

Centre for Behavioural Research in Cancer
Cancer Control Research Institute
The Cancer Council Victoria



CBRC
RESEARCH PAPER SERIES
No. 36

Evaluation of the 'Smokefree homes and cars' campaign, 2007

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Quit Victoria

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ABSTRACT

The 'Smokefree homes and cars' campaign aimed to increase awareness of the harms of secondhand smoke (SHS) amongst both smokers and non-smokers, as well as to encourage the adoption of smokefree policies in the home and in cars. The campaign was aired for four weeks from August to September 2007, and this report examines the effect of the campaign on Victorians' beliefs and behaviours regarding exposure to SHS.

The impact of the campaign was assessed using a pre and post cross-sectional methodology. The pre-campaign sample was obtained through the Cancer Issues Population survey (CIPS), a health survey commissioned by the Cancer Council Victoria (CCV), and the post-campaign sample was obtained through the Smoking and Health survey, an annual telephone survey of Victorian adults, commissioned by the Centre for Behavioural Research in Cancer (CBRC).

Analysis of pre and post samples revealed a significant decrease in the proportion of Victorians who agreed with the statement that the dangers of passive smoking have been exaggerated, from 24% to 20%. There was also a significant increase from 66% to 78% in the proportion reporting that the regular smoker/smokers always smokes outside the home, amongst those who were not regular smokers but who lived in households with one or more regular smokers. Conversely, there was a significant decrease amongst those within smoking households reporting that the regular smoker/smokers never smokes while others are in the car, from 64% to 56%, suggesting that the significant harms of exposure to SHS in cars may not have been sufficiently prominent in the campaign to affect behaviour change in this area.

Overall, the findings suggest that the 'Smokefree homes and cars' campaign was moderately effective in achieving its aims. There was some evidence of a change in beliefs about the effects of exposure to SHS, as well as a significant increase in protection against SHS exposure within the home reported by those who were not regular smokers

Suggested citation:

McCarthy M, Germain D, Durkin S. *Evaluation of the 'Smokefree homes and cars' campaign, 2007*. CBRC Research Paper Series No. 36. Melbourne, Australia: Centre for Behavioural Research in Cancer, The Cancer Council Victoria, October 2008.

INTRODUCTION

On October 12, 2004, the Victorian Government announced plans to make hospitality venues in Victoria smokefree.¹ These new laws were implemented on July 1, 2007, and they imposed a complete ban on smoking in indoor areas of all licensed venues (including pubs, bars, nightclubs, and gambling venues), and in outdoor areas at these venues if the outdoor area has a roof in place and walls that cover more than 75% of the total notional wall area.²

The implementation of this smokefree legislation on July 1, 2007 across hospitality venues in Victoria provided an opportunity to educate the community about the serious harms posed by secondhand smoke (SHS), otherwise known as passive smoke. The Department of Human Services funded Quit Victoria to develop a social marketing campaign to raise awareness amongst smokers and non-smokers of the significant dangers of exposure to SHS. The campaign was primarily targeted at families with one or more smokers, and an additional aim of the campaign was to encourage these families to adopt smokefree policies in areas not currently covered by legislation, such as homes and cars.

Initial focus testing revealed that in order to both increase awareness of the harms of exposure to SHS and to encourage adults to adopt smokefree policies in their homes and cars, a campaign would need to fulfil two criteria: convince parents that the amount of smoke that their children are exposed to is sufficient to cause health problems; and provide evidence that the strategies currently being used to minimise the amount of smoke that their children are exposed to are not sufficient.

The 'Smokefree homes and cars' campaign was developed with these criteria in mind. The creative execution depicts a father smoking next to a window inside the home, while his daughter sits in a nearby room watching TV. As the father inhales his cigarette, we follow the smoke as it travels into his lungs. At the same time the voiceover states "when you are smoking you are breathing in toxic chemicals such as ammonia and cyanide, and up to 50 cancer causing chemicals". The creative then cuts to a close up of his daughter in the other room, focusing on her inhalation and exhalation, and the voiceover continues "...and so does she". The voiceover then states "It's not only smokers that get sick" and the creative cuts to an end frame, which reads "Keep your home and car smokefree".

The campaign was launched on the August 12, 2007 and was on air for four weeks. The media buy was equivalent to 480 Total Audience Rating Points (TARPs), and was more heavily weighted in the first two weeks of the campaign. For the first three weeks of the campaign a 30 second version was aired, while a 15 second version of the campaign was run in the final week.

This report examines the impact of the campaign on beliefs about exposure to SHS and reported passive smoking behaviour in homes and cars within the Victorian population.

METHOD

A pre and post cross-sectional methodology was used to assess the impact of the 'Smokefree Homes and Cars' campaign. Beliefs and behaviours regarding exposure to SHS were measured prior to the launch of the campaign by the Cancer Issues Population survey (CIPS), a telephone survey commissioned by the Cancer Council Victoria (CCV) and conducted by a market research company, which accommodates a range of questions about behaviours, beliefs and attitudes relevant to the work of CCV. It utilises a mixed sampling methodology whereby a proportion of the sample is identified through the electronic white pages and sent an initial contact letter, and the remaining proportion of the sample is identified through a Random Digit Dial (RDD) methodology. Fieldwork for this survey was conducted from July to August 2007, and a sample of 3,003 Victorian adults in total was obtained. Only 1,500 respondents were asked questions about beliefs and behaviours regarding SHS, as they were randomised into two

sub-samples, and only one of these samples was asked questions about behaviours and beliefs regarding exposure to SHS. This provided the pre-campaign (unexposed) sample for the 'Smokefree homes and cars' evaluation.

The post-campaign sample was obtained through the Smoking and Health population survey, an annual telephone survey of Victorian adults commissioned by CBRC and conducted by a market research company. The sampling methodology is largely similar to the CIPS methodology, using electronic white pages listings in addition to RDD to obtain a representative sample of Victorians. The questions, designed by CBRC, were asked in eight to sixteen minute interviews conducted during weekends and weeknights. The fieldwork for this survey took place between November and mid December 2007, and a sample of 3001 Victorians was obtained.

Survey questions

The same questions were used to ascertain beliefs about exposure to SHS, reported smoking behaviour in the home and in the car, as well as level of concern about exposure to SHS, in both the pre and post campaign surveys. For the questions assessing beliefs about passive smoking, respondents were asked if they would agree or disagree with the following statements: It is not only smokers who get sick from exposure to passive smoke; The dangers of passive smoking have been exaggerated; Making your car and home smokefree is an important way of protecting your family from the harms of passive smoke; Those exposed to passive smoke can get many of the diseases that smokers get. Each of these questions had a five-point response scale from strongly agree to strongly disagree. For the purposes of analysis, these responses have been collapsed into two levels: strongly/somewhat agree; and strongly/somewhat disagree/neither agree nor disagree.

In addition to these questions, a general question to assess concern about exposure to passive smoke was asked: 'Which of the following describes your level of concern about being exposed to passive smoking? Are you: not at all concerned; somewhat concerned; very concerned'. These were collapsed into two levels for the purposes of analysis: not at all concerned; and somewhat concerned/very concerned.

To assess smoking behaviour in homes, respondents who indicated that at least one person in their household smoked were asked: 'When at home do you/do the regular smokers/does the regular smoker: always smoke inside; usually smoke inside; sometimes smoke inside and sometimes smoke outside; usually smoke outside; always smoke outside or; not smoke at all'. For the purposes of analysis these responses were collapsed into two levels: always smoke inside/usually smoke inside/sometimes smoke inside; and sometimes smoke outside/usually smoke outside; and always smoke outside/not smoke at all.

To assess smoking behaviour in cars, respondents who indicated that at least one person in their household smoked were asked: 'When driving, do you/do the regular smokers/does the regular smoker: always smoke when others are in the car; usually smoke when others are in the car; sometimes smoke when others are in the car or; never smoke when others are in the car'. For the purposes of analysis these responses were collapsed into two levels: always smoke when others are in the car/usually smoke when others are in the car/sometimes smoke when others are in the car; and never smoke when others are in the car.

The standard tobacco use question³ was used to determine smoking status. In this report, 'regular smokers' are those respondents who reported smoking daily or weekly. 'Not regular smokers' are those that smoked less than weekly or not at all at the time of the survey. The distinction of regular smoker versus not regular smokers was used, as preliminary analysis indicated greater differential responding between these groups, when compared with responses by all current smokers versus non-smokers.

A range of demographic information has also been examined in relation to approval of the smoking bans, including age, sex, education level and socio-economic status. In the current report, the Socio -

Economic Index for Areas (SEIFA), developed by the Australian Bureau of Statistics (ABS), was used to measure socio-economic status. The SEIFA indices classify respondents into socio-economic groups based on Census data of the area in which they live.⁴ In this report, the Index of Socio-Economic Disadvantage (one of five SEIFA indices) was used, which is based on respondents' residential postcodes. This index ranks areas on a continuum of disadvantage (from most disadvantaged to least disadvantaged), taking into consideration characteristics that may enhance or reduce socio-economic conditions of the area, such as income, education, occupation and housing (for example).⁵ For the purpose of analysis we have grouped respondents into three groups based on this scale:

1. the first group (1st and 2nd quintiles) comprises people who live in areas with a SEIFA score in the bottom 40% of Victoria's distribution (this represents a higher level of disadvantage relative to the other two groups);
2. the second group (3rd & 4th quintiles) includes people whose SEIFA score lies between 41% and 80% of the distribution;
3. the third group (5th quintile) includes those whose SEIFA score is 81% or above (reflecting the lowest level of disadvantage relative to the other groups).

Statistical analysis

A comparison of the sample socio-demographic characteristics with the Australian Bureau of Statistics (ABS) Census data for the Victorian population,⁶ revealed that women and older people were over-represented in both the pre-campaign and post-campaign samples. To adjust for this, both the pre and post samples were weighted by age and sex according to ABS final estimates of the Victorian population, from the 2001 Census.⁷ As the sample was weighted, and therefore some of sample sizes are fractional, the sub-samples for categories of respondents may not add to the total sample size, due to rounding up of the decimal places.

To report the data, descriptive techniques such as percentages have been used. When testing for the significance of relationships between variables, bivariate logistic regression analyses have been used. Details of the statistical tests of significance are presented in the relevant tables. Where relationships between variables are reported, the p-value was equal to or less than 0.05. This indicates that the probability of obtaining a result at least as big as the one observed, assuming that there is no relationship, is equal to or less than 5 in 100.

Preliminary analysis revealed significant differences between pre and post campaign samples in terms of the respondents' smoking status and the highest level of education achieved. To reduce any possible confounding effect of differences in pre and post campaign sample characteristics, variables such as age, sex, smoking status, education, SEIFA level, and whether respondents had children under 18 years of age in the household, were entered as covariates in each logistic regression analysis.

RESULTS

Overall campaign impact

Following exposure to the 'Smokefree homes and cars' campaign, there was a significant decrease in the proportion of Victorian adults who agreed with the statement 'the dangers of passive smoking have been exaggerated', from 24% pre-campaign to 20% post-campaign (Table 1). However there was also a significant decrease in the proportion of respondents who agreed that exposure to passive smoke leads to the same diseases that smokers get, from 88% to 86%.

Table 1:
Pre and post campaign beliefs and behaviours regarding passive smoking

	Pre-campaign %	Post-campaign %	Odds ratio
<i>Strongly/somewhat agree</i>	<i>(N=1499)</i>	<i>(N=2981)</i>	
It is NOT only smokers who get sick from exposure to cigarette smoke	90.1	91.0	1.04
Exposure to passive smoke leads to the same diseases smokers get	88.1	85.7	0.78**
The dangers of passive smoking have been exaggerated	23.9	19.6	0.81**
Somewhat to very concerned about SHS	79.8	80.5	0.96
<i>Smoking households</i>	<i>(N=474)</i>	<i>(N=824)</i>	
I/the regular smoker always smokes outside or not at all at home	61.0	66.5	1.20
When driving the regular smoker never smokes when others are in the car	63.7	55.6	0.67***
Making your car/home smokefree is important to protect your family	90.1	88.6	0.76

Note. Due to rounding, percentages may not total to 100.

Covariates = education, age, sex, smoking status, SEIFA & have child under 18 years.

**Significant difference $p < .01$

*** Significant difference $p < .001$

In terms of behavioural outcomes, there was a significant decrease in those from smoking households reporting that they never smoke while others are in the car, from 64% to 56% (Table 1).

Campaign impact by smoking status

Amongst regular smokers (those who smoke daily or weekly), there was a significant reduction in the proportion of regular smokers who reported that the regular smoker/smokers in their household never smokes when others are in the car, from 64% to 52% (Table 2).

Amongst respondents who were not regular smokers (includes non-smokers and less than weekly smokers), there was a significant increase in the proportion of smoking households reporting that the regular smoker/smokers always smoke outside, from 66% to 78% post-campaign (Table 2). In terms of beliefs about exposure to SHS, there was a significant decrease in the proportion of respondents agreeing with the statement that 'the dangers of passive smoking have been exaggerated', from 19% pre-campaign to 16% post-campaign.

Table 2:

Pre and post campaign beliefs and behaviours regarding passive smoking amongst regular and not regular smokers

	Regular smoker			Not regular smoker ^a		
	Pre-campaign %	Post-campaign %	Odds ratio	Pre-campaign %	Post-campaign %	Odds ratio
<i>Strongly/somewhat agree</i>	(N=310)	(N=513)		(N=1190)	(N=2467)	
It is NOT only smokers who get sick from exposure to cigarette smoke	84.8	83.0	0.85	91.5	92.6	1.13
Exposure to passive smoke leads to the same diseases smokers get	78.7	72.9	0.72	90.5	88.4	0.80
The dangers of passive smoking have been exaggerated	44.3	39.5	0.83	18.6	15.5	0.81*
Somewhat to very concerned about SHS	55.8	49.4	0.78	86.0	87.0	1.05
<i>Smoking households</i>	(N=310)	(N=513)		(N=165)	(N=316)	
I/the regular smoker always smokes outside or not at all at home	57.9	59.8	1.04	66.1	77.5	1.65*
When driving the regular smoker never smokes when others are in the car	64.2	52.0	0.58***	63.0	61.3	0.88
Making your car/home smokefree is important to protect your family	86.7	83.5	0.72	96.4	96.8	1.07

^a Includes non-smokers and less than weekly smokers.

Note. Due to rounding, percentages may not total to 100.

Covariates = education, age, sex & SEIFA, & have child under 18 years

*Significant difference p<=.05

*** Significant difference p<=.001

Campaign impact by age of child/children

Amongst respondents with at least one child under the age of 18 living in the household, there was a significant decrease in the proportion who agreed that the dangers of passive smoking have been exaggerated, from 23% to 19% (Table 3).

Amongst respondents who had no children under 18 years of age living in the household, there was a significant decrease in the proportion from smoking households who reported that the regular smoker/smokers never smoke in the car when others are around, from 62% to 52% (Table 3). In terms of beliefs about exposure to SHS, there was also a significant decrease in the proportion who agreed that exposure to passive smoke leads to the same diseases smokers get, from 88% to 84%.

Analyses of pre-campaign beliefs and behaviours regarding exposure to SHS revealed three significant baseline differences between those with and without children under 18 years living in the home. Those with children under 18 years living in the home were more likely: to agree that its not only smokers who get sick from exposure to cigarette smoke; to agree that making your home and car smokefree is an important way of protecting your family from passive smoke; and to report that the regular smoker/smokers always smoked outside the home.

Table 3:

Pre and post campaign beliefs and behaviours regarding passive smoking amongst respondents with and without children under 18 years living in the household

	At least one child < 18 years			No children living at home		
	Pre-campaign %	Post-campaign %	Odds ratio	Pre-campaign %	Post-campaign %	Odds ratio
<i>Strongly/Somewhat agree</i>	<i>(N=569)</i>	<i>(N=1141)</i>		<i>(N=929)</i>	<i>(N=1841)</i>	
It is NOT only smokers who get sick from exposure to cigarette smoke	92.3	92.5	0.98	88.8	90.0	1.08
Exposure to passive smoke leads to the same diseases smokers get	88.6	88.8	0.96	87.8	83.9	0.70**
The dangers of passive smoking have been exaggerated	23.4	18.8	0.77*	24.1	20.1	0.83
Somewhat to very concerned about SHS	80.7	80.3	0.92	79.2	80.7	0.99
<i>Smoking households</i>	<i>(N=174)</i>	<i>(N=349)</i>		<i>(N=300)</i>	<i>(N=479)</i>	
I/the regular smoker always smokes outside or not at all at home	72.6	78.8	1.32	54.0	57.6	1.13
When driving the regular smoker never smokes when others are in the car	66.7	60.5	0.76	62.2	52.0	0.61**
Making your car/home smokefree is important to protect your family	94.8	94.0	0.76	87.3	84.6	0.75

Note. Due to rounding, percentages may not total to 100.

Covariates = age, education, sex, smoking status, & SEIFA

*Significant difference $p < .05$

** Significant difference $p < .01$

Campaign impact by relative socio-economic disadvantage

For those in the most socio-economically disadvantaged areas (quintiles 1 & 2), there was a significant decrease in the proportion who agreed with the statement that the dangers of passive smoking have been exaggerated, from 27% to 22% post-campaign (Table 4).

For those in the least socio-economically disadvantaged areas (quintile 5) there was a significant decrease in those reporting that the regular smoker/smokers never smoke while others are in the car, from 72% to 60% (Table 4). There were no significant changes in beliefs or behaviours regarding exposure to SHS for respondents from quintiles 3 & 4.

Table 4:

Pre and post campaign beliefs and behaviours regarding passive smoking according to relative socio-economic disadvantage¹

	Quintiles 1 & 2			Quintiles 3 & 4			Quintile 5		
	Pre-campaign %	Post-campaign %	Odds ratio	Pre-campaign %	Post-campaign %	Odds ratio	Pre-campaign %	Post-campaign %	Odds ratio
<i>Strongly/somewhat agree</i>	(N=526)	(N=968)		(N=595)	(N=1206)		(N=370)	(N=804)	
It is NOT only smokers who get sick from exposure to cigarette smoke	89.5	88.8	0.90	90.6	91.4	0.99	90.3	93.0	1.40
Exposure to passive smoke leads to the same diseases smokers get	87.3	84.6	0.82	87.9	85.8	0.75	89.2	87.2	0.76
The dangers of passive smoking are exaggerated	26.8	21.8	0.75*	23.7	20.1	0.87	20.3	16.0	0.79
Somewhat to very concerned about SHS	79.8	79.8	1.01	79.0	79.8	0.91	81.1	82.7	0.97
<i>Smoking households</i>	(N=178)	(N=308)		(N=206)	(N=368)		(N=88)	(N=156)	
I/the regular smoker always smokes outside or not at all at home	52.2	61.8	1.47	66.0	67.8	1.00	67.0	72.9	1.41
When driving the regular smoker never smokes when others are in the car	59.6	51.6	0.71	64.1	56.6	0.72	71.6	60.0	0.47*
Making your car/home smoke-free is important to protect your family	92.1	87.3	0.58	89.3	89.1	0.82	87.5	89.7	0.96

¹Socio-economic disadvantage measured by ABS SEIFA Index of Relative Socio-economic Disadvantage (1= most disadvantaged and 5= least disadvantaged)

Note. Due to rounding, percentages may not total to 100.

Covariates = education, age, smoking status, sex, & have child under 18 years.

*Significant difference $p < .05$

Limitations

The use of different samples for the pre and post cross-sectional analysis introduces the possibility of sampling error, i.e. that the samples obtained represent two different populations, and the possibility there may be systematic differences in the beliefs and behaviours regarding SHS exposure within these populations. The same sampling and recruitment methodology was used to obtain both samples so this should minimise the likelihood of sampling error. However, preliminary analyses revealed significant differences between the samples in terms of respondents' smoking status and the highest level of education achieved. To reduce the impact that these differences might have on comparisons between the samples, characteristics including age, sex, smoking status, education, SEIFA level, and age of children were entered as covariates in each logistic regression analysis.

A further limitation of this evaluation is that campaign exposure was not confirmed in the post campaign sample, however for the purposes of this evaluation we have assumed that any change from pre to post campaign is a result of exposure to the campaign. It is likely there may have been other societal, media or environmental factors that may have influenced Victorians beliefs and behaviours regarding SHS exposure during this period. As this campaign was aired to align with the

implementation of the smoking bans in hospitality venues around Victoria, it is possible that this event had some influence on beliefs and behaviours regarding SHS exposure amongst Victorians.

Further to this, the pre-campaign sample was recruited immediately following the implementation of the smoking bans in hospitality venues, so the bans may have already prompted changes in beliefs and behaviours regarding exposure to SHS, thereby limiting the potential for the campaign to promote further change.

DISCUSSION

The primary aims of the 'Smokefree homes and cars' campaign were to raise awareness of the dangers of exposure to SHS amongst smokers and non-smokers, especially those households with children, and to encourage smoking households and the broader community to adopt smokefree policies in homes and cars. Overall, the 'Smokefree homes and cars' campaign appeared to have had some influence on Victorians' beliefs about SHS, but does not seem to have exerted a strong influence on their likelihood of creating smokefree homes and maintaining smokefree cars.

There was some evidence that the campaign was successful in raising awareness of the dangers of SHS amongst Victorians, with a decrease in the proportion of Victorian adults who believed that the dangers of passive smoking have been exaggerated, from 24% to 20%. This effect was strongest amongst those who were not regular smokers, those who had at least one child under 18 years living in the household, and those from the most socio-economically disadvantaged areas. However, there was also a significant decrease in the proportion of Victorians who agreed that exposure to passive smoking leads to the same diseases that smokers get, from 88% to 86%, and this decrease was also found amongst those who had no child under the age of 18 living in the household, from 88% to 84%. This would suggest that while the campaign may have been effective in demonstrating that exposure to SHS is dangerous, it might not have been as effective in communicating the message that SHS exposure can lead to the development of smoking related illnesses.

Overall, there was little evidence of an increase in protective behaviours regarding SHS exposure within Victorian homes. However, those who were not regular smokers but who lived with at least one regular smoker, were more likely to report that the regular smoker/smokers always smoked outside the home or not at all following the campaign, from 66% to 78%.

Conversely, it appears there was an overall drop in the proportion of respondents from smoking households reporting that the regular smoker never smoked in the car whilst others were present, from 64% to 56%, and this decrease was most evident amongst regular smokers, those who did not have a child under the age of 18 living in the household, and those from the least socio-economically disadvantaged areas. This finding suggests that the message about the significant risk of harm from exposure to SHS within cars may not have been sufficiently prominent within campaign. The only reference to smoking in cars was made at the end of the TVC, where the unvoiced end frame states "make your home and car smokefree". It may also be that following the implementation of smoking bans in hospitality venues across Victoria, cars represented an alternative setting in which it was still permissible to smoke, and therefore this setting may have been used opportunistically by smokers following the smoking bans.

The campaign appears to have had limited effectiveness in prompting behaviour changes amongst its primary target audience, i.e. families with where one or more members are regular smokers. However, analyses revealed significant pre-campaign differences between those with and without children living at home, suggesting that those living with children were already more convinced of the harms posed by SHS exposure, and were more likely to ensure their homes were smokefree. A secondary target audience for the campaign were non-smokers who are exposed to SHS on a regular basis, and amongst this group there was a decrease in those who believed that the dangers of passive smoking had been

exaggerated, and an increase in the likelihood of those within smoking households reporting that the regular smoker always smokes outside the home or not at all when home.

In reviewing these findings it is important to bear in mind the likely impact of the introduction of smoking bans in hospitality venues across Victoria on July 1, 2007. The pre-campaign sample was recruited in the two months following implementation of the bans, and it may be that this legislation had already encouraged increased awareness of the harms of exposure to SHS and an increased de-normalisation of smoking indoors, prior to campaign exposure. This would limit the potential of the campaign to have any subsequent impact on beliefs and behaviours regarding exposure to SHS. Given the high level of agreement with the statement 'it is not only smokers who get sick from exposure to cigarette smoke' prior to campaign exposure, it may be the case that beliefs about the ability of SHS exposure to make non-smokers sick are reaching saturation levels within the population, as has been noted in other states with strong and continuous tobacco control programs.⁸

In addition, reduced exposure to SHS in many public areas following the smoking bans in hospitality venues may have led smokers and non-smokers to feel increasingly protected against, and therefore less concerned about, exposure to SHS, and as a result there may be increased complacency about exposure to SHS in other settings. This might explain the decrease in the proportion of Victorians reporting that the regular smoker never smokes in the car. The impact of the smokefree laws, and trends over time in beliefs and behaviours regarding SHS exposure, will be explored in more depth in two upcoming CBRC Research Paper Series reports.

Overall, the 'Smokefree homes and cars' campaign was moderately effective in achieving its aims. There was a significant reduction in the proportion of Victorians reporting that the dangers of passive smoking have been exaggerated. Additionally, those who were not regular smokers but who were living in households with one or more regular smokers, were more likely to report that the regular smoker/smokers always smokes outside of the home following the campaign.

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