

## Smoking 1

Bibliographic information	Review strategy	Summary of evidence of effectiveness	Additional information
<p><b>Title:</b> Interventions for promoting smoking cessation during pregnancy</p> <p><b>Authors:</b> Lumley, J., Oliver, S &amp; Waters, E.</p> <p><b>Date:</b> 1999</p> <p><b>Type of review:</b> Cochrane systematic review.</p> <p><b>Number of studies included:</b> 44.</p> <p><b>Publication details:</b> The Cochrane Library, issue 4, 2002, p 1-48.</p>	<p><b>Review question:</b> To assess the effects of smoking cessation programs implemented during pregnancy on the health of the foetus and infant, on the mother and on the family. The primary objective is to identify whether continued smoking during pregnancy can be reduced by information about the risks of continued smoking, advice to quit, more intensive advice or individual counselling, group counselling, feedback on pathophysiology effects of smoking on the mother or foetus, more detailed information and advice with self-help manuals on strategies for quitting, or rewards or incentives.</p> <p><b>Intervention(s):</b> Randomised and quasi-randomised trials of smoking cessation programs implemented during pregnancy.</p> <p><b>Inclusion criteria (relevance):</b> Trials included women who were pregnant in any care setting, were seeking a pre-pregnancy consultation or health professionals in trials of strategies to promote smoking cessation. Types of interventions were also assessed and included – information, advice, group counselling, peer support, antenatal visits, feedback on effects of smoking, advice and support for smoking</p>	<p><b>Outcomes measured:</b> smoking cessation, smoking reduction, birth weight, gestation at birth, perinatal mortality, method of delivery, breastfeeding, measures of anxiety, depression and maternal health status, participants’ views of the interventions, measures of family functioning, measures of knowledge, attitudes and behaviour.</p> <p><b>Conclusion:</b> Smoking cessation programs in pregnancy appear to reduce smoking, low birth weight and preterm birth. However, no effect was detected for very low birth weight or perinatal mortality. Authors recommend that smoking cessation programs should be implemented in all maternity care settings.</p>	<p><b>Disadvantaged groups:</b> Not discussed. However, authors note that programs may not be transferable to culturally sensitive groups.</p> <p><b>Economic evaluation:</b> Not reported.</p> <p><b>Criteria for evaluating evidence:</b> Studies were selected according to the Cochrane Collaboration criteria for quality.</p> <p><b>Research gaps identified:</b> Not reported.</p> <p><b>Comments:</b> These trials were generally set in hospital or community antenatal clinics. The transferability of these results to other community settings has yet to be determined. In fact, authors acknowledge that the transfer of intervention from one setting to another may reduce its effectiveness. This may particularly be the case if elements are changed or if materials are culturally sensitive.</p>

	<p>cessation based on 'stages of change', self-help manual, telephone follow-up.</p> <p><b>Inclusion criteria (quality):</b> Studies were selected according to the Cochrane Collaboration criteria for quality.</p> <p><b>Exclusion:</b> Smoking cessation trials outside of pregnancy.</p>		
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## Smoking 2

<b>Bibliographic information</b>	<b>Review strategy</b>	<b>Summary of evidence of effectiveness</b>	<b>Additional information</b>
<p><b>Title:</b> Interventions for preventing tobacco smoking in public places.</p> <p><b>Authors:</b> Serra, C., Cabezas, C., Bonfill, X &amp; Pladevall-Vila, M.</p> <p><b>Date:</b> 2000</p> <p><b>Type of review:</b> Cochrane systematic review.</p> <p><b>Number of studies included:</b> 11.</p> <p><b>Publication details:</b> The Cochrane Library, issue 4, 2002, p.1-27.</p>	<p><b>Review question:</b> To evaluate the effectiveness of interventions to reduce tobacco consumption in public places.</p> <p><b>Intervention(s):</b> Restrictions and bans, educational materials, signs and strategies that used a combination of different interventions that were aimed at populations.</p> <p><b>Inclusion criteria (quality):</b> Included studies were randomised and controlled trials, controlled or uncontrolled before and after studies and interrupted time series.</p>	<p><b>Outcomes measured:</b> Objective measures – direct observation, indirect observation, environmental measures. Subjective measures – surveys of directors, workers and/or clients.</p> <p><b>Effect size:</b>  <u>Reduction of smoking in public places by strategies aimed at populations:</u>            Observation was used to identify reductions in people smoking in public areas (hospitals and worksites) after the introduction of campaigns, displays and signs. Some studies identified decreases in cigarette butts in ashtrays and decreases in concentrations of nicotine in certain areas. One study noted a significant decrease in workers being bothered by co-workers' smoke.</p> <p><u>Reduction of smoking in public places by changing individual behaviour:</u>            Requests to not smoke made to individual smokers were assessed. Continuous requests had a larger effect than occasional requests. When combined with signs there was a larger reduction in smoking.</p> <p><b>Effect sustainability:</b> Follow-up was generally immediately after the intervention. In other cases it was</p>	<p><b>Disadvantaged groups:</b> Authors argue that there is limited information on transferability of these findings. This may impact on disadvantaged groups.</p> <p><b>Economic evaluation:</b> Not reported.</p> <p><b>Criteria for evaluating evidence:</b> Authors state that it was their a priori intention to use criteria developed by the Cochrane Effective Practice and Organisation of care Review Group. However, as all included studies were uncontrolled before and after studies authors limited further quality assessment to an evaluation of whether the same measurement methods were used at baseline and follow-up.</p> <p><b>Research gaps identified:</b> Not reported.</p> <p><b>Comments:</b> Results relating to a study of cardiac inpatients not discussed in this review.</p> <p>Authors identify that studies were generally weak in design.</p>

		<p>between 3 and 12 months.</p> <p><b>Conclusion:</b> Authors suggest that institutional bans on smoking that are supported by multi-component implementation strategies are effective in reducing smoking in workplaces (particularly worksites and healthcare settings).</p>	
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### Smoking 3

Bibliographic information	Review strategy	Summary of evidence of effectiveness	Additional information
<p><b>Title:</b> Effect of smoke-free workplaces on smoking behaviour: systematic review.</p> <p><b>Authors:</b> Fichtenberg, C.</p> <p><b>Date:</b> 2002</p> <p><b>Type of review:</b> Systematic review, including random-effects meta analysis.</p> <p><b>Number of studies included:</b> 26 studies reported in 24 papers.</p> <p><b>Publication details:</b> British Medical Journal, 2002, Vol 325, Issue 7357, 188-191.</p>	<p><b>Review question:</b> To quantify the effects of smoke-free workplaces on smoking in employees and compare these effects to those achieved through tax increases.</p> <p><b>Intervention(s):</b> Population-based cross-sectional studies that investigated smoking behaviour in workplaces with differing smoking policies.</p> <p><b>Inclusion criteria (relevance):</b> As above.</p> <p><b>Inclusion criteria (quality):</b> Not reported.</p> <p><b>Exclusion:</b> Studies that included policies that were not totally smoke-free and studies that did not report the desired outcomes. One study was excluded due to long period between baseline and follow-up.</p>	<p><b>Outcomes measured:</b> Changes in smoking associated with workplace smoking regulations. Measurements could be made either prospectively or retrospectively.</p> <p><b>Effect size:</b> Absolute prevalence of smoking reduced by 3.8% (95% CI 2.8%-4.7%) and decrease in consumption of 3.1 cigarettes per day (per continuing smoker) after implementation of smoke-free policy. When combining the effects of smoking cessation with reduced cigarette consumption authors found that 1.3 (range = 0.2-1.8) fewer cigarettes were smoked per day per employee. This represents a relative reduction of 29% (11%-53%).</p> <p>Totally smoke-free workplaces (in three studies) were about twice as effective in reducing smoking prevalence than policies that allowed smoking in some areas.</p> <p><b>Effect sustainability:</b> Not addressed.</p> <p><b>Other effects:</b> Effect on tobacco company revenues and effects of legislation discussed.</p> <p><b>Conclusion:</b> Workplace smoking bans make it easier for smokers to reduce or</p>	<p><b>Disadvantaged groups:</b> Not reported.</p> <p><b>Economic evaluation:</b> Results were compared with tax increases required to achieve similar results.</p> <p><b>Criteria for evaluating evidence:</b> Not described.</p> <p><b>Research gaps identified:</b> Not reported.</p>

		stop smoking. It also eliminates passive smoking in workplaces.	
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## Smoking 4

Bibliographic information	Review strategy	Summary of evidence of effectiveness	Additional information
<p><b>Title:</b> Community interventions for reducing smoking among adults.</p> <p><b>Authors:</b> Secker-Walker RH, Gnich W, Platt S and Lancaster T.</p> <p><b>Date:</b> 2002</p> <p><b>Type of review:</b> Cochrane systematic review.</p> <p><b>Number of studies included:</b> 32</p> <p><b>Publication details:</b> In: The Cochrane Library, Issues 2 2003 Oxford: Update Software.</p>	<p><b>Review question:</b> To assess the effectiveness of community interventions for reducing the prevalence of smoking.</p> <p><b>Intervention(s):</b> Community interventions were considered to be a coordinated, multidimensional program aimed at changing adult smoking behaviour.</p> <p><b>Inclusion criteria (relevance):</b> Studies needed to include participants over 18 years.</p> <p><b>Inclusion criteria (design/quality):</b> Controlled trials (randomised or non-randomised).</p> <p><b>Exclusion:</b> Studies that considered other types of tobacco including pipes, cigars, cigarillos or chewing tobacco were excluded from this review.</p>	<p><b>Outcomes measured:</b> Primary outcome was smoking behaviour. Also considered mediating variables, intermediate outcomes, process measures (methods of community organisation and involvement) and morbidity/mortality.</p> <p><b>Effect size:</b>  <u>Smoking prevalence</u>            In studies (n=10) combining men with women, the net decline in smoking prevalence ranged from -1.0% to +3.0% per year. In studies of women (n=11), decline in smoking prevalence ranged from -0.2% to +3.5% per year. In studies of men (n=12), decline in smoking prevalence ranged from -0.4% to +1.6% per year. Four studies did not provide smoking prevalence data.</p> <p>Results for cigarette consumption and quit rates were not combined due to data and methodological differences. However, authors note that the two most rigorous studies identified limited evidence of an effect on prevalence. A study conducted in Australia (CART study) found a significantly greater quit rate in men but not in women.</p> <p><b>Effect sustainability:</b> Interventions lasting less than 2 years reportedly had</p>	<p><b>Disadvantaged groups:</b> Not addressed in summary of evidence. Three studies targeted African Americans and two focussed on Vietnamese men.</p> <p><b>Economic evaluation:</b> While only 6 interventions measured cost-effectiveness, each of these identified favourable cost-effectiveness or cost-benefit ratios. However, it should be noted that these studies were primarily focussed on CVD rather than smoking.</p> <p><b>Research gaps identified:</b> Interventions need to address methodological issues (power, study design). Biochemical measures could be taken. Standardised measures of mediating variables should be used. More detailed descriptions of program elements would also be useful. Authors suggest that if a uniform and comprehensive format for reporting the results of community-based interventions was developed this would allow the quantitative review of trials.</p> <p><b>Comments:</b> Authors note that while they discuss the success of individual study elements, they were unable to suggest which interventions were more effective than others. Authors also stated that the use of community organisation, community</p>

		<p>no demonstrable effect. However, in studies lasting longer 2-5 years or 5+ years there was little difference in the proportions of studies reporting at least one favourable outcome (74% versus 78% respectively). This suggests that interventions lasting for at least 2 years are often effective.</p> <p><b>Other effects:</b> Channels for intervention delivery did not appear to be associated with smoking behavioural outcomes. However authors note the usefulness of mass media interventions and smoking cessation referral services and resources. Authors speculate that studies with higher levels of community program exposure or awareness were often accompanied by successful intervention outcomes. Participation rates and awareness levels of 30% were associated with positive program outcomes.</p> <p><b>Conclusion:</b> While authors state that the biggest and most well conducted studies were unable to detect an effect on prevalence, a community approach to smoking reduction will remain as important. They caution that future programs should consider this limited effect in determining the scale and the distribution of funding to these projects.</p>	<p>staff members, coalitions of planning groups or task forces was not clearly associated with smoking behavioural outcomes. However, they suggest that these are important aspects of project development.</p> <p>It appears that a lack of heterogeneity has limited their confidence in associating intervention channels with outcomes. It may therefore be necessary to consider the effectiveness of individual studies.</p> <p>Authors refer to several papers that describe the evaluation of community-based interventions.</p>
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## Smoking 5

Bibliographic information	Review strategy	Summary of evidence of effectiveness	Additional information
<p><b>Title:</b> Does exercise aid smoking cessation? A systematic review.</p> <p><b>Authors:</b> Ussher MH, Taylor AH, West R and McEwen A.</p> <p><b>Date:</b> 2000</p> <p><b>Type of review:</b> Systematic review.</p> <p><b>Number of studies included:</b> 8</p> <p><b>Publication details:</b> Addiction, 95: 199-208.</p>	<p><b>Review question:</b> To assess the effectiveness of exercise-based interventions in smoking cessation.</p> <p><b>Intervention(s):</b> Studies included in the review needed to have a focus on the specific effects of exercise on smoking abstinence.</p> <p><b>Inclusion criteria (relevance):</b> Dependent variable was smoking abstinence, target participants who wished to quit. Articles in any language were considered.</p> <p><b>Inclusion criteria (design/quality):</b> Random allocation to treatment and control.</p>	<p><b>Outcomes measured:</b> Primary dependent variable was smoking abstinence.</p> <p><b>Effect size:</b> Two studies showed significant differences in abstinence between treatment and control groups. In one study (Marcus et al 1999), the treatment group used CV equipment in a group for 30-40 min using 60-80% HR reserve. The control group received a cessation program with health education.</p> <p>In another study (Martin et al 1997), the treatment group undertook CV activity in groups, as individuals and in a facility or at home. They exercised for 15-45 minutes at 60-75% HR max and either had a cessation program alone or in combination with a nicotine patch. The control group received a cessation program.</p> <p>In the two studies where the effectiveness of exercise was compared with nicotine gum, no significant differences were reported.</p> <p><b>Effect sustainability:</b> While the percentage of abstinent participants was relatively low (&lt;20%), difference between treatment and control were significant at 3 and 12</p>	<p><b>Disadvantaged groups:</b> Not reported.</p> <p><b>Economic evaluation:</b> Not reported.</p> <p><b>Criteria for evaluating evidence:</b> Used existing guidelines developed by Chalmers and Altman 1995.</p> <p><b>Research gaps identified:</b> Authors suggest that studies with larger population groups are needed. Further, trials should include equal contact control conditions, tailored and lifestyle exercise programs and measures of adherence across the sample. Further investigation of different levels and timings of exercise interventions and their effect of smoking abstinence is also needed.</p> <p><b>Comments:</b> All studies incorporated both group and individual exercise. It is difficult to determine whether one component was more successful than another.</p>

		<p>months (p=0.05) (Marcus et al 1999).</p> <p>Unfortunately, comparisons in Martin et al 1997 were only made between treatment and control at 7 days (p&lt;0.01) even though the study continued for 12 months.</p> <p><b>Other effects:</b> Psychological indicators addressed at baseline in most studies. Only one considered this at follow-up whereby authors identified a significant increase in Profile of Mood States tension-anxiety scores for the active group in comparison to the control group after 4 months. Authors indicate that this finding is inconsistent with existing knowledge around exercise and anxiety.</p> <p><b>Conclusion:</b> Methodological limitations limit the ability to identify successful approaches to smoking cessation. Only one study was able to provide substantial evidence for exercise aiding smoking cessation.</p>	
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## Smoking 6

Only those interventions relevant to this review are included.

<b>Bibliographic information</b>	<b>Review strategy</b>	<b>Summary of evidence of effectiveness</b>	<b>Additional information</b>
<p><b>Title:</b> Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke: A summary of selected guidelines.</p> <p><b>Authors:</b> Hopkins DP, Husten CG, Fielding JE, Rosenquist JN and Westphal LL.</p> <p><b>Date:</b> 2001</p> <p><b>Type of review:</b> Review of reviews.</p> <p><b>Number of studies included:</b> 7 systematic reviews or guidelines.</p> <p><b>Publication details:</b> American Journal of Preventative Medicine 20; 67-87.</p>	<p><b>Review question:</b> To provide an accessible review of the current evidence of effectiveness of interventions to reduce tobacco use and exposure to ETS.</p> <p><b>Intervention(s):</b> Community interventions to reduce exposure to ETS, community interventions to increase tobacco use cessation.</p> <p><b>Inclusion criteria (relevance):</b> Not relevant.</p> <p><b>Inclusion criteria (quality):</b> Not relevant.</p> <p><b>Exclusion:</b> Not relevant.</p>	<p><b>Outcomes measured:</b> Effectiveness of interventions.</p> <p><b>Community interventions to reduce exposure to ETS</b>  <u>Smoking bans and restrictions:</u> Effective in reducing exposure to environmental tobacco smoke. Also have the potential to reduce prevalence of tobacco use.  <u>Community education to reduce ETS in the home:</u> Insufficient evidence.</p> <p><b>Community interventions to increase tobacco use cessation.</b>  <u>Telephone cessation support:</u> Evidence that proactive telephone counselling, group counselling and individual counselling are effective in smoking cessation. Another review found increases in tobacco use cessation particularly in combination with education materials.  <u>Mass media campaigns with other interventions:</u> Agreement that long duration mass media interventions, when combined with other interventions were effective in tobacco use cessation.  <u>Mass media cessation series:</u> Evidence less convincing. CDC states that there is insufficient evidence. Another review identified that mass media campaigns of</p>	<p><b>Disadvantaged groups:</b> Not reported.</p> <p><b>Economic evaluation:</b> Not reported.</p> <p><b>Criteria for evaluating evidence:</b> Not applicable.</p> <p><b>Research gaps identified:</b> Insufficient evidence for community education to reduce ETS in the home,</p>

		<p>medium intensity generally produced modest effects.</p> <p><u>Mass media cessation contests:</u> There is limited evidence for these limited duration interventions.</p> <p><u>Interventions that increase the unit price for tobacco products:</u></p> <p>An increase in cigarette prices is seen to be a highly effective method for achieving smoking cessation. While one review predicted that a 10% increase would reduce consumption by 10%, another suggested that a \$2 increase is the single most effective method of reducing tobacco consumption.</p>	
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## Smoking 7

Bibliographic information	Review strategy	Summary of evidence of effectiveness	Additional information
<p><b>Title:</b> Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke.</p> <p><b>Authors:</b> Hopkins DP, Briss PA, Ricard CJ, Husten CG, Carande VG, Fielding JE, Alao MO, McKenna JW, Sharp DJ, Harris JR, Woollery TA, Harris KW</p> <p><b>Date:</b> 2001</p> <p><b>Type of review:</b> Systematic review</p> <p><b>Publication details:</b> American Journal of Preventive Medicine, 20 (2S): 16-66.</p>	<p><b>Review question:</b> Systematic reviews of effectiveness, applicability, other effects, economic evaluations and barriers to use of selected population-based interventions intended to reduce tobacco use and exposure to environmental tobacco smoke.</p> <p><b>Intervention(s):</b> Focussed on interventions to achieve tobacco use prevention and control in the general population, people at risk for tobacco product use and people exposed or at risk of exposure to ETS. 14 interventions were reviewed.</p>	<p><b>Outcomes measured:</b> Interventions were separated into three groups; strategies to reduce exposure to ETS, strategies to reduce tobacco use initiation and strategies to increase tobacco use cessation.</p> <p><b>Effect size:</b></p> <p><b>Strategies to reduce exposure to ETS</b>  <u>Smoking bans and restrictions</u>            Of the 10 included studies, 9 identified reductions in ETS exposure in workplaces that had employed smoking bans or restrictions. Further, reductions in ETS exposure were greater when smoking bans rather than smoking restrictions were employed. Self-reported cigarette consumption was measured in 9 studies. When combined, the median absolute change was -1.2 cigarettes per day. Reductions in tobacco use prevalence after implementation of smoking bans or restrictions were identified in all of the studies where this was investigated. However some reductions were small.</p> <p><u>Community education to reduce exposure to ETS in the home</u>            Only one of the three studies identified met the criteria for inclusion in this review. This study evaluated a randomised trial of home nurse visits to</p>	<p><b>Disadvantaged groups:</b> Not reported.</p> <p><b>Economic evaluation:</b> Not reported.</p> <p><b>Criteria for evaluating evidence:</b> A team of tobacco prevention and control expert consultants selected articles for review. They made judgements based on their professional knowledge and subjective assessment of the degree of importance and perceived extent of practice. The nature and components of the activities, delivery of activities, the target population,</p>

		<p>assist families in reducing infant exposure to ETS. This is beyond the scope of this review.</p> <p><b>Strategies to reduce tobacco use initiation</b></p> <p><u>Increasing the unit price for tobacco products</u></p> <p>The 8 studies identified focussed on adolescents and/or young adults. In 7 of these studies, researchers demonstrated that higher tobacco product prices were associated with lower levels of tobacco use. The remaining study did not identify a statistically significant difference. Some studies identified effectiveness among Caucasians, African Americans and Hispanics. Two studies identified that interventions were more effective in males than females. Studies were conducted in nationally representative samples and authors suggest that findings should be generalisable to most adolescents and young adults in the US.</p> <p><u>Mass media campaigns</u></p> <p>12 of 15 identified studies qualified for inclusion. 9 studies focussed on adolescents. All but one of the studies included mass media in addition to other interventions. Interventions ranged in duration from less than 3 weeks to 2 or more years. Studies used a number of measures of tobacco use. Differences in rates of tobacco use between</p>	
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		<p>intervention and comparison groups in 5 studies ranged from +0.02 to -9.5 percentage points. Six studies used odds ratios to describe these differences. While two studies identified no significant findings, 4 ranged from 0.49 to 0.74 with a median adjusted OR of 0.60. Follow-up periods ranged from 2 to 4 years. Further, one study which provided a school education program combined with community and mass media education interventions (CVD focussed) followed students for 15 years. Researchers identified an absolute percentage difference of -11 percentage points in group mean tobacco use prevalence.</p> <p>Authors of this review state that a reduction in tobacco use prevalence was identified in all of the studies where mass media interventions of 2 or more years duration (n=7) were assessed. Authors acknowledge that contributions of individual components of studies to effectiveness of interventions cannot be attributed. Interventions were conducted in a number of US States and in Norway and Finland.</p> <p>Authors acknowledge that it is not clear whether youth-targeted mass media campaigns are effective in adults.</p> <p><b>Strategies to increase tobacco use cessation</b>  <u>Increasing the unit price for tobacco products</u></p>	
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		<p>Of the 56 studies identified, 17 were included in this review. Studies were National, State-wide and some were of smaller scale.</p> <p>Mass media education: campaigns Of the 24 studies identified, 15 were included in this review. Mass media interventions were conducted either coordinated or concurrent with other interventions.</p>	
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## Smoking 8

Bibliographic information	Review strategy	Summary of evidence of effectiveness	Additional information
<p><b>Title:</b> A review of tobacco interventions for Indigenous Australians</p> <p><b>Authors:</b> Ivers RG</p> <p><b>Date:</b> 2003</p> <p><b>Type of review:</b> Systematic review of medical literature and document analysis.</p> <p><b>Number of studies included:</b> 4 (2 published in medical literature).</p> <p><b>Publication details:</b> Australian and New Zealand Journal of Public Health, 27 (3): 294-299.</p>	<p><b>Review question:</b> To conduct a review of interventions to reduce the harm resulting from tobacco use among Indigenous Australians. In addition, this review aimed to discuss the likely effect of a range of tobacco interventions if conducted in this population.</p> <p><b>Intervention(s):</b> Classified according to NH&amp;MRC levels of evidence.</p> <p><b>Inclusion criteria (relevance):</b> Trials published between 1980 and March 2001. Only English language articles included.</p> <p>Interventions not yet trialed in Indigenous populations were also assessed for likely effectiveness. The results of this analysis were reported separately.</p> <p><b>Inclusion criteria (quality):</b> NH&amp;MRC levels of evidence applied. No limits described.</p> <p><b>Exclusion:</b> Not reported.</p>	<p><b>Outcomes measured:</b> Smoking cessation and prevention.</p> <p><b>Effect size:</b> None of the identified studies conducted in Indigenous populations evaluated smoking cessation as an outcome.</p> <p><b>Effect sustainability:</b> Not discussed.</p> <p><b>Other effects:</b> This review also considered trials conducted in non-Indigenous populations. Their applicability to this population group was assessed. These included community-based interventions delivered by health professionals, mass media interventions, workplace interventions, and changes to policy or legislation.</p> <p><b>Conclusion:</b> Authors conclude that there has been limited research on tobacco in Indigenous populations. While inferences about effectiveness can be linked between this population and programs, more research is needed.</p>	<p><b>Disadvantaged groups:</b> Indigenous population.</p> <p><b>Economic evaluation:</b> Not reported.</p> <p><b>Criteria for evaluating evidence:</b> NH&amp;MRC levels of evidence.</p> <p><b>Research gaps identified:</b> This review identified very limited published research on tobacco in Indigenous populations. While the audit (document review) identified a number of innovative programs many had not been evaluated. Authors identified no programs undertaken with Torres Strait Islander people.</p>