



Victorian Healthcare Association

Victorian Tobacco Control Strategy 2008-2013 Consultation Submission

Front cover sheet

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Confidential Yes No

Please indicate if you are:

- A person under the age of 18
- A representative group/organisation of businesses that sell tobacco
- An owner or manager of a business that sells tobacco products
- An employee of a business that sells tobacco products
- A professional association or non-government organisation
- Involved in the tobacco industry other than by retailing
- A health group or organisation
- A health or medical professional
- A teacher, educator or youth worker
- A union
- Involved in the advertising industry
- An interested member of the public (please indicate your smoking status below)

Current smoker	<input type="checkbox"/>	Ex-smoker	<input type="checkbox"/>	Never smoked	<input type="checkbox"/>
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- Other (please specify)

Additional comments included? Yes (please attach) No

Victorian Tobacco Control Strategy Submission
c/- Tobacco Policy and Programs Section
Department of Human Services
GPO Box 4057
Melbourne Victoria 3001

“Tobacco use is the leading preventable cause of death in the world”

The Victorian Healthcare Association Submission on: Victorian Tobacco Control Strategy 2008-2013

The Victorian Healthcare Association welcomes the opportunity to respond to the “Victorian Tobacco Control Strategy 2008-2013” (*the strategy*).

The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. Our members are public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes the interests of its members.

In preparing this submission, the VHA has consulted its members and distilled a shared position aimed at improving the health of Victorians. This submission remains the position of the VHA and does not supersede any submission or position stated by any member agency.

Summary

Tobacco smoking remains the single most preventable cause of ill health and death in Australia, accounting for 7.8% of the burden on the health of Australians¹. The VHA believes reducing the uptake of smoking in children and adolescents is crucial to preventing tobacco-related illnesses in the long-term. *Australia's Health 2008* reports that 1 in 18 people aged 12-19 years smoked daily. Whilst legislation prohibits supply to those under the age of 18 years, supply control strategies are required to reduce the accessibility and visibility of tobacco. Demand reduction strategies to target the factors that influence smoking uptake and hinder quitting are also integral to reducing smoking.

One study estimates that with a 5% reduction in smoking prevalence over 40 years, Pharmaceutical Benefits Scheme (PBS) costs would decrease by 17%, alongside a \$4.5 billion reduction in costs for smoking-related cardiovascular disease. Reduced lifetime healthcare spending would ease the strain on an overburdened health service system².

Recent experience (in several jurisdictions and organisations) suggests that policies to directly erode tobacco industry power may contribute to the effectiveness of comprehensive tobacco control programmes³. The VHA call on political commitment to policies that erode industry power and optimise health outcomes for all Victorians.

Such examples include truth campaigning^{4,5} and the continued reductions in tobacco brand visibility. The VHA believes these strategies should be grown in reach and scope.

Responses to Submission Questions

Please find below the VHA's response to the questions outlined in the feedback form included with the issues paper.

Part A: Reforming tobacco point-of-sale displays in retail outlets

1. Which of the following options do you support, and why?

a) a complete ban on tobacco point-of-sale displays

Point-of-sale displays normalise the purchase of tobacco and in-turn smoking behaviours⁶. Preventing children from starting to smoke should continue to be a major public health issue in Victoria. Banning tobacco point-of-sale displays will also assist 'quitting'. Recent research by Wakefield demonstrates that 40% of smokers who tried to quit experienced an urge to purchase cigarettes as a result of seeing tobacco product displays⁷.

Point-of-sale retail displays *promote smoking initiation, impede cessation attempts and promote relapse among quitters*. Therefore, the VHA supports a complete ban on tobacco point-of-sale displays resulting in tobacco products being stored in a way that stops consumers from seeing them before they are purchased.

Examples of **acceptable** alternatives found worldwide include:

- o Overhead containers that ensure tobacco products are visible only to staff
- o Below-the-counter drawers or cabinets that ensure tobacco products are visible only to staff
- o Slim drawers that open in sections and expose the spine only of cigarette packages

b) restricting tobacco point-of-sale display to 1 square metre

As noted above, the VHA supports a complete ban on tobacco point-of-sale displays.

2. How much time would Victorian businesses require to adapt to these changes?

The VHA recommend a time period of between 3-6 months to implement appropriate changes but emphasise that the end result, of a reformed tobacco point-of-sale displays is paramount.

3. How should 'specialist tobacconist' be defined?

'Specialist tobacconists' should be defined by a measure of gross operating revenue. At least 60% of gross operating revenue should be associated with sale of tobacco or tobacco products. This is the definition that has been used in many other jurisdictions. In addition, these retailers should not be able to sell products designed for children, confectionary, or products of convenience such as milk, newspapers or transport tickets.

4. How could retailers advise customers of tobacco products that are not on display?

The VHA believe signs referring to the sale of tobacco must only detail tobacco products sold and the product price with black text against a white background. There should be no visual identification of a brand of tobacco or tobacco-related product.

In addition, the VHA argues that the text of a sign must not be visible from outside the retail establishment and recommend a maximum of two signs per retailer, as discussed in the literature.



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5. Any further comments.

VicHealth notes that tobacco - an addictive product that contains 43 known carcinogens must be made more difficult to acquire⁸. Therefore, the VHA applauds the State Government's acknowledgement of the importance retailer's play in setting cultural norms and providing accessible and visible tobacco. Reducing this visibility will help to make the healthy choice the easy choice, prevent uptake of smoking and assist individuals to 'stay quit'.

The VHA supports evidence-based methods to denormalise tobacco products and contribute to healthier populations, reduced rates of smoking uptake and reductions in smoking-related deaths and hospital admissions. The VHA encourages investigation into tobacco outlet density - the proliferation of outlets that sell tobacco currently exacerbates 'freely accessible' nature of tobacco retailing. Smokers are confronted with tobacco when buying petrol, milk, and bottled water. The VHA also recommends banning convenience stores from selling tobacco to limit accessibility.

Part B: Review of penalties prescribed in the Tobacco Act and tougher legislative enforcement of the Tobacco Act

1. What aspects of legislative compliance should be prioritised while reviewing enforcement of the Tobacco Act?

As noted within this VHA submission, the VHA supports any legislative measures that: reduce smoking uptake, particularly in children and adolescents; enable smokers to quit; and measures that counter marketing to those who have not initiated smoking behaviours.

The VHA also endorses further legislative requirements placed on tobacco packaging, such as plain packaging and a table detailing the approximate amount of toxic substances found in that particular brand of cigarette (as seen in Canada).

The VHA particularly highlights the need for smoking legislation covering Victoria's health services to be backed by action and enforcement. Whilst the number of health services enacting smoke free policies has grown, there is need for enhanced compliance. The health system is ideally placed to role model healthy eating and lifestyle options.

2. Should the infringement and maximum penalties in the Tobacco Act be increased and to what extent?

3. Which penalties should be increased and why?

4. How can minors be further prevented from purchasing tobacco products?

The uptake of smoking by young people is of particular concern as the earlier the initiation of smoking, the earlier the risk of smoking-related disease and addictive behaviour setting. This will impact on the future needs of the health system. The other area the VHA recognise as important is in relation to banning cigarette vending machines and associated advertising in areas frequented by teenagers and young people. In addition, tobacco products should not be sold in cafes or kiosks located at, or in connection to leisure facilities.

5. Any further comments.

The tobacco industry cannot be underestimated. These companies are vehement opponents to any tobacco-control initiatives due to the impact that control can have on profits⁹. Whilst not directly related to Victoria, more than 40% of the world's population lives in countries that do not prevent use of misleading and deceptive terms such as "light" and "low-tar", even though conclusive scientific evidence – which has been known to the tobacco industry for several decades – shows that such products do not reduce health risks¹⁰.



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The Victorian government needs to maintain strong public and political support for smoke-free places, and ensure comprehensive legislation that includes clear penalties for violations as well as effective enforcement policies.

Part C: Supporting families

C.1 Smoking in cars carrying children

1. Should the ban on smoking in cars apply to children 16 years or younger or to children and young people under the age of 18 years?

Children are especially vulnerable to Environmental Tobacco Smoke (ETS) smoke.

When adults smoke in the enclosed, confined interiors of cars small children who are passengers are involuntarily exposed to prolonged, concentrated volumes of ETS¹¹. A growing body of scientific evidence has concluded that ETS significantly harms the health of non-smokers¹² and that smoking in cars, even with the window down, produces at least as much harmful ETS smoke as the smokiest bar^{13,14}.

A poll by Action on Smoking (ASH) Australia and healthcare company Pfizer Australia found that 73 percent of smokers support banning smoking in cars carrying children, with 90 percent of Australians overall in favour of smoke-free cars. The VHA supports the Cancer Council's proposal that calls for bans on smoking in cars with children¹⁵, coupled by appropriate levels of enforcement.

As stated in the *NSW Protecting Children from Tobacco*¹⁶ document, banning smoking in cars where children are present would:

- o Reduce exposure to ETS in a common, confined setting
- o Send a powerful message to parents about the detrimental health effects of children being exposed to environmental tobacco smoke
- o Protect children from involuntary exposure to environmental tobacco smoke
- o Further contribute to making smoking not a social norm

Physically and biologically, the human body is still developing between the ages of 16-18. Therefore, the VHA encourages the Victorian Government to enforce the smoking ban in cars including all children and young people under the age of 18, to align with New South Wales and Tasmania policy.

2. Any further comments.

Victorians now expect smoke-free environments as a result of legislation and cultural change that has modified social norms. The VHA support this trend into the future to create healthy settings for people to live, work and play.

Smoke-free zones should be considered for other public places, such as universities, shopping mall entrances and parks.

C.2 Smoking cessation in pregnancy

1. How can the Victorian Government best deliver smoking cessation information and support to pregnant women?

The VHA supports the aim to ensure smoke-free pregnancies and smoke-free family environments to reduce adverse health outcomes. Similarly, evidence states that women are more likely to quit smoking during pregnancy than at any other time in their life¹⁷.



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The VHA stresses the need to reduce the prevalence of and adverse health outcomes associated with smoking in pregnancy; to assist in relapse prevention in the postnatal period; and to protect infants and families from the harmful effects of exposure to ETS. Particularly, Wakefield identifies that the risk factors for taking up smoking during periods of abstinence in pregnancy include cravings, their partner smoking and fears about weight gain and stress^{18, 19}. These concepts require consideration in health promotion strategies.

Evidence reviewed in *Health Promotion International* suggests that a 'more focused, integrated approach and a more comprehensive assessment of major determinants of smoking and cessation during pregnancy will be required as part of any future intervention effort'²⁰. A separate study shows that the social environment is shown to be significantly associated with smoking behaviour and quitting smoking during pregnancy²¹.

2. How should smoking cessation information and support be tailored to the needs of pregnant Aboriginal Victorians and other groups with high rates of smoking during pregnancy?

A review conducted by the *Menzies School of Health Research and the Cooperative Research Centre for Aboriginal and Tropical Health* made an emphatic conclusion that there is a lack of research and evaluation of tobacco interventions in Indigenous Australian contexts²².

Among some Indigenous people, tobacco has been linked with traditional cultural practices. Sharing tobacco plays a large part in social practices and reinforces family relationships and friendships. In addition, some studies of Indigenous people have shown very low levels of awareness of the health problems caused by smoking.

According to the *Success Stories in Indigenous Health* document produced by Australians for Native Title & Reconciliation (ANTaR), long waiting times and a historically unwelcoming health service environment keep many Indigenous women from using mainstream health services during their pregnancies²³. This document highlights the Northern Territories '*Strong Women, Strong Babies*' program which helps women prepare for pregnancy and encourages them to visit clinics for antenatal care early in their pregnancy. This has had a profound effect on improving birth weights as well as the health of mothers and babies and has captured the imagination and participation of the Aboriginal and Torres Strait Islander community. The VHA recommends the consideration of this and similar strategies.

Therefore, the VHA advocates for culturally appropriate, community-led projects that enable Indigenous participation and contribute to increased control over health outcomes.

3. Any further comments.

'One size does not fit all' – and there is no single account or explanation for the relative health disadvantages of Indigenous peoples. To achieve sustainable improvements in health outcomes and behaviours, a model is required that focuses on structural inequities, not just on altering individual behaviour.

*Beyond Band-aids*²⁴ includes the papers of a Social Determinants of Aboriginal Health Workshop, and outlines a range of Indigenous-specific determinants of health which include:

'history of health, racism and marginalisation, poverty, social class, education, training, control over our own health, powerlessness, employment, place, income, incarceration and the justice system, housing and infrastructure, family separation, land and reconciliation.

Influencing these determinants depends on combined economic, social, environmental, cultural and political efforts, which cannot be addressed in isolation.

C.3 Young people

C.3.1 Banning sales of cigarettes from temporary outlets

1. How should 'temporary outlet' be defined?

The VHA emphasises that agencies should be classed as temporary outlets unless they are open for at least standard business hours of 9am-5pm, Monday to Friday. The Tobacco Act should contain a level of difference for entities such as licensed premises. However, the VHA would be comfortable with banning these agencies from selling tobacco. The VHA would also welcome consideration of the licensing of tobacco retailers as discussed by the NSW Government.

2. Any further comments.

C.3.2 Provide the Minister for Health with the power to ban particular tobacco products and packaging

3. What criteria should be met before the Minister for Health can ban a tobacco product or packaging?

Since the introduction of the QUIT campaign, there have been reductions in smoking rates across Australia. However, this is not just a result of the advertising and social marketing – it is the smoke-free environment laws that back up these campaigns. Therefore, the VHA agrees with the concept of enabling the Minister for Health to ban particular tobacco products and packaging.

The VHA believes the Minister for Health's capacity to ban particular tobacco products and packaging should be based on criteria such as; the intention to unduly target non smokers, the intention to unduly target children, the intention to unduly target adolescents, and the intention to target those who have not initiated smoking behaviours.

The VHA highlights the following as possible grounds for bans:

1. That the product or packaging targets those vulnerable to initiating smoking behaviours
2. That the product or packaging is linked to environments frequented by children or those who were once addicted to tobacco smoking
3. That the product or packaging is designed or advertised for oral and nasal uses other than smoking such as chewing tobacco and snuff (sniffing tobacco)
4. That the product or packaging may be deemed as a toy tobacco product, therefore could influence children to initiate smoking behaviours
5. That the product or packaging may market or promote tobacco or herbal smoking products to those under the age of 18
6. Whereby a retailer or individual sells cigarettes in quantities less than the standard package size (20 or fewer) or potentially sold in cheaper in bulk packaging

4. Any further comments.

The *WHO report on the Global Tobacco Epidemic* states that although the tobacco industry claims it creates jobs and generates revenue that enhances local and national economies, the industry's overriding contribution to any country is suffering, disease, death – and economic losses. Tobacco use currently costs the world hundreds of billions of dollars each year^{25,26}. Enabling the Minister for Health to ban particular tobacco products or packaging has the capacity to diminish the power of the tobacco industry.



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C.3.3 Smoking on school grounds

5. How can the Victorian Government better promote smoke-free schools?

Smokefree Victoria²⁷ notes the following:

- o Students who witness other students or teachers smoking are put at risk of a lifetime of health problems – seeing others smoke makes kids much more likely to take up smoking
- o Rates of smoking among young people are very high. The school is a central part of students' lives, and one of the key sources of health messages that will last a lifetime
- o Smoking near students (and other people nearby) means they could inhale ETS

The VHA supports the Victorian government in ensuring smoke-free schools. Comprehensive smoking bans across *all* school grounds will help stop more young people from taking up smoking by ensuring smoking teachers are not visible to children. Simply, non-smoking teachers are good role models for students and health. It is not acceptable for teachers to promote healthy lifestyles within the classroom, only to be seen smoking on school grounds during lunch breaks. Schools play a vital role in shaping childhood and adolescent behaviours through rolemodelling, social norm setting and laying the foundation for health messages. Therefore, the VHA strongly supports a full ban on smoking within all school grounds to facilitate a schools' duty of care to student health and wellbeing.

A smoking ban should be accompanied by effective health education and information programmes in schools to promote a social environment that discourages the use of tobacco with primary prevention initiatives established in both primary and secondary schools. These concepts are incorporated in the *Health Promoting Schools Framework* which identifies three areas of endeavour that influence the health of students and their broader school communities:

1. Classroom curriculum, teaching and learning
2. School organisation, ethos (including culture) and environment
3. Community links and partnerships

The VHA endorses the Victorian Department of Education and Early Childhood Development Student Wellbeing Policy for a whole school approach to creating safe and supportive school communities.

6. Any further comments.

The VHA applauds the Victorian Government for identifying this important social environment and the changes proposed. We encourage moves to legislate for more public places to be smokefree in the future, especially those frequented by children.

Schools should seek to achieve a completely smoke-free school environment through the development of appropriate school policies, supported by government policy. Schools should also enforce the policy and consistently administer penalties for violations

C.4 Helping smokers to quit

1. What type of cessation initiatives are most likely to be effective in helping Aboriginal Victorians to quit and stay quit?

As stated in section C.2.2, cultural factors are extremely influential to rates of Indigenous smoking.

The VHA endorses federal and state policy emphasising the role of Aboriginal health workers within both mainstream and Indigenous specific organisations. Research states that these professionals are highly respected within Indigenous communities, in which individuals are likely to accept advice from experts. The *Close the Gap* campaign recommended extra 250 doctors, 450 Aboriginal health



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workers, nurses & other allied health workers nationwide to deliver culturally appropriate primary health care.

The VHA recommends further investment in the Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership to early detection and early intervention in which multidisciplinary teams work collaboratively with Indigenous people in developing solutions to smoking cessation.

Recent research published in the *Australian and New Zealand Journal of Public Health*²⁸ identified that different groups within the Indigenous population have quite different smoking behaviours and the most socially disadvantaged are more likely to be smokers. This research found a need to target programmes to disadvantaged groups and tobacco control programs which work with the whole community to ameliorate social disadvantage among Indigenous peoples. The VHA recommends the translation of this research into future practice.

2. What type of cessation initiatives are most likely to be effective in helping socio-economically disadvantaged smokers to quit and stay quit?

Smoking cessation strategies incorporating health promotion and lifestyle change are critical in reducing the burden of chronic disease. However, large sections of the community are not altering their lifestyle, as demonstrated by the increasing prevalence of obesity. This is due to a lack of capacity, control and support. Increasing health literacy on major health issues to support health-promoting behaviours is one strategy that requires evidence-based investment. In addition, it is the role of all governments to provide systems and structures that support healthy behaviours. An example is the recent success with smokefree licensed venues which may reduce 'social smoking' and denormalise tobacco smoking.

Smoking considerably contributes to the gap in life expectancy between those most in need and those most advantaged. The tobacco industry is increasingly targeting marketing and promotion to vulnerable groups in these countries²⁹.

Premature deaths from smoking come disproportionately from more disadvantaged groups with a heavy social class gradient in smoking prevalence, tobacco consumption, and age of smoking uptake. Therefore, smoking can be considered both a symptom of and, paradoxically, a cause of, social disadvantage. Holistic policies are therefore required that encapsulate these factors, with financing specifically focussed on prevention strategies.

Several studies on smoking cessation found that men and women with lower socio-economic positions were less successful in quitting and that exposure to material or social deprivation during adulthood acts to reduce chances for men and women to quit smoking and remain smoke free³⁰. The VHA recommend ongoing research into the root causes and motivational factors of socio-economically disadvantaged smokers perceived benefits of smoking. The VHA also argue for the continual adaptation to QUIT programmes to meet contemporary needs.

3. Any other comments.

The VHA believes strategies at a national and state level need to be complemented by action at the local level. Tougher legislation at a state level will be a key component of helping smokers to quit. The VHA highlights that there has been discussion of taxation policy on tobacco; however the WHO Commission on Social Determinants of Health Final Report notes that this type of policy has the potential to exacerbate inequities. The VHA calls for more research in this area.

Gains in health outcomes will be further supported through the reorientation of the health system to plan from a population health approach and to concentrate resources towards health promotion, prevention, early intervention and primary health care. A recent report by the *Victorian Auditor General's Office*³¹ evaluated the whole of government strategy in relation to the promotion of better health through healthy eating and physical activity. This report exemplifies the need to



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strengthen the relationships across government departments to ensure that the aims of policies designed to address health needs across the entire population can be achieved. The VHA believe the same rule applies for tobacco.

Conclusion

The VHA supports tobacco control being placed firmly back on the agenda in Victoria. Tobacco is the only legally available consumer product which kills people when it is used entirely as intended. The cure for this devastating epidemic is not dependent on medicines or vaccines, but on the concerted actions of government and civil society³².

We welcome the opportunity to provide further information to the Department of Human Services and to represent the public healthcare sector.

Please contact Research and Policy Officer Matt Cameron, matthew.cameron@vha.org.au for clarification or assistance on any of the points made in this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Trevor Carr', with a long horizontal flourish extending to the right.

Trevor Carr
Chief Executive



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