

**Table of selected characteristics of included reviews\***

Review	Scope	Age group	Focus	Full systematic review	Explicit consideration of health inequalities	Discussed differential intervention effects
Levy (2002)[16]	Youth access restrictions	Adolescents	Both	—	—	+
Lund (1999)[17]			Smoking cessation	—	—	—
Stead (2002) [18]			Both	+	—	+
Fichtenberg (2002)[19]			Smoking cessation	+	—	+
Hopkins (2001)[20]	Increasing unit price of tobacco		Smoking cessation	+	—	+
Murphy-Hoefer (2005)[21]	Smoking bans or restrictions		Both	+	—	—
El-Guebaly (2002)[22]		Adults	Smoking cessation	+	—	+
Ivers (2003)[23]			Both	+	—	+
Moher (2003) <sup>b</sup> [24]			Smoking cessation	+	—	+
Fichtenberg (2002)[25]			Smoking cessation	+	—	+
Eriksen (1998) <sup>b</sup> [26]			Smoking cessation	+	—	—
Sowden (2003) <sup>c</sup> [27]			Smoking prevention	+	—	+
Stead (1995)[28]		Smoking prevention	—	—	+	
Blake (2001)[29]		Smoking prevention	—	+	+	
Wakefield (2000)[30]		Both	+	—	+	
Friend (2002) <sup>c</sup> [31]	Both	+	—	—		
Secker-Walker (2002) <sup>c</sup> [32]	Community-based programmes <sup>a</sup>	Adults	Smoking cessation	+	+	+
Roseby (2002)[33]			Both	+	+	+
Serra (2002)[34]			Smoking cessation	+	—	—
	Reductions in ETS					

\* Where reviews covered more than one type of intervention the dominant area determined the classification; ETS: environmental tobacco smoke; Both: focused on smoking cessation and prevention; <sup>a</sup> These reviews included one or more primary studies that assessed the effects of increasing the unit price of tobacco, youth access restrictions, or smoking bans and restrictions. The overall scope of these reviews concerned multi-component community-based programmes and they therefore could include primary studies of interventions not classified as population-level tobacco control interventions. Results from the primary studies are discussed in the text under the relevant type of intervention; <sup>b</sup> Some primary studies included in the review reported outcomes for reductions in ETS; <sup>c</sup> Outcomes not reported separately for population tobacco control interventions.