| | | | | |
|---|---|---|---|---|
| Resolution No. | 11 | New ■ | Substitute ☐ | Amendment ☐ |
| Submitted By: | Third District Dental Society | | | |
| Date Submitted: | April 20, 2026 | Reference Committee ■ | | Direct to House ☐ |
| Total Financial Implication: | $ 0 | | | |
| Amount One-time | $ 0 | Amount On-going | $ none | |

# PROMOTING TOBACCO CESSATION PRACTICES AS PART OF A TOTAL-PATIENT CARE APPROACH FOR IMPROVING ORAL HEALTH

**BACKGROUND STATEMENT:** A narrative review published in 2023, concluded as follows: “Tobacco use increases the risk of oral diseases such as oral cancer, oral mucosal lesions, periodontal disease, and dental caries, among many other oral diseases and conditions. The dental office is an excellent venue for providing cessation intervention. However, there is a lack of knowledge and training in tobacco use prevention among dental professionals. More efforts are needed for smoking cessation interventions in the dental office. Smoking cessation interventions provided by oral healthcare providers include brief educational, behavioral, and pharmacological interventions.”[i]

1. Tobacco and oral health
    a. According to the American Dental Association, all of the major forms of tobacco can have oral health consequences.
    b. Cigarette smoking can lead to oral cancer, gingival recession, impaired mouth healing, periodontal (gum) disease, oral soft tissue lesions, and tooth staining.
    c. Alternative tobacco products can additionally lead to erosion of tooth enamel, halitosis, lesions on the gums, cavities, and tooth loss.
    d. Given the importance of tobacco treatment for oral health, in 2016, the NYC Department of Health and Mental Hygiene developed an Oral Health and Smoking Action Kit.

2. Tobacco use and treatment utilization
    a. Tobacco use remains a leading cause of death in NYC, killing an estimated 12,000 people annually. One in eleven (9%) NYC adults report smoking cigarettes. In addition, 7% of adult New Yorkers (over 400,000 people) now vape.
    b. Among high school aged youth smoking rates continue to drop: 4% smoke cigarettes. However, rates of e-cigarette use (vaping) are over three times higher among of New York City public high school students (14%) and over seven times higher among young adults ages 18-24 (15% vape vs. 2% smoke cigarettes).
    c. Nearly two-thirds of New Yorkers who smoke try to quit each year. Nationally, over two-thirds of US adults who vape are interested in quitting and a

substantial proportion try. However, only about half of New Yorkers who smoke report that their healthcare provider assisted them with tobacco treatment in the prior year (e.g. materials, medication or referral to services), and this has not improved over the last decade.

3. Changes in products/marketplace
    a. Within the last two decades there have been significant changes in the types of commercial tobacco and nicotine products on the market and in the demographics of tobacco users, as newer products are attracting younger users.
    b. New and alternative tobacco products continue to come into the marketplace, and in an August 2024 cover story for the *Journal of the American Dental Association*, the negative impacts on oral health were highlighted especially in younger populations.[ii] Dentists need to be updated on a more regular basis to be able to inform and assist patients.
    c. Electronic cigarettes came on the market in 2010 and are now the most popular tobacco product among youth and young adults.
        i. Among young adults ages 18-24 years old, current (past 30-day) e-cigarette use was 16.3% in 2022.
        ii. E-cigarette use (AKA vaping) has not been approved as treatment to stop smoking.
    d. Oral nicotine pouches emerged in 2016 and are increasingly popular among youth and young adults.
    e. Heated tobacco products were introduced in limited markets and then removed from the U.S. market but can be expected to come back.

4. Changes in treating tobacco use
    a. Various agencies and professional associations have begun promoting broader approaches to tobacco treatment, including offering treatment to all patients who smoke, but this is a shift for clinicians. Providing education on this more inclusive approach and promoting resources that exist for healthcare providers, such as the NYS Quit Hotline could increase patient engagement in tobacco treatment, especially if clinicians in all settings—not only primary care—were aware.
    b. Treatment can help all patients who smoke to reduce use, engage in activities that are important to them, save money, promote ongoing engagement with their healthcare providers, and build self-efficacy and interest in quitting in the future.
    c. The American Dental Association (ADA) Clinical Evaluators Panel concluded in October 2021 that conversations around cessation counseling and treatment is crucial, and dentists need more training[iii]. 49% of survey respondents offered no cessation counseling or treatment.
    d. Since 2016, NY State Medicaid has had one of the most comprehensive benefits around counseling and medications for tobacco treatment in the country, but it is underutilized.

i. In 2002, NY Medicaid covered nicotine patches, inhaler, nasal spray, gum, and Zyban (bupropion) for up to two 90-day courses per recipient, per year.[iv]
ii. Over time it has expanded to expand the counseling benefit and cover all tobacco treatment medications, including nicotine lozenges and Varenicline (Chantix); in 2016, the two-course annual limit was also removed.
iii. In 2014, NYS Medicaid expanded payment for tobacco counseling by dental practitioners.[v]
iv. In 2018, in an effort to support compliance with the HUD Smoke-Free Housing Policy and to reduce risks of developing tobacco-related oral diseases, along with improving outcomes of certain dental therapies, NY State issued a reminder that tobacco counseling is a covered dental benefit.[vi]

e. Exposure to evidence-based guidelines, as well as information about New York State resources, could promote more engagement on this issue.
f. Treatment has changed:
i. In 1997, Buproprion (now sold under the brand names Zyban and Wellbutrin) had just been approved as the first non-nicotine medication to help people quit smoking.
ii. Varenicline (Chantix) was approved by the FDA in 2006, well after some dentists received their single training. Other dentists may have been trained during a period of time when there were serious concerns about the medication's use.
iii. Combination NRT is now recommended. The long-acting NRT patch can be combined with any short-acting NRT (gum, lozenge, nasal spray or inhaler).
iv. FDA-approved NRT medications are now known to be safe to use while still smoking, a strategy that can lead to quitting among people who are not yet ready.

**11. Resolved,** that the New York State Dental Association will encourage members to establish a standard of care in their dental practices that engages their patients in conversation on the topic of tobacco use and potential treatment as part of a total-patient care approach to improve patient oral health.

And be it further resolved, that the New York State Dental Association will leverage its digital and print communications to promote patient education materials, referral resources, and modern intervention/pharmacotherapy protocols published by the New York State Department of Health, the New York State Quitline, or other experts as a strategy to empower members to incorporate tobacco treatment interventions into their daily dental practice.

And be it further resolved, that the New York State Dental Association will promote continuing education opportunities developed by partner organizations, such as the New York State Dental Foundation, focused on the topic of tobacco treatment

workflows in the dental setting, including code utilization and claim submission strategies to optimize dental practice revenue for tobacco treatment services.

**Board Comments:** Supports 11B instead of 11.

**BOARD RECOMMENDATION: VOTE NO**

| name | yes | no | abstain | absent | name | yes | no | abstain | absent | name | yes | no | abstain | absent |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Demas** | | X | | | **Hills** | | X | | | **Ramjattansingh** | | X | | |
| **Dominger** | | X | | | **Jacobs** | | X | | | **Rothas** | | X | | |
| **Edwards** | | X | | | **Jacobo** | | X | | | **Samuels** | | X | | |
| **Gamache** | | X | | | **Korkosz** | | X | | | **Scharoff** | | X | | |
| **Giordano** | | X | | | **Krishnan** | | X | | | **Stacy** | | X | | |
| **Greenberg** | | X | | | **Miller** | | X | | | **Stacey** | | X | | |
| | | | | | | | | | | **Res #11** | | | | |

[i] Gajendra S, McIntosh S, Ghosh S. Effects of tobacco product use on oral health and the role of oral healthcare providers in cessation: A narrative review. *Tob Induc Dis*. 2023;21:12. Published 2023 Jan 25. doi:10.18332/tid/157203

[ii] Garcia BFS, Nascimento BB, Marques EF, Jesus CBD, Santana Neto IC, Rocha LST, Oliveira GMS, Bazaglia da Silva MI, Kasai MLHI, Takahama Junior A. The use of electronic cigarettes and other tobacco products among university students and their potential relationship with oral health: A cross-sectional study. *J Am Dent Assoc.* 2024 Aug;155(8):647-656. doi: 10.1016/j.adaj.2024.04.012. Epub 2024 Jun 15.

[iii] Kumar P, Viola T, Frazier K, Duong ML, Khajotia S, Urquhart O; Council on Scientific Affairs. Smoking cessation counseling and treatment: An American Dental Association Clinical Evaluators Panel survey. *J Am Dent Assoc.* 2021 Oct;152(10):872-873.e2. doi: 10.1016/j.adaj.2021.07.014.

[iv] https://www.health.ny.gov/health_care/medicaid/program/update/2002/oct2002.htm#smoking

[v] https://www.health.ny.gov/health_care/medicaid/program/update/2014/2014-05.htm#exp

[vi] https://www.health.ny.gov/health_care/medicaid/program/update/2018/2018-12.htm#tobacco