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Article:

Arora, Monika, Chugh, Aastha, Jain, Neha et al. (15 more authors) (2020) Global impact of tobacco control policies on smokeless tobacco use : A systematic review protocol. *BMJ Open*. e042860. ISSN 2044-6055

<https://doi.org/10.1136/bmjopen-2020-042860>

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Addressing Smokeless Tobacco and Building Capacity in South Asia (ASTRA) – Policy Workstream

Data Extraction Form

SECTION I: General Information and Identification

1.	Title of the Article/ Document	
2.	Study ID (<i>surname of first author and year study was published e.g. Smith 2001</i>)	
3.	Report ID (<i>for projects or studies with multiple report - if different to Study ID e.g. Smith 2001_01</i>)	
4.	Report IDs of other reports of this study (<i>e.g. duplicate publications, follow-up studies</i>)	
5.	Date form completed (dd/mm/yyyy)	
6.	Initials of person extracting data	
7.	Full reference with URL	
8.	Type of Document	<input type="checkbox"/> Scientific article <input type="checkbox"/> Government Report <input type="checkbox"/> Policy Document <input type="checkbox"/> Non-government report <input type="checkbox"/> Commentary <input type="checkbox"/> Editorial <input type="checkbox"/> Government Circular <input type="checkbox"/> Others
9.	Study author contact details	
10.	Source of document (<i>If ministry website, mention which ministry – Health, Environment, Commerce etc.</i>)	<input type="checkbox"/> Academic journal <input type="checkbox"/> Ministry website, name: <hr/>

		<input type="checkbox"/> Google <input type="checkbox"/> Other, name: _____ _____
11.	Country (in which study was conducted/policy document is based)	
12.	Duration of study (<i>start and end date</i>)	
13.	State funding source	
14.	Ethics approval obtained for the study (Y/N)	

SECTION II: DETAILS OF SMOKELESS TOBACCO POLICY (specific to RQ1)

1.	Population (study participants)	<input type="checkbox"/> Smokers <input type="checkbox"/> Smokeless Tobacco Users <input type="checkbox"/> Dual Users <input type="checkbox"/> Any other, please specify:
2.	Age group of study participants (adolescents/young adults/adults)	<input type="checkbox"/> All age groups <input type="checkbox"/> adults, age range: _____ <input type="checkbox"/> children/youth, age range: _____ <input type="checkbox"/> other, age range: _____ <input type="checkbox"/> comment/warning message (if any): _____
3.	Gender distribution of participants	Total number of males (%): Total number of females (%):
4.	Setting of the population ?(national or sub-national)	
5.	Number of participants/sample size	

INTERVENTION (POLICY) DESCRIPTION		
INTERVENTION (POLICY) 1 (replicate the entire section in case of more than 1 policy)		
1.	<p>Intervention (policy) focus</p>	<p>FCTC Policies</p> <p><input type="checkbox"/> Pricing and taxation (Article 6)</p> <p><input type="checkbox"/> Product regulation (Article 9 and 10)</p> <p><input type="checkbox"/> Packaging and health warnings (Article 11)</p> <p><input type="checkbox"/> Education, communication, training, and public awareness (Article 12)</p> <p><input type="checkbox"/> Advertisement, promotion and sponsorship bans (Article 13)</p> <p><input type="checkbox"/> Cessation (Article 14)</p> <p><input type="checkbox"/> Illicit trade (Article 15)</p> <p><input type="checkbox"/> Sales to and by minors (Article 16)</p> <p>Non-FCTC Policies</p> <p><input type="checkbox"/> Complete ban</p> <p><input type="checkbox"/> Partial ban</p> <p><input type="checkbox"/> Import ban</p> <p><input type="checkbox"/> Other policies mentioned to control ST (agriculture, environment etc.), please specify _____</p> <p>_____</p>
2.	<p>Comparator (<i>usual care/control etc.</i>)</p>	<p><input type="checkbox"/> Reported/Describe: _____</p> <p><input type="checkbox"/> Not reported (but should be reported)</p> <p><input type="checkbox"/> Not applicable</p>
<p>Description of intervention (using TIDieR checklist: https://www.equator-network.org/reporting-guidelines/tidier/)</p>		
3.	<p>Brief name (name or phrase that describes the policy in the document)</p>	<p><input type="checkbox"/> Present/Describe: _____</p> <p><input type="checkbox"/> Absent (but should be reported)</p>

		<input type="checkbox"/> Not applicable (when it is legitimately not relevant)
4.	Why? (Describe any rationale, theory, or goal of the elements essential to the policy)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
5.	What materials (any physical or informational materials used for the policy)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
6.	What procedures (procedures, activities, and/or processes used in the policy)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
7.	Who provided (For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given; N/A for non-human provider modes)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
8.	How (modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
9.	Where (Describe the type(s) of location(s) where the policy occurred, including any necessary infrastructure or relevant features)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
10.	When and how much (period of time covered by the policy and any specification on frequency and intensity)	<input type="checkbox"/> Present/Describe: _____ <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)

11.	Tailoring (If it was planned to be personalised, titrated or adapted for a specific population, then describe what, why, when, and how)	<input type="checkbox"/> Present/Describe: <hr/> <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
12.	Modifications (any modified made to the policy during the course of the study, describe the changes (what, why, when, and how))	<input type="checkbox"/> Present/Describe: <hr/> <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
13.	How well implemented (plan) (whether policy adherence was assessed, and if any strategies were used to maintain and improve adherence)	<input type="checkbox"/> Present/Describe: <hr/> <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
14.	How well implemented (actual) (if policy adherence was assessed, describe the extent to which it was implemented as planned)	<input type="checkbox"/> Present/Describe: <hr/> <input type="checkbox"/> Absent (but should be reported) <input type="checkbox"/> Not applicable (when it is legitimately not relevant)
Contextual specification of intervention		
15.	Is the extent of policy enforcement described in the document?	<input type="checkbox"/> Yes, National/federal level <input type="checkbox"/> Yes, Regional/state-level/provincial <input type="checkbox"/> No If Yes, Describe the extent: _____
16.	Enforcers/regulators of the policy (Government body enforcing or regulating the policy)	<input type="checkbox"/> Ministry/Department/Division of Health <input type="checkbox"/> Ministry/Department/Division of Commerce <input type="checkbox"/> Ministry/Department/Division of Finance <input type="checkbox"/> Ministry/Department/Division of Environment <input type="checkbox"/> Food and Drug Administration <input type="checkbox"/> Others, please specify _____ _____

17.	Does this document identify if stakeholders were involved in developing/modifying the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If Yes in Point 5, select all the stakeholders that were involved in developing/modifying the policy	<input type="checkbox"/> Federal Government/National Government <input type="checkbox"/> Provincial/State/Regional Government <input type="checkbox"/> Health Care Organisations <input type="checkbox"/> Experts <input type="checkbox"/> Regulators <input type="checkbox"/> Professional Organisations (non-regulatory) <input type="checkbox"/> Clinicians <input type="checkbox"/> Patients <input type="checkbox"/> Researchers <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> Not available
19.	Does the document describe any policy drivers, e.g., preamble or rationale for introducing policies (like media coverage, political will, public health concern etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, specify details:
20.	Does the document evaluate or mention evaluation of the policy's effectiveness?	<input type="checkbox"/> Evaluates impact (<i>complete Section III</i>) <input type="checkbox"/> Mentions evaluation of impact (<i>in methods</i>) <i>State/provide reference of the article/document with details of the impact evaluation:</i> <input type="checkbox"/> None of the above
21.	Any other details (limitations or other observations)	

SECTION III: DETAILS OF IMPACT OF SMOKELESS TOBACCO POLICIES (specific to RQ2)

A. Methods

			Location in text (Page #/ Figure/Table)
1.	Study objectives <i>(as stated in the study)</i>		
2.	Design	<input type="checkbox"/> Randomized controlled trial <input type="checkbox"/> Controlled clinical trial <input type="checkbox"/> Cohort analytic (two groups pre+post) <input type="checkbox"/> Case-control Cross sectional (surveys) <input type="checkbox"/> Cohort (one group pre+post (before and after)) <input type="checkbox"/> Interrupted time series <input type="checkbox"/> Other specify _____ <input type="checkbox"/> Not specified	
3.	Sampling technique with details	<input type="checkbox"/> Random sampling <input type="checkbox"/> Purposive sampling <input type="checkbox"/> Snowball sampling <input type="checkbox"/> Cluster sampling <input type="checkbox"/> Any other, please specify: _____ <input type="checkbox"/> Not specified	

4.	Is the analysis of the study conducted at individual level?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please give details: _____	
5.	Is the analysis of the study conducted at group level?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please give details: _____	

B. Outcomes

			Location in text (Page #/ Figure/Table)
PRIMARY OUTCOME 1 (replicate the section in case of more than one PRIMARY outcome)			
1.	Outcome name (e.g. quit rate)		
2.	Outcome definition		
3.	Time points measured		
4.	Time since policy implementation		
5.	Time points reported		

6.	Total N (% - <i>at this stage of follow-up as % of N at time of enrolment in study</i>)		
7.	N (%) with outcome		
8.	Effect estimate (<i>e.g. Odds Ratio/Prevalence percentage/risk ratio/mean/median</i>)		
9.	Unit of effect estimate (<i>e.g. Odds Ratio, percentage, mean etc.</i>)		
10	Confidence/precision intervals of effect estimate (<i>e.g. 95% CI, IQR, SD, SR etc.</i>)		
11	Is tool validated for population of interest		
INTERMEDIATE OUTCOME			
	Details		
UNINTENDED OUTCOME			
	Details		

	Notes:
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C. COMPARATORS

			Location in text (Page #/ Figure/Table)
COMPARATOR 1 (Replicate the section in case of more than one comparator)			
1.	Comparator Name (e.g. quit rate)		
2.	Comparator definition		
3.	Time points measured		
4.	Time since policy implementation		
5.	Time points reported		
6.	Total N (% - <i>at this stage of follow-up as % of N at time of enrolment in study</i>)		
7.	N (%) with outcome		
8.	Effect estimate (<i>e.g. Odds Ratio/Prevalence percentage/risk ratio/mean/median</i>)		

9.	Unit of effect estimate (<i>e.g.</i> Odds Ratio, percentage, mean etc.)		
10.	Confidence/precision intervals of effect estimate (<i>e.g.</i> 95% CI, IQR, SD, SR etc.)		

D. Limitation and Mitigation Strategy (author identified)

			Location in text (Page #/ Figure/Table)
1.	Strength		
2.	Limitation		

E. Conclusions

			Location in text (Page #/ Figure/Table)
1.	Key Conclusion of Study Author/s		

F. Risk of bias (quality assessment)

1. SELECTION BIAS	
a. Are the individuals selected to participate in the study likely to be representative of the target population?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely <input type="checkbox"/> Can't tell
b. What percentage of selected individuals agreed to participate?	<input type="checkbox"/> 80-100% agreement <input type="checkbox"/> 60-79% agreement <input type="checkbox"/> Less than 60% agreement <input type="checkbox"/> Not applicable <input type="checkbox"/> Can't tell
Rate this section (selection bias)	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
2. STUDY DESIGN	
a. Indicate the study design	<input type="checkbox"/> Randomized controlled trial <input type="checkbox"/> Controlled clinical trial <input type="checkbox"/> Cohort analytic (two groups pre+post) <input type="checkbox"/> Case-control Cross sectional (surveys) <input type="checkbox"/> Cohort (one group pre+post (before and after)) <input type="checkbox"/> Interrupted time series <input type="checkbox"/> Other specify _____ <input type="checkbox"/> Can't tell
b. Was the study described as randomized? (If No, go to component 3)	<input type="checkbox"/> No <input type="checkbox"/> Yes

c. If yes, was the method of randomization described?	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. If yes, was the method appropriate?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rate this section (study design)	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
3. CONFOUNDERS	
a. Were there important differences between groups prior to intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
The following are examples of confounders	<input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Marital status/family <input type="checkbox"/> Age <input type="checkbox"/> SES (income or class) <input type="checkbox"/> Education <input type="checkbox"/> Health status <input type="checkbox"/> Pre-intervention score on outcome measure
b. If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g., stratification, matching) or analysis)?	<input type="checkbox"/> 80-100% (most) <input type="checkbox"/> 60-79% (some) <input type="checkbox"/> Less than 60% (few or none) <input type="checkbox"/> Can't tell
Rate this section	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
4. BLINDING	
a. Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell

b. Were the study participants aware of the research question?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
Rate this section	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
5. DATA COLLECTION METHODS	
a. Were data collection tools shown to be valid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
b. Were data collection tools shown to be reliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
Rate this section	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
6. WITHDRAWALS AND DROP-OUTS	
a. Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell <input type="checkbox"/> Not applicable (i.e. one time surveys or interviews)
b. Indicate the percentage of participants completing the study (if the percentage differs by groups, record the lowest)	<input type="checkbox"/> 80-100% <input type="checkbox"/> 60-79% <input type="checkbox"/> Less than 60% <input type="checkbox"/> Can't tell
Rate this section	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
7. INTERVENTION INTEGRITY	

a. What percentage of participants received the allocated intervention or exposure of interest?	<input type="checkbox"/> 80-100% <input type="checkbox"/> 60-79% <input type="checkbox"/> Less than 60% <input type="checkbox"/> Can't tell
b. Was the consistency of the intervention measured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
c. Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may influence the results	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
8. ANALYSES	
a. Indicate the unit of allocation (select one)	<input type="checkbox"/> Community <input type="checkbox"/> Organisation/institution <input type="checkbox"/> Practice/office <input type="checkbox"/> Individual
b. Indicate the unit of analysis (select one)	<input type="checkbox"/> Community <input type="checkbox"/> Organisation/institution <input type="checkbox"/> Practice/office <input type="checkbox"/> Individual
c. Are the statistical methods appropriate for the study design?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
d. Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
COMPONENT RATINGS	
a. Selection Bias	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
b. Study Design	<input type="checkbox"/> 1 Strong

	<input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
1 Confounders	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
2 Blinding	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
3 Data collection method	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
4 Withdrawals and drop-outs	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
GLOBAL RATING FOR THIS PAPER (SELECT ONE)	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak
(With both reviewers discussing the ratings) Is there a discrepancy between the reviewers with respect to the component (a. – f.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, indicate the reason for discrepancy	<input type="checkbox"/> Oversight <input type="checkbox"/> Differences in interpretation of criteria <input type="checkbox"/> Differences in interpretation of study
Final Decision of both reviewers (select one)	<input type="checkbox"/> 1 Strong <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Weak