

**ADA** American  
Dental  
Association®

**Tobacco & Vaping Cessation**

**Implementing & Fostering  
QuitLine Referrals:**

***A Guide for Oral Health  
Professionals***

## Joint Letter from the Executive Directors

Colleagues,

We are united by a shared mission to promote and empower health. Despite decades of progress, tobacco use continues to inflict a heavy toll, causing illness and death, particularly among marginalized communities targeted by tobacco companies and underserved by public health efforts. Urgent action is needed to reduce tobacco's toll.

Dental care teams are trusted healthcare providers and essential partners in the fight against tobacco. By partnering with tobacco [QuitLines](#), dental providers can connect people to evidence-based resources and increase patients' chances of quitting successfully. To help dental partners leverage QuitLines, the American Dental Association (ADA) teamed up with the North American Quitline Consortium ([NAQC](#)) to develop this toolkit, *Tobacco & Vaping Cessation - Implementing & Fostering Quitline Referrals: A Guide for Oral Health Professionals*.

This guide equips oral health professionals with essential recommendations to address smoking, vaping, and other tobacco use within the dental practice and connect patients to free evidence-based QuitLine support. Whether you are in the early stages of considering a tobacco policy or are actively enhancing your practice's tobacco intervention efforts, this guide offers practical recommendations and ready-to-use tools.

We hope you will explore the guide, share it widely with others, and join us in empowering people on their journeys to being tobacco-free.

Together, we can make a difference.

In Health,



Michelle Lynch  
President & CEO  
North American Quitline Consortium



Raymond A. Cohlmiya, DDS  
Executive Director  
American Dental Association



## Executive Summary

While smoking rates have fallen significantly over the past decades, cigarette smoking remains the leading cause of preventable death in the U.S.<sup>i</sup> Smoking and use of smokeless tobacco and other tobacco products has significant adverse effects on oral health, including oral cancer and gum disease.<sup>iv</sup> Tobacco use and exposure rates continue to be higher in some groups, including specific racial and ethnic populations and people with lower incomes and limited access to healthcare. These disparities contribute to a disproportionate burden of tobacco-related disease in these communities.

Oral health providers are uniquely positioned to address tobacco-related disparities by improving access to science-based information and resources that help their patients quit tobacco. Over two-thirds of adults see a dentist yearly, and oral changes related to tobacco use often appear early, making dental practices an effective setting for tobacco use screening, prevention, and cessation.

This implementation guide will help oral health providers understand dental care teams' role in supporting tobacco cessation by leveraging QuitLines. QuitLines are digital and phone-based services that provide free help to people who use any form of tobacco. QuitLines offer behavior change support, referrals to community services, safe and effective medications like nicotine replacement therapy (NRT), and other personalized programs and tools. Research has shown that QuitLines are highly effective in helping people who use tobacco quit. Referrals to QuitLines help patients connect with QuitLines to get cessation services and medications.

The guide offers practical guidance for oral health providers interested in connecting patients to QuitLine services by:

- Providing rationale for the involvement of oral health professionals (Chapter 2) and guidance for collaboration to increase referrals to state QuitLines (Chapter 3).
- Offering suggestions for integrating the referral process into existing systems (Chapter 4) and suggested steps for oral health providers as they begin implementing referral systems (Chapter 5).

**Oral health providers are well-positioned to integrate tobacco cessation into routine practice, and state QuitLines make an excellent partner by providing free services to help individuals quit tobacco.** By integrating tobacco intervention and QuitLine referrals into dental practice, oral healthcare teams can improve their communities' health and significantly impact the fight against tobacco.

<sup>i</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>iv</sup> Winn DM. Tobacco use and oral disease. *Journal of Dental Education* 2001;65:306-312.

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# Chapter 1: Purpose of the Implementation Guide

While smoking rates have fallen significantly over the past few decades, cigarette smoking remains the leading cause of preventable death in the U.S.<sup>i</sup> In 2020, 12.5% of adults in the U.S. smoked cigarettes. Rates of cigarette use are higher in specific populations, such as American Indian/Alaska Native (27.1%); non-Hispanic Black (14.4%); lesbian, gay, or bisexual adults (16.1%); and those with an annual household income less than \$35,000 (20.2%).<sup>ii</sup> Each year, smoking is responsible for 480,000 deaths in the U.S.<sup>iii</sup>

Throughout this document “tobacco” refers to “commercial tobacco” or harmful products made and sold by tobacco companies. It does not include “traditional tobacco” Indigenous and other groups use for religious or ceremonial purposes.

Smoking and tobacco use, including vaping, has significant adverse effects on oral health. Cigarettes and other forms of tobacco can cause oral cancer and gum disease.<sup>iv</sup> Forty-three percent of adults 65 and over who smoke have lost all their teeth compared to 12% of nonsmoking adults.<sup>v</sup> Although harms associated with e-cigarettes differ from combustible cigarettes, they are not considered safe and are known to contain harmful.<sup>vi</sup>

Tobacco addiction is a chronic, relapsing condition, and recovery is complex. Quitting can be difficult, and stress, stigma, and lack of support add to these challenges. State QuitLines are working to increase the reach of evidence-based cessation services, such as phone counseling and medications, to support people seeking help for tobacco use. Oral health providers can help patients receive tobacco cessation services by linking them to state QuitLines. The Community Preventive Services Task Force (CPSTF) has found that referral systems increase QuitLine service utilization and the number of individuals who successfully quit tobacco.<sup>vii</sup> These chemicals have a negative systemic and oral health effect.

This implementation guide is designed to help oral health providers understand the dental care teams' role in supporting tobacco cessation. **Oral health providers can promote tobacco cessation by talking with patients, providing education, offering FDA-approved medications, and referring patients to state QuitLines or other community resources.** This guide focuses on making referrals to state QuitLines, a free resource available in every state.

## How to use this guide

- Review the information, engage in tobacco cessation efforts, and promote optimal oral health by making people healthy
  - Rationale for the involvement of oral health providers is presented in Chapter 2
  - The case for increasing referrals to QuitLines is presented in Chapter 3
  - A process for increasing referrals is outlined in Chapter 4
  - Ideas for future directions are detailed in Chapter 5

## Chapter 2: Background & Rationale

### Why should oral health professionals play a role in tobacco cessation?

Tobacco use adversely affects oral health. The American Dental Association (ADA), Centers for Disease Control and Prevention (CDC), and others recognize the critical role of oral health teams in helping people quit tobacco. More than two-thirds of adults who smoke report wanting to quit, and thousands try each day.<sup>viii</sup> **Oral health professionals can help patients improve their oral and overall health by aiding their cessation journey.** The ADA has resolved that dentists should screen patients for tobacco use, encourage individuals who use tobacco to quit, and provide educational materials supporting cessation.<sup>viii</sup>

### What is a QuitLine?

QuitLines are digital and phone-based services that provide free help to people who use any form of tobacco. QuitLines offer behavior change support, referrals to community services, safe and effective medications like nicotine replacement therapy (NRT), and other personalized programs and tools. Research has shown that QuitLines are highly effective in helping people who use tobacco quit.

The first state QuitLine started in California in 1992. All 50 states, the District of Columbia, Puerto Rico, and Guam, now have state QuitLines offering free cessation services. QuitLines provide counseling and resources to help people plan to quit and quit successfully, including information on the effective use of nicotine replacement therapy (NRT) or other cessation medications. Many QuitLines can also provide cessation medications at no cost to eligible participants.

QuitLine services are available in multiple languages, and translators can be arranged for additional languages. While QuitLine counseling has traditionally been offered by phone, many QuitLines now offer options for web or text-based services. QuitLines provide services to participants looking to quit any form of tobacco, including e-cigarettes.

Callers can be connected to their state QuitLine by dialing 1-800-QUIT-NOW. Some state QuitLines also have a state-specific number that a caller can dial directly. [The North American Quitline Consortium \(NAQC\) map](#) details services offered by individual state QuitLines.

QuitLines are effective at helping those who use tobacco quit. The Community Preventive Services Task Force (CPSTF) recommends QuitLine interventions based on strong evidence that QuitLine interventions help those who use tobacco quit successfully.<sup>ix</sup> QuitLines eliminate common barriers associated with traditional care, reach populations most impacted by tobacco use, and serve as an essential care extender for healthcare partners.<sup>xi</sup>

## What role can oral health professionals play?

Oral health providers can get involved in tobacco cessation by displaying information at their office, talking to patients during their visits, and referring patients to state QuitLines or other community resources. Additional details on the roles oral health providers can play are available in the figure below. Counseling and medication are both effective strategies for tobacco cessation. Cessation efforts are most effective when counseling and medication are used together.<sup>x</sup>

Figure 1: Spectrum of Tobacco Cessation Services Oral Health Professionals Can Provide

Services
Place cessation materials and QuitLine numbers in the clinic (e.g., waiting rooms, operatories, etc.)
Provide <a href="#">brief intervention</a> during preventive and restorative dental appointments
Refer patients to QuitLines
Refer patients to primary care physician (medical-dental collaboration)
Prescribe <sup>†</sup> or provide information about FDA-approved cessation medications

<sup>†</sup>Tobacco cessation prescribing models for pharmacists vary across states.

**The ADA encourages all oral health providers engage in tobacco cessation efforts by referring patients who smoke or vape to QuitLines and providing other evidence-based smoking cessation resources.**

## What is a QuitLine referral?

A QuitLine referral connects patients to their state QuitLine to receive information, cessation services, and medications. Dental team members can refer any patient interested in help for tobacco use to their state QuitLine.

## Why should oral health professionals refer to QuitLines?

Oral health providers are well-suited to help patients who are ready to quit. Time constraints may prevent oral health providers from being able to offer more intensive support beyond a brief tobacco intervention. QuitLines reinforce oral health provider messaging and serve to keep the conversation going, as well as providing additional support to quit tobacco successfully.

Providers may also be able to receive QuitLine feedback reports about patient progress.

## How does a provider make a referral to a QuitLine?

The referral can be as simple as giving the patient the phone number for the QuitLine (a state-specific number or 1-800-QUIT-NOW) and explaining what will happen when the patient calls. The patient will then choose whether or when to call the QuitLine. This is an indirect or passive referral.

It may be possible for a provider to make a direct or active referral. In this case, the provider uses a QuitLine referral system. All state QuitLines accept fax referrals, and many accept referrals through web-based referral systems or electronic health records. Some QuitLines offer other referral methods. The table below summarizes referral methods. More information on state-specific referral options can be found on the [North American QuitLine Consortium's QuitLine map profiles](#). Direct referrals allow the transmission of referral forms and feedback reports on patient progress back to the referring provider.

Table 1: Referral methods

<b>Method</b>	<b>Description of the method</b>
<b><i>Bi-directional e-Referral</i></b>	EHR technology sends bi-directional e-referrals between healthcare systems and providers of tobacco cessation services such as QuitLines.
<b><i>Email or online referral</i></b>	Information between a referring entity and a QuitLine is sent or received via email or online file transmission (i.e., flat files).
<b><i>Fax referral</i></b>	Information between a referring entity and a QuitLine is sent or received via fax.

To make a referral, the provider should:

- Explain what will happen when the QuitLine calls the patient
- Obtain consent for the QuitLine to contact the patient
- Submit the referral form

The QuitLine will then contact the patient by phone and proceed with their services.



The table below highlights the advantages and disadvantages of indirect and direct referrals.

Table 2: Pros and Cons of Referral Types<sup>xi</sup>

	<b>Advantages</b>	<b>Disadvantages</b>
<b><i>Indirect referral</i></b>	<ul style="list-style-type: none"> <li>• Relatively easy to implement; requires the least amount of provider time</li> <li>• Aligned with the evidence-base for telephone counseling (i.e., QuitLines are effective for those who call)</li> <li>• May have a broader public health impact</li> <li>• Meets clinical quality measures for tobacco cessation intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Lower certainty that the patient will follow through with the recommendation to call QuitLine</li> <li>• No feedback to providers on patient engagement, NRT status, or outcomes</li> <li>• No ability to track and report on referrals by hospital, clinic, or individual provider</li> </ul>
<b><i>Direct referral</i></b>	<ul style="list-style-type: none"> <li>• Eliminates the need for patient to initiate a QuitLine call</li> <li>• Greater certainty that patients will receive treatment</li> <li>• Opportunity for providers to receive feedback on patient engagement, NRT status, and outcome</li> <li>• Meets clinical quality measures for tobacco cessation intervention</li> <li>• Can feed data back directly into an EHR; easier to track provider actions</li> <li>• Aligned with the goal of systems change to support cessation interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Requires more effort to set up provider workflow</li> <li>• May require more oversight to sustain referrals</li> <li>• Greater expense and effort for QuitLines to contact referred patients</li> </ul>

## Chapter 3: Building the Case for Integration: Medical-Dental Collaboration to Increase Referrals to State QuitLines

Referral systems help integrate cessation into routine healthcare delivery and promote system change to improve effectiveness and efficiency. Referral systems also build knowledge of up-to-date cessation counseling and pharmacotherapy protocols.<sup>xii</sup>

A Community Preventive Services Task Force (CPSTF) systematic review found that referral interventions increased the number of individuals who use tobacco being referred to QuitLines. The review also found an increase in the cessation rate of individuals referred to the QuitLine compared to those not referred.<sup>xiii</sup>

Oral health providers play a crucial role in helping their patients quit tobacco. The Centers for Disease Control and Prevention (CDC) note that the mouth is frequently the first place to see adverse effects from cigarettes and other tobacco products. **Oral health professionals are well-positioned to talk with patients about tobacco's health impacts and encourage quitting.**<sup>xiv</sup>

In 2019, 65.5% of adults in the U.S. reported seeing a dentist in the past year,<sup>xv</sup> meaning oral health providers have the potential to reach significant numbers of individuals who use tobacco. Education and referrals to QuitLines can be conducted within a typical dental visit, facilitating the integration of referrals into standard oral healthcare practice.

Nearly 7 out of 10 (68%) of individuals who smoke report wanting to quit, but just 57% had been advised to quit by a health provider, and fewer than one-third used evidence-based cessation methods.<sup>xvi</sup>

**Oral health providers can fill a need and help those interested in quitting by linking them to resources proven to aid their attempts to quit and improve their chances of success.**

# Chapter 4: Steps to Integrate & Foster QuitLine Referrals

## Involving the whole office

Oral health providers should consider every staff member's role when determining the referral process for their office. Encourage the involvement of the entire staff. For example, dental team members such as dental hygienists can screen for tobacco use and complete all or part of the referral form. Oral health provider advice on cessation is also a key part of the process.

Providers should determine an approach that efficiently uses staff resources. Identifying an office champion for tobacco cessation increases the program's visibility and can facilitate implementing and using effective referral protocols. A team approach is favorable for helping reach patients during their dental appointment time.

## Implementing a referral system within the office

A successful system integrates tobacco intervention and QuitLine referral into routine care. Providers should follow clinical guidelines and use a process like the *Ask, Advise, Refer model* or 5As brief intervention detailed in the tables below.<sup>xix</sup> Best practices for assessing tobacco use and referring to additional resources may change over time, so up to date guidance can be found at [ADA's Tobacco Use and Cessation page](#).

Table 3: Ask, Advise, Refer<sup>xix</sup>

Ask about tobacco use.	Identify and document tobacco use status for every patient at every visit. It is important to ask about tobacco in any form, including e-cigarettes.
Advise to quit.	In a clear, strong, and personalized manner, urge every tobacco user to quit.
Refer to other resources.	Refer patients willing to make a quit attempt to a QuitLine or primary practice physician.

Table 4: 5As Intervention Model for Tobacco Cessation<sup>xvii</sup>

Ask about tobacco use.	Identify and document tobacco use status for every patient at every visit. It is important to ask about tobacco in any form, including e-cigarettes.
Advise to quit.	In a clear, strong, and personalized manner, urge every tobacco user to quit.
Assess willingness to make a quit attempt.	Is the tobacco user willing to make a quit attempt at this time?

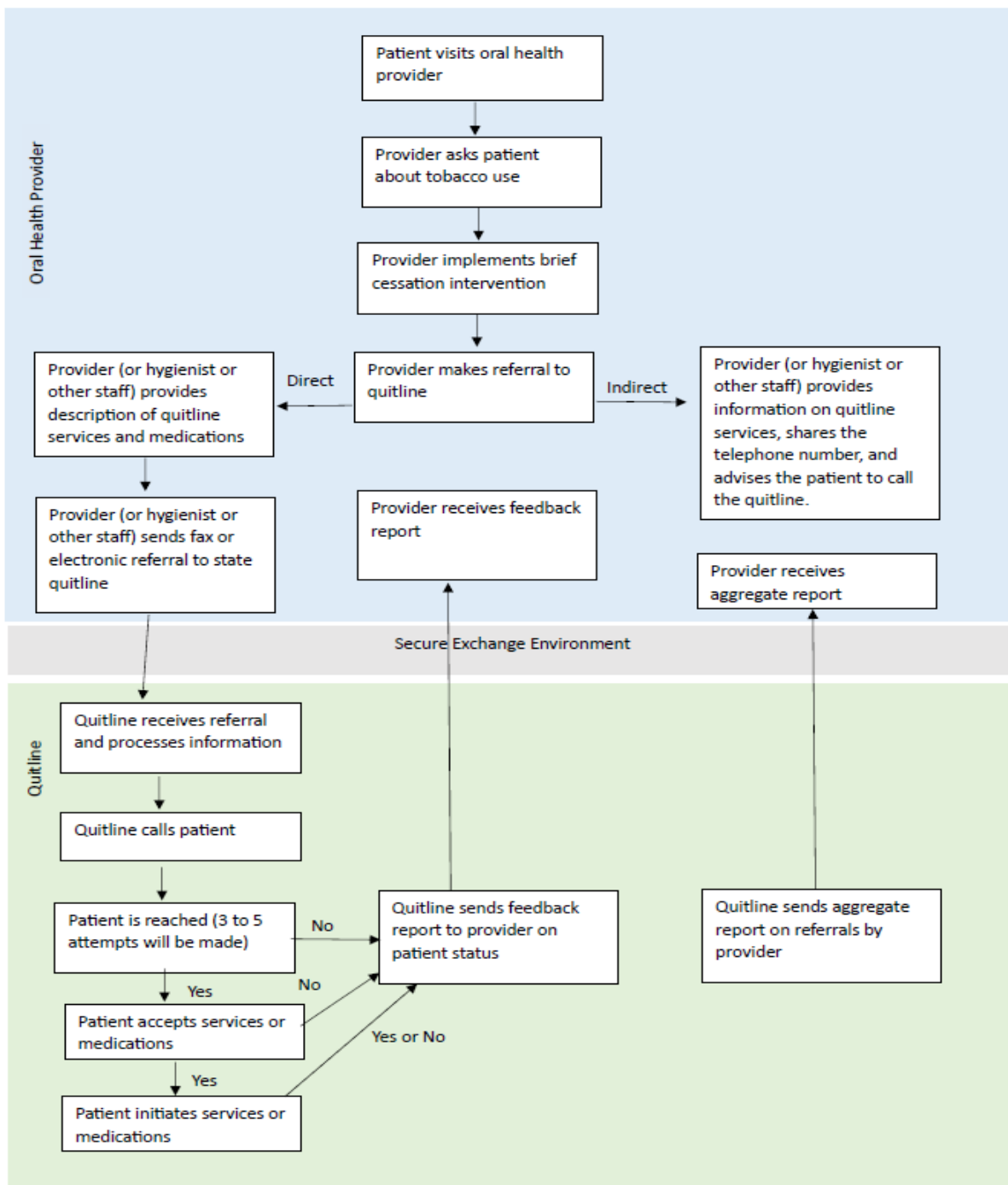
Assist in quit attempt.	<p>For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.</p> <p>For patients unwilling to quit at the time, provide interventions designed to increase future quit attempts.</p>
Arrange follow-up.	<p>For patients willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date.</p> <p>For patients unwilling to make a quit attempt now, address tobacco dependence and willingness to quit at the next clinic visit.</p>

A typical workflow used to make referrals consists of the following major activities:<sup>xviii</sup>

1. Tobacco use status, including smoking, vaping (e-cigarettes), and use of smokeless tobacco, should be treated as a vital sign and documented for every patient at every visit.
2. Current tobacco users should receive a cessation intervention, in which the provider asks if the tobacco user is willing to quit in the next 30 days. If the patient is willing, the provider can refer to QuitLines or other appropriate cessation resources.
3. In an indirect referral, the provider suggests available cessation resources to the patient and provides contact information. Information sheets, brochures, magnet cards, and other promotional materials may be provided to the patient, and no further action is required by the provider. In an indirect referral, the patient is expected to initiate contact.
4. In a direct referral, the provider sends a referral form to the QuitLine. The provider may discuss pharmacotherapy options, ask the patient for consent to be contacted, and receive feedback reports from a QuitLine. If a patient agrees, the provider completes the referral form, provides medical consent and any prescriptions for pharmacotherapy, and submits the referral form to the QuitLine.
5. Once a patient is referred, referring providers may receive feedback reports from QuitLines at various milestones. The provider should review these reports, and results should be documented in the patient's medical record.
6. Providers should discuss feedback reports with patients when feasible. Congratulations and encouragement should be offered to all patients seeking treatment. Providers should review relapse prevention strategies for those who have successfully quit. Patients who continue using tobacco should be advised that quitting is a process and encouraged to keep trying.

The process map on the following page illustrates a typical workflow.

Figure 2: Process Map of Typical Referral Workflow



### Identifying state QuitLine resources

[North American QuitLine Consortium's QuitLine Map](#) features state-specific QuitLine service and referral information. Each state profile has a section on provider referrals, including

information for the state's referral contact. The referral program contact can provide additional information and guidance. Sample referral information is shown in Figure 3 and a full sample profile is shown in Figure 4.

Some states provide training and technical assistance to providers interested in making referrals to the state QuitLine. States may be able to provide additional resources, including training and technical assistance, to providers. The referral contact listed in the state QuitLine profile can offer additional guidance and information on what state-specific resources are available.

Figure 3: Referral Information from Sample Profile

Provider Referral Program	
Fax or electronic referral program: <input checked="" type="checkbox"/> Yes	Referred patients contacted within: <input checked="" type="checkbox"/> Within 48 hours
Person(s) eligible to refer patients: <input checked="" type="checkbox"/> certified or trained fax referral providers	Other services available to referring providers: <input checked="" type="checkbox"/> quitline and/or referral brochures
<input checked="" type="checkbox"/> clinicians or non-clinicians in a healthcare setting	<input checked="" type="checkbox"/> customized referral/consent forms
<input checked="" type="checkbox"/> clinicians or non-clinicians in a community-based organization	<input checked="" type="checkbox"/> patient progress reports
<input checked="" type="checkbox"/> other	<input type="checkbox"/> customized provider feedback reports
Available referral methods: <input checked="" type="checkbox"/> faxed form	<input checked="" type="checkbox"/> staff training
<input checked="" type="checkbox"/> e-mail or online	<input type="checkbox"/> quitline/referral program newsletter
<input checked="" type="checkbox"/> EMR with electronic submission	Referral program contact: <input checked="" type="checkbox"/> Joyce Swetlick NCDPH Tobacco Prevention and Control Branch (919) 707-5402 joyce.swetlick@dhhs.nc.gov
Tobacco users can be referred if they: <input type="checkbox"/> are thinking about quitting	Other information:
<input checked="" type="checkbox"/> indicate a readiness to quit within 30 days	
<input checked="" type="checkbox"/> are ready to make a quit attempt	
<input checked="" type="checkbox"/> are quit and seek help to stay quit	

Figure 4: Sample Profile

North Carolina

Quitline Profile

United States

**Quitline:** QuitlineNC  
 Began Operations: November 2005  
 Website: <http://www.quitline.nc.com>  
**Standard Hours of Operation**  
 Monday: 12:00 AM - 11:59 PM  
 Tuesday: 12:00 AM - 11:59 PM  
 Wednesday: 12:00 AM - 11:59 PM  
 Thursday: 12:00 AM - 11:59 PM  
 Friday: 12:00 AM - 11:59 PM  
 Saturday: 12:00 AM - 11:59 PM  
 Sunday: 12:00 AM - 11:59 PM  
 Closed on: Independence Day, Thanksgiving, Christmas, New Year's Day

**Telephone Numbers**

Line	Phone Number	Language/Subject
1	(800) QUIT-NOW	English/Spanish
2	(877) 777-6534	TTY
3	(855) DEJELLO-YA	Spanish

**Supported Languages**  
 Counseling offered in: English, Spanish  
 Third-party counseling: AT&T services with translation in over 170 languages  
 Deaf/hard of hearing: Direct TTY machine

**ENROLL IN ONLINE CESSATION SERVICES**

**Services Offered**

**Phone Counseling**  
**Types:**  
 brief intervention  
 multi-session (client-initiated)  
 Text Msg to cell phone (two-way)  
 single-session  
 multi-session (counselor-initiated)  
 Text Msg to cell phone (one-way)  
 Length of standard first session: 30 min  
 Length of standard follow-up session: 15 min  
**Counseling session topics:**  
 tobacco history  
 setting a quit date  
 relapse prevention  
 use of cessation medication  
 other  
 developing a quit plan  
 withdrawal symptoms  
 weight gain  
 stress management  
**Web-Based Services**  
 quitline information  
 self-help tools  
 interactive counseling  
 cessation information  
 automated e-mail messages  
 chat rooms

**Cessation Medications**  
**Free Medications**  
 patch  
 lozenge  
 inhaler  
 bupropion  
 gum  
 nasal spray  
 varenicline  
**Discounted Medications**  
 patch  
 lozenge  
 inhaler  
 bupropion  
 gum  
 nasal spray  
 varenicline  
**Distribution Methods**  
 voucher  
 by mail  
**Other Services**  
 voicemail with callbacks  
 referral to other health services  
 recorded self-help messages  
 mailed info or self-help resources

**Eligibility Criteria**  
**To receive counseling:** Any North Carolina resident. Uninsured residents, Medicaid and Medicare insured residents will receive up to 4 proactive coaching sessions. All commercially insured residents will be limited to one coaching session.  
**To receive medication:** Medicaid & Medicare insured or uninsured enrolled in multistage program 18 years of age and older  
**Additional info:** Anyone regardless of insurance can enroll in Pregnancy program (10 calls) or Behavioral health program (7 calls plus 12 week combination therapy) There is no eligibility requirements for the web only or texting.

**Specialized Materials**  
**Specialized Materials**  
 youth, under 18  
 older tobacco users, 55+  
 pregnant tobacco users  
 racial/ethnic populations  
 chronic health conditions  
 low literacy  
 mental health disorders including psychiatric conditions  
 youth, 18-25  
 smokeless tobacco users  
 multiple addictions  
 lesbian, gay, bisexual or transgender  
 low socioeconomic status or Medicaid  
 other

**Provider Referral Program**

Fax or electronic referral program: Yes  
**Person(s) eligible to refer patients:**  
 certified or trained fax referral providers  
 clinicians or non-clinicians in a healthcare setting  
 clinicians or non-clinicians in a community-based organization  
 other  
**Available referral methods:**  
 faxed form  
 e-mail or online  
 EMR with electronic submission  
**Tobacco users can be referred if they:**  
 are thinking about quitting  
 indicate a readiness to quit within 30 days  
 are ready to make a quit attempt  
 are quit and seek help to stay quit

Referred patients contacted within: Within 48 hours  
**Other services available to referring providers:**  
 quitline and/or referral brochures  
 customized referral/consent forms  
 patient progress reports  
 customized provider feedback reports  
 staff training  
 quitline/referral program newsletter  
**Referral program contact:** Joyce Swetlick  
 NCDPH Tobacco Prevention and Control Branch  
 (919) 707-5402  
 joyce.swetlick@dhhs.nc.gov  
**Other information:**

**Smoke-Free Laws**

**Smoke-Free Laws**  
 Workplaces: No  
 Bars: Yes  
 Restaurants: Yes

**Tobacco Tax Rates**

**Tobacco Tax Rates**  
 Current cigarette tax rate: \$0.45  
 Effective date: September 1, 2009  
 Amount of last increase: \$0.10

**Quitline Metrics**

**Callers** (Source: NAQC Annual Survey - 2021)  
 Number of direct calls to the quitline: 27,540  
 Number of tobacco users receiving services: 7,845  
 Number of tobacco users registering for Web-based services: 975  
 Number of tobacco users referred to the quitline: 5,176

**Calculations** (Source: NAQC Annual Survey - 2021)  
 Amount per smoker spent on services and medications: \$1.60  
 Amount per smoker spent on media and promotions: Not available  
 Promotional reach: Not available  
 Treatment reach: 0.62 %  
 NAQC standard quit rate: 34.30 %

NOTE: Additional quitline data is available online at [www.naquitline.org/data/](http://www.naquitline.org/data/)

## Chapter 5: Future Directions

This guide offers practice guidance for oral health providers interested in connecting patients to QuitLine services to help them successfully quit tobacco. **Oral health providers are well-positioned to integrate tobacco cessation into routine practice.** State QuitLines make an excellent partner for oral health providers by providing free services to help individuals quit tobacco and feedback about patient status.

As providers implement referral systems, actions should include:

- Using referral feedback reports to begin tracking referral rates and patient progress.
- Connecting with the state referral program contact to explore referral options and available resources.

Next steps for the American Dental Association (ADA) and the North American QuitLine Consortium (NAQC) include:

- Continue providing up-to-date information to providers on QuitLine referral systems and strategies for increasing quality referrals.
- Facilitating cooperation and communication with state QuitLines (including expanded services, evaluation and monitoring, and medical-dental collaboration).
- Tracking progress over time by exploring opportunities to improve monitoring of the number of oral health providers making referrals to QuitLines, the number of total referrals from oral health providers, and the rate of referrals resulting in successful QuitLine registrations.



## Acknowledgements

This publication was developed for the Council on Advocacy for Access and Prevention (CAAP) of the American Dental Association (ADA) by the North American Quitline Consortium (NAQC).

Principal NAQC staff contributions were made by: Michelle Lynch, President & CEO; Katie Mason, Research & Evaluation Manager; and Natalia Gromov, Administrator.

## Disclosure

The entities do not benefit financially from anything identified or discussed in this publication.

## Disclaimer

This publication is designed to offer educational support and resources to oral health professionals to foster tobacco/vaping cessation efforts and increase referrals to state QuitLines.

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## References

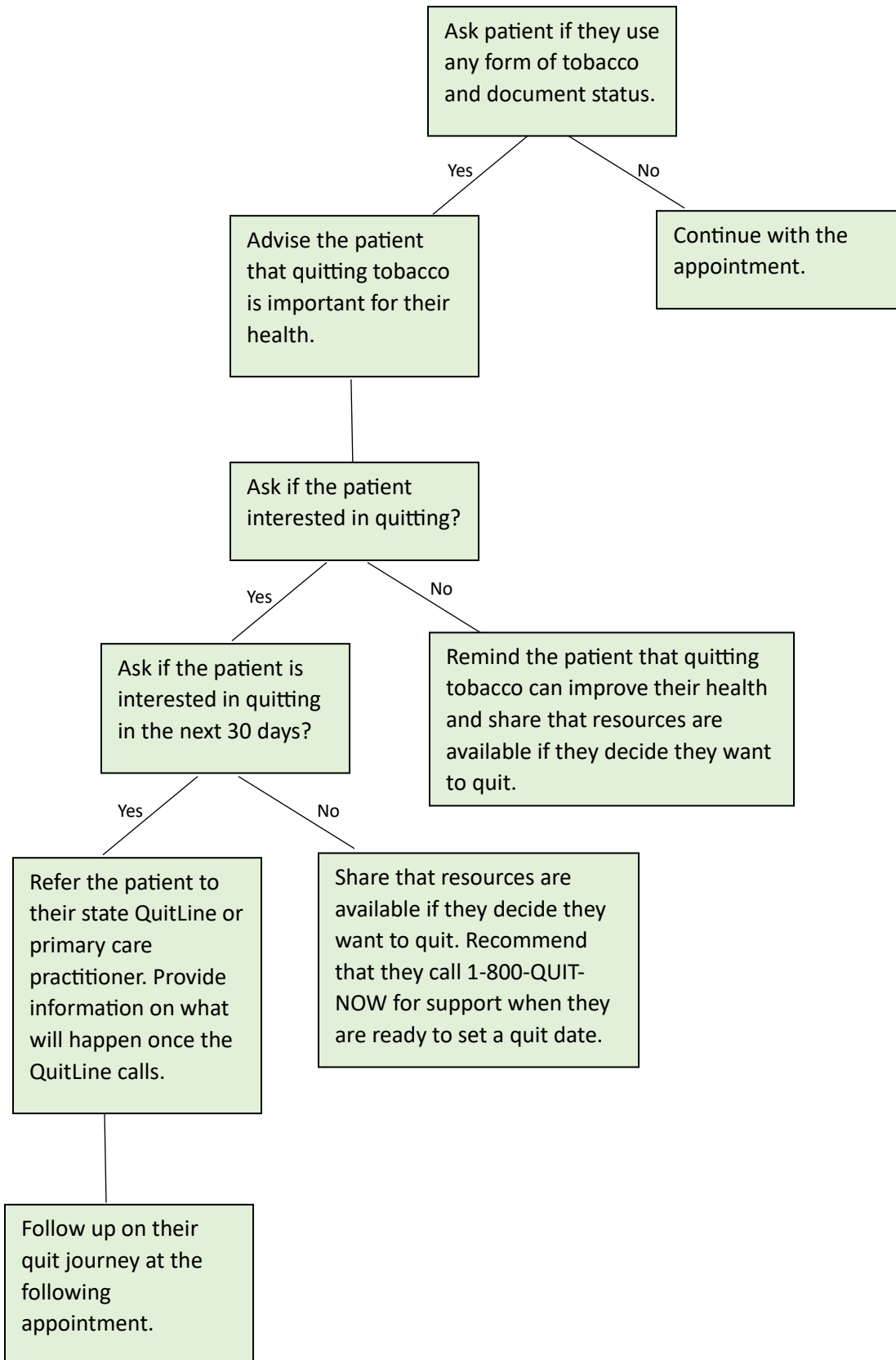
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## Glossary

<b>EHR</b>	Electronic Health Record (EHR). EHR and Electronic medical record (EMR) are often used interchangeably, although technically, there is a distinction between the two. An EMR is a computerized medical record that replaces the traditional paper chart in a provider setting. EHRs are essentially EMRs with the capacity for greater electronic exchange (e.g., following patients from practice to practice, data exchange, and messaging between physicians).
<b>Feedback Report</b>	A report that informs a referring provider of the status and outcome of a patient referred to a QuitLine for tobacco cessation services.
<b>File</b>	A collection of data or information that has a name called the filename and is stored on a computer. There are many different types of files, which are also referred to as file formats: text files (e.g., DOC), image files (e.g., PDF, JPEG), data files (e.g., XLS), and so on. Different types of files store different types of information.
<b>HIPAA</b>	Health Insurance Portability and Accountability Act. A U.S. law designed to provide privacy standards to protect patients' medical records and other PHI provided to covered entities. HIPAA provides patients access to their medical records and control over how their PHI is used and disclosed. It represents a uniform federal floor of privacy protections for security and privacy.
<b>Informed Consent</b>	A patient (or representative) is given the information, explanations, consequences, and options needed to consent to a procedure or treatment in a language or means of communication they understand.
<b>NRT</b>	Nicotine replacement therapy. This includes lozenges, gum, and the patch.
<b>Participant</b>	An individual who is receiving services from a QuitLine. (QuitLine participants are not referred to as patients as QuitLines are not licensed healthcare providers.)
<b>Provider</b>	An individual or institution that provides healthcare services to patients. These include dentists, dental hygienists, physicians, psychologists, physician assistants, and nurse practitioners. Institutional providers include hospitals, clinics, and medical and dental offices.
<b>QuitLine</b>	Phone and web-based tobacco cessation services help tobacco users quit. QuitLine services may include coaching and counseling, referrals, mailed materials, training to healthcare providers, online and text-based services, and free medications such as nicotine replacement therapy (NRT).
<b>Referral Form</b>	A form filled out and sent by a referral source to initiate a direct referral; typically includes patient demographics and contact information, the reason for the referral, physician/dentist clinic contact information, and authorizing signature.

# Decision Tree



## Steps to Implement Within the Dental Office

### Process flow for healthcare partners<sup>1</sup>

1. Follow the [PHS clinical practice guideline](#) recommendation to use the 5As or another brief intervention approach for **every patient** who uses tobacco at **every clinic visit**.
2. Promote processes that minimize the time required of dentists and other staff. Encourage the involvement of the entire healthcare team or organizational staff in tobacco use assessment and tobacco cessation efforts to maximize efficiency and promote sustainability.
3. For each healthcare organization, determine who will provide/conduct specific cessation intervention components – providers (e.g., dentists, dental hygienists) or non-providers.
4. Encourage the use of non-providers when feasible. Have them screen for tobacco use as part of vital signs and complete all or part of the referral form (fax or electronic). Emphasize the importance of provider cessation advice while encouraging the inclusion of the entire healthcare team in the systems change/workflow process.
5. Provide information on reimbursement implications.

### Reports and forms for healthcare partners<sup>1</sup>

1. Include provider information (hospital or clinic, individual provider) required to provide feedback reports.
2. Minimize handwriting and use pre-printed patient labels to provide accurate, legible patient contact information for fax referral forms.

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<sup>1</sup> NAQC. (2013). *Quitline Referral Systems*. (A. Wendling, MD, MPH and R. Daigh, MBA). Phoenix, AZ.

## Frequently Asked Questions

### **Quitting is hard, and my patients don't want to quit. Why should I make them feel guilty when they already know that smoking is bad for them?**

Nearly 7 out of 10 of individuals who smoke report wanting to quit, but just 57% are advised to quit by a health provider, and fewer than one-third use evidence-based cessation methods.<sup>xix</sup> Oral health providers can fill a need and help those interested in quitting by linking them to resources proven to improve their chances of success.

### **How much do QuitLine services cost?**

State QuitLines provide free telephone counseling to any individual interested in quitting. Self-help materials are also available for free. Many state QuitLines also provide some nicotine replacement therapy (NRT) for free; however, the amount of free NRT varies by state.

### **My patients do not want to talk on the phone. What other options are available?**

A national texting portal is also available for people seeking help for tobacco use. Many state QuitLines have additional free resources available by text or web.

### **What is a referral?**

A QuitLine referral connects patients to their state QuitLine to receive information, cessation services, and medications. Dental team members can refer any patient interested in help for tobacco use to their state QuitLine. The referral can be as simple as giving the patient the phone number for the QuitLine (a state-specific number or 1-800-QUIT-NOW) and explaining what will happen when the patient calls. The patient will then choose whether or when to call the QuitLine. This type of referral is considered an indirect or passive referral.

A provider can also make a direct or active referral. In this case, the provider uses a QuitLine proactive referral system. All state QuitLines accept fax referrals, and many accept referrals through web-based referral systems or electronic health records. Some QuitLines offer other referral methods.

### **What is the benefit of doing a direct referral rather than just telling my patients to call 1-800-QUIT-NOW?**

Making a direct referral eliminates the need for the patient to take the first action. Once a direct referral is made, the QuitLine will proactively contact the individual interested in quitting. Additionally, the referring provider will receive a feedback report to support follow-up with patients at future visits.

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<sup>xix</sup> Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>.

## Sample Script

### **Ask**

*Do you smoke or use any other tobacco, like chewing tobacco or e-cigarettes?*

### **Advise**

*The most important thing you can do to improve your dental health and health overall is to quit smoking, and I can help you. Are you willing to set a quit date?*

### **Refer**

*I would like to connect you with a resource that is proven to help people quit tobacco. The state QuitLine can provide free telephone counseling to help you successfully quit tobacco.*

*You can call 1-800-QUIT-NOW any time for support. If you are interested in getting help, I'd like to help you sign up today while you are already here in the office.*

*With your consent, I can refer you to the QuitLine today. The QuitLine will then contact you directly to support you as you quit. The QuitLine support is free to you. May I help you sign up?*

## Resources

**1-800-QUIT-NOW** (1-800-784-8669) – National QuitLine providing free telephone counseling and materials. Free nicotine replacement therapy is also available to residents of some states.

**National Texting Portal** – Individuals can text QUITNOW to 333888 (message and data rates may apply) for text message-based support.

**Smokefree.gov** – Web-based resources for those interested in quitting tobacco.

[QuitLine Map](#) – Resource from the North American Quitline Consortium detailing the [services and medications available](#) from each state QuitLine, data reports, and additional information.