



Knowledge, Attitude and Practice of Smoking Cessation Advice among Dental Students in Delhi-NCR

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INTRODUCTION: The problem of tobacco abuse is not recent and has been documented well in history in various cultures all over the world. Dental colleges house vast number of potential tobacco cessation counsellors as budding health professionals who are in direct contact with patients

AIM: The main objective of present study was to assess the knowledge, attitude and practice of smoking cessation advice among dental students in Delhi-NCR.

MATERIALS AND METHOD: A cross sectional study was conducted among 2953 undergraduate clinical students of third year, fourth year and Internship were enrolled in the study from 18 dental colleges in Delhi- National Capital Region (NCR) using a pre-tested, self-administered questionnaire was employed as an instrument. The questionnaire's content, face and criterion validity were checked and reliability was tested using Cronbach's Alpha and Inter Class Co-relation. Statistical analysis used included quantitative statistics, student t test and ANOVA

RESULTS: Students demonstrated considerable knowledge regarding smoking related policies in the institution, technique and products used for smoking cessation and impact of smoking on oral health, general health and treatments to be performed. However, only half of them had a positive attitude towards tobacco cessation counselling to patients and practice this in the hospital setting.

CONCLUSION: Based on the results of the study, there is a need to further motivate students on smoking cessation advice.

KEYWORDS: Undergraduate Dental Students, Smoking Cessation, NRT, Tobacco

INTRODUCTION

Nearly half of all cancers in Indian men and a quarter of all cancers in Indian women, are attributed to high prevalence of tobacco use.¹ The problem of tobacco abuse is not recent and has been documented well in history in various cultures all over the world.² It is a negative social trend and an important public health problem. Aligning with the international strategies, India was amongst the first few countries to ratify the WHO Framework Convention on Tobacco Control (FCTC) in 2004.³ Besides this, at national level, comprehensive tobacco control legislation –Cigarette and other Tobacco Products Act (COTPA) was enacted in 2003. The National Tobacco Control Program in India (2007-2008) works at National, State and District levels.⁴ Recently, it has been advised by the Dental Council of India to open a tobacco cessation centre in every dental college.⁵ It is an appreciable move as colleges house vast number of potential tobacco cessation counsellors as budding health professionals who are in direct contact with patients. Specifically, dental professionals encounter patients of various ages and may notice signs of tobacco use at a very early stage

and are therefore in an exceptional position to offer preventive care.⁶ They can serve as role models for the patients and the society and encourage governments to put in place tobacco control measures.⁷

MATERIALS AND METHOD

Cross-Sectional study was conducted to assess knowledge, attitude and practice of smoking cessation advice among undergraduate clinical dental students in Delhi- National Capital Region (NCR). A total of 18 dental colleges are present in Delhi-NCR according to the Dental Council of India⁵. Four of these are Government and rest are Private. Ethical clearance was sought, a request letter was sent to Head of Institution and written consent was obtained to conduct the study. Undergraduate clinical students of third year, fourth year and Internship; belonging to regular and supplementary batches; willing to participate in the study by providing a written consent were included in the study. However, students who were absent on the day of the study or did not give informed consent or were a part of the dental institution which did not grant



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Submitted on: 03-Jun-2021; Accepted on: 12-Aug-2022

permission to conduct the study or whose questionnaires were incompletely filled at the time of analysis were excluded from the study. A pre-tested, self-administered questionnaire was employed as an instrument. All questions were close ended. The content, face and criterion validity were checked. Reliability of the questionnaire was tested using Cronbach's Alpha and Inter Class Co-relation. A method of Convenience sampling was employed. 4500 students constituted the total population. 3225 questionnaires were distributed and filled, out of which 272 questionnaires were excluded as they were incomplete, giving us a final sample size of 2953 students. Current Smokers were defined as those respondents who reported smoking at least 100 cigarettes in their lifetime and who, at the time of survey, smoked either every day or some days. Ever Smokers were defined as those respondents who reported smoking at least 100 cigarettes in their lifetime and who, at the time of the survey, did not smoke. Never Smokers were those respondents who reported never having smoked 100 cigarettes.⁸

RESULTS

Out of the total 2953 students, 30.4% were males 69.6% were females. 32.9% of the total were from third year, 31.5% from fourth year and 35.6% from internship. 92.7% sample of the total was from Private and rest from Government colleges. 79.9% constituted never smokers and rest smokers- out of whom 4.7% were ever smokers and 15.4% were current smokers. Out of all 899 males in the study- 8.7% were ever smokers, 29% were current smokers and 62.3% were never smokers.

Whereas, among 2054 females- ever smokers constituted only 3.0%, current smokers 9.4% and never smokers 87.6%. The difference of smoking between the two genders was found to be highly significant ($p=0.001$).

When compared year wise, it was found that from 973 third year students 3.8%, 10.1% and 86.1% were ever, current and never smokers respectively. Out of the 928 fourth year students 5.4%, 17.2%, 77.4% were ever, current and never smokers respectively. Among the 1052 interns 4.9%, 18.7% and 76.4% were ever, current and never smokers respectively. The difference was found to be statistically significant ($p=0.002$). Out of 139 ever smokers and 455 current smokers only 38% and 57% tried to quit respectively. The difference between the groups was found to be statistically significant ($p=0.02$).

Table 1 depicts percentage wise depiction for questions regarding knowledge about a written smoking policy in the college, presence of a tobacco cessation centre in the college, presence of smoking cessation pamphlets and posters in the waiting area, knowledge of 5A's and 4R's tobacco cessation technique, use of NRT in tobacco cessation, anti-depressants being used in tobacco cessation, relevance of taking history of smoking prior to implant placement, whether you advise a smoker to abstain from smoking pre and post oral surgery and whether a smoker when tested for bleeding on probing, shows less bleeding.

Table 2 depicts attitude of the respondent towards the subject of smoking cessation advice on a five-point

Questions regarding Knowledge	Yes n(%)	No n(%)	Don't Know n(%)
Does your college have a written smoking policy?	764 (25.9%)	1192 (40.4%)	997 (33.7%)
Does your college have a tobacco cessation centre?	1644 (55.7%)	823 (27.9%)	486 (16.4%)
Does your institute provide smoking cessation pamphlets and posters in waiting area to educate patients about hazards of smoking?	1382 (46.8%)	970 (32.8%)	601 (20.4%)
Are you aware about the 5A's and 4R's of tobacco cessation technique?	1128 (38.2%)	1003 (34%)	822 (27.8%)
Is NRT used in tobacco cessation?	1401 (47.4%)	387 (13.1%)	1165 (39.5%)
Can Anti-Depressants be used in tobacco cessation?	1519 (51.5%)	668 (22.6%)	766 (25.9%)
If you are considering a patient for implant placement, would it be relevant to ask whether they have history of smoking?	2318 (78.6%)	324 (10.9%)	311 (10.5%)
If you have a patient for oral surgery, would you advise them to abstain from smoking pre and post surgery?	2374 (80.5%)	137 (4.6%)	442 (14.9%)
A smokers when tested for bleeding on probing, shows less bleeding?	1726 (58.5%)	709 (24%)	518 (17.5%)

Table 1. Percentage wise distribution of questions related to Knowledge

Likert Scale. Strong agreement, agreement, disagreement, strong disagreement was sought for whether a dental student should regularly advice patients to quit tobacco, if dental students should be given any specific and formal training on tobacco cessation techniques, whether equal priority should be given to tobacco cessation counselling and dental treatment if dental student's motivation is effective in cessation, whether they perceive tobacco cessation as an important part of the curriculum, whether tobacco use was a personal decision by patients, if there are too many barriers that prevent a student from helping patients to quit smoking and whether a dental student who himself smokes is ineffective in giving tobacco cessation advice.

Table 3 show descriptive data of the practice of the respondent towards the subject of smoking cessation advice on a four point Likert Scale. Questions included, if students asked about their patient's smoking status, whether they offer smoking cessation counselling to their patients, if students motivate their patients to quit smoking, whether they advise patients to quit tobacco through cold turkey method, whether they inform patients about the benefits of quitting, if they

assist patients to give up smoking, if they arrange follow-up visits to discuss cessation with tobacco using patients, if they discussed Nicotine Replacement Therapy with their patients, whether students kept a record of the patient smoking status, whether students recommend the use of approved pharmacotherapy except in special circumstances.

Table 4 depicts statistically significant association between gender and knowledge, attitude and practice for various questions. Knowledge of institute having a

tobacco cessation centre ($p=0.016$), waiting area in the institute providing pamphlets and posters to educate about the hazards of smoking ($p=0.025$), awareness of 4A and 5R technique for tobacco cessation ($p=0.03$) and NRT being used in tobacco cessation ($p=0.036$). Attitude of dental students for regularly and effectively advising their patients to quit tobacco ($p=0.03$), dental students be given specific and formal training on tobacco cessation techniques ($p=0.008$) and effectiveness of students to motivate patients for tobacco cessation ($p=0.027$). The practice of tobacco cessation among dental students like arranging for follow up visits to discuss tobacco cessation ($p=0.05$),

Questions Regarding Attitude	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Dental students should regularly and effectively advice their patients to quit tobacco use.	2313 (78.3%)	463 (15.7%)	126 (4.3%)	35 (1.2%)	16 (0.5%)
Dental students should be given specific and formal training on tobacco cessation techniques.	1835 (62.3%)	923 (31.2%)	148 (5.0%)	28 (0.9%)	19 (0.6%)
Tobacco cessation counselling should be given equal priority as the dental treatment.	1685 (57.1%)	1148 (38.9%)	60 (2.0%)	4 (0.1%)	56 (1.9%)
If dental students motivate patients, they are effective in cessation counselling.	1432 (48.5%)	1292 (43.7%)	115 (3.9%)	15 (0.5%)	99 (3.4%)
Tobacco cessation should be an important part of the dental curriculum.	1468 (49.8%)	1354 (45.8%)	88 (3%)	18 (0.6%)	25 (0.8%)
Tobacco use by patients is a personal decision.	1034 (35.1%)	1464 (49.5%)	306 (10.4%)	48 (1.6%)	101 (3.4%)
Non –smokers should be informed about the harmful effects of second and third hand smoking.	1423 (48.2%)	1299 (44%)	124 (4.2%)	24 (0.8%)	83 (2.8%)
There are too many barriers that prevent me from helping patients to quit smoking.	759 (25.7%)	1143 (38.7%)	769 (26.0%)	117 (4%)	165 (5.6%)
A dental student who himself smokes is ineffective in giving tobacco cessation advice.	891 (30.3%)	1037 (35.1%)	661 (22.4%)	152 (5.1%)	212 (7.1%)

Table 2. Percentage wise distribution of questions related to Attitude

discussing NRT with patients ($p=0.018$) and use of approved pharmacotherapy ($p=0.04$).

Table 5 shows a significant association between year of study and various questions regarding knowledge, attitude and practice of students regarding tobacco cessation advice. Knowledge of whether the college had a written smoking policy ($p=0.03$), the presence of a tobacco cessation centre in the college campus ($p=0.006$), awareness of 4A and 5R technique for tobacco cessation ($p=0.01$), NRT being used in tobacco cessation ($p=0.02$), anti depressants used for tobacco cessation ($p=0.01$), consideration of smoking status with respect to implant placement ($p=0.03$) and presence of less bleeding on probing in smokers ($p=0.04$) were found to be significant. Attitudes of the students, the opinions of dental students regularly and effectively advising patients to quit tobacco ($p=0.02$), the effectiveness of dental students in motivating patients to quit are effective ($p=0.01$) and informing non smokers about the harmful effects of second hand smoking ($p=0.008$) Practice of smoking cessation among the dental students, only discussion of NRT with patients ($p=0.01$) was found to be significant.

Table 6 depicts tobacco use association with the knowledge, attitude and practice of the students towards smoking cessation advice. Questions regarding knowledge of the presence of a tobacco cessation centre ($p=0.01$), NRT being used in tobacco cessation ($p=0.009$), advising smokers to abstain from smoking pre and post oral surgery ($p=0.05$) and testing of smokers for presence of bleeding on probing ($p=0.05$) were found to be statistically significant. When tobacco use was related with the attitude of the students regarding tobacco cessation counselling- the opinions of dental students regularly and effectively advising patients to quit tobacco ($p=0.01$), dental students to be given specific and formal training on tobacco cessation techniques ($p=0.04$), tobacco cessation to be an important part of the dental curriculum ($p=0.016$) and ineffectiveness of a smoker to give tobacco cessation advice ($p=0.031$) were found to be statistically significant.

DISCUSSION

The study conducted by Antal M et al.⁶ was in accordance to high percentage of females in the study. The study done by Murugaboopathy et al.⁹ was in agreement with our results of significant difference

Practice of tobacco cessation	Never	Sometimes	Often	Always
Do you ask about your patient's smoking status?	412 (13.9%)	631 (21.4%)	427 (14.5%)	1483 (50.2%)
Do you offer smoking cessation counselling to your patients?	384 (13%)	914 (30.9%)	819 (27.7%)	836 (28.4%)
Do you motivate patient to quit smoking?	301 (10.3%)	614 (20.6%)	691 (23.4%)	1347 (45.7%)
Do you advice patients to quit "cold turkey" (in one go)?	812 (27.5%)	746 (25.3%)	557 (18.9%)	838 (28.3%)
Do you explain patient about the impact of smoking tobacco on general and oral health?	185 (6.2%)	626 (20.9%)	739 (24.6%)	1403 (48.3%)
Do you inform patients about the benefits of quitting?	198 (6.6%)	567 (18.9%)	760 (25.3%)	1428 (49.2%)
Do you assist patients to give up smoking?	799 (27%)	880 (29.8%)	691 (23.4%)	583 (19.8%)
Do you arrange follow-up visits to discuss cessation with tobacco using patients?	975 (33.1%),	853 (28.9%)	392 (13.2%)	733 (24.8%)
Do you discuss nicotine replacement therapy with your patients?	912 (30.9%),	991 (33.6%)	475 (16%)	575 (19.5%).
Do you keep record of patient smoking status?	931 (31.5%)	819 (27.7%)	488 (16.5%)	715 (24.3%)
Do you recommend the use of approved pharmacotherapy except in special circumstances?	1008 (34.1%)	1209 (40.9%)	375 (12.7%)	361 (12.3%)

Table 3. Percentage wise distribution of questions related to Practice

Questions related to Knowledge	Options	Male	Female	Total	P Value
Does your college have a tobacco cessation centre?	Yes	527	1117	1644	0.016*
	No	253	570	823	
	Don't Know	119	367	486	
Does your institute provide smoking cessation pamphlets and posters in waiting area to educate patients about hazards of smoking?	Yes	450	932	1382	0.025*
	No	289	681	970	
	Don't Know	160	441	601	
Are you aware about the 5A's and 4R's of tobacco cessation technique?	Yes	346	782	1128	0.03*
	No	281	722	1003	
	Don't Know	272	550	822	
Is NRT used in tobacco cessation?	Yes	434	967	1401	0.036*
	No	136	252	388	
	Don't Know	329	835	1164	
Questions related to Attitude					
Dental students should regularly and effectively advice their patients to quit tobacco use.	Strongly Agree	720	1593	2313	0.03*
	Agree	129	334	463	
	Disagree	38	88	126	
	Strongly Disagree	4	31	35	
	Don't Know	8	8	16	
Dental students should be given specific and formal training on tobacco cessation techniques.	Strongly Agree	563	1272	1835	0.008*
	Agree	278	645	923	
	Disagree	51	97	148	
	Strongly Disagree	0	28	28	
	Don't Know	7	12	19	
Do you arrange follow-up visits to discuss cessation with tobacco using patients?	Never	258	717	975	0.05*
	Sometimes	262	591	853	
	Often	143	249	392	
	Always	236	497	733	
Do you discuss nicotine replacement therapy with your patients?	Never	256	656	912	0.018*
	Sometimes	288	703	991	
	Often	168	307	475	
	Always	187	388	575	
Do you recommend the use of approved pharmacotherapy except in special circumstances?	Never	276	732	1008	0.04*
	Sometimes	388	821	1209	
	Often	127	248	375	
	Always	108	253	361	
Questions related to Practice					
Do you arrange follow-up visits to discuss cessation with tobacco using patients?	Never	258	717	975	0.05*
	Sometimes	262	591	853	
	Often	143	249	392	
	Always	236	497	733	
Do you discuss nicotine replacement therapy with your patients?	Never	256	656	912	0.018*
	Sometimes	288	703	991	
	Often	168	307	475	
	Always	187	388	575	
Do you recommend the use of approved pharmacotherapy except in special circumstances?	Never	276	732	1008	0.04*
	Sometimes	388	821	1209	
	Often	127	248	375	
	Always	108	253	361	

Table 4. Association between Gender and Knowledge, Attitude and Practice towards smoking cessation advice. *p value less than 0.05 was considered to be significant

between smoking status of males and females. Reason can be an increased number of females; who are non smokers. GHPSS Data reveals that smoking prevalence

among Indian dental third year students was low (9.6%) with 2.4% female smoking population, depicting similar results as our study.¹⁰ However,

Questions regarding Knowledge		Year of study			P value
		3 rd Year	4 th Year	Internship	
Does your college have a written smoking policy?	Yes	306	205	253	0.031*
	No	346	392	454	
	Don't Know	321	331	345	
Does your college have a tobacco cessation centre?	Yes	503	524	617	0.006*
	No	280	273	270	
	Don't Know	190	131	165	
Are you aware about the 5A's and 4R's of tobacco cessation technique?	Yes	362	316	450	0.01*
	No	366	376	261	
	Don't Know	245	236	341	
Is NRT used in tobacco cessation?	Yes	382	438	581	0.02*
	No	137	140	110	
	Don't Know	454	348	361	
Can Anti-Depressants be used in tobacco cessation?	Yes	472	450	597	0.01*
	No	227	224	217	
	Don't Know	274	254	238	
If you are considering a patient for implant placement, would it be relevant to ask whether they have history of smoking?	Yes	777	729	812	0.03*
	No	79	102	143	
	Don't Know	117	97	97	
A smoker when tested for bleeding on probing, shows less bleeding?	Yes	504	522	700	0.04*
	No	260	231	218	
	Don't Know	209	175	134	
Questions regarding Attitude					
Dental students should regularly and effectively advice their patients to quit tobacco use.	Strongly Agree	764	706	843	0.02*
	Agree	168	138	157	
	Disagree	36	49	41	
	Strongly Disagree	1	25	9	
	Don't Know	4	10	2	
If dental students motivate patients, they are effective in cessation counselling.	Strongly Agree	465	463	504	0.010*
	Agree	439	381	472	
	Disagree	22	42	51	
	Strongly Disagree	9	3	3	
	Don't Know	37	39	22	
Non –smokers should be informed about the harmful effects of second and third hand smoking.	Strongly Agree	467	487	469	0.008*
	Agree	427	380	492	
	Disagree	37	34	53	
	Strongly Disagree	5	7	12	
	Don't Know	37	20	26	
Questions regarding Practice					
Do you discuss nicotine replacement therapy with your patients?	Never	331	316	265	0.01*
	Sometimes	316	293	382	
	Often	138	152	185	
	Always	188	167	220	

Table 5. Association between Year of study and Knowledge, Attitude and Practice towards smoking cessation advice. *p value less than 0.05 was considered to be significant

studies done by Bell GR et al.¹¹, GHPSS- data of Albania (30.1%) with 27.1% female smokers and Republic of Serbia, Belgrades (42.5%) with 47.2% females were

found out be in contrast to our results.¹² Several studies also reported similar results, where it was found that 70% of smokers had the intent to quit, 34% made an

Questions regarding Knowledge	Options	Tobacco Use		
		Don't Use	Use	
Does your college have a tobacco cessation centre?	Yes	1350	294	0.01*
	No	634	189	
	Don't Know	374	112	
	Total	2358	595	
Is NRT used in tobacco cessation?	Yes	1145	256	0.009*
	No	291	96	
	Don't Know	922	243	
If you have a patient for oral surgery, would you advise them to abstain from smoking pre and post surgery?	Yes	1881	493	0.05*
	No	107	30	
	Don't Know	370	72	
A smokers when tested for bleeding on probing, shows less bleeding?	Yes	1404	322	0.05*
	No	549	160	
	Don't Know	405	113	
Questions regarding Attitude				
Dental students should regularly and effectively advice their patients to quit tobacco use.	Strongly Agree	1868	445	0.01*
	Agree	375	88	
	Disagree	89	37	
	Strongly Disagree	22	13	
	Don't Know	4	12	
Dental students should be given specific and formal training on tobacco cessation techniques.	Strongly Agree	1491	344	0.04*
	Agree	730	193	
	Disagree	107	41	
	Strongly Disagree	18	10	
	Don't Know	12	7	
Tobacco cessation should be an important part of the dental curriculum.	Strongly Agree	1192	276	0.016*
	Agree	1074	280	
	Disagree	65	23	
	Strongly Disagree	10	8	
	Don't Know	17	8	
	Total	2358	595	
A dental student who himself smokes is ineffective in giving tobacco cessation advice.	Strongly Agree	692	199	0.031*
	Agree	858	179	
	Disagree	519	142	
	Strongly Disagree	122	30	
	Don't Know	167	45	

Table 6. Association between Tobacco Use and Knowledge, Attitude and Practice towards smoking cessation advice. *p value less than 0.05 was considered to be significant

attempt to quit but only 2.5% were successful.¹³⁻¹⁷ The studies done by Rajasundaram P et al (98.2%)¹⁸, was in contrast with our results depicting a high percentage of students being aware of the smoking policy. The study done by Tangade P. et al in which more than 90% of the respondents agreed and 82% were ready to do further course regarding cessation also¹⁹ was in accordance and in disagreement with Murugaboopathy V et al. (45%).⁹ When gender was compared with practice of tobacco cessation advice, Vannobbergen et al, found significant difference between the genders and showed females are more effective in providing

cessation advice.²⁰ Our study results reveal that not even half of the study population (35.5%) of students prescribe NRT to patients which is in accordance with Singla A et al, where only 12.5% dentists prescribed NRT²¹ and in contrast with the results of study of Tangade P et al.¹⁹, which showed 70% of students prescribe NRT. According to our study there was no significant difference found between the year of study and tobacco cessation advice given by students. Similar results were found by Tangade P et al.¹⁹, (63%) and Tomar SL,(60%)²² where students routinely ask about patients tobacco use.

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Cite this article as:

Kushwaha S, Devi WB. Knowledge, Attitude and Practice of Smoking Cessation Advice among Dental Students in Delhi-NCR. Int Healthc Res J. 2022;6(5):OR1-OR9. <https://doi.org/10.26440/IHRJ/o6o5.o8557>

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Source of support: Nil, **Conflict of interest:** None declared

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