Cochrane
Tobacco Addiction

Cochrane Tobacco Addiction Group

20th Anniversary Priority Setting Project (CTAG taps)

APPENDICES

Cochrane Tobacco Addiction Group
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Appendix 1: Survey phase 1

The Research

This survey will - for the first time - identify your most pressing unanswered questions about interventions and policies for the prevention and treatment of tobacco addiction. Whether your interest is personal or professional, your opinions will count.

The views gathered in this survey will be published in a reputable journal, and will be used to inform the future research priorities for the entire tobacco addiction research community.

You are being invited to take part in this survey because you fall into one of the Cochrane Tobacco Addiction Group's (TAG) identified tobacco addiction research stakeholder groups (for example, you smoke or have smoked in the past, you are a health professional, policy maker, service commissioner, research funder or researcher). If you are over 18 years of age we would like to collect your views, so that we can establish which questions about the prevention and treatment of tobacco addiction need to be addressed as a priority.

You can choose whether you take part or not. If you decide to complete this survey you should click 'Next' at the bottom of the page. You will then be asked to answer questions about uncertainties that you think still need exploring or questions that you think still need answering in the area of tobacco addiction. We will also gather a small amount of information about you. This will include your name and email address so that we can invite you to take part in a second part of the survey in approximately three months' time. You will be able to decide at that point whether you are happy to take part in the second part.

The personal information we collect will not be linked to the questions you answered previously, so your responses will remain anonymous when reported.

If you would like further information about this survey and project it is available on our website here and here.

Thank you for taking the time to look at this. By completing this questionnaire you are consenting to take part in this first survey stage of the research project

Your uncertainties

We would like to ask you about where you would like to see further research, or where you feel that there is still uncertainty about ways to prevent or treat tobacco addiction. Your questions can be in any order of importance, and they can be about policies or interventions for smoking tobacco, smokeless tobacco (e.g. snus, chewing tobacco) or waterpipe tobacco use (e.g. hookah, shisha).

To help you, here are some examples of research questions for other health conditions:

- ***Are breathing exercises helpful in controlling asthma?***
- ***How effective is gargling aspirin to relieve a sore throat?***
- ***How safe is it for my baby if I am breastfeeding and taking antidepressant medication?***

* 1a) What question would you like tobacco research to answer?

1b) Why is this question important to you?

2a) Do you have another question you would like tobacco research to answer?

2b) Why is this question important to you?

3a) Do you have another question you would like tobacco research to answer?

3b) Why is this question important to you?

4a) Do you have another question you would like tobacco research to answer?

4b) Why is this question important to you?

About you

It would be helpful for our research to know a bit about you, so we would be grateful if you could answer these questions. This information will not be linked to the questions you answered previously, so your responses will remain anonymous when reported.

* 5. Which of these best describes you (please tick all that apply)?

- [ ] Doctor
- [ ] Nurse
- [ ] Pharmacist
- [ ] Stop smoking advisor
- [ ] Other treatment provider
- [ ] Current smoker
- [ ] Ex-smoker
- [ ] Never smoker
- [ ] Health service commissioner
- [ ] Healthcare guideline developer
- [ ] Researcher
- [ ] Research funder
- [ ] Policy maker
- [ ] Other

If other please specify

* 6. What is your age?

- ( ) 18 to 30
- ( ) 31 to 40
- ( ) 41 to 50
- ( ) 51 to 60
- ( ) 61 to 70
- ( ) 71+

* 7. Are you male or female?

- ◯ Male
- ◯ Female

* 8. In what country do you live?

Contact details

We would like you to take part in the next (even shorter) stage of this survey, where we will ask you to simply rank a list of the identified uncertainties in order of importance to you. We would also like to contact you again about other stages of this research exercise (i.e. a one-day workshop), and to inform you of our results.

Therefore, please provide your contact details below. Please be aware that you do not have to take part in any further research when contacted.

* 9. Name:

* 10. Email address:

Thank you for completing this survey

If you have any questions please contact Nicola Lindson-Hawley at nicola.lindson-hawley@phc.ox.ac.uk

Cochrane Tobacco Addiction Group
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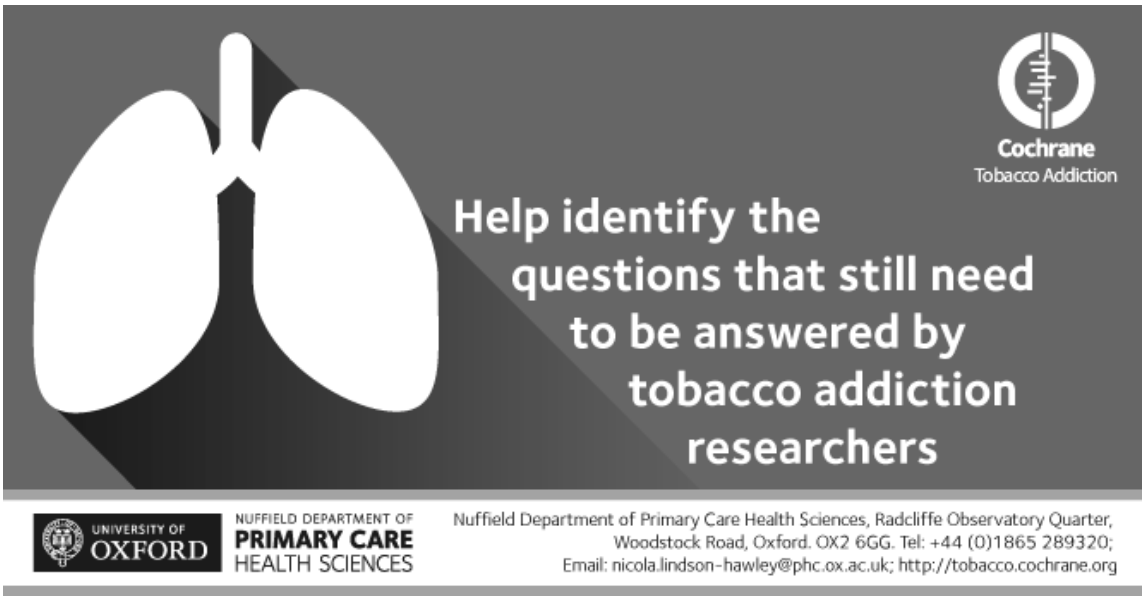
Appendix 2: Survey phase 2



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Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

Stage 2: Ranking

Welcome to the second round of the Cochrane Tobacco Addiction Group prioritisation survey

Thank you very much for your help with this project

* 1. Please enter your unique ID

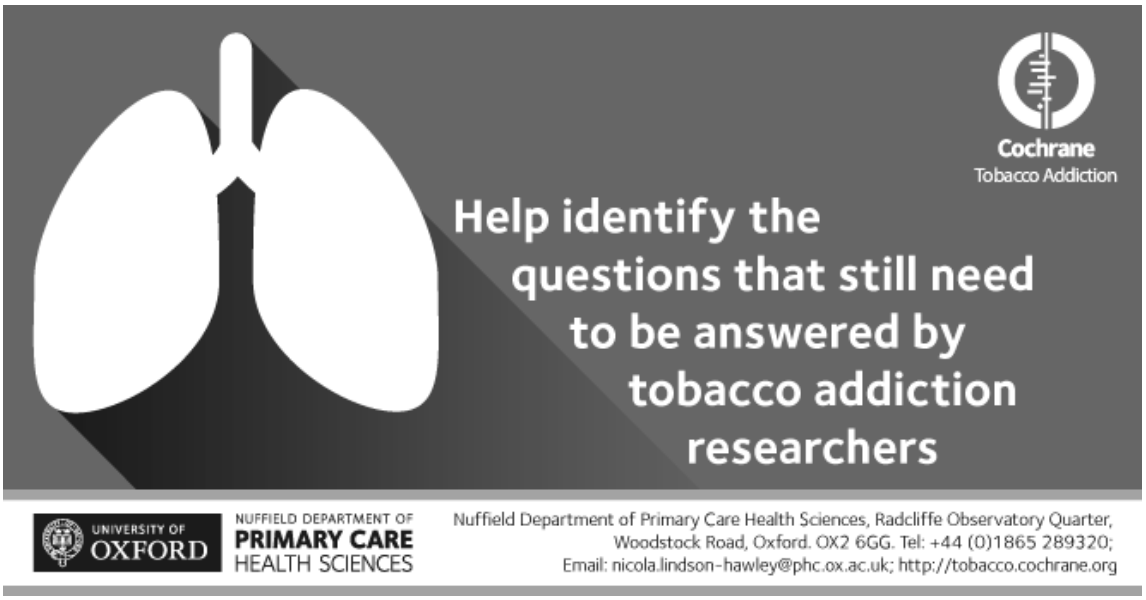
* 2. **We have grouped the questions that you provided in the first wave of the survey into 15 research areas. Please rank these areas from 1 to 15, according to how important you think it is to do further research in these tobacco research areas [1= most important; 15= least important]**

Please try and remember, or if possible note down, the ones that are in your top 3 as you will need them for the next questions (sorry the software we are using won't allow us to do this for you).

If you are unsure what the categories mean or what type of thing they may include then there is a glossary at the bottom of the page with this information

- Addressing inequalities
- Alternative tobacco products
- Digital interventions
- E-cigarettes
- Illness & chronic disease sufferers
- Initiating quit attempts
- Medications
- Mental health and other substance abuse
- Nicotine and tobacco risk
- Population level interventions
- Pregnancy
- Smoking bans and second-hand smoke
- Smoking treatment methods excluding medications
- Treatment delivery
- Young people

Research area	Meaning
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
E-cigarettes	Research focused on e-cigarettes. E-cigarettes 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 & chronic disease sufferers	Research focused on tobacco users who have 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



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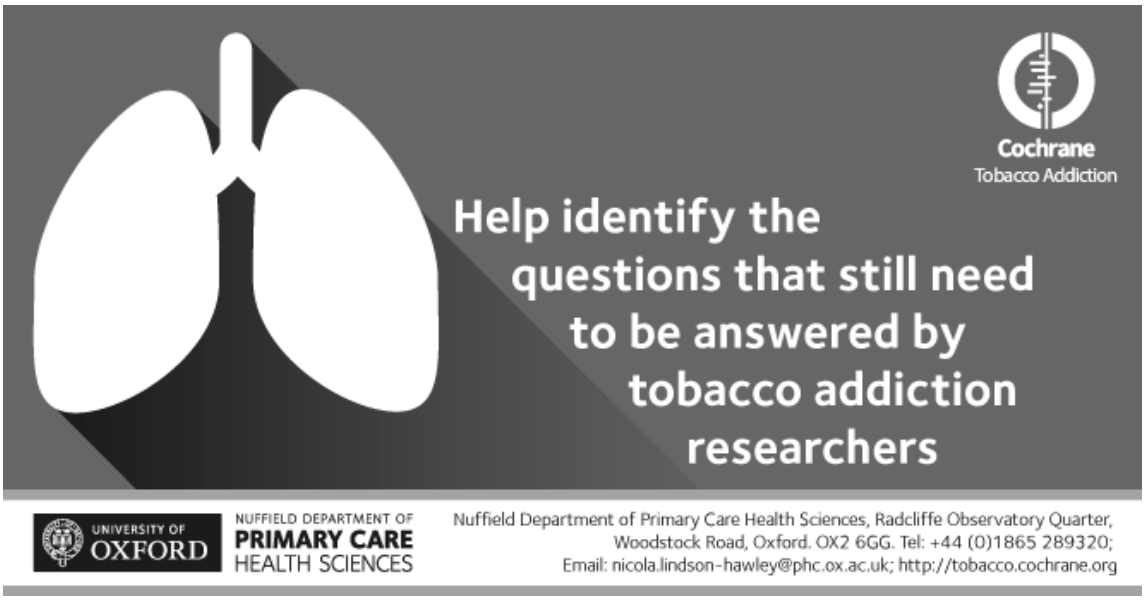
ADDRESSING INEQUALITIES

* 3. Did you rank ADDRESSING INEQUALITIES in your top 3?



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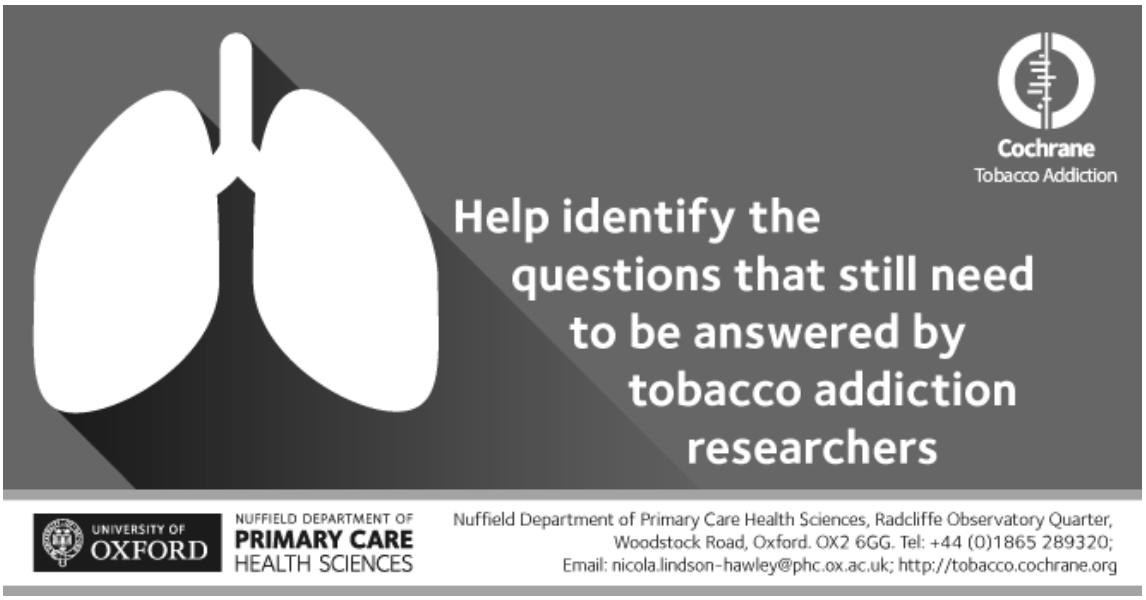
Rank ADDRESSING INEQUALITIES

4. **Below are the questions that came up in the first wave of the survey in the area of ADDRESSING INEQUALITIES. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 8=least important]**

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- Are different stop smoking treatments more or less effective in high income countries than low income countries?
- Which interventions reduce the difference in the number of smokers in low socioeconomic compared with high socioeconomic groups most effectively?
- How effective are mass media smoking messages in reducing the use of tobacco in low and middle income countries?
- What are the most effective stop smoking interventions for smokers who are part of a hard-to-reach group?
- What is the most effective way to improve the access people in hard-to-reach groups have to stop smoking support?
- Which interventions are the most effective to help people stop smoking in communities where smoking as a group has cultural and social value?
- Why are the number of smokers in remote areas not reducing as quickly as the number of smokers in the general population?
- What is the most effective way to teach people from hard-to-reach groups about the risks of tobacco use?

TERM	DEFINITION
High income countries	high-income economies are those with a GNI per capita of $12,746 or more (US dollars)
Low income countries	low-income economies are defined as those with a Gross National Income per capita of $1,045 (US dollars) or less in 2014
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.
Mass media	collection of media technologies that reach a large audience via mass communication, such as television or newspapers
Middle income countries	Middle-income economies are those with a GNI per capita of more than $1,045 but less than $12,736 (US dollars).
Hard-to-reach groups	People who are challenging for health professionals to engage with due to their individual circumstances.



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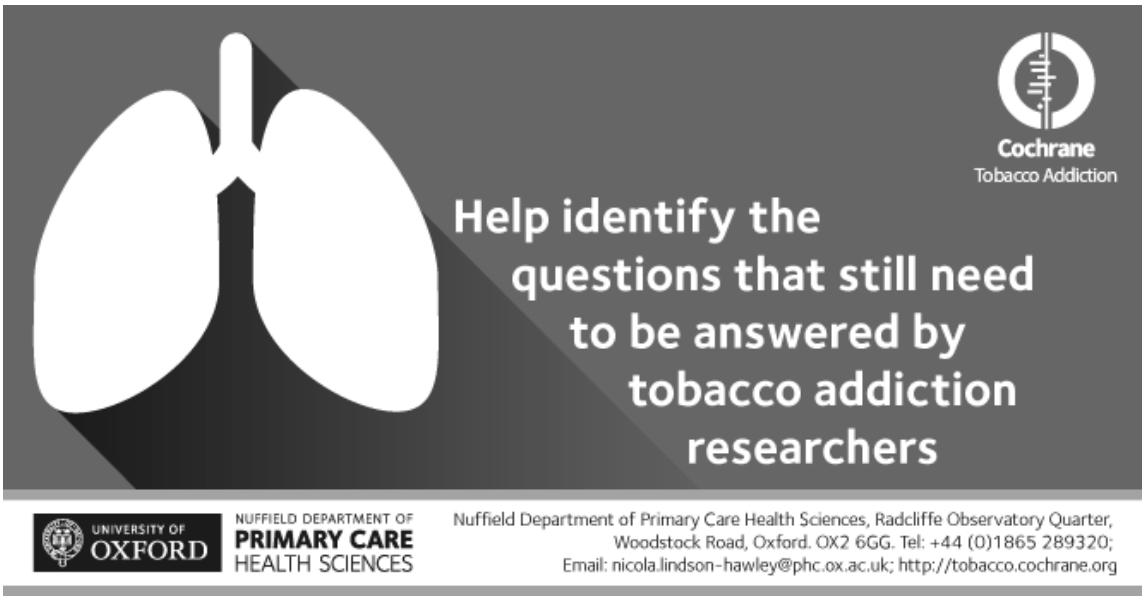
ALTERNATIVE TOBACCO PRODUCTS

* 5. Did you rank ALTERNATIVE TOBACCO PRODUCTS in your top 3?



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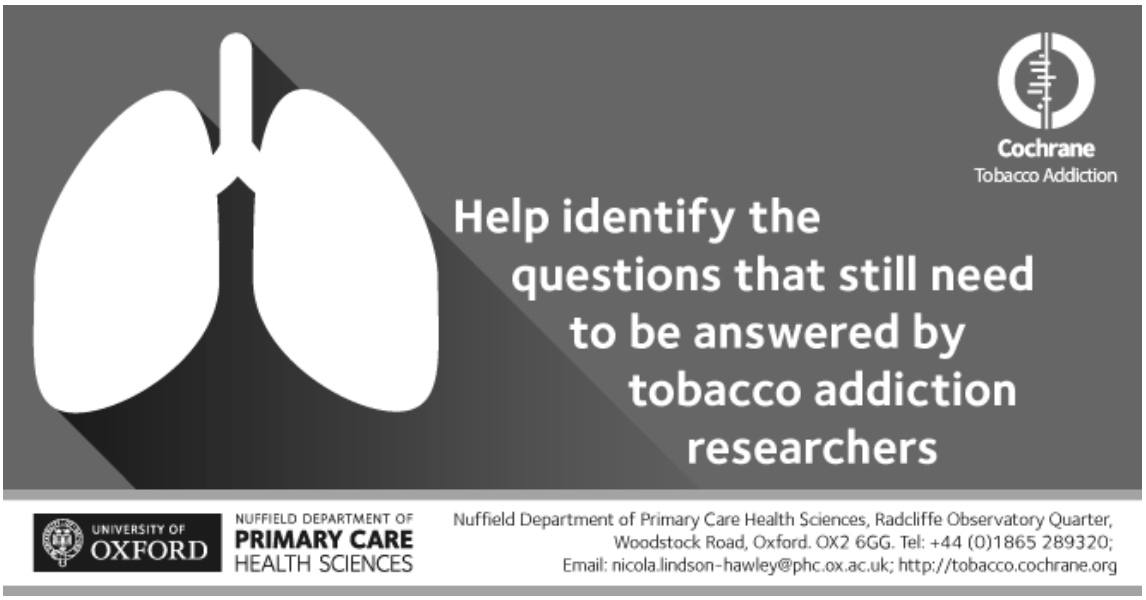
Rank ALTERNATIVE TOBACCO PRODUCTS

6. **Below are the questions that came up in the first wave of the survey in the area of ALTERNATIVE TOBACCO PRODUCTS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 12=least important]**

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- What are the most effective ways to reduce the harms caused by chewing tobacco in current users?
- Why do some people use more than one type of tobacco product?
- Are there ways to stop young people from using nicotine and tobacco products other than cigarettes?
- Does smoking cigarettes with reduced levels of nicotine, tar or carbon help people to quit?
- How effective are behaviour and medication based treatments for helping people to quit smokeless tobacco (snus & chewing tobacco)?
- What is stopping snus from being legally available in some countries?
- Does snus help people to quit smoking and is it as effective as other quitting aids?
- How safe is snus compared to other tobacco products and electronic cigarettes, and is it more dangerous if used alongside cigarettes?
- How can we educate people effectively about the risks of smoking waterpipes?
- Are there effective ways to reduce the harms caused by waterpipe smoking in current users?
- How safe are tobacco-free waterpipes?
- Are menthol tobacco cigarette filters safer than regular tobacco cigarette filters?

TERM	DEFINITION
Chewing tobacco	a type of smokeless tobacco product consumed by placing a portion of the tobacco between the cheek and gum or upper lip teeth and chewing
Smokeless tobacco	Tobacco products that don't give off a vapour when used such as chewing tobacco and snus
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
E-cigarettes	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.
Waterpipes	Also known as a hookah or a shisha and common in middle eastern cultures. The waterpipe is a single or multi-stemmed instrument used for vapourising and smoking flavoured tobacco. The vapour or smoke is passed through a water basis before it is inhaled.
Menthol cigarette filter	A cigarette filter flavoured with menthol



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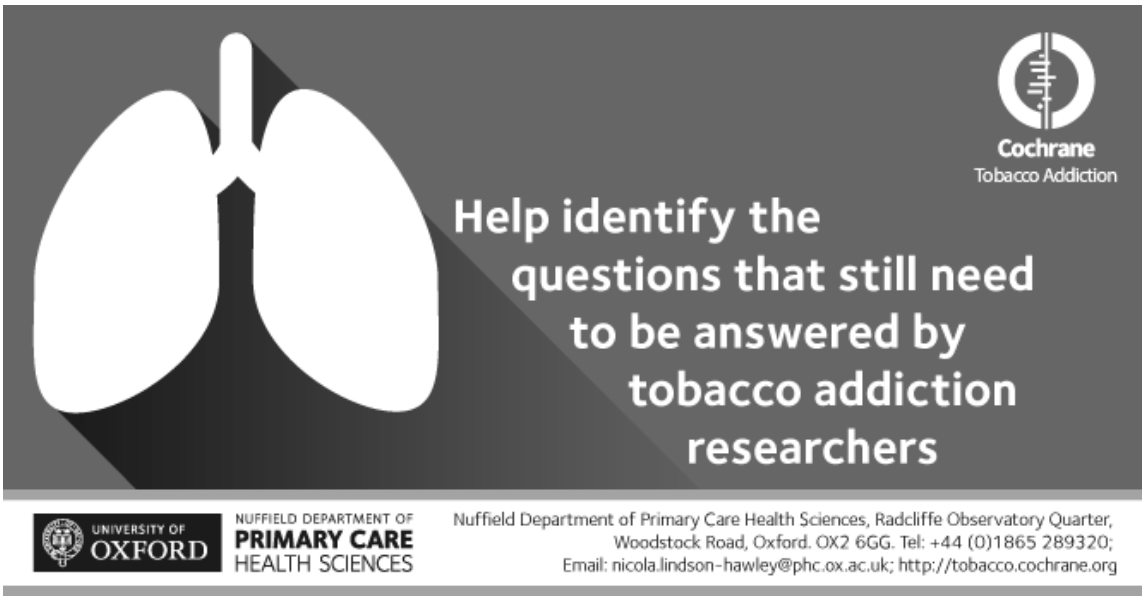
DIGITAL INTERVENTIONS

* 7. Did you rank DIGITAL INTERVENTIONS in your top 3?



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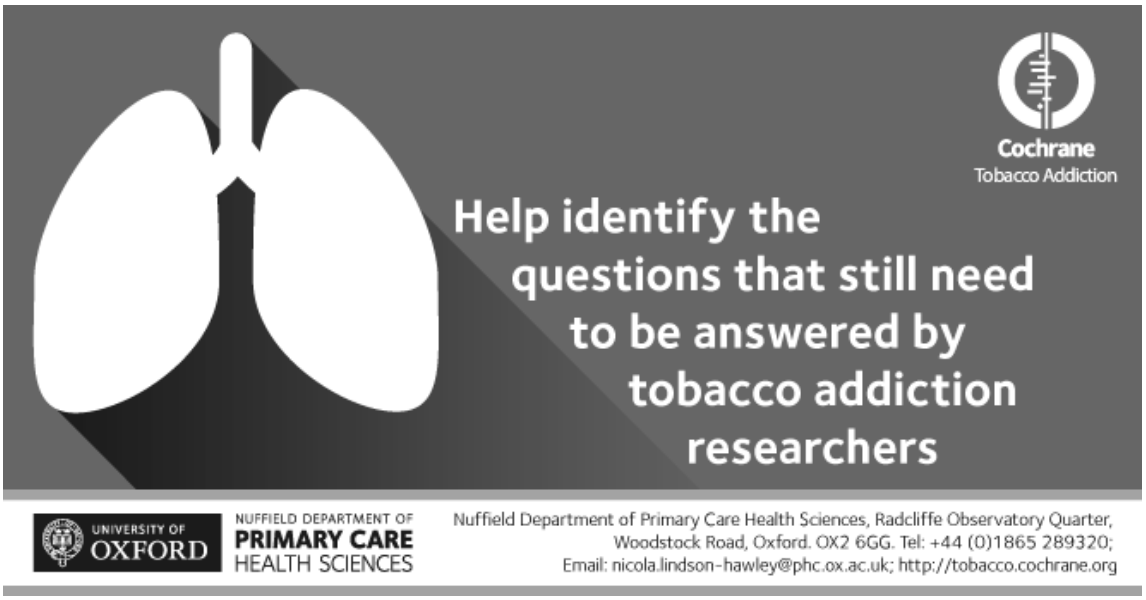
Rank DIGITAL INTERVENTIONS

8. **Below are the questions that came up in the first wave of the survey in the area of DIGITAL INTERVENTIONS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 7=least important]**

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

⠿ ▲▼	How effective and cost-effective are mobile smart phone and internet apps in helping people to quit smoking?
⠿ ▲▼	Do text messaging interventions help to reduce tobacco use in low and middle income countries?
⠿ ▲▼	Can mobile phones be used to help people to stick with their treatment whilst taking part in stop smoking studies?
⠿ ▲▼	How effective and cost effective are digital interventions for the cessation of waterpipe smoking?
⠿ ▲▼	Are digital interventions effective and cost effective for preventing waterpipe smoking?
⠿ ▲▼	Do individual, or group based mobile smart phone interventions, help more people to quit smoking?
⠿ ▲▼	Do text messaging interventions prompt smokers who didn't want to quit to make a quit attempt and stop completely?

TERM	DEFINITION
Cost-effective	Good value- the benefits are worth at least what was paid for them
Group based mobile smart phone interventions	Mobile smart phone interventions which allow users to interact with one another
Low and middle income countries	For the 2016 fiscal year, low-income economies are defined as those with a Gross National Income per capita of $1,045 (US dollars) or less in 2014; middle-income economies are those with a GNI per capita of more than $1,045 but less than $12,736 (US dollars).
Smoking cessation	To stop smoking
Waterpipe smoking	Also known as a hookah or a shisha and common in middle eastern cultures. The waterpipe is a single or multi-stemmed instrument used for vapourising and smoking flavoured tobacco. The vapour or smoke is passed through a water basis before it is inhaled.



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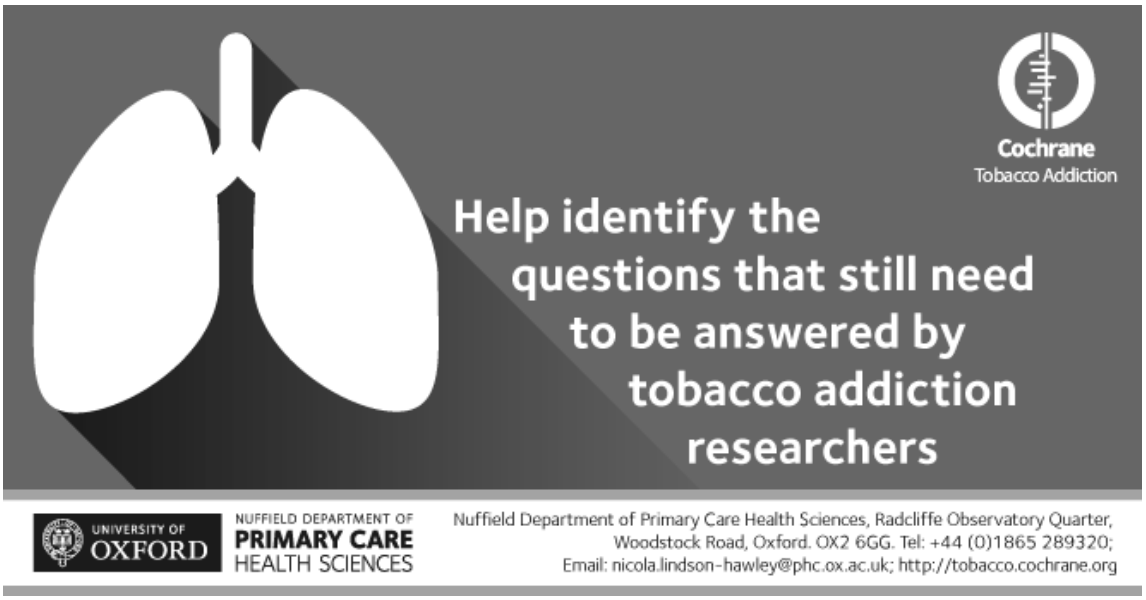
E-CIGARETTES

* 9. Did you rank E-CIGARETTES in your top 3?



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Rank E-CIGARETTES

10. Below are the questions that came up in the first wave of the survey in the area of E-CIGARETTES. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 19=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- How can e-cigarettes be designed so that they are appealing in all the same ways as cigarettes?
- How can we educate people effectively about the risks and benefits of using e-cigarettes?
- What are the component parts of e-cigarettes and what are the health risks of these?
- Why do different people have different opinions about whether e-cigarettes can and should be used to help people to stop smoking?
- How should smokers be instructed to use their e-cigarettes if they want to reduce their smoking or if they want to quit?
- Are e-cigarettes an effective and cost effective aid to stop ex-smokers from relapsing back to smoking?

Are e-cigarettes an effective and cost effective aid to reduce the harms caused by smoking in current smokers who cannot quit, and are they as effective as other products?

Are e-cigarettes an effective and cost effective aid to help people to stop smoking, and are they as effective as other products?

How safe are e-cigarettes, and are they as safe as other products?

How safe is the vapour from e-cigarettes, and how safe is it in comparison to the vapour from tobacco products?

Are people using e-cigarettes alongside tobacco products or other harmful substances, such as cannabis or alcohol? If so, how are they using them?

If people use e-cigarettes and tobacco cigarettes together does this improve their chances of quitting cigarette smoking?

Do e-cigarettes help people to quit if they are used alongside other treatments to help people quit smoking?

Do e-cigarettes help people from disadvantaged, hard-to-reach groups to quit smoking?

Is there a link between how easily available e-cigarettes are and the number of people who are smoking and quitting tobacco?

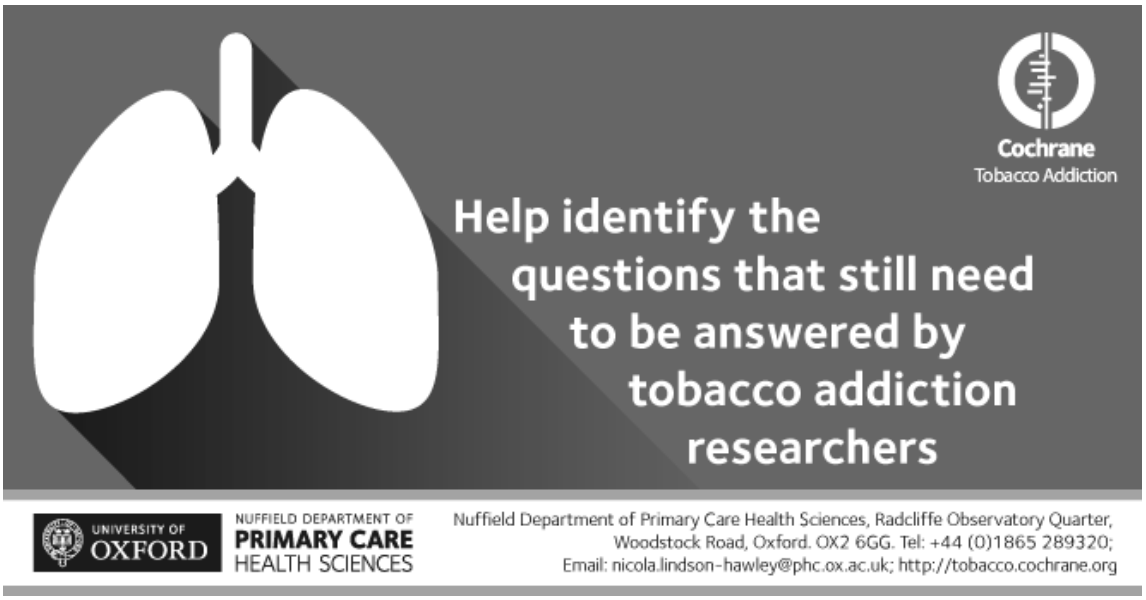
Are there health risks of using e-cigarettes alongside tobacco products or other harmful substances, such as cannabis or alcohol?

Do bans on using e-cigarettes in public places effect tobacco smoking behaviour?

What type of behavioural support would users of e-cigarettes like to use?

If a smoker quits using an e-cigarette, and then goes back to smoking do they go back to smoking the same amount as they did before they quit?

TERM	DEFINITION
Behavioural support	Support to help somebody make changes to their behaviour, excluding medications.
Hard-to-reach groups	People who are challenging for health professionals to engage with due to their individual circumstances.
Relapsing	Going back to using tobacco after quitting



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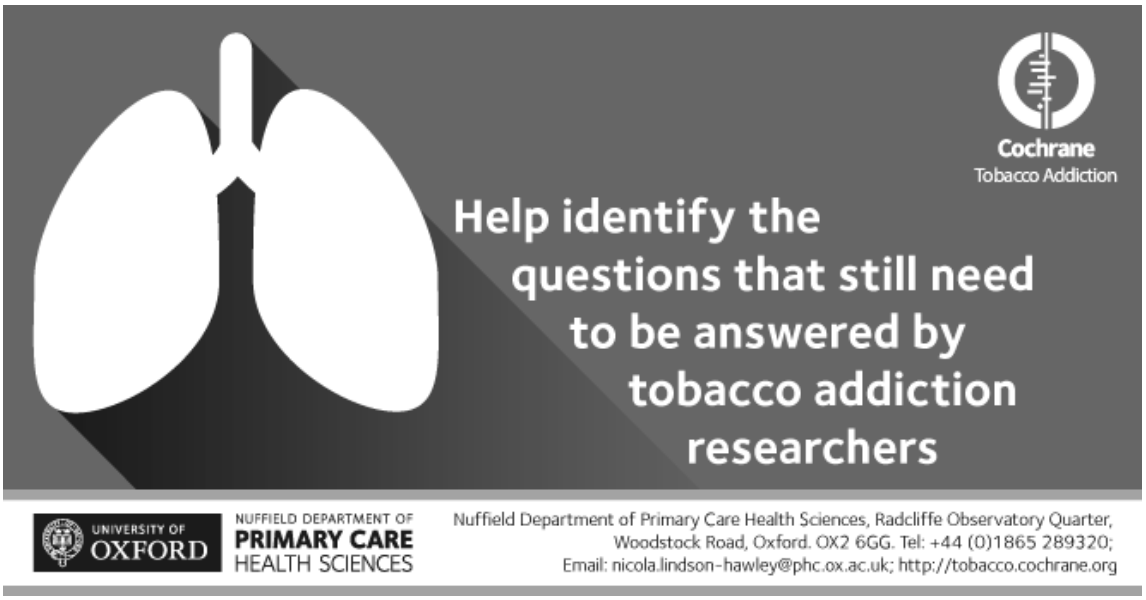
ILLNESS AND CHRONIC DISEASE SUFFERERS

* 11. Did you rank ILLNESS AND CHRONIC DISEASE SUFFERERS in your top 3?



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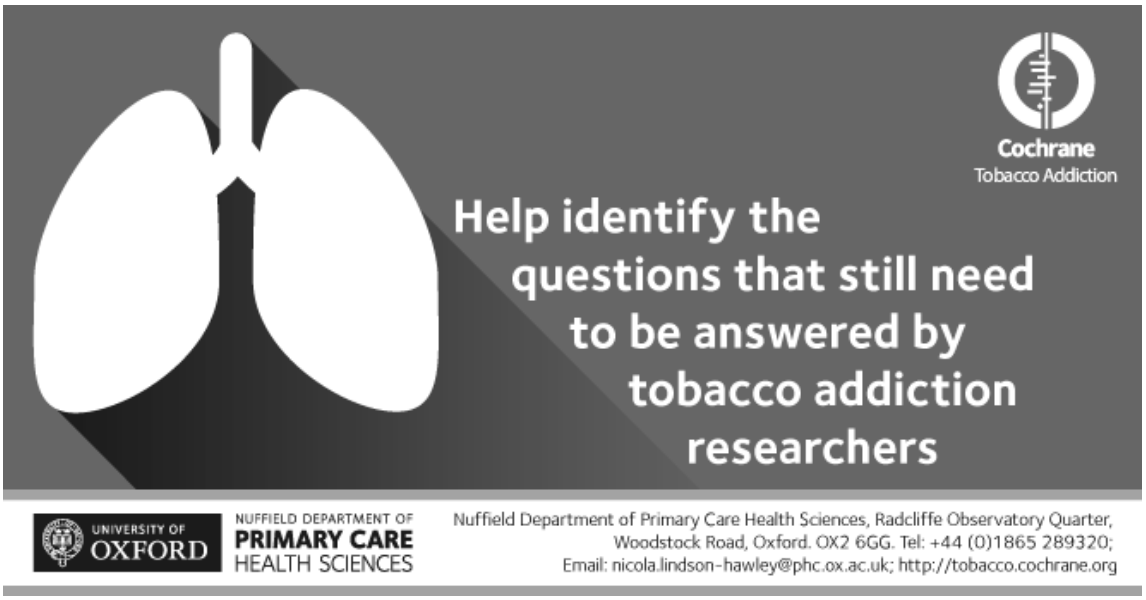
Rank ILLNESS AND CHRONIC DISEASE SUFFERERS

12. Below are the questions that came up in the first wave of the survey in the area of ILLNESS AND CHRONIC DEISEASE SUFFERERS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 5=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

	If smokers with illnesses that may be made worse by smoking are referred to stop smoking services does this help them to quit?
	What is the most effective and cost-effective stop smoking intervention for smokers with long-term medical problems?
	What is the most effective and cost-effective stop smoking intervention for smokers who are obese and have type 2 diabetes?
	Does quitting smoking effect the health of smokers with HIV?
	Does quitting smoking effect the health of smokers with tuberculosis (TB)?

TERM	DEFINITION
Cost-effective	Good value- the benefits are worth at least what was paid for them
HIV	The human immunodeficiency virus- a virus that attacks the immune system and so weakens the body's ability to fight infections and disease
Obesity	Having too much body fat, so that body weight may have a negative impact on health
Tuberculosis (TB)	A bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person, which mainly affects the lungs. It can be cured with treatment.
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



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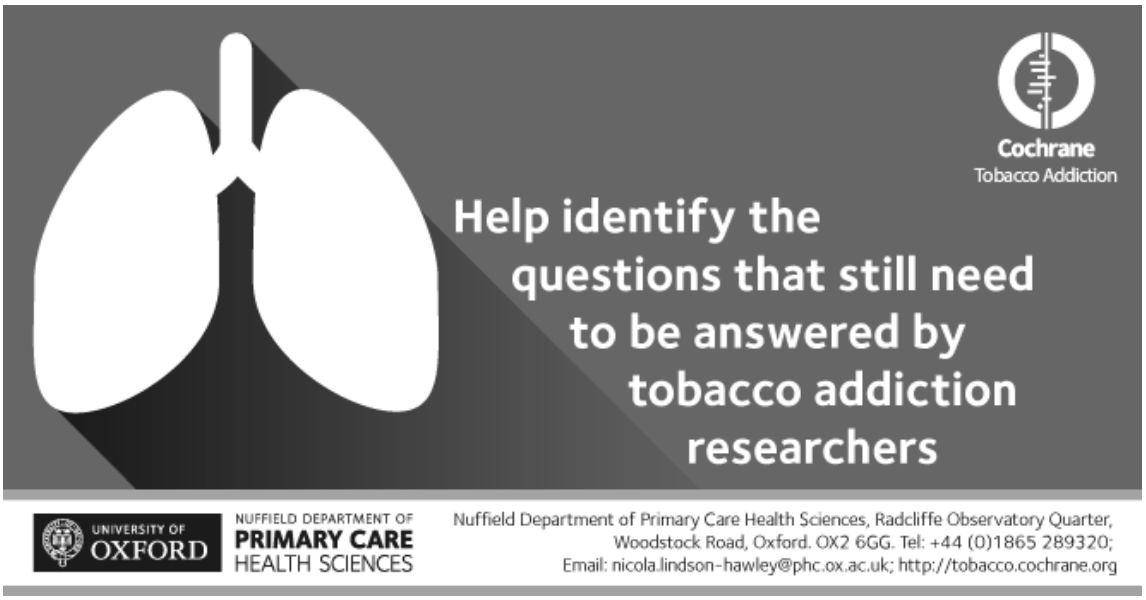
INITIATING QUIT ATTEMPTS

* 13. Did you rank INITIATING QUIT ATTEMPTS in your top 3?



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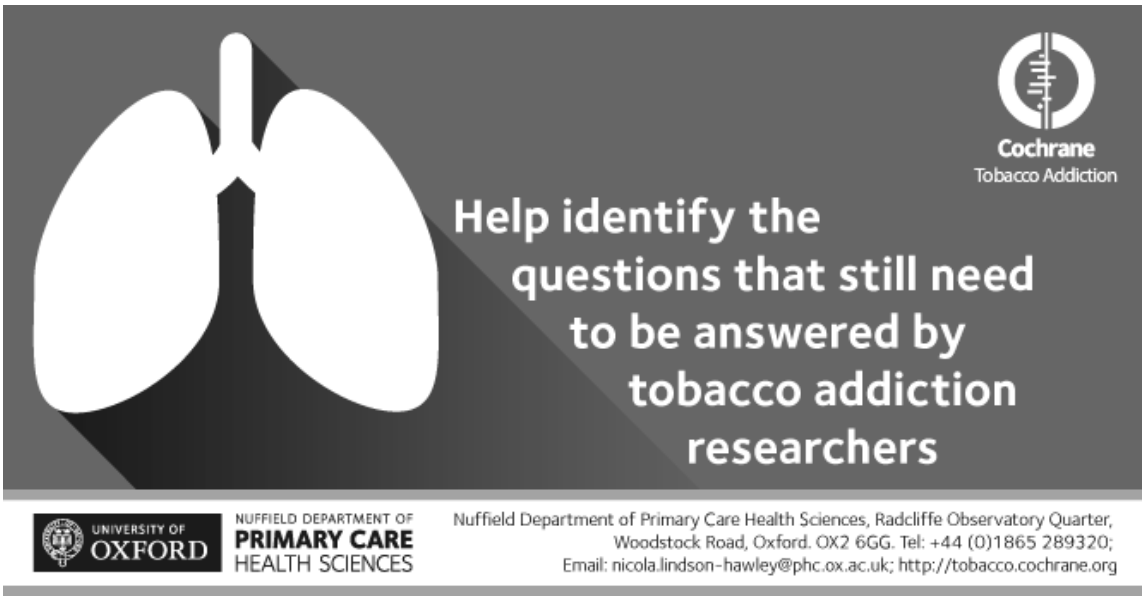
Rank INITIATING QUIT ATTEMPTS

14. Below are the questions that came up in the first wave of the survey in the area of INITIATING QUIT ATTEMPTS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 3=least important]

- What makes people decide to quit smoking?
- Why has the number of people who are trying to quit smoking reduced in the UK?
- What is the most effective way to make people want to quit smoking?



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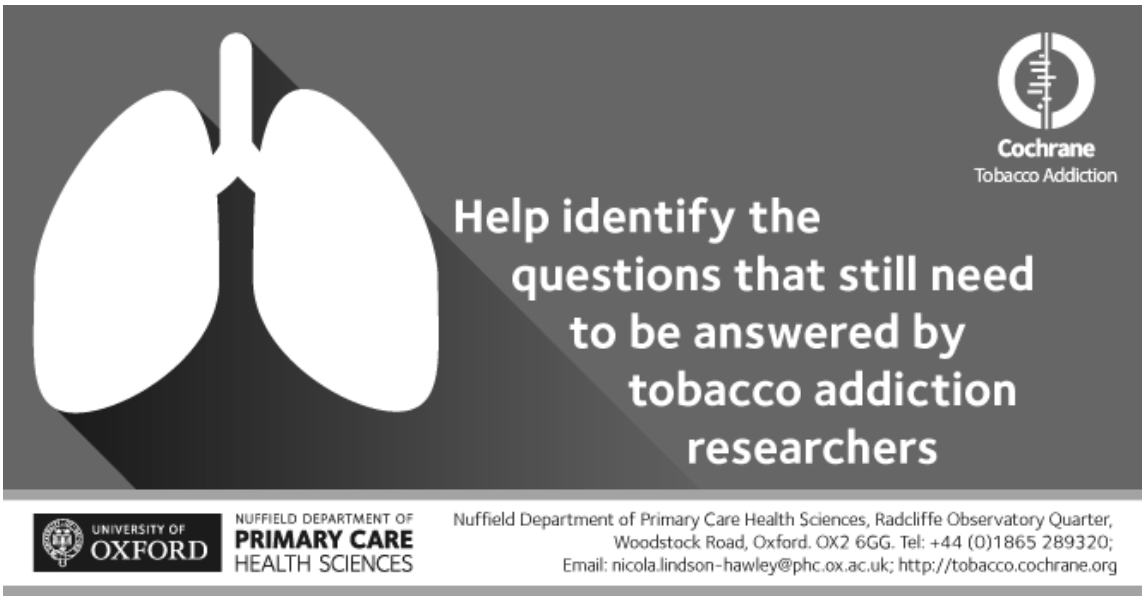
MEDICATIONS

* 15. Did you rank MEDICATIONS in your top 3?



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Rank MEDICATIONS

16. Below are the questions that came up in the first wave of the survey in the area of MEDICATIONS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 16=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

	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?
	If people have easier access to medications to help them stop smoking does it increase the number of people who successfully stop?
	What effect do stop smoking medications have on smoking withdrawal symptoms?
	How effective is a higher than standard dose of nicotine patches compared to a standard nicotine patch + some short-acting NRT (gum, nasal spray etc.) for helping people to quit smoking?
	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?

Do smokers who use NRT use it in the way advised by the packet or their smoking advisor?

Is NRT more likely to help people quit smoking if the way they use it is tailored to their individual needs?

How do health professionals advise patients to use their NRT?

Are people more likely to quit chewing tobacco if they use NRT to help them?

Should people be advised to use the stop smoking medication cytisine?

What are the most effective medications or combinations of medications to help people to quit smoking and how should they be used?

How safe are medications to help people quit smoking?

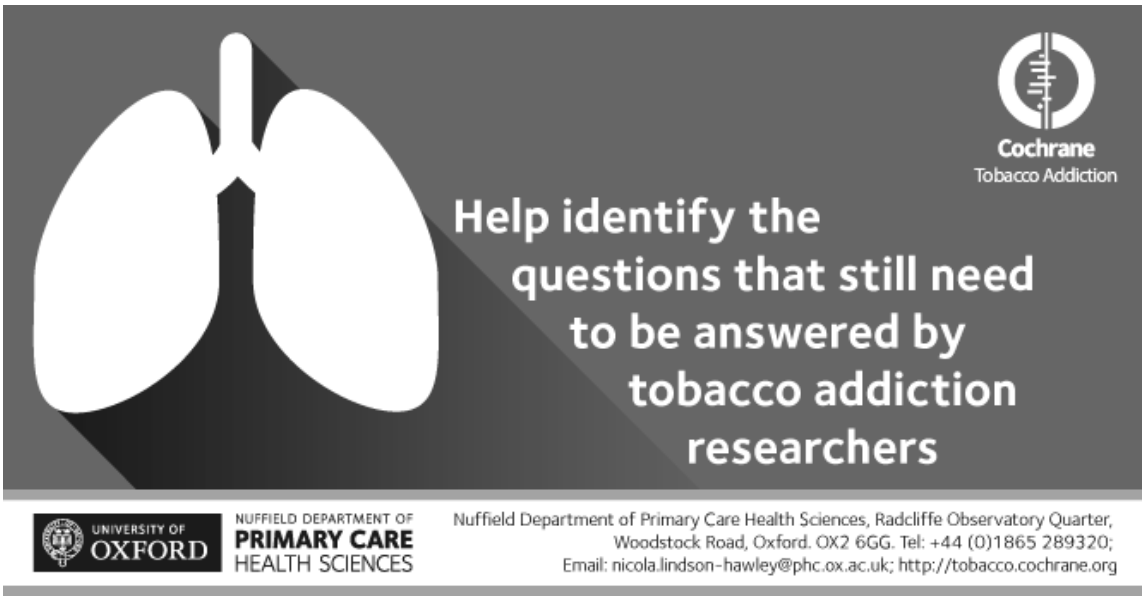
How effective are prescription only stop smoking medications in comparison to those available over the counter?

How effective is the use of NRT and varenicline together to help people quit smoking, and what is the most effective way to use them?

How safe is the use of NRT and bupropion together to help people quit smoking, and what is the safest way to use them?

How safe is the use of NRT and varenicline together to help people quit smoking, and what is the safest way to use them?

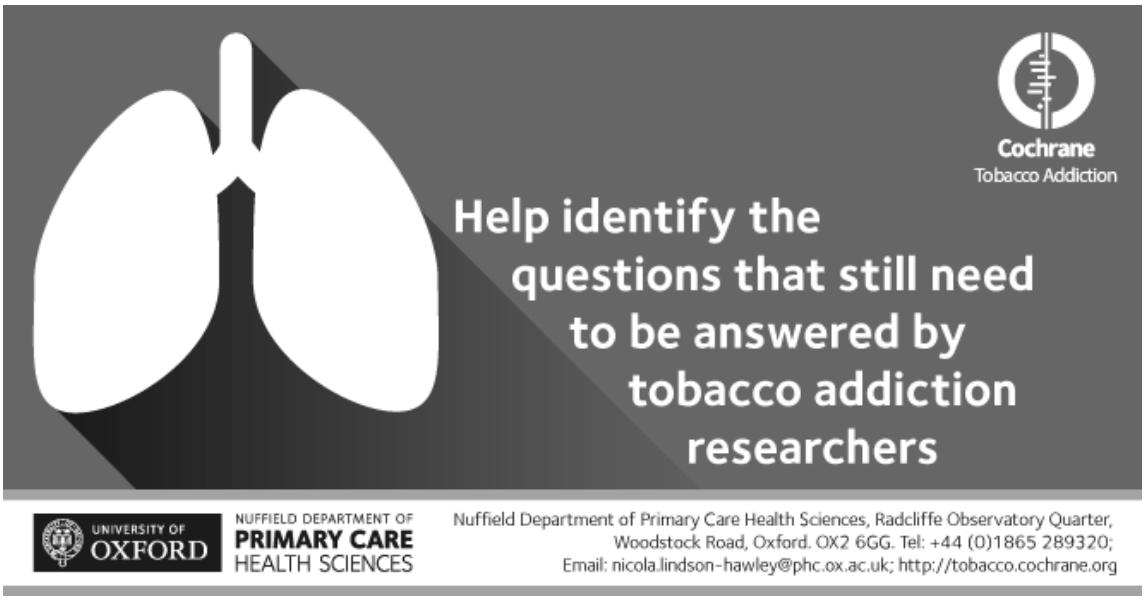
TERM	DEFINITION
Bupropion	Bupropion is primarily an antidepressant medication, but is also licensed for use as a tobacco dependence treatment
Chewing tobacco	a type of smokeless tobacco product consumed by placing a portion of the tobacco between the cheek and gum or upper lip teeth and chewing
Cytisine	Cytisine is a drug which has been used to treat tobacco dependence in eastern Europe for several decades. It is not licensed for use as a medication is the majority of countries, including the US, Australia and most of Europe including the UK.
Nicotine patches	A patch that you stick on the skin which slowly releases nicotine slowly into the body
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
Relapse	Going back to tobacco use after previously quitting
Short-acting NRT	Nicotine replacement therapy (NRT), which releases nicotine when ingested by the user. It lasts for a shorter amount of time than the patch and is in the form of gum, lozenge, nasal spray, mouth spray etc.
Tailored	Treatment designed for an individual to meet their specific needs
Varenicline	Varenicline is a licensed drug used to treat tobacco dependence
Withdrawal symptoms	Symptoms people experience when they stop smoking, such as cravings, irritability, trouble sleeping



The Cochrane Tobacco Addiction Group (TAG) Prioritisation Survery
Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

MENTAL HEALTH AND OTHER SUBSTANCE ABUSE

* 17. Did you rank MENTAL HEALTH AND OTHER SUBSTANCE ABUSE in your top 3?



The Cochrane Tobacco Addiction Group (TAG) Prioritisation Survery
Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

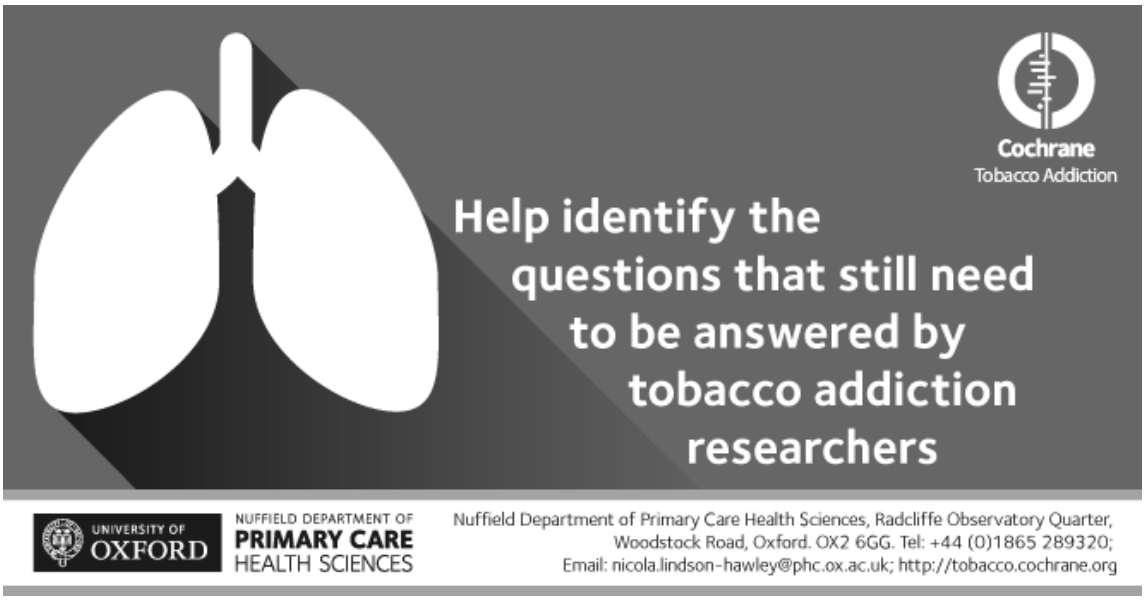
Rank MENTAL HEALTH AND OTHER SUBSTANCE ABUSE

18. Below are the questions that came up in the first wave of the survey in the area of MENTAL HEALTH AND OTHER SUBSTANCE ABUSE. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 13=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

	Is it more harmful to smoke cannabis and tobacco together than to smoke one or the other?
	Does tobacco use interfere with any medications used to treat psychosis?
	If people who smoke and abuse other harmful substances stop smoking does this also affect there other substance use?
	How can we encourage and help mental health workers to offer stop smoking services to their patients with mental illness?
	Is stop smoking treatment most effective and cost-effective for smokers with mental illness if it is offered as part of mental health services, or if it is offered externally?
	What are the most effective ways to stop people from gaining weight when they give up smoking?
	What effect do smoking bans have on the mental health of smokers?
	What stop smoking interventions can be applied to whole populations of smokers with mental health problems?
	What is the most effective and cost-effective way to help people who also have drug and alcohol problems to quit smoking?
	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?
	What are the most effective stop smoking medications in smokers who are also using medications to control other drug problems?
	What are the risks of using tobacco and alcohol together?
	Does tobacco use behaviour change when cannabis use is legalised?

TERM	DEFINITION
Cost-effective	Good value- the benefits are worth at least what was paid for them
Psychosis	A mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.



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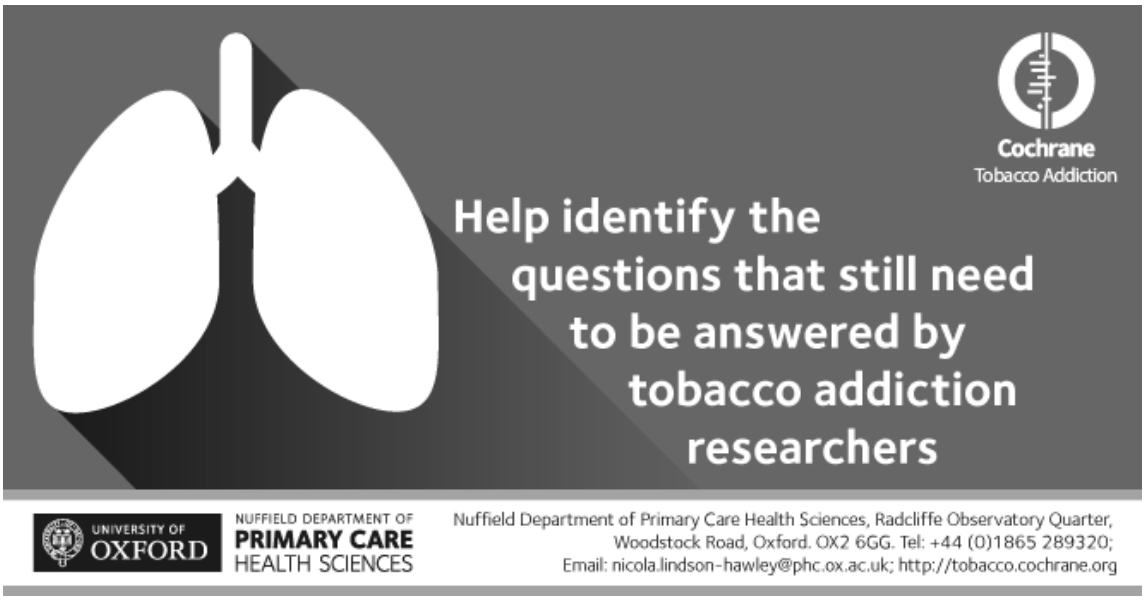
NICOTINE AND TOBACCO RISK

* 19. Did you rank NICOTINE AND TOBACCO RISK in your top 3?



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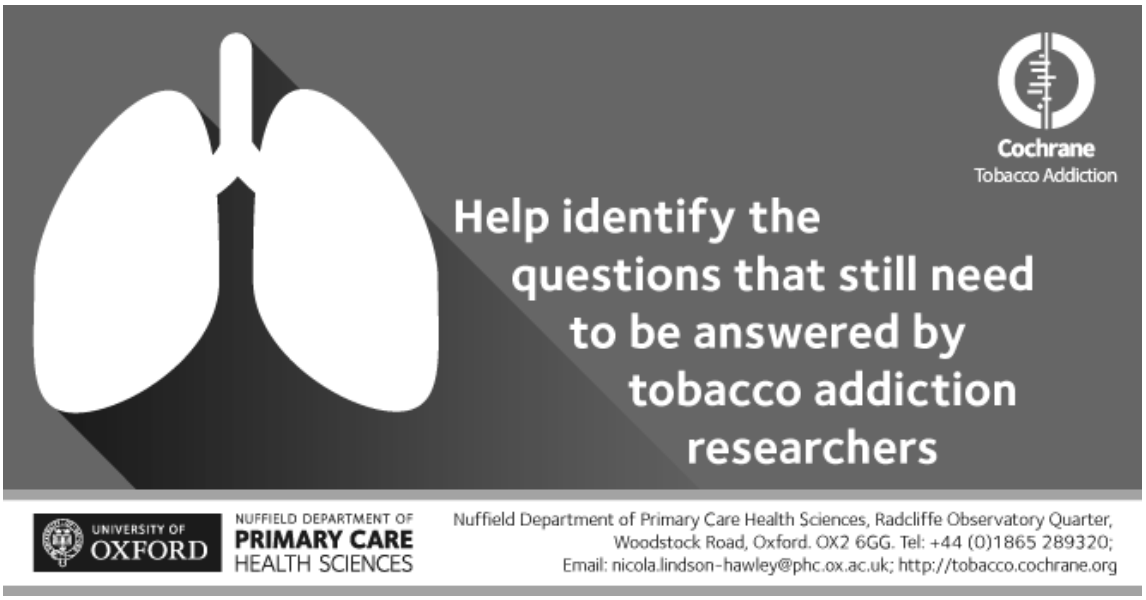
Rank NICOTINE AND TOBACCO RISK

20. Below are the questions that came up in the first wave of the survey in the area of NICOTINE AND TOBACCO RISK. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 11=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

	If smokers reduce the number of cigarettes they smoke does this reduce the harm caused by their smoking?
	Why do some smokers suffer from diseases caused by smoking and others don't?
	How effective are stop smoking treatments versus screening smokers for lung cancer in reducing lung cancer deaths?
	Can we develop a way to measure cigarette smoking dependence which can predict how likely a person is to quit?
	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?
	How addictive is nicotine, and how does this compare between different nicotine products (e.g. smoking tobacco, other tobacco products, e-cigarettes, NRT)?
	What is the most effective way to educate the public about the dangers of nicotine in products other than tobacco?
	Are ex-smokers more likely to return to smoking if they use non-tobacco nicotine products (i.e. e-cigarettes and NRT) for a long time after quitting?
	Can tobacco smoking change how a smokers' genes are expressed and what characteristics they pass on to their children (epigenetics)?
	Why do some people become addicted to tobacco products when others do not?
	Are there ingredients in cigarettes, other than nicotine, that make them addictive?

TERM	DEFINITION
E-cigarettes	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.
Epigenetics	External modifications to DNA that turn genes "on" or "off." This can influence the characteristics that parents pass on to their children.
Genetic make-up	The characteristics and traits of an individual which are biologically inherited from their parents
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



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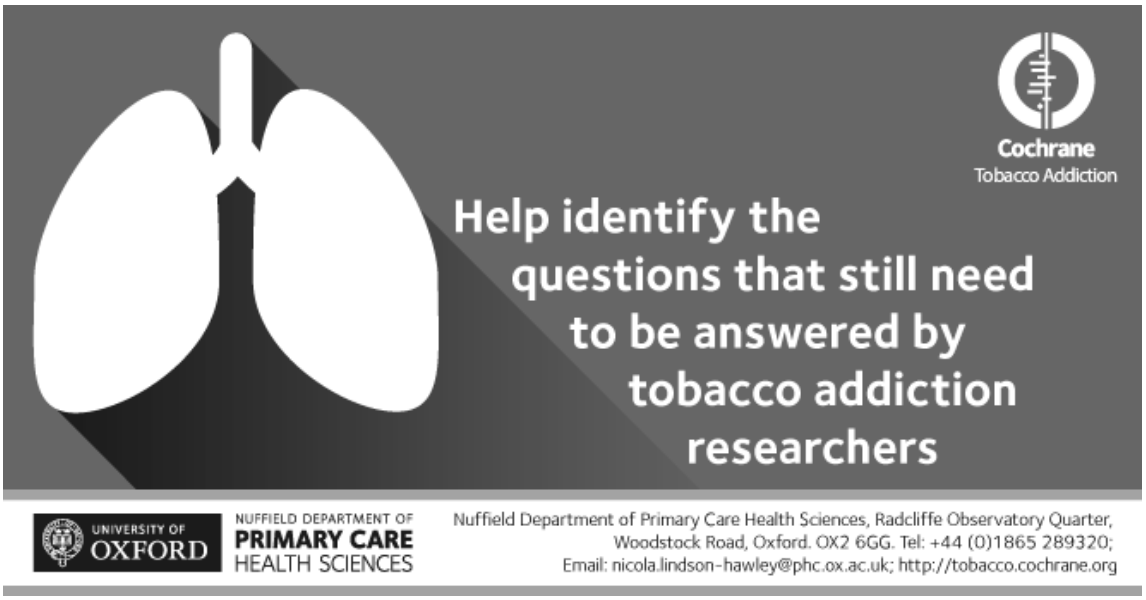
Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

POPULATION LEVEL INTERVENTIONS

* 21. Did you rank POPULATION LEVEL INTERVENTIONS in your top 3?



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Rank POPULATION LEVEL INTERVENTIONS

22. Below are the questions that came up in the first wave of the survey in the area of POPULATION LEVEL INTERVENTIONS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 21=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- Would a ban on menthol cigarette filters encourage people to quit smoking?
- Do the tobacco and e-cigarette industry influence research, policy and evidence use? If so, how?
- Does plain packaging stop people from taking up smoking?
- Is plain packaging linked to people effectively quitting smoking?
- If non-tobacco nicotine products (i.e. NRT and e-cigarettes) are regulated so that they are less easy to buy than normal consumer products does it affect how people use them?
- How can non-tobacco nicotine products be made more appealing to smokers, so that more people use them than tobacco products?

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?

Do tobacco plain packaging interventions improve the health of the population?

Would it be possible to ban smoking in people born in a certain year (e.g. 2020) onwards? If so, would this have an effect on the number of people who smoke and the health of the population?

What would be the most effective way to implement a policy to make 21 the minimum legal age to buy tobacco worldwide?

What are the most effective methods researchers can use to encourage people working in health care to discuss and make changes to tobacco related interventions?

Is it cost effective to try and influence government decisions about tobacco taxation?

If the nicotine levels in cigarettes were reduced to the lowest possible level would this have an effect on the health of the population?

How effective are media campaigns which aim to stop people from taking up smoking?

Could there be any negative effects of marketing messages designed to stop people from taking up smoking or encouraging them to quit?

Do interventions which aim to change tobacco related social norms reduce the demand for tobacco?

If the availability of tobacco was reduced, so that it could only be prescribed would this effect the number of people starting to use tobacco and quitting?

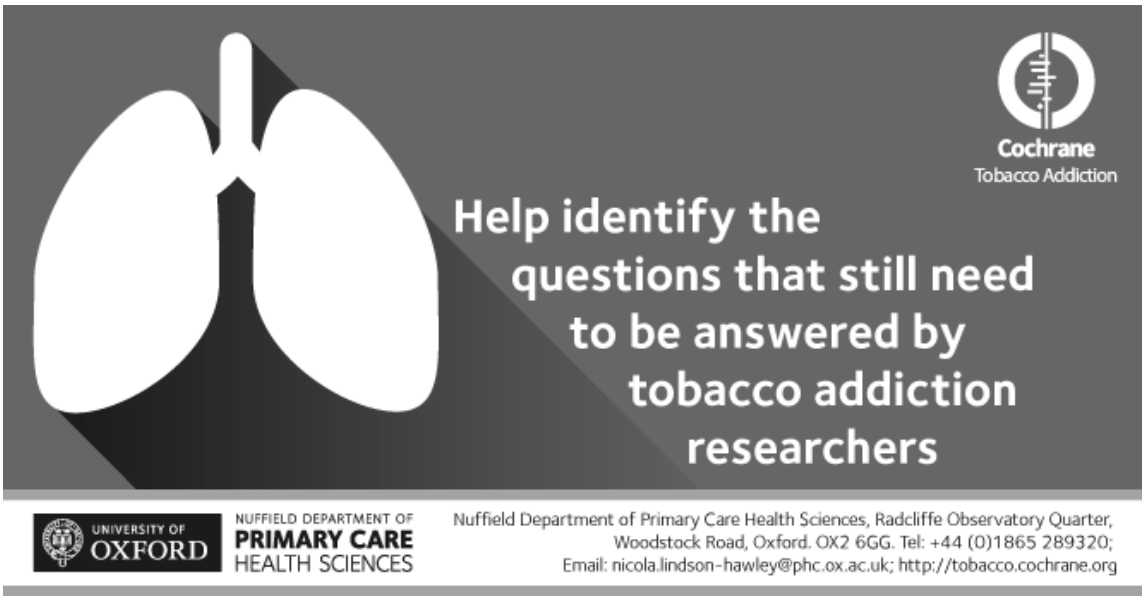
If cigarette packets listed all ingredients from the source of the tobacco to the cigarette would this have an effect the number of people starting and quitting smoking?

What are the most effective interventions to stop the use of tobacco from being seen as normal?

What is stopping governments from bringing more extreme policies to reduce tobacco use into place?

Would changes to tobacco warning labels effectively reduce the number of people smoking?

TERM	DEFINITION
Marketing messages	Information put out to promote a promote a particular point of view
Media campaigns	Promotion of a particular message or information through different media, such as television, radio, print, online
Menthol cigarette filter	A cigarette filter flavoured with menthol
Non-tobacco nicotine products	Products which contain nicotine without the tobacco, such as nicotine replacement therapy (NRT) or e-cigarettes
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.
Policy	A course of action adopted or proposed by an organisation or individual, such as the government
Social norms	The rules that a group uses to define appropriate and inappropriate values, beliefs, attitudes and behaviours in particular situations
Tobacco taxation	A compulsory contribution to public funds, put in place by the government, included in the price of tobacco
Tobacco warning labels	Warning messages that appear on tobacco product packaging concerning their health effects



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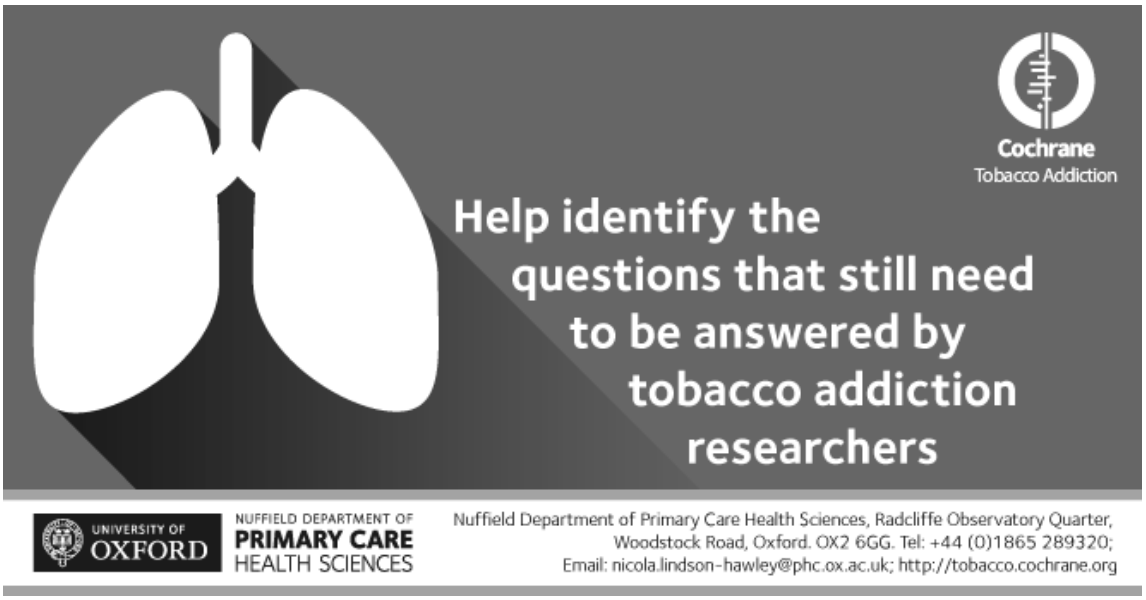
Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

PREGNANCY

* 23. Did you rank PREGNANCY in your top 3?



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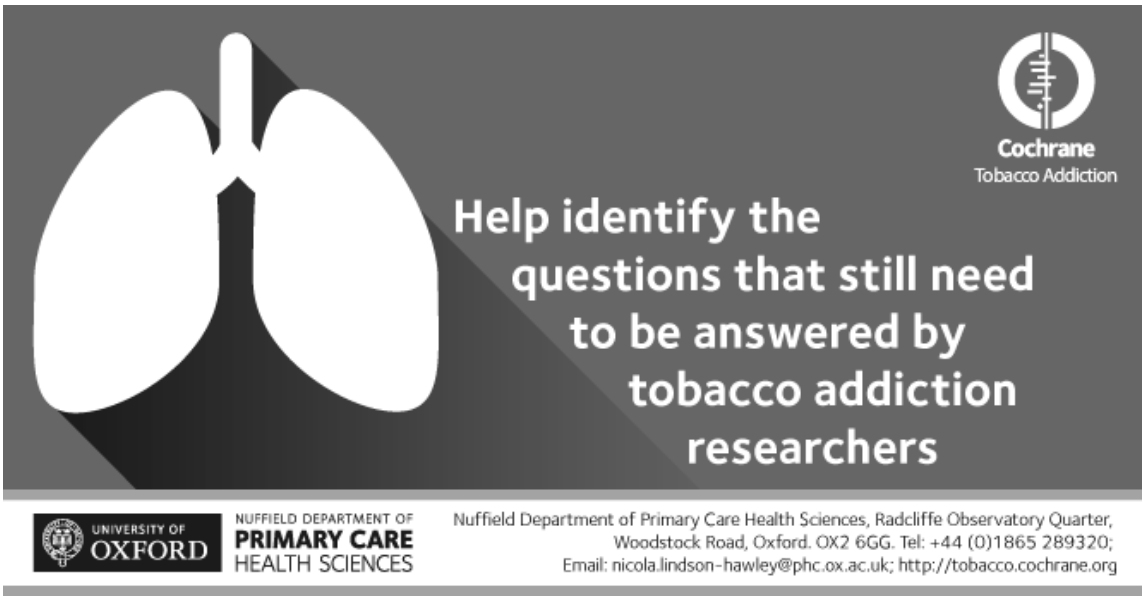
Rank PREGNANCY

24. Below are the questions that came up in the first wave of the survey in the area of PREGNANCY. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 10=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

	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?
	Are there effective ways to make sure that pregnant smokers use NRT as advised during their pregnancy?
	Is NRT a safe stop smoking aid in pregnant smokers and if so at what dose?
	How safe are e-cigarettes when used during pregnancy, and are they as safe as other products?
	What are the most effective and cost effective methods pregnant smokers can use to give up smoking?
	Are population smoking policies linked to a reduction in the number of women who smoke during pregnancy?
	If pregnant smokers use methods designed to reduce the harm caused by smoking, does this improve their child's health at birth?
	How can we encourage more women to use behavioural stop smoking support during pregnancy?
	How can we stop women who stopped smoking during pregnancy from relapsing afterward?
	Why do some smokers who manage to quit smoking when pregnant go back to smoking after afterward?

TERM	DEFINITION
Behavioural stop smoking support	Support to help somebody to stop smoking, excluding medications.
Cost-effective	Good value- the benefits are worth at least what was paid for them
E-cigarettes	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.
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
Policies	Courses of action adopted or proposed by an organisation or individual, such as the government
Relapsing	Going back to using tobacco after quitting



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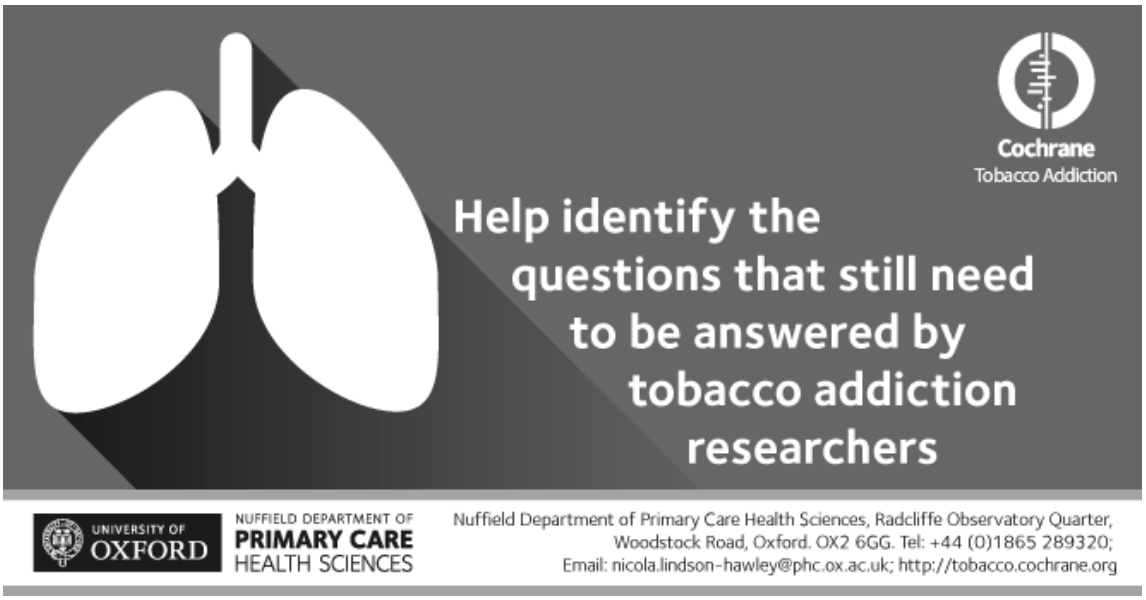
SMOKING BANS AND SECOND-HAND SMOKE

* 25. Did you rank SMOKING BANS AND SECOND-HAND SMOKE in your top 3?



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Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

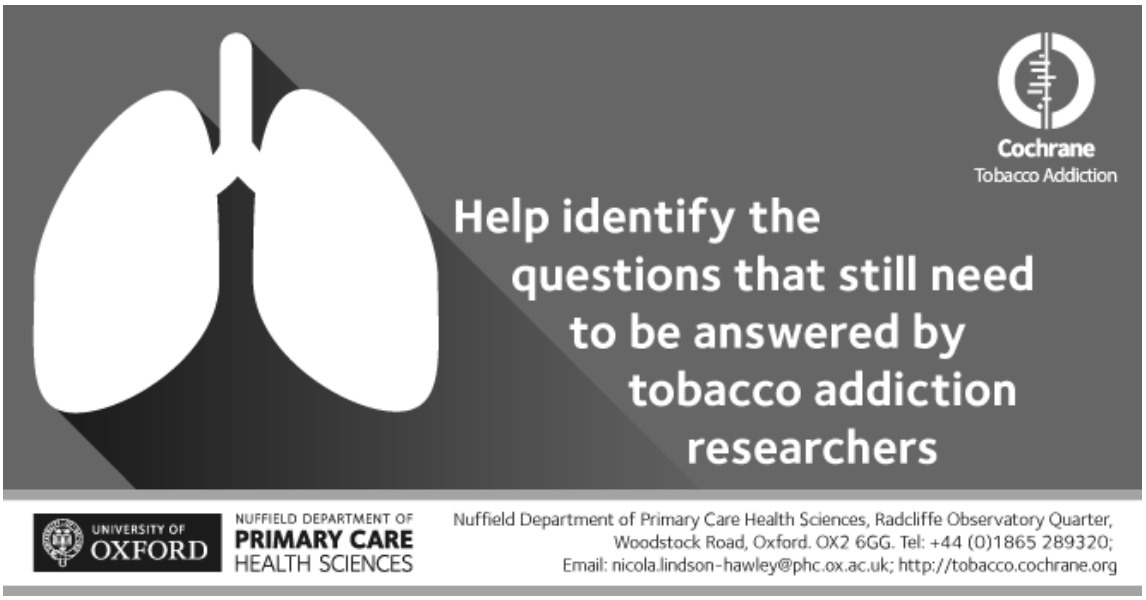
Rank SMOKING BANS AND SECOND-HAND SMOKE

26. Below are the questions that came up in the first wave of the survey in the area of SMOKING BANS AND SECOND-HAND SMOKE. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 11=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- What are the most effective interventions to reduce the amount of second-hand smoke present in flats and apartment buildings?
- Is the amount of second-hand smoke people are exposed to linked to the effect this has on their health?
- What are the health effects of third-hand smoke (the tobacco smoke residue left on surfaces)?
- Do healthcare institutions that ban smoking inside and outside encourage more patients to quit than institutions that allow smoking outside?
- Do outdoor smoking bans reduce the number of people who smoke in different population groups?
- If people have a smoke-free home does this change their feelings about smoking?
- Do smoke-free homes help smokers to quit?
- What is the most effective way to encourage people to have a smoke-free home?
- 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?
- What is the best way to ban smoking in hospital grounds so that people follow the rules?
- Do outdoor smoking bans reduce the harms caused by second-hand smoke?

TERM	DEFINITION
Second-hand smoke	the smoke given off by burning tobacco products
Smoke-free home	A home that does not allow tobacco smoking inside
Third-hand smoke	The residue that is left on surfaces from tobacco smoke



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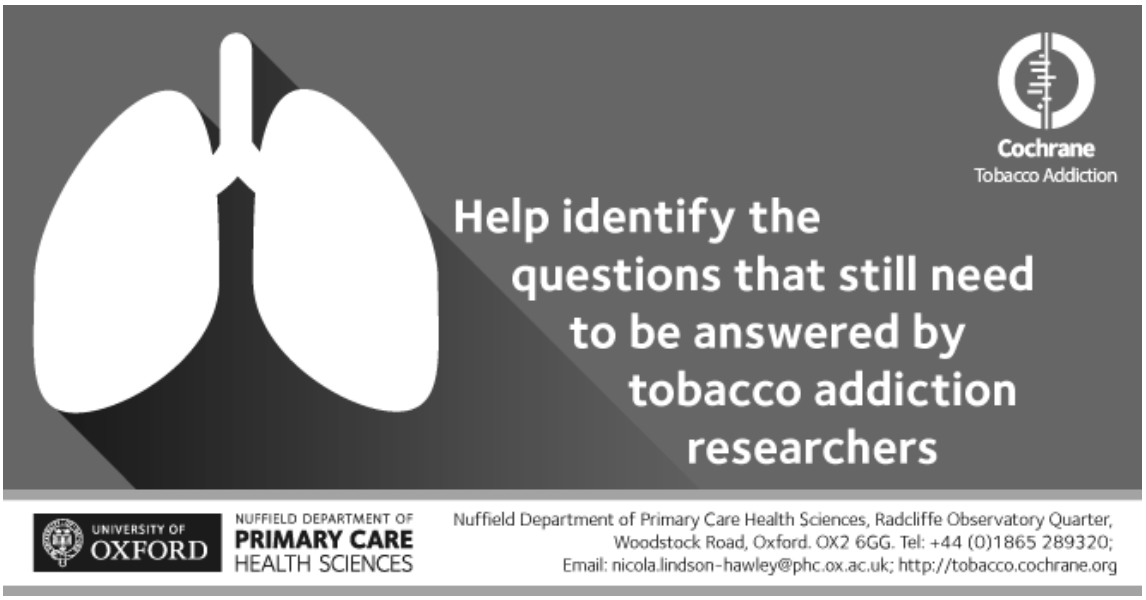
SMOKING TREATMENT METHODS

* 27. Did you rank SMOKING TREATMENT METHODS in your top 3?



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Rank SMOKING TREATMENT METHODS

28. Below are the questions that came up in the first wave of the survey in the area of SMOKING TREATMENT METHODS. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 20=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- How effective are stop smoking methods which have been tailored to individuals based on their genetic make-up?
- What is the best method people can use to reduce the amount of cigarettes they smoke?
- Do mindfulness interventions help people to give up smoking?
- 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?
- Are smokers more likely to quit if they receive support over the phone, one-to-one, in a group or on the internet?
- Which elements of behavioural support are most effective to help people quit tobacco use?

What are the pros and cons of using cash incentives to help people quit across high, middle and low income groups?

What is the best way to measure how successful different elements of behavioural support are in changing smoking behaviour?

Are treatments to help people stop smoking more effective if they are provided alongside treatments to change other behaviours, such as exercise or healthy eating, or on their own?

Can we use treatments that have been used to treat other addictions to help us treat tobacco addiction?

How can treatments to help people stop smoking be tailored to individuals to improve their chances of quitting?

How effective are different stop smoking treatments when provided in the 'real world'?

What are the most effective stop smoking interventions for smokers who do not want to quit?

Are smokers more likely to successfully quit smoking if they have made more quit attempts and tried more methods of quitting?

What is the most effective way to reduce cravings when stopping smoking?

Does drinking water reduce cravings to smoke?

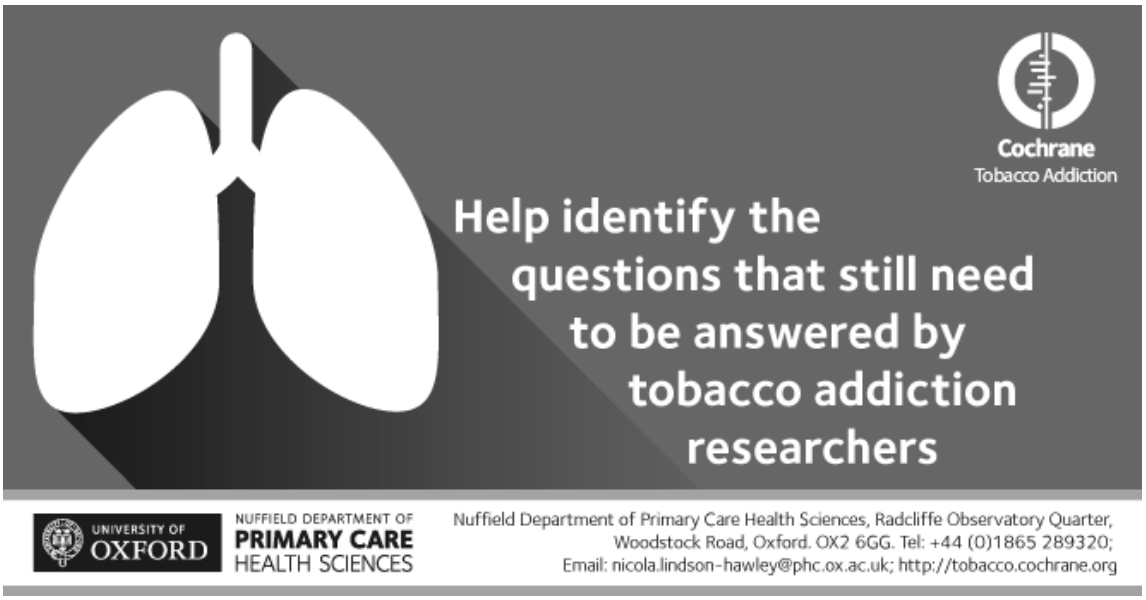
Are smokers more likely to quit if they avoid the things that usually make them want to smoke?

What do ex-smokers think are the most effective interventions to help people to quit smoking?

What are the most effective treatments to stop people from smoking for a limited amount of time (e.g. during a plane journey or a hospital stay)?

Which interventions can effectively reduce the number of people who go back to smoking after a quit day?

TERM	DEFINITION
Behavioural support	Support to help somebody make changes to their behaviour, excluding medications.
Cash incentives	Monetary rewards for carrying out a behaviour
Cravings	An intense desire for tobacco
Genetic make-up	The characteristics and traits of an individual which are biologically inherited from their parents
Mindfulness interventions	Interventions based on the principles of mindfulness, which derives from Buddhist practice and is described as an intentional and non-judgemental awareness of the present moment
Tailored	Treatment designed for an individual to meet their specific needs



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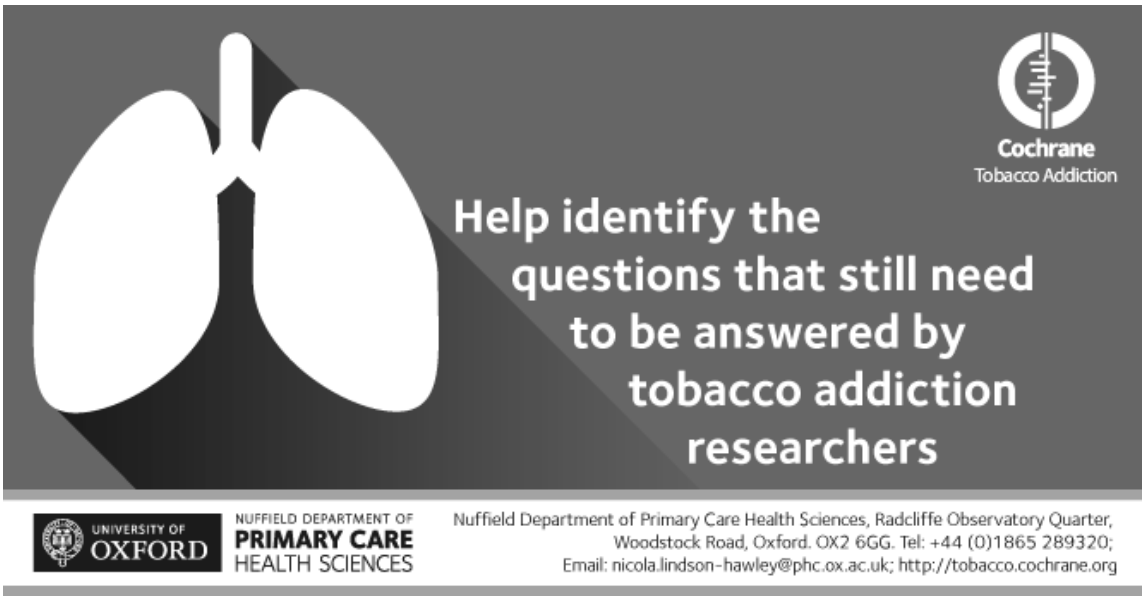
Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

TREATMENT DELIVERY

* 29. Did you rank TREATMENT DELIVERY in your top 3?



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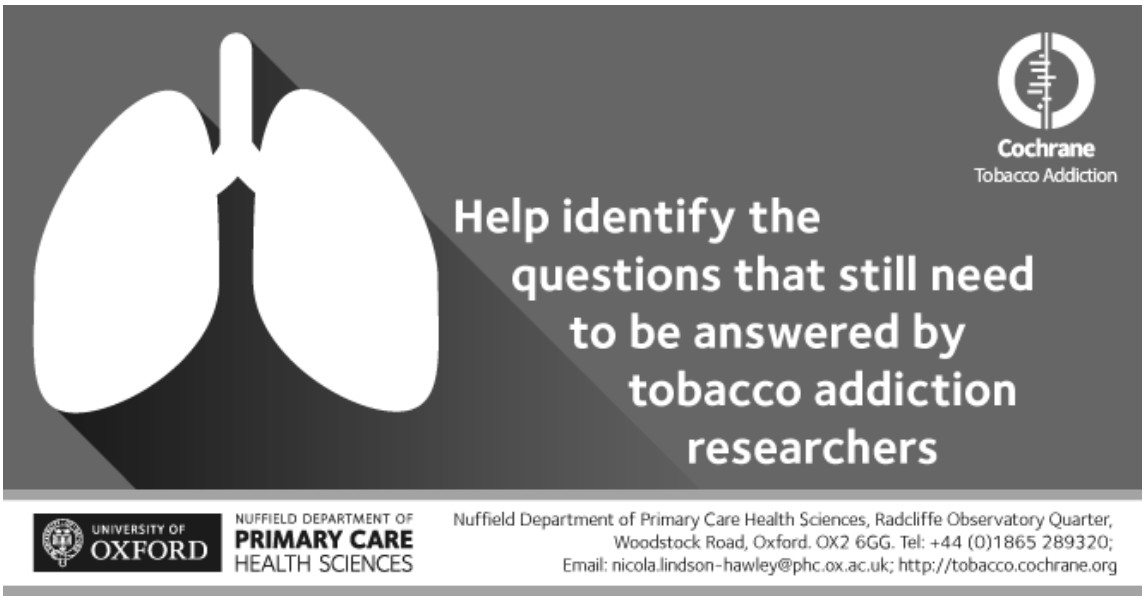
Rank TREATMENT DELIVERY

30. Below are the questions that came up in the first wave of the survey in the area of TREATMENT DELIVERY. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 13=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- Do smoking drop-in clinics on main shopping streets help people quit smoking?
- How can we make sure that all hospitals follow national guidance on providing support to stop smoking?
- 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?
- 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?
- Does the setting that a stop smoking treatment is delivered in effect how successful it is?
- When governments reduce funding for stop smoking services does this effect the number of people who smoke and the number of people who try to quit?
- How are stop smoking advisors perceived by their clients and other health providers?
- 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?
- Would smokers prefer to receive stop smoking support in the community or in a medical setting?
- Who should manage stop smoking services in hospitals to make sure that the most effective services are provided?
- How do health providers feel and what knowledge do they have about research looking into smoking interventions?
- How can we most effectively encourage health providers to help people to quit smoking?
- Should health providers be rewarded for discussing stopping smoking in their patients' appointments?

TERM	DEFINITION
Primary care	First point of contact with healthcare services, including GP practices, dental practices, community pharmacies and high street optometrists



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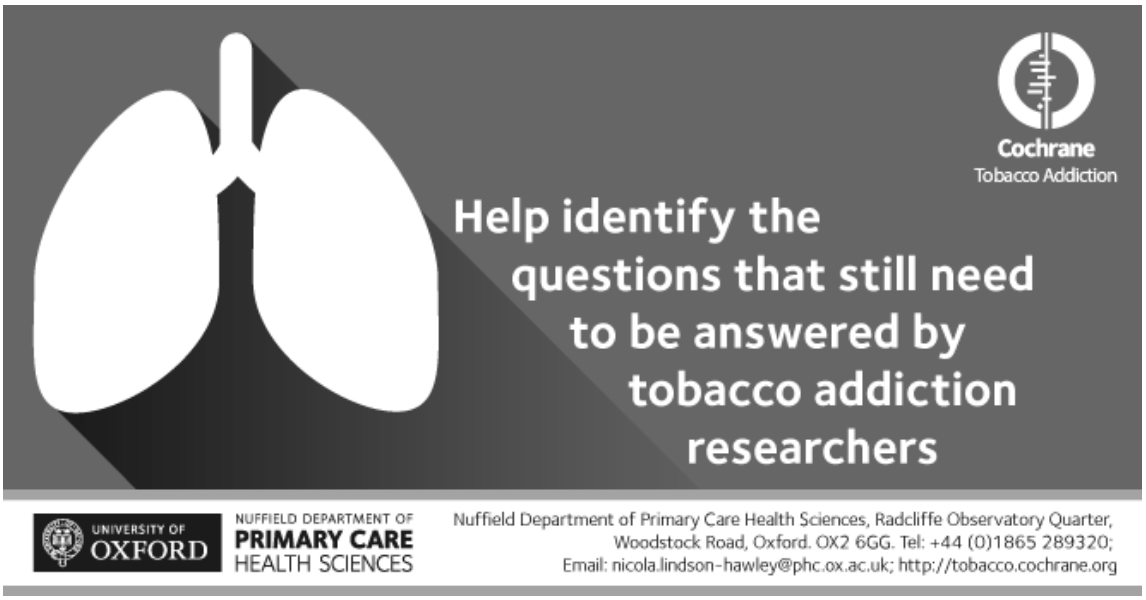
Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

YOUNG PEOPLE

* 31. Did you rank YOUNG PEOPLE in your top 3?



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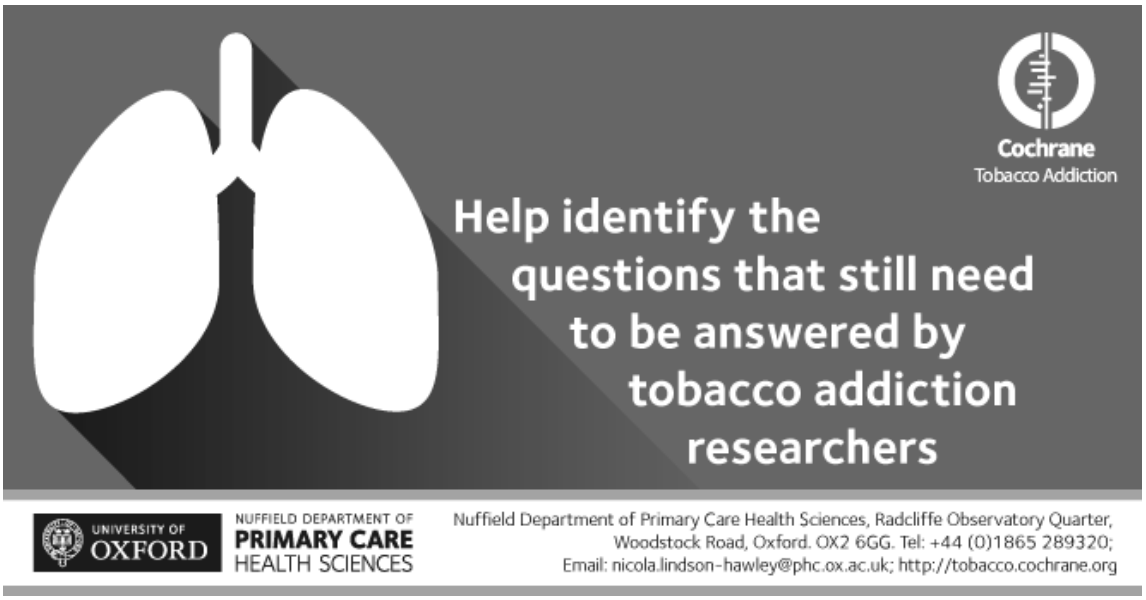
Rank YOUNG PEOPLE

32. Below are the questions that came up in the first wave of the survey in the area of YOUNG PEOPLE. We would like you to rank them according to how important you think it is that these questions are answered [1=most important; 14=least important]

If there are any terms used that you are unsure of please check the glossary at the bottom of the page which explains some of them.

- Which tobacco and nicotine products lead young people to become regular tobacco users?
- What is the best way to define 'a gateway to tobacco use', and how can we identify these 'gateways'?
- Are there effective interventions to stop early trials of smoking from turning into tobacco addiction?
- Is the popularity of flavoured tobacco products linked to the age of the users?
- In child smokers, are there any health effects of smoking which are linked to their age and do not happen in older smokers?
- How can we stop the children of smokers from starting to smoke themselves?
- Which stop smoking medications are safe for young smokers to use?
- Are young people more likely to start smoking if illegal tobacco is available to them?
- What is the most effective and cost-effective way for young people to stop smoking?
- Is the age that people start smoking linked to the Minimum Legal Age people can buy tobacco in the place they live?
- How effective and cost-effective are mobile smart phone and internet apps in helping young people to quit smoking?
- Do smoking education and awareness campaigns targeted at disadvantaged young people affect whether they decide to smoke?
- What is the most effective and cost effective way to help young people from hard-to-reach groups to stop smoking?
- 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?

TERM	DEFINITION
Cost-effective	Good value- the benefits are worth at least what was paid for them
Hard-to-reach groups	People who are challenging for health professionals to engage with due to their individual circumstances.



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Project lead: Dr Nicola Lindson-Hawley, Cochrane TAG Managing Editor

Thank you

Thank you so much for taking the time to complete this survey. As a way to say thank you we would like to enter you into a prize draw for one of 3 Amazon vouchers (value £20.00 or equivalent). The terms and conditions* for this competition can be found at the bottom of the page. Please complete the question below and press the 'Done' button to either take part or opt out. Please note: if you do not press the 'Done' button to complete the survey you will not be entered

33. Would you like to be entered into the prize draw?

* How to enter: To enter the prize draw please fully complete the second round of the Cochrane TAG prioritisation exercise survey. If you do not wish to enter the prize draw, but still wish to complete the survey, you will be given the opportunity to opt-out of entering at the end of the survey. Winners will be selected at random.

Terms and conditions: 1. The promoter is: Nuffield Department of Primary Care Health Sciences at the University of Oxford whose registered office is University Offices, Wellington Square, Oxford, OX1 2JD. 2. Employees of the University of Oxford or their family members or anyone else connected in any way with the competition or helping to set up the competition shall not be permitted to enter the competition. 3. There is no entry fee and no purchase necessary to enter this prize draw. 4. Route to entry for the prize draw and details of how to enter are via https://www.surveymonkey.co.uk/r/CTAG_wave2. 5. Closing date for entry will be 08/05/2016 (BST), when the Cochrane Tobacco Addiction Group prioritisation survey (second round) closes. After this date no further entries to the prize draw will be permitted. 6. No responsibility can be accepted for entries not received for whatever reason. 7. Only one entry will be accepted per person, multiple entries will be removed manually by the promoter. 8. The promoter reserves the right to cancel or amend the prize draw and these terms and conditions without notice in the event of a catastrophe, war, civil or military disturbance, act of God or any actual or anticipated breach of any applicable law or regulation or any other event outside of the promoter's control. Any changes to the prize draw will be notified to entrants as soon as possible by the promoter. 9. The promoter is not responsible for inaccurate prize details supplied to any entrant by any third party connected with this competition. 10. No cash alternative to the prizes will be offered. The prizes are not transferable. Prizes are subject to availability and we reserve the right to substitute any prize with another of equivalent value without giving notice. 11. Winners will be chosen at random by a random number generator for all entries received and verified by the Promoter and/or its agents. 12. The winners will be notified by email. Winners will be asked to confirm acceptance of the prize before they receive it. The promoter will make the winners' names available on request.

Cochrane Tobacco Addiction Group
20th Anniversary Priority Setting Project (CTAG taps)

Appendix 3: Workshop plan

Cochrane Tobacco Addiction Group: Priority setting workshop

Final Process plan

Location & Venue	Team	Roles
Somerville College Woodstock Rd Oxford OX2 6HD	AvM MK	Lead Facilitator (LF) Facilitator (F) Support facilitators (SPs)
Date: Friday 17th June 2016	**Time**: 10.00am to 15.45pm	

Objectives - (Why we are doing it)	Outcomes - (What we want at the end)
• To involve key stakeholders in decision making about the Cochrane Tobacco Addiction Group's (CTAG) future direction • To develop a set of research priorities for the Cochrane Tobacco Addiction Group, and the wider tobacco addiction research community • To identify the best way to put future research into practice	As a result of the stakeholder engagement exercise the Cochrane Tobacco Addiction Group will have gained a clear understanding of the views of stakeholders (guideline developers, policy makers, clinicians and associated health professionals, smokers, former smokers, researchers) on research priorities and how research can be put into practice. CTAG stakeholders will have been involved in decision making about tobacco addiction research priorities. As a result future research outcomes are likely to be better applied to those who need them, and have a higher global impact.

Appendix 3: Full workshop plan, created by Hopkins van Mil in association with the CTAG taps team

Time	Agenda	Process	Who?	Process tools	Expected outcomes
8:00 Support facilitator briefing (45 mins 8:30-9:15)	Set-up	CTAG / HVM team to set up dialogue spaces. 1 reception desk with packs/ badges/ sign-in sheets 1 large space with 7 tables in cabaret style with flip stands or table top flips and pre-prepared flips; projector and screen plus presentations on lap top. HVM/ Support Facilitators' (SPs) briefing session based on process plan sent to them in advance	LF & F CTAG Team LF/ F/ SPs	Name badges Delegate Handbooks Process on flips Projector/ Screen On each table: Post-its Blue tac, markers & pens, jugs of water/ glasses Audio recorders Any Other Thoughts cards	Space ready for dialogue
Preparation 9:30-10:00 30 mins Speaker briefing (15 mins 9:30-9:45)	Registration & coffee Briefing for specialists/ observers	Sign-in sheet to be completed & participants sign-posted to refreshments/ loos/ plenary area & given their badge and the Delegate Handbooks Lead Facilitator will brief all non-participants on the process.	CTAG Team LF	Sign-in sheet Pre-prepared badges with colour coding for small group allocation	All those present ready to start the day.
Session 1 10:00-10:25 Welcome, housekeeping (5 mins 10:00-10:05) CTAG history talk (15 mins +5 ques 10:05-10:25)	Welcome & introductions	Welcome & Housekeeping (fire alarm, toilets etc) Purpose of day Intro for Tim CTAG history: TL (20 mins)	LF	Power point presentations	Everyone knows who is in the room and why; what will happen during the day and their role in it. Making participants feel comfortable in the space (physically/ intellectually/ emotionally)
10:25-11:50	Background to CTAG and	10:25-10:45 – *The history of tobacco research* (RW)			

	tobacco research (Each talk 15 mins, all with 5 mins ques apart from last one which will have 10 mins ques)	10:45-11:05 – *What is a CTAG review?* (PA) 11:05-11:25 – *How does CTAG work?* (JHB/ LS) 11:25-11:50 – *The CTAG taps project and survey results* (NL/LH) – Run through top 10 categories + Q&A			
11:50-12:00	Introduction to workshop	**Welcome to workshop element of the day.** Introduce MK and support facilitators, explain table allocation. **Introduce help points/ ground rules**: ▪ Interested in a range of views ▪ Respect other people's views (even if not your own) ▪ Everyone is listened to ▪ There are no stupid questions / comments - we're here to learn, understand and move the discussion forward ▪ How we record (tools/ attribution/ confidentiality) ▪ Keeping to time *You may find the way we work a bit different from other meetings you might have attended. But we'd like you to enjoy the session. You are here because we are really keen to hear and discuss your views.* **Reiterate purpose of the day** • To involve key stakeholders in decision making about the Cochrane Tobacco Addiction Group's future direction • To develop a set of research priorities for the Cochrane Tobacco Addiction Group, and the wider tobacco addiction research community • To identify the best way to put future research into practice	LF	Slide objectives of the workshop	
12:00-13:00	Lunch				
13:00-13:15	Introductions/ warm-up	Facilitator to introduce the **recorder:** *All recording is anonymous and no comments whether written or recorded will be attributed to a named individual in the report.* ***We are***	LF/ F/ SPs	Audio recorders Post-its	Facilitators and participants are aware who's at their table

		interested in what you are saying not who says what. *We use recording to back up the notes being made on the flip chart and to help us write a report on what people have said to us.* *Is there anyone who objects to this? If so, I will turn of the recorder when you speak.* *We also have other ways of making sure we've really captured what you have to say. We use* ***post-its*** *to give you time to think something through. These will be collected up by the facilitator. We also have* ***any other thoughts cards****. You can write on these at any time, with any comment, thought or question you have on the issue at hand. Leave the comment card upside down in the centre of your table and your comment will be reviewed with the rest of the report material.* **RECORDER ON** *Let's quickly go round the table to introduce ourselves. Please say your name, where you're from (organisation/ member of the public) and answer this question:* **Q1:** How do you feel about being here today? **RECORDER OFF**		AOT cards Pens on table Record key points on flip chart Post-its	
13:15-14:30 (75 mins) 13:15-13:35 (20 mins) ranking exercise 13:35-13:50 (15 mins) feedback from ranking exercise	Prioritising research topics	**Prioritisation round 1: from long list to short list** *Using the cards provided, take a few minutes to consider for yourself which two of the 10 research categories presented by Nicola/ Laura are the most important in your view.* *Take the cards representing these categories from the pile and put the remaining cards aside.* *Write on post-its why in your view these card have higher priority than the other cards and stick the post-its on the cards.* **Q:** Which 2 research categories are most important in your view and why?	LF/ F/ SPs Double-sided A5 cards with research categories and questions Pre-prepared		Each table will identify three research categories, consider their benefits, and develop a view on the research questions

13:50-14:05 (15 mins) table agreement on 3 priorities 14:05-14:30 (25 mins) focus of research priorities		Facilitator instruction: this should be a fairly quick first sifting exercise. It's important that we give participants an opportunity to share their individual views before we ask them to work together. After 3-5 minutes invite people to work in 2 teams (of 3-4) and discuss their top categories with the aim of agreeing a top 3 between them: *In two teams discuss your priority areas for research and try to come to an agreement about the three categories you wish to put forward for future research.* **Q:** Which 3 research categories should have priority for you as a team? *Using blue-tac stick three research cards on the pre-prepared flip charts: priority 1, priority 2 and priority 3.* *Drawing on your individual post-its, summarise for each of the top three research categories why they should have priority and write some bullets under the cards on the flip.* **Q:** For you as a team, why should this research category have priority? Prompt: • What are the benefits of this research category? Facilitator instruction: the ranking exercise will be handled differently by each team. Some may need all the allocated time, some may sort it in half the time. If you notice one of the discussions is going flat offer up the following question and encourage participants to discuss and record their points on post its. **[Q:** How do you feel about the research categories? Prompt: • Does it raise other questions?] **RECORDER ON** Facilitator instruction: After 20 minutes start a table discussion, inviting	flipcharts:		

		each of the teams to share with the group what their top areas of research are and why (3-5 mins each): record on flips. At the end of the prioritisation round 1 there will be a short list of priority research areas for the table, ranging from a minimum of 3 to a maximum of 9 (unlikely as in most prioritisation exercises overlap occurs) **Prioritisation round 2: table agreement on 3 priorities** *As a group we need to arrive at 3 priority areas which we will put forward as the most important future research areas around tobacco addiction. To get there we would like you to consider the potential societal impact each of the research areas on our short list and bring that thinking into the equation.* **Q:** Which of these research categories have the highest societal impact? Facilitator instruction: group discussion with the aim to reach table agreement on which 3 priorities should be presented to the plenary later in the afternoon and who will present them. Priorities to be written on a **Summary flip** chart including the most important considerations. **Focus of research priorities** *As you have seen there are three research questions listed under each of the research categories. We are interested in your views on these.* Facilitator instruction: we have 10 minutes per priority to flesh out the focus of the research areas. Read out the research questions under each of the 3 agreed priority areas and record the discussion on flip chart, adding summary notes on the focus of the research priorities to the summary sheet. **Q:** What should be the focus of each of our priority areas of research? Prompt: • Which research questions, outcomes or populations needs to be looked at? • What, if anything, is missing?			

Appendix 3: Full workshop plan, created by Hopkins van Mil in association with the CTAG taps team

		RECORDER OFF			
14:30-14:45 (15 mins)	Break	Facilitators to compare table priorities and prepare flip charts (all priorities that will be put forward by the groups in the final plenary) for the final dot voting exercise after the session has been closed and participants move to refreshment area for tea and cake.			
14:45-15:15 (30 mins)	Implementing the research	*The CTAG team have asked us to gain your front of mind views on the best way to put research into practice. Let's quickly brainstorm the following three questions and add 3 key actions to our summary sheet.* **RECORDER ON** **Q1:** What is the best way to publicise the findings of tobacco addiction research? **Q2:** What can be done to help ensure research findings make their way into clinical practices and health policy? **Q3:** What can be done to help ensure research findings lead to changes in consumer behaviour? Facilitator instruction: there is limited time for this. The exercise should be run as a fast-paced brainstorm. Table 1-2 start at Q1; Table 3-4 start at Q2; Table 5-6 start at Q3 and – time allowing - move on to the next question asap. Please stop the conversation at 15.05. Agree with the group what key recommendations about putting research into practice they would like to take to the plenary and record those on the table's summary sheet. **RECORDER OFF**	LF/ F/ SPs	Pre-prepared flipcharts	
15:15-15:45 15:15-15:40 (25 mins)	Summary session and next steps	Each group invited to present their summary findings: 3 priority research areas and recommendations to CTAG about putting research into practice	LF/ F/ SPs CTAG rep	X (final number of delegates) sets of 5 green coloured dots and 1 red coloured	A summary of priority areas for each small group and 3 recommendations for

Feedback small group findings 15:40-15:45 (5 mins) Closing remarks		**Next steps:** • CTAG respond to findings making clear what will be done with the results: what research is within CTAG's remit and how it will find a home for research priorities that are beyond CTAG's scope • What will happen with the recordings/ notes (summary to participants?) Thank you and goodbye from CTAG. Handover to LF for instructions dot voting exercise *Having listened to the feedback from other tables you may have changed your mind on the priority areas for future tobacco addiction research. We therefore invite you to vote for the three you now feel are most important.* **Q:** Which 3 topics should CTAG prioritise in future research? *You are all given 5 green coloured dots and 1 red coloured dot. Please use the green dots to express your view on which three research areas should be taken forward, 1 for each research area. You may use the two remaining green dots to give extra weight to your preference. Please use the red dot for the priority you feel is less relevant at this moment in time.* *Thanks very much from me and Mike and all the support facilitators. It's been a pleasure working with you. Enjoy your tea and cake!*		dot	CTAG re putting research into practice. Everyone clear about what CTAG will do with the workshop findings
15.45- 16.30	Final dot voting; tea and cake				

Appendix 3: Full workshop plan, created by Hopkins van Mil in association with the CTAG taps team

CHECKLIST SESSION TOOLS	
Provided by CTAG	**Provided by HVM**
Registration: • Sign-in sheet • Pre-prepared badges with table numbers for small group allocation • Delegate Handbooks	Facilitator briefing: • 7 process plans • Do's and don'ts Speaker/ observer briefing • 6 process plans • Observer briefing guidelines
AM session: • Housekeeping script for AvM • Introduction script speakers for AvM • Power point presentations • Slide objectives of the workshop • Projector/ Screen/ remote	
Workshop: • Flip chart stands/ paper or table top flips • Post-its • Blue tack • Flip chart markers • Pens to write on post-its • Jugs of water/ glasses • Audio recorders • 60 sets of 5 green coloured dots and 1 red coloured dot	Workshop: • Pre-prepared flips for LF; F and SFs to prepare their own after Facilitator briefing at 9.15 • Any Other Thoughts cards

Cochrane Tobacco Addiction Group
20th Anniversary Priority Setting Project (CTAG taps)

Appendix 4: Questions identified in survey phase 1

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

Unanswered questions (N=183)

1.	Are different stop smoking treatments more or less effective in high income countries than low income countries?
2.	Which interventions reduce the difference in the number of smokers in low socioeconomic compared with high socioeconomic groups most effectively?
3.	How effective are mass media smoking messages in reducing the use of tobacco in low and middle income countries?
4.	What are the most effective stop smoking interventions for smokers who are part of a hard-to-reach group?
5.	What is the most effective way to improve the access people in hard-to-reach groups have to stop smoking support?
6.	Which interventions are the most effective to help people stop smoking in communities where smoking as a group has cultural and social value?
7.	Why are the number of smokers in remote areas not reducing as quickly as the number of smokers in the general population?
8.	What is the most effective way to teach people from hard-to-reach groups about the risks of tobacco use?
9.	What are the most effective ways to reduce the harms caused by chewing tobacco in current users?
10.	Why do some people use more than one type of tobacco product?
11.	Are there ways to stop young people from using nicotine and tobacco products other than cigarettes?
12.	Does smoking cigarettes with reduced levels of nicotine, tar or carbon help people to quit?
13.	How effective are behaviour and medication based treatments for helping people to quit smokeless tobacco (snus & chewing tobacco)?
14.	What is stopping snus from being legally available in some countries?
15.	Does snus help people to quit smoking and is it as effective as other quitting aids?
16.	How safe is snus compared to other tobacco products and electronic cigarettes, and is it more dangerous if used alongside cigarettes?
17.	How can we educate people effectively about the risks of smoking waterpipes?
18.	Are there effective ways to reduce the harms caused by waterpipe smoking in current users?
19.	How safe are tobacco-free waterpipes?
20.	Are menthol tobacco cigarette filters safer than regular tobacco cigarette filters?
21.	How effective and cost-effective are mobile smart phone and internet apps in helping people to quit smoking?
22.	Do text messaging interventions help to reduce tobacco use in low and middle income countries?
23.	Can mobile phones be used to help people to stick with their treatment whilst taking part in stop smoking studies?
24.	How effective and cost effective are digital interventions for the cessation of waterpipe smoking?
25.	Are digital interventions effective and cost effective for preventing waterpipe smoking?
26.	Do individual, or group based mobile smart phone interventions, help more people to quit smoking?
27.	Do text messaging interventions prompt smokers who didn't want to quit to make a quit attempt and stop completely?
28.	How can e-cigarettes be designed so that they are appealing in all the same ways as cigarettes?
29.	How can we educate people effectively about the risks and benefits of using e-cigarettes?
30.	What are the component parts of e-cigarettes and what are the health risks of these?
31.	Why do different people have different opinions about whether e-cigarettes can and should be used to help people to stop smoking?
32.	How should smokers be instructed to use their e-cigarettes if they want to reduce their smoking or if they want to quit?
33.	Are e-cigarettes an effective and cost effective aid to stop ex-smokers from relapsing back to smoking?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

34.	Are e-cigarettes an effective and cost effective aid to **reduce the harms** caused by smoking in current smokers who cannot quit, and are they as effective as other products?
35.	Are e-cigarettes an effective and cost effective aid to help people to **stop smoking**, and are they as effective as other products?
36.	How safe are e-cigarettes, and are they as safe as other products?
37.	How safe is the vapour from e-cigarettes, and how safe is it in comparison to the vapour from tobacco products?
38.	Are people using e-cigarettes alongside tobacco products or other harmful substances, such as cannabis or alcohol. If so, how are they using them?
39.	If people use e-cigarettes and tobacco cigarettes together does this improve their chances of quitting cigarette smoking?
40.	Do e-cigarettes help people to quit if they are used alongside other treatments to help people quit smoking?
41.	Do e-cigarettes help people from disadvantaged, hard-to-reach groups to quit smoking?
42.	Is there a link between how easily available e-cigarettes are and the number of people who are smoking and quitting tobacco?
43.	Are there health risks of using e-cigarettes alongside tobacco products or other harmful substances, such as cannabis or alcohol?
44.	Do bans on using e-cigarettes in public places effect tobacco smoking behaviour?
45.	What type of behavioural support would users of e-cigarettes like to use?
46.	If a smoker quits using an e-cigarette, and then goes back to smoking do they go back to smoking the same amount as they did before they quit?
47.	If smokers with illnesses that may be made worse by smoking are referred to stop smoking services does this help them to quit?
48.	What is the most effective and cost-effective stop smoking intervention for smokers with long-term medical problems?
49.	What is the most effective and cost-effective stop smoking intervention for smokers who are obese and have type 2 diabetes?
50.	Does quitting smoking effect the health of smokers with HIV?
51.	Does quitting smoking effect the health of smokers with tuberculosis (TB)?
52.	What makes people decide to quit smoking?
53.	Why has the number of people who are trying to quit smoking reduced in the UK?
54.	What is the most effective way to make people want to quit smoking?
55.	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?
56.	If people have easier access to medications to help them stop smoking does it increase the number of people who successfully stop?
57.	What effect do stop smoking medications have on smoking withdrawal symptoms?
58.	How effective is a higher than standard dose of nicotine patches compared to a standard nicotine patch + some short-acting NRT (gum, nasal spray etc) for helping people to quit smoking?
59.	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?
60.	Do smokers who use NRT use it in the way advised by the packet or their smoking advisor?
61.	Is NRT more likely to help people quit smoking if the way they use it is tailored to their individual needs?
62.	How do health professionals advise patients to use their NRT?
63.	Are people more likely to quit chewing tobacco if they use NRT to help them?
64.	Should people be advised to use the stop smoking medication cytisine?
65.	What are the most effective medications or combinations of medications to help people to quit smoking and how should they be used?
66.	How safe are medications to help people quit smoking?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

67.	How effective are prescription only stop smoking medications in comparison to those available over the counter?
68.	How effective is the use of NRT and varenicline together to help people quit smoking, and what is the most effective way to use them?
69.	How safe is the use of NRT and bupropion together to help people quit smoking, and what is the safest way to use them?
70.	How safe is the use of NRT and varenicline together to help people quit smoking, and what is the safest way to use them?
71.	Is it more harmful to smoke cannabis and tobacco together than to smoke one or the other?
72.	Does tobacco use interfere with any medications used to treat psychosis?
73.	If people who smoke and abuse other harmful substances stop smoking does this also affect there other substance use?
74.	How can we encourage and help mental health workers to offer stop smoking services to their patients with mental illness?
75.	Is stop smoking treatment most effective and cost-effective for smokers with mental illness if it is offered as part of mental health services, or if it is offered externally?
76.	What are the most effective ways to stop people from gaining weight when they give up smoking?
77.	What effect do smoking bans have on the mental health of smokers?
78.	What stop smoking interventions can be applied to whole populations of smokers with mental health problems?
79.	What is the most effective and cost-effective way to help people who also have drug and alcohol problems to quit smoking?
80.	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?
81.	What are the most effective stop smoking medications in smokers who are also using medications to control other drug problems?
82.	What are the risks of using tobacco and alcohol together?
83.	Does tobacco use behaviour change when cannabis use is legalised?
84.	If smokers reduce the number of cigarettes they smoke does this reduce the harm caused by their smoking?
85.	Why do some smokers suffer from diseases caused by smoking and others don't?
86.	How effective are stop smoking treatments versus screening smokers for lung cancer in reducing lung cancer deaths?
87.	Can we develop a way to measure cigarette smoking dependence which can predict how likely a person is to quit?
88.	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?
89.	How addictive is nicotine, and how does this compare between different nicotine products (e.g. smoking tobacco, other tobacco products, e-cigarettes, NRT)?
90.	What is the most effective way to educate the public about the dangers of nicotine in products other than tobacco?
91.	Are ex-smokers more likely to return to smoking if they use non-tobacco nicotine products (i.e. e-cigarettes and NRT) for a long time after quitting?
92.	Can tobacco smoking change how a smokers' genes are expressed and what characteristics they pass on to their children (epigenetics)?
93.	Why do some people become addicted to tobacco products when others do not?
94.	Are there ingredients in cigarettes, other than nicotine, that make them addictive?
95.	Would a ban on menthol cigarette filters encourage people to quit smoking?
96.	Do the tobacco and e-cigarette industry influence research, policy and evidence use? If so, how?
97.	Does plain packaging stop people from taking up smoking?
98.	Is plain packaging linked to people effectively quitting smoking?
99.	If non-tobacco nicotine products (i.e. NRT and e-cigarettes) are regulated so that they are less easy to buy than normal consumer products does it effect how people use them?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

100.	How can non-tobacco nicotine products be made more appealing to smokers, so that more people use them than tobacco products?
101.	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?
102.	Do tobacco plain packaging interventions improve the health of the population?
103.	Would it be possible to ban smoking in people born in a certain year (e.g. 2020) onwards? If so, would this have an effect on the number of people who smoke and the health of the population?
104.	What would be the most effective way to implement a policy to make 21 the minimum legal age to buy tobacco worldwide?
105.	What are the most effective methods researchers can use to encourage people working in health care to discuss and make changes to tobacco related interventions?
106.	Is it cost effective to try and influence government decisions about tobacco taxation?
107.	If the nicotine levels in cigarettes were reduced to the lowest possible level would this have an effect on the health of the population?
108.	How effective are media campaigns which aim to stop people from taking up smoking?
109.	Could there be any negative effects of marketing messages designed to stop people from taking up smoking or encouraging them to quit?
110.	Do interventions which aim to change tobacco related social norms reduce the demand for tobacco?
111.	If the availability of tobacco was reduced, so that it could only be prescribed would this effect the number of people starting to use tobacco and quitting?
112.	If cigarette packets listed all ingredients from the source of the tobacco to the cigarette would this have an effect the number of people starting and quitting smoking?
113.	What are the most effective interventions to stop the use of tobacco from being seen as normal?
114.	What is stopping governments from bringing more extreme policies to reduce tobacco use into place?
115.	Would changes to tobacco warning labels effectively reduce the number of people smoking?
116.	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?
117.	Are there effective ways to make sure that pregnant smokers use NRT as advised during their pregnancy?
118.	Is NRT a safe stop smoking aid in pregnant smokers and if so at what dose?
119.	How safe are e-cigarettes when used during pregnancy, and are they as safe as other products?
120.	What are the most effective and cost effective methods pregnant smokers can use to give up smoking?
121.	Are population smoking policies linked to a reduction in the number of women who smoke during pregnancy?
122.	If pregnant smokers use methods designed to reduce the harm caused by smoking, does this improve their child's health at birth?
123.	How can we encourage more women to use behavioural stop smoking support during pregnancy?
124.	How can we stop women who stopped smoking during pregnancy from relapsing afterward?
125.	Why do some smokers who manage to quit smoking when pregnant go back to smoking after afterward?
126.	What are the most effective interventions to reduce the amount of second-hand smoke present in flats and apartment buildings?
127.	Is the amount of second-hand smoke people are exposed to linked to the effect this has on their health?
128.	What are the health effects of third-hand smoke (the tobacco smoke residue left on surfaces)?
129.	Do healthcare institutions that ban smoking inside and outside encourage more patients to quit than institutions that allow smoking outside?
130.	Do outdoor smoking bans reduce the number of people who smoke in different population groups?
131.	If people have a smoke-free home does this change their feelings about smoking?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

132.	Do smoke-free homes help smokers to quit?
133.	What is the most effective way to encourage people to have a smoke-free home?
134.	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?
135.	What is the best way to ban smoking in hospital grounds so that people follow the rules?
136.	Do outdoor smoking bans reduce the harms caused by second-hand smoke?
137.	How effective are stop smoking methods which have been tailored to individuals based on their genetic make-up?
138.	What is the best method people can use to reduce the amount of cigarettes they smoke?
139.	Do mindfulness interventions help people to give up smoking?
140.	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?
141.	Are smokers more likely to quit if they receive support over the phone, one-to-one, in a group or on the internet?
142.	Which elements of behavioural support are most effective to help people quit tobacco use?
143.	What are the pros and cons of using cash incentives to help people quit across high, middle and low income groups?
144.	What is the best way to measure how successful different elements of behavioural support are in changing smoking behaviour?
145.	Are treatments to help people stop smoking more effective if they are provided alongside treatments to change other behaviours, such as exercise or healthy eating, or on their own?
146.	Can we use treatments that have been used to treat other addictions to help us treat tobacco addiction?
147.	How can treatments to help people stop smoking be tailored to individuals to improve their chances of quitting?
148.	How effective are different stop smoking treatments when provided in the 'real world'?
149.	What are the most effective stop smoking interventions for smokers who do not want to quit?
150.	Are smokers more likely to successfully quit smoking if they have made more quit attempts and tried more methods of quitting?
151.	What is the most effective way to reduce cravings when stopping smoking?
152.	Does drinking water reduce cravings to smoke?
153.	Are smokers more likely to quit if they avoid the things that usually make them want to smoke?
154.	What do ex-smokers think are the most effective interventions to help people to quit smoking?
155.	What are the most effective treatments to stop people from smoking for a limited amount of time (e.g. during a plane journey or a hospital stay)?
156.	Which interventions can effectively reduce the number of people who go back to smoking after a quit day?
157.	Do smoking drop-in clinics on main shopping streets help people quit smoking?
158.	How can we make sure that all hospitals follow national guidance on providing support to stop smoking?
159.	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?
160.	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?
161.	Does the setting that a stop smoking treatment is delivered in effect how successful it is?
162.	When governments reduce funding for stop smoking services does this effect the number of people who smoke and the number of people who try to quit?
163.	How are stop smoking advisors perceived by their clients and other health providers?
164.	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?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

165.	Would smokers prefer to receive stop smoking support in the community or in a medical setting?
166.	Who should manage stop smoking services in hospitals to make sure that the most effective services are provided?
167.	How do health providers feel and what knowledge do they have about research looking into smoking interventions?
168.	How can we most effectively encourage health providers to help people to quit smoking?
169.	Should health providers be rewarded for discussing stopping smoking in their patients' appointments?
170.	Which tobacco and nicotine products lead young people to become regular tobacco users?
171.	What is the best way to define 'a gateway to tobacco use', and how can we identify these 'gateways'?
172.	Are there effective interventions to stop early trials of smoking from turning into tobacco addiction?
173.	Is the popularity of flavoured tobacco products linked to the age of the users?
174.	In child smokers, are there any health effects of smoking which are linked to their age and do not happen in older smokers?
175.	How can we stop the children of smokers from starting to smoke themselves?
176.	Which stop smoking medications are safe for young smokers to use?
177.	Are young people more likely to start smoking if illegal tobacco is available to them?
178.	What is the most effective and cost-effective way for young people to stop smoking?
179.	Is the age that people start smoking linked to the Minimum Legal Age people can buy tobacco in the place they live?
180.	How effective and cost-effective are mobile smart phone and internet apps in helping young people to quit smoking?
181.	Do smoking education and awareness campaigns targeted at disadvantaged young people affect whether they decide to smoke?
182.	What is the most effective and cost effective way to help young people from hard-to-reach groups to stop smoking?
183.	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?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

Answered (N=60)

1.	Do non-UK European countries invest as much government funding into tobacco control measures as the UK?
2.	Have the New Zealand government reduced their investment in tobacco control?
3.	How much profit do the pharmaceutical industry make as a result of smoking related illness?
4.	Are the rates of tobacco use increasing or declining worldwide, split by country?
5.	Are UK undergraduate level medical and nursing students provided with training in evidence based smoking cessation?
6.	Are high tar cigarettes more harmful than low tar cigarettes?
7.	Are smoke free homes associated with a reduction in second hand smoke related health problems?
8.	Does it make economic sense to implement NRT intervention in low income countries?
9.	How effective is NRT for smoking cessation?
10.	How long does it take for the health risks associated with smoking to return to normal after smoking cessation?
11.	Is nicotine substitution a more effective smoking cessation method than cutting down to quit alone?
12.	Is smoking during pregnancy harmful?
13.	Is there a genetic cause for the high prevalence of smoking in people with schizophrenia and psychosis?
14.	What are the harms associated with tobacco smoking?
15.	How much money do governments earn from cigarette tax?
16.	What percentage of smokers versus non-smokers develop lung cancer?
17.	What proportion of smokers have mental health issues?
18.	Is nicotine addiction a psychological or physical addiction?
19.	How effective are smoking cessation medications when provided alongside no behavioural support?
20.	Is tobacco addition a psychological or physical addiction?
21.	Are there stop smoking medications, which are currently unlicensed but may be licensed in the future?
22.	Is tobacco product advertising associated with maintained or increased smoking rates?
23.	What are the costs of running a group versus individual smoking cessation intervention?
24.	What are the health effects of chewing tobacco?
25.	Compared to other digital interventions and as a standalone intervention are media campaigns effective and cost-effective for smoking cessation
26.	What are the numbers needed to treat (NNT) - the number of patients that need to be treated for one to benefit compared with a control- for different smoking cessation treatments?
27.	Is smoking a risk factor for dementia?
28.	What adverse health effects does smoking have on people who are obese and have type 2 diabetes above those for an otherwise healthy individual?
29.	What is the impact of smoking cessation on morbidity for people with COPD?
30.	Is there an association between smoking and increased antibiotic prescribing?
31.	Why are relapse rates after quitting so high in tobacco users?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

32.	Are there effective homeopathic remedies for treating tobacco addiction?
33.	Are there effective smoking cessation interventions for highly dependent smokers?
34.	What quality standards are in place for tobacco control research?
35.	What biomarkers can be used to measure harm from different tobacco products?
36.	How do the health risks of smoking as they relate to cancer compare to those of other harmful behaviours?
37.	Is smoking cessation support delivered by pharmacists effective?
38.	What is the impact of taxation interventions on smoking prevalence, including amongst population subgroups?
39.	What smoking quit rates do Quitlines result in?
40.	Should undergraduates in medicine and nursing professions (including midwifery) who smoke be told that smoking is discouraged & provided with support to quit?
41.	How effective is snus for harm reduction?
42.	Do short term preoperative smoking cessation interventions affect postoperative complications?
43.	On what basis do the World Health Organisation recommend global tobacco control policies? How can this be utilised to encourage WHO to recommend a minmum legal age to buy tobacco of 21 worldwide?
44.	Does tobacco branded 'light' contain the same amount of chemicals as regular tobacco?
45.	What are the harms associated with different kinds of tobacco use?
46.	How do risks associated with smoking increase as the age of the smoker increases?
47.	How effective are pictorial health warnings at reducing tobacco prevalence?
48.	What is the minimum effective intensity of post-discharge smoking cessation follow up support required to prevent relapse following abstinence during hospital admission?
49.	Do public smoking bans have an impact on the profits of businesses serving food and drink?
50.	How effective are policy measures (such as covering up cigarette counters) in reducing smoking uptake among young people?
51.	Is there a perception that smoking is attractive amongst young women? If so, why does this persist?
52.	Are reductions in smoking prevalence associated with benefits for non-tobacco related businesses and the overall strength of the economy as a result?
53.	Are menthol tobacco cigarette filters safer than regular cigarette filters?
54.	What are the components of waterpipe smoking and the harms associated with each?
55.	What are the health effects of waterpipe use?
56.	Can nicotinic brain receptors be permanently deactivated?
57.	Does social support help people to successfully quit smoking?
58.	Is there a standardised definition of dual/poly use of tobacco products?
59.	What is the most effective and cost-effective method to prevent uptake of tobacco use?
60.	What is the best way to improve the tobacco control in low and middle income countries?

Appendix 4: De-duplicated questions identified in survey phase 1 (N=258); categorised as unanswered, answered, unempirical

Unempirical (N=15)

1.	Are e-cigarettes an effective tobacco end game strategy?
2.	Has past tobacco research led to the implementation of effective tobacco control strategies which have reduced smoking prevalence and the harms associated with smoking?
3.	Is the message about smoking during pregnancy less clear than that regarding alcohol and pregnancy? If so, why?
4.	Why are nicotine vaping products labelled as "tobacco products" when traditional NRT products are not?
5.	Is communication about the health effects of dual use of tobacco and cannabis appropriately disseminated? If not, why not?
6.	What are the benefits of UK stop smoking services provision being transferred back from the responsibility of local councils to Clinical Commissioning Groups (CCGs)?
7.	Are there potential alternative careers for tobacco farmers if tobacco use is eradicated?
8.	Is it ethical to prioritise people who quit smoking over people who continue to smoke when providing health care treatments?
9.	Is it feasible to make all tobacco products illegal in the UK?
10.	Is it possible to create a cigarette with no harmful chemicals?
11.	What are the views of policy makers on banning tobacco completely?
12.	What do governments use the money raised through tobacco levy taxes for?
13.	What is the process for getting smoking cessation pharmacotherapies licensed across all countries?
14.	Why is tobacco marketing still legal?
15.	Why must electronic cigarettes be subject to regulation beyond that for normal consumer products?

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Appendix 5: Categories and questions ranked

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

Research categories ranking (ranked by 175 participants)

Rank	Category
1	E-cigarettes
2	Addressing inequalities
3	Mental health and other substance abuse
4	Initiating quit attempts
5	Population level interventions
6	Pregnancy
7	Young people
8	Illness & chronic disease sufferers
9	Alternative tobacco products
10	Nicotine and tobacco risk
11	Smoking treatment methods excluding medications
12	Treatment delivery
13	Smoking bans and second-hand smoke
14	Digital interventions
15	Medications

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Addressing inequalities' question ranking (ranked by 73 participants)

Rank	Question
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?
4	What is the most effective way to improve the access people in hard-to-reach groups have to stop smoking support?
5	What is the most effective way to teach people from hard-to-reach groups about the risks of tobacco use?
6	How effective are mass media smoking messages in reducing the use of tobacco in low and middle income countries?
7	Are different stop smoking treatments more or less effective in high income countries than low income countries?
8	Why are the number of smokers in remote areas not reducing as quickly as the number of smokers in the general population?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Alternative tobacco products' question ranking (ranked by 37 participants)

Rank	Question
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?
4	Does snus help people to quit smoking and is it as effective as other quitting aids?
5	What is stopping snus from being legally available in some countries?
6	Does smoking cigarettes with reduced levels of nicotine, tar or carbon help people to quit?
7	How effective are behaviour and medication based treatments for helping people to quit smokeless tobacco (snus & chewing tobacco)?
8	What are the most effective ways to reduce the harms caused by chewing tobacco in current users?
9	How can we educate people effectively about the risks of smoking waterpipes?
10	How safe are tobacco-free waterpipes?
11	Are there effective ways to reduce the harms caused by waterpipe smoking in current users?
12	Are menthol tobacco cigarette filters safer than regular tobacco cigarette filters?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Digital interventions' question ranking (ranked by 14 participants)

Rank	Question
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?
4	Do text messaging interventions prompt smokers who didn't want to quit to make a quit attempt and stop completely?
5	Do text messaging interventions help to reduce tobacco use in low and middle income countries?
6	How effective and cost effective are digital interventions for the cessation of waterpipe smoking?
7	Are digital interventions effective and cost effective for preventing waterpipe smoking?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Electronic cigarettes' question ranking (ranked by 70 participants)

Rank	Question
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?
4	Are e-cigarettes an effective and cost effective aid to stop ex-smokers from relapsing back to smoking?
5	Are e-cigarettes an effective and cost effective aid to reduce the harms caused by smoking in current smokers who cannot quit, and are they as effective as other products?
6	How safe is the vapour from e-cigarettes, and how safe is it in comparison to the vapour from tobacco products?
7	What are the component parts of e-cigarettes and what are the health risks of these?
8	How should smokers be instructed to use their e-cigarettes if they want to reduce their smoking or if they want to quit?
9	Do e-cigarettes help people from disadvantaged, hard-to-reach groups to quit smoking?
10	If people use e-cigarettes and tobacco cigarettes together does this improve their chances of quitting cigarette smoking?
11	Why do different people have different opinions about whether e-cigarettes can and should be used to help people to stop smoking?
12	Is there a link between how easily available e-cigarettes are and the number of people who are smoking and quitting tobacco?
13	Do bans on using e-cigarettes in public places effect tobacco smoking behaviour?
14	Do e-cigarettes help people to quit if they are used alongside other treatments to help people quit smoking?
15	Are people using e-cigarettes alongside tobacco products or other harmful substances, such as cannabis or alcohol? If so, how are they using them?
16	How can e-cigarettes be designed so that they are appealing in all the same ways as cigarettes?
17	What type of behavioural support would users of e-cigarettes like to use?
18	Are there health risks of using e-cigarettes alongside tobacco products or other harmful substances, such as cannabis or alcohol?
19	If a smoker quits using an e-cigarette, and then goes back to smoking do they go back to smoking the same amount as they did before they quit?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Illness & chronic disease sufferers' question ranking (ranked by 22 participants)

Rank	Question
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?
4	What is the most effective and cost-effective stop smoking intervention for smokers who are obese and have type 2 diabetes?
5	Does quitting smoking affect the health of smokers with tuberculosis (TB)?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Initiating quit attempts' question ranking (ranked by 29 participants)

Rank	Question
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?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Medications' question ranking (ranked by 14 participants)

Rank	Question
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?
4	How effective is a higher than standard dose of nicotine patches compared to a standard nicotine patch + some short-acting NRT (gum, nasal spray etc.) for helping people to quit smoking?
5	If people have easier access to medications to help them stop smoking does it increase the number of people who successfully stop?
6	How do health professionals advise patients to use their NRT?
7	Is NRT more likely to help people quit smoking if the way they use it is tailored to their individual needs?
8	How effective is the use of NRT and varenicline together to help people quit smoking, and what is the most effective way to use them?
9/10	How effective are prescription only stop smoking medications in comparison to those available over the counter?
9/10	What effect do stop smoking medications have on smoking withdrawal symptoms?
11	Do smokers who use NRT use it in the way advised by the packet or their smoking advisor?
12	How safe are medications to help people quit smoking?
13	Are people more likely to quit chewing tobacco if they use NRT to help them?
14	Should people be advised to use the stop smoking medication cytisine?
15	How safe is the use of NRT and varenicline together to help people quit smoking, and what is the safest way to use them?
16	How safe is the use of NRT and bupropion together to help people quit smoking, and what is the safest way to use them?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Mental health and other substance abuse' question ranking (ranked by 43 participants)

Rank	Question
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	Is stop smoking treatment most effective and cost-effective for smokers with mental illness if it is offered as part of mental health services, or if it is offered externally?
5	What stop smoking interventions can be applied to whole populations of smokers with mental health problems?
6/7	What are the most effective stop smoking medications in smokers who are also using medications to control other drug problems?
6/7	If people who smoke and abuse other harmful substances stop smoking does this also affect there other substance use?
8	Does tobacco use interfere with any medications used to treat psychosis?
9	What effect do smoking bans have on the mental health of smokers?
10	Is it more harmful to smoke cannabis and tobacco together than to smoke one or the other?
11	What are the most effective ways to stop people from gaining weight when they give up smoking?
12	Does tobacco use behaviour change when cannabis use is legalised?
13	What are the risks of using tobacco and alcohol together?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Nicotine and tobacco risk' question ranking (ranked by 28 participants)

Rank	Question
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?
4	Are there ingredients in cigarettes, other than nicotine, that make them addictive?
5	Why do some smokers suffer from diseases caused by smoking and others don't?
6	Are ex-smokers more likely to return to smoking if they use non-tobacco nicotine products (i.e. e-cigarettes and NRT) for a long time after quitting?
7	Why do some people become addicted to tobacco products when others do not?
8	Can we develop a way to measure cigarette smoking dependence which can predict how likely a person is to quit?
9	How effective are stop smoking treatments versus screening smokers for lung cancer in reducing lung cancer deaths?
10	What is the most effective way to educate the public about the dangers of nicotine in products other than tobacco?
11	Can tobacco smoking change how a smokers' genes are expressed and what characteristics they pass on to their children (epigenetics)?
12	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?
13	How addictive is nicotine, and how does this compare between different nicotine products (e.g. smoking tobacco, other tobacco products, e-cigarettes, NRT)?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Population level interventions' question ranking (ranked by 34 participants)

Rank	Question
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?
4	How effective are media campaigns which aim to stop people from taking up smoking?
5	What are the most effective methods researchers can use to encourage people working in health care to discuss and make changes to tobacco related interventions?
6	Do the tobacco and e-cigarette industry influence research, policy and evidence use? If so, how?
7	What are the most effective interventions to stop the use of tobacco from being seen as normal?
8	Is plain packaging linked to people effectively quitting smoking?
9	Do tobacco plain packaging interventions improve the health of the population?
10	What is stopping governments from bringing more extreme policies to reduce tobacco use into place?
11	Is it cost effective to try and influence government decisions about tobacco taxation?
12	How can non-tobacco nicotine products be made more appealing to smokers, so that more people use them than tobacco products?
13	What would be the most effective way to implement a policy to make 21 the minimum legal age to buy tobacco worldwide?
14	Would it be possible to ban smoking in people born in a certain year (e.g. 2020) onwards? If so, would this have an effect on the number of people who smoke and the health of the population?
15	If non-tobacco nicotine products (i.e. NRT and e-cigarettes) are regulated so that they are less easy to buy than normal consumer products does it affect how people use them?
16	Could there be any negative effects of marketing messages designed to stop people from taking up smoking or encouraging them to quit?
17	If the nicotine levels in cigarettes were reduced to the lowest possible level would this have an effect on the health of the population?
18	If the availability of tobacco was reduced, so that it could only be prescribed would this effect the number of people starting to use tobacco and quitting?
19	Would changes to tobacco warning labels effectively reduce the number of people smoking?
20	Would a ban on menthol cigarette filters encourage people to quit smoking?
21	If cigarette packets listed all ingredients from the source of the tobacco to the cigarette would this have an effect the number of people starting and quitting smoking?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Pregnancy' question ranking (ranked by 27 participants)

Rank	Question
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?
4	If pregnant smokers use methods designed to reduce the harm caused by smoking, does this improve their child's health at birth?
5	How can we stop women who stopped smoking during pregnancy from relapsing afterward?
6	How can we encourage more women to use behavioural stop smoking support during pregnancy?
7	Why do some smokers who manage to quit smoking when pregnant go back to smoking after afterward?
8	Is NRT a safe stop smoking aid in pregnant smokers and if so at what dose?
9	Are there effective ways to make sure that pregnant smokers use NRT as advised during their pregnancy?
10	Are population smoking policies linked to a reduction in the number of women who smoke during pregnancy?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Smoking bans and second-hand smoke' question ranking (ranked by 19 participants)

Rank	Question
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?
4	Do outdoor smoking bans reduce the number of people who smoke in different population groups?
5	Do smoke-free homes help smokers to quit?
6	What is the most effective way to encourage people to have a smoke-free home?
7	Do outdoor smoking bans reduce the harms caused by second-hand smoke?
8	Do healthcare institutions that ban smoking inside and outside encourage more patients to quit than institutions that allow smoking outside?
9	If people have a smoke-free home does this change their feelings about smoking?
10	What are the health effects of third-hand smoke (the tobacco smoke residue left on surfaces)?
11	What is the best way to ban smoking in hospital grounds so that people follow the rules?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Smoking treatment methods excluding medications' question ranking (ranked by 17 participants)

Rank	Question
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'?
4	How can treatments to help people stop smoking be tailored to individuals to improve their chances of quitting?
5	Are treatments to help people stop smoking more effective if they are provided alongside treatments to change other behaviours, such as exercise or healthy eating, or on their own?
6	What are the most effective stop smoking interventions for smokers who do not want to quit?
7	How effective are stop smoking methods which have been tailored to individuals based on their genetic make-up?
8	Are smokers more likely to quit if they receive support over the phone, one-to-one, in a group or on the internet?
9/10	Which interventions can effectively reduce the number of people who go back to smoking after a quit day?
9/10	What is the best method people can use to reduce the amount of cigarettes they smoke?
11	What is the best way to measure how successful different elements of behavioural support are in changing smoking behaviour?
12	Can we use treatments that have been used to treat other addictions to help us treat tobacco addiction?
13	What is the most effective way to reduce cravings when stopping smoking?
14/15	Do mindfulness interventions help people to give up smoking?
14/15	Are smokers more likely to successfully quit smoking if they have made more quit attempts and tried more methods of quitting?
16	What do ex-smokers think are the most effective interventions to help people to quit smoking?
17	What are the pros and cons of using cash incentives to help people quit across high, middle and low income groups?
18	Are smokers more likely to quit if they avoid the things that usually make them want to smoke?
19	What are the most effective treatments to stop people from smoking for a limited amount of time (e.g. during a plane journey or a hospital stay)?
20	Does drinking water reduce cravings to smoke?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Treatment delivery' question ranking (ranked by 21 participants)

Rank	Question
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?
4	How can we make sure that all hospitals follow national guidance on providing support to stop smoking?
5	How can we most effectively encourage health providers to help people to quit smoking?
6	Does the setting that a stop smoking treatment is delivered in effect how successful it is?
7	When governments reduce funding for stop smoking services does this effect the number of people who smoke and the number of people who try to quit?
8	Who should manage stop smoking services in hospitals to make sure that the most effective services are provided?
9	Would smokers prefer to receive stop smoking support in the community or in a medical setting?
10	How do health providers feel and what knowledge do they have about research looking into smoking interventions?
11	Do smoking drop-in clinics on main shopping streets help people quit smoking?
12	How are stop smoking advisors perceived by their clients and other health providers?
13	Should health providers be rewarded for discussing stopping smoking in their patients' appointments?

Appendix 5: Emergent categories and constituent questions ranked according to perceived priority (lower ranks=higher priority)

'Young people' question ranking (ranked by 31 participants)

Rank	Question
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?
4	What is the most effective and cost effective way to help young people from hard-to-reach groups to stop smoking?
5	Which tobacco and nicotine products lead young people to become regular tobacco users?
6	What is the most effective and cost-effective way for young people to stop smoking?
7	Do smoking education and awareness campaigns targeted at disadvantaged young people affect whether they decide to smoke?
8	How effective and cost-effective are mobile smart phone and internet apps in helping young people to quit smoking?
9	What is the best way to define 'a gateway to tobacco use', and how can we identify these 'gateways'?
10	In child smokers, are there any health effects of smoking which are linked to their age and do not happen in older smokers?
11	Are young people more likely to start smoking if illegal tobacco is available to them?
12	Is the age that people start smoking linked to the Minimum Legal Age people can buy tobacco in the place they live?
13	Is the popularity of flavoured tobacco products linked to the age of the users?
14	Which stop smoking medications are safe for young smokers to use?

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Appendix 6: Reasons for prioritisation

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: ADDRESSING INEQUALITIES

Top 3 questions (prioritised in survey phase 2):

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?

Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
NEGLECTED AREA	"it's got a lack of coverage currently" "the model is very straight forward in terms of how many patients stopped smoking four weeks or more xxx, and there's nothing in there about the portions of those are from a particular target group xxxxxxxx. They weren't doing any targeting xxxxxxxxx actually focussing more of your efforts on xxxxxxx" "more needs to be done or it's just getting worse and worse, the disparity. So you look at, break down smoking prevalence according to the social grades. Smoking prevalence in the top social grade is coming towards 10% and the very bottom social grade it's stayed pretty steadily at around 70 or 80% and there's very little change so I think it's one of the biggest failings of public health" "we should put more money into interventions that help the more disadvantaged"	RISK OF ALIENATION	"There was a risk of separating between those who are setting policy and those who are the object of that policy and there can be a vast divide there which can lead to addressing inequalities being used in a way as a cudgel to push through policy that isn't necessarily effective or relative in that particular group. That's something that has to be very carefully looked at and ideally what would be required would be to look at the motivations of the people to find out why people in your target group, whatever that may be, why they are smoking, what they're enjoying about it because if you don't understand why they're doing it you can't hope to convince them, not to do it. But mainly the point is that it can be, it can be more harmful than good because you can expose a hardening of attitudes and I was one, I was one who had never been reached, because everywhere I turned I was having the same information pushed in my face time and time again and in the end it was just a case of no, I don't care, go away. And care has to be taken that you don't do that" "I think you have to be careful when you characterise people that you're not. I'm very conscious of in groups and out groups and if you become part of an out group it's a very uncomfortable place to be. So there needs to be a lot of caution about how those groups are identified, how they are interacted with, so that it's inclusive rather than authoritarian."
NHS PRIORITY	"it's an NHS priority"	NEGLECTING SOME GROUPS	"I'm a little bit unsure about number 2 just that maybe because I'm reading it wrong but I feel like every xxxx, it would be good to know which interventions would be useful to make the most of xxxx and xxxx, and it would be good to know that this is the most effective there, but then you're still leaving behind xxxx people and I just think that might kind of, I mean obviously when you're doing research you need to quantify what's the most effective but I just, I don't know, just caution around." "Do you know what's really been horrifying recently, there's been a lot of comment…about smoking cessation, and a lot of it has been to the effect of we'll concentrate on intervention and just let the other smokers die out. And that's horrifying, millions of people you're talking about there."
REDUCE VARIATIONS IN CARE	"opportunity to reduce inequalities in practice and reduce variations on care" "How do we alter what we actually deliver so that it's accessible to everybody, whichever ethnic group or social situation that there is?"		
INCORPORATES NO. OF INTERVENTIONS	"you're saying that might include some research on e-cigarettes in those populations as well." R: "Yes again it covers it all doesn't it?"		
HELPS VULNERABLE GROUPS	"so help pregnant women, kind of xxx manual workers, all of that" "Because it covers everyone then, nobody's missed out. Make Addressing Inequality two sub groups of Mental Health, Substance Abuse and I don't know Young People from, you know, I'm just trying to think of, you know, areas of deprivation, you know, super output areas."		
MORAL ISSUE	"they're all kind of moral questions but it does seem particularly immoral to have like lower cast of society basically being told yeah f**k off and die, just smoke yourself to death basically"		
SMOKING CAUSES INEQUALITY	"smoking itself creates an inequality"		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: ALTERNATIVE TOBACCO PRODUCTS Top 3 questions (prioritised in survey phase 2): 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?			
Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
RECENT EMERGENT PROBLEMS	"there's been the emergence of tobacco use for like shisha, water pipe smoking, and it's uptake is increasing in the youth especially. So it's time that things like you mentioned, also in the youth, you need to investigate what works with them, what's stopping them from updating or initiating smoking."		
GATEWAY TO CIGARETTE USE	"if it's through things like water pipe or shisha because they eventually push to cigarettes."		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: ELECTRONIC CIGARETTES

Top 3 questions (prioritised in survey phase 2):

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?

Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
SAFETY ISSUES	"because of safety issues" "long term effects still needs to be established" "there's been no research into what they are when they're inhalated and that has always been a concern of mine." "I think it's more just cherry picking scare stories and it's something people are more and more aware of." "many potential risks are still unquantified, particularly the inhalation safety of the xxxxxx, which wouldn't be expensive to do and is desperately needed." "I do have an interest in safety because you can see that you're going to need a long term sort of longer treated xxx study to assess what the risk is because, you know, we have so many treatment drugs that have gone from fantastic this is really working, and it's not until 20 years down the line that you're able to really assess things." "as a health professional I don't want to recommend a product like E-cigarettes that aren't going to, I don't want them to harm anyone on my recommendation, so how am I gonna decide?" "We know that tobacco smoking causes COPD, lung cancer, what have you, but what we don't know is whether or not e-cigarettes are gonna have the same effect, so that's a good research thing.... The thing is you start now and, you know, monitor people now and see the changes in the next 20 years because we've never done that with smoking."		
POTENTIAL AS SMOKING REDUCTION/CESSATION AID	"there's an opportunity to xxx harm reduction and reduction of smoking uptake in young people or in anybody for that matter" "mass extension to reduce smoking prevalence" "I believe they've the highest potential in terms of smoking cessation, even though smoking cessation is really a by-product...it isn't really a primary aim of it." "they have the highest potential for being successful in stopping people from smoking." "Well another point about them is that if electronic cigarettes are available then people who are likely to smoke are also the same people who are likely to try electronic cigarettes. So if they try the electronic cigarettes first there's a very good chance they'll be diverted away from smoking." "Do we know which populations might respond to e-cigarettes? Perhaps the young I would think, I'm guessing, might respond to e-cigarettes more than they'd respond to chewing gum or to a patch. I think it might be quite interesting to know whether there is a sub-set difference as to what works"		
OVER REGULATION	"I'm really worried about them becoming over regulated and I think there needs to be some really strict, well not strict, but intelligent planning about where the culture of electronic smoking lies"		

	"I've been getting the hump lately about public spaces banning it, well if it's safe why's it being banned?"		
WRONG INFORMATION	"Disinformation as well.....the disinformation is out there." "why are policies being made on information that's not true, such as the European TPD?" "there is the larger proportion of misinformation out there, and if you know anything about it there is a huge amount of very poor quality xxx out there regarding e-cigarettes to the extent that I can pick holes in a lot of the studies myself and I'm untrained."		
FEAR OF RENORMALISATION	"a really important point about a lot of the concerns about electronic cigarettes for some people is that it will normalise smoking behaviour amongst children still. Now I don't personally agree with that and there is no evidence as far as I can tell that supports that, but that's what a lot of the fear is that a lot of work is done around"		
LACK OF KNOWLEDGE	"it makes sense to stick with electronic cigarettes because we don't know too much about them"		
APPEAL TO YOUNG	"e-cigarettes are even more popular in young people than probably the traditional cigarette, it's just more trendy from flavours and xxxxx, yeah it's sort of cooler I suppose. And so by addressing that it's sort of an indirect way of addressing young people as well as other xxx populations as well."		
POTENTIAL UPTAKE IN NON-SMOKERS	"I think uptake in non-smokers is also something really important." "I mean if readily available on the market just like shisha or any other things, people will take up e-cigarettes that's going to happen"		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: ILLNESS & CHRONIC DISEASE SUFFERERS Top 3 questions (prioritised in survey phase 2): 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?			
Why priority? (theme)	**Why priority? (quotes)**	**Why not priority? (theme)**	**Why not priority? (quotes)**
PROLONGING LIFE	"we'd like to prolong the life of those with chronic conditions, we want to prevent death"	USE EXISTING RESEARCH	"I think just in terms of research we just need to use the research that we have…. I'm not saying this would, this would be like a top priority, if I had a pot of money and I was gonna invest it in something I would want to invest it in all the things you just talked about. But in terms of the research."
NHS BURDEN	"we'd want to reduce the severe burden on the NHS"		
INCREASE QOL	"we'd want to improve the quality of life for smokers"		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: INITIATING QUIT ATTEMPTS

Top 3 questions (prioritised in survey phase 2):

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?

Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
FALL IN QUITTERS	"we've seen a big fall in quit attempts through stop smoking services in the last three years, more than half, and we're not quite sure what the reasons are so there's a research question there.... By and large we know what is effective. The question is not what is effective, the question is how do we get smokers to choose to quit using one of the most effective methods to do so?" "a big problem is getting adult smokers to quit. And in fact quit rates have started coming down" "we've got this increasingly decreasing number of people setting a quit date...but we know that the proportion of people at population level who want to stop is the same. So there's something going wrong if the best thing you can do is to stop smoking then by far the best way of getting the outcome of quitting is use a service. We've got something really wrong somewhere and we need to know what it is." "it's not about the services it's about why aren't people making quit attempts, because they don't." "Yes and I believe the dip in 2012 that we saw...I think that is purely because people aren't coming to the smoking cessation groups anymore they're just going to the local vape shop and xxxx that way. And they're not on the records and they're not on any NHS" "And also attempts are currently declining in ways in which people are xxxxxxx.....it's been coming down....about ten years ago it was quite close, kind of 50% of the smoking population were attempting at least once every year and apparently it's down to about 30%."		
PROMPTS NEEDED	"if we are trying to get the smoking rates down then a really key area is prompting people" "there's something in there that you have to keep promoting to quit to smokers because if you stop banging on about it...." "The next bit to concentrate on is what flips the switch from initiation to a non-initiation of a quit and that could be opportunities. It could be through population xxxxx, could be through all sorts of things, training GP's. So it just feels like there's a rich area to explore."		
REMAINING SMOKERS MAY HAVE DIFFERENT MOTIVATIONS	"we've moved through some of the population stuff to get the levels down and that population of people that are smoking now is different from these other epochs of time... perhaps it's quite relevant to the population of people who are smoking currently, it's about there's available treatments, there's available support and there's building evidence around what might be effective."		
TAKES MANY ATTEMPTS TO QUIT	"...on average people attempt to quit, it's either between seven or nine times before successfully quitting. I think it's quite important to encourage an attempt to quit" "it has a huge downstream of positive consequence if you can sway people to keep going and keep trying and not to feel disheartened if they don't manage it." "if we can encourage people to say well actually it's okay to fail the first time everyone does, wait until you find the one that best suits you, that best suits your circumstances etc. Be a really positive step forward to xxxxxx people are actually aware of the data that showed that actually I'm not alone and if I do fail the first five times I should still try again even if that's next year or the year after"		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: MENTAL HEALTH & OTHER SUBSTANCE ABUSE

Top 3 questions (prioritised in survey phase 2):

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?

Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
ADDICTION=MENTAL HEALTH ISSUE	"I think we all know that it goes hand in hand with addiction and I personally would like to see mental health services working with the smoking cessation services to offer a better service all round, then I think people will be more successful with the smoking cessation." "people become more depressed as well when they give up smoking…it is a very important factor."	LOWER MASS IMPACT	"you're not talking about addressing mental health in its own right you're talking about smoking within those xxx or mental health services… it's not about the mental health problem it's not about the substance abuse…you'd only be looking at smoking." R2: "In that case population intervention levels would get my vote"
HIGH INDIVIDUAL IMPACT	"Being able to effectively address mental health and substance abuse would have a greater impact on a smaller amount of people…. if we're talking about useful impact on somebody's life then definitely mental health and substance abuse"	CAN BE POSITIVE	"cigarettes are the one thing that actually keeps them calm sometimes."
SOCIETAL IMPACT	"Is there a spinoff of mental health impact on society?" R: "Yes. The drain of resources xxx substance misuse and something else unfortunately where we live is very high and that does impact."		
MISPERCEPTIONS OF TREATMENT	"I think amongst staff there is a general reluctance to actually address it at all because there's a misperception that if you get people to stop smoking their mental health issues are going to get worse and that is, we know that that's wrong, we've already seen the research to back that up and that there's gonna be more trouble on the wards and that people are gonna kick off and be violent and aggressive and again we know that that is wrong if you're very clear and the fact that it just, if you're a mental health nurse I think when they introduced smoke free sites in [hospitals] it actually saved an hour and a half per staff member per shift which you can then put back into doing therapeutic work with patients, which is what they're paid for rather than having to stand outside and take people off site for smoking or whatever. And certainly as a staff member that was just incredibly irritating that I was spending so much time having to do all of that stuff and not being able to do what I should be doing."		
QUITTING IMPROVES MENTAL HEALTH	"There is lots of evidence to suggest that if they stop smoking their anxiety and their depression improves."		
SMOKING AFFECTS MEDICATIONS	"one of the interesting things about smoking is that it affects several other drugs that you're taking that are metabolised mainly in the liver, and mental health drugs are particularly affected by that. So you can either be on too much or too little for what you actually should be on because it's masked by your smoking."		
PROTECT HEALTHCARE WORKERS	"if you're a community health worker and you're going in somebody's home, that's their home so they can smoke as much as they want and people with mental health conditions smoke a lot, they smoke a lot and so you can walk into a home with, literally you walk into a cloud of smoke and community staff can refuse under the protocols, they can refuse to go into those homes, which they don't want to do because they're community workers that's not, nobody doesn't want to go to see anybody."		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: NICOTINE AND TOBACCO RISK Top 3 questions (prioritised in survey phase 2): 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?			
Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
MISUNDERSTANDING	"There is a high level of misunderstanding of the benefits and harm of nicotine outside of tobacco smoke. I think it's a place that hasn't been studied. The addictiveness of nicotine informs most policy but again xxxxx studies, the studies that are available show that there is very limited if any dependence from the characteristics from nicotine on its own when not used in tobacco" "a load of GP's think that the problem with cigarettes is the nicotine, is what's doing the damage. Therefore they won't prescribe NRT because you're giving them more of what's hurting them and you think, bloody hell if you think that, how are you gonna help them? You know, and that's the trainer, that's just information."		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: POPULATION-LEVEL INTERVENTIONS

Top 3 questions (prioritised in survey phase 2):

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?

Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
HIGH MASS IMPACT	"they have the opportunity to have the greater impact" "The biggest [impact] will be population level interventions because it's everybody isn't it." "even if you improve smoking on a very small amount, but millions and millions of people that's a massive impact and that's how population level interventions work." "Mass media is one of the most effective things xxxx and the evidence based xxxxxxxxxxxx so we need to kind of build up the evidence base to make the case….." "Yes so the first one I've chosen is population level intervention, and why I feel these can xxxx at mass level and could have bigger impact like the taxation on cigarettes and things like that. But we don't have enough, kind of, research or evidence base on what kind of mass campaigns or mass xxxx interventions that actually work." "mass level interventions can be implemented on a bigger population and can have a bigger impact." "population level intervention seems to work better for, you know, lighter smokers. So there is still part of the world where this is required and is perceived to be a priority. It might still not be in the UK, we're addressing this xxxx xxxx more important at this point because you're left with the harder smokers and this xxxx motivation that you need to really investigate and then work on them separately. But if the reference was common global xxxxxx, population intervention that actually work is really still a priority."	INCREASE INEQUALITIES	"My problem with population level intervention is that is amongst, you know, tax increases, you know which affects the poorer, who are less likely to give up. It just seems cruel and ineffective." "what are the figures of people actually taking black market tobacco? Because if you price people out of the market…" "I will guarantee you they will buy cigarettes before they will buy decent food which is another problem….We've seen people pick it up off the floor… That's not healthy is it because again, if they can't afford cigarettes they will go through the bins and the ash trays and roll them into roll ups. I am not joking, so that way again you lose the connection and the feedback."
PROVIDE EQUALITY	"they can be very equitable" "population level Interventions tend to affect people more equally than highly targeting certain groups" "you could say what's the point it's already been done, but you must also think about Cochrane's global sort of role and many lower middle income countries where they're not, or they don't have these population level interventions, and it's easy ammunition for a tobacco company to say well they don't work because we don't have any xxxxx. So that is critical in saying well actually taxes do this, plain packaging do this, xxx do this and which one should you do first."	LOWER INDIVIDUAL IMPACT	"They don't have to have a big impact on individuals it's about……. Mental health and substance abuse would have a greater impact on the smaller amount of people, so if we're talking about size obviously population levels, if we're talking about useful impact on somebody's life then definitely mental health and substance abuse."
COST EFFECTIVE	"they can be very equitable and cost effective"		
POLICY MAKERS NEED CONVINCING	"more evidence is needed to convince policy makers, because……what they can do just with the xxxx is something that they'll do quickly and which is like putting up or increasing tax on cigarettes or things like that, mass intervention. So that's why I think there needs to be more investigation and more xxxxx in mass population levels." "…because people don't know about the Cochrane, that's part of the problem."		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: PREGNANCY Top 3 questions (prioritised in survey phase 2): 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?			
Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
KEY LIFE STAGE	"we felt there was a key line of impact; the impact of quitting has a large effect in that population group."		
RELAPSE PREVENTION	"we re-worded the question to be 'What's the most effective and cost effective methods to help pregnant smokers to quit and remain smoke free in the long term?' so we're talking about people who quit smoking whilst they're pregnant but then take it up again when the child's born."		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: TREATMENT DELIVERY Top 3 questions (prioritised in survey phase 2): 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?			
Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
PROFESSIONAL KNOWLEDGE INFLUENCES SUCCESS	"every smoker, and that includes people with mental health problems, need to get the best kinds of cessation support and treatment from their health professional. So I think the bottom line is xxxx, is the knowledge skills and xxx of professionals" "It's more will the medical profession engage with them xxxxx what's happening? Even with psychiatrists, most psychiatrists are still not particularly good with understanding smoking cessation and xxx help the smokers, because if they had been trained in it, they would buy into it, and that would reduce the death rate"		
WIDENS REACH	"how can we make sure that all healthcare providers provide stop smoking treatment."		

Appendix 6: Reasons for prioritisation of research categories at workshop: themes and illustrative quotes

CATEGORY: YOUNG PEOPLE

Top 3 questions (prioritised in survey phase 2):

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?

Why priority? (theme)	Why priority? (quotes)	Why not priority? (theme)	Why not priority? (quotes)
PREVENTION NEGLECTED	"again from a local authority perspective, if we were to put all our eggs in cessation services basket in fact the way we spend our money is really located on cessation and xxx people's treatment effectively. Very little funding xxx to be put towards prevention and actually trying to stop young people to start smoking, so I think that's some work we need to be doing there." "from a local authority perspective in terms of when we commission services, because again it's all based on our performance xxx, so there's no incentive again to stop people starting, if that makes sense." "Well what should your priorities be? One we've already covered, which was helping people to stop, but of course the other one is to stop people starting." "quite often the message about the harms of cigarettes aren't tailored to young people, there are things that seem, when you're 18 very, very far in the future and perhaps you're not really worried about getting lung cancer in middle age when you're 18, because it seems such an a long way off. And it's the young people taking up smoking who are becoming addicted and by that point it's, not too late, but certainly much, much more difficult."	ADULTS QUITTING CHANGES NORMS	"the best thing that you can do for young people is to get their parents to put xxx in. So, all the evidence around how you're far more likely to start smoking if your parents smoke and that, if we're thinking about I guess in this country xxx, what we need to do in this country, our xxx are fairly low now I mean they're still too high but they're really low, they're going down" "if you target current smokers it has an effect maybe over time but it has an effect on uptake on young kids as well, just because the norms have shifted right and it's not as easily available anymore. All I'm saying is it might get two for the price of one by targeting adults. It will also have an impact on young people by doing so." "We know from some of the work we did in the South West in our region, the tracking we did on the mass media campaigns that we did, although the ads were aimed at current smokers they actually had a bigger impact on young people so that's a good point really." "it's the same time frame because if you get adults who are 20-35 to quit that's xxx, so you don't tend to quit at that age you tend to quit later, if you can achieve that then the impact you will have will then be on the next generation of young people coming through, because it will no longer be a norm within their families and their social circles. That's the theory anyway" "I think we know the answer to that last one and that is to get the parents to stop smoking."
ADDICTION=LONG-TERM USERS	"I think we're talking about addiction, we're talking about addiction so, you know, we don't even want them to start." "I think if you're a young person who starts smoking and you're going to be smoking properly on and off for the rest of your life, that's gonna affect your health, it's gonna affect your finances and it's gonna affect your lifestyle."	TRANSIENT PROBLEM	"I think one of the things about Young People as well is it's a little bit like sometimes young people just go through those kind of things and like your kids have probably stopped, you know, when they were 25 or 30, you know." R: "Yes they are." R: "There you go, do you know what I mean though, as a population as a whole young people always do stupid things here and there and it's like, I don't, it's hard to stop young people from doing that, particularly if you are I don't know, it's almost like young people need to do these taboo things anyway."
ENSURE INTERVENTION IS EVIDENCE BASED	"we must make sure we can do this smoking education for children but there's only one programme I'm aware of in the UK and that's the Assist programme which is evidence based NICE approved. But there are an awful lot of other programmes going on which aren't evaluated…or if they have been evaluated it's shown no effect." "I think the big question on this specifically is around the impact of tobacco education because there's a lot been done around that but there's a lot of interventions which have no effect or even have adverse effects and very, very few are shown to have a beneficial effect "	PREVALENCE ALREADY DROPPED	"prevalence in those groups are going in the right direction and they have been for the last 30 years so it's kind of historically very low now in under 18's. And politically since the age of sale which is raised from 16 to 18; that seemed to make quite a big difference"
TOBACCO INDUSTRY TARGET YOUTH	"Well I'll tell you who will know the answer to the question and they'll know it, I bet ten times better than Cochrane- tobacco companies." R: "Well that's part of the issue isn't it, they do still go to festivals, they do still do, at University they were on campus there not very long ago giving out free samples, they still go to night clubs" R: "And in terms of second, third world countries they're doing lots of bad things I know." I: "They do know all the tricks of the trade like keeping one step ahead." R: "Yeah except we are nearly always one step behind, they've got so much more money than we could ever have." "you have to be really careful around youth education. I mean xx some of those were actually designed by the tobacco industry"	NOT AS PRESSING FROM HEALTH PERSPECTIVE	"there are a large number of people who are over 35 who are already smoking who are already losing months of their lives because they're apparently smoking. And young people who start smoking won't start suffering serious consequences for a bit of time yet"
ALTERNATIVE FORMS OF TOBACCO POPULAR WITH YOUTH	"young people are more likely to experiment with other forms of smoking, so we've seen an increase in shisha smoking in under 24's"		

Cochrane Tobacco Addiction Group
20th Anniversary Priority Setting Project (CTAG taps)

Appendix 7: Suggestions for further action

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: ADDRESSING INEQUALITIES

Top 3 questions (prioritised in survey phase 2):

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?

Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
EDUCATION	"we've got to educate the lower xxx group to the harmful effects of smoking" "So is the question then 'How do we get sort of leaders in those communities to help us get the message to them?"	LOOK AT PRISON POPULATION	"with addressing inequalities we were talking about prison population and I think prison population possibly could come more into that section.... the prison population might not necessarily be included in the smoking assessment." "There are also sub groups aren't there within this, for example prison population, where it is the norm to smoke, its currency, you know, it's how you, so I think there will be hopefully some analysis, subset analysis looking at these particular groups, people on parole, mental health issues." "I guess to me....where the difficulty is with the GP practice xxxx primary care services are actually commissioned within a prison setting, you know a physical health check saying xxxxxx be picked up in the same way as you would, you know, xxxx GP practice or other NHS health checks. So, you know, there's invisible close population that don't get the same degree of exposure for consideration which impacts on equity, inequality"
UNDERSTAND & CHANGE NORMS	"We've got to reach out to the hard to reach groups where in certain families it's a case of generational smoking- grandad smokes, auntie smokes, xxx smokes, and it just continues as part of the norm, we've got to break out of that" "There was some interesting research come out in Kent couple of years ago which is around smoking in pregnancy and women would often say xxxxxx deprived community, would say oh my baby was fine all my sisters babies were fine and she smoked right through her pregnancy and you hear that sort of thing quite a lot. The researchers dig into what fine meant. So because in that community it was the norm for the kids to be going onto A&E routinely with xxxx conditions which was due to second hand smoke and, you know, all the consequences of smoking xxxx etc., ADHD, so many different issues come out, But this was fine, if that had been a middle class community all of those things would not have been fine. So, its understanding what 'fine' means, it goes back to the social norms."	BETTER DISSEMINATION	"again, it's going round to stuff that came up this morning about dissemination and I think there's no lack or reviews on that. It's a case of well we've done our bit..." "Well the thing is the people who need it the most probably won't get access to xxxxx, they're not following Cochrane on Twitter"
DEVELOP INTERVENTION WITH PUBLIC INVOLVEMENT	"we've kind of done everything that we know how to do so we've got to work with the people, with these people, to work out what is meaningful for them as well. So, we can't just say we've got the service you should just go for it, we need to work out why" "A way of interacting with them, interact being the key word rather than, you know, intervention." "...what their motivations are and....the best way of interacting with them and engaging with them."	TRANSLATION	"I mean we can't assume the elderly Indian, Pakistani and Bangladeshi communities could even speak English, so they're not aware they don't understand fully. They're not aware that there is help xxxxxxxxxx the community itself xxxx and I have many elderly uncles xxxxxxxxxxx. So if it was sent out in another language, say Gujarati then it would make a difference, but not in English." "I would say that a lot of the printed communication is available in other languages, not necessarily broadcast though"
DEFINE HARD TO REACH	R: "I would say we need to define the group and then hope to locate them on the definition and identification." R: "So you're saying xxx question that would be like who are the hard to reach smokers?" R: "In our discussion I xxxx we realised this group would be the harder smokers and so how to reach them, how to understand what their motivations are." "Can I just suggest that hard to reach is perhaps the wrong term because I know there's people that will argue any smoker is hard to reach so that's not necessarily to do with inequalities. Anybody that doesn't access a smoking service is hard to reach as opposed to, I don't know, inequalities socioeconomic or is it something else"		
TRANSLATION	"I mean we can't assume the elderly Indian, Pakistani and Bangladeshi communities could even speak English, so they're not aware they don't understand fully. They're not aware that there is help xxxxxxxxxx the community itself xxxx and I have many elderly uncles xxxxxxxxxxx. So if it was sent out in another language, say Gujarati then it would make a difference, but not in English." "I would say that a lot of the printed communication is available in other languages, not necessarily broadcast though"		

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: ELECTRONIC CIGARETTES

Top 3 questions (prioritised in survey phase 2):

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?

Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
SAFETY DIFFERENTIATION BETWEEN DEVICE & LIQUIDS	"you can't say how safe e-cigarettes are because a lot of the research is going to be from the electronic market and it needs to be, the question needs to be worded to, how safe is e-liquid not e-cigarettes because it's two parts of the xxxxxx." "I think the majority of danger comes from the devices, you know, badly made devices."	INCREASE AWARENESS	"it's all based on fear and lack of knowledge because people don't know about the Cochrane, that's part of the problem."
ASSESS SAFETY	"many potential risks are still unquantified, particularly the inhalation safety of the xxxxx, which wouldn't be expensive to do and is desperately needed."	COMPARISON TO OTHER CESSATION AIDS	"I'd be interested in E-cigarettes combined with a traditional xxxxxxxxx, so transdermal patches plus e-cigarettes, because dual forms of NRT gets higher quit rates, so a patch and e-cigarettes get higher rates."
ASSESS RENORMALISATION OF SMOKING	"young people aren't exposed to see people smoke cigarettes xxx and they seem exposed, they get quite exposed to seeing electronic cigarettes, you see quite a lot, does that, will that initiate them starting electronic cigarettes which will lead onto tobacco addiction and smoking. I think there's a bit of work around that that has to be done"	FOCUS ON EFFICACY	"What I think the Cochrane should be focusing on out of those three questions is number three personally, the other two are just xxxx what fits in with what Cochrane. I know they could research that but."
EDUCATION	"how we educate people effectively about the risks and benefits of using e-cigarettes is important here and globally. I don't know how, xxx research and that I don't know how we can work out which is the best way to do that is but I guess it might be more of a kind of a research xxx practice" "they have the highest potential for being successful in stopping people from smoking. Even though, as I say that is a side effect and the largest proportion of misinformation, so it's vitally important that the work is done to correct that." "nicotine is xxx as something that is, you know, I mean xxx in something rather dangerous, I don't say it is, that's not true, the question for me is whether there is a way of, you know, making people, the public at large being more aware of this."		
GATEWAY TO SMOKING	"will electronic cigarettes seem as a step towards smoking tobacco. So would a person who sees someone smoking an electronic cigarette start, never been a smoker, never smoked, start using electronic cigarettes because all their friends are using electronic cigarettes, get the feel for tobacco and then move onto, I don't know xxxx nicotine and then move onto a tobacco product. Now again I don't know if there's evidence to xxxxxx that but I think it does."		
RESEARCH RELAPSE	"people who have been smoking cigarettes and then they go to E-cigarettes about them switching back to cigarettes." R: "Long term relapse?" R: "Yes" R: "It's a really good research question I think."		
COMPARISON TO OTHER CESSATION AIDS	"I'd be interested in E-cigarettes combined with a traditional xxxxxxxxx, so transdermal patches plus e-cigarettes, because dual forms of NRT gets higher quit rates, so a patch and e-cigarettes get higher rates."		

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: INITIATING QUIT ATTEMPTS Top 3 questions (prioritised in survey phase 2): 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?			
Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
PROMOTE STOP SMOKING SERVICES	"most smokers don't know about stop smoking services and don't know about what are the best ways to quit…most of them do cold turkey. If they don't do cold turkey they'll go and buy a patch from the pharmacy without getting any advice, typically buy a patch that's not got a lot of strength because its cheapest, and then fail. And then that puts them off trying to quit again because they tried it and it didn't work." "a lot of people said there needs to be a greater use and uptake of information, with people approaching smoking cessation clinics in order to get the help they need."		
PUBLIC HEALTH CAMPAIGNS	"these can be quite effective in xxxx quit rates, and so if people run public health campaigns and mass media campaigns to initiate quit attempts in the population xxxx"		
ASK TRIAL PARTICIPANTS ABOUT MOTIVATIONS	"…in trial context, you know, you could actually try and collect information why people decided to quit and try and actually work out what the thought processes were as well as, you know, quit rates or something like that and that would be important information I would have thought."		

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: MENTAL HEALTH & OTHER SUBSTANCE ABUSE Top 3 questions (prioritised in survey phase 2): 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?			
Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
IDENTIFY LINK BETWEEN SMOKING & MENTAL HEALTH	"why are there people smoking so much in relation to mental health and what is it about smoking, and if it is nicotine is there another way of… Why is smoking xxxx so much higher?" "if it's nicotine, then they could get that from a patch or from, you know, something else so, yeah. If it's shown that nicotine actually does help [mental illness]… then that can be given- you know, chewing gum or patches or whatever. But if it's the physical act of smoking that…has got that calming effect, that actually lighting up and inhaling and everything else…."	USING COHORT/CASE CONTROL STUDIES	"methodologically it's a big challenge for the group because the best evidence, the only available evidence, is not there in randomised trials. So the group has got to..actually could lead the way within Cochrane, pushing onto cohort studies and case controlled studies, which is what, that's where we should be going now"
		RESEARCH INTRODUCTION OF SMOKE FREE	"Yes it would be interesting to look at what's happened around the introduction of smoke free mental health sites"
		RESEARCH OUTPATIENT SETTINGS	"Well in the interventions settings section that Cochrane have done they've done psychiatric settings but what they haven't necessarily done is community mental health interventions which would be a topic that Cochrane, you know, it fits into the Cochrane portfolio really"

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: POPULATION-LEVEL INTERVENTIONS

Top 3 questions (prioritised in survey phase 2):

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?

Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
EDUCATION FOR PREVENTION	"I think maybe on the population level interventions xxx education would probably be one of the biggest things if you educate in schools so that people can just stop, prevention is always better than cure so that's where it should start."	ASSESS HARMS	"Well that would be a very valid question to ask xxx the review. What's the harm? You'd have to ask that question"
COST-EFFECTIVENESS	"part of the prioritising, we put the population level interventions, is saying they're more cost effective?.....It would be good to have the evidence for that compared to say individual levels."	ADDRESS METHODOLOGICAL CHALLENGES	"they (population level interventions) potentially are the biggest methodological challenge for the Cochrane Collaboration"
EFFECT OF MASS MEDIA INTERVENTIONS	"working out what mass media works" "There's....I'm not involved with but I've had a discussion with people from xxx who are running these mass media campaigns on videos that they have made of people who actually have xxxx with the process of quitting. And also they show like what happens to your lungs like actual specimens of smoker's lungs, you know, they have made different kinds of videos and they're trying to show them in...." R: "Was it vile?" R: "Yes, so they're trying to show it in, you know, outpatient department's, in-house sectors, in other places like in cinemas. They're implementing those kind of things xxx, which are population levels but they're implementing them everywhere, even in schools. They haven't got the results back yet, but those are the kind of interventions it would be really interesting to get information on, because developing countries can do those kind of things xxxxxxxxxxx"	RELATIVE EFFICACY	"Yeah that specifically says which ones, I presume to what degree, which is quite important. Then you know which ones to recommend"

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: TREATMENT DELIVERY

Top 3 questions (prioritised in survey phase 2):

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?

Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
TRAIN HEALTH PROFESSIONALS IN SMOKING TREATMENT	"Everyone….can be trained in the basics of smoking cessation…..They can be given advice on how to access and where to get xxxx" "it's about the whole rest of the NHS xxxxxx. That's where research needs to be in training them, how best to train them, and the effects of their training on smoking cessation" "There was a point made this morning that nurses and doctors- smoking cessation is not…it is in Oxford….so they often get the training, but they're unusual, and that should be xxx standard." "a load of GP's think that the problem with cigarettes is the nicotine is what's doing the damage, therefore they won't prescribe NRT because you're giving them more of what's hurting them, and you think bloody hell if you think that, how are you gonna help them, you know, and that's the trainer, that's just information." "Maybe it is this generation thing, you build it in at the level of medical schools and then ten, fifteen, twenty years down the line they are the policy makers, the ones who learned about it when they were 19." "the clinicians face smokers at the frontline but if they are not aware of what's been going on they can't pass on that knowledge." "GP's encouraging their patients to think about attempting to stop is helpful, but we also know that the majority of smokers don't get that advice every year. So learn more about how to try and encourage GP's to encourage xxxxxx, for example xxx, types and ways." "most psychiatrists are still not particularly good with understanding smoking cessation and xxx help the smokers, because if they had been trained in it they would buy into it. And that would reduce the death rate" "You want to put research into practice? Then you need to target the people who are going to make decisions, like whether or not doctors xxx make these decisions. I mean with the best will in the world I don't think a lot of smokers are going to read Cochrane reviews, even the abstract."	INFORM HEALTHCARE PROFESSIONALS ABOUT COCHRANE EVIDENCE	"I asked my GP, well I told her I was coming here, and she said 'what's the Cochrane Review about?' I'm like, 'you don't know?'. So I mean how far-fetched is it to employ people literally to promote" "Well there's five or six really key journals that any clinician would be looking at….and so you'd have a Cochrane page once every two or three months in each of those."

Appendix 7: Suggestions for further actions with illustrative quotes

CATEGORY: YOUNG PEOPLE

Top 3 questions (prioritised in survey phase 2):

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?

Action for general field (theme)	Action for general field (quotes)	Action for CTAG (theme)	Action for CTAG (quotes)
SET PREVALENCE TARGETS (SPECIFIC TO YOUNG PEOPLE)	"if we moved towards a xxx target, so a percentage of the population that are smokers, then we'll xxxxxxx. That's like the rationale to invest in stopping even if you've started smoking"	ENSURE REVIEWS ARE UP TO DATE	"you might be able to suggest that there's something different about young people today versus the evidence that's already on the Cochrane Library". R: "It might be one for an update"
IDENTIFY SUCCESSFUL STRATEGIES	"in the youth you need to investigate what works with them, what's stopping them from….initiating smoking."		