

## Smoking cessation in Australia, January 2005 – December 2012

### Selection criteria

Criteria	Inclusion	Exclusion
Time period	January 2005–December 2012	
Language	English	
Type of article	Research article	
Study design	Original research articles	Reviews; meta-analyses; study protocols; letters (unless they contain original research data); commentaries; opinion pieces; news stories
Place of study	Australia, including studies in which: <ul style="list-style-type: none"> <li>• data from Australia are compared with data from other countries;</li> <li>• data from Australia are pooled with data from comparable countries such as the UK, USA, New Zealand and Canada</li> </ul>	Research taking place in countries other than Australia
Aspects of smoking-related research	<p>Any research, either pure or applied, that addresses one of the following aspects of smoking cessation:</p> <p><b>Smoking cessation intervention research</b>, including the acceptability, implementation and evaluation of pharmacologically or professionally mediated interventions, unassisted (mass-reach) interventions/policies or unassisted (on own) cessation</p> <p><b>Trends, correlates or predictors</b> of smoking cessation, including risks, protective or predictive factors associated with cessation, and barriers and facilitators of cessation</p> <p><b>Biotechnology or molecular biological research</b>, such as genotyping or vaccine development</p>	<p><b>Smoking prevalence</b> within the general population or specific sub-populations (if no reference to cessation)</p> <p><b>Smoking status and health</b>: smoking-related morbidity and mortality; smoking as a risk factor or predictor of disease, other health-related behaviours or adverse outcomes (e.g. diabetes, CHD, depression, substance-misuse, adverse birth outcomes)</p> <p><b>Effects of cessation</b> on behavioural, cognitive or affective variables; social disadvantage/financial stress/SES</p> <p><b>Health economics and cost-effectiveness studies</b></p> <p><b>Methodology research</b>: study recruitment; assessment of smoking status or smoking intentions of study participants</p> <p><b>Interventions to prevent uptake of smoking</b> (if no reference to cessation)</p> <p><b>Trends, correlates or predictors of smoking initiation</b> (if no mention of trends, correlates or predictors of cessation)</p> <p><b>Development of clinical guidelines</b> or assessment of adherence to clinical guidelines (if no reference to impact on cessation)</p> <p><b>Impact of environmental tobacco smoke</b></p>

		<p>(on health, children, non-smokers)</p> <p><b>Genetics</b> (and smoking status; screening for susceptibility to smoking) (if no reference to cessation)</p> <p><b>Harm reduction</b> – smokeless tobacco, cutting down (if no reference to cessation)</p> <p><b>Smokers' beliefs and knowledge</b> about the harms of smoking; light/mild descriptors, pack or brand appeal (if no reference to cessation)</p> <p><b>Tobacco control policy</b> – funding priorities, modelling future directions</p> <p><b>Tobacco consumption</b> – trends and monitoring (unless used as proxy indicator of cessation)</p> <p><b>Regulation</b> – retail, tobacco industry, tobacco control policies (if no reference to impact on cessation/quitting intentions)</p> <p><b>Bibliometrics</b></p> <p><b>NRT adverse effects</b></p>
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