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ESTABLISHMENT OF TOBACCO CESSATION CENTERS IN DENTAL INSTITUTES

AN INTEGRATED APPROACH IN INDIA

OPERATIONAL GUIDELINES 2018

NATIONAL ORAL HEALTH PROGRAMME (NOHP)

DENTAL COUNCIL OF INDIA

ज़िन्दगी चुनो, तम्बाकू नहीं.

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OPERATIONAL GUIDELINES 2018

Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
National Oral Health Programme/ National Tobacco Control Programme

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Jagat Prakash Nadda

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स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
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स्वच्छ भारत
एक कदम स्वच्छता की ओर

Message

India is taking rapid strides to improve the quality of life of its citizens through various initiatives in health, education, economy, etc.. An improvement in health outcomes of the country is known to drastically influence productivity and hence, the economy of the country.

2. The most common and preventable risk factor for most non-communicable diseases is the use of tobacco and its products. Globally, tobacco kills more people than tuberculosis, HIV/AIDS and malaria combined. This makes it imperative that we optimize all our resources, human and otherwise, to prevent and manage this menace.

3. Nicotine, which is a component of tobacco, is a highly addictive chemical. Thus, tobacco users often require assistance, psychological and/ or pharmacological to quit. A step towards making Tobacco Cessation services more easily available and accessible is these operational guidelines.

4. The Ministry of Health & Family Welfare, in collaboration with the Dental Council of India and the World Health Organization, has made plans to involve the Dental Colleges of the country to partner in the tobacco cessation initiative. Operational Guidelines for Establishing Tobacco Cessation Centers in Dental Colleges have also been prepared.

5. It gives me great pleasure to introduce these guidelines. I congratulate all the collaborative partners for a commendable effort towards battling tobacco use in India and wish them all the very best for future endeavors.

(Jagat Prakash Nadda)

31.5.2018,
New Delhi.

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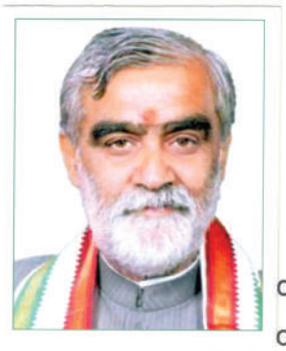

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MESSAGE

Tobacco is one of the greatest threats to the health and wellbeing of all citizens of India. It is a common risk factor for the development of most non-communicable diseases including cardiovascular diseases, respiratory disorders and cancer. The Global Adult Tobacco Survey – II conducted in 2016-17 showed that in India, 10.7% of all adults smoke tobacco while 21.4% of all adults use smokeless tobacco. Tobacco not only has adverse effects on the individual who is using it but also affects the people around through second hand smoke.

The Ministry of Health & Family Welfare introduced the National Tobacco Control Programme (NTCP) in the 11th Five Year Plan. It also subsequently launched the National Oral Health Programme (NOHP) in the next Five Year Plan. NOHP and NTCP have joined hands to expand the reach of tobacco cessation services in the country, in collaboration with the Dental Council of India. With the release of these Operational Guidelines, it is expected that 310 Tobacco Cessation Centers will be established in the Dental Colleges across India. This will increase access to tobacco cessation services to tobacco users looking to quit the habit.

I am happy to note that this collaborative effort has come to fruition and I wish both programs the very best for future efforts.

(Ashwini Kumar Choubey)

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June, 2018

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MESSAGE

Health is a collaborative effort. Optimal health is an outcome of environmental factors, economic factors, social factors and educational factors – all of which come together to create sound mental and physical wellbeing. In the current scenario, one of the greatest threats to optimal health and wellbeing is tobacco and its products. Combating this threat is also going to be a collaborative effort. Strategies that look at educating the public on the ill effects of tobacco, introducing and enforcing legislation that targets the production and sale of tobacco products and implementing strategies through national health programs can bring about positive changes.

I am happy to note that the Ministry of Health & Family Welfare in collaboration with the Dental Council of India are releasing the Operational Guidelines for Establishment of **Tobacco Cessation Centers in Dental Colleges**. Robust implementation of these Guidelines will result in the availability of **Tobacco Cessation services across the 310 dental colleges in the country**. Once embedded in the curriculum of dental colleges, the dental students will learn tobacco cessation counseling - an essential, additional skill that they can implement in their life-long dental practice.

I wish to congratulate the programs and their partners and hope to see many such integrated efforts in this direction.

(Anupriya Patel)

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MESSAGE

The GATS-II survey conducted in India in 2016-17 has shown a reduction in the prevalence of tobacco use in the country. Despite this encouraging trend, there is much work to be done to further bring down this prevalence. An important strategy to reduce tobacco use in the country is the provision of tobacco cessation services to those in need.

The Ministry of Health & Family Welfare showed its commitment to battling tobacco use in the country by introducing the National Tobacco Control Programme in the 11th Five Year Plan. Under this program, the Ministry supports the States for the set up of Tobacco Cessation Centers at the district level. To further augment these services, another 310 Tobacco Cessation Centers are planned to be established at all Dental Colleges of the country through a collaborative effort of the National Oral Health Programme, National Tobacco Control Programme and the Dental Council of India. This joint initiative would be expected to greatly enhance the spread of the Tobacco Cessation Centers and help in curbing the tobacco menace.

I am happy to note that the Operational Guidelines for Establishment of Tobacco Cessation Centers at Dental Colleges have been developed and are being released. I congratulate both Programs on this joint endeavor and wish them the very best.

(Preeti Sudan)

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दिनांक/Dated 18.5.18

MESSAGE

As the disease burden of the country shifts from communicable to non-communicable diseases, there is an increased need for a focused strategy that targets the common risk factors underlying these NCDs. Tobacco use emerges as the primary risk factor that is also the most preventable.

A holistic, integrated approach at preventing and managing tobacco consumption in all its forms has resulted in the development of these Operational Guidelines for establishing a Tobacco Cessation Clinic in Dental Institutions. This synergistic coming together of the National Tobacco Control Programme (NTCP) and the National Oral Health Programme (NOHP) will lead to the establishment of an additional 310 Tobacco Cessation Centers in the dental colleges across India. Besides making Tobacco Cessation services accessible to all those in need, we will also have the future generation of dentists trained in identifying tobacco users and counseling them on quitting the habit.

These Operational Guidelines include all information needed to set up Tobacco Cessation Centers in dental colleges. Detailed workflows and referral protocols with requirements for infrastructure and human resources are delineated. I am sure that the dental colleges will find this document extremely helpful during the initiation stage.

I congratulate both program divisions on this unique initiative and wish them and their partner organizations great success.

Gupta

(Dr. Promila Gupta)

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Dated the 30th May, 2018

MESSAGE

India is at a very critical juncture in time in terms of healthcare. We are developing so rapidly - economically, socially, geographically, culturally. Our lifestyles are changing. As a result, India is facing a shift in its burden of disease. While we continue to make great progress in controlling communicable diseases, non-communicable diseases such as diabetes, stroke, cardiovascular diseases and cancer have silently crept in and are affecting large parts of our population.

The use of tobacco is linked to cultural and social practices in India. It is the primary cause of oral cancer. There is often a delay in diagnosis of the disease due to lack of awareness, inadequate diagnostic services and lack of trained specialists, resulting in financial fallouts and poor prognosis of treatment.

These operational guidelines to establish Tobacco Cessation Centers in all dental colleges across the country will be a stepping stone towards overcoming these challenges. It will not only expand the number of centers providing counseling for tobacco cessation but will also train healthcare personnel in dental colleges, for the same.

I am happy to note that the National Oral Health Programme and the National Tobacco Control Programme have joined hands together for this initiative. I wish both programs and their partners the very best for this endeavor.

(Sanjeeva Kumar)

Sunil Sharma, IRPS
Joint Secretary

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MESSAGE

The National Oral Health Programme (NOHP) was introduced in the 12th Five Year Plan by the Ministry of Health & Family Welfare with an overarching aim to provide affordable, accessible and quality oral health care services in the public health care system. One of the objectives of the program is to integrate oral health into the overall healthcare system. Keeping that in mind, these Operational Guidelines are an effort to integrate with and augment the activities of the National Tobacco Control Programme.

Dental health professionals are already trained to identify signs of tobacco use following visual examination of the oral cavity. Through the establishment of Tobacco Cessation Centers in dental colleges, they will also receive training in providing tobacco cessation counseling to tobacco users. The aim of this endeavor is that each patient that seeks dental treatment in the dental colleges is also screened for tobacco use and then counseled, as appropriate. Referral linkages with other dental departments as well as attached medical colleges and hospitals will ensure that the entire spectrum of dental and medical care services are available to the patient for any other associated ailments.

I am sure that above integrated approach will give the needed impetus to the tobacco cessation initiative. I wish both programs great success and look forward to greater collaboration, integration and synergism.

(Sh. Sunil Sharma)

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MESSAGE

As per findings of the GATS-II survey, conducted in 2016-17, India's overall prevalence of tobacco use has decreased by six percentage points since 2009-10. While this is a step in the right direction, much remains to be done to further prevent and control the use of tobacco. India has the highest prevalence of smokeless tobacco since its use is deeply rooted in cultural and social practices.

The Ministry of Health & Family Welfare introduced the National Tobacco Control Programme in the 11th Five Year Plan with the aim to implement the provisions of the Cigarette and Other Tobacco Products Act, 2003 (COTPA). Under the programme, there is a provision to provide support to the States to set up Tobacco Cessation Centers at the district level.

The National Tobacco Control Programme and the National Oral Health Programme have joined hands in an effort to expand the Tobacco Cessation initiative. The Operational Guidelines for Establishment of Tobacco Cessation Centers in Dental Colleges will improve access to Tobacco Cessation services in the country. With the cooperation of all involves partners, I am hopeful that this effort will increase tobacco quit rates in the country by extending the necessary support to current and potential tobacco users.

I look forward to many such collaborative efforts and wish both programs the very best for the future.

(Sh. Vikas Sheel)

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PREFACE

Tobacco use is the primary and most preventable cause of death for non-communicable diseases. It's consumption in a smoked or smokeless forms is common risk factor for the development of Diabetes, Stroke, Hypertension and Oral Cancer among others.

The Global Adult Tobacco Survey (GATS) – 2 conducted in India in 2016-17 revealed the prevalence of tobacco use as 28.6% among adults (42.4% among men and 14.2% among women).

The Ministry of Health & Family Welfare introduced the National Tobacco Control Programme (NTCP) in FY 2007-08 under the 11th Five Year Plan, to combat the use of tobacco and its products in India. Under the program, funds are provided to the States and UTs to set up one Tobacco Cessation Center (TCC) per district to provide brief advice and comprehensive counseling packages like Nicotine Replacement Therapy. However with anti-tobacco awareness activities ramping up in the country (such as the Quitline, mCessation, advertisements etc.) the need for these services is estimated to go up.

To fill the gaps in availability of Tobacco Cessation services, integration with other programs is the need of the hour. The efforts of the Directorate General of Health Services in this direction have resulted as Operational Guidelines. Dental Health professionals are equipped with the skills to examine the oral cavity and identify signs of tobacco use. Establishing TCCs in all Dental Colleges in India will not only expand the availability of the service across the country but will also integrate the necessary relevant training within the Dental College curriculum. A collaboration with the Dental Council of India that regulates the 310 Dental Colleges in the country was deemed the best way forward in establishing TCCs in these colleges.

These Operational Guidelines exhibit all the requirements for a fully functional TCC in a Dental College – from space requirements to human resources, patient recording formats and technical specifications of a breath carbon monoxide monitor. Augmented with appropriate training and monitoring, these guidelines will provide a strong foundation to expand the reach of Tobacco Cessation services across the country.

(Dr. A.K. Gadpayle)

Background

The trends of oral diseases have dramatically changed over the years at a global level. Dental services have been traditionally involved in mainly tackling and treating dental diseases, while conditions pertaining to the oral cavity like oral mucosal lesions and oral cancer are on the rise worldwide. In the coming years, dentistry in India would require dental professionals to change their focus from being treatment oriented to understand and employ the non-clinical dimensions. Where the call of the hour would be to focus on patient centricity, oral health promotion, community-based preventive care, and emphasis on social and behavioral perspectives.

Demographic, epidemiological transitions and changes in lifestyles have led to the emergence of cancers and other chronic oral diseases as a major dental public health problem in India. Tobacco use is significantly related to many oral disease manifestations like Oral Cancer, Oral potentially malignant disorders, Gum and Periodontal diseases, Halitosis, Extrinsic Staining of teeth etc. In addition to these oral health related issues they have a significant Cardiovascular and Respiratory impact due to common risk factors.

The **Global Adult Tobacco Survey India (GATS)- 2** conducted in **2016-17** revealed that prevalence of tobacco (smoke and smokeless tobacco) use is 42.4% among men, 14.2% in women and 28.6% in all adults. Khaini and bidi are the most commonly used tobacco products. 11% of adults consume khaini and 8% smoke bidis. 62% of cigarette smokers and 54% of bidi smokers thought of quitting because of the warning label on the packets. 46% of smokeless tobacco users thought of quitting because of warning label on smokeless tobacco products.

Health Care Providers play an important role in tobacco cessation and abstinence. The Dental Health Care Provider's role in tobacco cessation in India is neither extensively documented nor fully utilized on a larger platform. The Dental Health Care Provider can not only assist in early diagnosis with the help of basic clinical skills and academic knowledge, but also offer indispensable care and necessary surgical and behavioral support, make referrals and generate awareness. The initial case history taking is an expansive procedure where reasonable time is spent in assessing and understanding the dental treatment needs of the individual. Hence the Dental health care provider can play an important role in identifying and motivating the individual and later can collaborate with an interdisciplinary team to assist the individual to quit the habit. This would be possible only by establishing a Tobacco Cessation Center (TCC) in dental institutes. But this concept, as an exclusive facility has never been implemented or documented as a part of the institute and academic curriculum in India.

This model of establishing a Tobacco Cessation Center in a Dental Institute is prepared with an intention to encourage and create interdisciplinary clinics in dental institute across the country that contribute in tobacco control and protecting patients from this public health problem. At the same time, the Tobacco Cessation Center would provide an ideal platform to train, orient and sensitize the future dental professionals.

Tobacco Cessation Center (TCC)

Definition

A Tobacco Cessation Center is defined as fixed premises where qualified health care professionals/counselors provide tobacco (Smoke & Smokeless form) cessation therapy to help patients in their attempts to quit the habit. The therapy can involve individual or group Counseling and may include the dispensing of pharmacological aids, if the Center is registered and equipped to do so.

Benefits of Tobacco Cessation

- Timely intervention reduces the risk of many major diseases
- Modifies the clinical course and outcome of certain diseases.

  - Within 20 minutes: heart rate drops
  - In 12 hours blood carbon monoxide levels return to normal
  - Within 2 weeks- 3 months the risk of heart attack begins to drop and lung function increases.
  - In 1-9 months coughing and shortness of is decreased
  - In 1 year the risk of coronary heart disease is half that of a current smoker
  - In 10 years lung cancer death rate is half that of a smoker; decreased risk of mouth, throat, oesophagus, bladder, kidney, pancreas cancer.

Aims and Objectives of Tobacco Cessation Center

An effective TCC aims to provide patient care services and community awareness.
Patient care services:

1. Conduct clinical based individual tobacco cessation sessions that include pharmacological and non-pharmacological approaches.
2. Provide support through interactive websites with self-help information, telephonic reminders, social networking amongst users and e-mails for session reminders, etc.

Community awareness:

1. Train Undergraduate Dental Students, Health Workers and Paramedical Staff etc.
2. Organize and conduct Community Based De-addiction programs.
3. Identify cluster like schools, colleges or health centers and organize mass awareness programs.
4. Promote the Tobacco Cessation Center through advertisements and interviews in newspapers, radio and perform street plays and road shows.
5. Collaborate with the Mobile Dental Units and carry out community based screening and cessation programs.
6. Develop information, education and communication material in print and audio-video format in English and other local languages.

7. Provide an organized dental treatment and rehabilitation for all the patients enrolled in the Cessation Center.
8. Create, collaborate and disseminate data by creating a data bank with all relevant information.
9. Conduct research both descriptive and experimental, in the field of Tobacco Cessation and assessing success with various treatment modalities.

Organization and Administration

- The Tobacco Cessation Center would be under the Department of Public Health Dentistry or Oral Medicine & Radiology with referral support from other dental as well as medical departments.
- The Center would operate on a daily basis with a monthly schedule of posting of Staff along with Post graduate students and Interns.
- There would be clear structured protocol for performing individual and optionally group counseling along with community based programs and record keeping.
- The individual patient counseling session would be scheduled and appointment given according to availability.
- The group sessions, if being conducted, would be planned and performed on designated days.
- The Center will maintain an updated organization chart and have clear job descriptions for each Center employee.
- The Center would have linkages with both dental as well as medical departments. The referral pathway would be laid out and all dental as well as medical departments would be sensitized regularly. The Departments in the Medical College/Hospital mainly Cardiology, Pulmonary Medicine, General Medicine, Community Medicine, Psychiatry, Radiotherapy and any other interested Department would be linked with the Tobacco Cessation Center through a proper referral mechanism. All the Dental Departments would refer patients who have been identified as Tobacco users.
- The data generated from the Tobacco Cessation Center would be entered and maintained in a standard format in a digital spreadsheet.
- The Center will have an effective means of communication to ensure prompt, reliable reporting and adequate dissemination of information.

Human Resource Requirements

The Tobacco Cessation Clinic would be under the Department of Public Health Dentistry/ Department of Oral Medicine and Radiology. Strong built–in referral systems would be established with other dental departments.

The Medical Hospital associated with the Dental College would contribute in the referral of patients wherever suitable, mainly the Departments of Pulmonary Medicine, Cardiology and Community Medicine.

The below human resource requirement reflects staff dedicated for the TCC.

S.No	Designation	Number	Qualification
1.	In-Charge	01	1. Should have completed **M.D.S. in Public Health Dentistry/Oral Medicine and Radiology** from a recognized college by the Dental Council of India and should have valid registration under the state dental council.
2.	**Dental Surgeon**	01	1. Should have completed bachelor's degree in dental surgery from a recognized college by the Dental Council of India and should have valid registration under the state dental council. 2. Should have minimum one year experience in patient care, Counseling and motivation with an experience in community based programs.
3.	**Medical Social Worker – mandatory Clinical Psychologist/ Counselor - optional**	01	**Medical Social Worker** 1. Should have at least a master's degree in social work specialized in medical and psychiatric social work with behavioral counseling. 2. Minimum 3 years full time experience in substance de-addiction preferably tobacco with special expertise in community based behavioral intervention and support. **Clinical Psychologist** 1. Should at least have a Masters degree in clinical psychology with bachelor's degree preferably in psychology. 2. Minimum 2 years full time experience in substance de-addiction preferably tobacco with expertise in behavioral intervention and support.

Infrastructural Requirements

The various equipment necessary in a TCC would include:

S.No.	Equipment/materials	Quantity
1.	Printed patient records along with files and stationary items	Adequate Number
2.	Computer with all accessories along with printer and speakers	01 each
3.	Clinical diagnostic Instruments (Like mouth mirror, tongue depressor, cheek retractors)	Adequate Number
4.	Carbon Monoxide Monitor (Technical Specifications as per Annexure 2)	01
5.	Television with DVD player which will be used in the Health education Room	01
6.	Portable audio system with cordless microphone	01
7.	Printed IEC materials in local languages	Adequate Number

Tobacco Cessation Center Floor Plan

The TCC would be located on the ground floor preferably near Registration area or Department of Oral Medicine and Radiology. The Center would have designated areas for:

- Individual Counseling (min.120 Sq Foot)
- Optional Group Sessions may be conducted in Oral health education Room with audio-video support

There would be adequate space along with comfortable seating arrangement, free from external sounds and distractions with adequate storage space for maintaining medical records. The TCC would have sufficient space for display of posters and other IEC materials and provisions for electrical supply, telephone and internet facility as well as common access for toilet and drinking water facilities.

Workflow and Operational Mechanism of TCC in Dental Institutes

1. **1st Chain of Referral:** Strong protocol for the referral chain would be developed amongst various departments in the Dental College, mainly Oral Medicine, Periodontics, Oral Pathology and Oral Surgery.

    a. Clear, short and simple guidelines would be developed for referring a patient along with information of the location and timing of the Center.
    b. TCC posters would be displayed in all OPD areas clearly mentioning location and timing of the Center.
    c. Staff, Students and Interns posted would be oriented regularly.

2. **2nd Chain of Referral:** All Dental Colleges in India are affiliated to either Medical Colleges or Medical Hospitals. Various departments including Chest Clinics, Psychiatry, Medicine, Community Medicine, ENT, Preventive Cardiology etc. would be linked to the TCC.

    a. Clear, short and simple guidelines would be developed for referring a patient along with information of the location and timing of the Center.
    b. TCC posters would be displayed in all OPD areas clearly mentioning location and timing of the Center.
    c. Staff, Students and Interns posted would be oriented regularly.
    d. TCC would have a basic protocol for reverse referral, that is if any medical assistance is needed for TCC patients, appropriate referrals to the Departments and follow ups would be scheduled accordingly.

3. **3rd Chain of Referral:** All TCCs would display the **mCessation Programme - Quit Tobacco for Life 011-22901701 and National Quit line number 1800-11-2356.** Patients requiring these services may utilize them.

4. Dental Departments in Medical Colleges and Dental Clinics under NOHP would be linked and adequate training would be provided to utilize and refer to these services.

5. The State Tobacco Control Cells under National Tobacco Control Programme would be informed about the functional Tobacco Cessation Centers in their State for referrals and information dissemination.

Referral Protocol:

1. **Point of Contact:** Referral from various departments or health education programs or promotional campaigns.

2. **1st Visit:** Conduct Tobacco Use Assessment, conduct Oral Health Assessment and disseminate IEC Material. 1st Session of Behavioural and Pharmacological approach follow up along with dental treatment. If any **Oral precancerous lesion is identified through screening procedures like toludiene blue staining, a necessary referral for biopsy should be made to Dept. of Oral Medicine.** Timely Reports must be obtained for such referred patients and any necessary pharmacological or surgical intervention planned and followed up.

3. **2nd Visit:** 7-10 days- 1st follow up- Behavioural and Pharmacological approach follow up along with dental treatment

4. **3rd Visit:** 10-14 days – 2nd follow up Behavioural and Pharmacological approach follow up along with dental treatment

5. **4th Visit:** 7-10 days – 3rd follow up Behavioural and Pharmacological approach follow up along with dental treatment

6. **5th Contact:** Documented Telephonic or Center Visit and Urine Cotinine analysis – 1.5, 3 months and 6 months

7. **All Pharmacological treatment protocols would follow internationally accepted standard guidelines.**

Recording Format Outline

TCC intake form (Annexure I) must incorporate the following:

- Demographic information of patient
- Source of referral
- Tobacco usage history (type, form, frequency, pack/sachet years, triggers, source of purchase, etc)
- Quit status history
- Level of Nicotine Dependence (Fagerstrom scale for Smokers and Modified Fagerstrom scale for Smokeless Tobacco)

- Associated Substance Use and history
- Family history
- Medical history
- Physical examination
- Oral history & clinical examinations
- Motivational Stage Assessment
- Diagnosis
- Investigations required
- Treatment plan
- Follow-up details
- Any other remarks

Conclusion

The global trends of oral diseases are witnessing a paradigm shift with the rising numbers of oral cancers. Dental Health Care Providers have an immense potential in preventing and controlling this rise that needs to be channelized strategically. There should be consistent identification, documentation and treatment of every tobacco user at each visit to the hospital/ college. Effective treatment should be offered to all tobacco users. Consequently, establishing Tobacco Cessation Centers in dental institutes would be a stepping stone towards oral cancer prevention

The Dental Institutes can be instrumental in rendering behavioural and pharmacological interventions along with dental care to facilitate changes in tobacco users' behaviour. It would also strengthen the roles and strategies of the Dental Council of India and National Tobacco Control Programme, Ministry of Health and Family Welfare, GoI in promoting tobacco control and rendering tobacco cessation services.

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ANNEXURE- I

Tobacco Cessation Center – Registration Form

Date:	TCC Regd. No:
OPD No.:	Referred From:

Informed Consent

I have been informed about the various aspects of this in-depth interview and would cooperate with the therapist to the best of my knowledge. Any treatment initiated would be mutual and after understanding side effects and all other aspects. I am allowed to withdraw from treatment any time after consulting the therapist.

Signature of Therapist Signature of Participant

Name:		
Age:	Sex:	Male
		Female
Address:		
Phone No.:		Email:
Education (no. of years of formal education):		
Marital Status:	Unmarried	
	Married	
	Widowed	
	Separated or Divorced	
	Not applicable	
No. of years of marriage:		
Occupation:	Professional or Semi-professional	
	Skilled, semi-skilled or unskilled worker	
	Retired	
	Housewife	
	Student	
	Other	
	Unemployed	
No. of years in present service:		No. of working hours per day:
Income per month:		
No. of members in household:		No. of dependents:
Physical activity (no. of hours per week):		

Details of tobacco use

	TYPE (cigarette, beedi, hookah, gutka, khaini, paan, mawa, misri, gul, any other)	Quantity consumed per day (a)	No. of years since habit initiated (b)	Sachet/Cigarette years (a*b)
Smoked				
Smokeless				

Daily tobacco use pattern:

Time	Daily triggering factors/ cues (friends, meals, tea breaks, stress, travel, bowel, any other)

Reasons for use of tobacco products:	
Reasons for use of continued daily tobacco products:	
Expense per month on tobacco:	
Source of purchase of tobacco :	Near the residence
	Near the workplace
	Any other
Order of purchase of tobacco:	Bulk purchase
	Daily purchase
	Whenever needed
	Sharing with friends
Any money spent on health related problems due to tobacco use:	Yes
	No
Severity of nicotine dependence (as per Fagerstorm Nicotine Dependence / Modified Fagerstorm Nicotine Dependence Scale):	
Previous attempts at quitting tobacco:	

Previous attempts at quitting:	Yes	If yes, when was the most recent attempt made?
	No	

Number of previous attempts at quitting:

Type of tobacco	Reasons for quitting	Reasons for relapse	Remarks
Smoked			
Smokeless			

Reasons for quitting: No reasons, referred from other dental departments, social measures, existing health problems, awareness about health problems during education programs, lack of productive work, financial reasons, any other

Reasons for relapse: Craving, insomnia, irritability, headaches, constipation, social pressure, lack of productive work or concentration, psychological stress, family tensions, financial tension, chronic illness, pain, any other

Stage of behavior change:	Pre-contemplation
	Contemplation
	Preparation
	Action
	Maintenance
Alcohol Use:	Yes
	No
Pattern of alcohol use in last one year:	Daily drinking
	Regular drinking (3 or more a week)
	Social drinking (less than 3 a week)
	None
Average no. of units per drinking day: (1 unit = 30 ml spirit/ 60 ml wine/ half mug beer)	

Other substance use: Yes/ No

Substance used	Pattern of use in past one year	Dependence (Yes/ No)	Avg amounts/ units per day	Remarks

Family history of tobacco use in first degree relatives:	Smoked	
	Smokeless	
	Both	
	None	
History & symptoms suggestive of:		
Cough	Cough with sputum	Yes/ No
	Sputum with blood	Yes/ No
Bronchial	Breathlessness	Yes/ No
Cardiac	Chest pain	Yes/ No
	Hypertension	Yes/ No
Others	Cancer	Yes/ No
	Diabetes	Yes/ No
	TB	Yes/ No
	Weight gain	Yes/ No
	Weight loss	Yes/ No

Physical Examination:

Height (cm): Pulse:	Weight (kg): Systolic Blood Pressure	Body Mass Index: Diastolic Blood Pressure

Oral Health Status & History of Dental Treatment

Chief dental complaint:

Intra-oral examination:

Oral Condition	Present/ Absent	Description
Leukoplakia:	Yes	
	No	
Sub mucous fibrosis:	Yes	
	No	
Erythroplakia:	Yes	
	No	

Investigations:

Biopsy:

Blood investigations:

Any other:

Provisional Diagnosis:

Carbon Monoxide Breath Analysis Test:

Done. CO level _____ppm CO levels: 0 – 6N, 7 – 10N, >10N	Not Done

Intervention:

Cold turkey
Behavior counseling
Behavior counseling + NRT (type of NRT _____)
Behavior counseling + Medication
Behavior counseling + Medication + NRT (type of NRT_____)

Instructions on possible side effects & adverse drug reactions have been explained: Yes/ No

Details of pharmacotherapy

Follow up details:

F/U visit	Date	Use status	Cotinine Test (Done or not) (+ve or –ve_	CO Breath Analysis (Done or not)	CO level	Treatment	Medication/ NRT
0 – 2 wks							
2 – 4 wks							
4 – 6 wks							
6 wks – 3 months							
3 – 6 months							
6 – 9 months							
9 – 12 months							

Treatment:

1. Behavioral counseling	2. Behavioral counseling + medication
3. Behavioral counseling + NRT	4. Behavioral counseling + NRT + Medication

Status:

1. No change (<50% change)	2. Reduced use (>=50% change)	3. Stoppped use	4. Lost to follow up	5. Relapse

Source of information:

Follow up	Phone call	Email	Mail

Other remarks:

Name of Therapist: ---------- Signature: ----------

Date:

Fagerstorm Nicotine Dependence Scale – Smoking

1. How soon after you wake up do you smoke your first cigarette?

Within 5 minutes	(3 points)
5 to 30 minutes	(2 points)
31 to 60 minutes	(1 points)
After 60 minutes	(0 points)

2. Do you find difficult not to smoke in places where you shouldn't, such as in church or school, in a movie, at library, on a bus, in court or in a hospital?

Yes	(1 point)
No	(0 point)

3. Which cigarette would you most hate to give up; which cigarette do you treasure the most?

The first one in the morning	(1 point)
Any other one	(0 point)

4. How many cigarette do you smoke each day?

10 or fewer	(0 points)
11 to 20	(1 points)
21 to 30	(2 points)
31 or more	(3 points)

5. Do you smoke more during the first few hours after waking up than during the rest of the day?

Yes	(1 point)
No	(0 points)

6. Do you still smoke if you are so sick that you are in bed most of the day, or if you have a cold or the flu and have trouble breathing?

Yes	(1 point)
No	(0 points)

Scoring: 7 to 10 points = highly dependent ; 4 to 6 points = moderately dependent ; less than 4 points = minimally dependent.

Modified Fagerstorm Nicotine Dependence Scale – Smokeless Tobacco

The Fagerstrom Test for Nicotine Dependence - Smokeless Tobacco (FTND- ST)

	Item	Answers	Points
1.	How soon after you wake up to do you place your first dip?	Within 5 min	3
		6-30 min	2
		31-60 min	1
		After 60 min	0
2.	How often do you intentionally swallow tobacco juice?	Always	2
		Sometimes	1
		Never	0
3.	Which chew would you hate to give up most?	The first one in the morning	1
		Any other	0
4.	How many cans/ pouches per week do you use?	More then 3	2
		2-3	1
		1	0
5.	Do you chew more frequently during the first hours after awakening than during rest of the day?	Yes	1
		No	0
6.	Do you chew if you are so ill that you are in bed most of the day?	Yes	1
		No	0

Source: Ebbert JO, Patten CA, Schroeder DR. The Fagerstrom Test For Nicotine Dependence Smokeless Tobacco (FTND-ST). Addictive Behaviours 31(9), 2006, 1716-1721. doi:10.1016/i.addbeh.2005.12.015

ANNEXURE- II

Technical Specifications of Carbon Monoxide Breath Monitor

Description of function

The Carbon Monoxide Breath Monitor measures the Carbon Monoxide levels in ppm (parts per million) in breath. It is an instant and non-invasive tool to biochemically establish smoking status in an individual while acting as a motivational visual aid for the smokers.

Technical specifications

Essential Specifications:

1. It should have color touch-screen display.
2. Response time should be < 30 seconds to 90% FSD
3. Recording and interpreting results should be quick and easy.
4. It should have automatic calibration to ensure accurate results.
5. There should be provision of mouthpieces for excellent and low cost infection control.
6. It should have storage of up to 100 readings and personal profiles.
7. There should be familiar green, amber and red traffic light system for making CO levels instantly identifiable to patients.
8. It should have electrochemical sensor with ±5% repeatability and accuracy.
9. Sensor operating life should be 5 years (2-year warranty)
10. Sensor sensitivity should be 1ppm.
11. Its weight should be in < 250gm.
12. H2 cross sensitivity: <12%

Desirable Specifications:

1. It should be able to provide instant result in exact ppm for %COHB and %FCOHB
2. There should be provision for adults, adolescents and pregnant woman testing mode

Environmental factors

1. Operation temperature range should be 0-40 degree Celsius
2. Storage/transport temperature: 0-50°C
3. Operating/storage/transport pressure: Atmospheric ±10%
4. Operating humidity: 15-90% non-condensing
5. Storage/transport humidity: 0-95%

Documentation

User/ Technical/ Maintenance manuals to be supplied in English.

World Health Organization
India

Developed with support from WHO Country Office for India