



# Welcome to Behavioral Health Technical Assistance (BH TA) Integration of Oral Health and Behavioral Health Virtual Learning Collaborative

*Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)*

**Vision: Healthy Communities, Healthy People**





# Tobacco, Vaping, and Cannabis: Implications for Patients

**Benjamin W. Chaffee, DDS, MPH, Ph.D.**

**Amber Murray, BSN, MA – Deputy Project Director & Facilitator**

**Wednesday, March 8, 2023 from 1:00 - 2:00 ET**

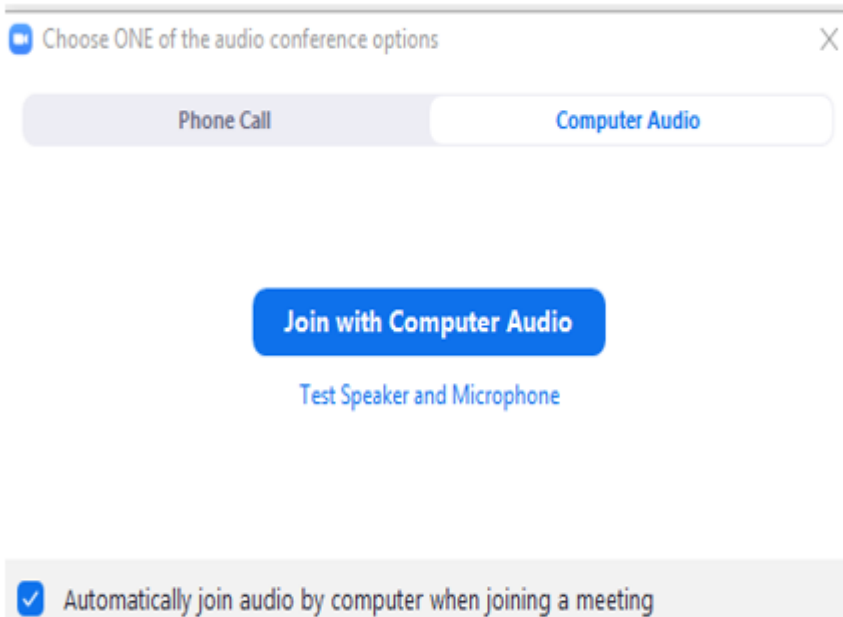
**Vision: Healthy Communities, Healthy People**



# Housekeeping – Connecting to Audio

## By computer:

- Click **Join with Computer Audio**.



Choose ONE of the audio conference options

Phone Call    Computer Audio

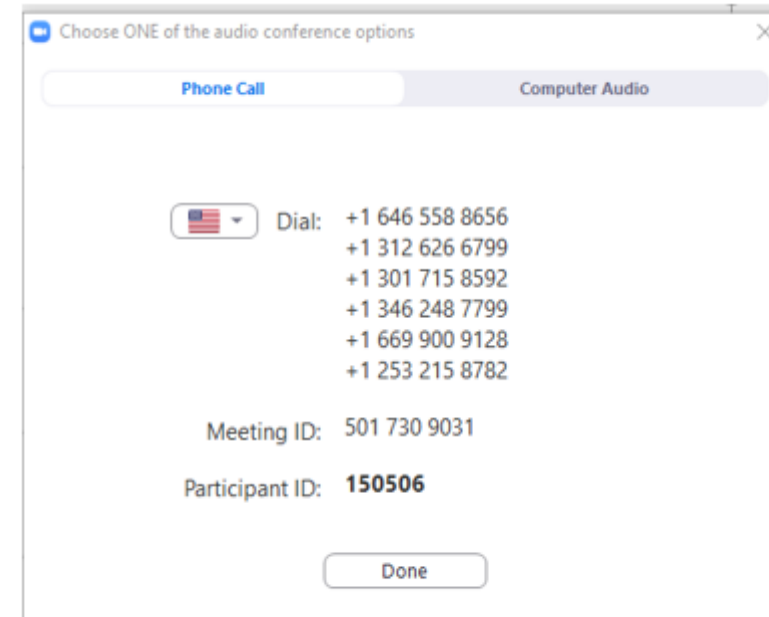
**Join with Computer Audio**

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- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



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Dial: +1 646 558 8656  
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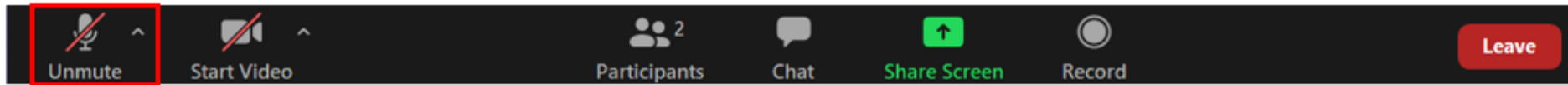
Meeting ID: 501 730 9031

Participant ID: **150506**

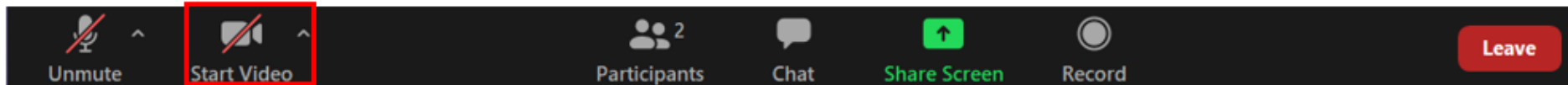
Done

# Housekeeping – Zoom Participation

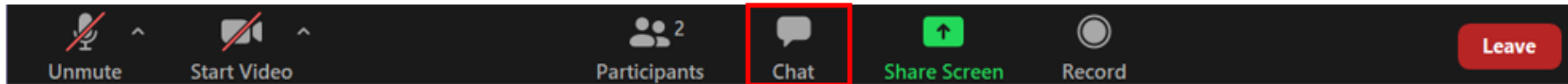
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



# Continuing Education credits (CEs) for Oral Health Professionals

- We will be offering **1.5 CE credits** for your attendance at today's session from the University of Colorado School of Dental Medicine.
- The University of Colorado School of Dental Medicine is an ADA CERP Recognized Provider.\*



\*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. CU-SDM designates this activity for 1.5 continuing education credits



# Continuing Education (CE) for Behavioral Health and other Health Care Professionals

- We will be offering **1.5 CE credits** for your attendance at today's session.
- You **must** complete the Health Center Satisfaction Assessment to be eligible for CEs.
- **CE credits will be distributed within 3 weeks of the event.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



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# Virtual TA: Presenter and Facilitators



Presenter:

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# Tobacco, Vaping, and Cannabis: Implications for Patients

Vision: Healthy Communities, Healthy People





# Disclosures

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Dr. Chaffee: No financial or professional affiliations or conflicts of interests related to tobacco, nicotine, cannabis, or pharmaceutical industries

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# Acknowledgements

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## ADDITIONAL SOURCE MATERIAL:

Kick It California

Rx for Change

CA Oral Health Technical Assistance

[kickitca.org](http://kickitca.org)

[rxforchange.ucsf.edu](http://rxforchange.ucsf.edu)

[oralhealthsupport.ucsf.edu](http://oralhealthsupport.ucsf.edu)



# Outline

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- Tobacco and Oral Health
- Electronic Cigarettes: Oral Health Implications
- Cannabis: The Dental Perspective
- Tobacco Cessation: What You Can Do in Practice



# Dental Professionals and Tobacco

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We have a *professional responsibility* to encourage and support our patients in cessation of all forms of tobacco use.

Cigarette smoking remains the most prevalent form of tobacco use among U.S. adults and the #1 preventable cause of death and disease globally.

Tobacco smoking destroys oral tissues & reduces dental treatment success.

Dental professionals have *skills, resources, and opportunities* to reduce tobacco use among our patients...

...but have largely not fulfilled our obligation.



# Dental Professionals and Tobacco

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## At a minimum:

- Ask all patients about tobacco-related behaviors (*explicitly ask, including vaping, chewing tobacco, marijuana, and occasional use*) and record in chart
- Encourage cessation and determine patient readiness to quit using non-judgmental, purposeful communication techniques
- **Connect** motivated patients with support to achieve a tobacco-free future



# Major Shifts in the Tobacco Landscape



If you only ask your patients  
“Do you smoke?”

You are *missing* a great  
deal of tobacco-related  
behaviors

Image courtesy: Pixabay.com



# New and Emerging Tobacco / Nicotine Products



# Evolving Tobacco Control Policies and Regulations

## 2009: Family Smoking Prevention and Tobacco Control Act Gave **FDA Regulatory Authority Over Tobacco**

Public Law 111–31  
111th Congress

An Act

June 22, 2009  
[H.R. 1256]

To protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products, to amend title 5, United States Code, to make certain modifications in the Thrift Savings Plan, the Civil Service Retirement System, and the Federal Employees' Retirement System, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

Family Smoking  
Prevention and  
Tobacco Control  
Act.

**DIVISION A—FAMILY SMOKING PRE-  
VENTION AND TOBACCO CONTROL  
ACT**

*Recent measures at the state and local level:*

- Statewide flavor bans  
California, Massachusetts, New York, New Jersey, Rhode Island
- Brookline, MA: No sales to anyone born after year 1999

**2022** - FDA Announces Plans for Proposed Rules to Ban Menthol in Cigarettes and Reduce Nicotine in Cigarettes to Non-Addictive Levels





# Cigarette Smoking

- Cigarette smoking affects virtually every system of the body
- Negative effects extend to involuntary exposure
- **Increased Risk:** cancers, pulmonary diseases, cardiovascular diseases, infertility, cataract, diabetes, *and more*
- >400,000 premature deaths annually (U.S.); >9 million worldwide
- Most used tobacco product among U.S. adults (12.5% in year 2020)
- Socioeconomic inequities in substance use and disease burden



The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014  
Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM, 2022



# Cigarette Smoking: Oral Health

- Oral and pharyngeal cancers
- Periodontal disease, alveolar bone loss, tooth loss
- Diminished wound-healing, treatment response, and implant success
- Calculus, mucosal lesions, staining, halitosis, and more
  - Likely mechanisms of action:
    - ✓ Changes in oral microflora and plaque biofilm
    - ✓ Impaired host immune response and increased inflammation
    - ✓ Reduced reparative capacity (cellular level) and local blood flow



Chrcanovic BR, Albrektsson T, Wennerberg A, 2015  
Tomar SL, Asman S, 2000  
Chaffee BW, Couch ET, Ryder MI, 2016

# Cigarette Smoking: There is No Safe Smoking

Despite consistent misperceptions, **all smoking is dangerous**

- Filtered cigarettes
- “Light” or low tar cigarettes
- “Natural” or “organic” cigarettes
- “Cutting down” does not reduce health risks linearly — even at one cigarette per day, risk of serious cardiac event increases by 50%



Image courtesy: Pixabay.com



Hackshaw A, Morris JK, Boniface S, Tang JL, Milenković D, 2018

# Diversity of Combustible Tobacco

- “Premium” (large) cigars: one can deliver enough nicotine to establish dependence
- “Little” cigars: may resemble cigarettes but evade cigarette taxes and restrictions on flavors and single-unit sales
- Hookah: Nicotine, tar, & carbon monoxide levels comparable or higher than cigarette smoke
- Most of damage to cardiovascular, respiratory, and periodontal tissues is from the *smoke*

Rickert WS, Robinson JC, Bray DF, Rogers B, Collishaw NE, 1985  
Claus ED, Moeller BC, Harbour D, Kuehl PJ, McGuire M, Vivar JC, Schroeder MJ, 2018  
Delnevo CD, Hrywna M, Giovenco DP, Miller Lo EJ, O'Connor RJ, 2017  
Barnett TE, Curbow BA, Soule EK Jr, Tomar SL, Thombs DL, 2011  
Rezk-Hanna M, Benowitz NL, 2019



# Electronic Cigarettes (E-Cigarettes)

No new tobacco product has gained more attention or controversy



Image courtesy: Pixabay.com



Image courtesy: Pixabay.com



Image courtesy: Unsplash.com

# About E-Cigarettes

- Battery powered devices, aerosolize a nicotine-containing liquid
- Rapid increase in use since 2010; mostly among cigarette smokers and youth
- Deliver many toxicants at lower levels than cigarettes
- Highly variable in design, rapidly evolving
- Efficacy for tobacco cessation and health effects **still being studied**



Images: trinketsandtrash.org



Breland A, Soule E, Lopez A, Ramôa C, El-Hellani A, Eissenberg T, 2017

# E-Cigarettes: Use Prevalence

## Adults:

- Conventional cigarettes: 12.5%; E-cigarettes: 3.7%
- Greater e-cigarette use:
  - Men (4.6%) vs. Women (2.8%)
  - Age 18-24 (9.4%), 25-44 (5.2%), 45+ (<1%)
- Most adult e-cigarette users also smoke conventional cigarettes

## Adolescents:

- E-cigarettes surpassed cigarettes as most-used tobacco product (2014)
- Use reached 27.5% among high school students in 2019
- Lower use prevalence in 2020-2022 (14.3% in 2022)... caveat: pandemic, shift from school-based surveys



Cornelius ME, Loretan CG, Wang TW, Jamal A, & Homa DM, 2022

Gentzke AS, Wang TW, Cornelius M, Park-Lee E, Ren C, Sawdey MD, Cullen KA, Loretan C, Jamal A, Homa DM, 2022



# E-Cigarettes: Evolving Over Time

- Inconsistent terminology: vapes, vape pens, Electronic Nicotine Delivery Systems (ENDS), JUULs, Puff Bars
- Changing design: “cigalikes” -> build-your-own -> pods -> disposables
- Generally, products have become *easier to use* and *more effective at nicotine delivery*





# E-Cigarettes — So, How Bad are They?

The headlines are alarming, but assessing the actual impact to individual and public health is complex.

**E-cigarettes may be 'no better' than regular cigarettes**



**Vaping May Be More Dangerous Than Cigarette Smoking, Studies Show**

December 18, 2019



University Hospitals

The Science of Health. The Art of Compassion.

**Vaping and oral health: It's worse than you think**

**PERIO-IMPLANT  
ADVISORY**



# E-Cigarettes: Constituents and Exposures

- E-cigarette aerosol contains ultrafine particles and known toxins, such as acetaldehyde, acrolein, toluene, formaldehyde, and metals (e.g., lead)...
  - ...albeit at much lower levels than found in cigarette smoke
- Cigarette smokers switching to e-cigarettes for two weeks: Substantially reduced biomarkers of carcinogens and other toxins



Goniewicz ML, Knysak J, Gawron M, Kosmider L, Sobczak A, et al., 2014  
Williams M, Villarreal A, Bozhilov K, Lin S, Talbot P, 2013  
Goniewicz ML, Gawron M, Smith DM, Peng M, Jacob P 3rd, Benowitz NL, 2017

# E-Cigarettes: Reason for Concern

## Vaping Just Once Could Immediately Change Your Blood Vessels, Even Without Nicotine

CARLY CASSELLA 25 AUGUST 2019

sciencealert

**Clinical Review** » State of the Art Review

**What are the respiratory effects of e-cigarettes?**

*BMJ* 2019 ; 366 doi:<https://doi.org/10.1136/bmj.l5275> (Published 30 September 2019)

Cite this as: *BMJ* 2019;366:l5275

Young people who vape are much more likely to become smokers, new research confirms

 **truth initiative**  
INSPIRING LIVES FREE FROM  
SMOKING, VAPING & NICOTINE

- Need not be as harmful as cigarettes to be a clinical and public health concern
- Evidence suggests adverse health effects
- Use by children is a serious problem
- Outcomes of long-term use unknown



# E-Cigarettes and Smoking Cessation

- Some adult smokers report using e-cigarettes to quit smoking
- E-cigarettes are *NOT* approved cessation devices
- Randomized controlled trials have tested smoking cessation efficacy... some of those results are encouraging
- Trial results and “real-world” studies do not always agree

Hajek P, Phillips-Waller A, Przulj D, Pesola F, Myers Smith K, et al., 2019  
Eisenberg MJ, Hébert-Losier A, Windle SB, Greenspoon T, Brandys T, et al., 2020  
Hartmann-Boyce J, McRobbie H, Lindson, N, Bullen C, Begh R, et al., 2021  
Dai H, Leventhal AM, 2019  
Chen R, Pierce JP, Leas EC, White MM, Kealey S, et al., 2020



# E-Cigarettes and Smoking Cessation

- Clinical trials: E-cigarettes vs. FDA-approved nicotine replacement therapy (NRT)
  - E-cigarettes may perform as well or better than NRT among smokers motivated to quit, with counseling program
- Population-based studies:
  - As a consumer product, e-cigarettes associated with smoking relapse, no cessation benefit, ongoing nicotine dependence

Hajek P, Phillips-Waller A, Przulj D, Pesola F, Myers Smith K, et al., 2019  
Eisenberg MJ, Hébert-Losier A, Windle SB, Greenspoon T, Brandys T, et al., 2020  
Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, et al., 2021  
Dai H, Leventhal AM, 2019  
Chen R, Pierce JP, Leas EC, White MM, Kealey S, et al., 2020



# E-Cigarettes: The Debate

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## ***The Promise:***

- “Cleaner” source of nicotine for smokers unable or unwilling to quit
- Potential to save lives

## ***The Concerns:***

- Most e-cigarette users also smoke (dual-use)
- Addiction continues, may make quitting harder, and may increase potential for relapse
- Reduction in harm may not match optimistic expectations
- Use by youth who never would have smoked
- Marketing and lobbying mimics tobacco industry tactics



# E-Cigarettes and Oral Health



Images courtesy: Unsplash.com and pikiest.com



# E-Cigarettes and Oral Health

Evidence of oral health effects is limited...*Why?*

1. Most oral diseases are chronic, develop over time
2. Most e-cigarette users are younger
3. Most e-cigarette users have a history of smoking
4. Difficult to mimic realistic exposures in laboratory
5. Prevalence of e-cigarette use relatively small





# E-Cigarettes and Oral Health

## Oral Microbiome

- E-cigarette use changes microbial diversity/abundance
- Distinct profile from tobacco non-users and from smokers
- Some differences associated with periodontal disease:
  - More pathogens (e.g., *Fusobacterium*, *Bacteroidales*)
  - More markers of inflammation
- Observations from cross-sectional and longitudinal studies
- Long-term impact on periodontal condition unclear

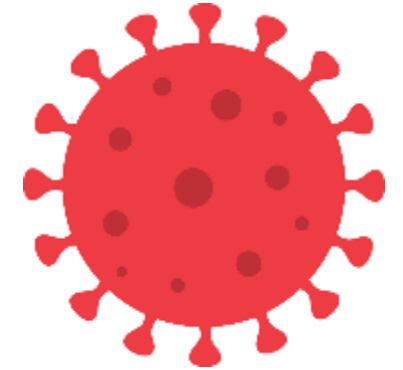


Image courtesy: Pixabay.com



Thomas SC, Xu F, Pushalkar S, Lin Z, Thakor N, et al., 2022  
Ganesan SM, Dabdoub SM, Nagaraja HN, Scott ML, Pamulapati S, et al., 2020  
Chopyk J, Bojanowski CM, Shin J, Moshensky A, Fuentes AL, et al., 2021

# E-Cigarettes and Oral Health

## Laboratory (In Vitro) Studies

Exposure to e-cigarette aerosols or liquids:

- Cytotoxicity, oxidative damage
- Reduced cell proliferation & migration,
- Increased apoptosis & inflammatory mediators

Caveat: Difficult to reproduce relevant exposures in vitro



Image courtesy: Pixabay.com

Holliday R, Chaffee BW, Jakubovics NS, Kist R, Preshaw PM, 2021  
Thomas SC, Xu F, Pushalkar S, Lin Z, Thakor N, et al., 2022  
Ganesan SM, Dabdoub SM, Nagaraja HN, Scott ML, Pamulapati S, et al., 2020  
Chopyk J, Bojanowski CM, Shin J, Moshensky A, Fuentes AL, et al., 2021  
Yang I, Sandeep S, Rodriguez J, 2020



# E-Cigarettes and Oral Health

## Clinical Studies

Most studies cross-sectional with small sample size

Possible outcomes more prevalent in e-cigarette users:

- Gingival bleeding
- Oral / mucosal lesions
- Peri-implantitis



Image courtesy: Pixabay.com

Caveats: Outcomes complicated by past / current smoking; Conditions (e.g., bone loss) may take years to occur



# E-Cigarettes and Oral Health

## Epidemiology (Population) Studies

- Largest studies often assess oral health by self-report
- Associations have been reported between vaping and...
  - Bleeding gums
  - Mouth or throat irritation
  - “Dental problems”
  - “Gum disease” history or treatment
- Associations generally weaker than for tobacco smoking



Image courtesy: clipsafari.com



Atuegwu NC, Perez MF, Oncken C, Thacker S, Mead EL, Mortensen EM, 2019  
Akinugbe AA, 2018  
Vora MV, Chaffee BW, 2019

Chaffee BW, Lauten K, Sharma E, Everard CD, Duffy K, et al., 2022  
Silveira ML, Everard CD, Sharma E, Lauten K, Alexandridis AA, 2022



# E-Cigarettes: What to Tell Patients



Image courtesy: Unsplash.com

***The healthiest, safest,  
and best option is to  
live completely free of  
nicotine and tobacco***



# E-Cigarettes: What to Tell Patients

If a tobacco-smoking patient is considering e-cigarettes to quit:

- ✓ congratulate, enhance, and support the willingness to quit
- ✓ don't let uncertainty about vaping preclude a quit attempt
- ✓ offer evidence-based cessation aids



Image courtesy: Unsplash.com



# Cannabis and Oral Health

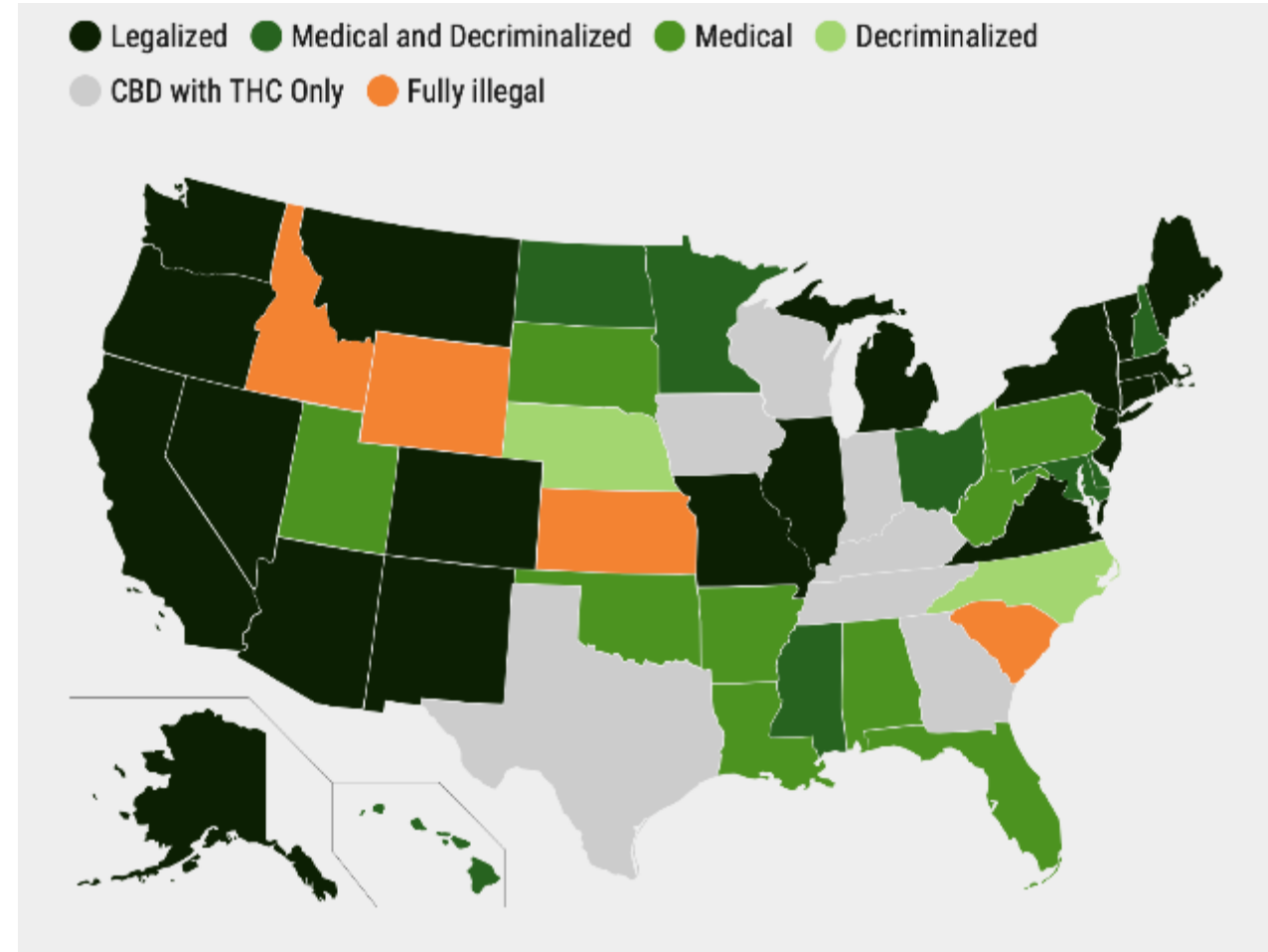
- State policies allowing adult use reflect more accepting attitudes
- Use and access are increasing
- Co-use with tobacco is common
- Implications for policy, research, patient care



Image courtesy: Pixabay.com

# Cannabis: Increasing Social Acceptance, Legalization at the State Level

## State Cannabis Policies: 2023



Map: <https://disa.com/maps/marijuana-legality-by-state>



# Cannabis and Oral Health Risks

- Xerostomia
- Leukoedema / Hyperkeratosis
- Candida albicans
- Periodontitis, clinical attachment loss
- Oral cancer?
- Plaque?
- Dental caries?

Marijuana **smoke** closely resembles tobacco smoke, delivering tar, carbon monoxide, carcinogens

Cho CM, Hirsch R, Johnstone S, 2005

Thomson WM, Poulton R, Broadbent JM, Moffitt TE, Caspi A, et al., 2008

Shariff JA, Ahluwalia KP, Papapanou PN, 2017

Ortiz AP, González D, Ramos J, Muñoz C, Reyes JC, Pérez CM, 2018

Chaffee BW, 2021

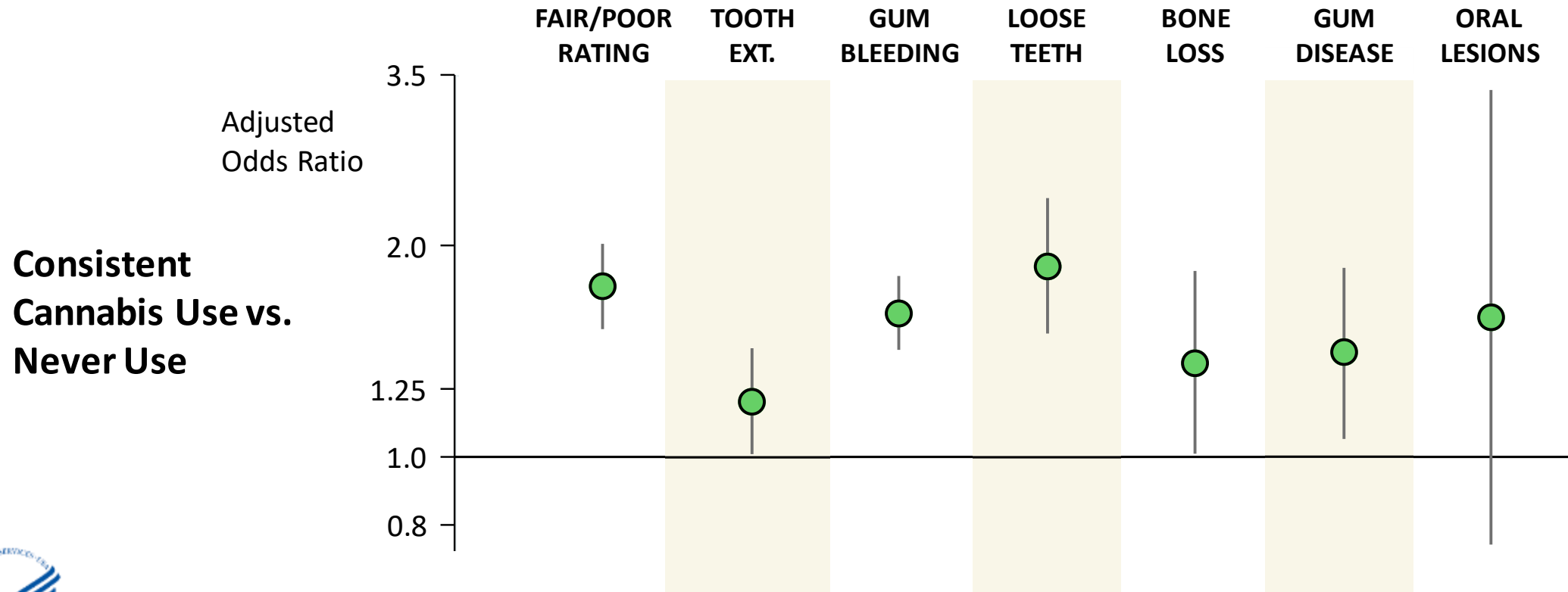
Barzilai DA, Goodwin MA, Zyzanski SJ, Stange KC, 2001

Conroy MB, Majchrzak NE, Regan S, Silverman CB, Schneider LI, Rigotti NA, 2005



# Cannabis and Oral Health Risks

Cannabis use associated with adverse periodontal outcomes over time, including after adjustment for other factors



Chaffee BW, 2021



# Cannabis and Dental Practice

**Statistically, some of your patients are using cannabis.**

May cause:

- Anxiety, agitation, dysphoria
- Impaired decision-making
- *Potential* drug interactions
  - epinephrine & tachycardia

Resources to quit (limited)

- <https://www.marijuana-anonymous.org>
- <https://www.samhsa.gov/find-help/national-helpline>



Image courtesy: Pixabay.com



Cho CM, Hirsch R, Johnstone S, 2005

# Cannabis and Dental Practice

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- **Smoke** is harmful to oral tissues, impairs post-op healing

**RECOMMENDATION:** Include cannabis in patient history and post-op instructions

- Patients **self-medicate** with cannabis for dental pain and anxiety

**RECOMMENDATION:** Have a policy / protocol in your practice (Consent, care delivery, drug interactions, transportation)



# Provider Roles to Address Tobacco and Cannabis Use

We have a **professional responsibility** to encourage and support our patients in cessation of all forms of tobacco use

Dental professionals have **skills, resources, and opportunities** to reduce tobacco use among our patients

## At a minimum:

- **Ask** all patients about tobacco-related behaviors (*explicitly ask, including vaping, chewing tobacco, marijuana, and occasional use*) and record in chart
- **Encourage** cessation and determine patient readiness to quit using non-judgmental, purposeful communication techniques
- **Connect** motivated patients with support to achieve a tobacco-free future



# Provider Roles to Address Tobacco Use

## Patient Resistance?

- Patients who use tobacco products *expect* to be encouraged to quit by health professionals
- Screening for tobacco use and providing cessation counseling is **positively associated** with patient satisfaction
- Survey of >3000 dental patients: ~60% believed that dental offices **should** provide tobacco cessation treatment



Barzilai DA, Goodwin MA, Zyzanski SJ, Stange KC, 2001  
Conroy MB, Majchrzak NE, Regan S, Silverman CB, Schneider LI, Rigotti NA, 2005  
Campbell HS, Sletten M, Petty T, 1999

# Provider Roles to Address Tobacco Use

## Lack of Time?

- The more time dedicated to in-office cessation, the more likely patients will remain tobacco-free after 5 months, which saves time at future appointments
- As little as **3 minutes** discussing tobacco and encouraging cessation increases the chance of success




# Provider Roles to Address Tobacco Use

## Don't Get Paid for It?

### American Dental Association CDT Code for Tobacco Use Cessation Services (D1320)

- Why don't more payers cover it?
  - Study of dental insurers: Lack of purchaser demand

**Using D1320, even if not payable,  
sends signal to insurers that we value this service**



D1320 is covered by Medicaid-dental in California and New York



American Dental Association (ADA). The Code on Dental Procedures and Nomenclature (Code), 2017  
Shelley D, Wright S, McNeely J, Rotrosen J, Winitzer RF, et al., 2012





# Why Our Intervention Matters

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- Nicotine is a highly addictive substance
- Quitting tobacco is extremely difficult
- Most dental patients who use tobacco are not ready to quit *right this instant*, but many could be motivated to make an evidence-supported quit attempt with your help



# Patient Support Recommendations

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## In my opinion...

Two biggest things dental providers can do to help their patients quit tobacco

1. Use purposeful, genuine, strategic communication to enhance patient readiness and motivation to quit
2. Connect patients with tangible support



# Connecting Patients With Cessation Support

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- Have a consistent protocol for addressing tobacco use
- Have a list of local cessation programs in your county
- Consider prescribing cessation medication, including over-the-counter products (e.g., nicotine gum, patch)
- Refer to **smokefree.gov** or **1-800-QUITNOW**  
...Or the Quitline for your state



# Connecting Patients With Cessation Support

The screenshot shows the Washington State Quitline website. At the top left is the logo for 'WASHINGTON STATE QUITLINE'. In the top right navigation bar, there are links for 'Help', 'Español', 'Log In', and a button labeled 'Refer A Patient' which is circled in red. Below the navigation bar, there is a 'Start Chat' button. A yellow callout box with the text 'Many state Quitlines allow you to refer a patient' is overlaid on the page. The main content area has a red background with the text 'Ready. Set. Quit.' and a form asking 'Are you currently employed?' with 'Yes' and 'No' buttons. Below that, it says 'Parents and Guardians: Enroll in Live Vape Free to access resources and tools to talk to your child about the effects of vaping.' On the right side of the page, there is a photograph of a young man with a beard and mustache, wearing a plaid shirt.



# Connecting Patients With Cessation Support

Education

Make a Referral ▾

Quitline FAQs



Follow Colorado  
QuitLine on  
Facebook



Follow Colorado  
QuitLine on  
Twitter

## Make a Referral

Use the form below if you would like to refer someone to the program.

[Prefer fax referral](#)

[Learn about eReferral](#)

\* = Required

### Patient Information

\* Patient's first name

\* Patient's last name

\* Patient's DOB



# Thank you, and Remember...

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**Every patient deserves access to effective tobacco cessation support**

Save a life in just 3 minutes

**The tobacco landscape is growing more varied and complex**

E-cigarettes may not be as harmful as cigarettes but are not proven safe

**Dental patients are using cannabis**

It's our responsibility to be aware, prepared, and professional

**The entire dental team can help patients to quit tobacco**

It takes great communication and the knowledge and willingness to help



# Questions?



# Wrap-Up Polling Question



Source: iStock

**What were the main reasons for your participation in today's event?  
Select all that apply.**

1. To learn more about the topic from the presenter
2. To engage with other health centers
3. To raise questions about this topic as it relates to my health center
4. To learn about the experiences other health centers have related to this topic





# BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Access Past BH TA Resources
- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options

**BPHC-BH TA**  
Bureau of Primary Health Care Behavioral Health Technical Assistance

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## Welcome to the BPHC-BH TA Resource Portal!

View Edit Delete Revisions

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

### Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Office Hours

### Upcoming Events

There are no upcoming events.



# Register for **Tomorrow's** Discussion Session

## **Session 3: Facilitated Discussion**

This session will continue the discussion from the didactic session to address the rapidly changing products and patterns of tobacco and other substance use among patients to facilitate a greater understanding of the oral health effects and overall health implications of cigarettes, non-cigarette tobacco, and other substances to provide proper patient treatment and counseling.

**Date/Time:** Thursday, March 9, 2023, from 1:00 – 2:00 p.m. ET

### **Registration Link:**

<https://us06web.zoom.us/meeting/register/tZAldeqtrz8sGNZQxw9gAZetrVXrC2IElZQe>



# Save the Date! Next Learning Collaborative Session

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## **Session 4 Didactic**

*Trauma Informed Care: Creating Partnerships for Better Oral Health*

**Date:** Wednesday, April 12, 2023, from 1:00 – 2:30 PM ET

**Registration Link:**

[https://us06web.zoom.us/meeting/register/tZApduGtqz8iHdTRTRf3O-922zwJqMa1H\\_2l](https://us06web.zoom.us/meeting/register/tZApduGtqz8iHdTRTRf3O-922zwJqMa1H_2l)

## **Session 4 Discussion**

*Trauma Informed Care: Creating Partnerships for Better Oral Health*

**Date:** Thursday, April 20, 2023, from 1:00 – 2:00 PM ET

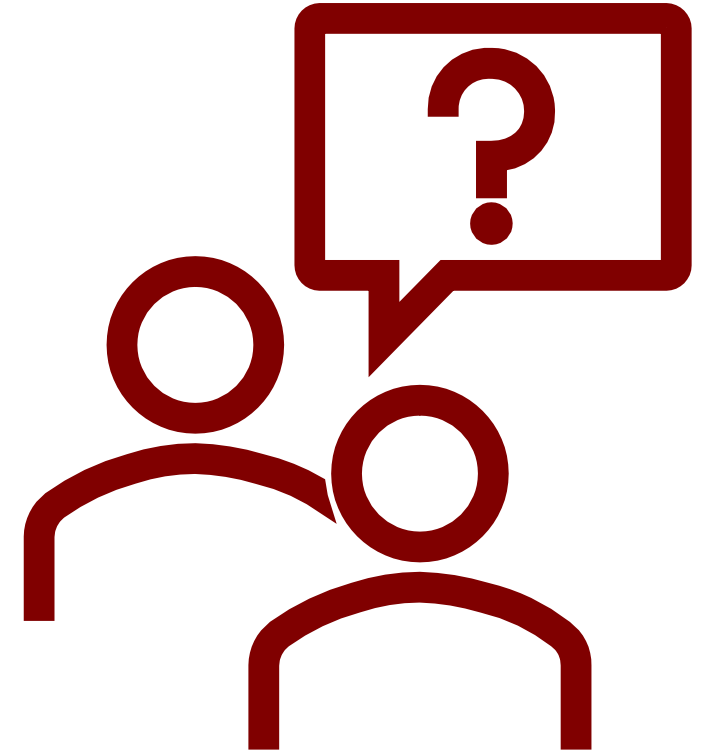
**Registration Link:**

<https://us06web.zoom.us/meeting/register/tZYode2qrTsqGdY2Mgv7BS8bOxM5e2ifRzNI>



# TA Opportunities for Health Centers

- One-on-One Coaching
- Communities of Practices (CoPs)
- Virtual + On-site Visits T/TA
- Oral Behavioral Health Learning Collaborative (LC)
- Virtual Brown Bag TA Sessions
- Webinars



# CEs for Dental Providers

**To obtain continuing education credit for participation in this session:**

- Complete the Qualtrics evaluation survey within 8 days of the webinar. Once received, a certificate of completion with 1.5 CEUs for participation will be forwarded to you within four weeks. Please retain this certificate for your records.



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# CEs for Non-Dental Providers

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CE credits for participation in all 8 CoP sessions
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CE credits
  - Follow the link in the chat
  - The assessment will pop-up in a separate browser at the conclusion of this event
  - The assessment link will be emailed to you in a follow-up email from the session
- **CE credits will be distributed within 4 weeks after the session**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS International, Inc. is responsible for all aspects of their programming.



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# References and Resources

## Tobacco Cessation for California Dental Providers: Toolkit and 1-hour Webinar

### Tobacco Cessation Toolkit for Dental Providers

Dental teams can play a critical role in helping their patients live tobacco free. The [Tobacco Cessation Toolkit for California Dental Providers](#) toolkit is designed to assist dental providers with integrating brief tobacco cessation interventions into their routine dental care workflows. The toolkit provides practical tools and evidence-based resources to help dental providers and their tobacco-using patients.

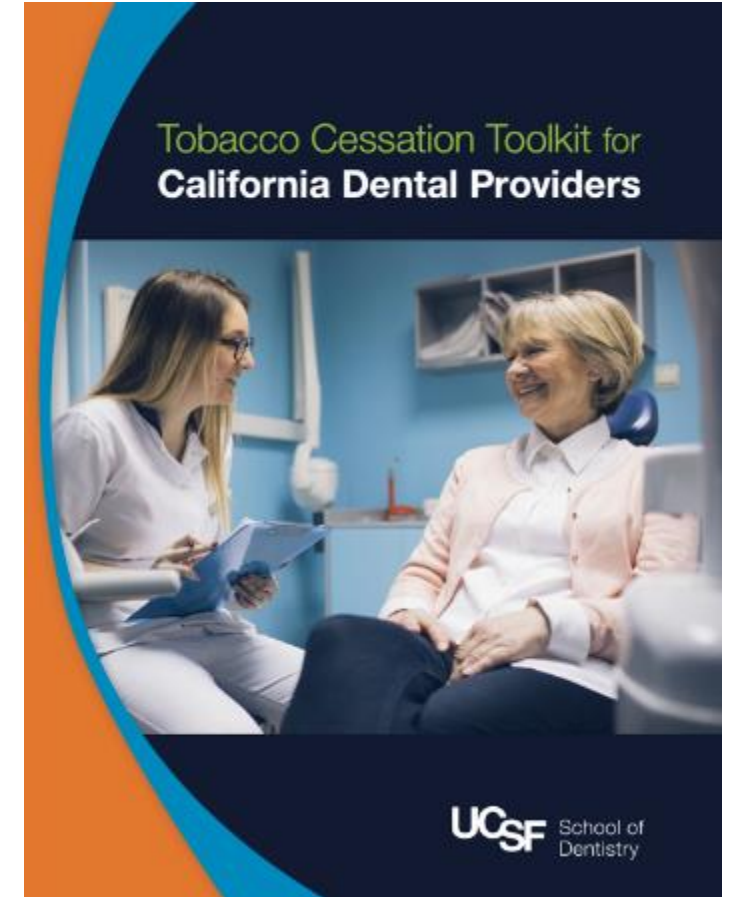
This toolkit was created by the UCSF California Technical Assistance Center (COHTAC) in partnership with San Joaquin County Public Health Services Smoking & Tobacco Outreach and Prevention Program (STOPP) and Local Oral Health Program, and the California Department of Public Health, Office of Oral Health.

#### Toolkits

▶ Tobacco Cessation Toolkit

[Oral Health Literacy Toolkit](#)

[Fluoridation Manual](#)



<https://oralhealthsupport.ucsf.edu/tobacco-cessation-california-dental-providers-toolkit-and-1-hour-webinar>

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# Thank You!

Please submit questions to  
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