

# Smoking and behaviour change

Ex-smoker and dental hygienist **Anna Middleton** shares some invaluable insights into kicking the habit

Smoking is an excellent example of how knowledge does not equal action. Everybody knows that smoking is bad for us, yet so many people still choose to do it. The reasons behind smoking behaviours are far more complex than craving nicotine. Telling a smoker to stop smoking has the same effect as telling a depressed person to cheer up. How do I know? I am an ex-smoker.

Smoking is the biggest cause of preventable deaths in England, accounting for nearly 80,000 deaths each year. One in two smokers will die from a smoking-related disease. At the start of this year, it was reported that around 350,000 people in the UK are expected to quit smoking in 2019, putting smoking rates at their lowest point ever. The study was carried out by the Oral Health Foundation and, out of the 500 smokers surveyed, 66% of those planning to quit are doing so to improve their overall health. The other major motivating factor was financial gain and, according to the NHS Smokefree initiative, most smokers stand to save approximately £250 per month by quitting.

Smoking leads to a whole host of health issues, including an increased risk of tooth loss through periodontal disease, heart disease, lung disease and cancer. All factors that are pushing more people to stub out cigarettes once and for all.

It is No Smoking Day on 13 March, which is an annual health awareness day



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to help smokers who want to quit smoking. The first No Smoking Day was on Ash Wednesday in 1984, and it now takes place on the second Wednesday in March. So, what can we do to help our patients be finally free of the evil weed?

## My story

Ask many smokers, and they would give anything to have never smoked that first cigarette. I was never a heavy smoker. I started at school when I was about 16 and smoked between 5-10 a day. I have never been proud of my smoking and I shamefully hid it for so long. Even when I became a dental nurse – and then during my time studying as a hygienist – I still smoked from time to time. The truth? I was addicted to nicotine. There are no physical withdrawal pains, or symptoms, when nicotine leaves your body. You simply feel an empty feeling and something similar to being hungry. But there is a little voice in your head telling you that you want and need to smoke and the only way to relive that is by lighting up.

I tried nicotine patches, chewing gum,

lozenges, vaping and Champix (Varenicline), which is a prescription-only medicine. I really wanted to be a non-smoker and often managed to abstain from smoking for long periods of time. Throughout the whole time, I failed to address the mental aspect of smoking and the question of ‘why did I still go back to smoking?’ Smokers see quitting as giving up something and that somehow life won’t quite be as enjoyable without cigarettes. I can tell you now it’s quite the opposite. In the end, reading Allen Carr’s *Easy Way to Stop Smoking* worked for me. I gave up overnight and haven’t smoked since – and never will again.

## Behaviour change

What it really comes down to is behaviour change – a term often discussed. It can apply to almost anything – eating healthier, exercising more, brushing twice a day and giving up smoking. All of these require a change – and that change takes time.

If we look at the ‘Transtheoretical’ or ‘Stages of Change’ model, there are five stages:

- Precontemplation
- Contemplation
- Preparation for action
- Action
- Maintenance.

People may oscillate back and forth between the various steps for many months – or even years – before achieving long-lasting change in their behaviour. If we apply this cycle to encouraging patients to giving up smoking – that is, if we are lucky enough to even get them to contemplate the idea that it's something they need to do – they still need to actually set a stop date, quit smoking and then maintain that new behaviour by not smoking again. Even with the best intentions it is easy to see why people struggle.

## Factors in successful behaviour change

So, what factors affect the decision to make behaviour change and how can we



understand what may be the key for our patients? You can break down these factors into two categories: psychological and social.

### Psychological factors

**Time** – We tend to value today over tomorrow. The threat of immediate loss, or the attraction of immediate gain, tend to be stronger than rewards or penalties in the future.

**Habits** – Much of our behaviour is habitual, and these habits tend to be prompted by the context in which they take place. That is why habits tend to be disrupted when the context changes (e.g. changing jobs, going on holiday).

**Loss aversion** – We put more effort into preventing loss than securing gain.

### Social factors

**Commitment** – Public commitments to change, especially if monitored by others can have a strong bearing on change.

**Messenger** – Demographic and behavioural similarities between the messenger and the audience can improve effectiveness.

**Ego** – People want approval from others

**Social norms** – Many studies show people are strongly influenced by social norms.

Obviously, this isn't an exhaustive list, and not all apply equally to everyone, but being able to identify what factors apply to the patient in front of us may give us a higher chance of success.

## Application

We are well versed in the concepts of care, such as a tailored approach, clear information provision and the ability to access, direct and refer if needed. NICE touches on a few more interesting points, which indicate that there are better times than others to provide interventions, that not everything should be tackled at once and that monitoring is key, but so too is having back-up plans. Not everything works first time. So, what happens if the engagement isn't there and what do you do next?

- Providers should recognise the times when people are more open to change, such as a new diagnosis or when becoming a parent, for example
- Understand how motivated the individual is to change. If many behaviour changes are needed, which one – or ones – is the person most motivated to tackle?
- Small, manageable changes to daily routine are most likely to be maintained
- Individuals should receive monitoring and feedback at regular intervals to ensure maintenance of behaviour
- Providers should have 'if-then' plans to put into practice.

## What can we do?

**Screening** – It is estimated that approximately 6,800 people are diagnosed with oral cancer in the UK annually, accounting for 2% of all cancers diagnosed. According to the NHS, most cases of mouth cancer occur in older adults, aged 50 to 74. However, it can still affect one in eight people under the age of 50. That's why it's imperative to encourage patients to have regular oral cancer screenings and to pay close attention to the signs and symptoms

**Signs and symptoms** – The best way to tackle oral cancers is through early intervention. If mouth cancer is picked

up early, treatment is more likely to be successful.

Here are three signs and symptoms not to ignore:

- Ulcers which do not heal in three weeks
- Red and white patches in the mouth
- Unusual lumps or swellings in the mouth or head and neck area.

**Give patients ownership** – It is their body and their responsibility. Approach each case by encouraging, educating and assisting.

**Clear roles** – We are responsible for educating the patient and having a standard message. Always document in the patient's medical history about their smoking, whether cessation was discussed and if it was accepted or declined.

**Recommendations** – Think about what you can do for the patient and focus on what will benefit them. Have options in place, such as referral to smoking counsellors, leaflets, pamphlets, online resources and information about nicotine replacement therapy.

## Conclusion

Smoking has zero benefits and a serious negative impact, so it is imperative we help our patients understand how much better their lives will be without it.

I embraced becoming a non-smoker and celebrated my success with my patients. Ultimately, when you truly take the plunge, you don't need willpower just an understanding that you will live a longer, healthier life without smoking – and that is what I remind my patients.

## References

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