

Title of the Article: Implementation of Tobacco Cessation Program (TCP) for Dental undergraduates in their curriculum -The need and suggested plan.

ABSTRACT: Tobacco addiction is responsible for premature death and is an important cause of preventable death in the world. **There is enough evidence to substantiate that tobacco use leads to a high risk of tobacco addiction-related diseases thus causing vast amount of morbidity and mortality of human population.** The Clinical Practice Guidelines for Treating Tobacco Use and Dependence 2008 Update state that the clinician is responsible for providing a brief tobacco cessation intervention to all tobacco-using patients. All health professionals generally should counsel their patients who are tobacco users to quit the habit. Dental students generally report feeling unprepared to counsel their tobacco-using patients to quit. This is because of the drawbacks of a lack of knowledge and confidence in the effectiveness of such tobacco cessation measures. Thus, the introduction of a special systematic training as a part of the dental curriculum would overcome these drawbacks and equip the dental graduates to deal with the tobacco-addicted patients. To introduce and implement any new program within the curriculum, there has **be**(been) a standard protocol followed. **Therefore, (Here)**, this article suggests the use of Kern's six steps/rules for implementation of Tobacco Cessation Program (TCP) within the dental curriculum. The six steps are namely: 1) Problem Identification and General Needs Assessment. 2) Needs assessment for targeted learners. 3) Goals and Objectives. 4) Educational Strategies. 5) Implementation. 6) Evaluation and Feedback. The step four that is: 4) developing Educational Strategies will be the suggested methodology to introduce the TCP for dental undergraduates. Hence, this article aims at suggesting a systematic TCP for dental undergraduates in their educational curriculum so that the dental students become competent in performing tobacco cessation in their patients.

Keywords:Curriculum,Dental undergraduates, Education, Tobacco Cessation Program (TCP),

INTRODUCTION

Tobaccousehas fatal effects on almost every system of the human body. There is enough evidence to substantiate that tobacco use leads to a high risk of tobacco addiction-related diseases thus causing vast amount of morbidity and mortality of human population.Tobacco addiction is responsible for premature death and is an important cause of preventable death in the world.Tobacco addiction is thus a universal problem.¹⁻³

According to the World Health Organization (WHO) (year) , India constitutes 12% of the world's tobacco users. India is the second most populated country in the world facing tobacco cessation as a catastrophe in a huge manner. It is estimated that 30% of adult males and 3–5% of adult females in India smoke (2002 WHO Report). Approximately 120 million Indians are tobacco users. Based on statistics from 2009, an average of 900,000 people die every year in India due to tobacco addiction.⁴⁻⁷

These alarming statistics calls for the need to enforce stringent measures to try to curb tobacco use in their patients in the dental institutes. There are reasons to believe that most of the Indian population who are tobacco users are unaware of the various diseases and health risks that tobacco addiction poses.⁴To cater to these tobacco users, dentists have to provide tobacco cessation counselling regularly for their patients. Dentists must be equipped with counselling methods and such counselling must become a more prominent component of the dental curriculum.In other words, all dental students must receive appropriate training for tobacco cessation counselling and various methods of tobacco cessation. Thus, it becomes imperative for the educators to consider introduction of Tobacco Cessation Program (TCP) in the dental curriculum in the dental institutes.^{8, 9}Dentistry should look into tobacco cessation

as a dental problem and also build a tobacco cessation culture for every dental patient using tobacco.¹⁰

Hence, this article suggests a formal TCP for the dental undergraduates. This systematic TCP could be introduced and implemented within the Dental education curriculum.

MATERIALS AND METHOD

Tobacco cessation program is the need of the hour for dental students. Hence, this article ~~is~~ includes a systematic tobacco cessation program that could be implemented for dental undergraduates in their curriculum which could enable the dental students to become competent in performing tobacco cessation in their patients.

The methodology for the introduction of TCP within dental curriculum is as follows: To introduce and implement any new program within the curriculum, there are ~~has been~~ standard steps/rules followed. Here, in this paper Kern's six steps of curriculum implementation has ~~been~~ utilised.

Kern has given six steps/rules for implementation of curriculum.¹¹

They are namely:

- 1) Problem Identification and General Needs Assessment
- 2) Needs assessment for targeted learners
- 3) Goals and objectives
- 4) Educational Strategies
- 5) Implementation

6) Evaluation and Feedback

Out of these Kern's six steps, step four and five that is 4) educational strategies and 5) implementation is the methodology suggested to incorporate TCP for dental undergraduates in their curriculum.¹¹

Kern's fourth step: 4) educational strategies; the tobacco cessation program **included** **will include** tobacco cessation strategies to prepare the students for the tobacco cessation experiences. The third-year and final-year Bachelor of Dental Surgery (BDS) students are involved in the Tobacco Cessation Program.¹²

The third BDS students have two terms, the 1st term and the 2nd term. Lectures **were** **will be** conducted for the students in the third BDS year 1st term.¹¹ The lectures will be taken in four sessions of one hour each by a faculty member. All students will be provided with pre-reading material. The topics covered during the lectures are mentioned below.¹²

The topics (*Content*) included for the lectures are:

1. The tobacco culture and the sociocultural aspects of tobacco use.
2. Epidemiology and pathological tissue changes.
3. Oral biological and systemic of tobacco.
4. The addictive process: the chain of events involved in nicotine addiction.
5. Prevention of tobacco dependence and its treatment.

A written test on the lecture topics **was** **will be** conducted after completing all the lectures. This **will be** done to assess the cognitive domain, that is, the knowledge component of the students.

The third-year 1st term students **will be** posted to clinics in various departments on rotation. During this period, the discussions **will be** conducted for the students.

The topics (*Content*) for discussion will include:¹²

1. The stages of change in the process of tobacco cessation,
2. The understanding & application in tobacco cessation programs (basic principles),
and
3. The clinical skills for tobacco de-addiction and relapse.

These discussions **will be** conducted in small groups to enable the students with a solid theoretical and practical knowledge base for managing patients with tobacco use.

Motov SM and Marshall JP (2011) proposed the educational intervention of taking a series of lectures, case-oriented study groups, practical small group sessions, and class-specific didactics to enhance the theoretical and practical knowledge of acute pain management in the Emergency department.⁸

The students in the third-year 2nd term **will be** exposed to a one-hour comprehensive lecture exclusively on the TCP as a revision class. During their rotational clinical posting, the students **will be** instructed to begin screening all patients who are tobacco users in the clinics. The students **will** record a detailed case-history especially regarding their tobacco use. The communication between the student and the tobacco user that is; the students' recording the case history will be supervised by a faculty member with the help of a checklist. Further, a complete dental and periodontal assessment of the patient will be done to determine the patient's oral health status. A quota of a minimum of 10 patient screenings will be done in the 2nd term of the third year.¹²

After the dental assessment, the patient's treatment plan **will be** prepared so that the student and patient are clear about the same. Once the treatment plan is completed, the student is instructed to offer counselling to the identified tobacco users (defined as tobacco use in any amount or form), educating patients about how tobacco is affecting their oral health.¹²

Once the patient is identified as a tobacco user, a "quit date," has will be set for that patient. The student will refer the patient to the final year BDS student. Identifying a tobacco user will be the first step of tobacco cessation approach. Dentist being in the healthcare field should be able to identify and assess tobacco users during every patient visit. This will make tobacco cessation status a new vital sign. Fiore et al (1990) in his study presented a program of the National Cancer Institute program, which included asking patients tobacco cessation status during every clinic visit. It also consisted advising all tobacco using patients to quit by assisting tobacco users to set a quit date.¹³ Once a student identifies that a patient is a tobacco user and makes a referral to his senior, the student will be deemed "experienced" in motivating the patient for tobacco cessation. There is strong evidence if tobacco cessation interventions are individualized; the tobacco users increase the likelihood of quitting smoking. The interventions include individual and group counselling, pharmacological treatment to overcome nicotine addiction, and tobacco replacement therapies.¹⁴

Tobacco cessation treatment consists of three phases: preparation, intervention, and maintenance.¹⁵ Preparation aims to build confidence that the tobacco user can be successful in quitting by motivating them to quit. Intervention happens by one method or a combination of methods to help tobacco users achieve abstinence. Maintenance is necessary for permanent abstinence, which includes follow-ups and monitoring coping strategies. Quite a number of tobacco users abstain from using tobacco on their own, but moreover large number of users enrol into the TCP. Many tobacco users become aware with the advice of a health professional and thus act on quitting the habit.^{16, 17}

Our Tobacco Cessation Program (TCP) is based on the Tobacco Cessation Curriculum for Dental Hygiene Students at Indiana University School of Dentistry.¹⁸

Some patients may avail a tobacco cessation kit from a voluntary agency consisting of informative pamphlets or a nicotine replacement product. Some others users can reach to the

mass-media campaigns, such as the Great American Smoke-out. Apart from counselling, few other methods used by patients are nicotine replacement agents, hypnosis, acupuncture, and behavioural programs. These are other methods used by tobacco users to break the habit. Multiple methods must be included in the program for the intervention to be successful. The most cost-effective strategy for tobacco cessation for most tobacco users is self-care. Self-care includes taking the advice of the health care professional and work on quitting on the habit by using aids. Severely addicted tobacco users mostly take up formal programs after they have tried several attempts to quit. Many people are almost successful in quitting but efforts are required to stay off cigarettes. This in turn requires support and additional techniques, such as relapse prevention. Dentists, physicians and other health professionals can provide vital assistance to their tobacco using patients. Rather than simply advising the patients to quit tobacco, clinicians can provide better service by regular counselling and support by nicotine replacement products such as nicotine gum or transdermal patches. This would improve the quit rates of the patients. These products are particularly useful in patients who are strongly addicted to tobacco. By increasing their knowledge about tobacco cessation methods, health professionals can support and encourage the large majority of tobacco users who want to quit. The clinicians can thus play an important role.¹²⁻¹⁵

When students reach the final year, they will be given a fifteen-minute reminder of the Tobacco Cessation Program as part of the orientation of their class. In the 1st and 2nd term, the final year students will be posted in each dental specialty department on rotation. Eight to ten students will be posted at one time. The students will be allowed to record a complete history of patients who are tobacco users.¹² A one-to-one counselling session with student and faculty tobacco cessation expert takes place. After participating in a counselling session with the tobacco cessation expert, the students will be interact with the tobacco user by making a cessation presentation. A faculty member will observe this communication between the

student and the tobacco user. Patients using any form of tobacco will be considered for this assignment. The faculty member would evaluate the student if he or she has made a successful presentation. Students' patient presentations and evaluation criteria will be based on the five A's; Ask, Advise, Assess, Assist, Arrange strategies. This protocol was by Dr. Shibly in his study. 'Effect of Tobacco Counselling by Dental Students on Patient Quitting Rate'.¹⁰

The five A's¹ are:

- 'Ask': the patients will be asked about type of tobacco he/she is using and frequency of its use.
- 'Advise': the patients will be informed about the harmful effects of tobacco on oral health. The details of the patient's condition, diagnosis, prognosis, and clinical outcome. If any oral problem exists then, the patient will be informed about it and a detailed explanation will be given to about the same. Personalized, non-judgmental advice to discontinue tobacco use will be offered to all tobacco users.
- 'Assess the patient's quitting interest is assessed and mark on a scale of 1–10 (10 being "most interested" and 1 being least interested. Patients who are willing to quit within two weeks of implementing the TCP are considered seriously interested in quitting. Their scores will be seven or above. These patients will be offered assistance to quit. Patients whose score is 6 or less are not yet ready to quit, hence, they will be advised definitely trying in the future. A recall visit will be scheduled for these patients and they will be provided with reading material in the form of brochures for motivation.
- 'Assist' the tobacco user to quit by giving him or her nicotine replacement therapy, namely; nicotine patches and gums. Assistance will be offered by suggesting the different methods like throwing away tobacco products and storing ashtrays to the patient.

- ‘Arrange’ for follow-ups to not only see how the patient is coping with quitting but also will encourage tobacco abstinence. If the patient abstains from tobacco for six months, then quitting to be confirmed.

Finally, stickers will be developed which will be placed in the patient chart. These stickers will summarize the tobacco assessment, counselling given and replacement therapy used. Further follow-ups will be arranged for the tobacco users who are making an attempt to quit.

5Rs’ – The clinician may use the five Rs’ to motivate the patients to quit the tobacco habit so that they respond to motivational intervention namely Relevance, Risks, Rewards, Roadblocks, and Repetition of tobacco abstinence.¹³

- Relevance-The patient can be encouraged by telling the personal relevance of quitting the habit.
- Risks- Ask the patient to recognize possible negative effects of tobacco use.
- Rewards-Ask the patient to recognize the prominent positive benefits of stopping tobacco habit.
- Roadblocks-Ask the patient to recognize the difficulties or barriers of quitting tobacco habit.
- Repetition- At every interaction of the clinician with an unmotivated patient, repetition of the motivational intervention will be done.

The students will be instructed to follow up with patients who are ready to quit tobacco. The follow-up consists of three contacts:

1. Telephone call- Call the patient, the day before the cessation date. This helps tobacco users with moral support and reinforces the importance of quitting.

2. Follow-up visit or phone call- A follow-up visit to be scheduled two weeks after the marked cessation date to encourage the patient to continue to abstain from tobacco. If there is relapse, the challenges faced by the patient will be discussed. The challenges are addressed and the patient is further motivated to try to quit again.

3. Final evaluation- After the follow-up will be done for six months, the final evaluation is done.

The student should make sure that the patients who have been unsuccessful in quitting the habit will be motivated by assuring them that most quitters make several attempts before they completely quit the habit.¹⁵⁻¹⁷

Enquire the patient about his/her tobacco status and if he or she is still tobacco-free then congratulate the patient. If the tobacco use has relapsed, then the reasons will be addressed. Discuss with the patients, the ways in which the barriers or difficulties to overcome. Patients will be then offered support to help them quit again.⁹ A quota of 10 patients will be made compulsory for the final year BDS students.

As stated by Coan et al (2007), faculty members in their study recognized that before recommending any method of quitting tobacco habit to the patient, it is important to understand the nature of the tobacco addictive process. It is also wise to know that quitting is personal choice thus it operates in a specific way in every person, thus it affects both the person's nicotine **uses** and cessation attempts. Hence, both the clinician and patient need to identify the factors responsible for nicotine dependency and they must both deal with the complete addictive process. Thus, a custom-made tobacco cessation method **have will be** framed so that it can be used over a long period to achieve abstinence.¹⁸

By including the TCP in the BDS Curricula, it is hoped that the tobacco cessation methods and skills; namely; understanding the tobacco user and making a customized cessation plan will be carried forward into post-graduation practice.

DISCUSSION

There is enough evidence to substantiate that tobacco use leads to a high risk of tobacco addiction-related diseases thus causing vast amount of morbidity and mortality of human population. Tobacco addiction is responsible for premature death and is an important cause of preventable death in the world. The Clinical Practice Guidelines for Treating Tobacco Use and Dependence 2008 Update states that all health professionals especially clinicians are responsible for providing a brief tobacco cessation intervention to all tobacco-using patients. Dentists being health professional who would encounter tobacco users, the World Health Organisation and Global Health Professional Student Survey (GHPSS)¹⁹ have suggested introducing a separate integrated tobacco module into dental school curricula. The survey was conducted in dental schools in India, Pakistan, Bangladesh, Nepal, and Malaysia. According to this survey, about fifty percent agreed that the current dental curriculum includes tobacco cessation, but not systematically. Tobacco cessation issues are usually taught non-systematically in developing countries, as and when the topic arises. Eighty percent of dentists and dental hygienists reported asking patients about their tobacco use, but less than forty percent reported providing assistance to patients or referring them to cessation programs. The majority of the students across these countries indicated that topics about health effects, nicotine addiction, treatment, counselling, and prevention of relapse were important in tobacco cessation training.¹⁹ Hence, it should be considered included as a separate module within the dental curriculum.

The six Kerns Golden rules for the implementation of Curriculum¹¹

1) Problem Identification and General Needs Assessment

- 2) Needs assessment for targeted learners
- 3) Goals and objectives
- 4) Educational Strategies
- 5) Implementation
- 6) Evaluation and Feedback

Step 1: Problem Identification and General Needs Assessment

Present scenario:Currently there is no special training for tobacco cessationfor dental students. Rather, it is taught merelyas a part of a didactic one-hour lecture regarding tobacco cessation and its effects on oral tissues. Apart from this lecture, nothing much is presently being done for training dental students for tobacco cessation. As health professionals, dentists frequently encounter tobacco users.As dentists are aware of the harmful effects of tobacco use on general health as well as dental health, it becomes their professionaland moral duty to carry out cessation measures in their tobacco using patients.There is a need for TCPs in dental institutes in India, because of the alarming tobacco statistics in India. ¹²

Generally, the dental students possess less knowledge about tobacco counselling measures. Therefore, they feel unprepared and lack the confidence to counsel tobacco-using patients to quit. A study conducted by Shibly O (2010) reported that Australian dental students opined that the present base of knowledge on tobacco cessation was inadequate.Tobacco counselling must become a more prominent component of the dental curriculum as dentists are required to provide tobacco for their patients.^{9, 10}

The current strategies for treating tobacco dependence are just enough to assist the motivated tobacco users who are ready to quit. However, it is seen that a majority of tobacco users are pre-contemplators who are neither ready nor willing to attempt to quit.This means

that a high proportion of tobacco users are not adequately served. There is enough evidence to conclude that cigarette smoking prematurely kill 50% of long-term users and cause diseases. This calls for more intervention and additional measure for the tobacco users thereby reducing death or illness.³

Ideally, all health professionals, especially dentists should play an important role in the tobacco cessation with their patients but several reports suggest that a good number of dental students are themselves addicted to tobacco. Mehrotra et al 2010 demonstrated 88% of health professionals are aware that they should advise their patients to quit tobacco. Dentists being health professionals who deal with oral cavity should undergo specific tobacco cessation training. This enables them to equip themselves with appropriate skills and strategies needed for tobacco cessation in their patients.¹⁴

India is highly prevalent in tobacco addiction, so it is high time that every dental student is well versed in the de-addiction protocol. As there is no systematic tobacco cessation program for dental undergraduates, we need to address this gap in the curriculum.¹²

Step 2: Needs assessment for targeted learners

There is no systematic training for tobacco cessation program for the tobacco users in the dental curriculum. It is covered merely in theory as a lecture. Practically, the topic is dealt with as and when the need arises in the rotational clinical postings. The student is expected to identify tobacco users in the clinics and explain the ill effects of tobacco to the patient & advise the patient to quit the habit. In the present scenario the student doesn't ~~do~~ not follow up with patients.¹² Hence, they are not sure if any of these patients have either attempted or are successful in quitting the tobacco habit. There is no documentation of the patient outcomes of the TCP. Additionally, there was no measurement of the competence of students in tobacco

cessation strategies. Rather, it was only a means to ensure that a student could identify a tobacco user and make a referral to a cessation program. Because of this limited experience, the students are not completely trained to deal with tobacco-dependent patients.¹²

Step 3: Goals and objectives

Hence, the goal of this article is to create a formal tobacco cessation program (TCP) in their educational curriculum for dental undergraduates.

The objectives of this paper are:

By the end of the TCP, undergraduate students should be able to

1. Motivate the patients to quit tobacco.
2. Practise tobacco cessation in patients.

Step 4: Educational Strategies

Once the goals and objectives are determined, the next step is to develop educational strategies.

The program will include tobacco cessation strategies to prepare the students for the tobacco cessation experiences. The third-year and final-year Bachelor of Dental Surgery (BDS) students are involved in the TCP. The materials and methods this article are the educational strategies developed which further could be implemented for the dental undergraduate students in their curriculum.

Step 5: Implementation

We need to list the resources required: Personnel in terms of faculty, secretarial /administrative support, patients, time of the faculty, support staff, students, facilitiesnamely; space, equipment, clinical sites, funding for example direct financial costs, hidden or opportunity costs.

Moher M et al 2003 found a strong evidence that the possibility of quitting tobacco would increase if the interventions were directed towards individual tobacco users. These interventions include advice from a health professional, that is; individual counselling, and pharmacological treatment. Usually, self-help interventions are less effective. Although people taking up these interventions are more likely to quit, but the numbers who quit are quite low.¹⁵

It was observed in long-term studies that, there is increase in point prevalence abstinence rates if the tobacco users are gradually allowed to take control of their tobacco cessation. It should clearly be emphasized that complete cessation remains the ultimate goal, but tobacco users in the pre-contemplation stage need to progress along the behavioural model before becoming receptive to messages about quitting. Sustained tobacco cessation could be achieved and maintained with nicotine replacement therapy.³

Step 6: Evaluation and Feedback

Evaluation and feedback are vital part of any program. Step 6 closes the loop in the curriculum development cycle by evaluating the program. It provides scope for improvement by gathering information in the feedback, which in turn will guide the educators to make necessary changes for further improvement. Evaluation results could be used to seek support for curriculum, assess individual achievement, satisfy external requirements, and serve as a basis for presentations and publications.²⁰

Davis et al 2015, conducted a comprehensive, three-year (2003–06) Tobacco Use Cessation (TUC) curriculum evaluation including assessment of existing TUC education offered; dental hygiene educators' readiness to incorporate TUC education into the curriculum, the development of a pre-test/post-test assessment instrument and faculty development program. Faculty members participated in the pre-treatment survey, six hours TUC curriculum training, and a post-treatment survey to determine the attitudes, perceived

barriers, and current practices in tobacco education. The results showed an increase in faculty members assessing 5As and 5Rs from 21 percent to 88 percent by spending about 85 minutes on tobacco education in the dental hygiene curriculum. Following the introduction of the curriculum and training program, there was a drastic increase of 100 percent of faculty members who teaching the thirteen TUC content areas.²¹

CONCLUSION

Dentistry is a profession with its main objective being the prevention, treatment of oral diseases and promotion of oral health. Dentists must continue to support the development and implementation of this objective. This proposed TCP appears promising when integrated into the undergraduate dental education curricula. The implementation of TCP in the dental curriculum will better equip the next generation of dentists to eliminate tobacco dependence in their patients. Tobacco cessation is a skill that requires time to develop the skills and confidence needed to transfer into dental practice. Once the tobacco cessation skill is developed, the dentist can help prevent fatal, life-threatening diseases in tobacco using patients. TCP should hence become an important component of the dental curriculum.

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