

# Support for smoking restrictions in bars and gaming areas: review of Australian studies

Raoul A. Walsh

Flora Tzelepis

Cancer Education Research Program (CERP)

The Cancer Council NSW and The University of Newcastle

Key words: environmental tobacco smoke, smoking bans, bars, gaming venues

Word Count 3,588

Correspondence to:

Dr Raoul Walsh  
Cancer Education Research Program (CERP)  
Locked Bag 10  
WALLSEND NSW 2287  
Ph: 02 4924 6343  
Fax: 02 4924 6208  
Email: [CERP@newcastle.edu.au](mailto:CERP@newcastle.edu.au)

## **Abstract**

**Objective:** To document levels of public support in Australia, for smoking restrictions in licensed premises including trends over time and to examine the potential effects of a ban on patronage.

**Method:** Systematic review of published and unpublished studies of community and staff attitudes towards smoking in bars, gaming areas and related venues were identified using Medline, Current Contents, PsycInfo and AUSTHealth prior to September 2002. State and territory health departments, cancer organisations and branches of the National Heart Foundation were approached. Cross-sectional surveys reporting data on attitudes towards smoking restrictions and/or perceptions of effects on patronage were sought. Two reviewers assessed studies for inclusion. One extracted data using pre-coded categories with checking by the second.

## **Results**

Thirty-four community and seven staff surveys were synthesised qualitatively, with greater emphasis given to surveys using random selection. All surveys conducted since 1993, which included the separate smoking area response option have demonstrated majority support for some form of smoking restriction on licensed premises. From 2000, surveys with the ban option alone report majority support for prohibiting smoking completely in bars (52-68%) and gaming areas (64-76%). Support increased significantly after the Sharp damages award. Customer preference data indicate banning smoking is most likely to have a neutral or positive effect on patronage.

**Conclusions and Implications:** Support for a ban on smoking in licensed premises has increased by almost 20% in the past decade. State and territory governments should introduce legislation banning smoking in all indoor drinking and gaming areas immediately.

## Introduction

Environmental tobacco smoke (ETS) has been regarded as a serious health issue for many years<sup>1</sup>. In 1979, the US Surgeon-General's report identified ETS exposure as a separate scientific issue from active smoking<sup>2</sup>. There is now very strong evidence that non-smokers exposed to ETS are at increased risk of lung cancer<sup>3</sup>. Evidence also points consistently to an increased risk of stroke and heart disease in non-smokers exposed to ETS<sup>4</sup>. For example, the relative risk of coronary heart disease is 1.25 in ETS-exposed non-smokers compared with unexposed non-smokers<sup>4</sup>. Even industry-funded research accepted many of the relationships between ETS and disease, including the occurrence of respiratory symptoms and workplace ETS exposure, over a decade ago<sup>5</sup>. Overall, ETS exposure has been described as the third leading preventable cause of death in the United States<sup>6</sup>.

Attempts to control ETS exposure commenced nearly three decades ago. For example, in 1973, Arizona became the first US State to restrict indoor smoking to designated areas<sup>1</sup>. By 1986, an editorial in the Medical Journal of Australia noted that control of smoking had entered the mainstream of occupational and environmental health<sup>7</sup>. Since the mid-1980s, smoking has been banned in an increasing number of indoor public spaces. Smoking prohibitions were enacted in a growing range of workplaces, especially following the introduction of bans in the Australian Government offices in 1988<sup>8</sup>. By 1998, three-quarters of persons in paid employment in New South Wales reported their workplace was smoke-free<sup>9</sup>. In September 2000, a law banning smoking in restaurants and all other enclosed public areas except for bars and gaming areas took effect in New South Wales<sup>10</sup>. Similar laws have been introduced in other Australian states<sup>11</sup>.

Although smoking has been banned in bars in a number of overseas jurisdictions such as Ontario and California, drinking and gambling areas remain the last major sites of non-residential ETS exposure in Australia. Nonetheless, even in licensed premises, restrictions are

being progressively introduced in their gaming venues: Victoria has announced that, in September 2002, smoking will be banned in single-room gaming venues and in the whole of the room(s) containing poker machines and, in May 2002, Queensland banned smoking at bingo games and gaming tables.

There are a number of reasons why the banning of smoking in bar and gaming areas is a desirable course of action: firstly, a ban will produce the most rapid reduction in ETS exposure. Just as in the restaurant industry<sup>12</sup>, self-regulation of smoking by licensed premises represents an inadequate and slow response to this environmental hazard<sup>13</sup>. Secondly, partial restrictions are not a feasible alternative to bans because control of ETS would require ongoing compliance with massively impractical increases in ventilation<sup>14</sup>. Thirdly, it must be emphasised that bars and gaming areas are workplaces. Staff are exposed to far more ETS than patrons because of the longer time spent there. ETS levels in bars are 3.9 to 6.1 times higher than in offices where smoking is permitted<sup>15</sup>. Biochemical measurements confirm that hospitality staff have markedly elevated levels of the toxic products of ETS compared with workers in a smoke-free environment<sup>16,17</sup> and with the general population<sup>18</sup>. Furthermore, after the introduction of smoke-free bars in California, there was a rapid improvement in the respiratory health of bartenders<sup>19</sup>. Fourthly, a ban on smoking in hospitality venues is consistent with the broader smoking control agenda. Seventy percent of Victorian smokers who attend licensed premises say they smoke more in such settings<sup>20</sup>. Bans in other workplaces have been associated with reduced rates of smoking, particularly among heavier smokers<sup>21</sup>. This effect may be enhanced for staff and patrons of licensed premises, since there is evidence that alcohol increases the craving to smoke in smokers<sup>22</sup>. The tobacco industry fought very hard at the political, grassroots and media arenas to subvert California's smoke-free bar law<sup>23</sup>. However, Ling and Glantz<sup>24</sup> argue that the industry's main concern was not with the relatively small impact on cigarette intake, but with the desire to protect bars and

clubs as venues to promote smoking especially amongst young people. Ling and Glantz<sup>24</sup> argue that bars are particularly important in Australia, where virtually all traditional tobacco promotion is illegal.

In Australia, the May 2001 award of \$466,000 to a former non-smoking bar worker who contracted throat cancer by the Supreme Court of New South Wales has highlighted the issue of smoking in bars<sup>25</sup>. The Australian Hotel Association has urged its members to fight possible legislation by lobbying for fewer smoking restrictions and by promoting ventilation as an alternative<sup>26</sup>. One of the major arguments of the liquor industry is that a smoking ban would be economically detrimental. However, with the exception largely of tobacco industry funded studies, evidence based on the best available peer-reviewed studies mainly in the United States indicates that bans in hospitality venues do not have a negative impact on business<sup>11,27</sup>.

Given the heightened community debate in Australia about ETS in bars and gaming areas, it is important to assess community attitudes towards this issue. Therefore the objectives of the present study are: (1) to document levels of public support for smoking restrictions in licensed premises including trends over time, and (2) to examine community perceptions about the likely effects of a smoking ban on attendance at such venues.

## **Method**

Australian studies of community attitudes towards smoking in bars, hotels, registered clubs, nightclubs, gaming areas and casinos were sought using Medline, Current Contents, PsycInfo and AUSTHealth using the following key words and terms: environmental tobacco smoke, smoking bans, hotels, bars, pubs, gaming, licensed premises, clubs, casinos and taverns.

Reports available prior to September 2002 were included. In addition, the reference lists of relevant publications were checked and requests for details of relevant studies, published and unpublished, were sent to the state and territory health departments, cancer organisations and

branches of the National Heart Foundation. Surveys of the attitudes of hospitality staff and management were also sought.

Data were extracted on the following aspects: publication status, source of funding, study location, year(s) of data collection, sample size and selection, consent and/or response rate, method of data collection, type of venue(s) on which views were sought, level of support for smoking restrictions and/or perceived effects of restrictions on patronage.

## Results

Thirty-five reports of community surveys<sup>28-62</sup> (excludes hospitality staff) were located: 26 published<sup>28-35,37-43,45-53,58,59</sup> and 9 unpublished<sup>36,44,54-57,60-62</sup>. These articles included the results of 34 separate cross-sectional surveys. In the circumstances where more than one report relates to the same cross-sectional survey, the first reference that appears in the Tables will be cited in the text from this point onwards. One report was excluded because it did not report original data<sup>63</sup>. Details of the methodology and findings of these surveys are presented in Table 1. The surveys are listed in chronological order by the year in which data were collected.

### TABLE 1 ABOUT HERE

Surveys have been undertaken at an increased rate. Prior to 1990, only four surveys<sup>28,29</sup> were located, eight surveys<sup>28,30-32,36-38</sup> reported data from 1990-94, ten<sup>28,40-46,49,50</sup> from 1995-99 and twelve surveys<sup>51,53-58,60-62</sup> from 2000 onwards. In relation to consent and response rates, thirteen cross-sectional surveys provided no information<sup>29,37,41,43-45,50,54-56,62</sup>. Another four surveys had overall response rates of less than 50%<sup>31,36,61</sup>. Response rates ranged from 50% to 92% in fourteen surveys<sup>28,32,38,40,42,46,49,51,53,58</sup>. In the remaining three surveys, where only consent rates were provided, these ranged from 69% to 96%<sup>30,57,60</sup>.

Questions used to assess public support for restrictions varied substantially. One of the earliest surveys assessed support for restrictions, but did not mention bans<sup>29</sup>. Seventeen

surveys provided three options for respondents: bans, separate areas for smokers or no restrictions<sup>28,30,31,37,38,41-44,49,50,53,60</sup>. Fifteen surveys which did not provide separate area or unrestricted options only asked for reactions to smoking bans<sup>32,36,40,46,51,54-58,61,62</sup>. There has been a tendency in recent years for only the ban approach to regulation to be included in community surveys, for example, only one study from 2001 onwards included the option of partial or no restrictions<sup>60</sup>.

The number and type of drinking and gaming venues about which public attitudes towards restrictions were assessed varied considerably. Seventeen surveys<sup>28,30-32,36-38,40,46,49,56,58</sup> asked for a response in relation to a single venue type such as bars or a single category of venues combined. Sixteen surveys<sup>29,41-44,50,51,53-55,57,60-62</sup> assessed responses to two or three separately listed venue types, variously described as bars, hotels, pubs, clubs, nightclubs, discos, bingo centres, gaming and gambling areas. Most studies<sup>42-44, 50,51,53-55,57,60-62</sup> reporting post-1995 data included more than one venue type.

To enable trends over time in public support for smoke-free drinking and gaming venues to be examined, cross-sectional surveys<sup>32,40,46,51,54,55,57,58,61</sup> were selected that involved randomly selected community samples and a question where only the smoking ban position was presented. In studies where a scale of support/approval for bans was presented the strong support and support (or equivalent wordings) categories were combined to give an overall level of support. For this examination of trends in public support for bans, responses to drinking and gaming area questions were examined separately. The Jones et al surveys<sup>36</sup> were excluded because the support percentage included the category 'tend to support'. Two other surveys<sup>56,62</sup> that used a question which assessed support for smoke-free conditions, but did not include the term 'ban' were also excluded. Four Victorian surveys, examining support for total bans have been undertaken from 2000 onwards: November 2000, April 2001, November

2001 and April 2002. Results of this synthesis relevant to drinking areas are presented in Figure 1. Figure 2 presents the results where the questions specified gaming areas.

#### FIGURES 1 AND 2 ABOUT HERE

Six surveys<sup>31,45,51,54,57,61</sup> examined the likely effect of a total ban on smoking on respondents' perceived likelihood of attending affected venues after a smoking ban was in place. One survey examined the effect of imminent increases in smoke-free provision on future visitation decisions<sup>62</sup>. Only one survey<sup>31</sup> reported that a higher overall percentage would go less often than more often. This survey<sup>31</sup> was the first to assess potential effects on patronage, data being collected in 1993, and also had a low response rate (30%). Another survey<sup>53</sup> which examined this issue indirectly found that the presence of smoking had an overall negative impact on the likelihood of visiting hotel and club bars among all subjects and those attending in the past month. This survey used a six-point scale to assess effects of smoking on patronage in hotels and clubs, and found 39-41% of total respondents and of regulars would be deterred from attending licensed venues where smoking was permitted, while 8-9% would be more likely to attend smoking venues.

The four most recent surveys<sup>51,54,57,61</sup> to examine the effects of a total ban on patronage have all gathered separate responses for bars and gaming areas. Their results have been markedly consistent. The majority surveyed do not anticipate a change in their pattern of attendance at bars (range 72-77%) or gaming areas (range 86-93%). Subtracting the proportion who would attend less often from the proportion who would attend more often, results in similar estimates of increased patronage in bars (range 10-13%) and in gaming areas (range 1-7%). Only three surveys<sup>31,51,54</sup> directly examined regular patron's perceptions of their post-ban patronage. The 1993 survey<sup>31</sup> of regulars' anticipated bar attendance found a surplus of 25% in the decreased patronage direction (32.4% less often, 7.4% more often). However, a 2000 survey<sup>51</sup> found the proportions who would go more often and less often were equal for bars



and gaming areas, while in a 2001 survey<sup>54</sup> a higher proportion of regular patrons (attend at least monthly) would go more often than less often to bars and gaming venues.

Seven surveys were located that assessed hospitality industry management and/or staff attitudes towards smoking restrictions in their workplaces<sup>13,62,64, 66-68</sup>. Two of these surveys were undertaken in the context of a health promotion intervention study<sup>64</sup>. Two New Zealand surveys were included<sup>67,68</sup>. Results of these surveys are summarised in Table 2.

## TABLE 2 ABOUT HERE

### Discussion

The majority of Australians currently support a ban on smoking in bars, clubs and gaming areas. Support for a total ban has been consistently demonstrated in surveys<sup>51,54,55,57,58,61</sup> conducted from 2000 onwards where agreement with a ban only position (not partial restrictions) has been assessed. In these recent single-option surveys, levels favouring a total ban in bars ranged from 52-68%<sup>51,54,55,57,58,61</sup>, and in gaming areas ranged from 64-76%<sup>51,54,55,57,61</sup>. Support for a total ban in gaming areas was higher than for bars in six surveys (range 5-15%)<sup>54,55,57,61</sup> and the proportions were equal in a seventh survey<sup>51</sup>. The evidence also points to a substantial increase in support for the ban only position from the minority level of 41-44% documented in the period 1993-95<sup>32,40</sup>.

A slightly different picture is presented when surveys of randomly selected community samples that include the partial restriction option are examined<sup>28,31,38,41-44,49,50,53,60</sup>. Prior to 1990, the three surveys which assessed support for restrictions all documented a minority in favour of any form of restriction (range 37-47%) in bars<sup>28</sup>. Surveys conducted after 1990 which have offered the options of separate smoking areas as well as total bans have all found a clear majority favour some form of restriction in indoor bars (range 65-85%)<sup>28,31,38,41-44,49,50,53,60</sup> and gaming areas (79-92%)<sup>41,43,50,60</sup>. In these surveys, a minority favoured the no

restriction option. In fact, none of these post-1990 surveys reported more than one-third supported unrestricted smoking, even in public bars.

When the separate smoking area option has been included, in addition to the total ban, the proportions favouring some form of restriction were consistently higher than in the ban-only surveys, except for the surveys<sup>28</sup> conducted prior to 1990. However, conversely and perhaps problematically from a public health advocate viewpoint, the proportions supporting a total ban were much lower when a partial restriction option was also available. Respondents may view the separation of smokers and the ETS they generate as readily achievable and the most accommodating to all customer preferences. Unfortunately, these perceptions are inaccurate and, as outlined in the Introduction, there are at least five broad reasons why a total ban should be the public health goal. This presumably is why most recent studies have only included an assessment of support for a total ban. Another relevant factor, till recent years, was probably the perception that a ban in bars was not achievable.

In an effort to maintain some comparability with studies that have included the separate area option, future studies could consider a two-stage approach: the first-stage would assess support for the ban-only position, with the second stage only asking those who oppose a total ban if they would support the establishment of separate areas for smoking. A potentially valid criticism of this approach is that it may send a message to those not in favour of a ban that the segregation of customers who are smoking is feasible and desirable. In favour of the two-stage question approach is, not only the comparability argument, but also the fact that it enables an assessment of how large the proportion is who are sympathetic to some form of smoking restriction on licensed premises. These latter data may complement the ban support data in political advocacy initiatives.

The Marlene Sharp case<sup>25</sup> certainly appears to have contributed substantially to mounting public health, political, hospitality management and trade union interest in ETS on licensed

premises<sup>69</sup>. Five surveys<sup>54,55,57,58,61</sup> that collected data about complete smoking bans in licensed venues in 2001 and 2002 occurred after the Sharp case, while one survey (April 2001) occurred prior to the case<sup>55</sup>. A Western Australian survey found majority support for “smoke free” conditions in light of the Sharp case<sup>56</sup>. Results of Victorian<sup>54,55</sup> and South Australian surveys<sup>51,57</sup> indicate that significantly more respondents surveyed, after the Sharp award, supported banning smoking in bars and gaming areas than their counterparts surveyed before the award was handed down. Future surveys will be needed to assess the longer term effect of this and any similar cases on public support for restrictions in such venues. It is possible that recent adverse media comments about compensation litigation generally may mediate the impact on community attitudes. All future surveys should also report consent and response rates.

The question concerning why community support for partial restrictions and/or bans on smoking in licensed premises has increased considerably over the past two decades is a complex one. A number of factors are likely to have interacted to produce the increased levels of support. During this period the promotion, advertising and consumption of cigarettes has been subject to increasing regulation. The prevalence of smoking has declined<sup>70</sup>. There has been increasing publicity about the dangers of ETS<sup>71</sup>. However, the most influential factor may have been the widespread, successful introduction of workplace smoking bans from the late 1980s onwards<sup>8</sup>. The pre-1990 surveys<sup>28,29</sup> which showed only a minority supported ETS restrictions in bars all occurred before workplace bans were generally accepted. Acceptance of the desirability of smoking bans has been further encouraged recently by the experience with restaurant bans which the public witnessed have been successfully implemented with minimal disruption and extraordinarily high customer compliance<sup>72</sup>.

The findings that most people do not anticipate a change in patronage if smoking bans are introduced in bars and gaming areas is consistent with data-based studies in Australia and overseas that indicate the introduction of smoke-free policies in restaurants and bars had no negative economic impacts<sup>11,27,73,74</sup>. Among the minority who perceive their attendance may be affected by a smoking ban, the imbalance in favour of those who anticipate going more often to smoke-free venues suggest that patronage and economic returns may increase in a post-ban environment. In relation to this point, a South Australian survey<sup>51</sup> reported that 14% of those who reported never going to a hotel or licensed bar for a drink said that they would start going if there was a total ban on smoking. Asthma is highly prevalent in Australia. Self-reports identify approximately two million people who had asthma as a recent or long-term condition<sup>75</sup>. The condition of approximately 20% of asthmatic patients is exacerbated by ETS exposure<sup>76</sup>. Smoking in pubs is likely to be a major deterrent to attendance for some adults who have asthma or other respiratory ailments.

The seven surveys<sup>13,62,64,66-68</sup> of hospitality managers and staff illustrate considerable discordance between their views and the public. While there is broad support for smoking restrictions, only a minority favour a total ban. However, none of the staff surveys occurred after the Sharp case<sup>25</sup>, except for a Victorian survey that included a substantial focus on partial restrictions<sup>62</sup>. A majority of industry operators in the Victorian survey supported increasing levels of restrictions recently introduced in that state<sup>62</sup>. Hospitality personnel predict significant downturns in their businesses in a post-ban setting. One in five (19%) Victorian operators expected recent tobacco reforms would have a long-term negative impact on their revenue<sup>62</sup>. In two studies<sup>13,67</sup> staff also anticipated major customer dissatisfaction and compliance problems, if a ban was introduced. Weighed against this, more than two-thirds of managers reported fears about being sued over ETS adverse effects by customers and staff<sup>13</sup>. The discordance between staff and public views on the smoking ban issue is very reminiscent

of a similar situation in the restaurant business, prior to the introduction of bans, where restaurateurs were demonstrated to be out-of-touch completely with their customers' preferences for tougher smoking controls<sup>12</sup>. Restaurateurs also made highly exaggerated assessments of negative effects on their business and customer compliance problems before bans were very smoothly introduced<sup>72</sup>. It is difficult to determine why hotel/club staff appear to be out-of-touch with community preferences. A mixture of factors may be involved: identification with the status quo, the influence of a very small but vocal group of staff or customers who support the continuance of smoking in bars (the so-called "last bastion" of smoking), and the lobbying and misinformation of the tobacco industry and its hotel/club allies<sup>26</sup>.

## **Conclusion**

Government action to ban smoking in all hospitality venues is now overdue. In the face of majority community support for such a ban, politicians can no longer argue more time for discussion is needed. In the space of one decade, there has been a remarkable 20% shift in the level of support in Australia for a complete ban on smoking in bars. The three-fifths support level is remarkably similar to that which existed in New South Wales prior to the introduction of random breath testing (RBT) when that state was the first to implement RBT<sup>77</sup>. Support for a ban in gaming areas is consistently higher. Research on attitude change indicates that attitudes are likely to change to become more consistent with behaviour<sup>8</sup>. Just as happened with RBT, it would be predicted that support for the total ban of smoking in pubs and clubs would be likely to reach 80% or more within six months, should a ban be introduced. Growth in support would be anticipated because, based on the findings of this review and other research, the public and hospitality personnel would observe a smooth transition with high compliance and no overall negative economic impact.

State and Territory governments should introduce smoking ban legislation immediately and use the short delay prior to its commencement to conduct an information campaign to correct misperceptions being fostered by the tobacco industry which are held by many hospitality staff and a minority of the public. Misperceptions include concerns about significant revenue loss and major customer compliance problems<sup>23</sup>. Trade unions representing hospitality staff are already in support of a total smoking ban and their assistance could be sought in an implementation phase education campaign. Given a historical perspective, a total smoking ban in pubs and clubs seems inevitable. However, it remains to be seen which state government will be the first to show the sort of political leadership already exhibited overseas by eliminating the last major source of ETS exposure in enclosed public spaces in Australia.

### **Acknowledgements**

This project was undertaken by the Cancer Council New South Wales, Cancer Education Research Program. The views expressed are not necessarily those of the Cancer Council. The authors would like to acknowledge Lisa Trotter of the Centre for Behavioural Research in Cancer, The Cancer Council Victoria, and Sophie Kriven and Caroline Miller of Tobacco Control Research and Evaluation, The Cancer Council South Australia, for the contribution of original, previously unpublished data regarding Victoria and South Australia. We also thank other contributors of unpublished data.

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Public Health Division, Health Department of Western Australia (1998) <sup>28</sup> As above Western Australia, Australia 1984	n=3,495 stratified random community sample RR: 92% Face-to-face interviews	<u>In indoor, enclosed areas of hotel bars and taverns:</u> 15% supported smoking bans 22% supported smoking in separate areas 61% supported no restrictions	Not examined
Western Australia, Australia 1985	n=3,222 stratified random community sample RR: 88% Face-to-face interviews	<u>In indoor, enclosed areas of hotel bars and taverns:</u> 14% supported smoking bans 32% supported smoking in separate areas 52% supported no restrictions	Not examined
Western Australia, Australia 1987	n=3,402 stratified random community sample RR: 89% Face-to-face interviews	<u>In indoor, enclosed areas of hotel bars and taverns:</u> 16% supported smoking bans 31% supported smoking in separate areas 50% supported no restrictions	Not examined
Baldock & McLean (1988) <sup>29</sup> University of Tasmania Hobart, Australia 1987	n=237 Convenience community sample recruited at nine public locations CR/RR: Not stated Face-to-face interviews	<u>In bars</u> 41% were in favour of separate areas for smoking <u>In discos</u> 37% were in favour of separate areas for smoking	Not examined
Semmonds et al (1995) <sup>30</sup> University of Newcastle Newcastle, Australia 1993	n=138 Convenience sample of hotel patrons recruited at three hotels CR: 96% Self-completed questionnaire	<u>In hotels:</u> 10% supported smoking bans 60% supported smoke-free areas 30% supported no restrictions	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Schofield & Edwards (1995) <sup>31</sup> The Cancer Council NSW New South Wales, Australia 1993	n=816 Probability community sample RR: approximately 30% Face-to-face interviews in homes	<u>In hotels, pubs, bars, and licensed clubs:</u> 19.9% supported smoking bans 65.3% supported special smoking areas 14.8% supported no restrictions	<u>If smoking was banned in hotels, pubs, bars and licensed clubs:</u> 71.2% no change to their patronage 11.5% would go more often 17.3% would go less often <u>Regular patrons</u> (attend at least weekly): 60.2% no change to their patronage 7.4% would go more often 32.4% would go less often
Department of Health, Housing, Local Government and Community Services (1993) <sup>32</sup> McAllister (1993) <sup>33</sup> McAllister (1995) <sup>34</sup> Makkai & McAllister (1998) <sup>35</sup> Federal Department of Health and Human Services Australia 1993	n=3,500 Stratified random community sample RR: 52% Face-to-face interviews in homes and sealed self-completed booklets	<u>In pubs/clubs (14+ years):</u> 41% supported smoking bans 23% neither supported nor opposed 35% opposed  <u>In pubs/clubs (20+ years):</u> 43% supported smoking bans	Not examined



**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Jones et al (unpublished) <sup>36</sup> NSW Health Department New South Wales, Australia 1993 (pre and post-campaign surveys)	n=2,029 (pre-campaign) n=1,214 (post-campaign) stratified random community sample CR: 59.4% RR: 45.2% (pre-campaign) CR: 49.2% RR: 37.9% (post-campaign) Computer assisted telephone interviews (CATI)	<u>In pubs and clubs:</u> (pre-campaign) 53% supported smoking bans 47% were neutral or opposed  <u>In pubs and clubs</u> (post-campaign) 51% supported smoking bans 49% were neutral or opposed  Support percentage includes: 'totally support', 'fairly strongly support', 'tend to support'	Not examined
Corti et al (1995) <sup>37</sup> University of Western Australia Western Australia, Australia 1994	n=613 randomly selected spectators at eight football grounds CR/RR: Not stated Face-to-face interviews	<u>In the members bar at the club:</u> 36.4% supported smoking bans 27.1% supported smoking in restricted areas 29.4% supported no restrictions  <u>In the public bar at the club:</u> 30.5% supported smoking bans 21.5% supported smoking in restricted areas only 43.9% supported no restrictions	Not examined
Public Health Division, Health Department of Western Australia (1998) <sup>28</sup> As above Western Australia, Australia 1994	n=2,968 stratified random community sample RR: 78% Face-to-face interviews	<u>In indoor, enclosed areas of hotel bars and taverns:</u> 23% supported smoking bans 43% supported smoking in separate areas 32% supported no restrictions	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Graham-Clarke et al (1996) <sup>38</sup> Graham-Clarke et al (1995) <sup>39</sup> NSW Health Department New South Wales, Australia 1994	n=1,000 Stratified random community sample RR: 72.6% Computer aided telephone interviews (CATI)	<u>In clubs and hotels:</u> 22% supported smoking bans 60% supported smoking in restricted areas 18% supported no restrictions	Not examined
Department of Health and Family Services (1996) <sup>40</sup> Makkai & McAllister (1998) <sup>35</sup> Commonwealth Department of Human Services and Health Australia 1995	n=3,850 Stratified random community sample RR: 57% Face-to-face interviews in homes and sealed self-completed booklets	<u>In pubs/clubs (14+ years):</u> 44% supported smoking bans 24% neither supported nor opposed 32% opposed  <u>In pubs/clubs (20+ years):</u> 44% supported smoking bans	Not examined
Mullins & Morand (1996) <sup>41</sup> Victorian Smoking and Health Program Victoria, Australia 1995	n=2,450 Stratified random community sample CR/RR: Not stated Face-to-face interviews in homes	<u>In hotels:</u> 28% supported smoking bans 56% supported smoking in special areas 16% supported no restrictions  <u>In gaming clubs:</u> 28% supported smoking bans 63% supported smoking in special areas 9% supported no restrictions	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Public Health Division, NSW Health Department (2000) <sup>42</sup> As above New South Wales, Australia 1997	n=17,543 (n=17,531 in analysis) Stratified random community sample RR: 70.8% Computer-assisted telephone interviews (CATI)	<u>In hotels, bars and pubs:</u> 29.4% supported smoking bans 55.1% supported smoking in special areas 15.4% supported no restrictions  <u>In registered clubs:</u> 31.5% supported smoking bans 58.8% supported smoking in special areas 9.7% supported no restrictions	Not examined
Trotter & Mullins (1998) <sup>43</sup> Victorian Smoking and Health Program Victoria, Australia 1997	n=2,365 Stratified random community sample CR/RR: Not stated Face-to-face interviews in homes	<u>In public bars:</u> 29% supported smoking bans 49% supported smoking in special areas 20% supported no restrictions  <u>In gaming areas:</u> 36% supported smoking bans 50% supported smoking in special areas 12% supported no restrictions	Not examined
NSW Heart Foundation (unpublished) <sup>44</sup> As above New South Wales, Australia 1997	n=330 stratified random community sample CR/RR: Not stated Telephone interviews	<u>In hotels/bars/pubs:</u> 25.1% supported smoking bans 40.3% supported area/time smoking restrictions 31.3% supported no restrictions <u>In registered clubs:</u> 24.7% supported smoking bans 49.4% supported area/time smoking restrictions 24.1% supported no restrictions	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Public Health Division, Health Department of Western Australia (1998) <sup>28</sup> As above Western Australia, Australia 1997	n=2,814 stratified random community sample RR: 70% Face-to-face interviews	<u>In indoor, enclosed areas of hotel bars and taverns:</u> 48% supported smoking bans 32% supported smoking in separate areas 19% supported no restrictions  <u>In outdoor areas of hotel bars and taverns:</u> 10% supported smoking bans 35% supported smoking in separate areas 54% supported no restrictions	Not examined
Philpot et al (1999) <sup>45</sup> University of Western Australia Perth, Australia 1998	n=374 Convenience sample of patrons recruited at two pubs and one nightclub CR/RR: Not stated Face-to-face interviews	Not examined	<u>If smoking was banned in nightclubs, pubs and restaurants:</u> 62.5% no change to their patronage 19.3% would go more often 18.2% would go less often
Australian Institute of Health and Welfare (1999) <sup>46</sup> Adhikari & Summerill (2000) <sup>47</sup> Fitzsimmons & Cooper- Stanbury (2000) <sup>48</sup> Commonwealth Department of Health and Aged Care Australia 1998	n=10,030 Stratified random community sample RR: 56% Face-to-face interviews and self completion booklets	<u>In pubs/clubs:</u> 49.9% supported smoking bans Support by state/territory: ACT: 55.6% NSW: 54.0% SA: 51.8% TAS: 50.5% VIC: 49.3% WA: 46.5% NT: 45.5% QLD: 44.1%	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Stanton et al (2002) <sup>49</sup> Queensland Health Queensland, Australia approx 1998*	n=871 random community sample RR: 71.3% Self completed postal survey	<u>In indoor areas of bars:</u> 47.6% supported smoking bans 36.3% supported smoking in restricted areas 16.1% supported no restrictions  <u>In outdoor areas of bars:</u> 10.3% supported smoking bans 51.5% supported smoking in restricted areas 38.2% supported no restrictions	Not examined
Mullins et al (2000) <sup>50</sup> Victorian Smoking and Health Program Victoria, Australia 1999	n=1,897 random community sample with quotas set to reflect distribution of Victorian population CR/RR: Not stated Telephone interviews	<u>In public bars:</u> 26% supported smoking bans 43% supported smoking in special areas 28% supported no restrictions  <u>In gambling areas:</u> 34% supported smoking bans 45% supported smoking in special areas 18% supported no restrictions	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication)</b> <b>Source of funding<sup>+</sup></b> <b>Location</b> <b>Year of data collection</b>	<b>Sample size</b> <b>Sample selection</b> <b>Consent (CR) and/or response rates (RR)</b> <b>Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Miller & Kriven (2001) <sup>51</sup> Miller & Kriven (2002) <sup>52</sup> The Cancer Council SA South Australia, Australia 2000	n=2,001 Random community sample CR: 78% RR: 59% Telephone interviews	<u>In bars:</u> 63.4% approved of smoking bans 15.1% neither approved nor disapproved 21% disapproved  <u>In gaming venues:</u> 63.5% approved of smoking bans 21.6% neither approved nor disapproved 14.5% disapproved	<u>If smoking was banned in bars:</u> 72% no difference to their patronage 20% would go more often 8% would go less often <u>Regular patrons</u> (attend at least once per week) 62.1% no difference to their patronage. Equal proportions would go more often as less often  <u>If smoking was banned in gaming venues:</u> 93% no difference to their patronage 4% would go more often 3% would go less often <u>Regular patrons</u> (attend at least once per week) 80.5% no difference to their patronage. Equal proportions would go more often as less often

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication)</b> <b>Source of funding<sup>+</sup></b> <b>Location</b> <b>Year of data collection</b>	<b>Sample size</b> <b>Sample selection</b> <b>Consent (CR) and/or response rates (RR)</b> <b>Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Walsh et al (2002) <sup>53</sup> The Cancer Council NSW New South Wales, Australia 2000	n=656 random community sample CR: 75.4% RR: 61.4% Computer assisted telephone interviews (CATI)	<u>In non-eating areas of hotels/pubs:</u> 28.3% supported smoking bans 56.5% supported smoking in separate areas 9.6% supported no restrictions  <u>In non-eating areas of licensed clubs:</u> 30.0% supported smoking bans 58.7% supported smoking in separate areas 6.2% supported no restrictions	Not examined directly <u>If smoking was permitted in hotels/pubs:</u> 35.7% no influence on their patronage 39.4% less likely to go 8.2% more likely to go 15.5% never attend <u>Patrons who visited in past month:</u> 45.3% no influence on their patronage 38.7% less likely to go 9.4% more likely to go <u>If smoking was permitted in licensed clubs:</u> 36.4% no influence on their patronage 40.5% less likely to go 7.7% more likely to go 14.2% never attend <u>Patrons who visited in past month:</u> 42.8% no influence on their patronage 38.9% less likely to go 8.3% more likely to go

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

Author (Year of Publication) Source of funding <sup>+</sup> Location Year of data collection	Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection	Level of support for smoking restrictions	Perceived effect of smoking bans on patronage
Mullins (unpublished) <sup>54</sup> Quit Victoria Victoria, Australia 2000 & 2001	n=2000 in 2000 survey and 2001 survey random community sample, with quotas set to reflect distribution of Victorian population CR/RR: Not stated Telephone interviews	<u>In bars:</u> 2000    2001 57%    65% approved of smoking bans 9%    10% neither approved nor disapproved 33%    24% disapproved  <u>In nightclubs:</u> 2000    2001 55%    64% approved of smoking bans 15%    14% neither approved nor disapproved 26%    19% disapproved  <u>In gaming venues:</u> 2000    2001 67%    76% approved of smoking bans 13%    11% neither approved nor disapproved 18%    12% disapproved	2001 survey only <u>If smoking was banned in bars:</u> 75% no difference to their patronage 19% would go more often 6% would go less often <u>Patrons who attend at least monthly:</u> 69% no difference to their patronage 21% would go more often 10% would go less often  <u>If smoking was banned in nightclubs:</u> 88% no difference to their patronage 9% would go more often 3% would go less often <u>Patrons who attend at least monthly:</u> 63% no difference to their patronage 23% would go more often 13% would go less often



**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

Author (Year of Publication) Source of funding <sup>+</sup> Location Year of data collection	Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection	Level of support for smoking restrictions	Perceived effect of smoking bans on patronage
Mullins (unpublished) <sup>54</sup> continued			2001 survey only <u>If smoking was banned in gaming venues:</u> 87% no difference to their patronage 10% would go more often 3% would go less often <u>Patrons who attend at least monthly:</u> 77% no difference to their patronage 13% would go more often 10% would go less often
Centre for Behavioural Research in Cancer, The Cancer Council Victoria (unpublished) <sup>55</sup> VicHealth Victoria, Australia 2001	n=2,000 random community sample CR/RR: Not stated Telephone interviews	<u>In hotel venues:</u> 52% approved of smoking bans 10% neither approved nor disapproved 36% disapproved  <u>In gambling venues:</u> 67% approved of smoking bans 14% neither approved nor disapproved 17% disapproved	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Cancer Foundation of Western Australia (unpublished) <sup>56</sup> As above Perth, Australia 2001	n=202 random community sample CR/RR: Not stated Telephone interviews	<u>All hospitality venues such as pubs, nightclubs and the casino:</u> 75% thought should be smoke-free	Not examined
Tobacco Control Research and Evaluation The Cancer Council SA (unpublished) <sup>57</sup> As above South Australia, Australia 2001	n=1,898 random community sample CR: 74.6% Telephone interviews	<u>In bars:</u> 68% approved of smoking bans 12% neither approved nor disapproved 18% disapproved  <u>In gaming venues:</u> 73% approved of smoking bans 15% neither approved nor disapproved 11% disapproved	<u>If smoking was banned in bars:</u> 76% no difference to their patronage 17% would go more often 7% would go less often  <u>If smoking was banned in gaming venues:</u> 90% no difference to their patronage 6% would go more often 3% would go less often

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Australian Institute of Health and Welfare (2002) <sup>58</sup> Australian Institute of Health and Welfare (2002) <sup>59</sup> Commonwealth Department of Health and Ageing Australia 2001	n=26,744 stratified random community sample RR: 50% Self completion booklets, face-to-face interviews and computer assisted telephone interviews (CATI)	<u>In pubs/clubs:</u> 60.8% supported smoking bans Support by state/territory: VIC: 63.4% ACT: 63.2% WA: 61.9% NSW: 61.8% TAS: 59.7% SA: 58.6% QLD: 56.3% NT: 48.5%	Not examined
Victorian Government Department of Human Services (unpublished) <sup>60</sup> As above Victoria 2001	n=7,494 stratified random community sample CR: 69.3% Computer assisted telephone interviews (CATI)	<u>In bars:</u> 44% supported smoking bans 39% supported smoking in special areas 15% supported no restrictions  <u>In night clubs:</u> 48% supported smoking bans 34% supported smoking in special areas 15% supported no restrictions  <u>In gaming venues:</u> 50% supported smoking bans 42% supported smoking in special areas 6% supported no restrictions	Not examined

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Trotter (unpublished) <sup>61</sup> National Heart Foundation Tasmania, Australia 2002	n=250 random community sample with quotas set to reflect distribution of Tasmanian population RR: 41% Telephone interviews	<u>In bars:</u> 65% approved of smoking bans 11% neither approved nor disapproved 21% disapproved  <u>In nightclubs:</u> 68% approved of smoking bans 12% neither approved nor disapproved 16% disapproved  <u>In gaming venues:</u> 75% approved of smoking bans 10% neither approved nor disapproved 14% disapproved	<u>If smoking was banned in bars:</u> 77% no difference to their patronage 17% would go more often 6% would go less often  <u>If smoking was banned in nightclubs:</u> 85% no difference to their patronage 12% would go more often 3% would go less often  <u>If smoking was banned in gaming venues:</u> 86% no difference to their patronage 9% would go more often 4% would go less often

**Table 1: Studies of public views on smoking restrictions in licensed premises, Australia**

<b>Author (Year of Publication) Source of funding<sup>+</sup> Location Year of data collection</b>	<b>Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection</b>	<b>Level of support for smoking restrictions</b>	<b>Perceived effect of smoking bans on patronage</b>
Centre for Behavioural Research in Cancer, The Cancer Council Victoria (unpublished) <sup>55</sup> VicHealth Victoria, Australia 2002	n=2,000 random community sample CR/RR: Not stated Telephone interviews	<u>In hotel venues:</u> 58% approved of smoking bans 10% neither approved nor disapproved 30% disapproved  <u>In gambling venues:</u> 73% approved of smoking bans 11% neither approved nor disapproved 14% disapproved	Not examined
TQA Research and Victorian Government Department of Human Services (unpublished) <sup>62</sup> Victorian Government Department of Human Services Victoria 2002	n=200 random community sample with specifications set to reflect distribution of population CR/RR: Not stated Computer assisted telephone interviews (CATI)	<u>In licensed premises (with more than one room):</u> 88% supported provision of a smoke-free room 6% neither supported nor opposed 7% opposed  <u>In most gaming venues:</u> 80% supported smoke-free venues 9% neither supported nor opposed 12% opposed	Impact of Victorian tobacco legislation (effective 1 September 2002) <u>In licensed premises without gaming facilities:</u> 62% no difference to their patronage 31% more likely to go 7% less likely to go  <u>In gaming venues:</u> 77% no difference to their patronage 14% more likely to go 9% less likely to go

<sup>+</sup> Where source of funding is not stated, affiliation of first author is noted.

<sup>\*</sup>Stanton W, personal communication 11 June 2002

**Table 2: Studies of hospitality staff and management views on smoking restrictions, Australia and New Zealand**

<b>Author (Year of Publication)</b>	<b>Sample size</b>	<b>Relevant Findings</b>
<b>Source of funding<sup>+</sup></b>	<b>Sample selection</b>	
<b>Location</b>	<b>Consent (CR) and/or response rates (RR)</b>	
<b>Year of data collection</b>	<b>Method of data collection</b>	
Wiggers et al (2001) <sup>64</sup>	n= 311 (pre-intervention)	<u>In licensed premises:</u>
Wiggers et al (2000) <sup>65</sup>	n= 239 (post-intervention)	32% provided a smoke-free area (pre-intervention)
Hunter Area Health Service	Approached licensees or managers from all Hunter	63% provided a smoke-free area (post-intervention)
Hunter Valley, Australia	Valley licensed premises	
1996 (pre-intervention survey)	CR: 98% (pre-intervention)	34% expressed an interest in the smoke-free area initiative
1999 (post-intervention survey)	CR: 76% (post-intervention)	(pre-intervention)
	Telephone interviews	
Trotter (1998) <sup>66</sup>	n=178	<u>In the establishment respondents worked in:</u>
Victorian Smoking and Health Program	Staff in restaurants/cafes (37%), hotels/motels (29%),	45% supported smoking bans
Australia	pubs/clubs (16%) and other establishments (18%)	51% supported smoking in special places
1997	recruited at a foodservice exhibition	4% supported no restrictions
	CR/RR: Not stated	
	Face-to-face interviews	

**Table 2: Studies of hospitality staff and management views on smoking restrictions, Australia and New Zealand**

Author (Year of Publication) Source of funding <sup>+</sup> Location Year of data collection	Sample size Sample selection Consent (CR) and/or response rates (RR) Method of data collection	Relevant Findings
Reeder & Blair (2000) <sup>67</sup> Cancer Society of New Zealand & University of Otago Dunedin, New Zealand 1999	n=208 Licensees, managers or people in other roles from bars, clubs, restaurants, off-licence and other premises registered with the Dunedin District Licensing Agency. RR: 67% Self completed postal survey	<p><u>If smoking was banned (respondents from bars):</u>  13% no effect on their business  27% reduce a little  58% reduce a lot</p> <p><u>If smoking was banned (respondents from clubs):</u>  22% no effect on their business  3% increase a little  2% increase a lot  36% reduce a little  34% reduce a lot</p> <p>92% of respondents from bars and 91% from clubs were very concerned/concerned that a smoking ban in licensed premises may upset their customers</p>
Muscatello et al (2002) <sup>13</sup> NSW Health Department New South Wales, Australia 1999	n=193 Managers of registered clubs: ex-services (19.2%), bowling (33.2%), golf (19.7%) and other clubs (28.0%) selected randomly from a computerised mailing list of all licensed registered clubs in NSW RR: 79% Self completed postal survey	<p><u>Club board support for smoke-free areas:</u>  28% indicated that none or some were supportive  71.5% indicated that most or all were supportive</p> <p><u>Member/patron support for smoke-free areas:</u>  44% indicated that none or some were supportive  54.9% indicated that most or all were supportive</p> <p><u>In clubs with some level of smoking restriction:</u>  33% reported some loss of patronage (only 2% large loss)  35% reported some gain</p>

**Table 2: Studies of hospitality staff and management views on smoking restrictions, Australia and New Zealand**

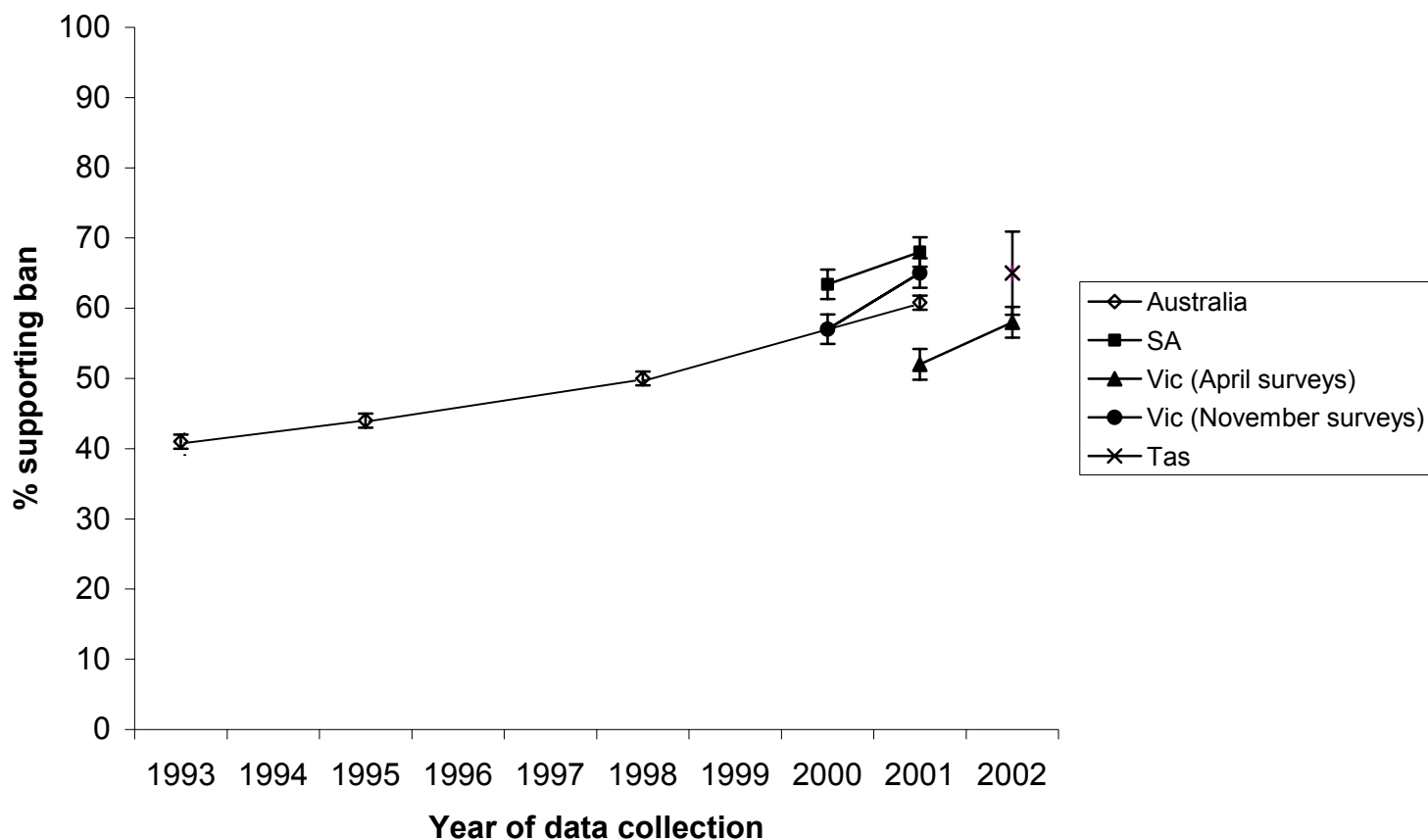
<b>Author (Year of Publication)</b>	<b>Sample size</b>	<b>Relevant Findings</b>
<b>Source of funding<sup>+</sup></b>	<b>Sample selection</b>	
<b>Location</b>	<b>Consent (CR) and/or response rates (RR)</b>	
<b>Year of data collection</b>	<b>Method of data collection</b>	
Jones et al (2001) <sup>68</sup>	n=471 (435 included in analysis)	73% wanted smoking restrictions in bars
University of Otago, Lion	Bar staff, waiters and bar and eating-place managers	55% expected fewer patrons after smoking restrictions
Foundation, Wellington	and owners, selected primarily by the duty manager	
Division of the New Zealand	based on who was free at the time and who	
Cancer Society	volunteered	
Wellington, New Zealand	Management at 80% of locations approached agreed to	
1999-2000	interviews	
	Face-to-face interviews	



**Table 2: Studies of hospitality staff and management views on smoking restrictions, Australia and New Zealand**

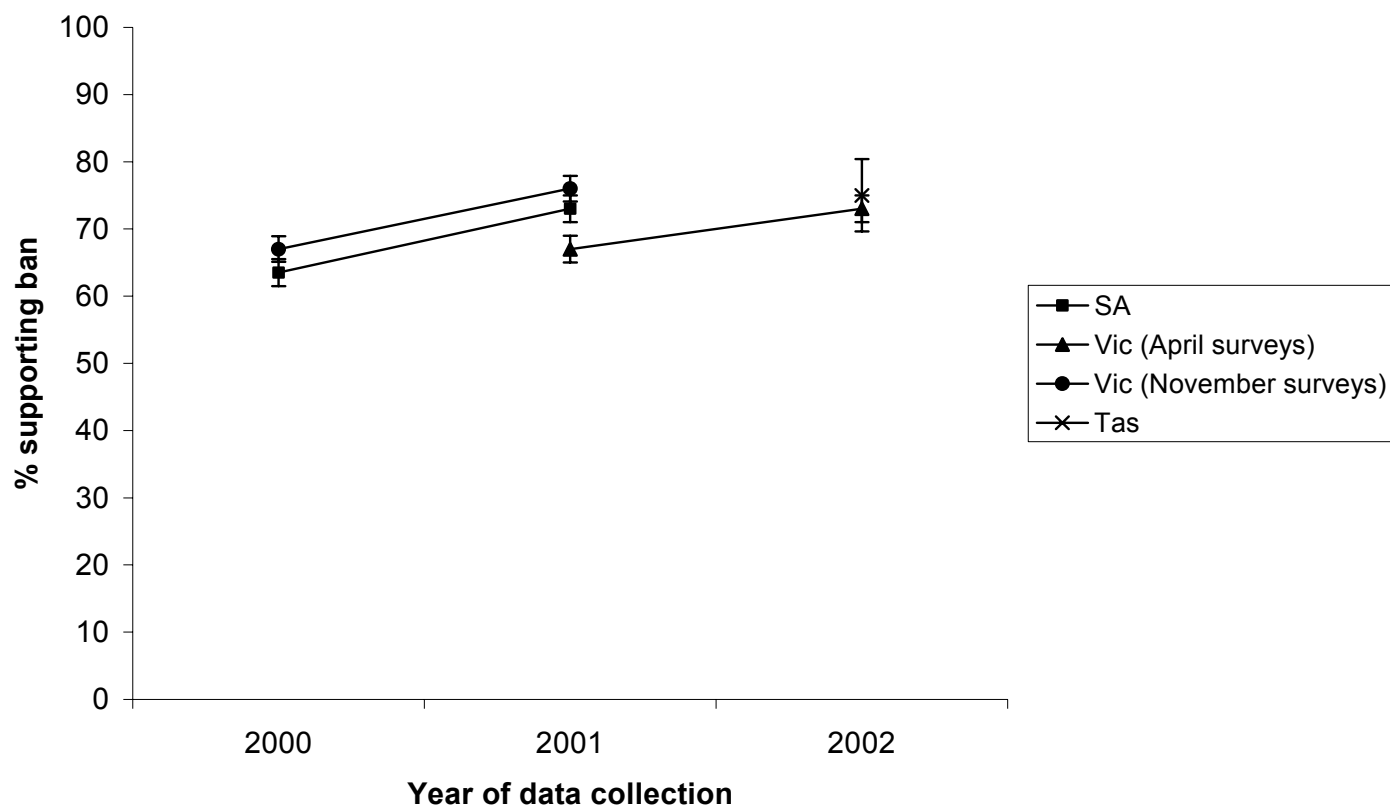
<b>Author (Year of Publication)</b>	<b>Sample size</b>	<b>Relevant Findings</b>
<b>Source of funding<sup>+</sup></b>	<b>Sample selection</b>	
<b>Location</b>	<b>Consent (CR) and/or response rates (RR)</b>	
<b>Year of data collection</b>	<b>Method of data collection</b>	
TQA Research and Victorian Government Department of Human Services (unpublished) <sup>62</sup> Victorian Government Department of Human Services Victoria 2002	n=263 Manager, owner or main decision-maker of randomly selected industry operators from the Department's database CR/RR: Not stated Computer assisted telephone interviews (CATI)	Support for Victorian tobacco legislation (effective 1 September 2002): <u>Representatives of licensed premises with no gaming facilities:</u> 79% supported the tobacco reforms 9% neither supported nor opposed 12% opposed  <u>Representatives of gaming venues:</u> 65% supported the tobacco reforms 15% neither supported nor opposed 19% opposed  Industry operators' perceived impact of new tobacco legislation on revenue: <u>Short-term revenue:</u> 56% remain the same 2% expect an increase 40% expect a decrease  <u>Long-term revenue:</u> 64% remain the same 11% expect an increase 19% expect a decrease

<sup>+</sup> Where source of funding is not stated, affiliation of first author is noted.



**Figure 1: Support for banning smoking in pubs and clubs: random community surveys in Australia<sup>1</sup>.**

<sup>1</sup> The Jones et al<sup>36</sup> study has been excluded from this figure as the support percentage includes the category 'tend to support'.



**Figure 2: Support for banning smoking in gaming areas: random community surveys in Australia.**

## References

1. Muggli ME, Forster JL, Hurt RD, et al. The smoke you don't see: uncovering tobacco industry scientific strategies aimed against environmental tobacco smoke policies. *Am J Public Health* 2001; 91:1419-23.
2. Smoking and health: A report of the Surgeon General. Washington, DC: US Department of Health, Education and Welfare; 1979. DHEW Publication DHS 79-50066.
3. Taylor R, Cumming R, Woodward A, et al. Passive smoking and lung cancer a cumulative meta-analysis. *Aust NZ J Public Health* 2001; 25:203-11.
4. He J, Vupputuri S, Allen K, et al. Passive smoking and the risk of coronary heart disease - a meta-analysis of epidemiological studies. *N Engl J Med* 1999; 340:920-6.
5. Spitzer WO, Lawrence V, Dales R et al. Links between passive smoking and disease: a best-evidence synthesis. *Clin Invest Med* 1990; 13:17-42.
6. Glantz SA, Parmley WW. Passive smoking and heart disease: epidemiology, physiology and biochemistry. *Circulation* 1991; 83:1-12.
7. McMichael AJ. Passive smoking and the public health - the winds of change are blowing. *Med J Aust* 1986; 145:365-6.
8. Borland R, Owen N, Hill D, et al. Changes in acceptance of workplace smoking bans following their implementation: a prospective study. *Prev Med* 1990; 19:314-22.
9. Merom D, Rissel D. Factors associated with smoke-free homes in NSW: results from the 1998 NSW Health Survey. *Aust NZ J Public Health* 2001; 25:339-45.
10. Walsh RA, Paul CL, Tzelepis F. Overwhelming support for smoking bans. *Aust NZ J Public Health* 2000; 24:640-1.
11. Environmental tobacco smoke in Australia. National Tobacco Strategy 1999 to 2002-03 occasional paper. Canberra: Commonwealth Department of Health and Ageing, 2002.
12. Schofield MJ, Considine R, Boyle CA, et al. Smoking control in restaurants: the effectiveness of self-regulation in Australia. *Am J Public Health* 1993; 83:1284-8.
13. Muscatello DJ, Rissel C, Ward JE. Smoking restrictions in New South Wales Registered Clubs: current status and factors associated with high levels of restrictions. *Health Prom J Aust* 2002; 13:39-43.

14. Repace J. Can ventilation control secondhand smoke in the hospitality industry? Bowie MD:Repac Associates, 2000.
15. Siegel M. Involuntary smoking in the restaurant workplace. A review of employee exposure and health effects. JAMA 1993; 270:490-3.
16. Tutt D, Harris W. Where there's smoke... carbon monoxide exposures in smoking and smoke-free workplaces. Community Health Stud 1990; 14:297-302.
17. Bates MN, Fawcett J, Dickson S, et al. Exposure of hospitality workers to environmental tobacco smoke. Tob Control 2002; 11:125-9.
18. Jarvis MJ, Foulds J, Feyerabend C. Exposure to passive smoking among bar staff. Brit J Addict 1992; 87:111-3.
19. Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. JAMA 1998; 280:1909-14.
20. Trotter L, Wakefield M, Borland R. Socially cued smoking in bars, nightclubs, and gaming venues: a case for introducing smoke-free policies. Tob Control 2002;11:300-4.
21. Borland R, Chapman S, Owen N, et al. Effects of workplace smoking bans on cigarette consumption. Am J Public Health 1990; 80:178-180.
22. Burton SM, Tiffany ST. The effect of alcohol consumption on craving to smoke. Addiction 1997; 92:15-26.
23. Magzamen S, Glantz SA. The new battleground: California's experience with smoke-free bars. Am J Public Health 2001; 91:245-52.
24. Ling PA, Glantz SA. Nicotine addiction, young adults and smoke free bars. Drug and Alcohol Review 2002; 21:101-4.
25. Chapman S. Australian bar worker wins payout in passive smoking case. Brit Med J 2001; 322:1139.
26. Pub owners to fight non-smoking push. Australian Associated Press, 2001 July 25.
27. Scollo M, Lal A. Summary of studies assessing the economic impact of smoke-free policies in the hospitality industry. Carlton: VicHealth Centre for Tobacco Control, Anti-Cancer Council of Victoria, 2002. Available at: [http://www.vctc.org.au/publ/reports/Hospitality\\_paper\\_summary.pdf](http://www.vctc.org.au/publ/reports/Hospitality_paper_summary.pdf) Accessed 9/5/2002.
28. Public Health Division, Health Department of Western Australia. Smoking and Health in Western Australia 1998 Resource Book. Development and

Support Branch, Public Health Division, Health Department of Western Australia, 1998.

29. Baldock M, McLean S. Public opinion on passive smoking. *Med J Aust* 1988; 148:152-3.
30. Semmonds A, Bailey K, Bentley S et al. Smoking in hotels: prevalence and opinions about restrictions. *Aust J Public Health* 1995; 19: 98-100.
31. Schofield MJ, Edwards K. Community attitudes to bans on smoking in licensed premises. *Aust J Public Health* 1995; 19: 399-402.
32. Department of Health, Housing, Local Government and Community Services. 1993 National Drug Household Survey. Canberra: Australian Government Publishing Service, 1993.
33. McAllister I. Knowledge, attitudes and policy preferences concerning drugs. Canberra: Australian Government Publishing Service, 1993.
34. McAllister I. Public opinion in Australia on restricting smoking in public places. *Tob Control* 1995; 4: 30-5.
35. Makkai T, McAllister I. Public Opinion Towards Drug Policies in Australia, 1985-1995. Canberra: Australian Government Publishing Service, 1998.
36. Jones Q, Bauman A, Macaskill P. Community attitudes to passive smoking. An Evaluation of the "Other People's Smoke" Mass Media Campaign NSW 1993 (unpublished).
37. Corti B, Holman CD, Donovan RJ, et al. Public attitudes to smoke-free areas in sports venues. *Med J Aust* 1995; 162: 612.
38. Graham-Clarke P, Nathan S, Stoker L, Bauman A, Wise M. Smoking: Best practice for reducing the prevalence of smoking in the Areas of NSW, May 1996. NSW Health Department, Health Promotion Branch, State Health Publication No: (HP) 96-0006.
39. Graham-Clarke P, Howell S, Bauman A, Nathan S. NSW Health Promotion Survey 1994: Technical Report. Sydney: NSW Health Department, 1995. State Health Publication No: (HP) 950145.
40. Department Of Health and Family Services. National Drug Strategy Household Survey: Survey Report 1995. Canberra: Australian Government Publishing Service, 1996.
41. Mullins R, Morand M. Environmental tobacco smoke: Public opinion and behaviour. In Mullins R (ed) *Quit Evaluation Studies No 8 1994-1995*. Melbourne: Victorian Smoking and Health Program, 1996.

42. Public Health Division. Report on the 1997 and 1998 NSW Health Surveys. NSW Health Department, Sydney, 2000. Available at: <http://www.health.nsw.gov.au/public-health/nswhs> Accessed 9/5/2002.
43. Trotter L, Mullins R. Environmental tobacco smoke: Public opinions and behaviour. In Trotter L & Mullins R (eds) Quit Evaluation Studies No 9 1996-1997: Melbourne: Victorian Smoking and Health Program, 1998: 27-41.
44. NSW Heart Foundation. Passive Smoking Study April 1997. Newspoll Market Research, Surry Hills. Sydney.
45. Philpot SJ, Ryan SA, Torre LE, et al. Effect of smoke-free policies on the behaviour of social smokers. *Tob Control* 1999; 8: 278-81.
46. Australian Institute of Health and Welfare 1999. 1998 National Drug Strategy Household Survey: First results. AIHW cat. No. PHE 15. Canberra: AIHW (Drug Statistics Series).
47. Adhikari P & Summerill A 2000. 1998 National Drug Strategy Household Survey: Detailed findings. AIHW cat.no. PHE 27. Canberra: AIHW (Drug Statistics Series No.6).
48. Fitzsimmons G & Cooper-Stanbury M 2000. 1998 National Drug Strategy Household Survey: State and Territory results. AIHW cat. no. PHE 26. Canberra: AIHW (Drug Statistics Series no.5).
49. Stanton WR, Saeck L, Purdie J, et al. Public support in Australia for restrictions on cigarette smoking. *Health Prom J Aust* 2002; 13: 32-8.
50. Mullins R, Trotter L, Letcher T. Environmental tobacco smoke: Public opinions and behaviour in 1998-99. In Trotter L & Letcher T (eds) Quit Evaluation Studies No 10 1998-1999: Melbourne: Victorian Smoking and Health Program, 2000: 15-36.
51. Miller C, Kriven S. Public support for smoking bans in bars and gaming venues. *Aust NZ J Public Health* 2001; 25: 275-6.
52. Miller C, Kriven S. Community support for smoking bans in bar and gaming venues in South Australia. In Tobacco Control Research and Evaluation Report, 1998-2001. Adelaide: Tobacco Control Research Evaluation Unit, 2002: 209-19.
53. Walsh RA, Tzelepis F, Paul CL, et al. Environmental tobacco smoke in homes, motor vehicles and licensed premises: community attitudes and practices. *Aust NZ J Public Health* 2002; 26: 536-42.
54. Mullins R. Public opinion on smoking and public places 2000/2001. (unpublished report prepared for Quit Victoria in 2002).

55. Centre for Behavioural Research in Cancer, The Cancer Council Victoria. Legislated smoking restrictions in public dining areas. Available at: <http://www.vichealth.vic.gov.au/rhadmin/articles/files/research.pdf> Accessed 24/7/2002.
56. Call for ban on cigarettes. Community News Chronicle, June 2001.
57. Tobacco Control Research and Evaluation. Smoking bans in bar and gaming areas: Community support over time. [Preliminary Briefing 2002] South Australia: unpublished data.
58. Australian Institute of Health and Welfare 2002. 2001 National Drug Strategy Household Survey: First results. AIHW cat. No. PHE 35. Canberra: AIHW (Drug Statistics Series No. 9).
59. Australian Institute of Health and Welfare 2002. 2001 National Drug Strategy Household Survey: State and Territory supplement. AIHW cat. No. PHE 37. Canberra: AIHW (Drug Statistics Series No. 10).
60. Victorian Government Department of Human Services. Victoria: unpublished data, 2001. (Methodology described in Victorian Population Health Survey 2001: Selected Findings. Victoria: Department of Human Services, 2002. Available at: [www.dhs.vic.gov.au/phd/healthsurveillance/](http://www.dhs.vic.gov.au/phd/healthsurveillance/) Accessed 27/11/02).
61. Trotter L. Public opinion and behaviour in relation to smokefree dining and workplaces in Tasmania. (unpublished report prepared for The National Heart Foundation, 2002).
62. TQA Research and Victorian Government Department of Human Services. Key Outcomes Report Benchmark Survey: Industry Operators and General Community. (unpublished report prepared in 2002).
63. Siahpush M, Scollo M. Trends in public support for smoking bans in public places in Australia. Aust NZ J Public Health 2001; 25: 473.
64. Wiggers J, Considine R, Hazell T, et al. Increasing the practice of health promotion initiatives by licensed premises. Health Educ Behav 2001;28:331-40.
65. Wiggers J, Considine R, Daly J, et al. Prevalence and acceptability of public health initiatives in licensed premises. Aust NZ J Public Health 2000;24:320-2.
66. Trotter L. Environmental tobacco smoke: Surveys of restaurant patrons and hospitality industry personnel. In Trotter L & Mullins R (eds) Quit Evaluation Studies No 9 1996-1997: Melbourne: Victorian Smoking and Health Program, 1998: 43-59.



67. Reeder A, Blair A. Environmental tobacco smoke: views from the Dunedin hospitality industry on prohibition of smoking in licensed premises. *NZ Med J* 2000; 113: 476-9.
68. Jones S, Love C, Thomson G, et al. Second-hand smoke at work: The exposure, perceptions and attitudes of bar and restaurant workers to environmental tobacco smoke. *Aust NZ J Public Health* 2002; 25: 90-3.
69. Ruling may stub out pub smoking. *The Australia*, 3 May 2001: p3.
70. Walsh RA, Paul CL, McElduff P. Smoking rates may be declining. *Med J Aust* 2001; 175:339.
71. Borland R, Mullins R, Trotter L et al. Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. *Tob Control* 1999; 8:266-71.
72. Chapman S, Borland R, Lal A. Has the ban on smoking in New South Wales restaurants worked? A comparison of restaurants in Sydney and Melbourne. *Med J Aust* 2001; 174:512-5.
73. Sciacca JP, Ratliff MI. Prohibiting smoking in restaurants: effects on restaurant sales. *Am J Health Promot* 1998; 12:176-84.
74. Miller C, Wakefield M. Survey of community attitudes and practices after the introduction of smoke-free dining in South Australia: report to the SA Anti-Tobacco Ministerial Advisory Taskforce and the South Australian Department of Human Services: Adelaide, 1999.
75. Australian Institute of Health and Welfare. Australia's health 2002. Canberra: AIHW, 2002:71-6.
76. Shephard RJ. Respiratory irritation from environmental tobacco smoke. *Arch Env Health* 1992;47:123-31.
77. Carseldine D. Surveys of knowledge, attitudes, beliefs and reported behaviours of drivers on the topic of drink-driving and random breath testing. Sydney: Traffic Authority of NSW; 1985. Research Note RN12/85. p47.