Position Statement: Tobacco Counseling for Control and Prevention of Oral Disease

Date Approved: February 6, 2018

Tobacco use has many negative implications for oral health and outcomes of dental treatment. According to the ADA, the use of tobacco-containing products has been associated with both immediate and long-term adverse oral and systemic effects. Dental professionals are uniquely positioned to identify tobacco users, advise tobacco users to quit, and offer tobacco users information about cessation treatment.

Dentists may provide tobacco-cessation counseling and recommend or prescribe tobacco cessation products or medications to patients for the control and prevention of oral disease. Any dentist that provides these services must ensure that they do so in a manner that conforms to accepted standards for the profession. Dentists may also refer a patient to another healthcare professional for additional tobacco cessation counseling and treatment. Dentists must document a patient’s use of tobacco and the extent of any counseling, treatment, or referrals.

Dental hygienists and auxiliaries play an important role in identifying patients that use tobacco-containing products. Under O.A.C. rule 4715-9-02, dental hygienists may provide patient education services when the dentist is not physically present, subject to R.C. section 4715.22(C)-(D). Under O.A.C. rule 4715-11-02(B), dental hygienists, EFDAs, and basic qualified personnel may provide patient education services under direct supervision. Tobacco cessation counseling (including but not limited to referral to a tobacco cessation support hotline like the Ohio Tobacco Quit Line at 1-800-QUIT-NOW or to other public health resources for tobacco cessation, providing printed or electronic resources, etc.) may be considered patient education services.

References

5. Substance Abuse and Mental Health Services Administration (SAMHSA), Screening, Brief Intervention, and Referral to Treatment (SBIRT), [https://www.samhsa.gov/sbirt](https://www.samhsa.gov/sbirt)