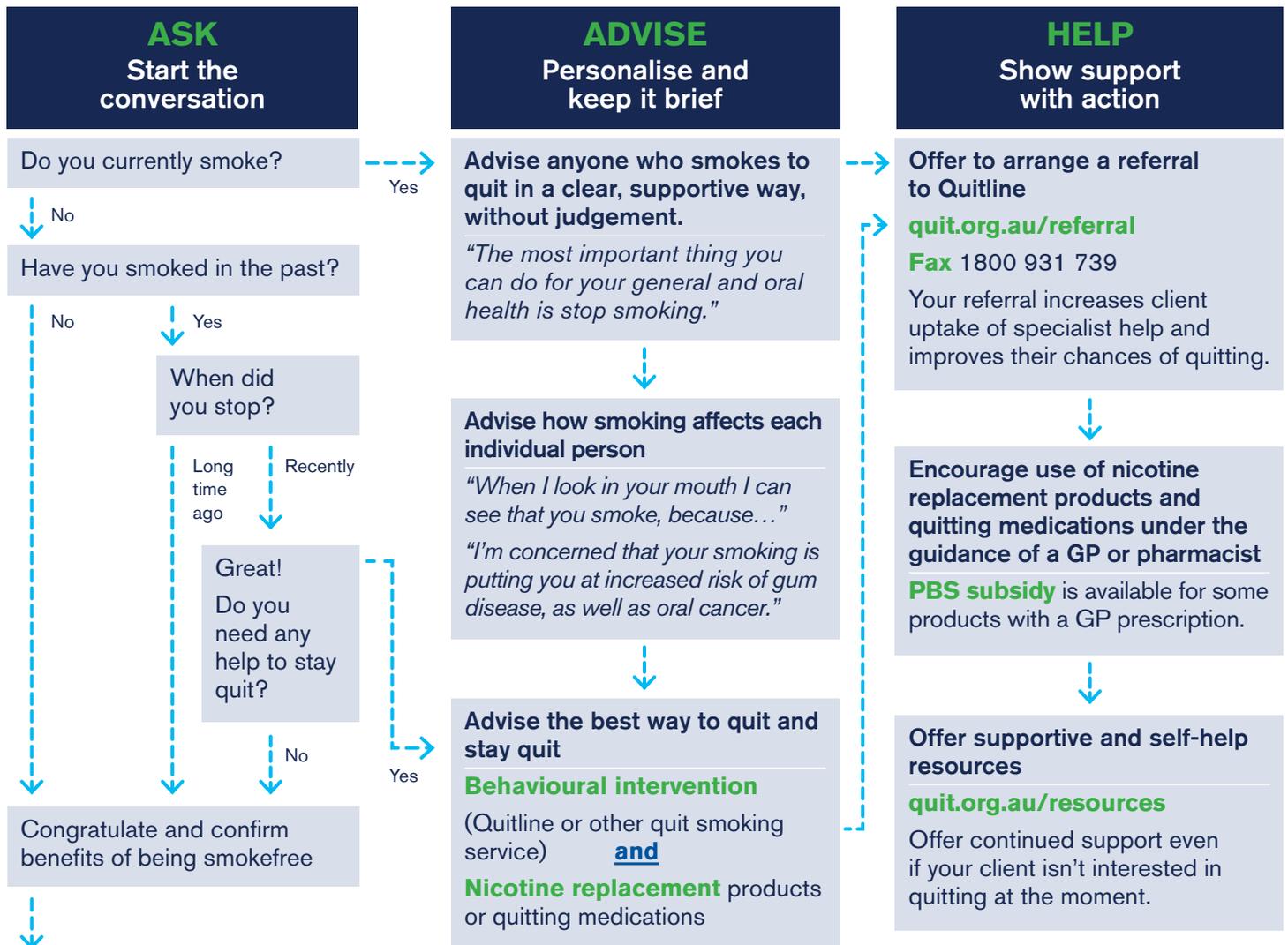




Help someone quit smoking today

A chairside guide for oral health professionals

Once you know that your client smokes, **following up with a friendly offer of help has the biggest impact on whether or not they try to quit.** The **3-step Brief Advice model for Smoking Cessation (Ask, Advise, Help)** is simple and just as effective as longer interventions (e.g. 5As). It is well-accepted by clients and only takes a few minutes, so make it part of your routine practice today.



Record details of your conversation and any relevant item codes (e.g. 142, 019). Follow up at subsequent visits.

Asking about smoking **WITHOUT OFFERING HELP** can decrease a person's likelihood of quitting.

Clinical opportunities

An important part of every medical history and risk assessment

- Clinical exam, diagnosis of smoking-related conditions (e.g. periodontal disease)
- Oral cancer screening and detection
- Treatment planning and informed consent
- When giving post-operative care instructions
- Aesthetic and dry mouth concerns
- Implant and complex restorative considerations
- When treating pregnant women, as they are particularly open to behaviour change

Help someone quit smoking today

Smoking remains the leading cause of preventable death and disease in Australia. It is a major risk factor for periodontal disease and oral cancer, and the benefits of quitting are significant.

Most people who smoke **want** to quit, most have **already tried** to quit, and they **expect your help**.

- ✓ Look for opportunities to talk with every client who smokes using the **Brief Advice** model to guide you.
- ✓ **Encourage** and congratulate all quitting attempts.
- ✓ **Guide your clients towards evidence-based solutions** which give them the best chance of success: a combination of behavioural intervention and quitting medications (where appropriate).
- ✓ Offer **self-help** materials and resources.
- ✓ **Document** all conversations and remember to **follow-up** at subsequent visits.

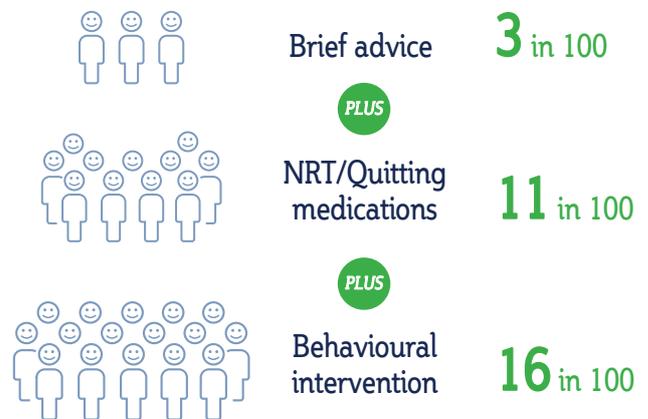
Refer to Quitline

Free, specialist telephone counselling service.
 Your **referral improves client access** to support.
 Personalised plans **increase quitting** success.
 High level of client satisfaction.
Tailored programs for pregnant women, young people and people with mental health conditions.
Interpreters and Aboriginal Quit Specialists available.
 Secure **online** and **fax referral** options.
 Referral feedback provided.
 Health provider enquiries welcome.

Recommend nicotine replacement therapy (NRT) and quitting medications

- These are a cost-effective way to help reduce nicotine cravings and withdrawal symptoms.
- **NRT options** include skin patches and faster-acting products like mouth spray, lozenges, gum and the inhalator.
- **Quitting medications** include varenicline and bupropion.
- The patch, lozenge and gum and both quitting medications are eligible for **PBS subsidy** with a GP prescription.
- **Let clients know their GP or pharmacist can provide support for their quitting journey, including detailed information on which products will work best for them.**

Number of people who quit following:



Quitline 13 7848 quit.org.au/referral

Cost comparison over 28 days

Direct comparison between cost of NRT products and cigarettes is difficult as prices and consumption do vary. In general, NRT and quitting medications cost less than smoking over time and some NRT products bought on the PBS cost less than those bought off-the-shelf.

	With GP prescription	
	PBS (Non-concession)	PBS (With concession)
Patch 25mg 28 day pack	\$40.30	\$6.40**
Gum 4mg Avg: 96 pieces/wk or 384 pieces/mth	\$40.30 (216 pieces)	\$6.40** (216 pieces)
Lozenge 4mg Avg: 420 pieces/wk or 1680 pieces/mth	\$40.30 (216 pieces)	\$6.40** (216 pieces)

All prices indicative only and subject to change.

PBS prescribing conditions apply.

*** Free for Close the Gap scheme*

28-day supply of cigarettes: 1 pack (20 cigs)/day approx. \$27 = \$756