe.gov.uk](mailto:jenny.godson@phe.gov.uk)

© Crown copyright 2013

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit OGL or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned. Any enquiries regarding this publication should be sent to [insert email address].

Published March 2014

PHE publications gateway number: 2013531



# Contents

About Public Health England	2
Contents	3
Foreword	4
Executive summary	5
Introduction	6
Background	7
Recommendation 1	11
Recommendation 2	12
Recommendation 3	14
Recommendation 4	17
Stop smoking services	18
Supporting materials and resources	18
Resources for use in dental surgeries	20
Members of the expert working group	21
References	22

# Foreword

Smoking and the use of smokeless tobacco are a major public health problem in England. Each year more than 70,000 people die prematurely of tobacco-related diseases. Tobacco use is a major cause of health inequalities as rates of smoking remain high among socially disadvantaged groups. Tobacco use is also a major threat to oral health. Oral cancer and periodontal diseases are directly caused by tobacco. Nearly 1,900 people die from oral cancer each year in England and rates are increasing, especially among younger people. Reducing tobacco use across the population is therefore a major priority for Public Health England (PHE).

Dental teams are in an ideal position to provide very brief advice to tobacco users. Since the publication of the first version of this guidance back in 2007 more dental professionals now routinely record their patients' tobacco use and offer support when required. However, there have been recent changes to the way stop smoking services are delivered and organised, and to the way dental services are delivered where the contract reform programme is piloting services that focus on prevention.

This document provides updated guidance for dental teams, commissioners and educators on how they can contribute to reducing rates of tobacco use, and highlights resources available to support them. PHE is pleased to publish this second edition of 'Smokefree and smiling', which helps dental teams play a supportive role in encouraging patients who use tobacco to quit to improve their general and oral health. Of particular importance is the need to work together with local stop smoking services

We would like to take this opportunity to thank the members of the expert working group for producing such a useful guidance document.

Professor Kevin Fenton, executive director, health and wellbeing

Dr Sue Gregory, head of dental public health

Public Health England

# Executive summary

1. Tobacco use in England kills more than 70,000 people every year
2. Nearly 1,900 of these people die from oral cancer
3. Action by dental teams to reduce tobacco use will help to improve dental treatment outcomes, promote oral and general health and ultimately save lives

## Key recommendations

### **Recommendation 1**

People who use tobacco should receive advice to stop and be offered support to do so with a referral to their local stop smoking service.

### **Recommendation 2**

Dental schools, postgraduate deaneries and other providers and commissioners of dental teaching should ensure that tobacco cessation training is available and meets national standards.

### **Recommendation 3**

Dental teams are routinely proactive in engaging users of tobacco.

### **Recommendation 4**

Commissioning bodies implement appropriate measures that support the above recommendations.

# Introduction

Smoking remains the leading cause of preventable death and disease in England and has a significant impact on health inequalities and ill health. Smokeless tobacco and/or paan use is especially prevalent among the South Asian population.

Since the last iteration of this document in 2007,<sup>1</sup> there have been several important changes in the way stop smoking services are delivered and organised. This document reflects these changes and provides updated guidance for dental teams, commissioners, and educators on how they can contribute to achieving government targets for reducing tobacco use. In particular, it provides guidance on:

- the role of dental teams in tobacco cessation
- systems for referring people to local stop smoking services
- undergraduate and postgraduate training standards for dental teams
- current tobacco cessation resources and materials available for dental teams

As smoking has such a dramatic effect on the patients' oral health, the most effective way of ensuring they can access local stop smoking services is to give very brief advice (30 seconds). 'Ask, Advise and Act' will give them the best chance to successfully stop smoking.<sup>2</sup>

While this document should be read in conjunction with 'Delivering better oral health',<sup>3</sup> it is also an important resource in itself and the issues it raises should be considered by everybody involved in delivering dental health services.

## Background

Tobacco use, both smoking and chewing tobacco, seriously affects general and oral health. It causes at least 50 different diseases, including various types of cancers, ischaemic heart disease, strokes and chronic lung disease. The most significant effects of tobacco use on the oral cavity are oral cancers and pre-cancers. It also increases the severity and extent of periodontal diseases, tooth loss and poor post-operative wound healing, and leads to stained teeth, reduced taste sensation and halitosis (bad breath).<sup>4</sup> Smokers are seven to ten times more likely to suffer from oral cancer than individuals who have never smoked.<sup>5</sup> For long-term regular users of smokeless tobacco this risk is more than 11 times that of a non-user.<sup>6</sup> In England, mortality from oral cancer (ICD10 codes: C00-06/C09-10/C12-14) was 1,883 in 2011 (males 4,071, females 2,137).<sup>7</sup>

While the impact of tobacco use on health is alarming, the benefits of stopping are substantial, particularly for people aged under 35, who, if they quit successfully, will have a normal life expectancy.<sup>8-9</sup> Many of the adverse effects of tobacco use on the oral tissues are reversible, providing a useful means of motivating patients to stop.

Whether smoked or chewed, nicotine from tobacco is highly addictive. Consequently, stopping is a major challenge for most users. Most cigarette smokers report that they would like to stop, and make many attempts to quit.<sup>10</sup> While some people (less dependent smokers) seem capable of stopping without any support, the majority would benefit from using smoking cessation medications and the support of their local stop smoking service. This is especially true for people who are more dependent on tobacco.<sup>11</sup>

In the latest Adult Dental Health Survey (2009) 61% of dentate adults in England reported they attended the dentist for a regular check-up, 10% on an occasional basis, and 27% when they had trouble with their teeth.<sup>12</sup> So dental teams are in a unique position to provide opportunistic advice to a large number of 'healthy' people who may use tobacco and need professional support to stop.<sup>13</sup> Thirteen percent of women continue to smoke during pregnancy and many of attend for free dental treatment.<sup>14</sup> Dental teams working in primary care, salaried services and in hospitals also have a potentially important role to play in cessation. Surveys indicate that dental teams have an increasingly positive attitude towards tobacco cessation and are becoming more actively involved in the care pathway.<sup>15</sup>

All health professionals share an ethical duty of care to provide evidence-based interventions. Although progress has been made, with many dental teams routinely recording information on tobacco use and advising people to quit, there are teams that do not routinely offer tobacco cessation advice to their patients.

Reducing tobacco use is a key priority for the NHS<sup>11</sup> and an important element in 'Delivering better oral health'.<sup>3</sup> A major part of the government's tobacco strategy has been to establish a nationwide network of local stop smoking services. These provide evidence-based treatment

and support for tobacco users. Cessation/quit rates among smokers who use these services are substantially higher than among those who only receive advice from primary care professionals.<sup>10</sup> Carr and Ebbert's most recent Cochrane systematic review (2012) demonstrated that tobacco cessation interventions (including smoking cessation) were beneficial and increased quit rates when compared to no care from an oral health professional within a dental setting. This is the first systematic review to demonstrate oral health professionals increasing quit rates within the dental setting.<sup>16</sup>

A key priority is therefore to ensure that primary care professionals, such as members of a dental team, engage tobacco users, advise them that their local stop smoking services offer the best chance of stopping, and provide a referral to those services.



## **Recommendation 1** People who use tobacco should receive advice to stop and be offered support to do so with a referral to their local stop smoking service

The National Centre for Smoking Cessation and Training (NCSCT) has developed a simple form of advice designed to be used opportunistically in less than 30 seconds in almost any consultation with a tobacco user. It is called very brief advice (VBA).

In the vast majority of cases, dental teams will only be involved in delivering VBA to tobacco users. Using the following pathway will increase the chance of a successful quit attempt and reduce time of delivery. It has three elements:

1. Establishing and recording smoking status (**ASK**)
2. Advising on the personal benefits of quitting (**ADVISE**)
3. Offering help (**ACT**)

A large study of advice given by GPs across England, found that smokers were almost twice as likely to try to stop when they received an offer of help rather than just advice to stop.<sup>9</sup> When compared with no advice to smokers, recommending treatment or support via VBA increased the odds of quitting by 68% and 217% respectively.<sup>17</sup>

### **Ask**

All patients should have their tobacco use (current/ex/never used) established and checked at least once a year. The member of the dental team who elicits this information should update it in the patient's clinical notes.

### **Advise**

Having established that people are smokers, the traditional approach has been to warn them of the dangers and advise them to stop. This is deliberately left out of VBA for two reasons:

1. It can immediately create a defensive reaction and raise anxiety levels
2. It takes time and can generate a conversation about their tobacco use, which is more appropriate during a dedicated stop smoking consultation

There is no need to ask how long someone has used tobacco, how much they use, or even what they use (cigarettes, shisha, cigars, chewing tobacco or paan). Stopping use will be beneficial in every case and the details of this are better saved for the stop smoking consultation. The best way of assessing a smoker's motivation to stop is simply to ask, "Do you want to stop smoking/chewing tobacco?"

VBA involves a simple statement advising that the best way to stop is with a combination of support and treatment, which can significantly increase the chance of stopping.

### **Act**

All smokers receive advice about the value of attending their local stop smoking services for specialised help. Those who are interested and motivated to stop receive a referral to these services.

For some people, it might not be the right time to stop. For those not interested in stopping, a simple “that is fine but help will always be available, let me know if you change your mind” works best.



Figure 1: Very brief advice on smoking

### Harm reduction

People who are not ready or willing to stop may wish to consider using a licensed nicotine-containing product to help them reduce their smoking. The NICE guidance Tobacco: harm-reduction approaches to smoking (PH45) provides the following advice.<sup>18</sup>

Most health problems are caused not by nicotine but other components in tobacco smoke. Smoking is highly addictive largely because it delivers nicotine very quickly to the brain and this makes stopping smoking difficult. Licensed nicotine-containing products are an effective way of reducing the harm from tobacco for smokers and those around them. It is safer to use licensed nicotine-containing products than to smoke. People who reduce the amount they smoke without supplementing their nicotine intake with a licensed nicotine product will compensate by drawing smoke deeper into their lungs, exhaling later and taking more puffs. It is recommended that people reducing the number of cigarettes they smoke use a licenced nicotine product to give

them some 'therapeutic' nicotine, which is more likely to reduce the amount that they smoke and to improve their health. Nicotine replacement therapy (NRT) products have been demonstrated in trials to be safe to use for at least five years. There is reason to believe that lifetime use of licensed nicotine products will be considerably less harmful than smoking.

Licensed nicotine-containing products are available on prescription, over the counter at pharmacies and on general sale at many retail outlets.

If someone indicates they are interested in trying a harm reduction approach to their smoking you should inform them that the health benefits from smoking reduction are unclear. However, advise them that if they reduce their smoking now they are more likely to stop smoking in the future. Explain that this is particularly true if they use licensed nicotine-containing products to help reduce the amount they smoke.

For more information on harm reduction see: [guidance.nice.org.uk/PH45/Guidance/pdf/English](https://guidance.nice.org.uk/PH45/Guidance/pdf/English)

Details of the VBA process can be found at: [ncsct-training.co.uk/interventions/resources/57e3cfd6-759d-40e6-837a-3ed70aff89ae/VBA\\_model.pdf](https://ncsct-training.co.uk/interventions/resources/57e3cfd6-759d-40e6-837a-3ed70aff89ae/VBA_model.pdf)

To date, over 25,000 people have viewed the promotional film and over 28,000 have accessed the training module. Dental health professionals including hygienists, therapists, nurses, practice managers, receptionists, and dentists have all completed the module.

The further information section of the VBA module refers to 'Making every contact count' and includes a link to the document.<sup>19</sup> Published in January 2012, this document emphasised the importance of healthcare professionals using every patient contact as an opportunity to maintain or improve that individual's mental and physical health and wellbeing, including giving advice on tobacco, diet, physical activity and alcohol.

### Case study. Cessation

The NCSCT 'Very brief advice on smoking' module was made available to medics on the BMJ Learning website.

1,329 users who had taken the module were sent email invitations to take part in the survey and followed-up with a reminder email a week later. 276 respondents submitted the questionnaire, a response rate of 20.6%. In the year before completing the module, the average proportion of consultations in which survey respondents offered smokers help with smoking cessation was 36.8% (0–100, SD=25.33). Since completing the module, the average proportion was 60.4% (0–100%, SD=27.82).

"This is a really useful module. Has all the information you need and the use of video, slides and MCQ is engaging. The most advanced and engaging module I have completed on BMJ Learning." [Medic accessing the module].

"It's inspiring, and helps to remind me of the point of asking about smoking..." [GP, Leicester]

## **Recommendation 2** Dental schools, postgraduate deaneries and other providers and commissioners of dental teaching should ensure that tobacco cessation training is available and meets national standards

As in any area of clinical and preventive practice, appropriate training is essential if dental teams are to deliver tobacco cessation support and advice. The oral pathology associated with tobacco use and (to a more limited extent) cessation is taught in detail to undergraduate dental students. Basic training may expose other members of the dental team to other teaching on tobacco cessation.

Since the development of the Maudsley model of training for stop smoking practitioners in the early 1990s, training for stop smoking practitioners has continued to evolve. In 2003, the Health Development Agency published the set of competencies required to be present in all smoking cessation training courses.<sup>19</sup> In 2010, the National Centre for Smoking Cessation and Training (NCSCT) updated these competences and launched the first nationally recognised accreditation for practitioners delivering smoking cessation.<sup>20</sup> This training consists of a two-stage knowledge and practice assessment, and supporting online training modules.

A clear need exists to:

- support and promote the NCSCT accredited training, so ensuring all dental teams are competent to deliver VBA and/or brief interventions in tobacco cessation. The NCSCT offers online courses at [www.ncsct.co.uk/pub\\_training.php](http://www.ncsct.co.uk/pub_training.php). Local stop smoking services may also provide training for teams
- ensure all dental undergraduate, dental care professional, postgraduate and continuing professional development programmes facilitate access to training that meets the national quality standards
- support dental teams to identify smokers and users of smokeless tobacco, raise awareness among them of the associated health risks, and provide details of their local stop smoking service

Training, whether it occurs in an undergraduate or dental setting, should be consistent and in line with national training standards. The minimum standard every dental practice member should achieve is 'VBA, just 30 seconds to Ask, Advise and Act'.<sup>2</sup>

**Case study.** Teaching smoking-cessation to aspiring members of the dental team

In its recently published guidance on learning outcomes required for registration, the General Dental Council states that members of the dental team should be able to communicate appropriately, effectively and sensitively with patients about smoking.<sup>22</sup>

At Cardiff University Dental School, teaching smoking-cessation counselling provides a vehicle for providing undergraduate dental, dental hygiene and dental therapy students with a number of skills. Changes in smoking patterns are used to teach epidemiology. Psychological theories underlying behaviour change are taught didactically and students also learn why people smoke, what is necessary to motivate behaviour change, and the impact of addictive behaviour. Junior students use role-play techniques to learn how to raise the topic of smoking-cessation in a sensitive manner, enabling them to develop their communication skills. A self-directed learning exercise is used to familiarise student dental hygienists with resources that are available to help patients who are considering stopping smoking and where to direct those patients who want to quit. An awareness of the different forms in which patients from different ethnic backgrounds may use tobacco provides a focus for discussion of how cultural practices may impact on oral health. Knowledge and competency in this area are tested using objective structured assessments, involving actors playing the roles of smokers with different attitudes to using tobacco.

### Recommendation 3 Dental teams are proactive in engaging users of tobacco

Local stop smoking services have helped many thousands of people to successfully stop using tobacco. In 2011-12 over 400,000 people (49% of attendees) stopped by using these services. Indeed, smokers are up to four times more likely to stop if they attend these services and use medication than if they try to quit on their own without support and medication.<sup>10</sup> As a result, policy guidance to health professionals now emphasises the importance of referring everybody who wants to stop using tobacco to the local stop smoking service for specialist assistance and support.<sup>23</sup>

- The best outcomes occur when smokers who want to stop take-up a referral for specialist support. Timing is crucial: the quicker the contact from a local stop smoking service, the greater the smoker's motivation and interest. Dental patients who say they want to stop and are directed to their local stop smoking services receive the best opportunity to stop smoking. The dental teams role is vital in telling the patient how to contact the local service. It just takes 30 seconds and can give patients the motivation to seek professional help, which increases their chances of quitting.
- Dental teams and the local stop smoking services can work collaboratively in a variety of ways. As a first step it is important all members of a dental team are fully aware of the services offered locally and of how these operate. Arranging a meeting with a representative of a local service can be a useful opportunity for dental teams to learn about the service and the best ways of directing dental patients to it.
- Teams working together provide much more support to people who want to stop smoking. It is important that no matter who makes the referral the patient's progress is assessed and recorded in their clinical notes at each subsequent dental appointment. Many people find it difficult to stop smoking and it is often associated with a range of unpleasant, short-term withdrawal symptoms – some, such as ulcers, directly affect the oral cavity. Reassurance and advice from dental teams can help patients deal more effectively with these problems, and increase their chances of quitting successfully.
- Advice and support should only be delivered by staff trained to the current NCSCT training standard. Preferably, they should be fully NCSCT certified, having passed the knowledge (Stage 1) and practice (Stage 2) assessments.<sup>21</sup> In this case, as with any provider of services, continued commitment to governance and performance monitoring will ensure patients are to be provided with the best available intervention.

Among certain ethnic minority groups, chewing tobacco and/or areca nut (paan) is common. Evidence associates chewing tobacco and other products with oral cancers and other oral pathologies.<sup>16, 24</sup> A recent Cochrane systematic review showed that advice delivered in dental surgeries is effective in helping tobacco chewers to stop. Current NICE guidance<sup>25</sup> on smokeless tobacco users in south Asian communities, recommends dental teams:

Ask people if they use smokeless tobacco, using the local names of the various products. If necessary, show them a picture of what the products look like (this may be necessary if the person does not speak English well or does not understand the terms used). Figure 2 gives an example of a resource that could be used, with details of each product on the reverse. This resource also provides information on shisha use (the waterpipe in the top left hand image). Shisha is **not** a smokeless tobacco product and can be as damaging as smoking cigarettes or chewing any smokeless tobacco products. Shisha users who want to stop should be referred to the stop smoking service in the same way as other tobacco users. Inform the patient of the health risks (for example, lung cancer, respiratory illness and periodontal disease)<sup>26</sup> associated with tobacco use and advise them to stop. Refer anybody who wants to quit to the available local specialist tobacco cessation service. Record the outcome in the patient's notes. Use the same VBA (Ask, Advise, Act) method for smokers and smokeless tobacco users.

**City of Bradford MDC**  
www.bradford.gov.uk

Stopping smoking and using smokeless tobacco products can make a big difference to health. It is never too late to stop and the benefits begin straight away.

**Contact Bradford District Stop Smoking Service for free confidential advice and support.  
Telephone 01274 437700**

Products featured are or contain tobacco the more common names are:

1. Waterpipe, Sheesha, Hookah, Hubble-bubble – tobacco and flavourings
2. Zarda – tobacco often added to paan
3. Gutkha – processed tobacco with added sweeteners
4. Scented chewing tobacco – tobacco with added flavours
5. Naswar, Niswar – tobacco, slaked lime, indigo, cardamom, oil, menthol, water
6. Chillam – heated tobacco
7. Paan with tobacco added – tobacco, areca nuts, slaked lime, betel leaf
8. Snuff – powdered/ground tobacco
9. Khaini – tobacco, slaked lime paste, sometimes areca nut



Figure 2: Niche tobacco resource developed by Bradford & Airedale stop smoking service



**Case study.** Collaborative working between GDP and local stop smoking service

“Our dental team was trained by NHS Bradford & Airedale stop smoking service in November 2012 to be able to conduct VBA and brief interventions with our patients regarding smoking and tobacco use. We enjoyed the training and since then feel more confident when asking and advising patients about their tobacco, it's a quick system that enables us to refer on to local stop smoking services to support our patients to quit. At our dental practice we recognise smoking and tobacco cessation is a team effort and we all have a role to play. The systematic approach we have been trained to deliver (Ask, Advise, Act) means we all give consistent messages to the patient. Patients seem relaxed with our approach, which is professional and confident. It's been great to make the connection with the local stop smoking team, now we know they are always at hand to give advice and support to our team whenever we need it.”

Waqar Mohammed – principal dentist  
Sahdia Fazil – practice manager

To achieve systematic local delivery of VBA and referrals, referral pathways must be quick and easy to use. Secondary care is one setting that has often been regarded as a ‘missed opportunity’ when it comes to identifying and referring smokers. The NCSCT has developed a national electronic referral system in a hospital setting ([www.ncsct.co.uk/publication\\_national-referral-system.php](http://www.ncsct.co.uk/publication_national-referral-system.php)), which has resulted in a 600% increase in referrals to local stop-smoking services in the pilot site. The system has now been adopted by 17 trusts.



## Recommendation 4 Commissioning bodies implement measures that support the above recommendations

All stop smoking services must meet minimum quality standards covering staff training, medication availability, activity monitoring and result recording. Service coordinators are responsible for working with health providers such as contracted family health service providers, local authorities, community groups, local businesses, schools, etc. This is to ensure a comprehensive local service meets the needs of patients.

Local authority commissioners should take full account of the potential for dental teams to point people to stop smoking services, and in particular, to the regular access staff working in NHS primary dental care settings have to patients who may not regularly attend any other part of the NHS. NHS commissioners must be clear that the current contract requires all dental teams to direct people to stop smoking services and offer VBA. Commissions should also reflect that there is still value in local authorities commissioning small numbers of dental teams to provide specialist support.

- Every patient's tobacco use is assessed at each appointment (**ASK**)
- All those who use tobacco receive advice that a combination of support and treatment can significantly increase their chances of stopping (**ADVISE**)
- All tobacco users receive an offer of a referral to the local stop smoking service (**ACT**)

As a step towards monitoring these patient contacts, commissioners need to consider including dental practices in the monitoring and information gathering activities. Commissioners could also ensure that training for primary or secondary care staff in direct contact with patients is also available to dental teams.

Where specialist stop smoking services is commissioned from dental teams, commissioners should undertake a needs assessment to ensure they complement existing services. Commissioners should also ensure providers have received appropriate accredited training and support, including the required service monitoring and guidance procedures. Any dental practices taking on this role need to abide by service protocols, including data collection and reporting procedures, and to ensure staff are appropriately trained, supported and supervised.

Pending any extension to the prescribing rights of dentists, commissioners should establish that local stop smoking services ensure dental practices can provide pharmacotherapy recommendations to patients in line with local pathways.

## Stop smoking services

Most stop smoking services offer one-to-one treatment and group sessions, delivered by trained advisors, normally every week over an eight-week period. They provide behavioural support and stop smoking medication, and focus on preventing relapse in the early stages of quitting. Specialist advisors also often provide support for priority groups, such as pregnant smokers, young people, people with mental health problems and certain ethnic minority groups. Access to the service is either direct, or by referral from a health professional. To date, most referrals have been through GPs and practice nurses. However, other primary care professionals, such as dentists and pharmacists, are potentially important referral sources. Details of local stop smoking services are available from the Smoking Helpline (0800 169 0 169) or at [www.gosmokefree.nhs.uk](http://www.gosmokefree.nhs.uk).

## Supporting materials and resources

- The National Centre for Smoking Cessation and Training (NCSCT)

The National Centre for Smoking Cessation and Training (NCSCT) was established in 2009 by the Department of Health (DH) to develop and integrate national programmes of training and assessment to improve the overall quality of behavioural support delivered to smokers. The NCSCT website ([www.ncsct.co.uk](http://www.ncsct.co.uk)) offers resources for commissioners, managers and practitioners in addition to these courses:

1. NCSCT training and assessment programme: nearly 17,000 people have registered with the NCSCT. Over 14,600 have passed the knowledge (Stage 1) assessment and of these more than 7,500 have gained full NCSCT certification by also passing the practice (Stage 2) assessment.
2. Face-to-face courses in providing behavioural support to smokers: 1,200 practitioners from 100 PCTs have been trained on these courses.

Online module on very brief advice on smoking: [www.ncsct.co.uk/VBA](http://www.ncsct.co.uk/VBA). 20,000 people have viewed the promotional film and 7,500 have taken the formal assessment attached to the training module.

- Choosing better oral health: an oral health plan for England, DH, 2003.

Linked directly to the broader public health agenda, this document outlines approaches to promote oral health and reduce inequalities across England. A key priority is for dental teams to become more actively engaged in tobacco cessation activity.

- Brief interventions and referral for smoking cessation (PH1), NICE, 2006

This guidance is for GPs and other professionals working in local health services – in primary care trusts (PCTs), pharmacies and dental practices – and NHS hospitals.

Monitoring systems should be set up so that health professionals know if their patients smoke.

- Tobacco and oral health: a survey of dental education and training in tobacco issues, NICE, 2007

This report presents results from an October 2003 survey to audit the extent and nature of training on tobacco issues and smoking cessation in the dental curricula. In particular, the survey sought to investigate the potential for introducing the HDA's standard for training in smoking cessation treatments into undergraduate and postgraduate training for dental health professionals (dentists, dental hygienists and dental therapists).

- Smokeless tobacco cessation – South Asian communities (PH39), NICE, 2012

This guidance helps people of South Asian origin to stop using smokeless tobacco. The phrase 'of South Asian origin' is used in this guidance to mean people with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka. The term 'smokeless tobacco' is used in this guidance to refer to any type of product containing tobacco that is placed in the mouth or nose and not burned and which is typically used in England by people of South Asian origin.

- Tobacco: harm reduction approaches to smoking (PH 45), NICE, 2013

Nicotine inhaled from smoking tobacco is highly addictive. But it is primarily the toxins and carcinogens – not the nicotine – in tobacco smoke that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking. In general, stopping in one step (sometimes called 'abrupt quitting') offers the best chance of lasting success (see NICE guidance on smoking cessation). However, there are other ways of reducing the harm from smoking, even though this may involve continued use of nicotine.

This guidance is about helping people, particularly those who are highly dependent on nicotine, who:

1. May not be able (or do not want) to stop smoking in one step
2. May want to stop smoking, without necessarily giving up nicotine
3. May not be ready to stop smoking, but want to reduce the amount they smoke.

This guidance recommends harm-reduction approaches which may or may not include temporary or long-term use of licensed nicotine-containing products.

- Smokeless tobacco cessation: South Asian communities, NICE September 2012.

This guidance aims to help people of South Asian origin to stop using smokeless tobacco. The phrase 'of South Asian origin' is used in this guidance to mean people with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka. The term 'smokeless tobacco' is used in this guidance to refer to any type of product containing tobacco that is placed in the mouth or nose and not burned, and that is typically used in England by people of South Asian origin.

- Brief interventions and referral for smoking cessation in primary care and other settings, NICE, 2006.

Based on a comprehensive and detailed review of the available evidence, this document outlines guidance on brief smoking cessation interventions and on referrals to specialist services.

An additional smoking cessation training resource for dental teams is planned for publication by NICE at the same time as this guidance (NICE, 2007). Based on national cessation training guidelines, this flexible training resource has been produced to develop the knowledge of dental teams and in particular the practical skills they need to deliver effective tobacco cessation.

- Proceedings of the 1st European workshop on tobacco use, prevention and cessation for oral health professionals, published in *Oral Health and Preventive Dentistry* 2006; 4:1–77.

This is a detailed report on a workshop that reviewed all aspects of tobacco use and cessation for oral health professionals. It includes papers on public health aspects of tobacco control, an evaluation of tobacco cessation in the dental surgery, cessation in dental and dental hygiene undergraduate education, and cessation in continuing education for dentists and hygienists. A useful tobacco cessation care pathway is also presented.

- Tobacco or oral health: an advocacy guide for oral health professionals. FDI World Dental Press, 2005.

This guide, developed jointly by the FDI World Dental Federation and the World Health Organisation, provides an overview of tobacco facts, discusses the role of the dental team in tobacco control, examines the role of advocacy, and provides a number of recommendations on ways of moving the tobacco control agenda forwards.

## **Resources for use in dental surgeries**

‘Stop smoking! Save your mouth...and your life’ – a smoking cessation leaflet for the dental surgery. Produced by the BDA, Action on Smoking and Health (ASH) and GlaxoSmithKline Consumer Health, it is free to BDA members.

[www.gosmokefree.nhs.uk](http://www.gosmokefree.nhs.uk) – a website that includes information on local stop smoking services and other smoking cessation leaflets and resources.

## Members of the expert working group

Prof. Richard Watt (chair of the expert working group) professor of dental public health, research department of epidemiology and public health, University College London.

Fiona Andrews, director Smokefree South West

Dr Julia Csikar, senior public health manager, PHE

Tom Dyer, dental practitioner

Jenny Godson, regional consultant dental public health, PHE

Sue Gregory, head of dental public health, PHE

Dave Jones, tobacco cessation delivery manager, PHE

Dr Andy McEwen, assistant director of tobacco studies Cancer Research UK health behaviour research centre, University College London. Director, National Centre for Smoking Cessation and Training.

Dr Lesley Owen, lead analyst, NICE

## Acknowledgement

The working group would also like to acknowledge the expert advice received from the delivering better oral health steering group during the development of the document.

## References

1. Department of Health, *Smokefree and smiling: helping dental patients to quit tobacco*, 2007, The Stationery Office: London.
2. National Centre for Smoking Cessation and Training. *Very Brief Advice*. 2012; Available from: <http://www.ncsct.co.uk/vba>
3. Department of Health and British Association for the Study of Community Dentistry, *Delivering Better Oral Health: An evidence-based toolkit for prevention (Second Edition)*, 2009, The Stationery Office: London.
4. Johnson, N. and C. Bain, *Tobacco and oral disease*. *British Dental Journal*, 2000. 189(4): p. 200-206.
5. Warnakulasuriya. KA, Sutherland. G, and Scully. C, *Tobacco, oral cancer and treatment dependence*. *Oral Oncology*, 2005. 41: p. 244-260.
6. Prabhakaran PS and Mani S, *Epidemiology of oral cancer*, in *Oral oncology 2002*, Kidwai Memorial Institute of Oncology: Bangalore.
7. The Office of National Statistics (2013), '*Cancer Registration Statistics, England 2011*', National Statistics, online at <http://www.ons.gov.uk/ons/rel/vsob1/cancer-statistics-registrations-england--series-mb1-/no--42--2011/rft-main-tables.xls>
8. Doll, R. and A. Bradford Hill, *The mortality of doctors in relation to their smoking habits: a preliminary report*. *British Medical Journal*, 1954. 328(7455): p. 1529-33.
9. Jha P, Ramasundarahettige C, Landsman V, Rostron B, Thun M, Anderson RN, McAfee T, and Peto R, *21st-century hazards of smoking and benefits of cessation in the United States*. *New England Journal of Medicine* 2013. 368(4): p. 341-50.
10. West R and Brown J. *Smoking and Smoking Cessation in England 2011*. 2012; Available from: [www.smokinginengland.info](http://www.smokinginengland.info).
11. Department of Health, *Healthy Lives, Healthy People: A Tobacco Control Plan for England*, 2011: London.
12. The Health and Social Care Information Centre, *Adult Dental Health Survey*, 2009: London.
13. Chestnutt, I., *What should we do about patients who smoke?* *Dental Update*, 1999. 26: p. 227-231.
14. The Health and Social Care Information Centre. *Statistics on Women's Smoking Status at Time of Delivery: England. Quarter 4, 2012/13*. Statistical release 2012 16/12/11]; Available from: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services/statistics-on-nhs-stop-smoking-services-england-april-2009--march-2010>.
15. John, J., D. Thomas, and D. Richards, *Smoking cessation interventions in the Oxford region: changes in dentists' attitudes and reported practices 1996–2001*. *British Dental Journal*, 2003. 195(5): p. 270-275.

16. Carr AB and J. Ebbert, *Interventions for tobacco cessation in the dental setting*. Cochrane Database of Systematic Reviews, 2012. 6: p. CD005084.
17. Aveyard P, R. Begh, A. Parsons, and R. West, *Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance*. *Addiction*, 2012. 107(6): p. 1066-73.
18. National Institute for Health and Clinical Excellence, *Tobacco: harm-reduction approaches to smoking: Public Health Intervention Guidance no.45*, 2013, National Institute for Health and Clinical Excellence: London.
18. Every Contact Counts. *Raising Health Consciousness Using Brief Interventions*. Available from: <http://www.everycontactcounts.co.uk/>
20. Health Development Agency, *Standard for training in smoking cessation treatments*, 2003: London.
21. NCSCT. *Training modules*. Available from: <http://www.ncsct.co.uk/training>.
22. General Dental Council, *Preparing for practice - Dental team learning outcomes for registration*. 2012, London: General Dental Council.
23. National Institute for Health and Clinical Excellence, *Brief interventions and referral for smoking cessation in primary care and other settings: Public Health Intervention Guidance no.1*, 2006, National Institute for Health and Clinical Excellence: London.
24. Tsai KY, Su CC, Lin YY, Chung JA, and Lian leB, *Quantification of betel quid chewing and cigarette smoking in oral cancer patients*. *Community Dental & Oral Epidemiology*, 2009. 37(6): p. 555-61.
25. National Institute for Health and Clinical Excellence, *Tobacco: helping people of South Asian origin to stop using smokeless tobacco*, 2012, NICE: London.
26. Akl EA, Gaddam S, Gunukula SK, Honeine R, Jaoude PA, and Irani J, *The effects of waterpipe tobacco smoking on health outcomes: a systematic review*. *International Journal of Epidemiology*, 2010. 39(3): p. 834-57.