



Research Article

ISSN: 2581-3218

IJDR 2024; 9(3): 93-97

Received: 17-11-2024

Accepted: 28-12-2024

© 2024, All rights reserved

www.dentistryscience.com

doi: 10.31254/dentistry.2024.9306

Understanding Tobacco Initiation, Continuation and Cessation from the Patient's Perspective- A Scoping Qualitative Study in An Urban Dental Institute

Mandeep Kaur¹, Ishita Agarwal², Virender Gombra³, Mohd Faisal²

¹ Professor, Department of Oral Medicine and Radiology, Faculty of Dentistry, Jamia Millia Islamia, New Delhi, 110025, India

² Intern, Faculty of Dentistry, Jamia Millia Islamia, New Delhi, 110025, India

³ Associate Professor, Department of Oral Medicine and Radiology, Faculty of Dentistry, Jamia Millia Islamia, New Delhi, 110025, India

Abstract

Background: Tobacco consumption is a major public health concern worldwide and despite the well-known health risks, many people continue to smoke or use other tobacco products. The perspectives of patients on quitting tobacco are crucial in understanding the reasons for continued tobacco use and the barriers to quitting. **Objectives:** This study is therefore aimed to investigate the patient's perspective on smoking and consuming tobacco in a dental institute. **Materials and Methods:** The study utilised a qualitative design method, which included interviews, to collect data from patients who visited the dental institute in a metropolitan city. The survey was conducted among 10 patients, who were interviewed to gather in-depth information on their attitudes and perspectives towards tobacco consumption and the role of dental professionals in smoking cessation. **Results:** The study found that the patients had a positive attitude towards smoking cessation, with the majority of patients stating that they would definitely quit smoking if they received help and support from dental professionals and counselling centres. These interviews revealed that patients viewed tobacco as a significant factor in causing oral health problems, such as oral cancer, halitosis and tooth loss and they expressed a desire for more knowledge on the risks of smoking and how to quit. Additionally, patients were not much aware about the role of dental professionals in smoking cessation and treatment of oral cancers. Therefore, this study emphasises the vital responsibility of dental professionals in promoting tobacco cessation and the need for increased efforts to do so within dental institutes. This can help healthcare providers develop more effective tobacco cessation interventions that address patients' needs and experiences. **Conclusion:** The results suggest that patients are willing to receive help to quit tobacco consumption and would benefit from more support and information from dental professionals. Our study results can ultimately lead to better health outcomes for patients and reduce the burden of tobacco-related illnesses.

Keywords: Addiction, Cessation, Oral Precancerous lesions, Smoking, Tobacco, Habit.

INTRODUCTION

The total burden of cancer will increase as the tobacco-induced cancer epidemic accelerates, and as the world population ages. In 2002, about 11 million new cases of cancer emerged and about 7 million people died of cancer worldwide [1]. Oral cancer accounts for over 30% of cancers reported in our country and ranks in the top three of all cancers in India [2]. Oral premalignant lesions occur in roughly between 1.5% and 4.5% of the world's population and affect men and women at a different rate [3,4]. An estimation by World Health Organization (WHO) assessment states that by 2020 tobacco-related death may exceed 1.5 million annually, or 13% of all deaths in India [5]. Mostly the smokers living in middle-income countries are considered biggest giant smokers globally, that amounts to 68% of all current smokers [6]. The burden of oral cancer is not fully appreciated in India despite its poor survival rate. The Global Adult Tobacco Survey (GATS) conducted in India in (2009–2010) reported the highest prevalence of use of areca nut-based tobacco products among the males in Madhya Pradesh followed by Gujarat, Maharashtra and Delhi [7].

The urban dental institute selected for this research provides an ideal setting for examining tobacco-related issues due to its diverse patient population and the dental professionals, being the initial healthcare providers that tend to engage effectively with individuals in discussions about their tobacco use. This interaction created an opportunity to collect qualitative data that illuminates patients' experiences, attitudes, and behaviours related to tobacco.

*Corresponding author:

Dr. Ishita Agarwal

Intern, Faculty of Dentistry,
Jamia Millia Islamia, New Delhi,
110025, India

Email: dr.ishitajmi@gmail.com

The government's efforts in the past few years such as banning smoking in public places has led to a marked decrease in smoking [8,9]. However, at the same time, an increase in the smokeless tobacco variety has occurred. This could be due to the smokeless type being more socially acceptable. One of the reasons when someone starts smoking is there are initial rewarding effects of tobacco on mood and cognition. However, as the patient becomes used to the effects of tobacco, As the prominence of alleviating withdrawal symptoms like low mood, irritability, poor concentration, restlessness, and anxiety increases, these motivations for smoking tend to diminish [10,11]. Another reason might also be the cheap price of tobacco, which is more affordable than the basic food items and aids them in suppressing their hunger.

By adopting a scoping qualitative approach, this study aims to offer a comprehensive overview of the factors influencing tobacco initiation, continuation, and cessation. For data collection, semi-structured interviews were taken, of patients attending the dental institute who are current tobacco users. The qualitative data analysis involved thematic analysis to identify patterns, themes, and categories that capture different aspects of a patient's perspectives. The findings of this study facilitated the adoption of evidence-based tobacco cessation strategies, and enhanced the overall effectiveness of healthcare approaches aimed at reducing tobacco use.

Understanding the factors influencing tobacco use through the lens of those directly affected enables healthcare professionals, policymakers, and researchers to develop targeted interventions that address the unique needs and challenges faced by patients, this will in turn promote improved health outcomes and better quality of life for individuals.

MATERIALS AND METHODS

The aim of this qualitative research is to gain in-depth understanding of the mindset and perspective of people consuming tobacco. The present qualitative survey was conducted among 10 patients reporting to the OPD of Oral Medicine and Radiology in our dental institution for dental treatment. An interview guide was prepared by the investigators and participants answered this self-administered questionnaire which consisted of demographic data; smoking status; knowledge of tobacco hazards, attitude, and practice; and perceived barriers of tobacco cessation counselling. Before starting the study, patients were explained the purpose of the study and after getting informed consent, selected participants were asked to fill the respective questionnaires and necessary ethical clearance was obtained from the Institutional Ethical Committee (Proposal No 18/3/280/JMI/IEC/2020).

The inclusion criteria were patients consuming tobacco in any form at present. The interviews were audio recorded and transcribed verbatim. Identity of patients was kept anonymous and code values were assigned to each of them.

Statistical analysis

Data obtained was analysed using thematic analysis as suggested by Braun and Clark (2006). The transcripts were then re-read and coded for relevant or meaningful phrases, sentences and sections of the transcripts, such as themes or comments that were repeated by several participants. Codes were then modified and revised as required to best represent the data and then arranged according to the emerging themes.

RESULTS

We interviewed a total of 10 participants and the data obtained from them was statistically analysed using the thematic analysis approach and grouped the relevant results under the themes generated from the grounded theory.

Themes

Theme 1: Personal and lifestyle factors

Majority of our study participants stated the reason for starting their tobacco consumption habit, due to peer pressure and curiosity. They stated that their smoking relapses were due to the influence of their friends and coworkers at their workplaces.

"I first started smoking cigarettes when I was in 10th standard when my friends told me, smoking will relieve your stress". (Participant 1)

The main reason for tobacco consumption that is found out is curiosity for cigarette smoking.

"I first started it in school, out of curiosity, my friends used to smoke, nobody forced me. I just tried it by myself". (Participant 4)

"I started smoking cigarettes for 'SWAG'... I thought I'll look cool while smoking" (Participant 9)

Theme 2: Nicotine addiction

The participants did not report with withdrawal symptoms as such but stated that tobacco consumption relieved their stress and anxieties.

"It's kind of a stress buster for me. but I rarely smoke alone, I usually smoke and consume alcohol together, it generally happens like that with alcohol You tend to smoke more." (Participant 10)

"When I stop smoking, I feel stressed and feel angry at small small things. Thus, I immediately get back to smoking because I prefer peace of mind more." (Participant 7)

"If I don't consume tobacco, I cannot concentrate on work, I feel empty." (Participant 6)

A patient was well versed with the ill effects of smoking on oral as well as psychological health also, still he was unable to quit tobacco in a number of previous attempts he tried.

"What I think is continuous smoking leads a person towards soft failure, that is, you start feeling extraordinary, you plan on doing a lot, but next day all your discipline vanishes and you can't take actions in reality, you just keep thinking about it. But still you just cannot control this addiction." (Participant 9)

Theme 3: Sociocultural norms

Some participants stated that easy accessibility of tobacco products and most importantly the company of friends was the main reason they were not able to stop smoking or chewing tobacco.

"I joined this company when I was 24 and since then I was working for a tobacco producing company. I left the company a few years back only. Everybody used to smoke a lot of cigarettes a day there."

A participant told that one of her relative offered her chewable tobacco product (Khaini) stating that it calms the mind, and she got a company to eat khaini with daily.

"My brother's wife used to ask me to get it, and she only offered me, she used to say- "Just try having it once, it relieves stress". (Participant 5)

"When I see those friends, the dopamine releases and I just go and smoke with them. I never get any withdrawal symptoms as such. Only when I see someone smoking do I get the urge to smoke." (Participant 1)

Some participants stated that their frequency of consumption increased only and only due to their workplace and people around them. They consumed tobacco as an escape to their stress.

"We shifted to the city, and due to extreme work, I was tired and stressed and people at my workplace offered me tobacco. Because of this slowly my frequency increased." (Participant 6)

Theme 4: Misconception

Some participants were in complete denial, and had false beliefs that nothing can happen to them, they just ignored the packet warnings because they haven't seen anyone in near vicinity suffering from oral cancers or lesions.

"I like the taste of Guthkha, I know everything that it causes cancer but I feel, nothing can happen to me, even though I felt a little restriction in mouth opening, still I believe it's nothing dangerous."

(Participant 5)

"When I don't eat tobacco, I just cannot focus on work, and as soon as I consume it, I feel energetic." (Participant 5)

A participant stated that he was not able to quit tobacco despite knowing about tobacco cessation centres, because he believed on a misconception that patients in quest of quitting smoking, get addicted to electronic cigarettes.

"Yes, I've never tried taking tobacco cessation products because I've heard, people get addicted to it, even the electronic cigarettes, so didn't try any of these." (Participant 3)

Theme 5: Failed assisted smoking cessation

Some participants misinterpreted the effects of smoking cessation and denied the use of pharmacotherapy assistance for smoking cessation.

"A doctor at my village told me that tablets used to treat nicotine addiction can have side effects that can affect the brain and it can go mad." (Participant 6)

A participant mentioned that the common treatment given at the De Addiction centres is not very friendly and due to the taboo that anyone who seeks help from these centres is a drug addict, restricted him from going there.

"I searched a lot on the internet about drug de addiction centres and also asked about it to people, but in these centres, mostly people think that those who come here are drug and alcohol addicts, so I didn't go to these places." (Participant 3) social taboo/judged

A participant mentioned that he initially took assistance from tobacco de addiction helpline numbers, but later he just fooled them also and continued to smoke because of his strong urge.

"Not really, they used to call me once in a month to check my progress, but I was so ignorant that later I used to talk to them on phone and smoke alongside." (Participant 7)

In addition to these we also have other themes.

- **Unawareness**

Many participants reported that they were unaware about smoking causing any harm to the oral cavity also, everyone focused solely on the effects it has on lungs.

"I was never scared of smoking causing any harm to my oral cavity, I never thought of it. Whenever I thought of quitting smoking, it was only because I developed a coughing problem, only then I thought I could develop lung cancer but never oral cancer." (Participant 4)

In addition, some participants are completely unaware that a dentist can also diagnose disorders related to oral mucosa. All they knew was a dentist's role is only treating teeth and nothing else.

"No, I didn't know that a dentist has any role in diagnosing lesions related to oral cancer. I have come to know today only that a dentist treats the whole oral cavity along with teeth." (Participant 1)

Majority of patients were unaware about tobacco cessation counselling going on in a dental institute.

"I didn't know about counselling for tobacco cessation and I was totally unaware about any such centres in a dental hospital. But I feel If you people continue educating us about the harmful effects of tobacco, I'll definitely quit it. I feel a bit scared now." (Participant 6)

- **Social Taboo**

Women consuming tobacco goes unnoticed if she is having it in the chewable form, because it often is not noticed by anyone, on the other hand if a woman smokes, she gets judged by society and people. According to data, one of our participants who is a female was chewing tobacco and also developed the starting phase of OSMF.

"My father eats Shikhar tobacco too, so I often go to the shop to get tobacco for him and then only I take one packet for myself." (Participant 5)

This also clearly states that if parents are consuming tobacco, either in smoking or smokeless form, it becomes easier and accessible for children to consume it too, because they feel tobacco consumption is normal.

This female participant didn't visit any doctor because of the fear that her parents will come to know about her tobacco chewing habit.

"I was feeling scared due to my condition, I knew, I'll get scolded at home, that I eat gutkha and because of that it's happening." (Participant 5)

- **Lack of Acceptance**

There were participants who developed defence mechanisms themselves to ward off the concept that smoking is dangerous.

"No one is concerned, once the problem arises, now that I have the lesion and you are talking about it so much, I feel alarmed now. I mean no one waits for a problem. Now I'm thinking of quitting. Everybody smokes, I mean but we just tend to ignore the fact. Also, I wasn't facing any health related issues until now." (Participant 10)

- **Psychological factors influencing smoking cessation**

Many participants stated that they couldn't stop smoking due to addiction, as tobacco worked as a stress reliever for them.

"During the times of stress or tension only, I used to smoke and as such no health-related issues I've faced till now. So, I just didn't think of quitting it." (Participant 4)

A participant mentioned that the only limiting factor he encounters while quitting smoking is that he feels empty.

"The addiction factor for me is that whenever 5-6 hrs pass without smoking, I feel something is missing." (Participant 9)

- **Ignorance about help seeking**

Many of the participants had no clue at all about the centres opened in all parts of country plus in the dental institutions specially made for tobacco cessation.

"I have no knowledge about tobacco cessation centres and I definitely want to get the counselling done because honestly we don't know anything about harmful signs of oral cancer... Hume bada bada pata hai ki oral cancer jaisi cheez hojati hai tobacco se, aur kyuki humare aas paas abhi tak humne kisi ko dekha nhi hai toh humara bhi darr khatam hogya hai. "

Agar hume thodi knowledge hogi iske baare me, toh shayad hum pehle se khana chor de tobacco. " (Participant 2)

- **Lack of awareness about a dentist's role in tobacco cessation**

Majority of participants were completely unaware about a dentist's role in examination and treatment of oral cancers. The classic reply by most of the participants was.

"No, I just knew, Dentist sirf daanto ka ilaj hi karta hai. " (Participant 4)

"I didn't know much about it... bas itna ki they'll write my smoking habit on the OPD card, not more than that. but the way you people are counselling me. now I feel "there should be more place like such. jaha tobacco cessation counselling ho. " (Participant 5)

- **TCC centres in dental college**

Dentistry has long recognized the need for oral health professionals to address tobacco de-addiction. NOHP (National Oral Health Programme) and NTCP (National Tobacco Control Programme) have joined hands to expand the reach of tobacco cessation services in the country in collaboration with the Dental Council of India.

DISCUSSION

Qualitative research takes an idealistic approach to understanding people's beliefs, experiences, behaviour, attitudes and interactions. Unlike quantitative methods, it explores the depth and context of human experiences, providing valuable insights that numbers alone cannot capture. It helps researchers uncover subjective perspectives, cultural influences, and the meaning behind people's actions [12].

The primary cause of participants initiating smoking in the current research was identified as peer pressure. A study conducted by Sharma et al. (2016) revealed that the main factor leading to the commencement of smoking was the influence exerted by peer groups and friends [13]. Additionally, some individuals believed that smoking elevated their status among their peers [14]. In the present study, peer pressure was the main reason the participants started smoking, similarly, in a study conducted by Sharma et al. (2016), it was found that main reason to start smoking was due to the influence of peer groups and friends, while a few felt it created a high esteem among the others [13].

In our study, we realised that there is a lot of unawareness regarding dentist's role in tobacco cessation, in the general population, therefore we emphasised tobacco cessation counselling to be very important and focused on their follow up too. Similarly, K. H. et al. (2015) surveyed that almost all dental practitioners reported professional responsibility towards smoking cessation and willingness to provide cessation services which is similar to other reports where dentists believed that significant support should come from dentists [15].

Henceforth, Parvizi et al. (2005), studied that improving smoking cessation programs is important and understanding the perspectives of

smokers on factors affecting initiation and smoking cessation is also important as it can help form the planning of smoking cessation programs to meet the needs of smokers when they intend to quit [16]. Similarly, our study has also helped us go deep into the thought process of smokers.

Similar to other studies, we have also found that barriers to smoking cessation in this study are, strong influence from smoking friends and families [17], nicotine addiction [18-20], easy accessibility of cigarettes [21] and lack of support from social networks such as family and friends [21,22]. A study by Halladay et al. (2015) reported that tobacco consumers preferred various types of tobacco cessation schemes like support tobacco quit attempts, telephone based and one on one counselling [23]. Similarly in our study we found out that participants showed interest in tobacco cessation counselling and wanted regular help.

According to a review study by Holliday et al. (2021) revealed that a single session of a tobacco cessation behavioural programme involving dental professionals may also help people to stop using tobacco. On average, 106 out of 1000 people stopped compared with 56 out of 1000 who did not receive behavioural support [24].

There are many interventions available in the market for tobacco cessation but people don't easily trust these approaches and the problem lies at the basic level, that is the willingness of the person to quit tobacco consumption in the first place. Therefore, our current study has dwelled deeper into the patient's insights and mindset so that we can help them quit tobacco in an efficient way and counsel them accordingly.

The Ministry of Health and Family Welfare rolled out the National Tobacco Control Programme (NTCP) during the Eleventh Five-Year Plan and introduced the National Oral Health Programme (NOHP) in the following Five-Year Plan, in an attempt to widen the reach of tobacco cessation services at the pan India level, both NTCP and NOHP collaborated with the Dental Council of India (DCI).

With the release of the "Operational Guidelines for Establishing Tobacco Cessation Centres in Dental Institutes: An Integrated Approach in India," the aim is to establish approximately 310 Tobacco Cessation Centres across various dental colleges nationwide. This initiative seeks to enhance access to tobacco cessation services, leveraging dental institutions as pivotal points for intervention [25].

CONCLUSION

Educating and counselling smokers to dispel their misbeliefs is very crucial. Our current study has furthered our understanding of these mental issues of tobacco consumers that are gathering up in the Indian population, and these results are expected to aid in future research on coping mechanisms for similar stressful situations and predict potential therapies for helping these people quit their tobacco consumption habit. In big cities, mostly people in corporate fields, it has become a common trend for a mandatory smoke break, where people get together for a short break between work and smoke a cigarette over discussion.

Conflicts of Interest

The author reports no conflicts of interest.

Funding

None declared.

REFERENCES

1. World Health Organization. Revised Global Burden of Disease (GBD) 2002 Estimates [Internet]. 2006 [cited 2020 Jan].

2. Vaid N, Bhargava D, Bansal P, Chawla R, Goyal D, Pawar CU. Cytogenetic analysis of micronuclei in tobacco chewers. *J Contemp Dent Pract*. 2019;20(6):693-6.
3. Zhang C, Li B, Zeng X, Hu X, Hua H. The global prevalence of oral leukoplakia: a systematic review and meta-analysis from 1996 to 2022. *BMC Oral Health*. 2023;23(1):645.
4. Petti S. Pooled estimate of world leukoplakia prevalence: a systematic review. *Oral Oncol*. 2003;39(8):770-80.
5. Murray CJ, Lopez AD, editors. The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and 2020. Cambridge (MA): Harvard School of Public Health; 1996.
6. World Health Organization. WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies [Internet]. Geneva: WHO; 2017 [cited 2024 Feb 08]. Available from: <https://www.who.int/publications/i/item/9789241512824>.
7. Mehta FS, Bhonsle RB, Murti PR, Daftary DK, Gupta PC, Pindborg JJ. Central papillary atrophy of the tongue among bidi smokers in India: a 10-year study of 182 lesions. *J Oral Pathol Med*. 1989;18(10):475-80.
8. Kavita R, Vikrant RM, Aswini YB, Sumbul H. Compliance assessment of Cigarette and Other Tobacco Products Act in public places in Delhi government hospitals. *Asian Pac J Cancer Prev*. 2018;19(8):2097-102.
9. Chakkrapan P, Noosorn N. Tobacco retailers near schools and violations of tobacco retailing laws in Thailand. *J Public Health Manag Pract*. 2019;25(6):537-42.
10. Benowitz N. Nicotine addiction. *N Engl J Med*. 2010;362(24):2295-303.
11. Hughes JR. Effects of abstinence from tobacco: valid symptoms and time course. *Nicotine Tob Res*. 2007;9(3):315-27.
12. Gibson G, Timlin A, Curran S, Wattis J. The scope for qualitative methods in research and clinical trials in dementia. *Age Ageing*. 2004;33(4):422-6.
13. Sharma K, Parangimalai Diwaker MK, Kandavel S. Why some dentists still smoke? A qualitative study. *Int J Oral Health Med Res*. 2016;3(1):6-11.
14. Abdullah AS, Fielding R, Hedley AJ. Patterns of cigarette smoking, alcohol use and other substance use among Chinese university students in Hong Kong. *Am J Addict*. 2002;11(3):235-246.
15. Awan KH, Hammam MK, Warnakulasuriya S. Knowledge and attitude of tobacco use and cessation among dental professionals. *Saudi Dent J*. 2015;27(2):99-104.
16. Parvizi S, Nikbahkt A, Pournaghash Tehrani S, Shahrokhi S. Adolescents' perspectives on addiction: qualitative study. *Nurs Health Sci*. 2005;7(3):192-8.
17. Chean KY, Goh LG, Liew KW, et al. Barriers to smoking cessation: a qualitative study from the perspective of primary care in Malaysia. *BMJ Open*. 2019;9(7):e025491.
18. Stolerman IP, Jarvis MJ. The scientific case that nicotine is addictive. *Psychopharmacology (Berl)*. 1995;117(1):2-10.
19. Henningfield JE, Cohen C, Slade JD. Is nicotine more addictive than cocaine? *Br J Addict*. 1991;86(5):565-9.
20. Yang JJ, Song M, Yoon HS. What are the major determinants in the success of smoking cessation: results from the Health Examinees Study. *PLoS One*. 2015;10(12):e0143303.
21. Zvolška K, Panková A, Nohavová I. A narrative review of facilitators and barriers to smoking cessation and tobacco-dependence treatment in patients with tuberculosis in low- and middle-income countries. *Tob Induc Dis*. 2020;18:August.
22. Twyman L, Bonevski B, Paul C, Bryant J. Perceived barriers to smoking cessation in selected vulnerable groups: a systematic review of the qualitative and quantitative literature. *BMJ Open*. 2014;4(12):e006414.
23. Halladay JR, Vu M, Ripley-Moffitt C, Gupta SK, O'Meara C, Goldstein AO. Patient perspectives on tobacco use treatment in primary care. *Prev Chronic Dis*. 2015;12:140408.
24. Holliday R, Hong B, McColl E, Livingstone-Banks J, Preshaw PM. Interventions for tobacco cessation delivered by dental professionals. *Cochrane Database Syst Rev*. 2021;2(2):CD005084.
25. Reddy KSK. *Dental Pulse, Community Dentistry*. 15th ed. Vol. 3. Hyderabad: Swapna Medical Publishers; 2023.

HOW TO CITE THIS ARTICLE-

Kaur M, Agarwal I, Gombra V, Faisal M. Understanding Tobacco Initiation, Continuation and Cessation from the Patient's Perspective- A Scoping Qualitative Study in An Urban Dental Institute. *Int J Dent Res* 2024; 9(3):93-97. doi: 10.31254/dentistry.2024.9306

Creative Commons (CC) License-

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY 4.0) license. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. (<http://creativecommons.org/licenses/by/4.0/>).