

Smoking Cessation Counseling Writing Assignment # 1

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OL 10: DEN 1100

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March 26, 2021

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Section OL10

March 24, 2021

Part I:

Briggs, K., Bell, C., & Breik, O. (2021). What should every dental health professional know about electronic cigarettes? *Australian Dental Journal*. <https://doi.org/10.1111/adj.12818>

Gehring, J. S. (2017). In *Patient Assessment Tutorials A step-by-step guide for the Dental Hygienist* (Enhanced Fourth Edition, pp. 342–377). Jones & Bartlett Learning.

Pintado-Palomino, K., de Almeida, C., Oliveira-Santos, C., Pires-de-Souza, F., & Tirapelli, C. (2019). The effect of electronic cigarettes on dental enamel color. *Journal of Esthetic and Restorative Dentistry*, 31(2), 160–165. <https://doi.org/10.1111/jerd.12436>

Wu, J., Rhee, J., & Sallam, K. (2019). Electronic Cigarettes: Where There Is Smoke There Is Disease. *Journal of the American College of Cardiology*, 74(25), 3121–3123. <https://doi.org/10.1016/j.jacc.2019.10.029>

Part II:

As a dental hygienist, my job is to clean my patient's teeth, take radiographs, and advise about potential health issues that the patient can avoid. As a dental professional, I will have to discuss with my patient how to maintain good oral and systemic health, which means I will have to be knowledgeable of the different health risks that many patients may present. I have to consider that smoking is one factor when understanding the possible health risk that my patient is facing. One of the most popular forms of smoking today is the electric cigarette.

I chose to investigate more on electronic cigarettes and their impact on a person's systemic and oral health. The reason I decided to select electric cigarettes is that it is exceedingly popular among young people today. It has been two years since I graduated high school, and during that time, I witnessed more than a handful of kids my age using their electronic cigarettes. One of the reasons for the increased usage among teens is a common misunderstanding that it is not as harmful as cigarettes (Briggs, 2021). A classmate who went to school with me told me that he did not think they were as destructive as cigarettes and therefore did not see their harm. At the time, I asked him why he thought this, and he replied, "that is what smokers use when they want to quit smoking." He was only 17 at the time but used his electric cigarette every day. Also, since electric cigarettes do not smell like regular cigarettes do but instead produce scented aromas like blueberry, cinnamon, strawberry, it was relatively easy for students to use them everywhere: in the restrooms, classrooms, cafeteria, hallway. As long as you did not get caught, it was fair game. Therefore, I

wanted to investigate the impact electric cigarettes have on the body to be more educated and comfortable talking about the risks associated with electronic smoking and the benefits of quitting.

Electronic cigarettes are a bit different than regular cigarettes. Wu (2019) states that E-cigarettes are composed of flavoring compounds, nicotine, and propylene glycol to vaporize and deliver nicotine (paras. 1). Furthermore, the United States Department of Health and Human Services found e-cigarettes to contain diacetyl, particular ultrafine matter, volatile organic compounds such as benzene, and heavy metals (Briggs 2021). The components of these electric cigarettes and the fact that companies are marketing them as a healthier, safer, and more socially acceptable alternative to smoking cigarettes make them more attractive to teens (Briggs 2021). According to Wu (2019), "a conducted study found that 25% of 12th graders and 9.7% of middle schoolers smoke these electric cigarettes at alarming rates"(paras 2, 3). Also, since electronic cigarettes are not being produced directly from tobacco leaves, they are not being classified universally as a tobacco product (Briggs, 2021). As a result, we can see the danger that these types of cigarettes pose for today's youth.

Electronic cigarettes impact oral hygiene and systemic health in many ways. First, it increases a person's chances of getting cancer, and it accounts for at least 30% of all cases of cancer (Gehring, 2019). Also, smoking any amount harms nearly every organ of the body, damaging a smoker's overall health even when it does not cause a specific illness (Gehring 2019). In other words, smoking not only increases the risk of damaging the lungs but also potentially puts at risk every other organ in the body. According to Briggs (2021), people are being misled today by many companies who claim that "the use of these products can increase oral health by providing an alternative to conventional smoking" (paras. 24). While this product may be an alternative to conventional smoking, it does not improve patients' oral health who report a variety of symptoms. These symptoms include dryness, irritation, bad taste, bad breath, pain, and oral mucosal lesions (Briggs, 2021). Also, patients who are constantly smoking E. cigarettes have tonsillitis, tonsilloliths, uvulitis, para-tracheal edema, and laryngitis (Briggs, 2021). In other words, e-cigarettes cause different oral complications and diseases. Another adverse health effect of electric cigarettes is the impact it has on the oral epithelium. Briggs (2019) states that "E-cigarette vapor upon contacting oral epithelium produces several adverse cellular effects. Namely, reduced cell proliferation and viability, altered cell morphology and activity, promotion of apoptosis and necrosis" (para 28, 29). These changes in the oral epithelium increase the likelihood of getting cancer. When we think of the risk that teens face when they start vaping at a young age, we understand why it is imperative to talk to our patients about quitting smoking.

Another reason why it is crucial to provide smoking counseling to my patient during their dental hygiene visit is because it will set the course of the dental visit in terms of the steps the patient must take to stop smoking. Not talking to my patient about the risk of smoking will make them think that it is not essential to quit. However, if I take the time to go over the risks, it will motivate them to stop smoking since many smokers feel that a health professional's advice to quit is an important motivator for attempting to stop smoking (Gehring, 2019).

The teen rationale for electronic smoking might be that everyone else is doing it, so it might not be dangerous. Besides, "they are the most powerless population- indigent, depressed, uninsured, less educated" (Gehring, 2019, p. 355). As a result, I would ask personalized questions

to determine what my young patient knows about electric cigarettes' risks. I would then explain the long-term consequences of continuing to smoke electric cigarettes. For example, I could say, "there will be consequences of addiction, which is a chronic dependence on a substance." In other words, I would let him/her know that the longer they continue to smoke, the harder it will be to stop. It is vital to help my patient understand that if they continue to smoke at such a young age, there is a higher chance of dying early from "a smoke-related illness" (Gehring, 2019, p.355). Giving personal advice will also encourage the teen to stop as it will help them see how it is directly impacting them and how it will impact them in the future if they continue. Finally, I would ask open-ended questions that will ensure the patient is involved in the conversation.

With a 30-year-old who has been smoking for years, I would consider that people who have been smoking for a long time may think it is too late to quit (Gehring 2019). I would reassure the patient that it is never too late to stop. Even for long-term smokers, quitting smoking carries significant and immediate health benefits for men and women of all ages. "Smokers who quit even after 63 years start repairing their bodies right away" (Gehring, 2019, p.347). The chart that illustrates the Potential Health Benefits of Quitting smoking from the U.S human department of health and human services will be vital in motivating a patient who has been smoking for a long time (Gehring, 2019, p.347). I would use this visual chart because this chart shows the body's reparative process immediately after smoking cessation of twenty-four hours, three months, five years, ten years, and fifteen years. This chart will help deliver the message that it is never too late to quit and that the benefits of doing so are excellent in the end. By telling my patient this, I will be reassuring and motivating him/her to stop smoking.

part III:

1. I have learned from this assignment how to educate my patients who are smokers and encourage them to stop smoking. Reading Module 12 of the Patient Assessment Tutorial and the three articles on electric cigarettes and their impact on systemic and oral health gave me enough insight. I will use this knowledge to start a conversation with a young person who vapes and an older patient who has been smoking for a long time. Now I feel confident enough to explain to a patient why electric smoking is not something that should be looked at as less dangerous than smoking a standard cigarette. I have learned that young people are the most at risk because of their lack of knowledge of the risks, so it is crucial to talk to them. Previously, I would have said that a primary doctor would discuss smoking and its impact on a person's systemic health. However, because of our accessibility as health care professionals, it is our responsibility to provide tobacco cessation practices (Gehring, 2019, p. 356).
2. I found this assignment beneficial because it paved a path in my mind of the kind of responsibility that weighs on my shoulders as a future dental professional who actively interacts with all sorts of people. More than ever, I am aware that actively conversing with my patients and establishing a smoking status with each of them is not an act of nagging or prying into the patient's private life and personal choices. Instead, it is a demonstration that I care for their health, and they have someone to help them see the benefits of not using such dangerous substances. Also, I can refute and back up any misconception the patient may have of electric smoking dangers. Many people who use electric cigarettes believe that the long-term consequences are not as severe. However, as I stated previously, there are

many studies and evidence that prove that electric smoking can also lead to early death due to smoking-related illnesses (Gehring, 2019).

3. I am happy to say that none of my family members or friends have ever used electric cigarettes or any kinds of cigarettes for that matter. I think the reason is that they have always felt it essential to take care of their bodies and health above anything else. I have asked why they have never smoked, and the general reply that I received is because they only have one body and want to take care of it as much as possible. I can say that their example and view of their bodies have influenced my opinion of smoking, and thus I have never felt the desire or curiosity to try any form of tobacco.
4. To conclude, I feel more comfortable having a conversation with my patients about the risks of smoking. The guidelines and tips I found while doing this assignment gave me the confidence to ask personalized questions and provide customized advice. I also feel more comfortable touching upon this topic because I know that my advice and encouragement can motivate my patient to stop smoking. My previous reasoning centered around the fact that smokers must have the desire to want to quit to be successful; however, my advice can serve as a vital motivator for anyone attempting to stop using electric cigarettes.