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#### REVIEW

## ADDICTION

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## Smoking cessation interventions for pregnant women attending treatment for substance use disorders: A systematic review

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### | Abstract

**Background and aims:** Up to 95% of pregnant women seeking treatment for alcohol and other drug (AOD) use smoke tobacco. Previous reviews indicate few effective smoking cessation treatments for this group. This updated review aimed to identify and measure the efficacy of smoking cessation interventions trialled among pregnant women in AOD treatment settings who smoke tobacco.

**Methods:** A narrative synthesis was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement. Studies involving psychological, behavioural or pharmacological interventions used to treat tobacco use, including electronic nicotine delivery systems, for pregnant women of any age, who smoked tobacco and were seeking/receiving treatment, or in post-treatment recovery for AOD concerns, were reviewed. MEDLINE, PsycINFO, CINAHL, EMBASE and ProQuest databases, grey literature and reference lists were searched, and field experts were contacted for unpublished study data. The Effective Public Health Practice Project tool assessed study quality. The review was pre-registered with PROSPERO no. CRD42018108777.

**Results:** Seven interventions (two randomised controlled trials, two single-arm pilot studies, two program evaluations and one causal comparative study) treating 875 women were identified. All were United States (US)-based and targeted women with drug dependence, but not alcohol dependence. Three interventions used contingency management, five provided behavioural counselling, and one offered nicotine replacement therapy. All reported reductions in cigarette consumption; one contingency management-based study demonstrated higher abstinence rates compared with controls at treatment-end that were not maintained at follow-up. Four of six studies were rated as methodologically weak and one unpublished study was not rated.

**Conclusions:** Conclusions about the efficacy of smoking interventions for pregnant women with alcohol and other drug concerns who also smoke tobacco are hindered by the paucity of available data and poor methodological quality of included studies.

#### KEYWORDS

alcohol and other drugs, interventions, pregnancy, smoking, smoking cessation, substance use disorder, systematic review, tobacco, treatment

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#### INTRODUCTION

Across countries and cultures, the highest rates of tobacco smoking are seen in groups who experience the lowest levels of socioeconomic advantage [1]. In Australia, the most disadvantaged pregnant women are six times more likely to smoke during the first half of their pregnancy than the least disadvantaged women (18% compared to 3%) [2]. These women are also more likely to experience problematic alcohol and other drug (AOD) use [3] with up to 95% of those seeking treatment for substance use in pregnancy reporting tobacco smoking [4,5]. These figures are in stark contrast to those of general population pregnant women who smoke, currently at 10% in Australia [6].

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Smoking rates in populations with maternal substance use are influenced and perpetuated by many of the psychosocial challenges that characterise this group, including stigma [7], mental illness [8], trauma [9], intimate partner violence and child protection issues [10]. Although smoking cessation often receives little attention [11], many women express a desire to quit, motivated by the health of their baby [12,13]. Smoking cessation treatments with an evidence-base in pregnancy, including nicotine replacement therapy (NRT) [14], contingency management (CM), and behavioural counselling are available [15], but evidence for their effectiveness in this population is lacking.

The dearth of research in this area was highlighted by two reviews. The first from 2014 was restricted to pregnant women receiving opioid agonist treatment (OAT) [5]. Three behavioural interventions were identified [16–18], with one having a significant impact on smoking abstinence [16]. A second from 2011 examined all pregnancy specific, experimentally designed cessation interventions from 1990 to 2010 [19]. Of the 97 found, two targeted AOD populations [17,20]. One study [17] appeared in the aforementioned review, but neither resulted in significant abstinence for participants. The restricted search criteria may have overlooked some trialled interventions, and an up-to-date review with wider scope is required.

#### Review aim and scope

This review will identify and examine interventions that quantitatively assess smoking cessation outcomes trialled in pregnant women receiving AOD treatment who smoke tobacco, regardless of their substance of concern, study methodology or time since studied. Findings will be used to inform future interventions to address the extensive presence of smoking in this high-priority group.

#### METHODS

This review is reported according to recommendations outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement [21]. The review was registered with PROSPERO (no. CRD42018108777) before protocol publication [22].

#### Search strategies

Given the limited number of studies, small sample sizes and negative findings found in earlier reviews, a search strategy that considered publication bias was devised. MEDLINE, PsycINFO, CINAHL, EMBASE and ProQuest Dissertations and Theses Global were searched using a combination of terms associated with tobacco use, pregnancy, psychoactive substance use and smoking cessation interventions (see Supporting Information). Database searches were conducted in February 2019, January 2020 and updated in May 2021. Three iterations of a Google Scholar search, limiting results to 20 pages, and a review of reference lists were also performed. Last, field experts were contacted about studies that matched the criteria, but had not been published or identified in the search strategy.

#### Inclusion criteria

Studies of any design methodology that quantitatively reported changes in tobacco smoking behaviours were included. 'Tobacco' for this review, encompassed all combustible products including cigarettes, cigars, pipes and hookahs.

Participants were pregnant women of any age who smoked tobacco and were seeking or receiving treatment, or in post-treatment recovery, for AOD concerns. Interventions included any psychological, behavioural or pharmacological treatments used to treat tobacco use, including electronic nicotine delivery systems. Treatments specifically targeting cannabis smoking were excluded.

#### Data extraction

Abstract screening against eligibility criteria, full text reviews and data extraction was completed independently by M.A.J. and K.M. Reasons for article exclusion were documented and any discrepancies resolved by discussion.

#### Quality of evidence

A qualitative assessment of included published studies was undertaken using the Effective Public Health Practice Project (EPHPP) quality assessment tool for quantitative studies [23]. This tool evaluates selection bias, study design, confounders, blinding, data collection methods and withdrawals/dropouts as 'strong', 'moderate' or 'weak'. An overall global rating of strong (no weak ratings), moderate (one

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weak rating) or weak (two or more weak ratings) is made. The 'blinding' criteria were considered inappropriate for the studies under review. Its inclusion skewed results unnecessarily yielding a weak rating for all but one study.

#### Data synthesis

The small number of studies and heterogeneity of research designs, interventions and smoking-related outcome measures, precluded meta-analysis. A narrative synthesis of outcomes was instead conducted.

#### RESULTS

The initial search returned over 2000 articles, of which six were included in the final review [16–18,20,24,25] including four previously identified [16–18,20]. The unpublished results of an additional study came from an expert contact [26]. Figure 1 illustrates the screening process. Table 1 details the reviewed studies.

#### Study characteristics

All studies were conducted in the United States (US) between 1996 and 2019, incorporating 875 women. They comprised a variety of methodological designs: two randomized controlled trials (RCTs) [16,17]; two single-arm pilot studies [24,26]; two program evaluations [20,25] and one causal comparative study [18].

#### Participants

Five studies targeted women receiving OAT [16–18,24,26] and two targeted those in treatment for general drug dependence [20,25]. No studies among women receiving alcohol treatment were found.

#### Interventions

All interventions incorporated two or three evidence-based smoking cessation strategies including an educational component (verbal or printed materials). Three treatments used CM, a strategy that incentivises smoking abstinence or reduction to positively reinforce desired behaviour changes. Financial incentives [16,26] or prize-based incentives [20] were delivered, contingent on carbon monoxide (CO) samples being below a predetermined target.

Six treatments provided behavioural counselling, delivered either individually [17,25,26] or in group format [18,20,24]. Two studies also added individualised support via external referrals and assistance to

address barriers to cessation [24] or positive verbal reinforcement from staff during clinic encounters [25]. Only one treatment offered participants access to NRT [20].

#### **Outcome measures**

#### Smoking related

Four studies provided self-reported cigarettes per day (CPD) data at baseline and follow-up [16,18,24,26]. Others provided proportional CPD data [25], significance statistics without group means [17] and numbers of tobacco use days in the past 30 [20].

Five studies sought biochemical verification of smoking status using breath CO [16,17,20,24,26] with cut-offs varying from  $\leq$ 3 to <10 p.p.m. Urine cotinine (200 ng/mL cut-off) provided additional verification in two studies [16,17]. Other tobacco use outcomes included nicotine dependence [24]; nicotine withdrawal symptoms [20]; motivation and confidence to quit [24]; stages-of-change continuum [17,20]; and second hand smoke exposure [24]. One study examined predictors of smoking outcomes [18].

#### Other outcomes

Three studies assessed treatment acceptability [20,24,25]. One evaluated improvements in maternal depression, anxiety and recovery capital [24] and one CM study provided group comparisons of pregnancy and neonatal outcomes impacted by smoking. Incentive earnings were also reported [16]. No studies assessed changes in other substance use as an outcome.

#### Quality

Overall, one study was rated strong, one moderate and four weak. No assessment was made for the unpublished study [26].

#### Intervention outcomes

#### Interventions not previously reviewed

Fallin-Bennett et al. evaluated a group-counselling program in pregnant and postpartum women receiving OAT (n = 50) [24]. The program produced significant reductions in past 30-day CPD. CO also decreased, but not significantly. Decreased nicotine dependence and improved depression, anxiety and stress symptomatology was reported. Confidence and motivation to quit increased, although not significantly. Decreased cigarette consumption led to increased recovery capital being available to sustain abstinence from substance use, again not significantly. A total of 124 referrals to assist



FIGURE 1 Search process and study selection

in reducing barriers to cessation were given to 38 women, mostly for external smoking cessation classes, counselling, contraception or obstetric care.

An unpublished pilot study by Kurti assessed whether incentivizing gradual reductions in smoking rather than complete abstinence would be more effective in pregnant, opioid dependent women (n = 15) [26]. Financial incentives were offered for achieving CO-verified reduction targets (identical to Tuten et al. [16]) over 12-weeks, before incentives were contingent on cotinineverified abstinence. Some participants achieved CO-verified abstinence at treatment-end, but were not supported by cotinine verification, so no follow-ups were made. Reductions in CPD were reported.

Waller et al. evaluated an education and counselling-based smoking cessation program for women with AOD concerns enrolled in a substance use prevention program (n = 514) [25]. Approximately half either abstained or reduced smoking. However, no statistics or verification of self-report were provided. Women reported increased awareness of smoking related harm and overall program satisfaction.

#### Previously reviewed interventions

An RCT by Tuten et al. examined the effectiveness of a 12-week intervention using contingent incentives to reduce tobacco smoking in women receiving OAT (n = 102) [16]. Their treatment group had significantly higher rates of CO verified smoking abstinence and reduction at end-of-treatment, but this was not maintained at followup. This was the only study that provided evidence for tobacco smoking abstinence and provided comparisons of maternal and neonatal outcomes, finding clinically relevant differences between treatment and comparison groups.

Haug et al. reported on a 6-week RCT of counselling-based smoking intervention versus standard care to promote abstinence in pregnant women receiving OAT (n = 63) [17]. CPD decreased significantly from baseline to follow-up, however, CO and cotinine increased significantly over the same period. The treatment group were significantly more likely to have progressed on the stagesof-change continuum at follow-up than those from standard care.

Holbrook et al. compared a 6-week group counselling intervention between pregnant and parenting women receiving OAT (n = 91)

TABLE 1 Descri	iption of included studies and	l smoking cessation interventions.			
Author (year) country	Study Type	Recruitment setting and participant characteristics	Baseline tobacco smoking	Treatment groups (n)	Intervention strategies
Tuten M. et al. (2012) [16] USA Previously reviewed [5]	RCT <sup>b</sup>	Setting: Centre for Addiction and Pregnancy inpatient + outpatient program Participants: pregnant women receiving OAT <sup>c</sup>	CPD <sup>d</sup> M (SD) = 18 (8.6)	1. Contingent behavioural incentives (CBI <sup>e</sup> , $n = 42$ ) 2. Non-contingent behavioural incentives (NCBI <sup>f</sup> ; $n = 28$ ) 3. Treatment as usual (TAU <sup>g</sup> , n = 32)	CBI: Financial incentives contingent on CO verified abstinence + TAU vs NCBI: Financial incentives yoked to a previously generated CO <sup>h</sup> schedule (not linked to participants own smoking) + TAU Vs. TAU: Printed educational materials
Holbrook A. et al. (2011) [18] USA Previously reviewed [5]	Causal comparative study	Setting: Outpatient substance use treatment facility Participants: Opioid dependent pregnant ( <i>n</i> = 44) or parenting ( <i>n</i> = 47) women	CPD M (SD) = 18.8 (10.1)	1.Group 5As <sup>i</sup> treatment program (n = 91)	Group counselling Intervention based on 5As model of cessation. Group content includes assessment of nicotine use, education on smoking risks and cessation benefits, identification of quit motivations and smoking triggers, and coping skills. (8- 15 people/group)
Haug N. et al. (2004) [17] USA Previously reviewed [5,19]	RCT	Setting: Hospital-based 7-day residential treatment facility Participants: Pregnant women receiving OAT	CPD M (SD) = 19.9 (11.5)	1. MET <sup>k</sup> ( <i>n</i> = 30) 2. SC <sup>1</sup> ( <i>n</i> = 33)	MET (4 sessions) + SC Vs. SC consisting of advice on reducing tobacco
Ker M. et al. (1996) [20] USA Previously reviewed [19]	Non-equivalent group design/program evaluation	Setting: Long-term residential rehabilitation facilities Participants: Pregnant and postpartum women with substance use disorder 64% crack or other cocaine; 21% crystal methamphetamine; 14% heroin or other opioids	Treatment group – 80% of total admissions self- reported tobacco use Comparison group – 90% of total admissions self- reported tobacco use	<ol> <li>Treatment: residential setting - smoke free with involuntary smoking cessation program (n = 26)</li> <li>Comparison: residential setting - smoking permitted (n = 14)</li> </ol>	<ol> <li>Prize-based incentives contingent on CO verified abstinence</li> <li>Long-acting NRT</li> <li>Group education on risks of smoking</li> </ol>
Fallin-Bennett A. et al. (2019) [24] USA	Single-arm pilot study	Setting: University Department of Obstetrics and Gynaecology Participants: Pregnant and post- partum women, most with opioid use disorder (n = 42 or 84%)	CPD M (SD) = 26.18 (31.84)	<ol> <li>Perinatal Wellness Navigator program (PWN; n = 50)</li> </ol>	PWN <sup>m</sup> program consisting of: 1. SCRIPT <sup>n</sup> program - Quit guidebook and DVD + group counselling based on 5As 2. Addressing individual barriers to cessation

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TABLE 1 (Cont	inued)				
Author (year) country	Study Type	Recruitment setting and participant characteristics	Baseline tobacco smoking	Treatment groups (n)	Intervention strategies
Waller C. et al. (1996) [25] USA	Single-arm program evaluation	Setting: Community clinic - Prenatal Substance Use Prevention Program (PSUPP) Participants: High-risk, chemically dependent pregnant women. (substance use characteristics not described)	High risk smokers (>5 CPD) n = 418 Medium risk smokers (<5 CPD) n = 96	1. Indiana PSUPP <sup>o</sup> ( <i>n</i> = 514)	<ul> <li>PSUPP consists of:</li> <li>1. Education on risks of smoking around baby and importance of quitting at initial visit + development of education/ counselling plan</li> <li>2. Support and reinforcement of abstinence by staff (medical record prompts) during clinic encounters</li> <li>3. One-on-one education sessions + individual referrals at subsequent visits</li> </ul>
Kurti A. Un-published data [26] USA	Single-arm pilot study	Setting: High-risk pregnancy clinic at University Medical Centre Participants: Pregnant women receiving OAT	CPD M (SD) = 15.3 (8.8)	1. Financial incentives (n = 15)	<ol> <li>Financial Incentives (using an escalating incentive schedule with a reset contingency) contingent on CO verified aradual smoking reductions for 12-weeks then cotinine verified abstinence until 12-weeks postpartum</li> <li>3. A brief counselling sessions based on 5As</li> <li>3. Printed educational materials</li> </ol>

TABLE 1 (Conti	nued)				
Author (year) country	Intervention duration and FU <sup>a</sup> (n)	Objectives	Outcomes	Results	EPHPP quality rating
Tuten M. et al. (2012) [16] USA Previously reviewed [5]	12 weeks FUs - 1-month post- intervention (n = not stated) 3 months post- intervention (n = not stated) 6-weeks postpartum (n = not stated)	<ol> <li>Primary - to evaluate feasibility and efficacy of a CBI shaping schedule compared to NCBI and TAU for reducing cigarette smoking in pregnant women with SUD.</li> <li>Secondary - to examine birth outcomes among the three conditions.</li> </ol>	Primary: 1. Mean CO values across 12-week intervention 2. Proportion meeting behavioural smoking 75% reduction and abstinence targets 3. Self-reported CPD at 1 month, 3 months, and 6 weeks postpartum Secondary: 4. Voucher earnings for CBI and NCBI groups 5. Maternal and neonatal outcomes: proportion of LBW <sup>1</sup> , <2500 g) infants, preterm deliveries, mean birth weight, APGAR scores, hospital stay length	<ol> <li>CBI group submitted lower mean COs than the NCBI and TAU across the intervention (F = 18.05, P &lt; 0.0001). Mean CO for CBI group CO decreased from 12.1 at baseline to 4.0 at week-12 and was lower than the NCBI (8.7) and TAU (8.4) groups at week-12, but not significantly.</li> <li>CBI group - 48% met 75% reduction target, 31% were abstinent (CO &lt; 4 ppm) at week 12. TAU group - 2% met 75% reduction on more met abstinence targets. NCBI group - None met 75% reduction or abstinence targets.</li> <li>Previous 24-hour mean CPD differed between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001). No difference between CBI and TAU groups (9.3 vs 15.3, P &lt; 0.0001).</li> </ol>	Selection Bias: Moderate Study Design: Strong Confounders: Strong Method: Strong Withdrawals and Dropouts: Weak Global Rating: MODERATE
				CPD less than TAU and NCBI group CPD at 6-weeks	
				postpartum (10.7 vs 14.0 and 17.8 respectively) but not significantly.	
				<ul> <li>4. No difference in voucher earnings between CBI and NCBI groups. Mean total vouchers were \$156.85 (range: \$0-\$736) and \$96.98 (range: \$0-\$384) respectively.</li> </ul>	
				<ol> <li>Lower proportion of CBI group babies born pre-term compared to NCBI and TAU groups (17%, 25% and 29% respectively) and</li> </ol>	

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A No significant differences         between pregnant and parenting groups on % decrease in CPD from baseline at the 1-month FU (45% vs 30%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31\%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31\%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48</td>	Particle (CPD) (h = -69.35; p = 0.03).         P = 0.03, No significant differences         P = 0.04).         Solution of the intervention predicted (CPD) (h = -69.35; p = 0.04).         A No significant differences         between pregnant and parenting groups on % decrease in CPD from baseline at the 1-month FU (45% vs 30%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31\%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31\%, f = 0.13, P = 0.67) or 3-mth FU (48% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48\% vs 31\%, f = 0.03) or 3-mth FU (48	
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	P = 0.03). At 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; $P = 0.04$ ).P = 0.04.Satisfaction with the intervention predicted CPD (b = -69.35; $P = 0.04$ ).A = 0.04.Satisfaction with the intervention predicted CPD (b = -69.35; $P = 0.04$ ).A = 0.04.Satisfaction with the intervention groups on % decrease in CPD from baseline at the 1-month FU (45% vs 30%, f = 0.18; P = 0.67) or 3-mth FU (45% vs 31%, f = 0.03; P = 0.87). No significant between group differences found on satisfaction with the interventionA bug N et al.6 weeks1. Determine if MET is more interventionC004) [17]FU - 10 weeks post intervention f = 0.35, enother on satisfaction with the intervention the sinterventionUSA(n = 54, 86% completion) than SC1. No difference between MET and cotinine at FU	Page     0.03). At 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; p = 0.04).       Page     0.03). At 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; p = 0.04).       Revealed     0.001.       Revealed     1.	
Haug N et al.6 weeks ( $n = 54, 86\%$ completion)Haug N et al.6 weeks ( $n = 54, 86\%$ completion)10.	Haug N et al. 6 weeks post intervention (2004) [17] FU - 10 weeks post intervention (2004) [17] FU - 10 weeks post intervention (15 - 69, 35; P = 0.04). P = 0.03; F = 0.18; P = 0.67). P = 0.03; F = 0.03; N = significant $P = 0.03; P = 0.07).$ No significant P = 0.03; P = 0.07). No significant P = 0.03; P = 0.07). No significant P = 0.04, N = 34, 36% completion with the intervention $(cut-off 8 ppm)$ and urine P = 0.04, N = 10.04, N = 10.0	Haug N, et al.6 weeks1. Determine if MET is more (ut-off 8 ppm) and urite $6 \text{ vectors be in CPD}$ $6 \text{ vectors be in CPD}$ $6 \text{ vectors be in CPD}$ $7 = 0.03$ $8 \text{ vectors be in CPD}$ $7 = 0.03$ $8 \text{ vectors be in CPD}$ $7 = 0.04$ $8 \text{ vectors be in CPD}$ $7 = 0.04$ $8 \text{ vectors be in CPD}$ $7 = 0.03$ $8 \text{ vectors be in CPD}$ $7 = 0.04$ $8 \text{ vectors be in CPD}$ $7 = 0.03$ $8 \text{ vectors be in CPD}$ $7 = 0.03$ $8 \text{ vectors be in CPD}$ $7 = 0.03$ $8 \text{ vectors be in CPD}$ $7 = 0.18$ $9 = 0.67$ $8 \text{ vectors be in CPD}$ $7 = 0.18$ $8 \text{ vectors be in CPD}$ $8 \text{ vectors be in CPD}$ $1 = 0.03$ $8 \text{ vectors be in CPD}$ $1 = 0.03$ $1 \text{ Letermine if MET is more1 \text{ intervention effects - CPD}1 \text{ on difference between MET and CPD}8 \text{ con CPD}8 \text{ contine at MC}$	
Haug N et al.       6 weeks       1. Intervention         Parage       2.03), A1 3-mth FU (b = -5.13;         Parage       2.03), A1 3-mth FU (b = -5.13;         Parage       2.003, A1 3-mth FU (b = -6.9.35;         Parage       2.003, Parage         Parage       2.003, Parage         Parage       2.003, Parage         Parage       2.003, Parage         Parage       2.03, Parage         Parage       2.03, Parage         Parage       2.045         Parage       2.023, Parage         Parage       2.03, Parage <td< td=""><td>Haug N et al. 6 weeks post intervention effective for smoking cesation (<math>f = -67.3</math>; <math>P = 0.03</math>). At <math>3 \text{-mth} FU</math>, satisfaction with the intervention predicted CPD (<math>b = -69.35</math>; <math>P = 0.04</math>). 3. No significant differences between pregnant and praemting groups on % decrease in CPD for baseline at the 1-month FU (<math>45\%</math> vs <math>30\%</math>, <math>f = 0.03</math>; <math>P = 0.03</math></td><td>Haug N. et al.       6 weeks       1. Determine if MET is more         Haug N. et al.       6 weeks post intervention         FU - 10 weeks post intervention       1. Determine if MET is more         (2004) [17]       FU - 10 weeks post intervention         FU - 10 weeks post intervention       6 fective for smoking cessation         (ut-off 8 ppm) and urine       5. Con CPD, CO, or cotinine at Met</td></td<>	Haug N et al. 6 weeks post intervention effective for smoking cesation ( $f = -67.3$ ; $P = 0.03$ ). At $3 \text{-mth} FU$ , satisfaction with the intervention predicted CPD ( $b = -69.35$ ; $P = 0.04$ ). 3. No significant differences between pregnant and praemting groups on % decrease in CPD for baseline at the 1-month FU ( $45\%$ vs $30\%$ , $f = 0.03$ ; $P = 0.03$	Haug N. et al.       6 weeks       1. Determine if MET is more         Haug N. et al.       6 weeks post intervention         FU - 10 weeks post intervention       1. Determine if MET is more         (2004) [17]       FU - 10 weeks post intervention         FU - 10 weeks post intervention       6 fective for smoking cessation         (ut-off 8 ppm) and urine       5. Con CPD, CO, or cotinine at Met	
$\label{eq:constraints} Here is the format is the intervention intervention in the intervention interventintervention intervention $	Haug N et al.6 weeks1. Determine if MET is more1.2.13; $P = 0.03$ ; Arith FU, $P = 0.03$ ; Arith FU, $P = 0.04$ ;	Haug N. et al.     6 weeks     1. Intervention       Paug N. et al.     6 weeks     1. Intervention       Paug N. et al.     6 weeks     1. Intervention       P. 1. Determine if MET is more     1. Intervention     5 election	
Haug N et al.       6 veeks       1. Intervention         Paid Statistion with the intervention       redicted CPD (b= -6/3.5; P= 0.03). At 3-mth FU, satistation with the intervention         Paid Statistic Statististic Statistis Statistis Statistic Statis	Hug N et al. 6 weeks $1$ . Intervention $1$ for $1$ and $1$ an	Haug N. et al.     6 weeks     1. Intervention       FU Dispective CPD     0.03, At 3-mth FU, satisfaction with the intervention       p = 0.03, At 3-mth FU, satisfaction with the intervention       p = 0.04,       3. No significant differences       p = 0.04,       1. Determine if MET is more       1. Duveeks post intervention       fective for smoking cessation       (cut-off 8 pm) and urine       SC on CPD, CO, or cotinine at	
Haug N et al.6 weeks $(10^{-2.13})$ 1. Determine decrease in CPD at 1-mth FU (b= -2.13; p= 0.03), A 3-mth FU, stisfaction with the intervention predicted CPD (b = -9.35; p= 0.00,)Haug N et al.No significant differences threen pregnant and parenting groups on % decrease in CPD (p3% vs 30%, f= 0.18; p= 0.03), or 3-mth FU (48% vs 31%, f= 0.03; p= 0.03),	<ul> <li>Haug N, et al. 6 weeks</li> <li>Haug N, et al. 6 week</li></ul>	Haug N. et al.     6 weeks     1.1 meter office     1.1 meter office       Haug N. et al.     6 weeks     1.1 meter office     1.1 meter office       Haug N. et al.     6 weeks     1.1 meter office     1.1 meter office       12.003/12.7     FU = 10.87 × 5.0%, F = 0.13; F = 0.67)     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office       13.1 meter     1.1 meter office     1.1 meter office       13.1 meter office     1.1 meter office     1.1 meter office	
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	Haug N et al.     6 weeks     1. Intervention       Para Marce Score     1. Intervention       Pace Score     1. No differences       Pace Score     1. Intervention       Pace Score     1. No differences       Pace Score     1. No difference	With a smaller decrease in CPDwith a smaller decrease in CPDat 1-mth FU (b = $-2.13$ ; p = 0.03). At 3-mth FU, straiffaction with the intervention predicted CPD (b = $-69.35$ ; p = 0.04).at 1-mth FU (b = $-2.13$ ; p = 0.03). At 3-mth FUbetween pregnant and parenting provings on % decrease in CPD from baseline at the 1-month FU (45% vs 30%, f = 0.18, P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.03). No significant between group differences from baseline at the 1-month FU (45% vs 30%, f = 0.18, P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 30%, f = 0.18, P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67) or 3-mth FU (43% vs 31%, f = 0.03; P = 0.67)Haug N et al.6 weeks intervention (tut-off 8 pm) and urine2004 [17]FU - 10 weeks post intervention (tut-off 8 pm) and urine2004 [17]FU - 10 weeks post intervention (tut-off 8 pm) and urine	
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	Haug N et al.     6 weeks     0.03; At 3-mth FU       at 1-mth FU (b = -2.13; P = 0.03; At 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; P = 0.04);       at 1-mth FU (b = -2.13; P = 0.03; At 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; P = 0.04);       at 1-mth FU (b = -2.13; P = 0.04);       at 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; P = 0.04);       at 3-mth FU (at 3, satisfaction with the intervention predicted CPD (b = -69.35; P = 0.04);       at 4 month FU       at 4 month FU <t< td=""><td>Haug N. et al.       6 weeks       1. The FU (b = <math>-2.13</math>; P = 0.03). At 3-mth FU (b = <math>-2.13</math>; P = 0.03). At 3-mth FU (b = <math>-2.13</math>; P = 0.03). At 3-mth FU (b = <math>-99.35</math>; P = 0.04).         Haug N. et al.       8 weeks       1. Determine if MET is more         Haug N. et al.       6 weeks       1. Determine if MET is more         1. Determine if MET is more       1. Intervention officers: found on satisfication with the intervention of ficers: found on satisfication with the intervention of the rest of the res of the rest o</td></t<>	Haug N. et al.       6 weeks       1. The FU (b = $-2.13$ ; P = 0.03). At 3-mth FU (b = $-2.13$ ; P = 0.03). At 3-mth FU (b = $-2.13$ ; P = 0.03). At 3-mth FU (b = $-99.35$ ; P = 0.04).         Haug N. et al.       8 weeks       1. Determine if MET is more         Haug N. et al.       6 weeks       1. Determine if MET is more         1. Determine if MET is more       1. Intervention officers: found on satisfication with the intervention of ficers: found on satisfication with the intervention of the rest of the res of the rest o	
Hage carvings were associated with a smaller decrease in CP at 1-mth FU (b = -0.13; at 1-mth FU (b = -0.13; p = 0.003). At 3-mth FU, at 1-mth FU (b = -0.23; p = 0.04).Hage ket at 1. mth constructionNo significant differences between spreamt and parenting groups on & decrease in CPD from baseline at the 1-month FU (35% vs 30%, f = 0.13). No significant 	Haug N et al.     6 weeks     1. Intervention       Paug N et al.     6 weeks     0.03; At 3-mth FU, astisfaction with the intervention predicted CPD (b = -69.35; p = 0.04).       At 1 = 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	Higher cravings were associated higher cravings were associated with a smaller decrease in CPD at 1-mth FU (b = -2.13; P = 0.03). At 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; P = 0.03, St = -0.43; P = 0.04,       And Share in CPD attraction with the intervention predicted CPD (b = -69.35; P = 0.03, St = -0.43; P = 0.04,       And Share in CPD attraction with the intervention predicted CPD (b = -69.35; P = 0.03, St = -0.43; P = 0.03, St = -0.43; P = 0.04,       And Share in CPD attraction with the intervention predicted CPD (b = -69.35; P = 0.03, P = -0.87). No significant prevention of the intervention (455% vs 33%; F = 0.03; P = 0.87). No significant between prop of iffreences prop of iff	
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	Higher cravings were associated with a smaller decrease in CPD at 1-mh FU (b = -2.13; P = 0.03), k3-mt FU, satisfaction with the intervention predicted CPD (p = -69.35; P = 0.04).       Answern pregnant and parenting proups on % decrease in CPD from baseline at the 1-month FU (45% vs 30%; f = 0.18, P = 0.67) or 3-mt FU (45% vs 31%; f = 0.03); p = 0.87), or 3-mt FU (45% vs 31%; f = 0.03); p = 0.87), or 3-mt FU (45% vs 31%; f = 0.18, P = 0.67) or 3-mt FU (45% vs 31%; f = 0.03; P = 0.87), or 3-mt FU (45% vs 31%; f = 0.18, P = 0.67) or 3-mt FU (45% vs 31%; f = 0.03; P = 0.87), or 3-mt FU (45% vs 31%; f = 0.18, P = 0.67) or 3-mt FU (45% vs 31%; f = 0.03; P = 0.87), or 3-mt FU (cur-off 8 pm) and urine at (cur-off 8 pm) and urine at Continue at USA	Highe cravings were associated with a smaller decrease in CPD at 1-mth FU (b = -2.13: P = 0.03, A: 3-mth FU, satisfaction with the intervention predicted CPD (b = -69.35; P = 0.04).       An and arrention predicted CPD (b = -69.35; P = 0.04).       An and arrention predicted CPD (b = -69.35; P = 0.04).       An and arrention predicted CPD (b = -69.35; P = 0.04).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.35; P = 0.03).       An and arrention predicted CPD (b = -69.21).       Hou don satisfication with the intervention (f = 1.46; P = 0.21).       Hou don satisfication with the intervention (f = 1.46; P = 0.21).       Distribution effects. CPD. CO       Distribution at with prediction for smoking session       (ut-off 8 ppn) and urine       Con CPD. CO, or CPD. CO	
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	Hag N et al.     6 weeks     1. Intervention       I out on an astribution of the intervention     1. Intervention     1. Intervention       Hag N et al.     6 weeks     1. Intervention     1. Intervention       I out on astribution of the intervention     1. Intervention     1. Intervention       I out on astribution of the intervention     1. Intervention     1. Intervention       I out on astribution     1. Intervention     1. Intervention     1. Intervention       I out on astribution     1. Intervention     1. Intervention     1. Intervention     1. Intervention       I out on astribution     1. Intervention     1. Intervention     1. Intervention     1. Intervention     1. Intervention       I out on astribution     1. Intervention     1. Intervention     1. Intervention     1. Intervention     1. Intervention	Haugen et al.     Higher cravings were associated with a smaller decrease in CPD with a smaller decrease in CPD with a smaller decrease in CPD at 1-mth FU (b) = -2.13.       Part of the second structure in the second struc	
$ \begin{array}{llllllllllllllllllllllllllllllllllll$	Hag N et al.       6 weeks       1. Determine if MET is more         Hag N et al.       6 weeks       0.03; A1 3-mth FU         P = 0.03; A1 3-mth FU       9 = 0.03; A1 3-mth FU         P = 0.03; A1 3-mth FU       9 = 0.03; A1 3-mth FU         P = 0.03; A1 3-mth FU       9 = 0.03; A1 3-mth FU         P = 0.01; A1 3-mth FU       9 = 0.03; A1 3-mth FU         P = 0.01; A1 3-mth FU       9 = 0.03; A1 3-mth FU         P = 0.01; A1 3-mth FU       9 = 0.04;         P = 0.01; A1 3-mth FU       9 = 0.04;         P = 0.01; A1 40; P = -6.73;       P = 0.04;         P = 0.01; A1 40; P = -6.73;       P = 0.03; A = 0.18; P = 0.67;         P = 0.01; A1 40; P = -6.73;       P = 0.04;         P = 0.01; A1 40; P = 0.67;       9 = 0.03; P = 0.67;         P = 0.01; A1 40; P = 0.01;       10 = -4.95;         P = 0.01; A1 10; Meeks valit;       P = 0.03; P = 0.67;         P = 0.01; A1 10; Meeks valit;       P = 0.03; P = 0.67;         P = 0.01; A1 10; Meeks valit;       P = 0.03; P = 0.67;         P = 0.01; A1 10; Meeks valit;       P = 0.03; P = 0.67;         P = 0.01; A1 10; Meeks valit;       P = 0.01;         P = 0.01; A1 10; Meeks valit;       P = 0.02; P = 0.03; P = 0.67;         P = 0.02; P = 0.01;       P = 0.01;         P = 0.02; P = 0.02; P = 0.02;	Hair U (a) $-12.6$ / $= 0.005$ , Higher cravings were associated with a smaller decrease in CPD at 1-mth FU (b = $-2.13$ , $P = 0.03$ , At 3-mth FU, stiffaction with the intervention predicted CPD (b = $-6.33$ ; $P = 0.04$ ).State of the state of the	
$\label{eq:hardbornder} Hag N et al. \\ Hag N et al. \\ Coopl [17] \\ Hag N et al. \\ Rober et al. $	Hag Net al. (overls)     mth FU (b = -12.6; P = 0.05).       Higher cravings were associated with a smaller decrease in CPD at 1-mth FU (b = -2.13; P = 0.03). At 3-mth FU, statisaction with the intervention predicted CPD (b = -69.35; P = 0.04).       And Mark And	Hage A ctail     6 weeks       Hage A ctail     1. Intervention of frectorse in CPD       Hage A ctail     6 weeks       Hage A ctail     1. No significant filterences found on satisfication with the intervention of tractive for sonking cessation       (2004) [17]     FU - 10 weeks post intervention       Effective for smoking cessation     (cut-off 8 pm) and unine       S on CPD, CC, or octhine at     Mc	
Hag N et al.     6 wets     5 - 0.03;     Higher cravings were associated with a smaller decreases in CPD at 1-mit PU (b = -21.3;       P = 0.03; At 3 - mit PU (b = -21.3;     P = 0.03; At 3 - mit PU (b = -21.3;     P = 0.03; At 3 - mit PU (b = -21.3;       P = 0.03; At 3 - mit PU (b = -21.3;     P = 0.03; At 3 - mit PU (b = -21.3;     P = 0.03; At 3 - mit PU (b = -21.3;       P = 0.04;     A = 0.05; At 3 - 0.05; At 3	Hag N et al.     Series of CPD at 1-mit FU (b = -213; P = 005).       Higher cravings were associated with a smaller decrease in CPD at 1-mit FU (b = -213; P = 003). A 3-mit FU, satisfaction with the intervention predicted CPD (b = -9/35; P = 0.03).       P = 0.03, A 3-mit FU, satisfaction with the intervention predicted CPD (b = -9/35; P = 0.03).       P = 0.04).       A and FU (b = -213; P = 0.05).       P = 0.04).       S = 0.04).       A and FU (b = -213; P = 0.05).       P = 0.04).       A and FU (b = -9/35; P = 0.05).       P = 0.04).       A and FU (b = -9/35; P = 0.05).       P = 0.04).       A and FU (b = -9/35; P = 0.05).       P = 0.04).       A and FU (a B = -213).       P = 0.04).       A and FU (a B = -213).       P = 0.04).       A and FU (a B = -9.35; P = 0.05).       P = 0.04).       A and FU (a B = -9.12).       A and FU (a B = -9.12).       P = 0.04).       A and FU (a B = -9.12).       P = 0.03; F = 0.03; P	Hag Net classes in CPD at 1- mit FU (b = -12.6; P = 0.05). Higher cravings were associated with a smaller decrease in CPD at 1-mit FU (b = -2.13; P = 0.00). At 3-mit FU. satisfaction with the intervention predicted CPD (b = -69.35; P = 0.00).       All werks     2.00 significant differences between pregnant and parenting groups on % decrease in CPD from baseline at the 1-month FU (55% v 30%; f = 0.18; P = 0.057) or 3-mit FU (438; ve 31%. f = 0.03; P = 0.037). No significant differences proups on % decrease in CPD from baseline at the 1-month FU (55% v 30%; f = 0.18; P = 0.057) or 3-mit FU (438; ve 31%. f = 0.03; P = 0.037). No significant differences from baseline at the 1-month FU (55% v 30%; f = 0.18; P = 0.057) or 3-mit FU (438; ve 31%. f = 0.03; P = 0.037). No significant between pregnant for 146; P = 0.213)       Haug N et al.     6 weeks     1. Intervention effects - CPD. CO       Haug N et al.     6 weeks     1. Intervention effects - CPD. CO       Teu - 10 weeks post intervention (ut-off 8 ppm) and urine     1. No differences fouring attraction with the intervention effects - CPD. CO	
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$\label{eq:constraint} \label{eq:constraint} eq:constraint$	Hag N et al.       6 weeks       1. Determine if MET is more         Stand A decreases in CPD at 1-mth FU (b = -12.6; P = 0.05).       Higher cravings were associated with the intervention with the intervention with the intervention with the intervention predicted CPD (b = -49.35; P = 0.03). At 3-mth FU, statistation with the intervention predicted CPD (b = -49.35; P = 0.03). At 3-mth FU, statistation with the intervention predicted CPD (b = -49.35; P = 0.03). At 3-mth FU, statistation with the intervention predicted CPD (b = -49.35; P = 0.03). At 3-mth FU, statistation with the intervention predicted CPD (b = -49.35; P = 0.03). At 3-mth FU, statistation with the intervention predicted CPD (b = -49.35; P = 0.03). At 3-mth FU, statistation with the intervention for the rest of CPD from baseline at the 1-month FU (b = -0.13). At 3-mth FU (368 vs 30%, f = 0.18, P = 0.057). At 3-mth FU (368 vs 30\%, f = 0.18, P = 0.057). At 3-mth FU (368 vs 30\%, f = 0.18, P = 0.057	Hag N et al.     Intervention was associated with as associated with as associated with a smaller decrease in CPD at 1- mit FU (b = -12.6; P = 0.05).       Higher cravings were associated with a smaller decrease in CPD at 1-mit FU (b = -2.1.3; P = 0.03). At 3-mit FU, satisfication with the intervention predicted CPD (b = -69.35; P = 0.04).       Hag N et al.     6 weeks       Hag N et al.     6 weeks       1. Determine if MET is more offective for smaller act the 1-month FU (55% vs 30%, f = 0.18). Po 6.07) or 3-mit FU (45% vs 31%, f = 0.03). Fo = 0.21)       Hag N et al.     6 weeks       1. Determine if MET is more offective for smoking cessation     1. Intervention effects. CPD. CD       Als Weet So that weeks post intervention offective for smoking cessation     1. Intervention effects. CPD. CD	
$\label{eq:constraint} \label{eq:constraint} eq:constraint$	Hag N et al.     intervention was associated with smaller decrease in CPD at 1- mit FU (b = -12.6; P = 0.05).       Higher cravings were associated with the antervention seasociated with the intervention seasociated with the intervention seasociated with the intervention with the intervention with the intervention seasociated with the intervention with the intervention seasociated with the intervention with the intervention with the intervention seasociated with the intervention (for 144; N = 0.03).       Haug N et al.     6 weeks       1. Determine if MET is more     1. Intervention effects - CPD, CO       1. Determine if MET is more     1. Intervention effects - CPD, CO       1. Determine if MET is more     1. Intervention effects - CPD, CO       1. Determine if MET is more     1. Intervention effects - CPD, CO       1. Determine if MET is more     1. Intervention effects - CPD, CO       1. Data and and unice     2. A 60% condition with the intervention effects - CPD, CO	Hag N et al.     intervention was associated with smaller decreases in CD3 at 1- mth FU (b = -12.6; P = 0.05). Higher cravings were associated with smaller decreases in CD3 at 3-mth FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0). At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.0, At 3-mt FU is a strated corp (b = -9.3; P = 0.2, At 3-mt FU is a strated corp (b = -0.3; P = 0.2, At 3-mt FU is a strated corp (b = -0.3; P = 0.2, At 3-mt FU is a strated corp (b = -0.3; P = 0.2, At 3-mt FU is a strated corp (b = -0.3; P = 0.2, At 3-mt FU is a strated corp (b = -0.3; P = 0.2, At 3-mt FU is a strated corp (b = -0.3; P = 0.3; P	
eq:eq:eq:eq:eq:eq:eq:eq:eq:eq:eq:eq:eq:e	Hage Retains in CPD at 1- emailer decrease in CPD at 1- embilier decrease in CPD	Hag N et al.     Intervention was associated with smaller decreases in CPD at 1- mit PL (b = -12.6); P = 0.05).       Higher carvings were associated with a smaller decrease in CPD with a smaller decrease in CPD at 1-mit PL =5/-35; P = 0.04).     Intervention       Starting Merein     P = 0.04).     Secretase in CPD from baseline at the 1-month FU (45% vs 30%, f = 0.18, P = 0.67).       Hag N et al.     6 weeks     1. Determiner if MET is more intervention offects - CPD. CO       Hag N et al.     6 weeks     1. Determiner if MET is more intervention offects - CPD. CO       Hag N et al.     6 weeks     1. Determiner if MET is more intervention (c14: 61 8 ppn) and unine intervention     1. No differences from durine activitient at the intervention	
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Haug N et al. Cool [12] $\delta$ weeks (12) $(1)$ Determined (11) $(1)$ Determined (12) <td>Hage recreases in CPD at 1- mill FU (b = -12.6; P= 0.05).       Higher cravings were associated with intervention was associated with smaller decreases in CPD at 1- mill FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (at 39, ws 316; P= 0.03). At 3-mt FU, at 1-10 weeks part intervention at 1. Intervention offerences between pregnant and parenting groups on % decrease in CPD for baseline at the 1-mont FU (45% vs 30%; F= 0.18). No significant between pregnant and parenting groups on % decrease in CPD for baseline at the 1-mont FU (45% vs 30%; F= 0.18). No significant between pregnant and parenting groups on % decrease in CPD for baseline at the 1-mont FU (45% vs 30%; F= 0.18). No significant between group of atterences between group of atterences be</td> <td>Hag N et al.     6 webs     5 webs     6 metra service or virtual virtual</td>	Hage recreases in CPD at 1- mill FU (b = -12.6; P= 0.05).       Higher cravings were associated with intervention was associated with smaller decreases in CPD at 1- mill FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (b = -2.13; P= 0.03). At 3-mt FU, at 1-mt FU (at 39, ws 316; P= 0.03). At 3-mt FU, at 1-10 weeks part intervention at 1. Intervention offerences between pregnant and parenting groups on % decrease in CPD for baseline at the 1-mont FU (45% vs 30%; F= 0.18). No significant between pregnant and parenting groups on % decrease in CPD for baseline at the 1-mont FU (45% vs 30%; F= 0.18). No significant between pregnant and parenting groups on % decrease in CPD for baseline at the 1-mont FU (45% vs 30%; F= 0.18). No significant between group of atterences between group of atterences be	Hag N et al.     6 webs     5 webs     6 metra service or virtual	
Hag N et al. Cool [17] $6 \text{ vectors}$ for $1 - 10 \text{ vectors}$ $1 \text{ (the revention varial stratistication withintervention varial stratistication withintervention varial stratistication withthe for 1 - 2.6 \times 10.6 \text{ (s}^{-1}intervention varial stratistication withthe for 1 - 6.9.3 \text{ (s}^{-1}is stratistication with the interventionset 1 - 10 \text{ vectors}1 \text{ (the } - 2.13 \text{ (s}^{-1} = 0.05) \text{ (s}^{-1}is stratistication with the interventionset 2.6 \times 10.6 \times 1$	Hag N et al.     accreases in CPD at.1-mh f/uo.       Greater satisfaction with intervention was associated with amaler decreases in CPD at.1- mh FU(b = -213; P = 003).       Higher cravings were associated with a smaller decrease in CPD at.1- mh FU(b = -213; P = 003).       Higher cravings were associated with a smaller decrease in CPD at.1- mh FU(b = -213; P = 003).       Higher cravings were associated with a smaller decrease in CPD at.1- mh FU(b = -213; P = 003).       Higher cravings were associated with a smaller decrease in CPD at.1- mh FU(b = -213; P = 003).       Higher cravings were associated with a smaller decrease in CPD at.1- mh FU(b = -213; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (b = -69:35; P = 003).       Higher cravings were predicted CPD (c = -69:35; P = 003).       Higher cravings were predicted CPD (c 0 crover)       Concpl. CD       Hintervention       Hintervention       Hintervention       Hintervention       Hintervention       Hintervention       Hintervention       Hin	Hag N et al.     6 weeks     1. Determine if MET is more     6 weeks     6 weeks     6 weeks       Hag N et al.     6 weeks     1. Determine if MET is more     6 weeks     1. Metwern Meth       Condition     1. Metwern Meth     1. Metwern Meth     1. Metwern Meth       Mage N et al.     6 weeks     1. Determine if MET is more     1. Metwern Meth       Allow M et al.     6 weeks     1. Determine if MET is more     3. No significant differences       Allow M et al.     1. Metwern Meth     6 weeks     1. Determine if MET is more     3. No significant differences       Allow M et al.     1. Determine if MET is more     1. Intervention of the intervention     4 weeks     0. No significant	
Hag N et al. Cool 117     E1 exercision with intervention was associated with intervention was associated with intervention was associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decreases in CPD at 1- miller carrings were associated with a smaller decrease in CPD with a smaller decrease in CPD at 1- miller carrings were associated with a smaller decrease in CPD with a SC on continue at the 1-month by with the intervention	Hag R et al.     6 vectores et in CPD at 1-mth f/up.       Generes et in CPD at 1-mth f/up.     Freerer estification with the intervention was associated with a smaller decreases in CPD at 1-mth FU (JB = -12.6, P = 0.05).       High et carvings were associated with a smaller decrease in CPD at 1-mth FU (JB = -2.13).     Freerer estification with the intervention was associated with a smaller decrease in CPD at 1-mth FU (JB = -2.13).       Hag At at 1     Freerer estification with the intervention predicted CPD (JB = -9.03).     Freererer (JB = -2.13).       Hag At at 1     Freerererererererererererererererererer	Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector       Hag N et al.     6 wets     1. Intervention     0. Sector	
Haug N et al. <ul> <li></li></ul>	Hage retained for the series in CPD at 1-mm FU(b) = -12.6; P = 0.05.       Higher cansases in CPD at 1-mm FU(b) = -12.6; P = 0.05.       Higher cansases in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.03, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.3;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.4;       P = 0.04, Higher cansase in CPD at 1-mm FU(b) = -21.4;       P = 0.04, Higher cansase in CPD	Hag Ne etal     6 webs       For used     6 webs	
Hag N et al.     6 weeks     1 - 0 to difference bandle       P = 0001) predicted smaller     P = 0001) predicted smaller       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0001       P = 0001     F = 0001     F = 0021       P = 0001     F = 0001     F = 0021       P = 0001     F = 0001     F = 0021       P = 0001     F = 0001     F = 0021       P = 001     F = 0021     F = 0	Halk retail     = 0.001 producted smaller       P = 0.001 producted smaller     = 0.001 producted smaller       P = 0.001 producted smaller     = 0.001 producted smaller       P = 0.001 producted smaller     = 0.001 producted smaller       P = 0.001 producted smaller     = 0.001 producted smaller       P = 0.001 producted smaller     = 0.001 producted producted smaller       P = 0.001 producted smaller     = 0.001 producted produc	Haug N et al.     6 words     0 = 0.00.1) prodicted smaller       P = 0.00.1) prodicted smaller     6 ecreases in CPD at 1-mh f/up.       Greater satisfaction with intervention was associated with smaller decreases in CPD at 1- mh PU (b = -12.4).     9 = 0.00.3, At 3-mh FU at 1-mh PU (b = -2.13. D = 0.00.3, At 3-mh FU at 1-mh PU (b = -2.13. D = 0.00.3, At 3-mh FU at 1-mh PU (b = -2.13. D = 0.00.3, At 3-mh FU at 3-mh FU at 1-mh PU (b = -2.13. D = 0.00.3, At 3-mh FU at 1-mh PU (b = -2.13. D = 0.00.3, At 3-mh FU at 1-mh PU (b = -0.33. D = 0.00.3, At 3-mh FU at 1-mh PU (b = -0.33. D = 0.00.3, At 3-mh FU at 1-mh FU (b = -0.33. D = 0.00.3, At 3-mh FU at 3-mh FU (at 3. B = 0.03.7).       Haug N et al.     6 wels     1. Determine if MFT is more intervention (f = 1.46, P = 0.27.1).       Haug N et al.     6 wels     1. Intervention reflection with the intervention (f = 1.46, P = 0.27.1).       Haug N et al.     1. Dotemine at fMFT is more intervention (f = 1.46, P = 0.27.1).       Haug N et al.     5 on CPD, CO or Contine at No	
Hag N tell.     6 0001) predicted smaller creares in CPD at 1: mit/Up. Greater satisfaction with intervention was associated with intervention at 1-mit Ulo = -2.15, P-005, at 1-mit Ulo = -2.15, P-005, at 1-mit Ulo = -2.16, P-005, at 1-10, P-005, P-005, D-005,	Paid Metric     P = 0001) predicted smaller decreases in CPD at 1-mh f/up.       Construction was associated with intervention was associated with intervention was associated with intervention was associated with anneller decreases in CPD at 1-mh FU (b = -213.       P = 0001, Art 2 - 005, Higher cravings were associated with a smaller decreases in CPD at 1-mh FU (b = -213.       P = 0001, Art 2 - 005, Art 2 - mh FU (b = -213.       P = 0001, Art 2 - 005, Art 2 - mh FU (b = -213.       P = 0001, Art 2 - 005, Art 2 - mh FU (b = -213.       P = 0001, Art 2 - mh FU (b = -213.       P = 0001, Art 2 - mh FU (b = -213.       P = 0001, Art 2 - mh FU (b = -213.       P = 0001, Art 2 - mh FU (b = -213.       P = 001, Art 2 - mh FU (b = -213.       P = 001, Art 2 - 015.       P = 001, Art 2 - 014.       And Art 2 - 015.       P = 001, Art 2 - 014.       P = 003, Art 2 - 014.       P = 004.       Art 2 - 014.       Art 2 - 014. <td>Hag N et al.     6 wels     1. Determine if MFI is more       Hag N et al.     6 weels     1. Determine if MFI is a cost in CPD at 1. mith fruit.       Grant estatistic monthin     intervention was associated with simulate decreases in CPD at 1. mith true intervention was associated with simulate decreases in CPD at 1. mith true intervention       Main estatistic monthin     intervention was associated with simulate decreases in CPD at 1. mith true intervention       Main estatistic monthin     intervention was associated with simulate decreases in CPD at 1. mith true intervention       Main estatistic monthin     intervention with the intervention       Main estatistic monthin     intervention       Main estatistic monthin     intervention       Main estatistic     intervention       Main estatistic monthin     intervention       Main estatistinter     intervention<!--</td--></td>	Hag N et al.     6 wels     1. Determine if MFI is more       Hag N et al.     6 weels     1. Determine if MFI is a cost in CPD at 1. mith fruit.       Grant estatistic monthin     intervention was associated with simulate decreases in CPD at 1. mith true intervention was associated with simulate decreases in CPD at 1. mith true intervention       Main estatistic monthin     intervention was associated with simulate decreases in CPD at 1. mith true intervention       Main estatistic monthin     intervention was associated with simulate decreases in CPD at 1. mith true intervention       Main estatistic monthin     intervention with the intervention       Main estatistic monthin     intervention       Main estatistic monthin     intervention       Main estatistic     intervention       Main estatistic monthin     intervention       Main estatistinter     intervention </td	
Hage Net al.         6 weeks         1 - 0 0000 - 1 - 1.2.3.           Part satisfication with intervention was associated with intervention intervention intervention intervention intervention intervention intervention intervention was intervention intervention intervention intervent	Haug N et al.     6 weeks     0.003) prodicted smaller       P = 0.003) prodicted smaller     decreases in CPD at 1-mit frunt       Constrained station with     intervention was associated with       F = 0.003) At 3 mit FU (b) = -2.15, P = 0.03)       Higher cravings were sacciated       F = 0.033, At 3 mit FU (b) = -2.15, P = 0.03)       Higher cravings were sacciated       F = 0.033, At 3 mit FU (b) = -2.15, P = 0.03)       Higher cravings were sacciated       F = 0.033, At 3 mit FU       F = 0.033, At 3 mit FU       F = 0.031, At 3 mit FU       F = 0.04, Branning       F = 0.031, At 3 mit FU       F = 0.04, Branning       F = 0.04, Branning       F = 0.031, At 3 mit FU       F = 0.04, Branning       F = 0.031, At 3 mit FU       F = 0.031, At 3 mi	Hag N et al.     6 weeks     0.003.)     1 mm FU (no13.5)       P = 0.003.)     P = 0.003.)     P = 0.003.)       P = 0.003.     P = 0.003.)     P = 0.003.)       P = 0.003.     P = 0.003.)     P = 0.003.)       P = 0.003.     P = 0.003.     P = 0.003.)       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.003.     P = 0.003.       P = 0.003.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.003.     P = 0.003.       P = 0.004.     P = 0.004.     P = 0.003.       P = 0.004.     P = 0.004.     P = 0.003.    <	
MANOVA         MANOVA         the intervention (b = -1.3); e 0.001) predicted smaller decreases in C P0 at 1-mh f/uc.           P = 0.001) predicted smaller decreases in C P0 at 1-mh f/uc.         P = 0.001) predicted smaller decreases in C P0 at 1-mh f/uc.           M = 0.011         T = 0.011         T = 0.001) predicted smaller decreases in C P0 at 1-mh f/uc.           M = 0.011         T = 0.011         T = 0.011           M = 0.011         T = 0.011         T = 0.011           M = 0.011         T = 0.011         T = 0.011           M = 0.011         T = 0.011         T = 0.011           M = 0.011         T = 0.012         T = 0.012           M = 0.011         T = 0.012         T = 0.012           M = 0.011         T = 0.012         T = 0.012           M = 0.011         M = 0.012         T = 0.012           M = 0.011         M = 0.012         T = 0.012           M = 0.011         M = 0.012         T = 0.012         T = 0.012           M = 0.012         T = 0.012         T = 0.012         T = 0.012         M = 0.013           M = 0.011         M = 0.012         T = 0.012         T = 0.012         T = 0.012         M = 0.013           M = 0.011         M = 0.012	MANOVA     the intervention (b = -1.3): P = 0001) predicted smaller decreases in CPD at 1-mth 1/us intervention was associated with smaller decreases in CPD at 1-mth 1/us intervention was associated with a smaller decreases in CPD at 1-mth 1/us intervention       Hay R. C. and Y. S. A. S	MANOVA     the intervention (b = -1.33; P = 0.001) predicted smaller decreases in CPD at 1-mh frue. Creater satisfraction with intervention was associated with a smaller decreases in CPD at 1- mh FU (b = -1.26; P = 0.05). Higher decreases in CPD at 1- mh FU (b = -2.13; P = 0.01) at 3-mh FU, strandiscrease in CPD at 1-mh FU (b = -2.13; P = 0.01).       Haus N et al.     MANOVA     Pierotranise was associated with a smaller decreases in CPD at 1- mh FU (b = -2.13; P = 0.01).       Haus N et al.     May at 1-mh FU, strandiscrease in CPD at 1-mh FU (b = -2.13; P = 0.01).       Haus N et al.     No significant differences breact as a 1. No significant differences breact as a 1. No significant differences breact and no stratization with the breact as a 1. D = 0.01.       Haus N et al.     No significant differences breact as a 1. No significant difference breact and no satisfaction with the breact associated breact as a 1. D = 0.01.       Haus N et al.     L - 10, weeks post intervention effective for smokes     1. Intervention (f = 1.46; P = 0.23).       Haus N et al.     L - 10, weeks post intervention effective for smokes     2.003; P = 0.03). No significant breacter as a 1.	
Hate Notation     NAVONA     Intermetation is a statistication with creates in CPD at 1-mH/rus     MAVONA       Presenting     P = 0031) predicted smaller creates in CPD at 1-mH/rus     P = 0031, predicted smaller creates in CPD at 1-mH/rus     P = 0031, predicted smaller creates in CPD at 1-mH/rus       P = 0031, predicted smaller     P = 0031, predicted smaller     P = 0031, predicted smaller       P = 0031, predicted smaller     P = 0031, predicted smaller     P = 0031, predicted smaller       P = 0041, predicted smaller     P = 0031, predicted CPD 16 = -0.33; P = 0.031, predicted CPD 16 = -0.33	MANOVA     The intervention (Ib = -1.33)       MANOVA     P = 0.001 predicted smaller       P = 0.001 predicted smaller     P = 0.001 predicted smaller       P = 0.001 predicted smaller     P = 0.001 predicted smaller       P = 0.001 predicted smaller     P = 0.001 predicted smaller       P = 0.001 predicted smaller     P = 0.001 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.01 predicted smaller       P = 0.01 predicted smaller     P = 0.02 predicted smaller       P = 0.01 predicted smaller     P = 0.02 predicter       P = 0.01 predicter     P = 0.02 predicter       P = 0.01	Handon,     Manon,     Intervention (b = -1.3);       P = 0.003) practication with creater satisfaction with the intervention of the ranking were associated with a smaller decreases in CPD at 1-mit PU (b = -2.13; p = 0.03). At 3-mit FU, creater satisfaction with the intervention predicated CPD (b = -2.13; p = 0.03). At 3-mit FU, creater satisfaction with the intervention predicated CPD (b = -2.13; p = 0.04).       Haug N et al.     6 works       Haug N et al.     0 not satisfaction with the intervention predicated CPD (b = -3.3); p = 0.04).       Haug N et al.     6 works       1. Determine if MET is more     1. Intervention (f = 1.42, P = 0.23); p = 0.03). No significant preveen program and presenting proveen presenting proveen program and presenting proveen program and presenting proveent proveen progr	
Hade Nuesting     and group satisfaction using and group satisfaction using the intervention be -1.23; P = 0.001) predicted smaller the intervention was associated with smaller decreases in CPD at 1- mit PL Ub = -2.24; P = 0.05; Higher carring are associated with smaller decreases in CPD the -2.24; P = 0.05; Higher carring are associated with smaller decreases in CPD at 1-mit PL Ub = -2.24; P = 0.05; Higher carring are associated with smaller decreases in CPD at 1-mit PL Ub = -2.24; P = 0.05; P	Hag Nucki     and goup striation using MANOVA     and goup striation using the intervention was sacciated with intervention was sacciated with intervention was sacciated with smaller decreases in CPD at 1- mit PLU is - 12.6, F = 0.05, Higher cravings vers associated with smaller decreases in CPD at 1-mit PLU is - 21.2, F = 0.05, Higher cravings vers associated with smaller decreases in CPD at 1-mit PLU is - 21.2, F = 0.05, Higher cravings vers associated with smaller decreases in CPD at 1-mit PLU is - 21.2, F = 0.05, Higher cravings vers associated with smaller decreases in CPD at 1-mit PLU is - 21.2, F = 0.05, Higher cravings vers associated with smaller decreases in CPD at 1-mit PLU is - 21.2, F = 0.05, Higher cravings verses in CPD at 1-mit PLU is - 21.2, F = 0.05, Higher cravings verses in CPD at 1-mit PLU is - 21.3, P = 0.03, At 3-mit PLU satisfaction with the intervention predicted CPD (D = -6).35, P = 0.04).       Haug N et al.     6 weeks     3. No significant differences found on satisfaction with the intervention fractive for another at 2-4, P = 0.21, Haug N et al.       Haug N et al.     6 weeks     1. Intervention effects - CPD. CO     1. No differences found on satisfaction with the intervention fractive for another at 2-4, P = 0.21, Haus N and unine	Haug N ct al.     6 works     1. Determine     6 - 0.03     peratra of the start of weak       MANOVA     The intervention was associated with intervention with the intervention with the intervention with the intervention with the intervention is statistication with the intervention is statisticated with a intervention with the intervention is statisticated with a work intervention is statistication with the intervention is goups on % decrease in CPD in CO3). As 3-mt FU, statisticate differences in CPD is a 1-mth FU (a = -0.3); p = 0.03). As 3-mt FU, statisticate differences in CPD is a 1-mth FU (a = -0.3); p = 0.03). As 3-mt FU, statisticate differences in CPD is a 1-mth FU (a = -0.3); p = 0.03). As 3-mt FU, statisticate differences in CPD is a 1-mth FU (a = -0.3); p = 0.03). As 3-mt FU (a = -0.3); p = 0.03). As 3-mt FU (a = -0.3); p = 0.03). As 3-mt FU (a = -0.3); p = 0.03). As and for the intervention is groups on % decrease in CPD is a 1-0.03; p = 0.03). As and for the and the intervention is decrease in CPD is a decre	
MNCVA     and group satisfaction using MNCVA     and group satisfaction using the intervention (b = -1.33); P = 0.001); predicted smaller centerss in CD at 1-mth f/un, centers in CD at 1-mth f/un chance in CD. Con contine at 1, thrownburket in curvel on satisfaction with the intervention filterine for subtime filterine for subtime filterine for subtime filterine for subtime filterine for subtime filterine for subtime intervention filterine for subtime filterine for subtime fil	ANDOVA     and group satisfaction using MANOVA     and higher CPD at the start of he intervention (h = -1,3; P = 0.003) prodicted smaller decreases in CPD at 1- mit PLU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1- mit PLU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1- mit PLU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1-mit FU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1-mit FU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1-mit FU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1-mit FU ID = -2,2,5       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1-mit FU ID = -0,35; P = 0.04).       ANDOVA     and higher craving were associated with a smaller decrease in CPD at 1-mit FU ID = -0,35; P = 0.04).       ANDOVA     and higher at 1-mit FU ID = -0,35; P = 0.04).       AND AND     and higher craving were associated with a staffaction with the intervention factor at 1.       AND AND     and higher craving were associated with a staffaction with the intervention factor at 1.       AND AND     and higher craving were associated works       AND AND     and higher craving were associated works       AND AND     and higher craving were associated works       AND AND     and higher	Hand NOVA     and group satisfaction using the intervention lue - 133: P = 0001) predicted snaller ecreases in CPD at the start of the intervention value - 133: P = 0001) predicted snaller ecreases in CPD at the start of the intervention value - 133: P = 0001, Predicted Snaller ecreases in CPD at the snaller decreases in CPD at the intervention value - 123: P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, At 3-mt FU, Statisticum value intervention predicted CPD (a = 69.35; P = 0001, Statisticum value intervention predicted CPD (a = 69.25) P = 0001, Statisticum value intervention predicted CPD (a = 69.25) P = 0001, Statisticum value intervention predicted CPD (a = 6021), P = 0.002, P = 0.005, P = 0.005,	
Hate Net Set Set Set Set Set Set Set Set Set S	Haug Net al.     6 weeks     1. Determine if MATOVA     and higher CPD at the start of the intervention (b = -13.3).       P = 0001) predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001) predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001) predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001) predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterases in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterase in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterase in CPD at 1-mb/fue.       D = 0001, predicted smaller     deterase in CPD at 1-mb/fue.       D = 0001, predicted cPD bit = -93.35;     p = 0.001, predicted CPD bit = -93.35;       P = 0001, D = -93.35;     p = 0.001, predicted CPD bit = -93.35;       P = 0001, Predicted CPD bit = -93.35;     p = 0.001, predicted CPD bit = -93.35;       P = 0001, D = -93.35;     p = 0.001, predicted CPD bit = -93.35;       P = 001, D = -93.35;     p = 0.001, predicted CPD bit = -93.35;       P = 001, D = -93.35;     p = 0.001, predicted CPD bit = -93.35;       D = 10, D = -93.35;     <	Haug N et al.     6 weeks     1. Determine of the -1.33:     0.0001) predicted smaller     Weeken of the start of weeks       MANOVA     Nanovya     encreases in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the start of weeks     encreases in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the start of weeks     encreases in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the start of weeks     encreases in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the start of weeks     encreases in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the crease of the start of the encrease in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the crease of the start of the encrease in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the crease of the reserve of the creases in CPD at 1-mth frug.     encreases in CPD at 1-mth frug.       Reserve of the crease of the reserve o	
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Hou Retail     1 month FU and 3 month PU	Hard Nova, AMNOVA     1-noonth FU and 3-month FU and group striktaction using MANOVA     intervention (b = -11.3) the intervention was second drafter striktaction with maler decreases in CPD at 1- mit PU (b = -12.6, P = 0.01).       MANOVA     intervention was second drafter striktaction with smaller decreases in CPD at 1- mit PU (b = -12.6, P = 0.01).       Hard Nova     intervention was second drafter striktaction with the intervention striktaction with the intervention of striktaction with the intervention (f = 14.8) × 93.05.1       Hard N La     Som (strict of CP) (f = -0.93.5) striktaction with the intervention of striktaction with the intervention (f = 14.8) × 93.05.1       Low Law Scott intervention (strikt)     1. Intervention effects - CP). CO     1. No significant differences between propariti and striktaction with the intervention (f = 14.8) × 93.05.1       Low Law Scott intervention (strict of S pnn) and undre (strict of S pnn) and undre (strikt of strikt of strikt of strikt of the intervention (f = 14.8) × 0.000, CO or	Haug N tail     1-month FU and 3-month FU at 1-3.3.     0.0010 predicted smaller     0.0010 predicted smaller       MANOVA     MANOVA     The intervention (h = -11.3.1)     P = 0.0101 predicted smaller     0.0010 predicted smaller       MANOVA     MANOVA     The intervention (h = -11.3.1)     P = 0.0101 predicted smaller     0.0011 predicted smaller       MANOVA     MANOVA     The intervention (h = -11.3.1)     P = 0.0101 predicted smaller     0.0011 predicted smaller       MANOVA     MANOVA     The intervention (h = -11.3.1)     P = 0.0101 predicted smaller     0.0011 predicted smaller       MANOVA     MANOVA     MANOVA     The intervention (h = -11.3.1)     P = 0.011, the intervention (h = -11.3.1)     P = 0.011, the intervention (h = -11.3.1)       MANOVA     MANOVA     MANOVA     MANOVA     MANOVA     P = 0.011, the intervention (h = -11.3.1)       MANOVA     MANOVA     MANOVA     MANOVA     MANOVA     MANOVA     MANOVA	
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Haug Real.     6 weeks     1 month U and 3 month M and 3 month U and 3 month M and 3 month U and 3 month U	Haug N et al.     6 weeks     1. Thervention (b = -1.33: and group satisfaction using mANOVA     P = 0.003) predicted smaller the intervention (b = -1.33: P = 0.003) predicted smaller the intervention was associated with intervention was associated with the intervention intervention was associated with the intervention was associated with intervention was associated w	Haug N et al.     6 occord     0.00     0.001     predicted stanter     predidt     predidt     predicted stanter <t< td=""></t<>	
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Have Real     6 voolse     change in CDP from berrur AT of a Construction     Droports       Tamonth FU and 3-month FU a	Hang R Li Li     Change Li CPD Fortor sart of treevention (b = -0.12; P = 0.01) and group satisfaction using and group satisfaction using MANOVA     Cacross Li CPD at 1-mth fun- creater satisfaction mith intervention was sacotated with sameller decreases in CPD at 1- mth FU (b = -12, A = 0.05).       Hand R - Carlos Fortor Satisfaction using MANOVA     P = 0.001) predicted sameller decreases in CPD at 1- mth FU (b = -12, A = 0.05).       Hand R - Carlos Fortor Satisfaction with intervention was sacotated with sameller decreases in CPD at 1- mth FU (b = -12, A = 0.05).       Hand R - Carlos Fortor Satisfaction with intervention was sacotated with sameller decreases in CPD at 1- mth FU (b = -12, A = 0.05).       Hand R - Carlos Fortor Satisfaction with intervention was sacotated with sameller decreases in CPD at 1- mth FU (b = -2, 2, B = 0.05).       Hang N et al.     S = 0.03).       Hang N et al.     S = 0.03).       Hang N et al.     S = 0.03).       Locase for the satisfaction with the intervention was sacotated with sameller decreases in CPD at 1-10.458 vs 30%, i= 0.157.       Hang N et al.     S = 0.03).       Hang N et al.     S = 0.03).       Locase for the sacotated of the sacotated in CPD to makello at the provention of the sacotated of the saco	Hange in CDD from beginning to     decrease in CDD from beginning to     decrease in CDD from beginning to     decrease in CDD from beginning to       Intervention fiber - 012: P = 0013     and group steffsction using     month UD = -123:       MANOVA     P = 00013     perform vith       Intervention fiber - 012: P = 0013     coloral predicted smaller       ABNOVA     P = 00013     perform vith       Intervention fiber - 012: P = 0013     month UD = -123:       P = 00013     perform vith       Intervention fiber - 012: P = 0013     month UD = -121:       Intervention vith     month UD = -121:       Intervention fiber - 013: P = 0013     month UD = -121:       Intervention Fiber - 013:     month UD = -213:       Intervention Fiber - 013:     month Eigen - 014:	
Hang N tal.     A weeks     1. Promoting in the regimane in	Hange in CPD from beginning to 1-month FU and 5-month FU and 5-month FU and 5-month FU and 8pup astisfaction using MANOVA     derease in CPD before start of 1-month FU and 5-month FU and 8pup astisfaction using MANOVA     derease in CPD at the start of the intervention (b = -123; P = 0.003) Pedicted smaller decreases in CPD at 1- mh FU(b = -213; P = 0.003) At 3-mth FU intervention white intervention (b = -213; P = 0.003) At 3-mth FU intervention white intervention pedicted smaller decreases in CPD at 1-mth FU and 8-maller decreases in CPD at 1-mth FU intervention white intervention pedicted smaller decreases in CPD at 1-mth FU intervention white intervention pedicted smaller decreases in CPD at 1-mth FU intervention white intervention pedicted smaller decreases in CPD at 1-mth FU intervention white intervention pedicted smaller decreases in CPD at 1-mth FU (b = -213; P = 0.003).       Hang N et al.     6 weeks before performed at the 1-month FU (stark vs. 30k; 1 = 0.18, - 0.03).       Lang N et al.     1. Determine if MET is more (stark vs. 30k; 1 = 0.18, - 0.03).       Loss In the start of the innovellong cessation (stark st. 30k; 1 = 0.18, - 0.03).       Loss In the start of the innovellong cessation (stark st. 30k; 1 = 0.18, - 0.03).       Loss In the start of the innovellong the inn	Hange In CPD from beginning to targe in CPD from beginning to and tigher CPD at the start of and tigher CPD at the start of and tigher CPD at the start of CPD at the start of the intervention be -1.33; MANOVA     Description to the intervention be -1.33; P = 0.01) producted with smaller decreases in CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 1. mith U be -1.25, P = 0.05). Higher CPD at 2. Mith a maller decrease in CPD at 2. Mith at	
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Made No.     Consumption     Consumption     Consumption     Consumption     Consumption     Consumption     Consumption     Consumption       incontr U and S-month TU     and sign CPD from beginning     and sign CPD at the start of the intervention b= -1.2.8     Withdrawais and coups statistic on the intervention b= -1.2.8     Withdrawais and coups statistic on the intervention b= -1.2.8       MANOLA     A month U and S-month TU     accreases in CPD at the start of the intervention b= -1.2.8     Withdrawais and coups statistic on the intervention b= -1.2.8       MANOLA     A month U and S-month TU     accreases in CPD at the start of the intervention b= -1.2.8     Withdrawais and start of the intervention b= -1.2.8       MANOLA     A month U and S-month TU     accreases in CPD at the start of the intervention b= -1.2.8     Withdrawais and start of the intervention b= -1.2.8       MANOLA     A month TU and S-month TU     accreases in CPD at the intervention b= -1.2.8     Withdrawais and start at the intervention b= -1.2.8       MANOLA     A month TU and S-month TU     accreases in CPD at the intervention b= -1.2.8     Withdrawais and start at the intervention b= -1.2.8       MANOLA     A month TU and S-month TU     accreases in CPD at the intervention b= -1.2.8     Withdrawais at the intervention b= -1.2.8       MANOLA     A month TU and A month TU and Second TU and A month TU and Second TU and A month TU and A mont	All Stand Rey Out filterenes on S.     2. Regnant vortures - a grader SK       Anange T, CP from beginning to the intervention (b = -0.12, P = 0.01)     and higher CP on the start of the intervention (b = -0.12, P = 0.01)       And Start S	Abage And Strench FU and Strench FU and Strench Women - agreer State Mind decrease in CPD before start of the intervention (b = -0.12; P = 0.01) greater start of the intervention (b = -1.22; P = 0.01) greater start of the intervention (b = -1.22; P = 0.01) greater start of the intervention (b = -1.23; P = 0.01) greater start of the intervention (b = -1.24; P = 0.05).       And State All and All a	
Manual matrix     Consumption     Co	Abage Action     3. Determine group affection using the intervetion (b = -1.12; P = 0.01) and group atfection using mANOVA     4 creases in CPD effore start of the intervetion (b = -1.12; P = 0.01) predicted smaller predicted Sma	Hauge In CPD from beginning to the revention (b)     3. Determine group differences on (b)     2. Preparat women - 3 groater (b)     With the revention (b) = -0.12; P = 0.01)       Handon (b)     1-month [b]     and group artification using and group artification using and group artification using the intervention (b) = -1.33.     WEAK       MANOVA     1-month [b]     and floater (b) = 1.01; P = 0.01)     group artification with the intervention (b) = -0.123.       MANOVA     1-month [b]     and floater (b) = -0.12; P = 0.03)     group artification with the intervention (b) = -1.33.       MANOVA     1-month [b]     and floater (b) = -0.12; P = 0.03)     group artification with the intervention (b) = -1.33.       MANOVA     1-month [b]     and floater (b) = -0.12; P = 0.03)     group artification with the intervention (b) = -1.33.       MANOVA     1-month [b]     -1.26; P = 0.03)     group artification with the intervention (b) = -2.13.       MANOVA     1-month [b]     -1.26; P = 0.03)     and floater (c) D = -2.03.       MANOVA     1-month [b]     -1.26; P = 0.03)     and floater (c) D = -2.03.       MANOVA     1-month [b]     -1.26; P = 0.03)     and floater (c) D = -2.03.       MANOVA     1-month [b]     -1.26; P = 0.03.     and floater (c) D = -2.03.       Manor     1-month [c]     -0.04.     -0.04.       Manor     1-month [c]     -0.04.     -0.04.       Manor	
Manual son     Description     Description     Description     Manual son       1-month U and 3-month PU     angein (CP) month PU     and inger CP) perture start of decrease in CPD before start of decrease in CPD before start of decrease in CPD at the start decrease in CPD at the start of decrease in CPD at the decrease in CPD at the	All Standard Structures on X     2. Pregnatr vormen - a greater % charges in CPD bronce start of threvention (b = -1.23; -1-month FU and 3-month PU and 3-month	Haug     Aconstruction     3. Determine group differences on %     2. Perpart women - a grater %     Within       Targer In CPD     Targer In CPD     Terrorm biggning for     decrements in CPD effective start of the intervention (b = -0.12; P = 0.01)     UEGK       Targer In CPD     UEGK       Targer In CPD     UEGK       Targer In CPD     UEGK       Targer In CPD     UEGK       Targer In CPD     UEGK       Targer In CPD     Targer In CPD     Targer In CPD     Targer In CPD     UEGK       Targer In CPD     Targer In CPD     Targer In CPD     Targer In CPD     UEGK       Targer In CPD     Targer In CPD     Targer In CPD     Targer In CPD     UEGK       Targer In CPD     Targer In CPD     Targer In CPD     Targer In CPD     UEGK       Targer In CPD     Targer In CPD     Targer In CPD     Targer In CPD     UEGK       Targer In CPD     Targer In CPD     Targer In CPD     Targer In CPD	
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Made Notes     Construction     Con	Hand R Guerter     mundang Guerter       and group affisicion using     2. Regrant vormen - a greater & data great	Haug N ctal     Construction     Co	
Have Mean     A construction     Consumption     Con	All marking cigarette     multivating cigarette     multivating cigarette     multivating cigarette     3.2% Gererase in CPD before start of threvrotion 16 = -0.12; P. 0001       Anange in CPD from beginning to     decrease in CPD before start of threvrotion 16 = -0.12; P. 0001     and ighter CPD at the start of threvrotion 16 = -0.12; P. 0001       MANOVA     Anoun - J     and group statistiction using MANOVA     and group statistiction using the intervrotion 16 = -0.12; P. 0001       MANOVA     Anoun - J     and group statistiction using the intervrotion 16 = -0.12; P. 0001       MANOVA     Anoun - J     and group statistiction using the intervrotion 16 = -1.24; P. 0001       MANOVA     Anoun - J     and group statistiction using the intervrotion 16 = -1.24; P. 0001       MANOVA     Anoun - J     and group statistiction using the intervrotion 46 = -1.24; P. 0001       MANOVA     Anoun - J     and group statistiction using the intervrotion 46 = -1.24; P. 0003       MANOVA     Anoun - J     and group statistiction using the intervrotion 46 = -1.24; P. 0003       MANOVA     Anoun - J     and group statistiction using the intervrotion 46 = -1.24; P. 0003       MANOVA     Anoun - J     and group statistiction using the intervrotion 46 = -2.24; P. 003       MANOVA     Anoun - J     and from the intervrotion statistiction using the intervrotion statistiction using the intervrotion statistiction using the intervrotion statistiction at the intervrotion the intervrotion at the intervrotion statistiction at the intervrotion sta	Makes     And Minimating Eggestion     32 Meterning Eggestion	
Hauk Matal     Consumption     Consumption     Consumption     Consumption       Consumption     Consumption     Consumption	Almonia fing cigarette     multivalitet regression     2.3% perating 12.4 vs.8.1, consumption       Consumption     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Answer     1. Determing group differences on K     2. Regnati vomen – a greater K       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt       1. Determine filt     1. Determine filt     1. Determine filt <td>Make All     Multivative Equate team     Multivative Equate (gratette     Multivative group differences on K     2. Registant vormen - a grater K     Multivative       consumption     3. Determine group differences on K     3. Pregnant vormen - a grater K     Multivative       change in CPD from beginning to     therease in CPD at the start of the start start start start start start of the start sta</td>	Make All     Multivative Equate team     Multivative Equate (gratette     Multivative group differences on K     2. Registant vormen - a grater K     Multivative       consumption     3. Determine group differences on K     3. Pregnant vormen - a grater K     Multivative       change in CPD from beginning to     therease in CPD at the start of the start start start start start start of the start sta	
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Hate Area in the Arrow of t	Hauge Capacities     FU and 3-month PL using animating capacities     20% (parentin 12.2 x - 2.0) volume and group satisfaction using intervention (b = -11.2 P = 0.001) and group satisfaction using here researes in CP at it has failed intervention (b = -11.2 P = 0.001) and group satisfaction using here researes in CP at it has failed intervention (b = -11.2 P = 0.001) and group satisfaction using here researes in CP at it has failed intervention (b = -11.2 P = 0.001) and group satisfaction using here researes in CP at it has and group satisfaction using here researes in CP at it has and group satisfaction using here researes in CP at it has a smaller decreases in CP at it a smaller decreases in CP at it a the true researes in CP at it a the smaller decreases in CP at it a the true researes in CP at it a the smaller decreases in CP at it a the true researes in CP at it a the smaller decreases in CP at it a the statistation with the intervention a the statis	Haug N et al.     Construction of multivariate regression     2. Regression 12.4 vs.8.5, with a multivariate regression     2. Regression 10.4 vs.8.5, with a multivariate regression 10.4 vs.8.5, results     2. Regression 10.4 vs.8.5, results     2. Regression 10.4 vs.8.5, results     2. Regression 10.4 rs.8.5, results     2	
Heat Name     Name <td>Haug N et al.     70 and 3-month FLU using     4% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 112.0 × 6.7) vs.     32% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 112.0 × 6.7) vs.     32% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 112.0 × 6.7) vs.     33% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     32% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     33% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     33% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     33% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 7.7) vs.     33% (prepaner 12.0 × 7.7) vs.       Intrinvation     33% (prepaner 12.0 × 7.7) vs.     33% (prepaner 12.0 × 7.7) vs.       Intrinvation     34% (prepaner 12.0 × 7.7) vs.     33% (prepaner 12.0 × 7.7) vs.       Intrinvation     34% (prepaner 12.0 × 7.7) vs.     34% (prepaner and precision       Intrinvation     34% (precises in CP)     34% (precises in CP) at 1.40 vs.       Intrinvation     34% (precises in CP)     34% (precises in CP)       Intrinvation     34% (precises in CP)     34% (precises in CP)       Intrinvation     34% (precises in CP)     34% (precises in CP)       Intrinvation     34% (precises in CP)   <td>Haug Net al.     Construction     U and 3-month PU ands     Assignment 12.4 vs.5 yes     Data       consumption     3. Determine group differences on %     3. Pregnant vormen - a greater %     Within a dirage regression     3. Sk (pregnant vormer - a greater %     Within a dirage regression     Data       consumption     1. month FU and 5. month FU</td></td>	Haug N et al.     70 and 3-month FLU using     4% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 112.0 × 6.7) vs.     32% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 112.0 × 6.7) vs.     32% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 112.0 × 6.7) vs.     33% (prepaner 112.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     32% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     33% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     33% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 6.7) vs.     33% (prepaner 12.0 × 6.7) vs.       Intrinvation     32% (prepaner 12.0 × 7.7) vs.     33% (prepaner 12.0 × 7.7) vs.       Intrinvation     33% (prepaner 12.0 × 7.7) vs.     33% (prepaner 12.0 × 7.7) vs.       Intrinvation     34% (prepaner 12.0 × 7.7) vs.     33% (prepaner 12.0 × 7.7) vs.       Intrinvation     34% (prepaner 12.0 × 7.7) vs.     34% (prepaner and precision       Intrinvation     34% (precises in CP)     34% (precises in CP) at 1.40 vs.       Intrinvation     34% (precises in CP)     34% (precises in CP)       Intrinvation     34% (precises in CP)     34% (precises in CP)       Intrinvation     34% (precises in CP)     34% (precises in CP)       Intrinvation     34% (precises in CP) <td>Haug Net al.     Construction     U and 3-month PU ands     Assignment 12.4 vs.5 yes     Data       consumption     3. Determine group differences on %     3. Pregnant vormen - a greater %     Within a dirage regression     3. Sk (pregnant vormer - a greater %     Within a dirage regression     Data       consumption     1. month FU and 5. month FU</td>	Haug Net al.     Construction     U and 3-month PU ands     Assignment 12.4 vs.5 yes     Data       consumption     3. Determine group differences on %     3. Pregnant vormen - a greater %     Within a dirage regression     3. Sk (pregnant vormer - a greater %     Within a dirage regression     Data       consumption     1. month FU and 5. month FU	
Figure Real     Consumption     Cons	Haug N et al.     6% (pregnant 12.0 s 7); so successfully reducing or the time greater is character and invincial regression     3% (pregnant 12.0 s 7); so same the stand invincient greater is character and invincial regression     3% (pregnant 12.0 s 7); so same the stand invincient greater is character and invincial regression     3% (pregnant 12.0 s 7); so same the stand invincient greater is character and invincial regression     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     3% (pregnant 12.0 s 7); so same the stand inversion     1	Haug     U and 3 month FU using eliminating digrette     U and 3 month FU using eliminating digrette     Oant eliminating digrette     Data eliminating digrette     Data eliminating digrette     Data eliminating eliminating digrette     Data eliminating eliminating     Data eliminating eliminating     Data eliminating eliminating     Data eliminating eliminating     Data eliminating eliminating     Data eliminating     Data eliminating <thdata< th="">     Da</thdata<>	
House     Description     Description     Over and Smooth FU using     Over and Smooth FU usi	Hand Net     FU and 3-month FU using consumption     9% (program 15.2 v 7.3)v 4% (program 15.2 v 7.3)v consumption       Consumption     Determine group differences on 1-month FU and 3-month FU and sproup attiferences on 1-month FU and sproup attiferences on 1-month FU attiferences on 1-month FU	Haur     Function     Function<	
revent()         state()         1         Construction         Con	Terrendo ID         Stateding         L Factores         L Factores <thl factores<="" th=""> <thl factores<="" th=""> <thl< td=""><td>Ferevent[3]         state(3)         L Factors stateder win successfully redunding to successfully redunding to accessfully redunding to eliminating cignette multivariate regression         L Factors stateder accessfully redunding to accessfully redunding to the regression         L Factors stateder accessfully redunding to accessfully redunding redunding redunding redunder accessfully redunding redunding redunder accessfully redunder accessfully redunder redunder accessfully redunder redunder accessfully redunder redunder a</td></thl<></thl></thl>	Ferevent[3]         state(3)         L Factors stateder win successfully redunding to successfully redunding to accessfully redunding to eliminating cignette multivariate regression         L Factors stateder accessfully redunding to accessfully redunding to the regression         L Factors stateder accessfully redunding to accessfully redunding redunding redunding redunder accessfully redunding redunding redunder accessfully redunder accessfully redunder redunder accessfully redunder redunder accessfully redunder redunder a	
reviewol (5)         stated)         2 Factors associated with consumption         2 month FU using and operation         3-month FU using and operation         2-month FU using and operation     <	reviewed [5]     stated)     2. Factors sociated with scressfully reduring or envinsing cignretis     smooth FU using and 3-month FU using and 3-month FU using and 3-month FU intervention (b = -012; P = 001)       Repart volume     32% (parent 124 vs 8.5) annuth reviewed (c)     32% (parent 124 vs 8.5) and 19/by CPD at the 212, P = 001       Repart volume     32% (parent 124 vs 8.5) annuth reviewed (c)     32% (parent 124 vs 8.5) and 19/by CPD at the 212, P = 001       Repart volume     32% (parent 124 vs 8.5) annuth reviewed (c)     32% (parent 124 vs 8.5) and 19/by CPD at the 212, P = 003       Repart volume     32% (parent 124 vs 8.5) annuth reviewed (c)     32% (parent 124 vs 8.5) and 19/by CPD at the 212, P = 003       Repart volume     32% (parent 124 vs 8.5) and 19/by CPD at the 212, P = 003     1400 recreases in CPD at 14m KU, and 19/by CPD at 14m KU, and 14	reviewed [5]     stated)     2. Factors saccidated with successfully redunding or accessfully redunding respective redunding regression redunding regression redunding regression redunding regression regressfully redunding regressfully regression regressi regression regression regression regression regression r	
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Through revended[5]         atted) atted)         Lettor and month of the total groups         Concenter constant atterval secretion for total groups         Concenter constant atterval secretion for total groups         Concenter constant atterval secretion for total groups         Concenter constant atterval secretion for total groups         Concenter constant atterval atterval secretion for total groups         Concenter constant atterval a	Tredeved [5]         State()         Tredeved [5]         State()         Tredeved [5]         State()         Stat()         State()         State() </td <td>Trendomy reviewed [5]     Trendom point state (1)     Trendom point (1)     Trendom (1)     T</td>	Trendomy reviewed [5]     Trendom point state (1)     Trendom point (1)     Trendom (1)     T	
Prevolution         Strontific post intervention (n = not stated)         Strontific post intervention (n = not stated)         Strontific post intervention (n = not stated)         Concertes stated)         Strontific post intervention (n = not stated)         Concertes stated)         Concounces stated)         Concertes stated)         Concoceres stated) <thconcertes stated)</thconcertes 	Previously reviewed [5]         3-months post intervention (n = not stated)         reducing cigratettic consumption         2-meths positic from West (no systyperate state of consumption         2-meths positic from West (no systyperate state of consumption         3-month FU is fully expanded state state of consumption         3-month FU is fully expanded state consumption         3-month FU is fully expanded state in fully exist and consumption         3-month FU is fully expanded state consumption         3-month FU is fully expanded con is fully expanded state	Previously reviewed [5]         3-months post intervention (n = not acted)         Clearchine factors that practic accessifulty redung or bimarial regression         2-membra post accessifulty redung or bimarial regression         Not both proups and proup and proup astis action using the intervention (h = -112, P = 003) and proup astis action using the intervention (h = -112, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -113, P = 003) and proup astis action using the intervention (h = -103, P = 003) and proup astis action using the intervention (h = -103, P = 003) and proup astis action (h the intervention prodicted CPD (h = -093) and proup astis action (h the intervention prodicted CPD (h = -093) and proup astis action (h the intervention prodicted CPD (h = -093) and proup astis action (h the intervention action (h + 114, P = -003) and proup astis action (h the intervention action (h + 114, P = -023) and proup astis action (h + 114, P = -023) and proup astis action (h + 114, P = -023) and proup astis action (h + 114, P = -023) and proup astis action (h + 114, P = -023) and proup astis action (h + 114, P = -023) and proup astis action (h + 114, P = -023) and pr	
Previous()         3-month: post intervention (h = not)         2 Reconstruction (h = not)         2 Rec	Previously         3-months post intervention (n = not reviewel [5]         3-months post stated)         2-months post stated)         3-months post stated	Previously reviewed [5]         3-month FU re both groups         Constrant for the stated)         Constrant for the stated)         Nonth FU re both groups         Non Assess for the post and stated         Non Assess for the post and stated         Non Assess for the constrant for the stated         Non Assess for the constrant for the stated         Non Assess for the constrant for the stated         Non Assess for the constrant fo	
Protokov revends(s)         Smorths post intervention (in = not endersity expertention (in = not endersity expertention (in = not endersity expertention (in = not excersifielt with stretching and intervention (in = not endersity expertention (in = not endersity exp	Previoual         3-months post intervention (n = not reviewal [5]         3-month fu bro boty groups- stated)         2-means post intervention (n = not stated)         3-month fu bro boty groups- stated)         3-month fu bro boty groups- stated (n = not z) - 2 0 01           1         1         1         1         1         3-month fu bro boty groups- states in CPD intervention bro- states in CPD interventin bro- states in CPD interventin bro- states in CPD inte	Periology reviewed [5]         3-months pact intervention (n = not atted)         Construction activity (sparette interviewed [5]         Construction activity (sparette interviewed [5]         Construction activity (sparette interviewed [5]         Construction activity (sparette interviewed [5]         Construction activity (sparette interviewed [6]         Construction activity (sparetter interviewed [6]         Constructinteri activity	
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Author (year) country	Intervention duration and FU <sup>a</sup> (n)	Objectives	Outcomes	Results	EPHPP quality rating
Previously reviewed [5,19]	Difference between completers and lost to FU was Methadone dose (50.8 mg vs 36.3 mg, t(61) = -6.34, P < 0.0001)	2. Assess likelihood of MET participants to move forward in stages-of-change than SC group	<ol> <li>Stage of Change (Treatment × stage × time ANOVA on CPD, CO and cotinine).</li> <li>Stage of Change movement</li> </ol>	2. CPD: decrease baseline to FU, F (1, 54) = 14.01, $P < 0.0001$ . CO: increase baseline to FU, F (1, 50) = 10.32, $P < 0.002$ . Cotinine: increase baseline to FU, F (1, 49) = 5.94, $P < 0.019$ . (CPD, CO or cotinine means not reported) 3. 57% stayed in same stage of change, 25% moved forward, 17% moved back. MET group more likely to more forward (35% vs. 15%) and SC group more likely to move back (30% vs. 4%) X <sup>2</sup> (2, N = 53) = 7.39, P < 0.03.	Confounders: Strong Data Collection Method: Strong Withdrawals and Dropouts: Strong Global Rating: STRONG
Ker M. et al. (1996) [20] USA Previously reviewed [19]	Variable – for length of stay in facility (approx. 9–12 months) No FU	<ol> <li>To assess whether program can help women to attain higher stages of readiness to quit tobacco smoking</li> <li>To determine whether the program is helping women to reduce or quit smoking</li> <li>To assess clients' reactions to the ISC program</li> </ol>	<ol> <li>Progression to a higher stage of readiness to quit</li> <li>Reductions in or abstinence from smoking</li> <li>Acceptability of the program</li> </ol>	1. No comparison of stage of change data was made between groups (data not collected for comparison group), but both groups rated the likelihood they would be smoking in one year ( $0^{=}$ absolutely certain I will be smoking'). Mean score for comparison group was 2.0 ('very certain will be smoking'). Mean score for comparison group 5.6 ('relatively certain will not be smoking') ( $t = -2.54$ , df. = 14, $P = 0.02$ ). 2. Average daily CO levels were almost at non-smoker levels in the treatment group and much lower than those of the comparison group (no means reported). Decrease in tobacco use - treatment group reported they used tobacco an average of 18.5 days out of the prior 30 at intake, and 5.3 days out of the	Selection Bias: Moderate Study Design: Weak Confounders: Weak Data Collection Method: Strong Withdrawals and Dropouts: Weak Global Rating: WEAK
					(Continues)

TABLE 1 (Continued)

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	EPHPP quality rating		Selection Bias: Weak Study Design: Moderate Confounders: Weak Data Collection Method: Strong Withdrawals and Dropouts: Weak Global Rating: WEAK	
	Results	<ul> <li>prior 30 at 3-months (F = 7.69, d. f. = 1,28, P = 0.01).</li> <li>3. Treatment program appeared to be attractive to participants. Focus groups reported overall positive feedback. Measures of withdrawal symptoms (used to assess long-term distress and impact on cessation)</li> </ul>	Primary: CO decreased but not significantly (M = 19.12 to M = 17.39, P = 0.53). Secondary: Nicotine dependence reduced (M = 5.16 to M = 3.43, P < 0.01) CPD (past 30 days) reduced (M = 26.18 to M = 16.16, P = 0.05) Motivation and confidence to quit increased but not significantly (M = 6.04 to M = 7.03, P = 0.36; M = 3.66 to M = 4.35, P = 0.10 respectively) $2^{nd}$ -hand smoke exposure increased overall, (52% baseline vs. 39.47% post intervention) with those reporting no exposure at home in past 7 days decreasing (M = 53.06 to M = 4.6.88, P < 0.01). Additional: Depression/anxiety decreased (M = 12.04 to M = 9.47, P = 0.03). Stress decreased (M = 4.2.46 to M = 43.97, P = 0.09)	124 referrals to reduce quit barriers (mainly for smoking cessation classes, then counselling/social work and contraception)
	Outcomes		Primary:1. CO verified smoking Secondary: 1. Nicotine dependence2. Self- reported CPD3. Motivation and confidence to quit 4. 2nd-hand smoke exposure (in home). Additional:1. Maternal psychosocial factors: Depression/anxiety, stress and recovery capital3. Referrals for services	
	Objectives		<ol> <li>Assess impact of PWN on smoking during pregnancy and early postpartum.</li> <li>Quantify service referrals that reduce barriers to cessation + evaluate impact of PWN program on barriers to cessation (e.g. depression, stress).</li> </ol>	
inued)	Intervention duration and FU <sup>a</sup> (n)		3 months FU - 3 months from initial visit (n = 38, attrition 76% completion)	
TABLE 1 (Conti	Author (year) country		Fallin-Bennett A. et al. (2019) [24] USA	

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Author (year) country	Intervention duration and FU <sup>a</sup> (n)	Objectives	Outcomes	Results	EPHPP quality rating
Waller C. et al. (1996) [25] USA	Variable - from program enrolment to delivery No FU	<ol> <li>Assess reductions in or abstinence from smoking</li> <li>Program acceptability</li> </ol>	<ol> <li>Comparison of self-reported CPD at PSUPP entry and at end of pregnancy (delivery)</li> <li>Satisfaction survey assessing tobacco use, perceived level of risk of tobacco use, knowledge gained, program satisfaction and number of visits to PSUPP staff</li> </ol>	<ol> <li>Comparison of CPD at PSUPP entry and delivery indicated 49.9% had decreased or abstained from smoking. 70.3% of high-risk smokers (&gt; 5CPD) had cut down or abstained.</li> <li>Satisfaction survey (n = 131): Tobacco use - 26.7% reported stopping tobacco use. 17.5% reduced, 38% planned to reduce using information provided.</li> <li>Risk awareness (n = 64): 80% 'strongly agreed' that tobacco can harm an unborn baby, 66.2% 'strongly agreed' that smoking causes LBW in babies.</li> <li>Knowledge gained (n = 64): 55.7% received information that reinforced importance of prenatal care, 58% increased their general health status, 67.2% believed they would have a healthier baby.</li> <li>Program satisfaction (n = 64): 79.7% indicated the program was 'very helpful', 76.2% knew 'very much more' about tobacco.</li> <li>PSUPP visits (n = 116): 88 (75.9%) visited ≥ 4 times.</li> </ol>	Selection Bias: Moderate Study Design: Weak Confounders: Weak Dropouts: Weak Global Rating: WEAK Global Rating: WEAK
Kurti A. Un-published data [26] USA	Variable - from study enrolment to 12-weeks postpartum. No FU	<ol> <li>To assess whether incentivizing gradual reductions in smoking rather than complete abstinence would be more effective in pregnant, opioid dependent women.</li> <li>Women earned incentives for gradual reductions over a 12-week priod, after which incentives were contingent on smoking abstinence</li> </ol>	Primary: % who achieved abstinence verified by cotinine (< 80 ng/ml Secondary: 1. Highest % reduction target achieved 2. CPD at last goal met 3. % reduction in CPD at last goal met	Participants achieving smoking abstinence = 0 Highest reduction target achieved (Participant %): 10% target = 7%; 25% target = 7%; 50% target = 47%; 75% target = 27%; 100% target (<4 ppm) = 13% Overall average CPD at last goal met = 7 Overall average reduction in CPD achieved at last goal met = 48.5%	
					(Continues)

TABLE 1 (Continued)

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TABLE 1 (Co	ontinued)				
Author (year) country	Intervention duration and FU <sup>a</sup> (n)	Objectives	Outcomes	Results	EPHPP quality rating
				Average gestational age at last goal	
				met = 26.8 weeks	
				conclusion drawn. Other internoted incentives trials for pregnant	
				smokers done in the same lab	
				generate quit rates at late	
				pregnancy of $\sim 37\%$ in non-	
				opioid dependent pregnant	
				smokers; it appears to be	
				ineffective in opioid-dependent	
				women.	

Follow up; <sup>b</sup>Randomised controlled trial; <sup>c</sup>Opioid agonist treatment; <sup>d</sup>Cigarettes smoked per day; <sup>c</sup>Contingent behavioural incentives; <sup>f</sup>Non-contingent behavioural incentives; <sup>g</sup>Treatment as usual; <sup>h</sup>Carbon monoxide; 'Low birth weight; 'Cessation framework—ask, asses, advise, assist, arrange; 'Motivational enhancement therapy; 'Standard Care; "Perinatal Wellness Navigator; "Smoking Cessation and Program. **Use Prevention** <sup>o</sup>Prenatal Substance Treatment; Reduction in Pregnancy

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[18]. No differences in CPD at treatment end or follow-ups were identified. Overall self-reported CPD reduced in pregnant women, with some reported abstinence, but supporting data was absent. Lower pre-intervention nicotine use and cigarette cravings predicted successful reduction in smoking, but greater intervention satisfaction predicted smaller reductions.

Ker et al. [20] assessed an incentive-based involuntary smoking cessation program in pregnant women attending a smoke-free residential rehabilitation facility. Smokers' CO levels reduced to nonsmokers' levels and were lower than those from a comparison facility, although no statistics were provided. Program-leavers' motivation to quit was significantly higher than their comparison counterparts.

#### DISCUSSION

This review identified seven studies that examined smoking cessation in pregnant women with substance use concerns, adding three studies to the four described in previous reviews. All interventions provided at least two evidence-based cessation strategies including an educational component. However, studies varied in terms of methodology, treatment strategies and outcomes, making conclusions about effective treatment approaches for this group difficult. Only one demonstrated abstinence in their CM-based treatment group compared to controls, although this was not sustained post-treatment [16].

Such results highlight the need for research that overcomes the limitations of these studies and emphasises the barriers associated with maternal AOD treatment. Tuten et al. v [16] suggested that future treatments incorporate longer treatment durations to counter high rates of post-treatment relapse. Investigators of the unpublished study [26] proposed that CM may be less effective for opioid-dependent women after achieving quit rates averaging 37% in CM programs for non-opioid-dependent pregnant smokers [27]. Consumer perspectives on facilitators of smoking abstinence may provide future solutions, and researchers should consider specific challenges including responding to high levels of nicotine dependence, psychosocial complexity and other substance use treatment in this group.

Five studies showed cigarette consumption reductions ranging from 37% to 71% at the longest follow-up. Maternal smoking reduction is often rejected by health experts because it may increase compensatory smoking [28] and deter women from accepting cessation support [29]. However, reductions in tobacco-related harm such as improvements in women's health and neonatal outcomes identified here are valuable by-products of treatment participation [30] and their educational value and potential to assist future attempts should be considered.

The review revealed some notable weaknesses, including a concentration of US-based studies, impacting generalisability because of diverging AOD treatment paradigms across countries. Research quality and rigor was also lacking. The methodological heterogeneity, low quality, inconsistent/missing data and limited sample sizes of studies

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precluded a meta-analysis, making conclusions about treatment effectiveness challenging. Rigor and supporting evidence are necessary for evaluating smoking treatments, especially in groups where underreporting of CPD because of stigma and fear is elevated [31].

Only one study offered pharmacological and behavioural support [20], an effective combination in non-maternal populations [32]. Limited evidence for NRT in pregnancy populations may have deterred its inclusion in these studies. No interventions included e-cigarettes as a cessation aid, potentially because of their emerging status and lack of evidence in pregnancy. Additionally, no studies targeted women in treatment for alcohol dependence, reflecting the general paucity of treatments for maternal alcohol dependence and the need for research on how to better engage this group in treatment [33].

#### CONCLUSION

This review identified tobacco smoking cessation interventions trialled in pregnant women with AOD concerns; however, the heterogeneity of interventions and lack of rigor hindered conclusions regarding effective approaches. Evidence of abstinence was scarce, but significant reductions in cigarette consumption were achieved using effective general-population strategies and these were associated with a range of positive outcomes. The review highlights the shortage of interventional studies and the difficulty in achieving lasting abstinence in this complex, high-priority group.

Further intervention development is needed with consistent outcome measurements and rigorous testing methods that allow meaningful synthesis. Examination of combined behavioural and pharmacological strategies with consumer input is also recommended.

#### **DECLARATION OF INTERESTS**

None.

#### AUTHOR CONTRIBUTIONS

Melissa Jackson: Conceptualization; formal analysis; methodology; project administration; validation. Amanda Baker: Conceptualization; supervision; visualization. Gillian Gould: Conceptualization; methodology; supervision; visualization. Amanda Brown: Conceptualization; supervision; visualization. Adrian Dunlop: Conceptualization; supervision; visualization. Kristen McCarter: Formal analysis; methodology; validation.

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#### SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

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