



Cochrane
Tobacco Addiction

Cochrane Tobacco Addiction Group 20th Anniversary Priority Setting Workshop

Flora Anderson Hall, Somerville College
University of Oxford. Friday 17 June 2016



NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES

 #ctagtaps



Celebrating



Cochrane
Tobacco Addiction

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Our facilitators – Hopkins van Mil

Today's workshop will be facilitated by dialogue experts Anita van Mil and Mike King, from Hopkins Van Mil. Hopkins Van Mil design and implement dialogue programmes for the public sector to help understand the views of the public and stakeholders on complex scientific and social issues. They do this through qualitative research capacity building, action learning and mentoring programmes; and by facilitating consultation/engagement workshops and seminars, such as this. Hopkins Van Mil will be assisted by researchers from the Nuffield Department of Primary Care Health Sciences, University of Oxford and the University of Birmingham. These researchers have been briefed by Hopkins Van Mil and are not employed by the Cochrane Tobacco Addiction Group.

Funding

This project is independent research funded by the National Institute for Health Research School for Primary Care Research (NIHR SPCR). The views expressed are those of the author(s) and not necessarily those of the NIHR, the NHS or the Department of Health.

Cochrane Tobacco Addiction Group

20th Anniversary Research Prioritisation Workshop
Friday 17 June, Somerville College, University of Oxford

Welcome

from the organising
committee

Hello and thank you so much for being part of the Cochrane Tobacco Addiction Group 20th Anniversary Prioritisation Workshop (taps).

This workshop is part of a project developed by the Cochrane Tobacco Addiction Group (CTAG) to let people know about what we do, to set new goals for the future and to celebrate our 20th anniversary! To do this we thought it was important to bring together people from a variety of different groups. In the past our work priorities have been decided solely by us and researchers who actively approach the group with their ideas; however including others in decisions about future directions will mean we can:

- better apply our findings to the people who use and need them,
- have a higher global impact on health.

Therefore, you and your fellow workshop attendees are made up of our various stakeholders (see the graph), all with an important perspective on the subject of tobacco addiction

We would also like to thank everyone who has helped to organise this event alongside us, and all of our speakers for agreeing to take part. We have really enjoyed planning this event and hope you enjoy being part of it.

Attendee breakdown:



All the very best,

The Cochrane TAG taps project team.



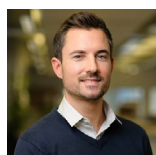
Nicola Lindson-Hawley

Managing Editor,
Cochrane Tobacco Addiction Group



Jamie Hartmann-Boyce

Managing Editor & Research Associate,
Cochrane Tobacco Addiction Group



Dan Richards-Doran

Communications Manager,
Nuffield Department of Primary Care
Health Sciences, University of Oxford

Programme

Workshop facilitators: Anita van Mil and Mike King, Hopkins van Mil

09:30 – 10:00 **Registration with refreshments**

A background to the Cochrane Tobacco Addiction Group and tobacco research

10:00 – 10:05 **Welcome**

10:05 – 10:25 **A history of Cochrane TAG**

Dr Tim Lancaster, Coordinating Editor, Cochrane TAG

10:25 – 10:45 **The history of tobacco research**

Professor Robert West, Health Behaviour Research Centre, UCL

10:45 – 11:05 **What is in a Cochrane TAG review?**

Professor Paul Aveyard, Professor of Behavioural Medicine, University of Oxford

11:05 – 11:25 **How does Cochrane TAG work?**

Jamie Hartmann-Boyce, Managing Editor and Research Associate, Cochrane TAG; Lindsay Stead, Managing Editor, Cochrane TAG

11:25 – 11:50 **The Cochrane TAG taps project and survey results**

Nicola Lindson-Hawley, Managing Editor, Cochrane TAG; Laura Heath, Academic Foundation Programme Doctor

Workshop Session

11:50 – 12:00 **Workshop introduction**

12:00 – 13:00 **Lunch**

13:00 – 14:30 **Workshop**

14:30 – 14:45 **Refreshment break**

14:45 – 15:45 **Workshop**

15:15 – 15:45 **Summary session and next steps**

Drinks reception

15:45 – 16:30 **Final voting, drinks and cake**

What we hope to achieve

Through discussions in today's workshop, we aim to develop a set of research priorities for the Cochrane Tobacco Addiction Group, and the wider tobacco addiction research community.

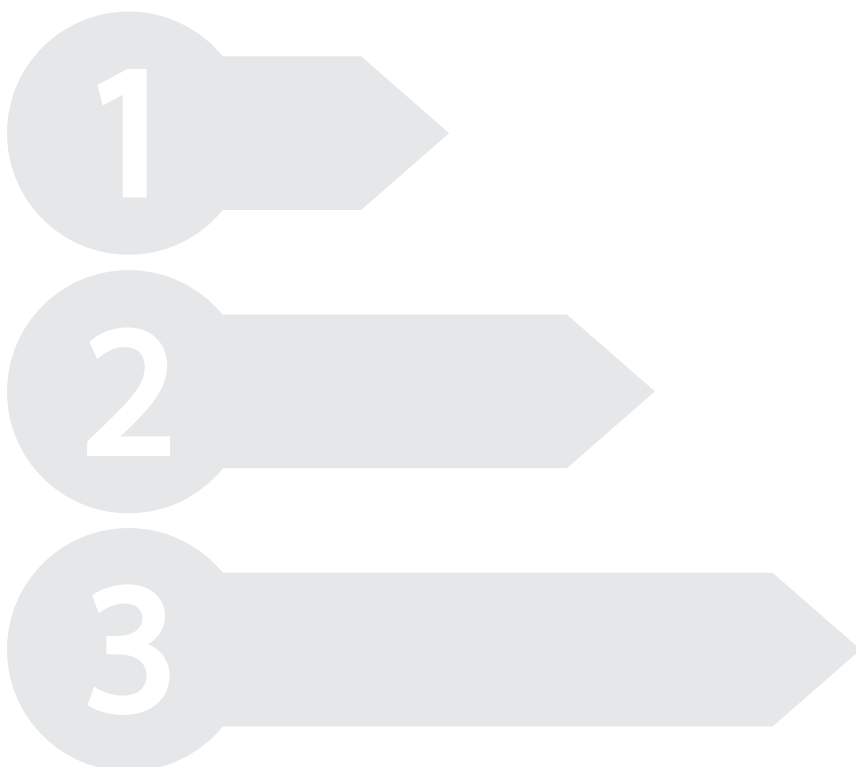
We would like discussions to address the following themes:

Priorities for future research:

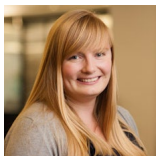
1. What further tobacco addiction research needs to be done and what should be prioritised?
2. What new areas of research should CTAG focus on and which areas should we revisit and update?
3. Do CTAG need to adjust the scope of the research we do?

Putting research into practice:

1. What is the best way to publicise the findings of tobacco addiction research?
2. What can be done to help ensure research findings make their way into clinical practice and health policy, or lead to changes in consumer behaviour?



Speaker biographies



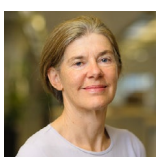
Jamie Hartmann-Boyce

Jamie is Managing Editor and review author with the Cochrane Tobacco Addiction Group (TAG). She started working with the group in 2012. Jamie is currently also working toward her PhD on the self-management of weight, within the Behavioural Medicine team in the Nuffield Department of Primary Care Health Sciences, University of Oxford. She has an MA in the history of medicine, focussing on the tobacco industry's influence on discourses about personal responsibility for health.



Laura Heath

Laura is an Academic Foundation Programme Doctor working in the Oxford Deanery. After studying pre-clinical medicine at the University of Cambridge, Laura moved to London to complete her medical training at UCL. Whilst there, she worked with research groups at the Institute of Women's Health and at the National Survey of Sexual Attitudes and Lifestyle. Laura is using her academic time in Oxford to work within the Behavioural Medicine team and CTAG in the Nuffield Department of Primary Care Health Sciences.



Lindsay Stead

Lindsay was the first Managing Editor of the group when it began in 1996; she is also the group Information Specialist, responsible for database searches and other sources for research data relevant to Cochrane TAG reviews. Lindsay is also an author on 28 Cochrane TAG reviews and is based within the Nuffield Department of Primary Care Health Sciences, University of Oxford, alongside the other group Managing Editors.



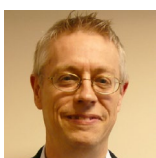
Nicola Lindson-Hawley

Nicola is a Managing Editor and author with Cochrane TAG, based at the University of Oxford. She became an author with the group in 2010, when she completed a review on abrupt versus gradual quitting as part of her PhD. She then began working for the group full-time in 2015 after transferring to Oxford from the University of Birmingham. Nicola has worked in tobacco research since 2008, and as well as writing systematic reviews has been involved in two large trials of smoking cessation interventions.



Paul Aveyard

Paul is a Professor of Behavioural Medicine in the Nuffield Department of Primary Care Health Sciences at the University of Oxford and a practising GP. He is one of CTAG's editors and a founding member of the UK Centre for Tobacco and Alcohol Studies (UKCTAS), which is a research network spread across the UK and New Zealand. A lot of Paul's work has examined interventions to help people stop or reduce their smoking and he has also carried out work in helping people manage their weight.



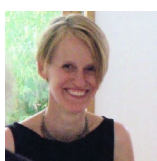
Robert West

Robert is Professor of Health Psychology & Director of Tobacco Studies at the Cancer Research UK Health Behaviour Research Centre, University College London. He is co-director of the National Centre for Smoking Cessation and Training, a CTAG Editor, and the Editor-in-Chief of the journal *Addiction*. Robert is also a founding member of UKCTAS, and his research includes evaluations of methods of helping smokers to stop and population surveys of smoking and smoking cessation patterns.



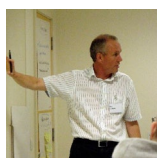
Tim Lancaster

Tim is a founder of CTAG and the Co-ordinating Editor for the group. He is also an author of a number of the group's reviews. He is a practising GP and has been the Director of Clinical Studies at the University of Oxford Medical School since 2002. Tim is also a fellow of St Anne's College, University of Oxford, where he acts as an advisor to clinical medical students. He has a particular interest in case-based teaching in medical education.



Anita van Mil

Anita is co-founder of Hopkins Van Mil: Creating Connections with Henrietta Hopkins. Anita is a senior stakeholder engagement and public dialogue specialist with a passion for transparent public communications. She thrives on giving a voice to stakeholders including the public to ensure organisations and government arrive at better informed decisions. Anita has held strategic positions in national organisations and project managed a significant number of public dialogue/ organisational change programmes to inform decision making and complex strategic planning ranging from HVM's current involvement in The Crunch, the Wellcome Trust's public engagement programme to raise awareness of issues around the future of food and drink; to public dialogues for the Economic and Social Sciences Research Council on the use of private sector data for social research and the Committee on Climate Change in the context of the 4th Carbon Budget Review. Anita has acted as Lead Facilitator for clients including the What Works Centre for Wellbeing and Cabinet Office, the Environment Agency, the British Science Association and the British Council.



Mike King

Mike is an Environmental Scientist with considerable experience, both in the UK and internationally of designing and delivering constructive interactions between people and complex and contentious issues. With considerable knowledge and practical expertise in facilitation, stakeholder engagement and public participation he works with organisations to help them develop the strategies and delivery plans that engage people in ways that lead to productive outcomes for all concerned. Recent examples include supporting communities adapting to coastal change, evaluating the impact of heat waves on vulnerable communities and facilitating dialogue over the decommissioning of oil fields in the North Sea. Before becoming a consultant Mike was chief executive of The Environment Council, the organisation that pioneered the use of Stakeholder Dialogue to resolve contentious environmental issues, working with industry, government and local communities to develop and promote innovative ways of improving environmental decision making.

Background information

What is a systematic review?

A systematic review is a form of scientific research study. It presents the evidence answering a specific research question, by pooling and analysing all the available data from different studies, to assess the strength of the evidence.

Systematic reviews use scientifically rigorous, systematic methods, as all of the available evidence to answer a specific well-defined research question should be identified. Systematic reviews should also rate the quality of the studies that are included so this can be taken into account when assessing the strength of the evidence.

An example of one of the Cochrane Tobacco Addiction Group's systematic reviews is: 'Nicotine replacement therapy for smoking cessation' [<http://goo.gl/eCDHqD>]. This review summarises all randomised controlled trials that have been carried out to test how effective nicotine replacement therapy is, as long as they meet the review's criteria for inclusion, which are stated in the review.

What is Cochrane?

The Cochrane organisation is named after Archie Cochrane, who was the first individual to promote the use of Randomised Controlled Trials to reduce study biases. Cochrane (or the Cochrane Collaboration as it was then named) began in 1993 when Tom Chalmers and Iain Chalmers collaborated with obstetrician Murray Enkin to pool all current study data relating to the care of pregnant women, which led to the publication of 'Effective Care in Pregnancy and Childbirth'. Early results from the group were instrumental in revolutionising care in the period before and after childbirth.

Today, Cochrane is a global not-for-profit organisation dedicated to reviewing the healthcare literature. It does this using systematic review and meta-analyses methods, which are detailed in the freely available 'Cochrane Handbook' [<http://handbook.cochrane.org/>]. Cochrane's aim is to provide high-quality evidence to inform healthcare decisions. It is made up of over 50 topic-specific review groups who review the literature in particular topic areas - the Cochrane Tobacco Addiction Group (CTAG) is one of them. Patients and members of the public are actively involved in Cochrane's work through the Cochrane Consumer Network. Cochrane reviews are free to everyone in the UK.



Cochrane

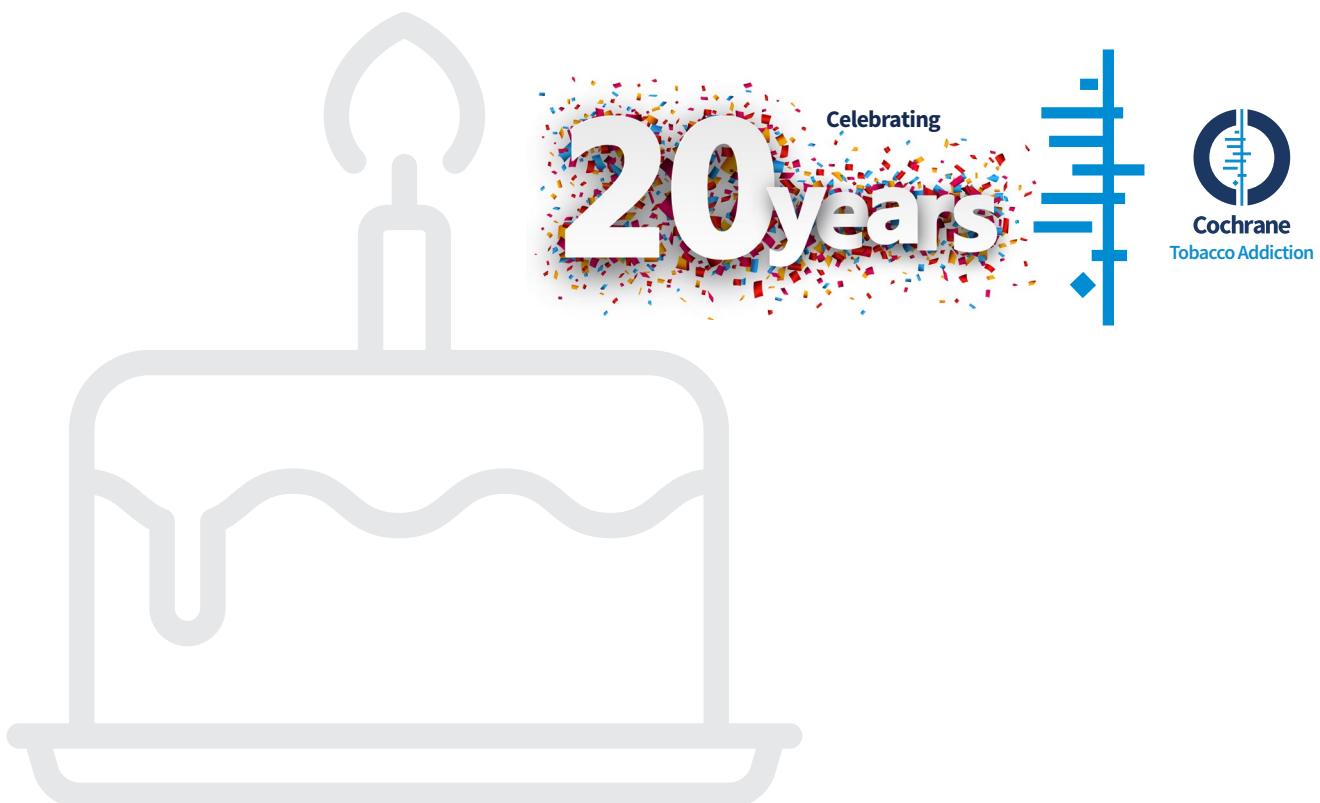
The Cochrane Tobacco Addiction Group

CTAG was one of the first Cochrane Review Groups to be established in 1996. Its aim is to review interventions to prevent the uptake of smoking and to help people to quit. CTAG was founded by Chris Silagy, Tim Lancaster and Godfrey Fowler, who were all general practitioners working in the General Practice Research Group (GPRG) at the University of Oxford.

GPRG had a research focus on smoking cessation, and had conducted one of the first trials of the use of nicotine patches for smoking cessation in a primary care setting. In fact, the first review produced by CTAG was a systematic review of nicotine replacement therapy (NRT) for smoking cessation. This was a prototype Cochrane review, used to test the methodologies and software of the collaboration. The ground work which established CTAG was funded by the Imperial Cancer Research Fund (ICRF) – now known as Cancer Research UK. From 1996, work was funded by the NHS Research and Development stream; and later by the National Institute for Health Research, who still fund the group today.

CTAG is currently made up of a Co-ordinating Editor (Tim Lancaster), three Editors (John Hughes, Paul Aveyard, Robert West), an Information Specialist (Lindsay Stead) and two Managing Editors (Jamie Hartmann-Boyce, Nicola Lindson-Hawley). As well as writing some reviews themselves the team support over 300 authors to carry out reviews and meta-analyses, and have a suite of approximately 70 completed reviews on the topic of tobacco use treatment and prevention (see overleaf for review topic details).

In 2016, the CTAG celebrates its 20th anniversary.



Topics of our tobacco-related reviews

Individual-level interventions for quitting

Medications for quitting tobacco

- Antidepressants, such as bupropion
- Anxiolytics (anti-anxiety)
- Cannabinoid type 1 receptor antagonists
- Clonidine
- Lobeline
- Mecamylamine
- Nicobrevin
- Nicotine receptor partial agonists, such as varenicline
- Nicotine replacement therapy
- Nicotine vaccines
- Opioid antagonists
- Silver acetate
- An overview of medications

Combinations of medications & behavioural therapy

- Medication plus behavioural support
- Intensity of behavioural support provided with medications

Complimentary therapies

- Acupuncture
- Hypnotherapy

Behavioural therapy for quitting tobacco

- Group therapy
- Individual therapy
- Internet-based therapy
- Mobile phone based therapy
- Motivational interviewing
- Print-based therapy
- Reduction versus abrupt quitting
- Stage-based therapy
- Telephone-based therapy

Population & system-level interventions for quitting

Population-level interventions

- Community interventions
- Institutional smoking bans
- Legislative smoking bans
- Packaging design
- Workplace interventions
- Impact of smoking in the media
- Mass media

Service delivery interventions

- Healthcare financing systems
- Training health professionals
- Recruiting smokers into cessation programmes
- Support from electronic health records
- System change
- Improving delivery in primary care

Quitting interventions for specific groups

Interventions for specific groups

- Preoperative patients
- Smokeless tobacco users
- Smokers with schizophrenia
- Hospitalised patients
- Indigenous populations
- Substance abusers
- Smokers with HIV and AIDS
- Waterpipe users
- Smokers with pulmonary tuberculosis
- Smokers with current/past depression
- Young people
- In psychiatric settings
- Smokers with chronic inflammatory arthropathy disease

By provider

- Community/pharmacy
- Physician
- Dental setting
- Nurses

Prevention

Interventions to prevent tobacco use

- Community interventions for young people
- Family-based interventions
- Impact of tobacco promotion
- Incentives
- Prevention of tobacco sales to minors
- Youth in indigenous populations
- School policies
- School based programmes
- Mass media

Other types of interventions

Other types of interventions

- Aversive smoking
- Biomedical risk assessment
- Competitions
- Electronic cigarettes
- Partner support
- Exercise
- Incentives
- Increasing adherence to medications
- Relapse prevention
- Genomic analysis

Interventions to reduce harm

- Family/carer smoking control programmes to reduce environmental smoke
- Prevention of weight gain on quitting smoking
- Harm reduction interventions

The CTAG taps project

To celebrate the 20th anniversary of CTAG in 2016, we have received funding from the NIHR School for Primary Care Research to carry out the CTAG twentieth anniversary priority setting project (CTAG taps). We are also reflecting on our work and achievements to date by telling the story of our research through blog posts and other social media, journal editorials and promotion at conferences.

The CTAG taps project has the following stages:

Stakeholder survey (phase 1)

We promoted a survey from mid-February to mid-March, targeting the following stakeholder groups in the area of tobacco control, worldwide: guideline developers, policy makers, clinicians and associated health professionals, smokers and former smokers, and researchers. The survey asked participants what questions they would still like to see answered by tobacco control research.

Stakeholder survey (phase 2)

Using the main questions identified from phase 1 of our survey, participants were asked to rank the questions in order of importance to them.

Workshop

A one day workshop, held at Somerville College, University of Oxford on Friday 17th June 2016, with approximately 50 participants. Participants are made up of guideline developers, policy makers, clinicians and associated health professionals, smokers and former smokers (members of the public), and researchers. The aim is to come away with action points and priorities for CTAG's work in the future, as well as helping to inform research priorities for the wider tobacco addiction research community.

Priorities report

The findings of the survey and this workshop will be written up in a research report that will highlight Cochrane TAG's priorities and aims going forward.

Action

We will begin to work on the priorities identified during the CTAG taps project. This will continue beyond 2016 and the end of the project.



304 SURVEY RESPONDENTS
 681 RESEARCH QUESTIONS
 60 ALREADY ANSWERED
 183 UNANSWERED BY RESEARCH
 15 CATEGORIES IDENTIFIED

Survey findings

304 survey respondents submitted 681 questions in the first wave of the survey. After duplicates were removed this resulted in a list of 258. Of these, 60 (23%) were classified already answered, 15 (6%) unempirical and 183 (71%) unanswered.

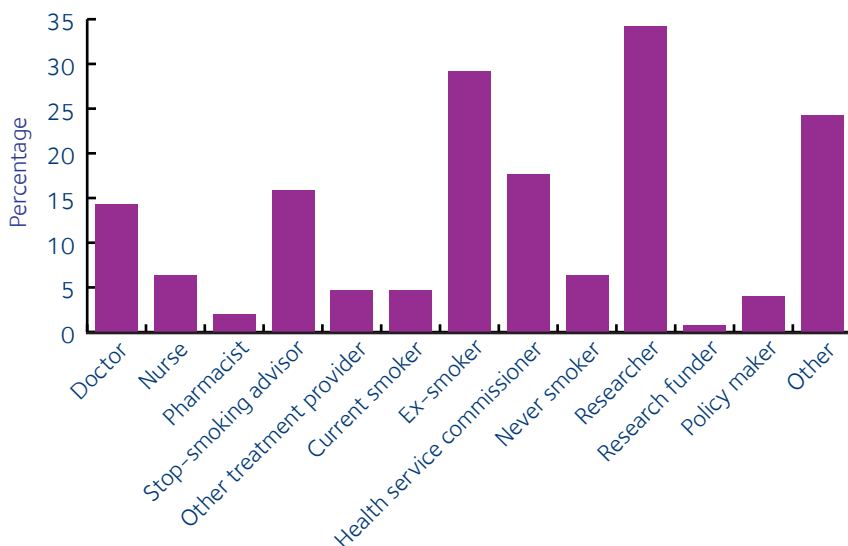
Decisions on whether questions were researchable, already answered, or still unanswered were made independently by at least two researchers. Where there were disagreements this was resolved through discussion, and where necessary a third researcher was consulted. Unanswered questions (uncertainties) were separated into 15 research categories, which were also decided and agreed by two researchers. Each category included between 21 and 3 questions.

The 278 people who provided sufficient contact information in the first survey were contacted with a link to the second wave of the online survey. This asked them to rank the 15 research categories in order of their importance (1-15), where 1 was most important and 15 least important.

For each of the categories that they ranked in their top three they were then asked to rank the questions within that category (again 1 was classed as most important). 175 people completed the whole survey (63% of those invited); with 154 full responses.

The total ranks for each category/question were added together. These total scores were then ordered within their ranking set and given an overall rank (where 1 was deemed most important and higher numbers less important). Overleaf the categories are listed in rank order (1= most important; 15=least important) along with the top 3 questions for each category. A glossary of terms used is available on page 15.

Cochrane TAG taps survey respondents:



Research priorities

For a glossary of terms, see page 15

Category ranking	Top 3 questions
1. Electronic cigarettes	<ol style="list-style-type: none">1. How safe are e-cigarettes, and are they as safe as other products?2. How can we educate people effectively about the risks and benefits of using e-cigarettes?3. Are e-cigarettes an effective and cost effective aid to help people to stop smoking, and are they as effective as other products?
2. Addressing inequalities	<ol style="list-style-type: none">1. What are the most effective stop smoking interventions for smokers who are part of a hard-to-reach group?2. Which interventions reduce the difference in the number of smokers in low socioeconomic compared with high socioeconomic groups most effectively?3. Which interventions are the most effective to help people stop smoking in communities where smoking as a group has cultural and social value?
3. Mental health and other substance abuse	<ol style="list-style-type: none">1. How can we encourage and help mental health workers to offer stop smoking services to their patients with mental illness?2. What is the most effective and cost-effective way to help people with mental health problems to quit smoking inside and outside of mental health treatment settings?3. What is the most effective and cost-effective way to help people who also have drug and alcohol problems to quit smoking?
4. Initiating quit attempts	<ol style="list-style-type: none">1. What is the most effective way to make people want to quit smoking?2. What makes people decide to quit smoking?3. Why has the number of people who are trying to quit smoking reduced in the UK?
5. Population-level interventions	<ol style="list-style-type: none">1. Are any current interventions aimed at the general population effective in reducing the number of people who smoke and the harms linked to tobacco use? If so, which ones?2. Does plain packaging stop people from taking up smoking?3. Do interventions which aim to change tobacco related social norms reduce the demand for tobacco?
6. Pregnancy	<ol style="list-style-type: none">1. How safe are e-cigarettes when used during pregnancy, and are they as safe as other products?2. What are the most effective and cost effective methods pregnant smokers can use to give up smoking?3. Are e-cigarettes an effective and cost effective aid to help people to stop smoking during pregnancy, and are they as effective as other products?

Category ranking	Top 3 questions
7. Young people	<ol style="list-style-type: none"> 1. What is the most effective and cost effective way to stop young people from starting to smoke, in particular those in hard-to-reach groups? 2. Are there effective interventions to stop early trials of smoking from turning into tobacco addiction? 3. How can we stop the children of smokers from starting to smoke themselves?
8. Illness and chronic disease sufferers	<ol style="list-style-type: none"> 1. What is the most effective and cost-effective stop smoking intervention for smokers with long-term medical problems? 2. If smokers with illnesses that may be made worse by smoking are referred to stop smoking services does this help them to quit? 3. What is the most effective and cost-effective stop smoking intervention for smokers who are obese and have type 2 diabetes?
9. Alternative tobacco products	<ol style="list-style-type: none"> 1. Why do some people use more than one type of tobacco product? 2. How safe is snus compared to other tobacco products and electronic cigarettes, and is it more dangerous if used alongside cigarettes? 3. Are there ways to stop young people from using nicotine and tobacco products other than cigarettes?
10. Nicotine and tobacco risk	<ol style="list-style-type: none"> 1. How safe is nicotine when it is delivered in non-tobacco products, and how does this compare to when it is delivered in tobacco products? 2. How addictive is nicotine, and how does this compare between different nicotine products (e.g. smoking tobacco, other tobacco products, e-cigarettes, NRT)? 3. If smokers reduce the number of cigarettes they smoke does this reduce the harm caused by their smoking?
11. Smoking treatment methods excluding medications	<ol style="list-style-type: none"> 1. Does the amount of behavioural support a smoker receives influence how likely they are to quit? If so, how intensive does support need to be to result in success? 2. Which elements of behavioural support are most effective to help people quit tobacco use? 3. How effective are different stop smoking treatments when provided in the 'real world'?
12. Treatment delivery	<ol style="list-style-type: none"> 1. How can we make sure that all healthcare providers provide stop smoking treatment which research has been found to be effective, safe and cost-effective? 2. What type of health providers provide the most effective support to help people to quit smoking, and how much training do they need to be most effective? 3. What are the most effective interventions that can be used in primary care (e.g. doctors' and dentists' surgeries, pharmacies) to encourage more people to use stop smoking services and to give up smoking?

Research priorities

Category ranking	Top 3 questions
13. Smoking bans and second-hand smoke	<ol style="list-style-type: none">1. Is the amount of second-hand smoke people are exposed to linked to the effect this has on their health?2. If smoking was banned in all public places would this have an effect on the number of people smoking and the health problems linked to smoking?3. What are the most effective interventions to reduce the amount of second-hand smoke present in flats and apartment buildings?
14. Digital interventions	<ol style="list-style-type: none">1. How effective and cost-effective are mobile smart phone and internet apps in helping people to quit smoking?2. Do individual, or group based mobile smart phone interventions, help more people to quit smoking?3. Can mobile phones be used to help people to stick with their treatment whilst taking part in stop smoking studies?
15. Medications	<ol style="list-style-type: none">1. What is the most effective medication current smokers, who do not want to quit, can use to reduce their tobacco use, and what is the best way to use it?2. What are the most effective medications or combinations of medications to help people to quit smoking and how should they be used?3. What is the most effective and cost-effective way to use NRT (dose, length of use etc.) so that people do not relapse to smoking after they have quit?

Glossary

Research categories

Addressing inequalities:

Research which focuses on reducing differences in tobacco use behaviour and health across different groups, so that some groups are not more at risk of health problems than others. For example low versus high income groups.

Alternative tobacco products:

Research which focuses on products other than cigarettes which contain tobacco, such as snus, chewing tobacco and waterpipes

Digital interventions:

Research which focuses on digital interventions for tobacco. Digital interventions are any intervention that is accessed and used by tobacco users in the form of a computer, mobile phone, or internet-based programme or app.

Electronic cigarettes:

Research focused on electronic cigarettes (e-cigarettes). These are battery operated devices designed to deliver nicotine to users. The nicotine is based within a liquid which is turned into a vapour. E-cigarettes do not contain tobacco.

Illness and chronic disease sufferers:

Research focused on tobacco users with a short or long-term illness.

Initiating quit attempts:

Research focused on a tobacco user's decision to quit using tobacco.

Medications:

Research focused on medications used to help people change their tobacco use.

Mental health and other substance abuse:

Research focused on tobacco users with mental health problems and/or other substance abuse issues (for example cannabis or alcohol abuse), or to investigate issues related to mental health.

Nicotine and tobacco risk:

Research focused on the risks, associated health problems and addiction potential of tobacco and nicotine. Including ways to reduce harm in tobacco users who can't quit (harm reduction).

Population-level interventions:

Research focused on interventions related to tobacco use which are targeting whole populations rather than individuals, for example government policies.

Pregnancy:

Research focused on tobacco use and quitting during pregnancy.

Smoking bans and second-hand smoke:

Research focused on tobacco smoking bans and the second-hand and third hand-smoke given off by cigarettes.

Smoking treatment methods excluding medications:

Research focusing on any treatment methods for tobacco use, apart from treatments in the form of medications, but including research into behavioural support interventions.

Treatment delivery:

Research focusing on the best ways to deliver treatment for tobacco dependence.

Young people:

Research focusing on tobacco uptake, use and treatment in young people.

Other terms

Behavioural support:

Support to help somebody make changes to their behaviour, excluding medications.

Cost-effective:

Good value - the benefits are worth at least what was paid for them.

Group-based mobile smartphone interventions:

Mobile smart phone interventions which allow users to interact with one another.

Hard-to-reach groups:

People who are challenging for health professionals to engage with due to their individual circumstances.

Non-tobacco nicotine products:

Products which contain nicotine without the tobacco, such as nicotine replacement therapy (NRT) or e-cigarettes.

NRT:

Nicotine replacement therapy, which releases nicotine into the body through the skin or by ingesting through the mouth or nose. NRT products include nicotine patches and short-acting oral or nasal products such as gum, inhalers and nasal sprays.

Plain packaging:

Tobacco packaging without branding (colours, imagery, corporate logos and trademarks), permitting only the brand name in a mandated size, font and place on the pack, in addition to health warnings and any other legally mandated information such as toxic constituents and tax-paid stamps. The appearance of all packs is standardised, including the colour.

Primary care:

First point of contact with healthcare services, including GP practices, dental practices, community pharmacies and high street optometrists.

Relapse:

Going back to tobacco use after previously quitting.

Second-hand smoke:

The smoke given off by burning tobacco products.

Snus:

Snus is a moist powder tobacco product originating from a variant of dry snuff in early 18th-century Sweden. It is placed under the upper lip for extended periods. It is not legally available in many countries.

Social norms:

The rules that a group uses to define appropriate and inappropriate values, beliefs, attitudes and behaviours in particular situations.

Socioeconomic status:

Measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group.

Type 2 diabetes:

A health condition that causes a person's blood sugar level to become too high due to a lack of the insulin hormone.

Cochrane Tobacco Addiction Group

Trusted evidence.
Informed decisions.
Better health.

<http://tobacco.cochrane.org>
@CochraneTAG