Sail dystiolaeth ar gyfer ffactorau risg ac amddiffynnol sydd yn gysylltiedig â dechrau a rhoi'r gorau i smygu:

Cwmpas byr o'r llenyddiaeth (Medi 2022)

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Cynnwys

Cyflwyniad

Mae'r adroddiad cwmpasu hwn yn rhoi trosolwg o'r dystiolaeth o chwiliad cwmpasu a gynhaliwyd gan y Gwasanaeth Tystiolaeth i nodi ffynonellau sy'n berthnasol i ffactorau amddiffynnol a risg sydd yn gysylltiedig â dechrau a rhoi'r gorau i smygu.

Cafodd ffynonellau sydd yn cydymffurfio ag egwyddorion adolygu systematig cadarn[1] a Google Scholar eu chwilio ar gyfer llenyddiaeth wedi ei chyhoeddi a llenyddiaeth lwyd. Yn dilyn sgyrsiau gydag arbenigwyr testun, cafodd yr adroddiadau tybaco a'r cyhoeddiadau gan Adran Iechyd a Gwasanaethau Dynol (HHS) yr U.D. a Sefydliad Iechyd y Cyhoedd Norwy eu sganio i nodi tystiolaeth berthnasol bosibl bellach. Mae'r term "adolygiad" wedi cael ei ddefnyddio yn yr adroddiad hwn i gyfeirio at unrhyw ddarn o dystiolaeth a gynhyrchwyd gan ddefnyddio methodoleg systematig (yn cynnwys arfarnu beirniadol) h.y., adolygiadau systematig, adolygiadau cwmpasu, adolygiadau cyflym ac ati.

Cafodd adolygiadau cymwys o ffynonellau nad oeddent yn gadarn eu harfarnu'n feirniadol gan ddefnyddio rhestr wirio arfarnu beirniadol y Gwasanaeth Tystiolaeth ar gyfer adolygiadau systematig. Dim ond adolygiadau yr ystyriwyd o ansawdd derbyniol gafodd eu cynnwys yn yr adroddiad hwn. Cafodd pedwar adolygiad eu hallgáu am fod yr arfarniad yn amlygu adrodd mesurau canlyniad yn wael a chymhwyso methodoleg adolygu systematig yn wael (Wolford-Clevenger C et al. 2021; Mostardinha & Pereira 2019; Barlow et al. 2017; Seo & Huang 2012).

Nodwyd un ar bymtheg o adolygiadau i gyd, yn canolbwyntio ar boblogaethau penodol neu ffactorau risg/amddiffynnol. Oherwydd natur eang y testun, ni chafodd adolygiad trosfwaol yn cynnwys rhychwant y testun ei nodi.

Cafodd ffactorau yn gysylltiedig â dechrau a rhoi'r gorau i smygu a nodwyd o'r adolygiadau oedd wedi eu cynnwys eu hechdynnu a'u crynhoi'n fras yn yr adroddiad hwn. Y canfyddiadau a'r casgliadau sydd wedi eu cynnwys yw'r rheiny gan yr awduron ffynhonnell ac nid ydynt yn ddehongliad gan y Gwasanaeth Tystiolaeth.

Gallai rhai ffactorau risg ac amddiffynnol fod yn berthnasol i rai poblogaethau yn unig. Nid yw'r adroddiad cwmpasu yma wedi archwilio yn fanwl pa ffactorau sydd yn ymddangos ymysg pob poblogaeth, na phoblogaethau penodol neu eu cyffredinoli i grwpiau poblogaeth eraill. Yn lle hynny, mae wedi ceisio nodi ffactorau risg ac amddiffynnol mewn perthynas â dechrau a rhoi'r gorau i smygu. Mae'n bwysig ystyried hyn wrth ddehongli'r canfyddiadau. Os yw ffactor penodol o ddiddordeb, cynghorir darllen y ffynonellau'n fanwl, am y byddant yn rhoi mwy o gyd-destun. Yn ogystal, ystyriwch gyffredinoli i gyd-destun Cymru cyn defnyddio canfyddiadau'r adolygiad ar gyfer mentrau polisi.

[1] Yn dilyn egwyddorion adolygu systematig: strategaeth chwilio gynhwysfawr, dewis ffynonellau yn seiliedig ar feini prawf gwrthrychol, asesu risg o ragfarn gan ffynonellau sylfaenol a/neu'n fethodoleg wedi ei datblygu gan gorff arbenigol e.e. NICE. Am restr lawn o ffynonellau a chwiliwyd, cyfeiriwch at yr adran Ffynonellau a chwiliwyd o'r adroddiad.

Cwestiwn adolygu	
Pa ffactorau amddiffynnol/ ysgogiadol a risg (personol, rhyngbersonol a strwythurol) sydd yn gysylltiedig â dechrau smygu? *Pa ffactorau amddiffynnol/ ysgogiadol a risg (personol, rhyngbersonol a strwythurol) sydd yn gysylltiedig â rhoi'r gorau i smygu?*	
Sampl	Unrhyw grŵp oedran
Ffenomen o ddiddordeb	Dechrau a rhoi'r gorau i smygu
Dyluniad	Adolygiadau systematig o: Astudiaethau trawstoriadol, astudiaethau cohort, astudiaethau rheoli achos
Gwerthusiad	Ffactorau risg ac amddiffynnol
Math o ymchwil	Meintiol, ansoddol a dulliau cymysg
Ystyriaethau Astudio Eraill	
Terfyn dyddiad: Adolygiadau o 2000 ymlaen Gwledydd OECD ar gyfer cyffredinoli i gyd-destun poblogaeth Cymru	

A wnaeth y chwiliad ddod o hyd i unrhyw adolygiadau o ansawdd da sydd yn mynd i'r afael â'r testun o ddiddordeb?

Methodd ein chwiliad â nodi un adolygiad cadarn yn ceisio nodi ffactorau risg ac amddiffynnol o ddechrau neu roi'r gorau i smygu ymysg y cyhoedd yn gyffredinol. Nodwyd sawl adolygiad yn canolbwyntio ar ffactorau risg/amddiffynnol poblogaethau neu unigolion penodol. Roedd pob un o'r rhain yn gyffredinol yn cynnwys nifer fawr o astudiaethau sylfaenol. Mae adolygiadau a nodwyd wedi eu crynhoi yn nhablau 1, 2 a 3. Roedd adroddiad ychwanegol yn cael ei ystyried yn berthnasol iawn, ond nid oedd yn bodloni ein meini prawf ar gyfer ei gynnwys oherwydd adrodd annigonol o'r fethodoleg. Am y gallai hwn fod o ddiddordeb i randdeiliaid, mae wedi ei grynhoi yn nhabl 4.

Pa dystiolaeth a nodwyd sydd yn mynd i'r afael â'r testun?

- Nodwyd un ar bymtheg o adolygiadau yn ymchwilio i ffactorau risg ac amddiffynnol smygu. O'r rhain, cynhaliwyd saith gan NICE fel rhan o ddiweddariad yr arweiniad ar gyfer canllaw NICE NG209 *Tobacco: preventing uptake, promoting quitting and treating dependence*, a gyhoeddwyd ym mis Tachwedd 2021, ac a ddiweddarwyd ym mis Awst 2022. Nodwyd dau adolygiad gan Cochrane ac un adolygiad yr un gan NIHR Health Technology Assessment Journal a Chanolfan EPPI hefyd.

- Cyhoeddwyd adolygiadau o 2011 hyd at 2021, ac roeddent yn cynnwys llenyddiaeth a gyhoeddwyd o 1984 hyd at 2021. Roeddent yn cynnwys rhwng dau a 112 o astudiaethau sylfaenol sydd yn berthnasol i'w nod unigol. Roedd y rhan fwyaf yn ystyried yr astudiaethau oedd wedi eu cynnwys i fod o ansawdd cymedrol neu wael.

- Roedd y rhan fwyaf o'r astudiaethau sylfaenol gafodd eu cynnwys yn arsylwadol neu'n ansoddol o ran dyluniad ac wedi eu cynnal mewn gwledydd OECD cyn 1974, UDA yn bennaf. Ychydig iawn oedd wedi eu cynnal yn y DU.

- O'r 16 o adolygiadau systematig, roedd chwech yn canolbwyntio ar ffactorau sydd yn gysylltiedig â dechrau smygu (un gan Cochrane ac un gan Ganolfan EPPI), roedd saith yn canolbwyntio ar ffactorau sydd yn gysylltiedig â rhoi'r gorau i smygu (pedwar gan NICE ac un gan Cochrane) ac roedd tri yn canolbwyntio ar e-sigaréts fel llwybr i ddechrau smygu sigaréts yn unig (dau gan NICE).

- Mae tystiolaeth yn awgrymu bod smygu sigaréts ymysg plant ac oedolion ifanc yn cael ei ddylanwadu gan gyfuniad o ffactorau lluosog yn cynnwys ffactorau biolegol, seico-gymdeithasol ac amgylcheddol. Gall y rhain weithredu fel ffactor risg neu amddiffynnol neu'r ddau. Mae tystiolaeth yn awgrymu bod cydberthynas rhwng ffactorau amrywiol yn pennu proffil risg cyffredinol unigolyn.

- Cafodd y ffactorau canlynol eu nodi ymysg grwpiau penodol o'r boblogaeth, gan awgrymu eu bod yn benodol i boblogaeth:

	Hygyrchedd	Fforddiadwyedd	Ffactorau ymddygiadol	Dylanwad cymunedol	Strategaeth ymdopi	E-sigaréts	Dylanwad teulu	Risgiau iechyd	Hunaniaeth	Cymhelliant	Dylanwad y cyfryngau	Dylanwad cyfoedion	Normau cymdeithasol
Dechrau smygu													
Plant ac oedolion ifanc	± (2)	± (1)	- (1)			- (2)	- (2)				- (1)	± (1)	- (1)
Oedolion						- (1)							
Rhoi'r gorau i smygu													
Plant ac oedolion ifanc						- (3)							
Oedolion						- (1)							-
Menywod beichiog a ôl-enedigol					- (1)	± (3)	± (2)	± (2)	± (1)	± (1)		± (2)	- (2)
Partneriaid menywod beichiog ac ôl-enedigol					- (1)		± (2)	± (1)	- (1)				

Allwedd: - ffactor risg, + ffactor amddiffynnol, ± ffactor risg / amddiffynnol, (n) dynodi nifer o adolygiadau systematig sy'n cyfrannu at bob ffactor yn y boblogaeth a nodir

Ffactorau sydd yn dylanwadu ar ymgymeriad smygu

Hygyrchedd: Mae un adolygiad yn awgrymu y gallai nifer fawr o siopau tybaco gerllaw ysgolion gynyddu smygu ymysg ieuenctid (Marsh et al. 2021). Mae adolygiad arall yn adrodd y gall gorfodi polisïau yn gwahardd gwerthu sigaréts i blant, fel gwerthu sigaréts trwy ddefnyddio peiriannau gwerthu, a dulliau eraill o wneud tybaco yn hygyrch i ieuenctid yn y lleoliad masnachol, gyfyngu cyfleoedd i gael mynediad atynt (Sutcliffe et al. 2011).

Fforddiadwyedd: Mae tystiolaeth o adolygiad yn dangos y gall prisiau sigaréts ddylanwadu ar ddechrau, mynychder, a dwysedd smygu ymysg ieuenctid ac oedolion ifanc (Sutcliffe et al. 2011).

Ffactorau ymddygiadol: Mae tystiolaeth o adolygiad yn awgrymu y gallai amgyffrediad o risg a gweld smygu fel rhywbeth gwrthryfelgar fod yn gysylltiedig â dechrau smygu ymysg ieuenctid (Sutcliffe et al. 2011).

Defnydd o e-sigaréts: Daeth dau adolygiad (un yn cynnwys plant, pobl ifanc ac oedolion ifanc tra bod yr ail yn cynnwys oedolion yn unig) i'r casgliad bod cyswllt ag e-sigaréts yn agos gysylltiedig â chynnydd yn y bwriad i smygu (NICE 2021a a Baenziger et al. 2021). Maent hefyd yn adrodd bod cyswllt ag e-sigaréts yn agos gysylltiedig â chynnydd mewn smygu erioed ymysg y rheiny oedd yn defnyddio e-sigaréts nicotin, y rheiny oedd yn defnyddio e-sigaréts heb nicotin yn ogystal â'r rheiny oedd heb unrhyw gyfoedion yn smygu fel llinell sylfaen. Mae e-sigaréts fel llwybr i ddechrau smygu sigaréts yn faes ymchwil sydd yn dod i'r amlwg, felly mae adolygiadau ar y testun hwn wedi eu crynhoi ar wahân yn Nhabl 3.

Dylanwad teulu: Arsylwodd adolygiad nad oedd unrhyw gysylltiad rhwng tadau yn smygu cyn genedigaeth a smygu ymysg plant, ond roedd cyswllt â smygu tybaco ymysg mamau cyn genedigaeth yn cynyddu'r risg o smygu tybaco a dibyniaeth ymysg y plant oedd wedi cael y cyswllt (Duko et al. 2021). Yn yr un modd, awgrymodd adolygiad arall y gallai brodyr a chwiorydd yn smygu fod yn ffactor risg cryf ac arwyddocaol o ddechrau smygu ymysg plant a phobl ifanc (Leonardi-Bee et al. 2011).

Dylanwadau'r cyfryngau: Mae tystiolaeth o adolygiad yn dangos bod darluniau o smygu mewn ffilmiau yn cynyddu'r risg o ddechrau smygu ymysg pobl ifanc yn sylweddol (Leonardi-Bee et al. 2016). Awgrymodd y gall cyswllt â chymeriadau chwedlonol sydd yn smygu creu norm cymdeithasol wedi ei gamddarlunio am fynychder a derbynioldeb smygu. Ceir tystiolaeth hefyd bod cyswllt blaenorol â marchnata'r diwydiant tybaco, fel hysbysebu a hyrwyddo, yn gysylltiedig â smygu yn y dyfodol ymysg y glasoed (Lovato et al. 2011).

Dylanwad cyfoedion: Nodwyd dylanwadau cymdeithasol fel rhagfynegydd parhaus o smygu ymysg y glasoed, gan weithredu fel ffactorau risg ac amddiffynnol. Mae tystiolaeth o adolygiad yn dangos mai ffrindiau yw ffynhonnell fwyaf arwyddocaol sigaréts (Sutcliffe et al. 2011). Yn ogystal, roedd delwedd gymdeithasol gadarnhaol o smygu sigaréts h.y. bod ieuenctid sydd yn smygu yn

"ddeniadol i ieuenctid eraill," yn "gyffrous," ac yn "cŵl neu'n wych"; yn gysylltiedig â chynnydd yn y bwriad i smygu.

Normau Cymdeithasol: Mae polisïau gwrth-smygu yn helpu i sefydlu normau gwrth-smygu trwy annog peidio â smygu a gorfodi smygwyr i atal rhag smygu mewn mannau cyhoeddus dan do, yn cynnwys gweithleoedd dan do a thafarndai. Gallai cyfyngiadau greu amgyffrediad o beidio â chymeradwyo ymysg oedolion ac ieuenctid, a gallai strwythuro'r amgylchedd ffisegol i'w wneud yn anghyfleus i ieuenctid smygu ddylanwadu ar eu penderfyniad i ddechrau smygu. Mae tystiolaeth yn dangos bod ieuenctid sydd yn gweld y glasoed neu oedolion yn smygu mewn lleoliadau cyhoeddus yn fwy tebygol o amgyffred smygu fel ymddygiad sydd yn dderbyniol yn gymdeithasol (Sutcliffe et al. 2011). I'r perwyl hwn, gallai amgyffrediad o ddefnydd mynych o dybaco ar dir ysgolion hybu normau cymdeithasol sydd yn annog ymgymeriad a pharhad smygu.

Ffactorau sydd yn dylanwadu ar roi'r gorau i smygu

Strategaeth ymdopi: Mewn adolygiad o astudiaethau ansoddol, disgrifiodd menywod beichiog ac ôl-enedigol smygu fel adnodd ar gyfer rheoli straen ac awgrymwyd y gallai ceisio rhoi'r gorau iddi fynd ag offeryn rheoli straen i ffwrdd (Bauld et al. 2017). Disgrifiodd eu partneriaid hefyd bwysigrwydd smygu i leihau straen gyda rhai partneriaid yn disgrifio parhau i smygu fel strategaeth rheoli hwyl ac 'amser allan'. Siaradodd y menywod a'u partneriaid yn yr adolygiad hwn am fwynhad smygu hefyd.

Defnydd o e-sigaréts: Mae tystiolaeth yn awgrymu bod defnydd o e-sigaréts ymysg cyn-smygwyr yn gysylltiedig â chynnydd yn dychwelyd i smygu o'i gymharu â bod byth wedi defnyddio e-sigaréts (Baenziger et al. 2021). Canfu diweddariad NICE ymysg plant a phobl ifanc, fod cysylltiad rhwng cyswllt ag e-sigaréts a chynnydd mewn smygu erioed. Ni chanfuwyd effaith ar gynnydd mewn cyswllt ag e-sigaréts â chynnydd mewn smygu erioed. Ni chanfuwyd effaith o ran cynnydd yn y cyswllt ag e-sigaréts ar gyfradd gostyngiad mewn smygu erioed yn ogystal â smygu rheolaidd (NICE 2021a). Canfu diweddariad arall gan NICE ddim tystiolaeth glir am effaith defnydd hamdden o e-sigaréts ar arferion smygu yn y dyfodol ymysg plant a phobl ifanc sydd yn smygu (NICE 2021b). Cytunodd pwyllgor y diweddariad fod amhendantrwydd y cysylltiad rhwng y defnydd o e-sigaréts a smygu yn y dyfodol ymysg y rheiny oedd yn smygu yn y llinell sylfaen yn golygu na ellid dod i unrhyw gasgliadau am y cysylltiad ar y pwynt hwn.

Mae ymchwil ymysg menywod beichiog yn dangos bod credoau am ddiogelwch yn ogystal â gallu e-sigaréts i efelychu sigarét, yn dylanwadu ar eu parodrwydd i ddefnyddio'r rhain yn ystod beichiogrwydd (NICE 2021e a Campbell et al. 2020).

Dylanwad teulu: Mae tystiolaeth yn dangos y gallai perthynas â phobl arwyddocaol weithredu fel rhwystr a hwylusydd i allu menywod i roi'r gorau i smygu yn ystod beichiogrwydd a'r cyfnod ôl-enedigol (NICE 2021e). Roedd adolygiad arall gan Bauld et al. (2017) yn cefnogi'r canfyddiad hwn. Roedd partneriaid a phobl eraill arwyddocaol yn gweithredu fel hwylusydd trwy helpu i annog ac ysgogi eu partner beichiog i roi'r gorau i smygu. Roedd y dylanwad negyddol yn gweithredu mewn un o ddwy ffordd. Y gyntaf, a'r fwyaf cyffredin,

oedd pan oedd y partner yn smygu a bod eu smygu parhaus yn effeithio ar berthynas rhyngbersonol y cwpl mewn amrywiaeth o ffyrdd. Yr ail oedd pan oedd y partner yn rhoi pwysau ar y fenyw i roi'r gorau i smygu neu barhau i beidio smygu ac roedd canlyniadau negyddol i'r pwysau hyn. Dangosodd yr adolygiad hefyd ymddygiad anghyson neu ystrywgar gan rai partneriaid oedd yn smygu, a allai gynnig sigarét yn ystod amserau o straen ac yna ceryddu'r fenyw am smygu ar adegau eraill.

Risgiau iechyd: Mae tystiolaeth yn awgrymu bod sawl ffactor yn dylanwadu ar barodrwydd menywod i ddefnyddio, parhau i ddefnyddio neu roi'r gorau i NRT a/neu e-sigarét yn ystod beichiogrwydd (NICE 2021e). Mae'r rhain yn cynnwys y safbwyntiau sydd yn cael eu dirnad a chymorth gan bobl eraill yn ogystal â'u credoau a'u pryderon am ddiogelwch, natur gaethiwus, effeithlonrwydd a sgil-effeithiau nicotin. Y ffactorau a allai weithredu fel rhwystrau a hwyluswyr i allu menywod i roi'r gorau i smygu yn ystod beichiogrwydd ac yn ôl-enedigol yw lles seicolegol a chysylltiadau newidiol gyda'u babi trwy ac ar ôl beichiogrwydd, ac arfarniad o risg smygu. Mae gan y ffactorau hyn allu segur i gynorthwyo yn ogystal ag atal rhoi'r gorau i smygu gyda thuedd o'r olaf ymysg smygwyr o dan anfantais.

Mae adolygiad arall yn awgrymu bod credoau am y risgiau o smygu yn deillio o normau neu wybodaeth wedi eu dylanwadu gan ymgyrchoedd y cyfryngau torfol neu, gellir dadlau, ymyriadau cynharach yn cynnwys gwybodaeth iechyd yn ystod plentyndod neu pan yn oedolion ifanc (Bauld et al. 2017). Cafodd amgyffrediad o risg ei ddisgrifio'n aml fel rhywbeth oedd yn berthnasol i smygwyr yn y boblogaeth, felly yn risg anghorfforol yn hytrach nag un personol. Cwestiynodd rhai menywod berthnasedd y risgiau hyn iddyn nhw neu hyd yn oed a oedd y risgiau hyn yn 'real' o gwbl. Roedd menywod yn deall pwysau isel ar enedigaeth fel risg wrth smygu yn ystod beichiogrwydd ond hefyd yn ei weld fel mantais, gyda babi llai yn cael ei weld fel rhywbeth oedd yn gwneud llafur ac esgor yn haws. Roedd smygu hefyd yn cael ei weld fel offeryn posibl i gydymffurfio â ffurf benywaidd dymunol, am ei fod yn cael ei weld fel ffordd o reoli magu pwysau.

Yn ogystal, dangosodd yr adolygiad amheuaeth benodol ac eang ymysg partneriaid menywod beichiog ac ôl-enedigol. Er eu bod yn derbyn bod rhai risgiau i smygu yn ystod beichiogrwydd, roeddent yn teimlo bod gwybodaeth benodol ynghylch sut roedd smygu yn niweidiol i'r babanod neu iddyn nhw, ar goll. Roeddent hefyd yn teimlo bod anghysondebau yng nghyngor y llywodraeth, a bod gan bartneriaid oedd yn smygu safbwyntiau negyddol am bolisïau rheoli tybaco. Roedd rhai dynion, fodd bynnag, yn cydnabod y byddai nhw'n parhau i smygu yn tanseilio eu gallu i fod yn fodel rôl cadarnhaol i'w plant ac yn y pen draw, gallai niweidio eu gallu i fod o gwmpas wrth i'w plant dyfu i fyny; oherwydd y risgiau gwirioneddol y byddai parhau i smygu yn eu cyflwyno i'w disgwyliad oes. Roedd tadau am y tro cyntaf yn poeni mwy na'r rheiny oedd â phlant yn barod, lle'r oedd y fam wedi smygu yn ystod beichiogrwydd a'r babi'n ymddangos yn iach.

Hunaniaeth: Roedd amgyffrediad menywod bod smygu'n rhan o'u hunaniaeth yn amlwg mewn adolygiad o astudiaethau gyda menywod beichiog ac ôl-enedigol

(Bauld et al. 2017). Roedd yn nodi bod beichiogrwydd yn cynrychioli saib i'r rhan fwyaf o fenywod o 'dderbynioldeb' hunaniaeth smygwr. Roedd yr amgyffrediad hwn yn rhan o'u hysgogiad i rhoi'r gorau iddi neu geisio gwneud hynny o leiaf.

Canfyddiad arall oedd y gwahaniaeth mewn hunaniaeth smygu rhwng bod yn feichiog a bod wedi cael y babi. Yn ystod y cyfnod ôl-enedigol, soniodd y menywod yn arbennig am 'adfer' rhan o'u hunan blaenorol yr oeddent yn ei chysylltu â smygu ynghyd â buddion mwy cyffyrddadwy yr oeddent yn eu cysylltu â'r defnydd o dybaco (e.e. rheoli pwysau). Roedd rhoi'r gorau i smygu'n cael ei weld gan rai menywod fel newid dros dro a wnaed ar gyfer y babi yn y groth a thra'n bwydo ar y fron, yn arbennig yn yr astudiaethau hŷn yn yr adolygiadau. Yn hyn o beth, roedd unrhyw ddychwelyd i smygu yn y cyfnod ôl-enedigol yn cael ei weld fel dychweliad oedd yn cael ei gymryd yn ganiataol ac nid yn atchweliad.

Yn ogystal, roedd partneriaid y menywod hyn, oedd yn parhau i smygu, yn amgyffred bod yn smygwr fel cyfleu ymreolaeth, annibyniaeth a hunaniaeth gwrywaidd cadarnhaol. Roedd rhai dynion o'r farn bod ganddynt 'hawl' i smygu oedd yn cael ei gwtogi gan fesurau rheoli tybaco fel gwahardd smygu mewn mannau cyhoeddus.

Cymhellion: Ceir rhywfaint o dystiolaeth bod ymgysylltu cymhellion â gwasanaethau rhoi'r gorau i smygu, yn arbennig ar ffurf cymhellion ariannol, yn hwyluso ceisiadau i roi'r gorau i smygu ymysg menywod beichiog (NICE 2021d). Er y gallai cael problemau logistaidd o ran cael talebau rwystro eu hymgais i roi'r gorau i smygu.

Dylanwad cyfoedion: Mae tystiolaeth yn dangos y gallai cydberthynas â phobl arwyddocaol weithredu fel rhwystrau, a hwyluswyr i allu menywod i roi'r gorau i smygu yn ystod beichiogrwydd a'r cyfnod ôl-enedigol (NICE 2021e). Mewn adolygiad arall, roedd smygu yn ystod beichiogrwydd – ac, i raddai llai, dychwelyd i smygu ar ôl rhoi genedigaeth – yn ennyn rhai cyfoedion i beidio â chymeradwyo hyn, yn arbennig pan oedd y beichiogrwydd yn amlwg (Bauld et al. 2017). I rai menywod, gallai peidio â chymeradwyo hwyluso newidiadau cadarnhaol yn eu hymddygiad smygu, er nad oedd hyn yn wir i bawb. Mae canfyddiadau'r adolygiad hwn hefyd yn awgrymu bod menywod beichiog yn ystyried rhoi'r gorau i smygu fel torri cysylltiadau cymdeithasol pwysig. I fenywod iau, nodwyd bod hyn yn arbennig o bwysig yn cynnal cyfeillgarwch a safle cymdeithasol.

Norm cymdeithasol: Thema fynych a ddaeth i'r amlwg ymysg menywod beichiog oedd bod smygu'n cael ei ystyried yn rhan arferol o fywyd yn y cymunedau lle cynhaliwyd yr astudiaethau (Bauld et al. 2017). Canfu adolygiad arall fod cleifion oedd yn gweld staff gofal iechyd yn smygu mewn lleoliadau gofal iechyd (e.e. ysbytai) yn fwy tebygol o weld smygu fel ymddygiad derbyniol (Myers et al. 2012). I'r perwyl hwn, efallai na fydd staff sydd yn smygu yn ymyrryd â chleifion sydd yn smygu. Yn ogystal, prinder amser, gwybodaeth a sgiliau, a phryderon y gallai rhoi'r gorau i smygu cyn llawdriniaeth waethygu canlyniadau llawdriniaeth yw'r rhwystrau a nodir amlaf sydd yn atal staff gofal aciwt rhag ymyrryd â chleifion sydd yn smygu.

Mathau eraill o dystiolaeth

Nododd ein chwiliad gorff sylweddol o ymchwil yn bennaf ar ffurf adolygiadau naratif, ond am nad oeddent yn bodloni ein meini prawf ar gyfer eu cynnwys, nid ydynt wedi eu cynnwys yn y gwaith hwn.

Fodd bynnag, cafodd adroddiad gan Adran HHS yr U.D. yn amlygu nifer o ragfynegwyr dechrau a pharhau i ddefnyddio tybaco ymysg y glasoed ac oedolion ifanc (12 i 25 oed), ei nodi hefyd. Er nad oedd yr adroddiad hwn yn bodloni ein meini prawf ar gyfer ei gynnwys, gallai fod o ddiddordeb i'r rhanddeiliaid ac felly mae ei brif gasgliadau wedi eu crynhoi yn Nhabl 4. Mae'r adroddiad yn amlygu ffactorau sydd heb eu cynnwys yn y dystiolaeth gadarn a nodir uchod. Roedd y rhain yn cynnwys cyrhaeddiad addysgol, gweithgareddau allgyrsiol ac wedi eu trefnu, prosesau genetig, niwrofiolegol a niwroddatblygiadol, hil, ethnigrwydd a dylanwadau diwylliannol.

Mae'n debygol nad yw ein chwiliad wedi nodi'r holl ffactorau sydd yn gysylltiedig â dechrau a rhoi'r gorau i smygu. Fodd bynnag, rydym yn hyderus ein bod wedi nodi'r holl dystiolaeth adolygu systematig ar y testun hwn o ffynonellau cadarn.

Mae'n werth nodi bod ffactorau risg yn gydberthynol ac nid o reidrwydd yn achosol o ran natur. Er i'r term ffactor risg gael ei ddefnyddio gan yr adolygiadau sydd wedi eu cynnwys, efallai eu bod ond wedi asesu'r cysylltiad ac nid yr achosiaeth rhwng cyswllt a chanlyniad.

Rhestr o'r ffynonellau a chwiliwyd:

Adnodd	Llwyddiant neu berthnasedd adfer
Ffynonellau cadarn	
Cochrane Library (basic search) https://www.cochranelibrary.com/cdsr/reviews	Chwiliwyd, canlyniadau wedi eu canfod
NICE (basic search) https://www.nice.org.uk/guidance	Chwiliwyd, canlyniadau wedi eu canfod
Scottish Intercollegiate Guidelines Network (SIGN) clinical guidelines (basic search) https://www.sign.ac.uk/our-guidelines	Chwiliwyd, ni chanfuwyd unrhyw beth
Agency for Healthcare Research and Quality (AHRQ) (basic search) https://www.ahrq.gov/research/findings/evidence-based-reports/search.html	Chwiliwyd, ni chanfuwyd unrhyw beth
Canadian Agency for Drugs and Technologies in Health (CADTH) (basic search) https://www.cadth.ca/	Chwiliwyd, ni chanfuwyd unrhyw beth
US Department of Veteran Affairs (basic search) https://www.hsrd.research.va.gov/publications/esp/reports.cfm	Chwiliwyd, ni chanfuwyd unrhyw beth
National Institute for Health Research (NIHR) Health Technology Assessment (HTA) Journal (basic search) https://www.journalslibrary.nihr.ac.uk/hta/#/	Chwiliwyd, canlyniadau wedi eu canfod
National Institute for Health Research (NIHR) Public Health Research (basic search) https://www.journalslibrary.nihr.ac.uk/phr/#/	Chwiliwyd, ni chanfuwyd unrhyw beth
Campbell Collaboration systematic reviews (basic search) https://www.campbellcollaboration.org/better-evidence.html	Chwiliwyd, ni chanfuwyd unrhyw beth
The Community Guide (basic search) https://www.thecommunityguide.org/publications	Chwiliwyd, ni chanfuwyd unrhyw beth
Evidence for Policy and Practice Information and Co-ordination Centre (basic search) http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=62	Chwiliwyd, canlyniadau wedi eu canfod
Joanna Briggs Institute (basic search) https://journals.lww.com/jbisrir/Pages/default.aspx	Chwiliwyd, canlyniadau wedi eu canfod
What Works Centre for Wellbeing (basic search) https://whatworkswellbeing.org/resources/	Chwiliwyd, ni chanfuwyd unrhyw beth
Additional sources	
Google Scholar (basic search) https://scholar.google.com/	Chwiliwyd, canlyniadau wedi eu canfod
U.S. Department of Health and Human Services | HHS.gov Topic specific page: Tobacco Reports And Publications	Chwiliwyd, canlyniadau wedi eu canfod
Norwegian Institute of Public Health - NIPH (fhi.no) Topic specific page: Smoking and tobacco	Chwiliwyd, ni chanfuwyd unrhyw beth

Termau chwilio a ddefnyddiwyd:

Cynhaliwyd chwiliad cychwynnol gan ddefnyddio cyfuniad o'r termau canlynol:

- Smygu, tybaco, dechrau, ffactor risg, ffactor amddiffynnol, rhagfynegydd, rhoi'r gorau iddi, ffactor ysgogiadol, ysgogiad, penderfynydd, rhyw, statws economaidd-gymdeithasol, tlodi, LGBTQ+, plant, glasoed, pobl ifanc, oedolion

Tablau:

Tabl 1: Ffynonellau eilaidd o ddiddordeb a nodwyd ar ffactorau risg ac amddiffynnol ar gyfer dechrau smygu

Reference	Aim/Question and Abstract or summary	Comments
Duko B et al. (2021) **Prenatal tobacco exposure and the risk of tobacco smoking and dependence in offspring: A systematic review and meta-analysis.** Drug and Alcohol Dependence, 227, p.108993.	**Aim:** To identify associations between **prenatal tobacco exposure and subsequent tobacco smoking/dependence in offspring**. **Methods:** Using the PRISMA guideline, authors searched PubMed, SCOPUS, EMBASE and PsychINFO. The methodological quality of all identified studies was assessed with the Newcastle-Ottawa Scale. Inverse variance weighted random effects meta-analysis was used to estimate pooled risk ratio (RR) and 95 % confidence intervals (CI). Outcomes were stratified by: tobacco smoking initiation, lifetime tobacco smoking, current tobacco smoking and tobacco dependence. Authors performed subgroup and leave-one-out sensitivity analyses. The protocol of this review was registered in PROSPERO. **Results:** Twenty -seven studies (26 cohort, 1 case-control) were included and were published between 1994 and 2021. Twelve studies were conducted in USA, two in the UK, four in Australia, three in Sweden, two in Brazil and one each in Canada, Finland and Germany. Authors found elevated pooled risks of tobacco smoking initiation [RR = 2.08, (95 % CI: 1.18–3.68)], ever tobacco smoking [RR = 1.21, (95 % CI: 1.05–1.38)], current tobacco smoking [RR = 1.70, (95 % CI: 1.48–1.95)] and tobacco dependence [RR = 1.50, (95 % CI: 1.31–1.73)] in offspring exposed to maternal prenatal tobacco use compared to non-exposed. We also noted higher risk estimate of current tobacco smoking in offspring exposed to heavy prenatal tobacco smoking [RR = 1.68, (95 % CI: 1.26–2.23)] when compared to prenatal exposure to lighter tobacco use [RR = 1.39, (95 % CI: 1.09–1.78)]. **There was no association observed between paternal smoking during pregnancy and tobacco smoking in offspring**. **Conclusion:** Authors concluded **offspring exposed to maternal prenatal tobacco smoking are at an increased risk of tobacco smoking/dependence**, indicating that tobacco smoking cessation during gestation may be imperative to reduce these risks in offspring.	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.
Marsh L et al. (2021) **Association between density and proximity of tobacco retail outlets with**	**Aim:** To explore the density and proximity of tobacco retail outlets to homes, schools and communities and their association with smoking behaviours among **youth aged 18 years and under.** **Methods:** Quantitative evidence identified was published between 1990 and 2019. Authors included studies that examined the associations of tobacco retail outlet density and proximity with individual smoking status or population-level smoking prevalence; initiation of smoking;	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual

Reference	Aim/Question and Abstract or summary	Comments
smoking: A systematic review of youth studies. Health Place 67:102275.	frequency of tobacco use; sales to minors; purchasing by minors; susceptibility to smoking among non-smokers; perceived prevalence of smoking and quitting behaviours. **Results:** Thirty-five peer-reviewed papers met the inclusion criteria. The included studies were predominantly cross-sectional in design and the majority were conducted in USA. Two studies were conducted in Scotland. Included primary studies provided evidence of a relationship between density of tobacco retail outlets and smoking behaviours, particularly for the density near youths' home. A study using activity spaces also found a significant positive association between exposure to tobacco retail outlets and daily tobacco use. The review did not provide evidence of an association between the proximity of tobacco retail outlets to homes or schools and smoking behaviours among youth. **Conclusions:** The existing evidence supports a **positive association between tobacco retail outlet-density and smoking behaviours among youth, particularly for the density near youths' home.** The review provides evidence for the development and implementation of policies to reduce the density of tobacco retail outlets to reduce smoking prevalence among youth.	environment of the different countries needs consideration.
Leonardi-Bee J et al. (2016). **Smoking in movies and smoking initiation in adolescents: systematic review and meta-analysis.** Addiction, 111(10), pp.1750-1763.	**Aim:** To quantify cross-sectional and longitudinal associations between exposure to smoking in movies and initiating smoking in **adolescents**. **Methods:** MEDLINE, EMBASE, PsychINFO and International Bibliography of the Social Sciences, IBSS databases and grey literature were searched from inception to May 2015 for comparative epidemiological studies (cross-sectional and cohort studies) that reported the relationship between exposure to smoking in movies and smoking initiation in adolescence (10–19 years). Reference lists of studies and previous reviews were also screened. Two authors screened papers and extracted data independently. **Results:** Seventeen studies met the inclusion criteria of which nine were cross-sectional and eight were longitudinal in design. Seven studies were conducted in USA, three in the UK, two in Mexico, two in Germany, one in India and two studies were carried out in a group of six European countries. Random-effects meta-analysis of nine cross-sectional studies demonstrated higher exposure (typically highest versus lowest quantile) to smoking in movies was associated significantly with a doubling in risk of ever trying smoking [relative risk (RR) = 1.93, 95% confidence interval (CI) = 1.66–2.25]. In eight longitudinal studies (all deemed high quality), higher exposure to smoking in movies was associated significantly with a 46% increased risk of initiating smoking (RR = 1.46; 95% CI = 1.23–1.73). These pooled estimates were significantly different from each other (P = 0.02). Moderate levels of heterogeneity were seen in the meta-analyses.	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.

Reference	Aim/Question and Abstract or summary	Comments
	Conclusions: The cross-sectional **association between young people reporting having seen smoking imagery in films and smoking status is greater than the prospective association**. Both associations are substantial, but it is not clear whether they are causal.	
Leonardi-Bee J et al. (2011) **Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis** Thorax 66:847-855.	**Aim:** To investigate the relationship between smoking by family members and uptake of smoking among **children and adolescents** and combine this information in meta-analyses to provide summary estimates of the magnitude of the effects of smoking by different family members. Estimates were used to calculate the number of children and young people in England and Wales, who take up smoking each year because of smoking by others in their household. **Methods:** Studies were identified by searching four databases to March 2009 and proceedings from international conferences. Meta-analyses were performed using random effects, with results presented as pooled ORs with 95% CIs. **Results:** Fifty-eight studies published between 2000 and 2009 were included in the meta-analyses. The majority of the studies were conducted in the USA or Europe and measured adolescent smoking status by self-reports, although two assessed cotinine in saliva. The relative odds of uptake of smoking in children were increased significantly if at least one parent smoked (OR 1.72, 95% CI 1.59 to 1.86). More so by smoking by the mother (OR 2.19, 95% CI 1.73 to 2.79) than the father (OR 1.66, 95% CI 1.42 to 1.94), and if both parents smoked (OR 2.73, 95% CI 2.28 to 3.28). Smoking by a sibling increased the odds of smoking uptake by 2.30 (95% CI 1.85 to 2.86) and smoking by any household member by 1.92 (95% CI 1.70 to 2.16). After adjusting for overestimation of RRs it is estimated that, in England and Wales, around 17 000 young people take up smoking by the age of 15 each year as a consequence of exposure to household smoking. **Conclusions: Parental and sibling smoking is a strong and significant determinant of the risk of smoking uptake by children and young people** and, as such, is a major and entirely avoidable health risk. Children should be protected from exposure to smoking behaviour, especially by family members.	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.
Lovato et al. (2011) **Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours**.	**Aim:** To assess the effects of tobacco advertising and promotion on non-smoking **adolescents'** future smoking behaviour. **Methods:** Cochrane Tobacco Group specialized register, the Cochrane Central Register of Controlled Trials, MEDLINE, the Cochrane Library, Sociological Abstracts, PsycLIT, ERIC, WorldCat, Dissertation Abstracts, ABI Inform and Current Contents were searched to August 2011. The reviewers independently assessed relevant studies for inclusion. Data extraction was undertaken by one reviewer and checked by a second.	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.

Reference	Aim/Question and Abstract or summary	Comments
Cochrane Database of Systematic Reviews, Issue 10.	**Results:** Nineteen longitudinal studies that followed up over 29,000 baseline non-smokers met the inclusion criteria. These included a variety of different age groupings that ranged between eight and 18 years of age at baseline. Eleven studies were conducted in USA, two in Australia, two in England, two in Germany and two in Spain. The years during which data were collected ranged between 1983 and 2008. The studies measured exposure or receptivity to advertising and promotion in a variety of ways, including having a favourite advertisement or an index of receptivity based on awareness of advertising and ownership of a promotional item. One study measured the number of tobacco advertisements in magazines read by participants. All studies assessed smoking behaviour change in participants who reported not smoking at baseline. In 18 of the 19 studies the non-smoking adolescents who were more aware of tobacco advertising or receptive to it, were more likely to have experimented with cigarettes or become smokers at follow up. There was variation in the strength of association, and the degree to which potential confounders were controlled for. **Conclusions:** Longitudinal studies consistently suggest that exposure to **tobacco advertising and promotion is associated with the likelihood that adolescents will start to smoke**. Based on the strength and specificity of this association, evidence of a dose-response relationship, the consistency of findings across numerous observational studies, temporality of exposure and smoking behaviours observed, as well as the theoretical plausibility regarding the impact of advertising, we conclude that tobacco advertising and promotion increases the likelihood that adolescents will start to smoke.	
Sutcliffe K et al. (2011) Young people's access to tobacco: a mixed-method systematic review. London: **EPPI-Centre**, Social Science Research Unit, Institute of Education, University of London.	**Aim:** To summarise the research exploring how **young people aged 11-18 years** access tobacco in the UK. The review was commissioned to support the development of policies to reduce rates of smoking among young people; it sought to understand the relative importance of both retail and social sources of tobacco for young people. This review focusses on evidence with contextual relevance for the UK. Thus, authors appraised and synthesised UK-based surveys (n=9) and qualitative studies (n=10). **Methods:** Survey data were pooled across the studies to analyse the prevalence and range of sources used by young people, and a statistical meta-analysis was performed to determine whether associations exist between sources used and the smoking status of young people. Thematic analysis of the qualitative studies was used to identify the significant features of a range of different access methods, and revealed barriers and facilitators of tobacco access across sources. **Results:** The six qualitative studies included approximately 500 young people from Scotland and England. Three studies sampled young people from a range of socioeconomic backgrounds; the others accessed young people from disadvantaged or deprived areas only.	**Generalisability:** All the included studies in this review were conducted in England and Scotland. Therefore, **the reported findings could be generalisable to Wales**.

Reference	Aim/Question and Abstract or summary	Comments
	Each of the studies involved both young men and women aged predominantly between 13 and 16 years, and three included both smokers and non-smokers. The earliest study was conducted in 2003 and the most recent in 2010; two of the studies collected data from young people after the legal age of purchase was raised to 18 in the UK in 2007. Barriers of tobacco access for young people identified: • Age and appearance: 'If you look old enough they are going to serve you' • Cost: The high price of smoking for young people: 'you get skanked' • Risk: 'Worth a try'? Facilitators of tobacco access for young people identified: • Sociability: A way to make new friends • Visibility of sources and smoking behaviour: 'I saw them smoking on the field and buying off mates and stuff ' • Complicity of adults: 'They don't care if it's harming us or if it's the law.	

Tabl 2: Ffynonellau eilaidd o ddiddordeb a nodwyd ar ffactorau risg ac amddiffynnol ar gyfer rhoi'r gorau i smygu

Reference	Aim/Question and Abstract or summary	Comments
National Institute for Health and Care Excellence (2021) Tobacco: preventing uptake, promoting quitting and treating dependence: update. Review E: Evidence reviews for smokefree class competitions. London: NICE [NICE guideline NG209]	**Review questions:** The qualitative section of this NICE review aimed to answer: Are smokefree class competitions acceptable to **children and young people**? Do they affect their ability to cope with stress or pressure, or their self-esteem and self-efficacy? What are the barriers and facilitators to successful adoption of the intervention by the population? **Methods:** This review is an update of part of an existing review. A new systematic search of relevant databases was undertaken in October 2018 for studies published since 2008 (when the previous search was conducted) and in the English language. For smoke-free class competitions only, qualitative evidence relating to their acceptability and barriers or facilitators to their successful adoption will be examined where available. **Results: None of the included studies identified any barriers or facilitators to smokefree class competitions for children and young people.**	**Evidence gap:** None of the included studies identified any barriers or facilitators to smoke-free class competitions for children and young people.
National Institute for Health and Care Excellence (2021c) Tobacco: preventing uptake, promoting quitting and treating dependence: update. Review H: Evidence reviews for opt-out stop smoking support. London: NICE [NICE guideline NG209]	**Review questions:** The qualitative section of this NICE review aimed to answer: • Is opt-out provision of stop smoking support acceptable to **women who are pregnant**? • What are the barriers and facilitators to taking up the support? **Methods:** This update review undertook a systematic search in April 2019 for relevant studies published since 1998. The CASP checklist was used to assess quality of qualitative studies, while the Effective Practice and Organisation of Care (EPOC) RoB tool was used to assess quantitative studies. GRADE was used to assess the confidence of the evidence. Qualitative evidence on opt-out referral systems for pregnant women who smoke on the acceptability, barriers or facilitators of these interventions will be examined where available. **Results:** Two studies were included for the qualitative component of this review; one employed a mixed methods approach (qualitative element of relevance to this review question) while the other was a qualitative study. Both studies were conducted in the UK. Themes around expectations, acceptability and impact of opt-out referral pathway were identified. **None of the included studies identified any barriers or facilitators to Opt-out provision to stop smoking for pregnant women.**	**Evidence gap:** None of the included studies identified any barriers or facilitators to Opt-out provision to stop smoking for pregnant women.

Reference	Aim/Question and Abstract or summary	Comments
National Institute for Health and Care Excellence (2021d) Tobacco: preventing uptake, promoting quitting and treating dependence: update. Review I: Evidence reviews for incentives during pregnancy. London: NICE [NICE guideline NG209]	**Review questions:** The qualitative section of this NICE review aimed to answer: Are incentives to increase smoking cessation acceptable to **pregnant women** who smoke and to healthcare providers who would deliver them? What are the barriers and facilitators to uptake of incentives? **Methods:** NICE decided to search for studies in the past 20 years (from when protocols were written). This limit is applied because before this point it is likely that the context of stop smoking support would be too different to be relevant and applicable to the guideline. This update review undertook a systematic search in April 2019 for relevant studies published in the English language since 1998. Where available, qualitative evidence on acceptability of incentives as well as barriers and facilitators to delivering incentives for smoking cessation to pregnant women who smoke will be examined. Identified **Results:** The search identified three studies out of which two studies were qualitative and one included a mixed methods approach (qualitative component of relevance to this review question). All three studies were conducted in the UK. Only one study reported themes around factors perceived as facilitating and inhibiting the quit attempt. **Factors perceived as facilitating the quit attempt are:** • Women who were incentivised were more motivated to engage with smoking cessation services. • Women felt that financial incentives facilitated quitting attempts and provided a goal to resist smoking urges. • Women in the incentivised group reported monitoring was conducted routinely to confirm smoking status in order to attain vouchers, whereas women in the control group reported that monitoring was not consistently implemented. **Factors perceived as inhibiting the quit attempt:** • Women reported encountering logistical problems with obtaining vouchers, which hindered their attempt to stop smoking.	**Generalisability:** All the included studies in this review were conducted in UK. Therefore, **the reported findings could be generalisable to Wales.**
National Institute for Health and Care Excellence (2021e) Tobacco: preventing uptake, promoting quitting and treating dependence: update.	**Review question:** The qualitative section of this NICE review aimed to answer: What are the barriers or facilitators for **women who smoke and are pregnant** to taking up NRT and e-cigarettes interventions? **Methods:** A Cochrane qualitative review for NICE was completed on the factors that influence the uptake and use of NRT and e-cigarettes by pregnant women who smoke (Campbell 2019). This review included studies that explored views, opinions, and experiences of pregnant women who smoke or smoked in pregnancy on the use of any type of NRT or e-cigarettes in	**Generalisability:** All the included studies in this review were conducted in UK. Therefore, **the reported findings could be generalisable to Wales.**

Reference	Aim/Question and Abstract or summary	Comments
Review J: Evidence reviews for nicotine replacement therapies and e-cigarettes in pregnancy. London: NICE [NICE guideline NG209]	pregnancy for smoking cessation or harm reduction. A broad search strategy completed in February 2019 was used to identify relevant studies from several databases and grey literature. **Results:** This is a new review for this guideline and was completed in October 2019 for NICE (Campbell 2019). Twenty-one studies (497 participants) were included in this review, twelve were conducted in the UK, four in Australia, three in USA, one in New Zealand and one in Canada. The focus of this NICE evidence review is on qualitative studies conducted in the UK context. Whilst analyses presented in the Cochrane review are derived from both UK and non-UK studies, greater consideration was placed on findings elicited from UK studies in this evidence review. Out of the 12 UK studies included in the Cochrane view, 8 studies focused on women's views on NRT, 2 studies focused on e-cigarettes and 2 studies reported views on both interventions. Thematic data synthesis was used by Campbell (2019) to identify 6 overarching themes and 18 key review findings relating to factors influencing women's decisions about using, continuing to use or stopping NRT and/or e-cigarettes: Theme 1: **Safety concerns about nicotine** – Women's beliefs about safety of nicotine containing products influence their readiness to use it in pregnancy Theme 2: **Concerns about addictiveness of nicotine** – women's beliefs about addictiveness of nicotine influence their readiness to use NRT in pregnancy Theme 3: **Beliefs about effectiveness of nicotine-containing products** – women's beliefs about the effectiveness of nicotine-containing products influence their use in pregnancy Theme 4: **Side effects associated with NRT** – Women's beliefs about and experiences with side effects of NRT influence their readiness to use NRT in pregnancy Theme 5: **Influence of others** – Women's readiness to use nicotine-containing products in pregnancy is influenced by the perceived views of and support from other people Theme 6**: Characteristics of nicotine-containing products** – women's views on characteristics (such as cost, convenience and ability to mimic a cigarette) of the nicotine-containing products can influence their readiness to use these in pregnancy	
Campbell K et al. 2020. Factors influencing the uptake and use of nicotine replacement therapy and e-cigarettes in pregnant women	**Aim:** To explore factors affecting uptake and use of NRT and e-cigarettes in **pregnancy**. **Methods:** Authors searched MEDLINE(R), CINAHL and PsycINFO on 1 February 2019. They manually searched OpenGrey database and screened references of included studies and relevant reviews. They also conducted forward citation searches of included studies. **Results:** Authors included 21 studies (497 participants): 15 focused on NRT, 3 on e-cigarettes, and 3 on both. Of these twelve were conducted in the UK, four in Australia, three in USA, one in New Zealand and one in Canada. Most studies contributed few relevant data; substantially fewer data were available on determinants of e-cigarettes. Many studies focused	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.

Reference	Aim/Question and Abstract or summary	Comments
who smoke: a qualitative evidence synthesis. **Cochrane Database of Systematic Reviews**, Issue 5.	predominantly on issues relating to smoking cessation, and determinants of NRT/e-cigarette use was often presented as one of the themes. Authors identified six descriptive themes and 18 findings within those themes; from these they developed three overarching analytical themes representing key determinants of uptake and adherence to NRT and/or e-cigarettes in pregnancy. The analytical themes show that **women's desire to protect their unborn babies from harm is one of the main reasons they use these products**. Furthermore, **women consider advice from health professionals when deciding whether to use NRT or e-cigarettes**; when health professionals tell women that NRT or e-cigarettes are safer than smoking and that it is okay for them to use these in pregnancy, women report feeling more confident about using them. Conversely, women who are told that NRT or e-cigarettes are as dangerous or more dangerous than smoking and that they should not use them during pregnancy feel less confident about using them. **Women's past experiences with NRT can also affect their willingness to use NRT in pregnancy**; women who feel that NRT had worked for them (or someone they know) in the past were more confident about using it again. However, women who had negative experiences were more reluctant to use NRT.	
Bauld et al. 2017. Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study. **Health Technol Assess**; 21(36)	**Aim of review 1:** To explore the barriers to and facilitators of smoking cessation experienced by **women during pregnancy and postpartum**. **Methods**: A synthesis of qualitative research using meta-ethnography. Five electronic databases (searched January 1990–May 2013) were searched comprehensively, updating and extending the search for an earlier review to identify qualitative research related to the review's aims. **Results:** Thirty-eight studies reported in 42 papers were included. Four factors were identified that acted as both barriers to and facilitators of women's ability to quit smoking in pregnancy and postpartum: psychological well-being, relationships with significant others, changing connections with her baby through and after pregnancy, and appraisal of the risk of smoking. **Conclusion:** The synthesis indicates that **barriers and facilitators are not fixed and mutually exclusive categories; instead, they are factors with a latent capacity to help or hinder smoking cessation. For disadvantaged smokers, these factors are more often experienced as barriers to, than facilitators of quitting.** **Aim of review 2:** To synthesise qualitative research of **partners' views of smoking in pregnancy and postpartum** was conducted using meta-ethnography.	**Generalisability:** It is difficult to assess the generalisability of this review to Welsh context as countries of the included studies were not reported. However, the reviews were accompanied with qualitative research in one area in Scotland and another in England. Authors note that the findings were similar between the review studies and their interviews.

Reference	Aim/Question and Abstract or summary	Comments
	Methods: A synthesis of qualitative research of partners' views of smoking in pregnancy and postpartum was conducted using meta-ethnography. Searches were undertaken from 1990 to January 2014 using terms for partner/household, pregnancy, postpartum, smoking and qualitative in seven electronic databases. The review was reported in accordance with the ENTREQ statement. **Results:** Nine studies reported in 14 papers were included, detailing the experience of 158 partners; the majority were interviewed during the postpartum period. Partners were all male, with a single exception. Socioeconomic measures indicated that most participants were socially disadvantaged. The synthesis identified recurring smoking-related perceptions and experiences that hindered (barriers) and encouraged (facilitators) partners to consider quitting during the woman's pregnancy and into the postpartum period. These were represented in five lines of argument relating to smoking being an integral part of everyday life, becoming and being a father, the couple's relationship, perceptions of the risks of smoking, and their harm reduction and quitting strategies. **Conclusions:** The cluster of identified barriers to and facilitators of quitting offers pointers for policy and practice. **The workplace emerges as an important space for and influence on partners' smoking habits**, suggesting alternative cessation intervention locations for future parents. Conversely, **health and community settings are seen to offer little support to fathers**. **Interventions centred on valued personal traits, like willpower and autonomy, may have particular salience**. The review points, too, to the **potential for health information that directly addresses perceived weaknesses in official advice, for example around causal mechanisms and effects, and around the contrary evidence of healthy babies born to smokers.**	
Myers et al. 2012. Review 3: Barriers & facilitators for smoking cessation interventions in acute & maternity services. **NICE; NG209.**	**Review questions:** How can community, primary, **acute and maternity care** providers collaborate more effectively to provide joined up services for smoking cessation? What barriers and facilitators affect the delivery of effective interventions? **Methods:** The authors systematically searched reviews and trials published between 1990 and December 2011 in English, but they also included literature published in early 2012 identified as relevant while work on the review was underway. **Results:** Authors found 112 studies that contained data relevant to the above research questions. Majority of the studies were conducted in pre-1974 OECD countries. **Barriers to implementing evidence based stop-smoking interventions in acute care**: • Smoking among health care staff is a barrier to engaging with smokers;	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.

Reference	Aim/Question and Abstract or summary	Comments
	• Lack of time, knowledge and skills are the most commonly cited barriers to acute care staff intervening with patients who smoke; • Smokers awaiting surgery can be advised to stop at any time: The concerns that stopping smoking shortly before surgery may worsen surgery outcomes represents a common barrier to interventions with surgery patients. **Facilitators to implementing evidence based stop-smoking interventions in acute care**: • Training healthcare professionals can have a positive effect on their practice; • Prompts, reminders, automated systems, and audit and feedback can assist HCPs in screening and offering smoking cessation treatment; • Organisational support is a key facilitator of stop-smoking activities.	

Tabl 3: Ffynonellau eilaidd o ddiddordeb a nodwyd ar e-sigaréts fel llwybr ar gyfer dechrau smygu

Reference	Aim/Question and Abstract or summary	Comments
Baenziger O et al. 2021. E-cigarette use and combustible tobacco cigarette smoking uptake among non-smokers, including relapse in former smokers: umbrella review, systematic review and meta-analysis. BMJ Open; 11:e045603. doi: 10.1136/bmjopen-2020-045603	**Aim:** To review and summarise the current evidence on the uptake of combustible cigarette smoking following e-cigarette use in **non-smokers**—including never-smokers, people not currently smoking and past smokers—through an umbrella review, systematic review and meta-analysis. **Methods:** This summary of the global evidence comprises an umbrella review of systematic reviews and a top-up systematic review of primary research not included in the systematic reviews of the umbrella review. The protocol was published online through PROSPERO. For both the umbrella review and the top-up systematic review, six databases were searched: PubMed, Scopus, Web of Science, PsychINFO (Ovid), Medline (Ovid) and Wiley Cochrane Library up to April 2020. **Results:** Of 6225 results, 25 studies of non-smokers— never, not current and former smokers—with a baseline measure of e-cigarette use and an outcome measure of combustible smoking uptake were included. All 25 studies found increased risk of smoking uptake with e-cigarette exposure, although magnitude varied substantially. Using a random-effects model, comparing e-cigarette users versus non-e-cigarette users, among never-smokers at baseline the OR for smoking initiation was 3.19 (95% CI 2.44 to 4.16, I2 85.7%) and among non-smokers at baseline the OR for current smoking was 3.14 (95% CI 1.93 to 5.11, I 2 91.0%). Among former smokers, smoking relapse was higher in e-cigarette users versus non-users (OR=2.40, 95%CI 1.50 to 3.83, I2 12.3%). **Conclusions:** Across multiple settings, **non-smokers who use e-cigarettes are consistently more likely than those avoiding e-cigarettes to initiate combustible cigarette smoking and become current smokers**. The magnitude of this risk varied, with an average of around three times the odds. Former smokers using e-cigarettes have over twice the odds of relapse as non-e-cigarettes users. This study is the first to our knowledge to review and pool data on the latter topic.	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.
National Institute for Health and Care Excellence (2021a) Tobacco: preventing uptake, promoting quitting and treating	**Aim:** To determine the likelihood of taking up smoking in **children, young people and young adults** who use e-cigarettes. **Methods:** A systematic search was undertaken in January 2019 for studies published since 1998 and in the English language. It was decided to search for studies in the past 20 years (from when protocols were written). This limit is applied because before this point it is judged that the context – specifically the acceptability and prevalence of smoking – is too different to	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be partially generalisable to Wales; however, the contextual

Reference	Aim/Question and Abstract or summary	Comments
dependence: update. Review F: Future cigarette use among children, young people and young adults who do not smoke and use e-cigarettes. London: NICE [NICE guideline NG209].	be relevant and applicable to the guideline. Searches for literature on e-cigarettes will also be limited due to the novelty of the technology. **Results:** Nineteen studies were identified for inclusion in this review. Majority of the studies were conducted in pre-1974 OECD countries. The review reports the following evidence summaries regarding exposure to e-cigarettes: • **Significantly associated with an increase in ever smoking**. This effect was found among groups where susceptibility was not reported, those who were susceptible at baseline, and those who were not susceptible at baseline. Effects were not significantly different by age or level of e-cigarette use at baseline. • **Significantly associated with an increase in ever smoking among those who used nicotine e-cigarettes and those who used e-cigarettes without nicotine**. Subgroups were significantly different: those using e-cigarettes with nicotine had higher risk of ever smoking than those without nicotine. • **Significantly associated with an increase in ever smoking among those who had no peer smoking at baseline**. • **Significantly associated with an increase in habitual smoking**. • **Significantly associated with an increase in intention to smoke**. • **An effect was not detected of an increased exposure of the population to e-cigarettes on rate of decline in ever smoking as well as regular smoking**.	environment of the different countries needs consideration.
National Institute for Health and Care Excellence (2021b) Tobacco: preventing uptake, promoting quitting and treating dependence: update. Review G: Future cigarette use among children, young people and adults who use e-cigarettes and cigarettes. London: NICE [NICE guideline NG209]	Aim: To determine the likelihood of stopping smoking in **children, young people and young adults** who smoke and use e-cigarettes recreationally (not specifically for cessation). **Methods:** A systematic search was undertaken in January 2019 for studies published since 1998 and in the English language. It was decided to search for studies in the past 20 years (from when protocols were written). This limit is applied because before this point it is judged that the context – specifically the acceptability and prevalence of smoking – is too different to be relevant and applicable to the guideline. Searches for literature on e-cigarettes will also be limited due to the novelty of the technology. **Results:** Two prospective cohort studies both conducted in the USA were included in this review. The review reports the following evidence summaries: • An effect was not detected for exposure to e-cigarettes on past-month continued smoking. • An effect was not detected of exposure to e-cigarettes on number of days people smoked cigarettes.	**Generalisability:** The review included studies from a wide variety of settings. Therefore, the reported findings could be **partially generalisable to Wales**; however, the contextual environment of the different countries needs consideration.

Reference	Aim/Question and Abstract or summary	Comments
	The committee agreed that the imprecision of the association between e-cigarette use and future smoking among those who did smoke at baseline (GRADE profile 7) meant that no conclusions could be drawn on the association at this point, particularly as only one study contributed to the outcome. Likewise, there was no significant difference in the number of past 30 days people had smoked between those using and not using e-cigarettes at baseline. This led the committee to conclude that there was no clear evidence about the impact of e-cigarette use on future smoking habits among those who smoke. The committee chose not to make recommendations based on this evidence. The review also aimed to consider whether the above association is present. **The committee discussed the difficulties with this and the types of evidence available, noting that it is difficult to decide whether there is a causal link between e-cigarette use and future smoking status.**	

Tabl 4: Llenyddiaeth berthnasol arall a nodwyd trwy chwilio nad oedd yn bodloni ein meini prawf ar gyfer ei chynnwys

Reference	Aim/Question and Abstract or summary	Comments
Summary of ' U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.	This is a report based on an extensive review of existing scientific literature. It investigates the predictors of initiation and progression of tobacco use for two groups: **adolescents** (girls and boys aged 12–17 years) **and young adults** (women and men aged 18–25 years). **Chapter four**, which updates Chapter 4 of the 1994 report, may be particularly relevant as this examines the social, environmental, cognitive and genetic influences on the use of tobacco among youth. Chapter five looks at the tobacco industry's influence on the use of tobacco among youth, and chapter six looks at efforts to prevent and reduce tobacco use among young people. **Large Social and Physical Environments:** Factors found in these environments may establish norms that affect tobacco use. For example, youth who participate in religious activity are less likely to smoke. The expression of other cultural values, such as using cigarettes as gifts, may conversely, stimulate tobacco use. Educational attainment and academic achievement are consistently (and negatively) associated with tobacco use from early adolescence to young adulthood. In addition, persons of lower SES may be more likely to smoke because of differential norms or as a reaction to pressures, such as discrimination, or targeted marketing. Physical environments favourable to tobacco use may also influence tobacco use through implicit norms that favour use. **Small Social Groups:** The evidence is sufficient to conclude that there is a causal relationship between peer group social influences and the initiation and maintenance of smoking behaviours during adolescence. Adolescents are more likely to smoke if they have friends who smoke. Social network analyses have demonstrated that peer group structure uniquely contributes to the prediction of youth smoking behaviour. Youth who are able to mix successfully within small social groups are relatively less likely to conform to the tobacco use behaviour of others than are isolates. The fact that popular youth are relatively more likely to smoke in schools that have relatively greater concentrations of smokers suggests that smoking behaviour among peer networks is also contingent on school-level norms and attempts to be liked by others in the	It was not possible to identify the methods used in this report. Therefore, whether systematic review methodology was used, could not be established. Thus, this report could not be included in our summary. It is also important to note that this report was conducted in 2012 and is likely to have been superseded by other systematic reviews

Reference	Aim/Question and Abstract or summary	Comments
	group. Research on group identification indicates that youth who self-identify as belonging to deviant groups are most likely to be smokers. Smoking by parents and older siblings and the quality of family relationships and parenting practices are generally predictive of all levels of smoking among adolescents. However, smoking by children is inconsistently related to disapproval of smoking by the parents, and the effects of parental smoking may be mediated by such variables as the degree of monitoring and supervision provided by parents. **Intrapersonal Cognitive Processes:** Beliefs about the consequences of tobacco use, decision-making capabilities, and the ability to regulate or monitor one's behaviour, all of which reflect deliberate or controlled cognitive processes, are predictive of tobacco use. Cognitive processes clearly play a key role in whether a person engages in risky behaviours, but more research is needed to clarify the interplay of controlled and automatic cognitive processes. **Genetic Factors and Neurobiological and Neurodevelopmental Processes:** The evidence is suggestive that tobacco use is a heritable trait, more so for regular use than for onset. The expression of genetic risk for smoking among young people may be moderated by small-group factors (e.g., peer smoking, parental monitoring, and engagement in team sports) and larger social environmental factors (e.g., school-level norms, the prevalence of smoking among popular kids). In addition, although available studies show mixed results, some evidence indicates that a mother's smoking during pregnancy may increase the likelihood that her offspring will become regular smokers. **Tobacco industry's influences:** The evidence is sufficient to conclude that there is a causal relationship between advertising and promotional efforts of the tobacco companies and the initiation and progression of tobacco use among young people. The evidence is sufficient to conclude that there is a causal relationship between depictions of smoking in the movies and the initiation of smoking among young people. The evidence is sufficient to conclude that increases in cigarette prices reduce the initiation, prevalence, and intensity of smoking among youth and young adults.	

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