

Smoking Cessation Brief Intervention at the Chairside: Role of Public Oral Health/Dental Services

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Functional Sub group Clinical/ Patient Services - Dental/Oral
Population Health - Health Promotion

Summary To establish a clear understanding of the minimum requirements for NSW Public Oral Health/Dental Clinical Staff to provide smoking cessation brief intervention for appropriate dental patients at the chairside.

Author Branch Centre for Oral Health Strategy

Branch contact Jennifer Noller 8821 4312

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Community Health Centres, Dental Schools and Clinics, Public Health Units, Public Hospitals

Audience All dental clinical staff

Distributed to Public Health System

Review date 15-Jul-2010

Policy Manual Patient Matters

File No. H08/43941

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Smoking Cessation Brief Intervention at the Chairside: The Role of Public Oral Health/Dental Services

PURPOSE

Reducing smoking in NSW is a key commitment of the NSW Government. The target within the State Plan is to continue to reduce smoking rates by 1% each year to 2010, then by 0.5% each year to 2016.¹

Oral health professionals have a major role to play in smoking prevention. They are well placed to give advice and support to their patients who want to stop smoking.²

The purpose of this policy is to establish a clear understanding of the minimum requirements for NSW Public Oral Health/Dental Clinical Staff to provide smoking cessation brief intervention for appropriate dental patients, at the chairside.

The expected outcome is that all oral health/dental clinical staff will be confident to provide smoking cessation brief intervention at the chairside for all appropriate patients expressing an interest in quitting.

MANDATORY REQUIREMENTS

Smoking Cessation Brief Intervention at the Chairside refers to the minimum requirements of an oral health/dental professional to assist a smoker, who is interested in quitting, to quit. It focuses on three areas:

1 ASK	Appropriate patients MUST have their smoking status checked at their initial dental visit and thereafter each time their medical history is updated. (This would include underage smokers as well. Most people who go on to become long-term smokers started smoking during their secondary school years and early uptake is associated with heavier smoking patterns and greater difficulty in quitting. ³)
2 APPROACH	All patients who smoke MUST be approached in a non-judgemental way about their interest in quitting.
3 ADVISE	All patients who are interested in quitting MUST be advised of the NSW Quitline and/or provided with relevant information (eg <i>NSW Quitline Referral Form, Smoking & Your Oral Health</i> brochure ⁴).

¹ Available from <http://www.nsw.gov.au/stateplan/index.aspx?id=8f782cbd-0528-4077-9f40-75af9e4cc3e5>

² Watt R, Robinson M. Helping smokers to stop: a guide for the dental team. England: Health Education Authority, 1999.

³ US Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.

⁴ Available from the Centre for Health Advancement Resource Distribution Unit <http://www.health.nsw.gov.au/public-health/health-promotion/tobacco>

IMPLEMENTATION

NSW Department of Health (Centre for Oral Health Strategy NSW)

- Develop and distribute state-wide smoking cessation brief intervention resources and accompanying training package.
- Ensure the mandatory requirements and standards of this policy are monitored/reviewed and acted on accordingly.
- Report on smoking cessation brief intervention activity provided in public oral health services.

Area Health Service Oral Health Clinical Directors / Managers

- Support oral health/dental clinical staff to attend smoking cessation brief intervention education and training.
- Support oral health/dental clinical staff to implement the policy.

Area Health Service Oral Health Promotion Coordinators

- Provide smoking cessation brief intervention training for Area Health Service oral health/dental clinical staff.
- Collect statistics on smoking cessation brief intervention activity provided in public oral health services.

Area Health Service Oral Health/Dental Clinical Staff

- Attend smoking cessation brief intervention training.
- Assess and document the smoking status of each appropriate patient.
- Provide smoking cessation brief intervention at the chairside, to appropriate patients.
- Document smoking cessation brief intervention provided to patients in public oral health services.

REVISION HISTORY

Version	Approved by	Amendment notes
July 2009 (PD2009_046)	Chief Health Officer	New policy developed by the NSW Oral Health Promotion Network

ASSOCIATED DOCUMENTS

Smoking Cessation Brief Intervention at the Chairside: Procedures.

**Smoking Cessation Brief Intervention at the Chairside:
The Role of Public Oral Health/Dental Services**

NSW  **HEALTH**
PROCEDURES

Issue date: July 2009

PD2009_046

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1 BACKGROUND

1.1 About this document

Tobacco smoking is the single most preventable cause of ill health and death in Australia, contributing to more drug-related hospitalisations and deaths than alcohol and illicit drug use combined. It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions.⁵

Smoking cessation, or quitting, has immediate and important health benefits for individuals of all ages. Ex-smokers have improved life expectancy and reduced risk of smoking-related disease, compared to continuing smokers. There is evidence that advice from health professionals is effective in encouraging smoking cessation.⁶ The World Health Organisation (WHO) encourages the provision of brief opportunistic interventions delivered by all health professionals in the course of their routine work.⁷

The scientific evidence demonstrating the relationship between smoking and oral problems is very convincing and highlights the urgent need for oral health/dental professionals to become involved in smoking cessation activities.⁸

Smoking cessation brief intervention is effective. Very brief advice to stop (three minutes) by a clinician, verses no advice can provide a 2% increase of smokers abstinent for six months or longer.⁹

Smoking cessation interventions are very cost-effective:¹⁰ for a modest cost, smoking cessation will result in a significant public health gain and, in the long-term, reduce smoking-related health care costs to the public health system.⁵

At present there are no mandatory requirements for dental staff to provide smoking cessation brief intervention to their patients. The NSW Oral Health Promotion Network developed this policy directive.

The content of this document should be read by all oral health /dental staff seeing patients at the chairside.

1.2 Key definitions

Smoking Cessation Brief Intervention at the Chairside refers to the minimum requirements of an oral health/dental professional to assist a smoker, who is interested in quitting, to quit.

⁵ Australian Institute of Health and Welfare. Australia's health 2008. Cat. no. AUS 99. Canberra: AIHW, 2008. Available at: www.aihw.gov.au/publications/index.cfm/title/10585.

⁶ Richmond R, Webster I, Elkins L, Mendelsohn C, Rollnick S. Smokescreen for the 1990s: The stop smoking programme for General Practitioners to use with Smokers. NSW Department of Health, 2nd Edition, 1991.

⁷ World Health Organization. WHO Evidence Based Recommendations on the Treatment of Tobacco Dependence. World Health Organization European Partnership Project to Reduce Tobacco Dependence. Copenhagen: Denmark, June 2001.

⁸ EU Working Group on Tobacco and Oral Health. Tobacco and oral health. Facts for the dental profession. A tool for development of information materials and guidelines. 1998.

⁹ Raw M, McNeill A, West R. Smoking cessation guidelines for health professionals. A guide to effective smoking cessation interventions for the health care system. Thorax. 1998 Dec;53 Suppl 5 Pt 1:S1-19.

¹⁰ Parrott S, Godfrey C, Raw M, West R, McNeill A. Guidance for commissioners on the cost effectiveness of smoking cessation interventions. Health Education Authority. Thorax. 1998 Dec;53 Suppl 5 Pt 2:S1-38.

1.3 Reference documents

This policy directive is consistent with the following documents:

- “Let’s take a moment” quit smoking brief intervention – a guide for all health professions. NSW Department of Health, 2005.¹¹
- A New Direction for NSW: State Health Plan. NSW Department of Health, 2007.¹²
- *Healthy mouths healthy lives* Australia’s National Oral Health Plan 2004 – 2013. National Advisory Committee on Oral Health, 2004.¹³
- NSW Oral Health Strategic Directions 2005 – 2010. NSW Department of Health, 2008.¹⁴
- NSW Oral Health Promotion: Framework for Action 2010. NSW Department of Health, 2006.¹⁵
- Protecting Children from Tobacco: A NSW Government Discussion Paper on the Next Steps to Reduce Tobacco-Related Harm 2008. Sydney: NSW Department of Health, 2008.¹⁶
- Why is smoking important in oral health? Advising our patients to quit smoking.¹⁷
- Oral Health Record Protocols – NSW: PD2008_024¹⁸

¹¹ Available at http://www.health.nsw.gov.au/pubs/2005/lets_take_a_moment.pdf.

¹² Available at http://www.health.nsw.gov.au/pubs/2007/state_health_plan.html.

¹³ Available at http://www.health.nsw.gov.au/policies/pd/2008/PD2008_024.html
http://www.ada.org.au/App_CmsLib/Media/Lib/0610/M29653_v1_NACOH%20Oral%20Health%20Care.pdf.

¹⁴ Available at http://www.health.nsw.gov.au/pubs/2008/oh_direction.html.

¹⁵ Available at http://www.health.nsw.gov.au/pubs/2006/ohp_framework.html.

¹⁶ Available at www.health.nsw.gov.au/pubs/2008/protecting_children.html

¹⁷ NSW Department of Health. Why is smoking cessation important in oral health? Advising our patients to quit. Training package for oral health/dental staff. Unpublished, 2008.

¹⁸ Available at <http://www.health.nsw.gov.au/pubs/2004/quitreferral.html>

2 SMOKING CESSATION PROCEDURES

2.1 Training Procedure

All Area Health Service (AHS) Oral Health Promotion Coordinators, or a delegated representative, will be educated to train oral health/dental clinical staff in their AHS to provide appropriate patients with smoking cessation brief intervention at the chairside.

All oral health/dental clinical staff will receive core smoking cessation brief intervention at the chairside training and have access to regular periodic updates.

Procedure	Who	When	How
Develop and distribute a state-wide smoking cessation brief intervention training package	Centre for Oral Health Strategy (COHS) NSW	December 2008	Training manual: <i>Why is Smoking Cessation Important in Oral Health Advising our patients to quit smoking</i> ¹⁹ Refer Appendix A for PowerPoint Presentation.
Support oral health/dental clinical staff to attend smoking cessation brief intervention education and training	AHS Oral Health Clinical Directors and Oral Health Managers	In conjunction with smoking cessation brief intervention roll-out	Regional training sessions
Provide smoking cessation brief intervention training to AHS oral health/dental clinical staff	AHS Oral Health Promotion Coordinators	2009 Then include in AHS oral health orientation and training programs for oral health staff	Training manual
Attend smoking cessation brief intervention training	AHS Oral Health/Dental Clinical Staff	2009 Then again after changes have been made at reviews, if needed	Regional training sessions

¹⁹ Manual includes: DVD of powerpoint presentation; instructions for using the package; presenter's notes; samples of participant's notes, smoking & your oral health brochure, sticker, evaluation form, and Quitline Referral form; flowchart poster; policy; order form for resources; contact list of AHS Oral Health Promotion Coordinators.

2.2 Implementation Procedure

Smoking cessation brief intervention information and supporting resources will be available and accessible to oral health/dental clinical staff.

Procedure	Who	When	How
Support oral health/dental clinical staff to implement the policy	AHS Oral Health Clinical Directors and Oral Health Managers	2009	Support staff to attend training sessions
Assess and document the smoking status of each appropriate patient	AHS Oral Health/Dental Clinical Staff	At their initial dental visit and thereafter each time their medical history is updated	ASK: All appropriate patients MUST have their smoking status checked
			Record information in patient's medical history ²⁰
Provide smoking cessation brief intervention at the chairside, to all appropriate patients		When a patient is interested in quitting	APPROACH: All patients who smoke MUST be approached in a non-judgemental way about their interest in quitting
			ADVISE: Patients who are interested in quitting MUST be advised of the NSW Quitline and/or provided with relevant information (eg brochure/verbal information)
Document smoking cessation brief intervention provided in public oral health services			Place <i>Smoking Cessation Advice Given</i> sticker in patient's medical record
			Record in Information System for Oral Health (ISOH) - item number 191

2.3 Reporting Procedure

Procedure	Who	When	How
Collect statistics on smoking cessation brief intervention provided in public oral health services	AHS Oral Health Clinical Directors and Oral Health Managers	6 monthly	ISOH
Report on smoking cessation brief intervention activity provided in public oral health services	AHS Oral Health Promotion Coordinators		NSW Oral Health Promotion Activity Report Card ²¹

²⁰ Sample medical record form available at http://www.health.nsw.gov.au/policies/pd/2008/PD2008_024.html (p.9)

²¹ Available at <http://internal.health.nsw.gov.au/public-health/ohb/OHP/ohp.html>

2.4 Monitoring Procedure

Procedure	Who	When	How
Ensure the mandatory requirements and standards of this policy are monitored/reviewed and acted on accordingly	COHS	Monitoring will take place 6 monthly	NSW Oral Health Promotion Activity Report Card
		Review policy after 12 months then tri-annually	Questionnaire

3 LIST OF ATTACHMENTS

1. Implementation Checklist
2. Smoking cessation training session

Attachment 1: Implementation checklist

Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1. A state-wide smoking cessation brief intervention training package has been developed and distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
2. Oral health/dental clinical staff have attended smoking cessation brief intervention education and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
3. All oral health/dental staff provide smoking cessation brief intervention at the chairside, to all appropriate patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
4. Smoking cessation brief intervention provided in public oral health services is documented in ISOH under item no. 191.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
5. Smoking cessation brief intervention activity provided in public oral health services is reported in the NSW Oral Health Promotion Report bi-annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
6. The mandatory requirements and standards of this policy are reviewed and acted on accordingly after 12 months then tri-annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		

Why is Smoking Cessation Important in Oral Health?

Advising our patients to quit smoking



Welcome. Thank you for attending today's training workshop that will assist you in providing smoking cessation brief intervention at the chairside.

Learning outcomes

- Describe the negative health and oral health effects of smoking
- Discuss with patients the benefits of quitting
- Provide resource information to patients on quitting
- Refer patients to the Quitline
- Record smoking cessation information in patient notes and ISOH

At the end of today's session you will be able to:

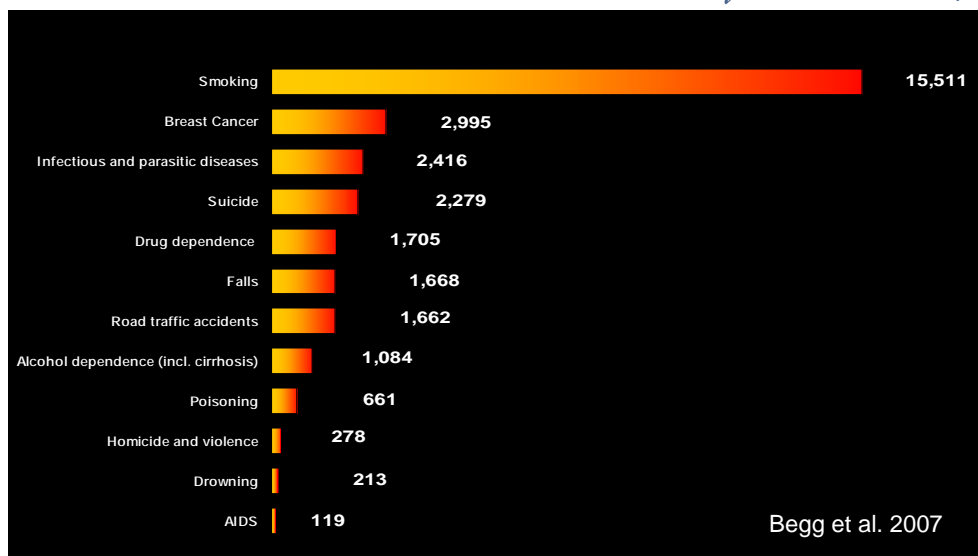
- Describe the negative health and oral health effects of smoking
- Discuss with patients the benefits of quitting
- Provide resource information to patients on quitting
- Refer patients to the Quitline
- Record smoking cessation information in patient notes and ISOH

Overview

- Deaths - 2003
- Reasons why people smoke
- How smoking affects general health and oral health
- Benefits of quitting
- Brief intervention
- Your role as a dental professional
- How to record the information / resources available

Today's session will cover the following topics – read from slide

Deaths - 2003



•Over 15,000 Australians die from illnesses caused by smoking. This slide highlights the high mortality rate caused by smoking compared with other causes of death such as: breast cancer (2,995); motor vehicle deaths (1,662); and AIDS (119).

Reasons why people smoke

NSW HEALTH

Know why they smoke

- Understanding triggers (usually tied to certain moods, activities, events, places or people) can help people to **recognise their triggers** and **plan to cope**.

Addiction	Emotions	Pleasure	Social pressure	Habits
Satisfying cravings	Stressed Upset Bored Happy	To enjoy Self reward	Part of the crowd	Linked to something, On break



There are a number of reasons why people smoke:

- Addiction – to satisfy cravings
- Emotions - feeling stressed, upset, angry, frustrated, bored or happy
- Pleasure – to enjoy something even more or to reward themselves
- Social pressure – feeling part of the crowd, engaging in social interaction
- Habit – linked to something (like speaking on the phone, taking a coffee break, going out for a drink)

Understanding these triggers can help people to recognise them and plan to cope with quitting

How smoking affects general health

- Increased risk of infections
- Higher use of medical services
- Increased complications after surgery
- Longer hospitalisations
- More days off work

Smokers tend to:

- have an increased risk of infections
- Have a higher use of medical care services than non smokers
- Have increased risk of complications after surgery (slower wound healing, respiratory complications) and a lower survival rate after surgery due to body damage
- require longer hospitalisations
- be absent from work because of illness

Lifespan effects of smoking

Prenatal	Children	Adolescents	Adults
<ul style="list-style-type: none"> •Miscarriage •Premature baby •Low birth weight 	<ul style="list-style-type: none"> •Sudden Infant Death (SIDS) •Passive smoking •Asthma •Ear infections (Otitis media) •Meningococcal disease 	<ul style="list-style-type: none"> •82% start smoking before 18 years •Addicted more quickly 	<ul style="list-style-type: none"> •Cardio Vascular Disease (CVD) •Cancer •Infertility •Diabetes •Premature ageing

Smoking has an effect on different population groups across the life span. For example:

- Smokers have a greater risk of ectopic pregnancy and miscarriage and a higher risk of having a premature and/or low birth weight baby
- the risk of Sudden Infant Death Syndrome is increased in babies of mothers who smoke during pregnancy or after birth.
- Passive smoking or environmental tobacco smoke can effect the health of children.
- Children of smokers are more likely to:
 - suffer from asthma and other respiratory infections
 - Have more middle ear infections
 - have an increased risk of meningococcal disease
- 82% of people start smoking before the age of 18, with some adolescents becoming addicted more quickly due to brain development.
- Smoking in adults significantly increases the risk of cardiovascular disease, cancer, infertility, diabetes and premature aging

How smoking affects oral health

- Increased risk of periodontal disease
- Less responsive to treatment
- Complications after tooth extraction
- Greater tooth loss
- Leukoplakia
- Delayed healing & vulnerable to infection
- Stained teeth & restorations
- Bad breath and impaired taste



Smokers:

- are 2.5 to 6 times more likely to have periodontal disease than non-smokers
- are less responsive to periodontal treatment than non-smokers
- have higher incidences of complications after a tooth extraction
- experience greater tooth loss than non-smokers
- are 6 times more likely to have oral leukoplakia (white patch) than non smokers
- have delayed healing and are more vulnerable to infection
- have stained teeth & restorations
- have bad breath and impaired taste

It's prevalence is related to the number of years a person has smoked.

How smoking affects oral health

- Increased risk of oral cancer
- Smoking & drinking increases risk
- Only 50% survive after 5 years
- Early detection increases survival rate



- Smoking increases the risk of oral cancer - one person per day is diagnosed with oral cancer in NSW and around 1/3 of all cases will die
- 60% of people diagnosed with oral cancer are smokers. Excessive alcohol significantly boosts the risk.
- Only 50% of smokers with oral cancer survive after 5 yrs
- Early detection increases chances of survival

Benefits of quitting

Weeks	Months	Years	
		1- 5 years	10 – 15 years
<ul style="list-style-type: none"> • heart attack risk reduced • lung function improves 	<ul style="list-style-type: none"> • coughing decreases 	<ul style="list-style-type: none"> • Cardio Vascular Disease (CVD) risk halved • oral cancer & stroke risk reduced 	<ul style="list-style-type: none"> • cancer risk halved • same as non smoker

The benefits of quitting increase over time:

- At 2 -12 weeks heart attack risk begins to reduce. Circulation improves. Exercise is easier and lung function improves.
- From 1 to 9 months coughing and shortness of breath decreases.
- After 1 year the risk of cardio vascular disease is halved compared to a continuing smoker.
- At 5 years the risk of oral cancer decreases and the risk of stroke is dramatically reduced.
- After 10 years your risk of lung, bladder, kidney and pancreas cancer falls to about half that of a smoker
- Within 15 years the risk of dying from a heart attack is equal to a person who has never smoked

What is brief intervention?



- It's opportunistic
- Can take as little as 3 minutes

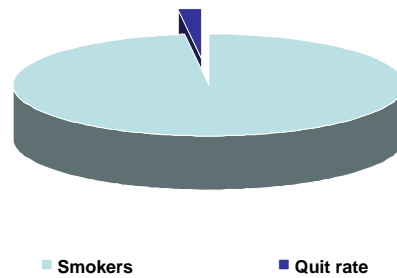
- Brief intervention is making the most of any opportunity to: raise awareness; share information and get a person thinking about making changes to their tobacco smoking
- It can take as little as 3 minutes

How brief intervention works

2% Quit rate

for every 25 000 smokers

500 will quit



- The quit rate for providing brief intervention is 2%. This sounds very low but.....
- for every 25 000 smokers you see in the clinic
- 500** will quit

Role of the dental/oral health professional

- Source of credible health information
- Smokers expect to receive advice
- Brief, repeated information is effective
- Duty of Care

Oral health professionals are well placed to make a significant difference in smoking cessation because:

- They are seen as important sources of credible health information
 - Smokers expect to receive quit smoking advice from health professionals
 - Brief, repeated, non judgmental assistance works effectively
 - It's your professional duty of care
- Show video 3 – This is an example of an approach for brief intervention (small groups ask – what do you think of this model?)

Quitting is a **PROCESS**

- Stages of readiness
- Several attempts
- Need support material
- Repeated brief intervention

Quitting is a process not an event as

- smokers go through stages of being ready to quit and they quit at different times
 - Most ex-smokers have made several attempts before succeeding
 - Smokers need appropriate support material
 - along with brief intervention that can be repeated by multiple providers
- Show video 1: This is another example of brief intervention for a patient who is not ready to quit yet (small groups discuss the differences between the approach on this clip compared with the previous one)

No such thing as **FAILURE**



- No attempt is a failure
- Learning process
- Experience for next attempt
- Never stop trying

- There is no such thing as a “failed” attempt
- Each time a smoker quits, they learn more about what it's like to quit for them,
- and they may use the experience for their next attempt.
- Most importantly – always encourage, they should never stop trying.

Providing brief intervention

3A's



Providing brief intervention at the chairside focuses on three areas:

•ASK:

All appropriate patients need to be asked on a regular basis if they smoke or use tobacco
- at some point they may want to and be ready to quit

•APPROACH

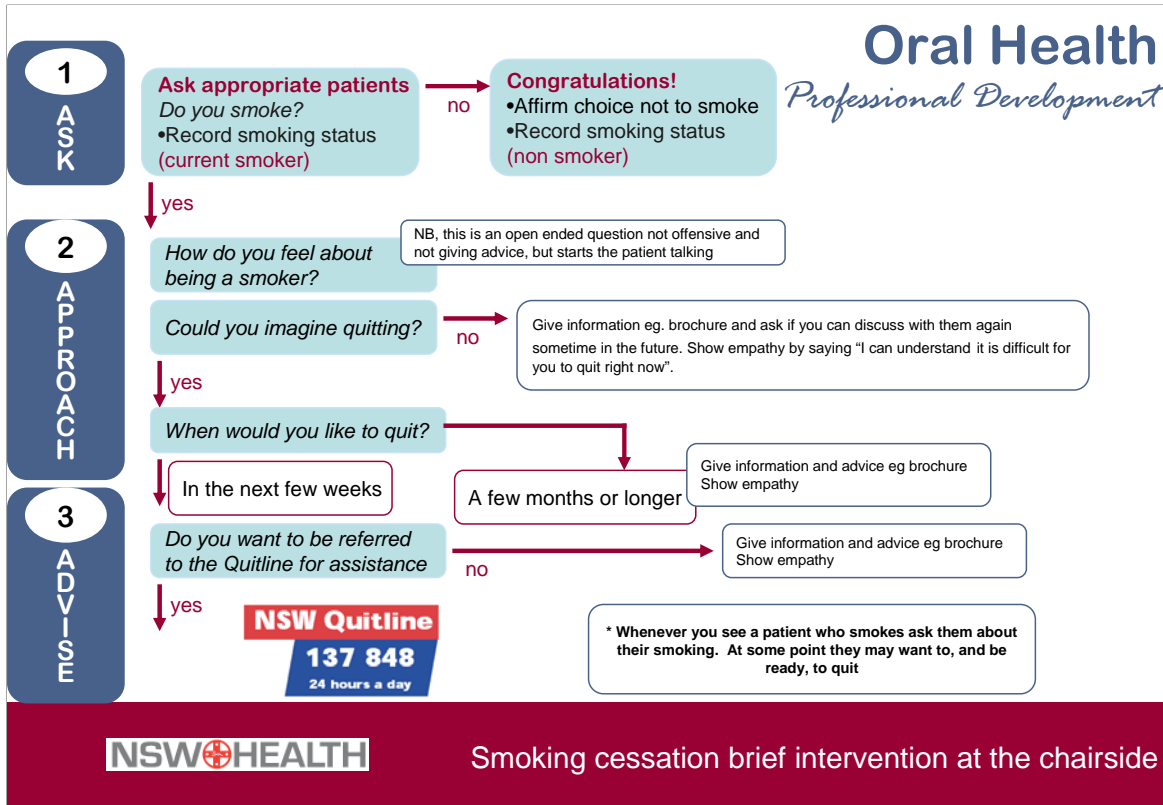
When approaching your patient regarding their tobacco use it is important to consider privacy, making the patient feel comfortable, and not making judgmental statements.

ADVISE:

Your role as an oral health professional is to advise of the QUITLINE and or provide the relevant brochures.

Oral Health

Professional Development



This slide demonstrates the process of brief intervention

Insert Video

Show video 2: This script is an example of a patient who is ready to quit.

Recording process

- Give advice
- Smoking cessation sticker
- Medical history
- ISOH Item no. 191



APPENDIX B
Medical History (Example 1)

Date: _____ Patient details or other: _____

Medical alert: _____

Allergies: _____

Medical Practitioner: _____

System	Yes	No	System	Yes	No
Allergies (eg medication, latex)	<input type="checkbox"/>	<input type="checkbox"/>	Allegats (eg liver, spleen)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid factor	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal (eg joint replacement)	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmurs/defect/valve replacement	<input type="checkbox"/>	<input type="checkbox"/>	Chemical exposure (eg benzene, chemotherapy)	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular (eg pneumonia, typhoid)	<input type="checkbox"/>	<input type="checkbox"/>	Neurological (eg stroke, MS, epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric (eg depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhage (eg bleeding problems)	<input type="checkbox"/>	<input type="checkbox"/>	Other hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>
CHI (eg epilepsy, stroke, mental disorder, CJD)	<input type="checkbox"/>	<input type="checkbox"/>	Other conditions	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory (eg asthma, emphysema, TB)	<input type="checkbox"/>	<input type="checkbox"/>	Medication (eg prophylaxis therapy)	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal (eg ulcers, alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	Recreational drugs	<input type="checkbox"/>	<input type="checkbox"/>
Urinary system (eg prostate, kidney)	<input type="checkbox"/>	<input type="checkbox"/>			

Medication: _____

Additional information: _____

I hereby agree that the medical history provided is true and correct

Name	Signature	Date
Client's name: _____	_____	_____
Interpreter's name: _____	_____	_____
Aboriginal Liaison Officer's name: _____	_____	_____

ISOH Oral Health Record Process ISOH Health 1999 ©

You will need to record the brief intervention information.

- After advice is given information should be entered into the patients file and a 'smoking cessation advice given sticker' placed on the file.
- Your medical history form should have a question on smoking. You can download the form from the website:
http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_024.pdf
- Will need to enter the information in ISOH under item number 191.

Resources

- Brochure
- Quitline Fax Referral Form



Referral to NSW Quitline NSW HEALTH
Fax to: (02) 9361-8011 The Quitline, located at St Vincent's Hospital is funded by The Cancer Institute NSW.

If you cannot fax, you may please call to discuss further.

CONFIDENTIAL - STRICTLY PRIVATE. The information contained in this message is intended for Quitline staff only. If you are not the intended recipient, you must not copy, distribute, use any information on, or discuss any details of the information in this fax to any other person or organisation.

To refer a patient or client to the NSW Quitline for help with smoking cessation, please fill in following details:

Staff contact details (please print) (this information is required for escalation purposes only)

Division of general practice _____
 Practice name _____
 Email/letterbox/post account _____
 Authorising health professional's name _____
 Telephone number _____ Signature _____

Patient/client contact details (please print)

Family name _____
 Age _____ Patient's preferred phone no. (0) _____ No. _____ Int. _____

Interpreter required? Yes No If yes, which language _____

Is it okay for Quitline to leave a message? Yes No

Preferred date for first call (or change date)

Preferred day of week (please tick) Monday Tuesday Wednesday Thursday Friday
 Preferred time of the previous week Morning Afternoon Evening Yes No

Are you currently using any medication? Yes No

Do you have any health conditions relevant to quitting smoking?
 Heart disease Respiratory/lung disease Diabetes Depression/Anxiety Pregnancy

Other - please specify _____

I consent to the information being faxed to the Quitline and/or Quitline to call me at a time that I have suggested on this form. I understand that providing and/or the cooperation with access to the fax machine after the fax to a Quitline subject, may view this form. I also consent for the Quitline to contact me at a later date to evaluate the usefulness of the Quitline proactive telephone service to patients and clients.

Provider's signature _____ Date / / _____ Quitline staff uses only _____

In response to this referral, specialist Quitline staff will call the patient/client as soon as possible to the individual time to provide information, support and advice on smoking cessation. For the out of a fax call from anywhere in NSW, the Quitline telephone service (0) 1461 01461 and call 131 1234567890. Please provide information about smoking a tobacco-free future.

St Vincent's Hospital The Cancer Institute NSW



Smoking cessation brief intervention at the chairside

Smoking cessation brief intervention at the chairside is supported by these resources. They can be ordered through the Better Health Centre and downloaded from the NSW Health internet site http://www.health.nsw.gov.au/pubs/2004/pdf/quitline_referral.pdf

Other resources available are included in your participants kit – resource section

Information for staff who want to Quit

- Commonwealth Quit On Line booklet
<http://www.quitnow.info.au/internet/quitnow/publishing.nsf/Content/quitters-order>
- Quit Online
<http://internal3.health.nsw.gov.au/quitonline/>
- NSW Health Quitline Fax Referral Form
http://www.health.nsw.gov.au/pubs/2004/pdf/quitline_referral.pdf
- Support from AHSs Staff Smoking Cessation Support Programs

For health professionals wanting to quit smoking support can be obtained from:

- Commonwealth QUIT On LINE booklet
- NSW Health by faxing the Quitline Referral Form
- AHS support (Add appropriate AHS information for staff how want to quit)

Thank you...

Oral Health
Professional Development

- HNEAHS, *Advising our patients to quit – a population health approach by dental staff* (pilot 2006)
- Kylie Weir, Health Development Coordinator for Tobacco Control GSAHS (conducted pilot 2008 *Why is Smoking Cessation important in oral health?*)
- NSW Oral Health Promotion Network
- SWAHS:
 - Dr Josephine Kenny, Clinical Director SWAHS
 - Oral Health Service (Brochure)
 - Dr Wallace and Dr Lewis (Video presentation)