

PMID	First Author	Title	Year	Study Type	CVD	RF by CO	Study Origin	Setting	Search Range	Data Sources	Study Eligibility Criteria	Number of Studies	Main Study Objective	Target Population	Patient Characteristics	Interv. Studies (n)	Interv. Study Characteristics	Interv. Type	Specific Intervention Examined	Intervention Results/Conclusions	OB Studies (n)	OB Study Characteristics	Observational Relationship Assessed	Observational Results/Conclusions	Main Reported Findings by Critical Question	Limitations of Studies Reviewed	Quality of SR
12917911	Roseby R	Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke	2003	SR	None	Q10 (RF10, RF13)	Australia	Multiple settings	NR	Tobacco Addiction Group register of studies MEDLINE EMBASE Cochrane Central Register of Controlled Trials CINAHL PsycINFO ERIC HEALTHSTAR Article bibliographies Expert suggestions	Studies on mechanisms for reduction of children's environmental tobacco smoke exposure and smoking prevention, cessation, and control programs (e.g., smoke-free policies and legislation, health promotion, social/behavioral therapies, technology, education and clinical interventions) CTs with or without random allocation Subjects were people involved with care and education of infants and young children aged 0-12 yr (e.g., parents, other family members, child care workers, teachers) Studies whose primary aim was to reduce children's exposure to environmental tobacco smoke (ETS), whose secondary outcomes included reduction or cessation of familial/parental/carer smoking, or changes in infant and child health measures Studies whose primary outcome was the reduction or cessation of familial/parental/carer smoking, which may result in reduced children's exposure Exclusions: Studies of uptake of smoking by minors	18	Determine the effectiveness of interventions aiming to reduce exposure of children to ETS	Parental/ Family/ Caregiver	People (parents and other family members, child care workers and teachers) involved with care and education of infants and young children (ages 0-12 years) Studies were stratified according to age group of the children: infants (< 1 yr), preschoolers (1-6 yr), school age (6-12 yr)	18 RCT: 14 CT: 4	Follow-up: 5-24 mo with 3 studies featuring follow-up of less than 6 mo	Behavioral	Parental or carer smoking cessation or reduction (n=6) Reducing children's exposure to cigarettes smoked (n=6) Combination of parental or carer cessation, reduction or avoidance (n=6)	Of the 18 studies, 4 report success in achieving reduced children's ETS exposure between intervention and control groups (with or without biochemical validation), while 5 demonstrated a trend towards benefit, but the difference between intervention and comparison groups was not statistically significant, and 9 failed to detect any intervention effect on ETS outcomes None of the 5 studies which examined measures to reduce ETS exclusively for infants detected an intervention effect. 2 of the 5 studies examining measures to reduce ETS for children up to and including preschool age demonstrated an intervention effect. 3 of the 9 studies examining measures to reduce ETS for children up to and including school age demonstrated an intervention effect In the clinical respiratory setting, only 1 of 5 studies demonstrated an intervention effect and this was small. In the clinical non-respiratory setting, 1 of 3 studies showed an intervention effect	N/A	N/A	N/A	N/A	Q10: There is no clear evidence for difference between the respiratory, non-respiratory ill child, well child and peripartum settings as contexts for reduction of child ETS exposure. Interventions appeared relatively successful in changing participants' knowledge of the effects of ETS. There is insufficient evidence of the impact on child health indicators of efforts to change child exposure to ETS. 12 of the 18 studies demonstrated reduced child ETS exposure for study participants, regardless of assignment to intervention or control groups. There is limited support for more intensive counseling interventions. There is greater support for interventions that concentrate primarily on changing participants' attitude and behaviours, rather than on change in knowledge	Reliability of parent reports imperfect	B
12917911	Roseby R	Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke	2003																								
14580640	Christakis DA	Pediatric smoking prevention interventions delivered by care providers: a systematic review	2003	SR	None	Q13 (RF10)	USA	Clinical	MEDLINE: 1966-2002 Cochrane Clinical Trials Registry: As of 2002 PsycINFO: As of 2002	MEDLINE Cochrane Clinical Trials Registry PsycINFO Medical Editors Trial Amnesty Article bibliographies Expert suggestions	4	Conduct a systematic review of RCTs of smoking prevention interventions for youth delivered via medical or dental providers' offices	Pediatric/ Young Adults	Age: < 21 yr	4	NR	Behavioral	Smoking prevention	3 studies found no significant differences between treatment and control groups with respect to initiation of smoking during the follow-up period, while in 1 study there was a small but significant reduction in reported smoking among intervention youth	N/A	N/A	N/A	N/A	Q10: This systematic review of the literature on provider-based prevention programs targeting patients and their families found scant evidence of the programs' effectiveness. 3 studies found no significant differences between treatment and control groups with respect to initiation of smoking during the follow-up period, while in one study, a small but significant reduction in reported smoking among intervention youth was found	Diverse studies Studies relied on self-report of smoking at follow-up Studies featured short follow-up Definition of "smoking initiation" varied Only English-language studies were reviewed No unpublished studies were detected		
14580641	Garrison MM	Smoking cessation interventions for adolescents: a systematic review	2003	SR	None	Q10 (RF10)	USA	Multiple settings	MEDLINE: 1966-2002 Cochrane Clinical Trials Registry: As of 2002 PsycINFO: As of 2002	MEDLINE Cochrane Clinical Trials Registry PsycINFO Medical Editors Trial Amnesty Article bibliographies Expert suggestions	6	Conduct a systematic review of controlled trials for adolescent smoking cessation	Pediatric/ Young Adults	Age range: 10-21 yr	6	NR	Behavioral	School-based smoking cessation interventions Hospital-based smoking cessation intervention Laser acupuncture smoking cessation intervention	All 3 of the school-based studies reported significant impacts on cessation rates, although only 1 of these was an RCT The intervention among pregnant women demonstrated a decrease in daily cigarette consumption and exhaled carbon monoxide levels, but not in actual cessation rates The hospital-based and laser acupuncture interventions showed no difference between intervention and control groups in smoking outcomes	N/A	N/A	N/A	N/A	Q10: All 3 of the school-based studies reported significant impacts on cessation rates, although only 1 of these was an RCT. The intervention among pregnant women demonstrated a decrease in daily cigarette consumption and exhaled carbon monoxide levels, but not in actual cessation rates. The hospital-based and laser acupuncture interventions showed no difference between intervention and control groups in smoking outcomes	No unpublished studies were detected Only English-language studies were reviewed Diverse interventions High losses to follow-up Varying definitions of "self-report of cessation"	A	
15737770	Wehe SE	A systematic review of school-based smoking prevention trials with long-term follow-up	2005	SR	None	Q11 (RF10) Q13 (RF10)	USA	Community (schools)	Up to July 2003	MEDLINE Cochrane CINAHL EMBASE PsycINFO ERIC Medical Editors Trial Amnesty Bibliographies of relevant articles	8	Evaluate interventions for school-based smoking prevention with long-term follow-up data	Pediatric/ Young Adult	NR	8	NR	Behavioral	School-based smoking prevention programs (e.g., DARE)	Little evidence that existing programs produce long-term decreases in smoking prevalence Smoking prevalence as reported in each study at 12th grade or age 18 follow-up evaluation varied from 15% to 50% in intervention groups and from 15% to 52% in control groups Pooled risk difference estimate from random-effects meta-analysis was -0.61 (95% CI: -4.22 to 3.00) Among 8 studies, only 1 showed statistically significant results, suggesting that school-based intervention effects resulted in decreased monthly smoking prevalence at 12th grade or age 18	N/A	N/A	N/A	N/A	Q11, Q13: Little evidence that existing programs produce long-term decreases in smoking prevalence	Inclusion criteria too rigorous and omit worthwhile interventions Lack of true non-intervention controls Unit analysis problems Student attrition may lead to underestimation or overestimation of impact	A	
17253511	Thomas RC	Family-based programmes for preventing smoking by children and adolescents	2007	SR	None	Q13 (RF10)	UK	Mult Settings	Through July 2006	Cochrane Tobacco Addiction Group Specialized Register CENTRAL Medline EMBASE PsycINFO CINAHL Web of Science ERIC	20	Assess the effectiveness of interventions to help family members to strengthen non-smoking attitudes and promote non-smoking by children and other family members	Parental/ Family/ Caregiver	NR	20	Conducted in the US: 14 Conducted in other countries: 6	Behavioral	Family-based interventions intended to deter the use of tobacco Interventions to prevent drug and alcohol use were included if outcomes for tobacco use were reported	Studies that compared the effectiveness of family interventions to prevent or deter tobacco use to usual care or no intervention resulted in mixed findings. For example, 4 RCTs found that non-smokers remained non-smokers with a family intervention compared to a control; however, 4 RCTs found no differences between subjects receiving a family intervention and subjects in a control group 1 RCT found a family intervention superior to a school intervention; however, 4 RCTs found no difference between intervention and control groups No RCTs found an incremental effect from a family-plus-school intervention compared to a family intervention alone 1 RCT compared a tobacco use-targeted intervention to a non-tobacco use-targeted intervention and found no change in tobacco use in the former compared to the latter group at 3 yr follow-up 2 RCTs reported positive effects from a family-plus-peer intervention to reduce risks compared to peer intervention alone or a control	N/A	N/A	N/A	N/A	Q13: Evidence about the efficacy of family interventions to prevent adolescent smoking was mixed but several high quality studies did show significant (+) effects.	The use of combined interventions with differing aims (e.g., interventions aimed not only at smoking but use of bicycle helmets and seatbelt safety) may have masked the basic message aimed to prevent smoking	High	