

Writing Assignment: Tobacco Cessation Counseling on Cigarettes

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When I was growing up in the Philippines, I always encountered a family member of mine smoking at any given time of the day. When I was eight years old, I was even instructed to get the cigarette packs or a couple of cigarette sticks for the adults who smoked in my household. The store owners never questioned why I was the one buying the cigarettes but they all seemed to know that an adult was telling me to get the cigarettes for them. Looking back, I realize that smoking was and still is embedded in my culture. The Philippines is a developing country and almost everyone belongs to a working-class family. The everyday stress and worries of living from paycheck to paycheck are most likely the cause of this habit that Filipinos tend to have. The main reason why I chose this tobacco product is that I grew up being exposed to it and was even the enabler that helped the smokers in my family continue this horrible habit. What I mean by enabler is that I didn't really question why my family members smoked cigarettes because I subconsciously knew that this was how they coped with their everyday stress. I also knew that smoking was generally bad for your health when I was young, but I didn't do a lot to help my family members quit. The closest I did to intervening with my family members' smoking habits was telling them to smoke outside the house and putting "No Smoking" signs on the doors of our house. Now that I'm a little older and more knowledgeable on the subject, I want to do better for my family by effectively communicating to those with bad smoking habits that there are ways to quit and that it's not as impossible as they make it out to be.

Cigarettes are used by lighting the open end of the cigarette and putting it onto one's lips. Afterward, the person will pucker their lips and suck on the cigarette. Once they've sufficiently sucked enough of the cigarette stick, the person will then puff out the smoke produced from the cigarette. Tobacco is the main ingredient found in cigarettes and it also contains over 7,000 chemicals with 70 of these being carcinogenic or cancer-causing substances (Gehrig 2018). Some of these carcinogenic chemicals include formaldehyde, isoprene, furan, arsenic, lead, cadmium, chromium, and countless others (Gehrig 2018). Additionally, cigarettes contain high amounts of nicotine which is a highly addictive substance that makes it even more difficult for smokers to quit because developing an addiction to nicotine is more addictive than taking heroin and cocaine (Gehrig 2018). Smoking cigarettes have a direct impact on the patient's oral health and overall physical health. It is well known and documented that smoking cigarettes causes numerous oral and physical manifestations in a patient. According to Gehrig (2018), tobacco smokers are four times more likely to have periodontal diseases even if they practice excellent oral care. Moreover, smoking and periodontitis have a direct correlation to one another because the negative effects are manifested orally such as bone loss, gingival bleeding, gingival inflammation, etc. (Gehrig 2018). Also, tobacco users statistically lose more teeth than non-smokers because only 20% of non-smokers who are aged 65 and up are toothless while 41.3% of smokers aged 65 and up are toothless (Gehrig 2018). Additionally, smoking tobacco causes numerous health problems such as cardiovascular diseases, cancer, etc., and increases the risk of premature deaths in smokers (Gehrig 2018). An analysis from a population-based cancer registry in Greece concluded that the constant increase and prevalent cause of lung cancer within that region were mainly due to people smoking tobacco products (Sifaki-Pistolla, et al. 2017). Furthermore, it is not only the smokers that are directly negatively affected by tobacco smoking but also the people around them. This phenomenon is termed second-hand smoking which means that non-smokers who are exposed to tobacco smoke are more likely to develop similar negative physiological effects that smokers already have. This is especially pertinent to children who have parent/s that are smokers because these children are at a very vulnerable period of their overall development and exposure to tobacco products may cause permanent physiological harm as they

mature (Tackett, et al. 2021). It is well-known and documented that childhood exposure to tobacco smoke causes various health problems such as respiratory illnesses, asthma, etc. (Tackett, et al. 2021). In essence, forming a habit of smoking tobacco products, such as cigarettes, is one of the easiest things a person can do, and is one of the fastest ways a person can damage both their oral health and overall physical well-being simultaneously.

Most smokers want to quit. According to the Centers for Disease Control and Prevention (2017), as of 2015, 70% of adult smokers wanted to quit smoking. This is important because as dental hygienists, we are the direct lines of the initiation of smoking cessation in our patients. As dental hygienists, we do not necessarily need an excessive amount of time to initiate smoking cessation and counseling within our patients because it can be done in as little as 3 minutes (Gehrig 2018). Furthermore, as healthcare providers, our counseling and support are what smokers need to hear because “smokers cite a health professional’s advice to quit [is] an important motivator for attempting to stop smoking (Gehrig 2018).” These factors are most likely to encourage rather than discourage our patients to stop smoking if we do it properly. In most cases, smoking cessation counseling is highly effective. In one study, a smoking cessation procedural intervention program in United States veterans resulted in a significant increase in consultation, participation, and completion of smoking cessation programs by these veterans. Veteran engagement rose from 43% participation in 2017 to 53% in 2019 (Maloney, et al. 2021). This significant study was done at Middleton Memorial VA Hospital which in context would be less readily accessible than dental care clinics, but the hospital managed to reach out to smokers and effectively stopped their smoking. As dental hygienists, we are one of the most accessible healthcare providers that smokers are most likely to interact with. We are also the most readily available resources for smokers to ask about smoking cessation programs while being the support that they need when they decide to initiate this process. With our knowledge and support on how to properly guide our patients on stopping their smoking habits, we would be able to reach out to more people and affect their overall physical well-being for the better.

First, I would ask the teenager “When was the last time you smoked? And how often would you say you smoked on a given day?” After they answer my questions, I would respectfully tell them this:

As your clinician, quitting may be one of the hardest things you will ever do. But quitting will greatly benefit your overall well-being in the long term. I strongly believe that it is very important for you to quit smoking now, and you don’t have to do it alone. I can help you with it. If you continue to smoke, these oral problems and future health problems may become worse.

Next, I would have to assess the patient’s willingness to quit by asking them questions like: “How do you feel about quitting in the near future? Are you aware that there are many resources available to you that can make quitting easier?” If the patient decides that they want to quit, I will then motivate them to set a quit date within the first 2 weeks of this dental appointment. Afterward, I will discuss with the patient any possible challenges that may present themselves once this process has been initiated such as triggers, withdrawal symptoms, etc. Additionally, I would reassure the patient that all the negative feelings they’re experiencing like fear, anxiety, etc. are all normal and should not let these emotions get in the way of their process of quitting. Then, I would supply the patient with all the appropriate resources that they can use to help their process such as numbers to quitlines, websites, medications, etc. Finally, I would arrange with the patient follow-up contacts after they first quit smoking, then furthermore as needed; and if the patient is having difficulties, I would refer them to a more intensive treatment plan. If they

encounter episode/s of relapse, I would have a respectful conversation with the patient about what coping mechanisms we can employ to help them avoid repeating such an incident in the future.

I would do a similar approach to a 30-year-old patient who has been smoking for 12 years as I did with the teenage patient who started smoking 2 months ago. However, I would greatly stress the numerous health benefits that a person's body experiences when they stop smoking. For example, after assessing the patient's willingness to quit and asking about the patient's awareness of various cessation tools and resources, I would inform them of the health benefits associated with smoking cessation by phrasing it like this:

Did you know that there's a timeline of the potential health benefits associated with smoking cessation? In the first 24 hours of quitting, you can lower your risk of a heart attack (Gehrig 2018). Then in 3 months, you will feel less fatigued, your lungs begin to repair, and your smoker's cough will disappear (Gehrig 2018). Within a year of quitting, you halve your risk of developing heart disease, stroke, lung disease, and lung cancer, all of which will continue to lower (Gehrig 2018). In 5 years, your risk of experiencing a stroke will be the same as someone who never smoked at all. In 10 years, your heart and circulatory systems will have repaired themselves to a significant degree (Gehrig 2018). And in 15 years, your risk of developing coronary heart disease and lung cancer is almost the same as someone who never smoked (Gehrig 2018). All this is attainable when you quit smoking. I admit, there will always be a part of you that will want to smoke, but that doesn't mean that you will always have to smoke. I know it's hard to stop when you've been smoking for 12 years, but it is doable and I am here to help and support you throughout your process.

By making the patient visualize a healthier version of themselves and reassuring them that they are not alone in this process, I am able to communicate my concern for their well-being while maintaining mutual respect and understanding with my patient.

I have learned that my role as a dental hygienist does not only pertain to the clinical and educational aspects of oral health but also being the support and guidance that smokers need in order to initiate their process of cessation. Also, I learned the value of voicing my concern as a healthcare provider to patients who smoke because they do want to hear that they need to quit and will be guided throughout their process. I found this assignment very beneficial because I thought that the extent of a dental hygienist's concern with tobacco use was only applicable to the oral health of the patient. Through this assignment, I learned about the different strategies used to convey to these patients the important positive effects of quitting to not just their oral health, but their entire physical well-being. It is through us that these patients are able to begin their process of cessation and make them aware that they are being supported and have various resources that will aid in their journey. Yes, I have several family members who smoked and are either still smoking or have stopped completely. One of them is my father. He used to smoke up to 3 packs of cigarettes before I was born. My brother told me that our father stopped smoking when I was born. I'm 20-years-old now, so it has been exactly that long since my father smoked 3 packs of cigarettes to none at all. And I'm very proud of him for that because he is more healthy and has even begun exercising again. After doing this writing assignment, I am more comfortable with having a conversation with patients about smoking cessation. I realized that the whole process is not the dental hygienist reprimanding and shaming their patients who smoke but expressing our concerns as healthcare providers and being the support system that our smoking patients need to have.

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