



Smokefree dining: community attitudes

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Abstract

Objectives

To describe how the Victorian community has adapted to regulations prohibiting smoking in restaurants and dining areas, and to investigate community approval of smoking bans in gaming venues and licensed venues such as pubs and clubs.

Design

Telephone surveys of 2000 randomly sampled Victorians conducted before and after the introduction of smokefree dining legislation (July 2001) in April 2001 and April 2002.

Results

Prior to the implementation of smokefree dining, the majority of Victorian adults (80%) approved of the legislation. Ten months after the introduction of the law, support for smokefree dining had significantly increased to 89%. However, more interesting was the significant increase in approval among smokers for smokefree dining restrictions after its implementation, with three-quarters agreeing with the new law. Support for banning smoking in gaming venues and hotels/clubs also significantly increased over the period of the surveys, with three-quarters of Victorian adults approving of bans in gaming venues and just over half (58%) approving of bans in pubs/clubs in 2002.

Following the introduction of the legislation, there was no change in type of restaurant usually chosen for dining out, nor was there any difference in dining-out patterns, with 88% reporting no difference to their dining patterns in 2002. There was no change in dining frequency (85% dined out at least once in the last month in 2001 compared to 84% in 2002) or money spent on dining out (the mean amount spent for dinner in 2001 was \$30.80 compared to \$32.19 in 2002).

Conclusion

The majority of Victorians approved of smokefree dining legislation prior to implementation. Following its implementation, nine out of every 10 Victorian adults approved of smokefree dining, and this included three-quarters of smokers. Victorian adults did not change their dining patterns, dining frequency, restaurant choice or expenditure on a meal following the implementation of smokefree dining.

Introduction

Legislation to restrict smoking in Victorian dining venues was passed by the Victorian Parliament in April 2000. Smoking restrictions in restaurants, cafés and dining areas in hotels and licenced clubs was introduced on July 1, 2001. The restrictions apply to enclosed spaces in restaurant and café dining areas, and include dining areas in licensed premises. Smokefree dining also applies to dining areas that have a general licence (particularly hotels) or club licences at times of the day when consumption of food is the predominant activity. Refer to www.tobaccoreforms.vic.gov.au/cafés for details of regulations.

While the majority of restaurant patrons and restaurateurs favour non-smoking venues, some restaurateurs and the tobacco industry have concerns about the economic impact that smokefree policies may have on the hospitality industry. However, a substantial review by Scollo et al. (in press) compared the quality and funding of 90 studies on the economic impact of smokefree policies in the hospitality industry. All studies that were well designed and funded independently of the tobacco industry found that legislation for smokefree restaurants and bars had no negative impact on revenue or jobs. Studies that concluded smokefree policies had a negative economic impact on the hospitality industry were all supported by the tobacco industry, were four times more likely to have used a subjective outcome measure, and were 20 times more likely not to have been peer reviewed. Thus, the best-designed studies find no economic harm is imposed by smokefree policies.

Many studies have demonstrated convincing public support for smokefree dining venues (Mullins, Trotter & Letcher 2000; Miller et al. 2002; Trotter & Mullins 2002 in Chapter 8 of this volume). Good compliance by restaurant patrons and restaurants has been observed with these policies (Chapman, Borland & Lal 2001; Miller et al. 2002; Hyland & Cummings 1999). Furthermore, research suggests that over time the majority of smokers adapt well to smokefree policies (Corsun, Young & Enz 1996).

This study aims to describe how the Victorian community has adapted to the regulations prohibiting smoking in restaurants and dining areas, and to assess further community support for smoking restrictions in gaming venues and pubs/clubs.

Method

In April 2001 and 2002 we commissioned a large market research company to survey a representative sample of 2000 Victorians about their attitudes towards smokefree dining. The questionnaire designed by the Centre for

Behavioural Research in Cancer was administered in an eight-minute interview conducted on weeknights and weekends during April 2001 and repeated in April 2002. Each sample of 2000 persons was randomly selected from the electronic telephone directory. People aged 18 years and over were interviewed and interview quotas were set at 1400 in Melbourne and 600 throughout the rest of Victoria.

Questionnaire content

The survey included questions about dining frequency and spending, choice of venue type, patronage, avoidance strategies and approval/disapproval of banning smoking in gaming venues and hotels and clubs, as well as predicted attendance at these venues. Respondents were asked about their level of agreement with smokefree dining legislation and their smoking status. Smokers were also questioned about smoking behaviour in buildings where restrictions were unclear.

Smoking status was aggregated into two categories: current smokers and non-smokers. Smokers were respondents who reported that they smoke daily, weekly or less than weekly. Less than weekly smokers were included in the category of smoker as they are likely to smoke in social venues and, as a consequence, might have an opinion more similar to regular smokers than non-smokers. This classification is the same as used in analyses of attitudes and behaviour in relation to environmental tobacco smoke (ETS) that is reported in Chapter 8 of this volume. People who had never smoked and were former smokers are defined as non-smokers. In order to examine demographic differences, age was divided into three categories: 18–29 years, 30–49 years and 50 years and over.

Statistical analysis

To test for the significance of relationships between variables, a number of statistical procedures have been used. In this report, details of statistical tests of significance are not usually included in the text. Where relationships between variables have been reported, the probability level of significance was less than 0.05, indicating a 1 in 20 probability that the effect was caused by chance. Where appropriate, the results of tests of associations are reported.

Results

Population demographics

Table 1 shows the characteristics of the samples for 2001 and 2002. Overall, the compositions of the samples were not significantly different between the two surveys. A comparison of the sample socio-demographic characteristics with the Australian Bureau of Statistics estimates of the Victorian population (ABS 2000) revealed that women and older people were over-represented. To adjust for this, the data were weighted by age and sex according to the population census data. The April 2001 data was weighted to the November 2000 ABS data and April 2002 weighted to the November 2001 ABS data.

Table 1 Sample demographics for 2001 and 2002 population surveys

Characteristics	2001 %	2002 %
Total	(n=2000)	(n=2001)
Sex		
Male	49	49
Female	51	51
Age	(n=1994)	(n=1991)
18–29	24	23
30–49	39	39
50+	37	38

Due to rounding not all columns sum to 100.

Public opinion

To gauge public opinion on smokefree dining legislation, respondents were informed that a new law was to be implemented which would ban smoking in dining areas on July 1, 2001. They were asked if they agreed with this law, disagreed or had no strong view. In 2002, the respondents were reminded about the smokefree dining law and again asked their opinion regarding the law (Table 2).

Prior to the introduction of smokefree dining, there was strong support for the law (80%) among respondents, and especially among non-smokers (88%). While non-smokers increased their support to 93% in 2002, most change occurred among smokers, from 53% in 2001 to 76% in 2002. The proportion of respondents who indicated that they disagreed with the law or had no strong view decreased between years.

Table 2 Views on smokefree dining legislation by smoking status

View	April 2001			April 2002		
	Total (n=1999)	Non-smoker (n=1557)	Smoker (n=442)	Total (n=2001)	Non-smoker (n=1532)	Smoker (n=469)
Agree	80	88	53	89*	93*	76*
Disagree	11	5	33	5	3	13
No strong view	8	7	12	5	4	9
Can't say	1	0	1	1	0	1

Due to rounding not all columns sum to 100.

* $P < 0.05$ for comparisons between surveys.

Banning of smoking in gambling venues and hotels

Respondents were asked if they approved or disapproved of the government banning smoking in gambling venues (Table 3). There was clear approval for banning of smoking in gambling venues in 2001 and this support increased after smokefree dining was introduced. Close to three-quarters of surveyed respondents approved of the introduction of smoking laws in gambling venues in 2002. Of particular note, support increased considerably among smokers during the year from just over one-third approving of bans in 2001 to one in two smokers approving in 2002.

Table 3 Views on banning smoking in gambling venues

View	April 2001			April 2002		
	Total (n=2001)	Non-smoker (n=1559)	Smoker (n=442)	Total (n=2002)	Non-smoker (n=1532)	Smoker (n=470)
Approve ⁺	67	75	37	73*	80*	52*
Neither/nor	14	13	15	11	11	13
Disapprove ⁺	17	9	45	13	7	33*
Can't say	3	3	3	2	2	2

Due to rounding not all columns sum to 100.

⁺Strongly & somewhat

* $P < 0.05$ for comparisons between surveys.

Respondents were also asked about their approval/disapproval of smokefree policies in bars in hotels and licensed bars (Table 4). Just over half of those surveyed supported smokefree policies in hotels and clubs before the

introduction of smokefree dining legislation. A significant increase to 58% support occurred after the introduction of smokefree dining. While it was not unexpected to find less support for smokefree hotels among smokers, it was notable that approval for smokefree hotels increased significantly among smokers between 2001 and 2002.

Table 4 Views on banning smoking in hotels/clubs

View	April 2001 %			April 2002 %		
	Total (n=2001)	Non-smoker (n=1558)	Smoker (n=443)	Total (n=2002)	Non-smoker (n=1533)	Smoker (n=469)
Approve ⁺	51	61	17	58*	68*	25
Neither/nor	10	11	6	10	11	6
Disapprove ⁺	37	26	75	31*	20	66*
Can't say	2	3	2	2	2	3

Due to rounding not all columns sum to 100.

⁺Strongly & somewhat

*P<0.05 for comparisons between surveys.

Thus, overall, among the Victorian population, support for smokefree venues increased substantially after the introduction of smokefree dining, with the majority of improvement accounted for by increased approval among smokers.

Dining-out choices

Participants were asked about the type of restaurant at which they usually dine (Table 5).

Table 5 Type of restaurant usually chosen for dining out

Restaurant type	April 2001 %			April 2002 %		
	Total (n=2000)	Non-smoker (n=1557)	Smoker (n=443)	Total (n=1999)	Non-smoker (n=1530)	Smoker (n=469)
Take-away	4	4	5	2	2	3
Family style	12	13	10	10	10	9
Casual restaurant	46	47	42	49	48	50
Traditional restaurant	14	15	12	13	14	13
Pub/club dining	20	19	25	21	20	21
I don't dine out	3	3	4	5	5	5

Due to rounding not all columns sum to 100.

Options included take-away outlet, family-style restaurant, casual restaurant, traditional restaurant, pub/club dining room, or that they did not dine out. Less than 5% of respondents selected the latter option. The most common dining venue was casual restaurants, chosen by almost one in two respondents. Less than 1% reported that they did not know the type of restaurant at which they dined out.

It might be expected that if people were not pleased with smokefree laws they may avoid dining places that were totally smokefree, start eating more take-away, or dine in venues that allowed smoking in particular parts of the venue or at certain times, for example, in a hotel or club. While there were some minor changes in dining patterns between the surveys, there were no significant changes in dining patterns for the total population, non-smokers or smokers after the introduction of smoking laws.

Table 6 Proposed and actual practices following introduction of smokefree legislation

Proposed/actual practice	April 2001			April 2002		
	Total (n=1999)	% Non-smoker (n=1557)	Smoker (n=442)	Total (n=1888)	% Non-smoker (n=1444)	Smoker (n=444)
Dine/d out more often	12	15	2	7	9	1
Dine/d out less often	6	2	20	4	2	12
No difference	82	83	77	88*	88*	86*

Due to rounding not all columns sum to 100.

* $P < 0.05$ for comparisons between surveys.

In establishing how participants respond to smokefree policies, in 2001 they were asked about their proposed dining practices after the introduction of the legislation. In April 2002 they were then asked about their actual dining practices after the smokefree laws had been introduced (Table 6). Before the law was introduced, 82% of respondents said it would make no difference, and after implementation, 88% reported it had made no difference to their dining out, a significant increase. Among smokers the percentage reporting that the smokefree laws made no difference to their dining also increased significantly. In April 2001, 20% of smokers anticipated that they would dine out less often when smokefree laws were introduced, but after implementation, significantly fewer reported this practice (12%). We also noted a small proportion of respondents and in particular non-smokers (15%) reporting in

2001 that they would dine out more often after the laws were introduced; in 2002 the percentage who dined out more often was 7%. Fewer than 1% of respondents reported that they did not know if the smokefree dining law would make them dine out more often, less often, or make no difference.

Respondents were asked how many times they dined out in a restaurant or café and in a hotel or club venue in the previous month (Table 7). Respondents who reported not dining out in either a restaurant or hotel/club were excluded from the analysis. One in two people reported dining in a hotel/club dining room in the last month and over 80% of the population reported dining in a restaurant over the last month. There was no difference in dining-out habits by smoking status, nor did we see any difference in dining-out habits after the introduction of smokefree dining.

Table 7 Dining out in last month

Over the last month, how many times did you dine out in a restaurant and hotel/club?	April 2001			April 2002		
	Total (n=2000)	Non-smoker (n=1558)	Smoker (n=442)	Total (n=2001)	Non-smoker (n=1532)	Smoker (n=469)
Restaurant dining	(n=1690)	(n=1314)	(n=376)	(n=1663)	(n=1271)	(n=392)
At least once in last month	85	84	85	83	83	84
Mean*	5.8	5.6	6.2	6.0	5.8	6.4
Hotel/club dining	(n=1036)	(n=791)	(n=245)	(n=1049)	(n=802)	(n=247)
At least once in last month	52	51	55	52	52	53
Mean*	2.8	2.7	3.1	3.0	2.9	3.3

*Dined out at least once or more in the last month.

Spending on dining

To assess spending patterns before and after the change in smokefree dining, we asked respondents how much they spent on their own meal and drinks (not including money spent on other people, or those who did not pay for their own meal) for a typical restaurant outing for dinner in the previous month. As presented in Table 8, the amounts spent on dining by non-smokers significantly increased between surveys. There was no change in spending by smokers. Overall, a significant increase in spending was reported after the implementation of smokefree dining.

Table 8 Amount spent on a typical meal and drinks in last month

Amount spent	April 2001			April 2002		
	Total (n=1723)	Non-smoker (n=1334)	Smoker (n=389)	Total (n=1794)	Non-smoker (n=1367)	Smoker (n=427)
Mean ⁺	\$30.8	\$29.8	\$34.3	\$32.2*	\$32.0*	\$32.9

⁺Respondents were excluded if they did not pay for their own meal.

*P<0.05 for comparisons between surveys.

Dining and smoking choices

Respondents were asked if in the preceding six months they had ever decided not to go somewhere because they thought it would be too smoky. Prior to the introduction of smokefree dining laws, 33% of the population reported having avoided going somewhere because they thought it would be too smoky (Table 9). However, after the introduction of smokefree dining, significantly fewer people (28%) were avoiding venues because they thought they would be too smoky.

Table 9 Avoidance of dining out because of smoke

Have you decided not to go somewhere because you thought it would be too smoky?	April 2001			April 2002		
	Total (n=2000)	Non-smoker (n=1591)	Smoker (n=409)	Total (n=2001)	Non-smoker (n=1533)	Smoker (n=468)
Yes	33	39	8	28	34	9
No	67	60	92	71*	66	91

*P<0.05 for comparisons between surveys.

Respondents were asked if they avoided venues where smoking was prohibited (Table 10). One in five smokers reported avoiding non-smoking venues in 2001. However, after dining areas and venues became smokefree (creating more venues with smoking restrictions), there was no change in the percentage of smokers reporting avoidance of non-smoking venues. Avoidance of non-smoking venues because smoking was prohibited was rare among non-smokers before (1%) and after (2%) the smokefree legislation was introduced. No significant change was detected even among smokers after smokefree dining was introduced.

Table 10 Avoidance of dining out because smoking was prohibited

Have you avoided going somewhere because smoking was prohibited?	April 2001			April 2002		
	Total (n=2000)	Non-smoker (n=1558)	Smoker (n=442)	Total (n=2001)	Non-smoker (n=1532)	Smoker (n=469)
Yes	5	1	20	6	2	18
No	95	99	80	94	98	82

Due to rounding not all columns sum to 100.

Change in reported exposure to ETS when dining out

When respondents were asked about their exposure to tobacco smoke when dining out, in April 2001 they were asked about general dining (Table 11). In the April 2002 survey, we asked people about specific dining, and restaurant dining was separated from hotel/club dining (Table 12). This divided the dining options into venues where smoking would almost definitely be prohibited from July 1, 2001 (restaurants), and venues where it was likely smoking could be permitted at certain times or in particular parts of the venue, even following the introduction of smokefree dining (hotels/clubs). The April 2002 question included people who did not dine in a hotel/club or restaurant, whereas the 2001 question was only asked of those who had.

Table 11 Exposure to tobacco smoke when dining out

When you dine out, how often are you exposed to other people's tobacco smoke?	April 2001		
	Total (n=1939)	Non-smoker (n=1516)	Smoker (n=423)
Always	14	13	19
Often	20	20	19
Occasionally	50	51	45
Never	15	15	15
Don't know	1	1	3

Due to rounding not all columns sum to 100.

In 2001 there was no significant difference between smokers' and non-smokers' exposure to tobacco smoke while dining. Approximately one-third (34%) of respondents reported being exposed to tobacco smoke often or always when they were dining and half reported being exposed occasionally. In 2002, after smoking restrictions had been introduced, the proportion of

restaurant and hotel/club diners being exposed to tobacco smoke often or always had decreased to 7% and 19% respectively. Occasional exposure to tobacco smoke also reduced to less than one-third. Interestingly, significantly more non-smokers reported being exposed to tobacco smoke occasionally in restaurants than smokers. On the other hand, significantly more smokers reported never being exposed to tobacco smoke in either restaurants or hotels/ clubs.

Table 12 Exposure to tobacco smoke when eating in a restaurant/ hotel or club

When you eat a meal in a restaurant/hotel or club, about how often are you exposed to other people's tobacco smoke?	April 2002					
	Restaurant			Hotel or club		
	Total (n=1889)	Non-smoker (n=1444)	Smoker (n=445)	Total (n=1888)	Non-smoker (n=1444)	Smoker (n=444)
Always	2	2	1	7	7	6
Often	5	5	5	12	12	10
Occasionally	30	34	19*	25	26	22
Never	60	57	69*	37	35	44*
I don't dine in restaurants/ hotels or clubs	2	2	3	18	19	16
Don't know	2	1	3	1	1	2

Due to rounding not all columns sum to 100.

**P<0.05 for comparisons between smoker and non-smoker groups.*

Compliance and choice

To assess compliance with smokefree legislation, we asked respondents if they had ever smoked in a restaurant dining area that was designated as 'no smoking'. If respondents indicated they had, they were then asked whether this violation was prior to, or after, July 1, 2001 (introduction of smokefree dining). Only 6% of smokers reported having smoked in a restaurant dining area that was designated as non-smoking prior to the introduction of smokefree laws. This value was unchanged in 2002, with 6% of smokers reporting smoking in no-smoking dining areas. Of the smokers who reported smoking in prohibited dining areas in the 2002 survey, approximately 50% (n=14) did so after the introduction of smokefree dining laws.

In 2002, smokers were asked what they would do if they were inside a building where they were unsure whether smoking was permitted. Responses included:

light a cigarette, light up if you see others smoking, ask others if they mind if you smoke, not smoke, or can't say. Results indicate there were few people who smoke when they are unsure if it is permitted. Only 2% of smokers indicated lighting up. This was a positive indication of smokers' behaviour with regard to compliance with and acceptance of smokefree legislation.

Discussion

Overall, the majority (80%) of Victorians approved of smokefree dining legislation prior to its implementation. Non-smokers demonstrated an extremely high acceptance of smokefree dining legislation, while just over half of smokers said they agreed with the law prior to its implementation. These findings were similar to the views shared by South Australians prior to smokefree dining restrictions in 1999 (Wakefield, Roberts & Miller 1999). Moreover, the high level of approval by non-smokers became even stronger after the implementation of the smokefree dining policy. Of great importance was the high level of adaptation and acceptance of smokefree dining by smokers: we observed approval of this law among smokers increasing from 53% in 2001 to 76% by April 2002. Our findings concur with those of other studies (see, for example, Miller et al. 2002; Trotter & Mullins 2002 in Chapter 8 of this volume), in that smokers would either prefer to dine in smokefree environments or accept that others should be able to dine in smokefree public places. As found in Miller et al. (2002), disagreement decreased and agreement increased most strongly among smokers, and the legislation gained greater support once implemented.

There was majority support for the government banning smoking in gaming venues and hotels/clubs. While non-smokers accounted for most of the support, support for smoking restrictions by smokers also increased significantly over time. In 2001, more than one-third of smokers supported bans on smoking in gambling venues and 17% in hotels/clubs. After the introduction of smokefree dining, the support among smokers for smokefree gambling venues (52%) and hotels/clubs (25%) increased. It is likely that the actual experience of smokefree dining has increased smokers' acceptance of smokefree policies and this may have generalised to other social venues. This pattern of findings is similar to studies of smokers' acceptance of smokefree workplaces, where approval of smoking bans increased after implementation (Hocking et al. 1991; Wakefield, Roberts & Owen 1996).

Smokefree laws had no impact on dining-out patterns and choices for either smokers or non-smokers. These findings are consistent with those of Hyland and Cummings (1999) in their random telephone survey of almost 1000

restaurant-goers in New York City to assess consumer response to the smokefree laws. We observed little change in dining venue selection between the two surveys and conclude that the implementation of smokefree dining had little or no impact on diners' (including smokers') choice of restaurant. If diners, and in particular smokers, were not accepting of the smokefree legislation, they would be likely to stay away from restaurants with a total ban on smoking, and frequent venues that allowed smoking in other parts of the venue or at various times, such as pubs/clubs. Another option was that smokers might start eating more take-away or stop dining out altogether. However, our survey found no change in non-smoker or smoker dining patterns after the smokefree dining legislation was implemented.

Dining-out frequency provides an additional measure of the impact of the smokefree dining policy. There was a significant increase in both smoker and non-smoker reporting of dining no differently after smokefree dining implementation. In the 2002 survey, close to 90% of respondents (88% non-smokers, 86% smokers) reported that the banning of smoking in restaurants had made no difference to their dining-out frequency. Similar results were found in South Australia, in a study that assessed the perceptions of the community prior to the banning of smoking in South Australian restaurants: 81% of non-smokers and 82% of smokers reported no difference in dining out (Wakefield, Roberts & Miller 1999).

A significant increase in dining spending by non-smokers was observed after the introduction of smokefree dining. However, no change in spending was observed by smokers. While this paper is not an economic analysis of smokefree dining, these results are suggestive of no loss of revenue following the implementation of smokefree legislation. Prior to the introduction of smokefree dining in Victoria, one-fifth of smokers reported avoiding venues that prohibited smoking. With the increase in number of smokefree venues after July 1, 2001, one might expect more smokers to report avoidance of smoking-prohibited venues, but we found no change. This demonstrates smokers' adaptation to the smokefree dining policy.

These results suggest that there was no adverse economic impact on restaurants following smoking restrictions in restaurants within Victoria. These findings concur with Australian and international studies that conclude there is no negative impact of smokefree policies in the hospitality industry: see, for example, Scollo et al. (in press); Wakefield et al. (2002); Glantz & Smith (1994).

The majority of smokers complied with the new laws regarding smokefree dining, as found by Miller et al. (2002) and Chapman, Borland and Lal (2001). While one US-based study (Corsun, Young & Enz 1996) found higher levels

of ‘violators’ (smokers violating smokefree policies) (41% of smokers admitted violations and 55% of non-smokers had witnessed violations), this was not observed in the current study. Our study adds to the body of evidence indicating that, as smokefree dining becomes accepted and further venues prohibit smoking, more smokers are willing to adapt their behaviour to fit in with societal norms.

The majority of Victorians (80%) approved of smokefree dining legislation prior to its implementation. Following its implementation on July 1, 2001, nine out of every 10 Victorian adults approved of smokefree dining, including three-quarters of smokers. Victorian adults did not change their dining patterns, dining frequency, restaurant choice or expenditure on a meal following the implementation of laws banning smoking in dining areas. Compliance with smokefree dining was reported by the community to be very high: this suggests that the implementation of smokefree dining in Victoria has been highly successful and well accepted by the community and restaurant patrons.

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