Results of data gathered at a smoking cessation counselling stand in the Dublin Dental University Hospital on Mouth Cancer Awareness Day 2012

Précis:
The smoking habits of visitors to the Dublin Dental University Hospital on Mouth Cancer Awareness Day 2012 as researched by dental hygiene students.

Abstract
Introduction: The addictive aspect of smoking is well acknowledged. Research has shown that interventions by healthcare professionals have been shown to be effective and that smokers will benefit from smoking cessation counselling before, during and after their quit attempts. Dental hygienists, as part of the healthcare team, are well positioned to provide this counselling.

Material and methods: A questionnaire was completed by patients, staff, students and members of the public, during Mouth Cancer Awareness Day 2012 in the Dublin Dental University Hospital to assess the prevalence of smoking as well as the history of smoking and quit attempts by current and former smokers.

Results: The prevalence of smoking was lower than the national average. A total of 18.3% of those surveyed were smokers, 25% were former smokers, and 68% of the smokers had their first cigarette within 30 minutes of waking, indicating high dependence.

Discussion and conclusions: The majority of the smokers (79%) had attempted to quit. Stress was the most common reason for lapsing. The most common reasons for smoking cessation were health issues. The public is well disposed to receive information regarding smoking and the methods available to quit by healthcare professionals on health awareness days such as Mouth Cancer Awareness Day.

Introduction
A smoking cessation counselling stand was run by the lecturer in dental hygiene and six second-year dental hygiene students between the hours of 8.30am and 5.30pm on Mouth Cancer Awareness Day, Wednesday September 19, 2012. Visitors to the stand included patients attending for appointments, staff and students in the Dublin Dental University Hospital (DDUH) and members of the public, who came in to visit the information stands on Mouth Cancer Awareness Day. They were provided with information on the relationship between oral/general health and smoking habits, the methods available to help in a quit attempt, and advice in relation to dealing with the barriers to quitting.
In 2000 the Cochrane Tobacco Addiction Review Group carried out a systematic review of the evidence to help inform policy makers, healthcare workers and individuals wishing to quit smoking. This was updated in 2005 and 2008 with no change to the conclusions. They concluded that intervention has been shown to be more effective than either no intervention or the provision of usual care. Those interventions using nicotine replacement therapy (NRT) or prescription drugs were shown to be more successful. Smokers who reported a desire to quit were more successful.1

The addictive aspect of smoking is well acknowledged, the level of addiction being similar to that of other drugs of abuse such as amphetamines and cocaine.2 Although some smokers can quit without help, most need it. Most smokers will have several quit attempts, relapsing within days, weeks or months.3 Smoking is increasingly recognised as a chronic health condition, requiring ongoing assessment and repeated intervention.4 Most smokers will express a desire to quit when informed of the health risks.5 Research has shown that smokers will benefit from smoking cessation counselling before, during and after their quit attempts.3

The aim of this research was to assess the smoking habits of the patients, staff, students and members of the public visiting the smoking cessation stand on Mouth Cancer Awareness Day 2012.

Material and methods
The visitors to the stand were asked to complete a short questionnaire in relation to their smoking habits. The questionnaire aimed to identify the prevalence of smokers, and how many cigarettes a day they smoked. Their level of addiction was assessed by asking how soon after waking they had their first cigarette. They were asked if they had attempted to quit, what methods they had used and how long they had been successful for. Previous smokers were also asked about how they had quit and what had motivated them.

Results
In total 104 questionnaires were completed. The results of the data gathered in the questionnaires are outlined in Figures 1-5. There was...
a broad range of age groups; the largest group (42%) was aged between 30 and 49. The smoking prevalence (18.3%) was lower than the national average (23.6%). Of the non-smokers, 69% (N=59) had never smoked and 31% (N=26) used to smoke. Of the 19 smokers, seven smoked between one and ten cigarettes a day and five smoked more than 20 cigarettes a day. Of the smokers surveyed, 68% had their first cigarette within 30 minutes of waking. There was correlation between the number of cigarettes smoked and the addiction level.

Discussion and conclusion
The prevalence of smoking in this survey (19/104) was lower than the national average (18.3% compared to 23.6%). This is perhaps not surprising, as a number of staff and students were included in the survey and research shows that smoking prevalence among healthcare professionals is lower. The level of addiction of smokers can be simply determined by asking the question: “How soon after waking do you have your first cigarette?” Research tells us that those who smoke within the first 30 minutes of waking have the highest addiction levels and may find it harder to succeed with a quit attempt.

Of the 19 smokers, two were not interested in attempting to quit and two would consider attempting to quit at some stage in the future. Fifteen smokers had attempted to quit in the past. Quit periods ranged from one day to six years. A total of 13% had succeeded for days, 13% for weeks, 40% succeeded for between one and 12 months, and 27% had succeeded for between one and six years. It is generally accepted that to regard a quit attempt as being successful the smoker should have quit for 12 months. The most common reason given for lapsing in the quit attempt was stress. In relation to the methods used to quit by the current smokers, ‘cold turkey’ or willpower was the most common method (67%). Some 33% used various forms of NRT, and one combined NRT with the Allen Carr method. All were prepared to try to quit again. Research tells us that smokers are twice as likely to succeed with a quit attempt.

Of the previous smokers (N=26), 50% “went cold turkey” or used willpower, 14% used the Allen Carr method, 7% used NRT and 4% used varenicline (Champix). Some 25% did not give details of any method used. They were not asked how many quit attempts they had before they succeeded. The design of the questionnaire was at fault in relation to the incomplete gathering of data on the methods of quitting by the previous smokers. As a result it is not possible to compare these results to other studies. The most common reasons given as motivators to make a quit attempt were health issues, if they use some of the methods available to help them.

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References

Student dental hygienists Oonagh Cronin and Anneka Guray at the smoking cessation stand in 2012.