

Maduri Mathoor

New York City College of Technology Dental 1100

Doctor Taranto

Tobacco Cessation

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One of the biggest causes of avoidable mortality and disability worldwide is tobacco smoking. Smoking causes around 8 million deaths per year, with a large percentage of these from cardiovascular disease (CVD). Despite countless efforts and warnings, tobacco smoking is ubiquitous, with serious effects on smokers, their families, and the community. This paper will critically evaluate three publications on tobacco smoking's effects on cardiovascular and cognitive health and the best ways to quit.

My research evaluation focused on tobacco cigarettes since they are the most widely used tobacco product and have the largest public health effect. As of 2019, tobacco smoking kills about eight million people worldwide. Cardiovascular disease, lung cancer, and COPD are connected to cigarette smoking (Affentranger & Mulkey, 2022). Thus, understanding the impacts of this extensively used substance and finding ways to stop smoking are vital. The paper-wrapped tobacco leaves in cigarettes are smoked. The American tobacco plant has been used medicinally and recreationally for generations. Nicotine, a highly addictive stimulant in tobacco cigarettes, causes smoking's pleasant emotions and desires. Nicotine in cigarettes enters the circulation via the lungs and reaches the brain in seconds, raising heart rate and blood pressure (Parker et al., 2018). Smoking includes igniting one end and breathing smoke from the other. Over 7,000 chemicals exist in smoking, 250 of which are toxic and 69 of which cause cancer. Smoke pollutants enter the circulation via the lungs and impact many organs and systems. Smoking is commonly linked with drinking, socializing, or stress relief, making it hard to quit. A smoker gets physically and psychologically dependent on the substance as it becomes part of their daily habit (Banks et al., 2019). Even with awareness of its health risks, quitting cigarettes is difficult for

many. In conclusion, my literature study focused on tobacco cigarettes due to their widespread usage and substantial health risks.

Other substances increase the flavor and attractiveness of cigarettes and other tobacco products besides tobacco and nicotine. These may include sweeteners, menthol, and other flavors to conceal tobacco smoke's unpleasant taste. Tobacco products also include ammonia, which promotes nicotine absorption, and tar, which gives smoke texture (Affentranger & Mulkey, 2022). These chemicals make tobacco products more enticing and addictive, making quitting smoking harder. When smoked, cigarettes emit about 7,000 compounds, including at least 70 carcinogens (Banks et al., 2019). Carbon monoxide, arsenic, and formaldehyde are harmful. Nonsmokers exposed to second-hand smoke are also harmed by these substances. Second-hand smoke (SHS) kills 890,000 people annually, mostly non-smokers. SHS exposure may cause respiratory, cardiac, and lung illnesses. Tobacco smoking harms people, families, and communities globally. Cigarettes and other tobacco products include nicotine and other additives and compounds to improve flavor and addiction (Pearson et al., 2017). Available and widely used, these products are a major public health issue that demands immediate attention and comprehensive tobacco control.

Smoking harms dental hygiene and systemic health. Most noticeable is the increased risk of oral and pharyngeal cancer. About 50% of oral cancer cases are caused by smoking, and the risk rises with duration and intensity. Periodontal disease, tooth loss, dental cavities, and halitosis are further oral health effects of smoking (Affentranger & Mulkey, 2022). Periodontal disease is a persistent bacterial infection that destroys tooth tissues and bone. Smoking increases periodontal disease severity and progression (Schneller et al., 2022). Smoking affects the immune system,

reducing recovery and increasing infection risk. Untreated periodontal disease may cause tooth loss and impair oral function and appearance. Tobacco smoking harms systemic and oral health. The literature review articles show that tobacco smoking is a major risk factor for cardiovascular disease (Banks et al., 2019). Atherosclerosis, a plaque-filled artery disease, is linked to smoking. Heart attack, stroke, and peripheral vascular disease may result from this accumulation. Tobacco smoking harms respiratory health. High carbon monoxide levels in tobacco smoke lower blood oxygen levels, producing shortness of breath, phlegm formation, and chronic bronchitis (Banks et al., 2019). Approximately 80% of lung cancer cases are caused by smoking (CDC et al., 2023). Tobacco use harms oral and systemic health, underlining the need for effective smoking cessation strategies.

As healthcare practitioners, dentists promote oral and systemic health and prevent illness (Parker et al., 2018). Dental hygienists are well-positioned to teach patients about tobacco's risks due to their regular interaction. Dental clinics are appropriate for smoking cessation treatments since many patients attend for preventive care. Patients trust and respect dentists, making them good smoking information and assistance providers. Dental hygienists empower people to stop smoking by giving thorough smoking cessation counseling during dental appointments. They may analyze a patient's smoking history and willingness to stop and give specific guidance and strategies (Nadar et al. 2019). Dental hygienists may help patients stop smoking using the 5 A's intervention technique, as outlined in the research review. Brief tobacco intervention using the 5 A's (Ask, Advise, Assess, Assist, Arrange) is evidence-based. Dental hygienists may create trust and support healthy lifestyle choices by actively listening and showing empathy.

An adolescent who just began smoking needs an open, nonjudgmental chat. First, inquire about their smoking history and habits, such as how many cigarettes they smoke, how frequently, and when (Affentranger & Mulkey, 2022). Next, I would warn the patient about smoking's health risks. I would show them the health risks of tobacco smoking using visuals. I would also discuss nicotine addiction and its difficulties in stopping. Assessing the patient's quitting preparedness is vital. Smoking is commonly linked to peer pressure and fitting in among teenagers (Schneller et al., 2022). Others may impact their inclination to leave. These factors must be considered and the patient's quitting reasons must be examined. I would provide them with educational information to assist them in comprehending the dangers of smoking if they are not ready to stop. Finally, I would help the patient stop smoking by reviewing treatment options. These may include nicotine gum, patches, or smoking cessation programs (Banks et al., 2019). Like any patient, I would check in with them at the following dental appointments to monitor their progress and provide encouragement.

The strategy would be similar, with some adjustments, for a 30-year-old smoker of 12 years. First, as with any patient, I would maintain anonymity and provide a non-judgmental space for smoking history sharing. I would next question about their smoking habits, including the number of cigarettes and prior stop efforts. I would advise and emphasize the long-term effects of smoking after so long (Schneller et al., 2022). As a young adult, they may not understand the long-term hazards of smoking. Smoking increases the risk of periodontal disease and oral cancer, which may alarm them. Assessing quit readiness is key. After 12 years of smoking, the patient may have failed to stop. I would examine their prior efforts, coping techniques, and desire to stop (Banks et al., 2019). I would also mention quitting smoking's financial advantages for this age

group, since smoking's financial cost may motivate them. The patient would be helped to stop by discussing smoking cessation programs, nicotine replacement treatment, and counseling. Stress and tobacco-free coping methods will also be addressed. I also recommend making a stop strategy and providing support and follow-up during dentist appointments.

Not only does smoking cigarettes influence the person, but it also has a substantial effect on the health of the community and the general population. It is very necessary to acquire an awareness of the risks associated with smoking tobacco and to investigate methods that are efficient in assisting folks in breaking this dangerous habit. Tobacco use is a serious public health concern that is associated with adverse effects on both the oral and overall health of a person. Dental hygienists play an important part in the fight against tobacco use and are expected to be well-informed on the risks associated with smoking as well as the most efficient methods for assisting patients who want to kick the habit. Dental practitioners may assist patients in making good changes in their health by giving smoking counseling during dental appointments. This can lessen the burden that tobacco use places on people, families, and communities.

Reflection

I chose this topic because I've often puzzled why so many people continue to smoke despite the fact that the consequences of smoking have been widely publicized for years, and the risks aren't trivial. So, by doing this topic, I hoped to have a better knowledge of people's smoking decisions. Completing this assignment helped me understand why quitting is difficult; I learned how many times people tried but failed and how many times it takes before they can fully quit. I also learned about the contents of tobacco cigarettes; I knew they contained harmful products before, but I had no idea about the hundreds of carcinogens and toxic chemicals they contained. One of the most important things I've learned while researching is that smoking not only affects the person smoking or the person next to them, but it can also affect a third person who sits in the same place as a smoker, and it can also affect pets, which is probably one of the best points I can make when discussing quitting with a patient. This homework was extremely valuable to me because I now have a thorough understanding of tobacco products. It allows me to feel empathy for my patients while also using strategies to assist them live a better and possibly longer life. I am more confident in counseling my patients now that I have completed this assignment.

References

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