## Methodology

A thorough literature review of systematic reviews, meta-analyses and clinical practice guidelines[16-24] was the starting point for this process. This document is based on a compilation of published evidence regarding best practice in assessment and management of tobacco use and dependence as well as review and feedback from local expert opinion.

After conducting this review, the WRHA Smoking Cessation Best Practice Working Group (SCBPWG) decided to adopt the 2011 *Canadian Practice-Informed Smoking Cessation Guideline*,[23] developed by The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT), as the foundation of its recommendations. The rationale for this is:
- Literature reviewed for the development of CAN-ADAPTT Guideline encompasses literature reviewed by SCBPWG
- The CAN-ADAPTT Guideline is a Canadian product developed by interdisciplinary team, which included consultative processes
- It is the most recent of all published guidelines
- Recommendations in the CAN-ADAPTT Guideline are structured around the 5-A Model[24] for intervening with people who use tobacco
- Use of the CAN-ADAPTT Guideline allows for one evidence grading system (see Appendix A)

Part of the decision-making process was to compare the CAN-ADAPTT Guideline to the 2008 US Centre for Disease Control (CDC) Guideline,[16] which has generally been considered the gold- standard guideline for the treatment of tobacco use and dependence. These two guidelines were found to be very similar.

## How to Use This Guideline

This guideline is designed as a foundation that will support, rather than replace, the clinical judgment of health care providers. Some information in this guideline may be less applicable in certain situations, or with certain populations.

A number of sub-groups of the SCBPWG have developed evidence-based operational procedures and resources/tools to support implementation of this guideline and to provide context in the specific sectors and programs within the Region.

Please refer to Appendix A for description of grade of recommendation and level of evidence used by the CAN-ADAPTT Guideline.[23]