

Smoking Cessation in Canada: Practice-informed Research Agenda

April 19, 2011

EXECUTIVE SUMMARY

One of the main objectives of the CAN-ADAPTT project is the development of a research agenda in key areas of smoking cessation with the intent to bridge the gaps between clinical practice and research. Using a practice-informed approach, the research agenda will contribute to both clinical and population-based approaches of smoking cessation in Canada.

This document aims to summarize gaps in knowledge and research, specifically highlighting those identified by CAN-ADAPTT network members and stakeholders as priorities. The five topic areas highlighted as research priorities below are a result of network feedback gained through an online survey conducted in spring, 2010. Respondents were asked to select topic areas they thought were the most significant priorities for further research in Canada from a list of 27 areas. These priorities provide a basis for exploration into how practitioner-initiated research questions can be investigated.

The five prioritized topic areas outlined in the Research Agenda are summarized in Table 1 below, arranged in rank order.

Table 1: Top Five Priorities Identified by Network Respondents

Topic Areas	% of Respondents Prioritizing
Combination therapy	42%
People making repeat attempts to quit	40%
Children, adolescents, and youth	35%
Psycho-social treatments/ counselling	35%
Screening, assessment, advice, follow-up	34%

This research agenda is informed by both internal and external sources. Internal sources include communication vehicles available for CAN-ADAPTT network members to identify research questions or gaps in knowledge, such as the member online survey and discussion board. External sources include existing guidelines, reports, and studies identifying significant gaps in research.

The following table broadly summarizes all areas of research or knowledge gaps identified by internal or external sources. The prioritized topics are in boldface. Topic areas are categorized according to five broad themes, which are: provider approaches; organization-level approaches; approaches addressing specific populations; policy and population-level approaches; and “other” topics.

Table 2: Topic Areas by Broad Theme

Themes	Topic Areas Where Gaps Have Been Identified
Provider Approaches	Clinical interventions; intensity of interventions; screening, assessment, advice and follow-up; counselling medication; combination therapy .
Specific Populations	HIV positive smokers; hospitalized smokers; LGBTTQ smokers; smokers with medical co-morbidity; older smokers; smokers with psychiatric and/or substance use disorders; people making repeat attempts to quit ; ethnic groups/new Canadians; Aboriginal peoples; women/sex differences and gender influences; children, adolescents and youth ; light smokers; non-cigarette tobacco users; pregnant and breastfeeding smokers; weight gain after stopping smoking; military members; contraband tobacco; rural populations.
Organization-level	Clinician type; systems; cost effectiveness.
Policy and Population-Level Approaches	Economics; tobacco industry practices.
Other	Neurological/genetics.
<i>Bolded text indicates one of the top 5 research priorities identified by the survey</i>	