

Treating Nicotine Addiction in Dental Settings
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Center for a Tobacco-Free Finger Lakes

funded by NYSDOHBTC

Center for a Tobacco-Free Finger Lakes



Serving:

Cayuga
Chemung
Livingston
Monroe
Ontario
Schuyler
Seneca
Steuben
Tompkins
Wayne
Yates

- Provides education and resources for healthcare organizations to identify and effectively treat nicotine dependence
- Uses evidence-based resources and programs to assist organizations in the design and implementation of policy and office-based systems to address nicotine dependence
- Assists healthcare organizations to improve tobacco policy

CTFFL Provides: Evidence-Based Best Practices for a Healthcare Tobacco Policy

- Obtain strong administrative buy-in
- Definition of tobacco & smokeless products
- Tobacco-Free Culture and Tobacco-Free Environment
- Definition of facilities and grounds including signage
- Policy is in force at all times
- Tobacco Cessation Counseling & Referral:
 - For employees
 - For patients 5 As
 - For visitors
- Policy Evaluation and Continuous Quality Improvement



Summary and Objectives

- Train the Trainer
- Understand Tobacco Dependence and its Impact on Physical and Mental Health
- Recommendations for Screenings, Research, and Treatment
- Provide an Overview of FDA-Approved Medication-Assisted Treatment, Pharmacotherapies, and Combination Therapy with Counseling
- Counseling Methods for Clients/Patients
- Refer Patients to Quitline and Resources For Cessation



Leading Causes of Preventable Death in the US

Tobacco/Nicotine Use¹

- Obesity²
- Secondhand Smoke¹

- 1. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
- 2. https://www.cdc.gov/obesity/data/adult.html#:~:text=Obesity%2Drelated%20conditions%20include%20heart,causes%20of%20preventable%2C%20premature%20death.





Chemicals in Tobacco Smoke

Acetone—found in nail polish remover

Acetic acid—an ingredient in hair dye

Ammonia—a common household cleaner

Arsenic—used in rat poison

Benzene—found in rubber cement and gasoline

Butane—used in lighter fluid

Cadmiumactive component in battery acid

Carbon monoxidereleased in car exhaust fumes

Formaldehyde embalming fluid

Hexamine found in barbecue lighter fluid

Lead—used in batteries

Naphthalene—an ingredient in mothball



Nicotine—used

Tar—material for paving roads

Toluene—used to manufacture paint





as an insecticide

Chemicals in Vaping Liquid

- **Nicotine** highly addictive, negatively affects adolescent brain development.
- **Propylene glycol** antifreeze, paint solvent, and artificial smoke in fog machines
- Carcinogens- acetaldehyde and formaldehyde.
- Acrolein a herbicide used to kill weeds, can cause irreversible lung damage.
- Diacetyl a chemical linked to a lung disease called bronchiolitis obliterans aka "popcorn lung"
- Diethylene glycol toxic chemical used in antifreeze, linked to lung disease.
- **Heavy metals** nickel, tin, copper, lead.
- Cadmium a toxic metal found in traditional cigarettes that causes breathing problems and disease.
- Benzene a volatile organic compound (VOC) found in car exhaust.
- Ultrafine particles can be inhaled deep into the lungs.





The Cold, Hard Facts about Spit.

- Placed inside of the user's mouth ['wad'] for a continuous high from the nicotine
 - CHEW: a leafy form of tobacco sold in pouches. Users keep the chew between the cheek and gums for several hours at a time
 - PLUG: chew tobacco that has been pressed into a brick
 - SNUFF: a powdered, moist form of tobacco sold in tins. Users put the snuff between the lower lip or cheek and the gum. As well, some users will sniff it. *Using snuff is also called "dipping."*





Smokeless ≠ Safe.

- Amount of nicotine in 8-10 chews/dips per day is equivalent to 30-40 cigarettes per day.¹
- Smokeless tobacco delivers 3-4 times more nicotine than smokable tobacco.¹
- Made from a mixture of tobacco, nicotine, sweeteners, abrasives, salts and chemicals.¹
- Contains a mix of 4000 chemicals, more than 30 known carcinogens.²
- More addictive than cigarettes because it contains higher levels of nicotine

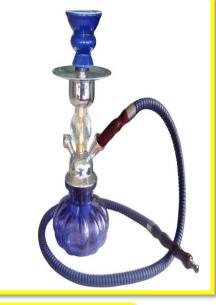


^{1.} University of Rochester. Smokeless Tobacco Rochester, NY: University of Rochester Medical Center; [Available from: https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=2947.

^{2.} National Cancer Institute (NCI), Centers for Disease Control and Prevention (CDC). Smokeless Tobacco and Public Health: A Global Perspective. Bethesda, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, National Cancer Institute. NIH Publication No. 14-7983; 2014.

Hookahs







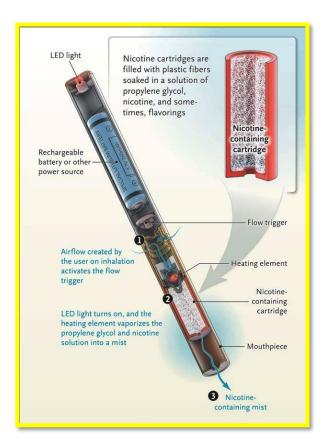
- Hookahs—sometimes called water pipes are used to smoke specially made tobacco that is available in a variety of flavors (e.g., apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon)
- Water pipe smoking delivers the addictive drug nicotine and is at least as toxic as cigarette smoke.
- Due to the mode of smoking—
 including frequency of puffing, depth of
 inhalation, and length of the smoking
 session—hookah smokers may absorb
 higher concentrations of the toxins
 found in cigarette smoke. A typical 1 hour-long hookah smoking session
 involves inhaling 100–200 times the
 volume of smoke inhaled



E-Cigarettes

Delivers nicotine in a mist of hot gas that feels like tobacco smoke. A battery powered heating device vaporizes liquid nicotine contained in a cartridge.







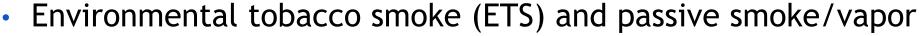
E-Cigarettes/ Vapes - Not Just Water Vapor

- E-cigarettes are a category of "tobacco products"
- They contain Nicotine and many chemicals
- Ultrafine particles are inhaled deep into the lungs
- Flavorings contain chemicals from food additives known to be directly and irreversibly harmful to the lungs (diacetyl, vanillin and cinnamaldehyde)
- Volatile organic compounds (vitamin-e acetate)
- Heavy metals (nickel, tin, copper, & lead)





Second and Thirdhand Smoke and Exhaled Vape Fluid



 Third-hand smoke/vapor is the left-over contamination in a room/car/clothing that persists after the cigarette is extinguished

Propylene glycol (PG) & glycerol, especially hazardous to pets

 There is no risk-free level of exposure to tobacco smoke, and vapor, and there is no safe tobacco product



Tobacco & Nicotine

- Tobacco is used in the Americas for over a 1,000 years.¹
- Nicotine makes up 5% of the tobacco plant by weight.²
- One cigarette contains 10-12 mg of nicotine.³
- When a cigarette is smoked, 1-2 mg is absorbed into
- the body.⁴
- · Delivered through skin, lungs and mucous membranes.
- 1. Mark JJ. A Brief History of Tobacco in the Americas. 2021. August 5, 2021. Available from: https://www.worldhistory.org/article/1677/a-brief-history-of-tobacco-in-the-americas/.
- 2. Britannica, The Editors of Encyclopaedia. "Nicotine". Encyclopedia Britannica, 5 Dec. 2019, https://www.britannica.com/science/nicotine. Accessed 5 August 2021.
- 3. Jewell T, Cattamanchi A. How Much Nicotine Is in a Cigarette and Other Tobacco Products?: Healthline Media; 2019 [updated November 8, 2019]. Available from: https://www.healthline.com/health/juul-side-effects#bottom-line.
- 4. NIDA. How does tobacco deliver its effects?. National Institute on Drug Abuse website.

 https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/how-does-tobacco-deliver-its-effects. April 12, 2021 Accessed August 5, 2021.



Chronic Disease Model

- Tobacco Use Disorder, like all substance use disorders is a <u>chronic disease</u>
 - Long term disorder
 - Periods of relapse and remission
 - Requires a chronic disease model approach rather than an acute care approach



Timing of Health Benefits

20 minutes

Heart rate drops to a normal level.

12 - 24 hours

- Carbon monoxide level in blood drops to normal.
- The risk of heart attack is significantly reduced

2 Weeks to 3 Months

- Risk of having a heart attack begins to drop.
- Lung function begins to improve.

1 to 9 Months After Quitting:

Coughing and shortness of breath decrease.

1 year

Added risk of coronary heart disease is half that of a smoker's.

5 to 15 Years

- Risk of having a stroke is reduced to that of a nonsmoker's.
- Risk of getting cancer of the mouth, throat, or esophagus is half that of a smoker's.

10 years

- Risk of dying from lung cancer is about half that of a smoker's.
- Risk of getting bladder cancer is half that of a smoker's.
- Risk of getting cervical cancer or cancer of the larynx, kidney or pancreas decreases.

15 years

Risk of coronary heart disease is the same as that of a nonsmoker.



The Dental Office is an Excellent Venue for Providing Nicotine Addiction Intervention

 Dental Professionals are in a prime position to show patients the health effects of tobacco use

 You can be as effective - if not more so - than primary care physicians in helping patients quit tobacco



Working with Dental Offices

- There are more than 200,000 working dentists.¹
- In the United States, there are 61 dentists per 100,000²
- ADA reports average time spent with a patient is 51.5 min.³
- On average, a dentist sees more than 68 patients per week (including hygiene appointments).⁴
- 1. Association AD. Supply of Dentists in the U.S. by State Dentists Working in Dentistry. In: 2020 https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIData_SOD_2020.xlsx?la=en, editor. Excel: American Dental Association; 2021.
- 2. Association AD. Supply of Dentists in the U.S. by State Dentists Working in Dentistry. In: 2020 https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIData_SOD_2020.xlsx?la=en, editor. Excel: American Dental Association; 2021.
- 3. American Dental Association. Average Appointment Length (in Minutes) among Dentists, 1990 2012. In: Excel) http://www.ada.org/en/~/media/ADA/Science%20and%20Research/Files/ADA_Dental_Practice_Survey_Characteristics_of_Private_Dental_Practices. 2013.
- 4. 2. Association AD. Characteristics of Private Dental Practices: Selected 2019 Results from the Survey of Dental Practice (Tables in Excel). 2020.



- The Centers for Disease Control and Prevention (CDC) reports that 65% of adults see a dentist/dental hygienist each year. 1
- Trainings, free supplies & educational resources for hygienists and their practices.
- In 2015, 68% of adult smokers wanted to stop smoking, 55.4% made a past-year quit attempt, and 7.4% quit smoking.²
- 57.2% had been advised by a health professional to quit, and 31.2% used cessation counseling and/or medication.²
- More information can be found here:

https://www.ada.org/en/member-center/oral-health-topics/tobacco-use-and-cessation



^{1.} Tainya C. Clarke, Jeannine S. Schiller, Peter Boersma. Early Release of Selected Estimates Based on Data From the 2019 National Health Interview Survey. 2019.

^{2.} 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.mm6552a1external icon.

- In US, 74% of the dentists who have practiced dentistry for over 15 years asked about tobacco use and 78% advised to quit.¹
- In other parts of the world, lack of training, smoking status of providers, inadequate materials, and patients' resistance were the most common barriers.²⁻⁴

- 1. Prakash P, Belek MG, Grimes B, et al. Dentists' attitudes, behaviors, and barriers related to tobacco-use cessation in the dental setting. J Public Health Dent. 2013;73(2):94-102. doi:10.1111/j.1752-7325.2012.00347.x
- 2. Alblowi JA. Perception of Tobacco Counseling and Cessation among Dental Practitioners. Journal of Smoking Cessation. 2021;2021:6692525.
- 3. Bhat N, Jyothirmai-Reddy J, Gohil M, Khatri M, Ladha M, Sharma M. Attitudes, Practices and Perceived Barriers in Smoking Cessation among Dentists of Udaipur City, Rajasthan, India. Addict Health. 2014;6(1-2):73-80.
- 4. Farrukh U, Shakeel S, Nisar S (2016) Dentists' Practice and Perceived Barriers towards Smoking Cessation and Intervention in Karachi, Pakistan. J Pharma Care Health Sys 3: 151. doi:10.4172/2376-0419.1000151



- Recent national study found that 44.6% received smoking-cessation advice from a dental care professional with no significant association with any attempt to quit smoking. But the respondents reported 18% more quit attempts.¹
- Research interviews conducted to elicit participants' views on dentist-delivered smoking cessation advice (SCA) found that SCA was supported and positively received.²



- Dentists who have more free time are more likely to discuss smoking and advise quitting.¹
- Dental providers who smoke are less likely to provide counseling on smoking than non-smoker providers.¹
- Dental providers who practice solo and have less peersupport are more likely to report barriers to smoking counseling.¹
- Smoking cessation advice for even a few (1-3) minutes increases long-term smoking abstinence rates by 5%, which can be increased by 50-70% with the use of adjunctive pharmacotherapy, e.g., nicotine replacement therapy, for withdrawal symptoms.²



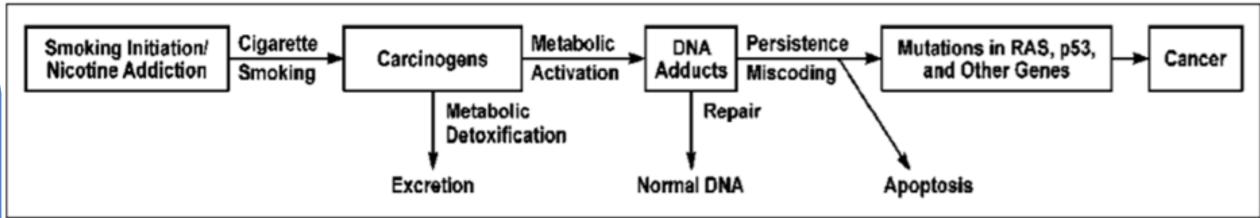
^{1.} Lala, R., Csikar, J., Douglas, G. and Muarry, J. (2017), Factors that influence delivery of tobacco cessation support in general dental practice: a narrative review. Journal of Public Health Dentistry, 77: 47-53. https://doi.org/10.1111/jphd.12170

^{2.} Leo F A Stassenn, Oscar Hammarfjord; Smoking cessation and the role of the dental practitioner; J Ir Dent Assoc. 2015 Apr-May;61(2):90-2.

Effects on Teeth and Oral Health

- Malignancies ¹
- Oral mucosal lesions e.g. Leukoplakia, Nicotine Stomatitis ¹

Accepted Overall Mechanism by which Cigarette Smoking Causes Cancer ²



- 1. Chaffee BW et al; Oral and periodontal implications of tobacco and nicotine products; Periodontol 2000. 2021 Oct;87(1):241-253
- 2. Tomar SL et al; Oral Health Effects of Combusted and Smokeless Tobacco Products; Adv Dent Res. 2019 Oct; 30(1):4-10.



Effects on Teeth and Oral Health

Periodontal diseases

- Higher levels of plaque, calculus formation (tartar)
- Gingivitis, Periodontitis, Acute necrotizing ulcerative gingivitis (ANUG)
- Dental Implants
 - Damaging to both the initial and long-term success
 - Delayed wound healing/ less favorable treatment outcomes
- Dental Caries
- Salivary changes/ dry mouth



^{1.} Chaffee BW et al; **Oral** and **periodontal implications** of **tobacco** and **nicotine products**; Periodontol 2000. 2021 Oct;87(1):241-253

Couch Et, Chaffee BW, Gansky SA, Walsh MM. The Changing tobacco landscape: What dental professionals need to know. J Am Dent Assoc 2016; 147(7):561-9.

^{2.} Winn DM. Tobacco use and oral disease. J Dent Educ 2001;65(4):306-12.

Effects on Teeth and Oral Health

Esthetics:

- Discoloration of teeth, dentures, and restorations
- Excessive wear on teeth
- Halitosis
- Oral candidiasis
- Overgrowth of the papilla of the tongue surface
- Children born to mothers who smoked during pregnancy are 1.4 times more likely to get cleft lip with or without cleft palate.¹
- 1. Xuan Z, Zhongpeng Y, Yanjun G, Jiaqi D, Yuchi Z, Bing S, et al. Maternal active smoking and risk of oral clefts: a meta-analysis. Oral surgery, oral medicine, oral pathology and oral radiology. 2016;122(6):680-90.
- 2. Couch ET, Chaffee BW, Gansky SA, Walsh MM. The changing tobacco landscape: What dental professionals need to know. J 25 Am Dent Assoc 2016;147(7):561-9.
- 3. Winn DM. Tobacco use and oral disease. J Dent Educ 2001;65(4):306-12.

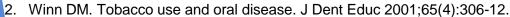




E-Cigarette and Oral Health

- Periodontal Disease: Systematic reviews have found significant higher plaque index, clinical attachment loss and pocket depth among individuals who use ecigarettes
- E-cig users are 1.7 times more likely to have untreated caries
- Potential DNA damage after E-cig exposure may lead to oral cancer
- E-cig users have higher nicotine stomatitis, hairy tongue and angular cheilitis prevalence than former conventional smokers

^{1.} Couch ET, Chaffee BW, Gansky SA, Walsh MM. The changing tobacco landscape: What dental professionals need to know. J Am Dent Assoc 2016;147(7):561-9.





E-Cigarette and Oral Health

- Effect of E-cig use on biological profiles in oral fluids was assessed and compared with traditional cigarette smokers, dual users and non-users
- Cross-sectional pilot study
- Saliva and gingival crevicular fluid (GCF) samples;
 Salivary cotinine level; Biomarkers of inflammation, oxidative stress, anti-inflammatory lipid mediators, tissue injury and repair, and growth factors with immunoassays



E-Cigarette and Oral Health

- Prostaglandin E2 level was significantly increased in CS compared with EC and DS
- Statistically significant differences:
 - Between groups of EC and NS (oxidative stress, inflammatory mediators)
 - Between DS and EC (inflammatory mediators)
- <u>Conclusion</u>: Statistically significant differences in measurable health outcomes were found between different smoking status groups, suggesting that smoking/vaping produces differential effects on oral health



The Good News:

- 46.6% of patients (in 2020) who currently smoke make an annual visit to the dentist.¹
- Dental hygienists/dentists are more likely to see adults for routine care on an annual basis
- Patients do have increased success rates with tobacco cessation with brief interventions from dental hygienists/dentists



Clinician Assistance

68% of smokers want to quit.1

<10% of smokers successfully quit every year.

4 Out of 9 adult smokers who saw a physician during the past did not receive advice to quit.¹

1. S. Department of Health and Human Services. <u>Smoking Cessation. A Report of the Surgeon General</u>. Atlanta, GA: 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, 2020



Stages of Change Model

- Pre-contemplation
 - Can discuss the "5R's"
- Contemplation
 - Yes, but not now
- Preparation
 - Set a Quit Date
- Action
 - Quit Date/vulnerable to relapse
- Maintenance
- Relapse/Recycle
 - Emphasize successes and "re-trying"



5A's Treatment Model

Current Practice Guidelines of the Monroe County Medical Society (recommended statewide) and based on National clinical guidelines:

- Ask patients/clients about tobacco product use
 - Every patient/client, every visit
- Advise them to quit for good
- Assess their willingness to quit for good
- Assist in a quit attempt (counseling, meds, referral)
- Arrange follow-ups (notes, appointments, electronic health records)



Components of a Brief Intervention

Ask patients about tobacco exposure

Advise patients to Quit

 Assist patients with quitting and refer to NYS Smokers' Quitline 1-866-NY-QUITS and to www.nysmokefree.com



Assist in 3+ Minutes

- Suggest and encourage the use of problem-solving methods and skills for smoking cessation
- Provide smoking cessation materials
- Provide social support as part of the treatment
- Arrange social support in the smoker's environment
- Putting it all together: here is a 7-minute video demonstrating the 5As in action in a dental setting
 - https://www.youtube.com/watch?v=YGsUxoHNa AM&t=5s



New York State Smokers' Quitline & Quitsite

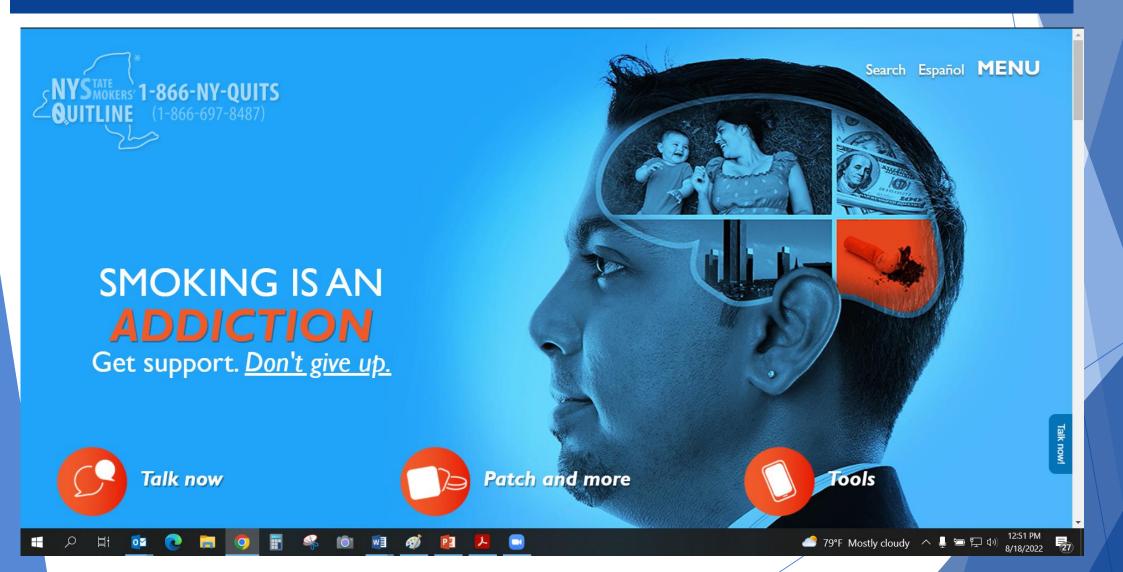
• Quitline: Free and confidential telephone Quitline provides <u>evidence-based</u> tobacco cessation services to New York State residents who want to quit tobacco product use for good

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THE NEW YORK STATE
SMOKERS'
QUITLINE
1-866-NY-QUITS
(1-866-697-8487)
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Quitsite: www.nysmokefree.com



New York State Smokers' Quitsite for tobacco product users





Referral Resource:

UR Medicine Wilmot Cancer Center, Community Outreach: Quit Center

The Quit Center offers counseling, personalized treatment, free NRT, and offered in Spanish

- "Kick Buts" text to quit program
- Text messaging support
- Free NRT
- English and Spanish
- Free of cost



Community
Outreach,
Engagement,
and Disparities

To speak with a tobacco specialist, call 585-504-9461 or email quitcenter@urmc.rochester.edu

Another Referral Resource:

URMC Healthy Living Center, Center for Community Health & Prevention

Nicotine Dependence Treatment

- · Healthy Living Center offers one-on-one counseling, and
- "Commit to Quit" group program
- Zoom online format
- Free of cost

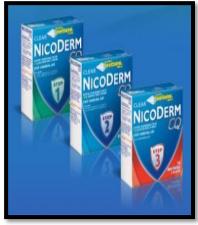
Phone: 585-602-0801

healthy_living@urmc.Rochester.edu



Pharmacotherapy

















These are the brand names, but there are emerging NRT products and "store brand" alternatives of the nicotine containing products (e.g., CVS, Rite Aid) which have the same levels of nicotine. Zyban has two other forms: as Wellbutrin (for Depression) and generically as "Bupropion SR". Alternatives are often cheaper for clients/patients.



Combination Therapy

Use of two or more forms of tobacco cessation medications can improve cessation rates:



PLUS











PLUS





PLUS



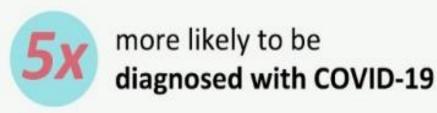
OR





Effect of Vaping On COVID -19 Rates

Young people who ever used e-cigarettes



Young people who ever used e-cigarettes plus conventional cigarettes



more likely to be diagnosed with COVID-19





Original article

Association Between Youth Smoking, Electronic Cigarette Use, and Coronavirus Disease 2019

Shivani Mathur Gaiha, Ph.D. , Jing Cheng, Ph.D. , and Bonnie Halpern-Felsher, Ph.D. , a.e.

*Division of Adolescent Medicine, Department of Pediatrics, Storford University, Palo Alto, California

Division of Oral Epidemiology and Denial Public Health, University of California, San Francisco, San Francisco, California



Resources

- Center or Disease Control CDC <u>www.cdc.gov</u>
- NYS Quitline- www.nysmokefree.com
- Mayo Clinic www.mayoclinic.com
- Tobacco Cessation & Prevention Research Program
 - http://www.smokingresearch.urmc.edu
- Online CME / treatment information
 - www.nysmokefree.com (Click to Quit)
 - www.smokefree.gov (includes chat)
 - www.Talktoyourpatients.org (clinician resources)
- Monroe County Medical Society GUIDELINES
 - www.surgeongeneral.gov/



Newsletter

- If you are interested in receiving our monthly newsletter,
- please type your email address and name in the chat,
- or send us a request @ treatnicotine@URMC.Rochester.edu

(June '22 Newsletter Shown)





Treat Nicotine

Center for a Tobacco-Free Finger Lakes

Partnering with Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, & Yates Counties

Contact us: Phone: 585-802-9944 | Click for Website or Facebook

ADULT SMOKING RATE DROPS TO 12% IN NYS: WORK STILL TO BE DONE.

New York State Department of **Health Announces** Rate of Adults Dropped Consecutively Over Past Four Years.

The prevalence of cigarette smoking among NYS adults in 2020 is down to 12.0% from 15% four years prior and 14.7% in 2017. While cigarette smoking rates among young adults ages 18-24 have dropped to a new low of 5.5%, New York young adults Smoking Cigarettes remain the primary users of e-cigarettes and vape pens. The data show that nearly 40% of 12th-grade students and 27% of all high school students in New York State had used e-ciaarettes.

https://tinyurl.com/twelvepercent

IMPORTANT DATES & WEBINARS

Juneteenth - June 20th

Progress being made to help Black and African Americans guit: Click for JAMAQuitProgress

Latest Report from the NYS Bureau of Tobacco Control

Click for BRFSSsmoking2022

June is National Pride Month

How tobacco companies target the LGBTO+ Community Click for cancer-network

Mens Health Month

Wear Blue Day - June 17th menshealthnetwork.org/wearblue

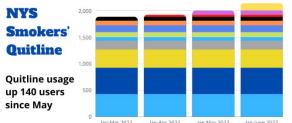
'Addressing Tobacco, E-cigarette & **Alternative Product Use with** Young Adults"

Webinar on July 14th Click for July14VapeWebinar

EARN2QUITNY TEXT PROGRAM LAUNCHED

The Quitline recently launched Learn2QuitNY, a free comprehensive sixweek text program with step-by-step guidance for New York State residents to learn and practice skills that promote freedom from nicotine dependence.

Residents can enroll by visiting **nysmokefree.com/text** or by texting



Free Nicotine Patches/Gum Call: 1-866-697-8487 The Check-Up: tinyurl.com/thecheckup Visit: nysmokefree.com

SURVEY RESULTS UNVEILED

2021 New York State Healthcare Professional Communication Preferences Survey found half (50.2 percent) of state-licensed healthcare professionals believed the COVID-19 pandemic effected "no noticeable change" on their patients who use tobacco or vape products.

https://tinyurl.com/nyssurveywebinar

June "Treat Nicotine" Newsletter - 06/15/2022

Questions?

- Website: tinyurl.com/CTFFL-URMC
- Facebook: Facebook.com/CTFFL

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