Expanding smokefree outdoor areas in Wellington City: Rationale and options

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March 2016

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Summary

Key points

- Smokefree outdoor policies are needed for health, environmental and tourism reasons
- The evidence indicates that smokefree outdoor policies can reduce the uptake of smoking and increase quit rates
- Most local authorities in New Zealand have adopted 'educational' smokefree outdoor policies, but there have been challenges with their implementation
- New Zealand is falling behind comparable countries which have a much greater range of enforceable smokefree outdoor policies
- New Zealand surveys show strong public support for smokefree laws or bylaws rather than voluntary education approaches
- We recommend several policies for central government and Wellington City to consider; ranging from smokefree bus stops, entrances and laneways, to making a larger area smokefree – such as the central business district (CBD)
- Wellington could be a leader in expanding smokefree outdoor policies; such policies would also help achieve the city's goals for a healthy, liveable city that is attractive to locals and visitors.

Introduction

This report summarises the Smokefree Wellington Research Project: 2015-16. The report is for a wide audience, including Wellington City Council (WCC), central and local government across New Zealand, iwi and health organisations, and the business and tourism sectors.

Why have smokefree outdoor policies?

Research shows that the more that children are around those who smoke, the more likely they are to take up smoking themselves. Smokefree outdoor public places can help reduce the uptake of smoking, particularly by children and young people.

Increasing evidence from New Zealand and international studies shows that the normalisation of smoking at a neighbourhood or community level is related to the likelihood of starting smoking – or finding it hard to quit smoking. Some evidence suggests that smokefree outdoor policies increase quit attempts at a population level.

New Zealand lags behind other countries in developing enforceable smokefree outdoor policies. Such policies are widespread in Australia and North America, for example, and apply to building entrances, transport waiting areas, hospitality business areas, parks, playgrounds and beaches. In the USA and Australia, some cities are developing smokefree pavements and streets.

Nearly all smokefree outdoor policies in other countries are legally enforceable. In New Zealand, more than 90% of local authorities have some 'educational' smokefree outdoor policies – but these are not enforceable by law. A few New Zealand cities are developing smokefree pavement policies for defined, relatively small areas.

Aim

Our project aimed to:

1) Identify potential benefits and challenges of smokefree outdoor policies

2) Propose relevant policy options and recommendations for smokefree outdoor areas in public spaces, using Wellington City as a case study.

Methods

We used data from documents, in-depth interviews, small workshops and a symposium to develop options and recommendations for extending smokefree outdoor areas in Wellington. Our research participants represented a mix of sectors – business (particularly hospitality and retail), local government (politicians and staff), iwi, union and health.

We conducted 12 interviews (with 14 interviewees), three workshops of three to four hours, and a one-day symposium (29 attendees) with a total of 47 research participants. All four project staff identified themes from interview and workshop transcripts, and determined common themes by drafting iterations. For more detail about our methods, please see Appendix 1.

Results and discussion

Recent surveys show increased support for smokefree outdoor dining, music and sports events, and for downtown centre outdoor areas policies, compared to earlier surveys in 2008 and 2010. Five New Zealand regional surveys since 2013 found public support for smokefree policies was:

- 80-89% for building entrances
- 76-82% for bus stops
- 71-73% for outside music and sports events
- 50-81% for outside bars and cafes.

In four surveys, respondents indicated a net gain in the patronage of outdoor eating places of between 36% and 54%, if smokefree policies were adopted. The options for enforcing smokefree outdoor policies include pavement lease requirements, and provisions for smokefree signs on pavement tables (as used in Palmerston North, for example). Enforcement strategies include requiring a local authority or business to take all practical steps to ensure areas are smokefree and introducing penalties for smokers.

A 2015 Wellington survey showed strong public support (75%) for smokefree bylaws, rather than a voluntary approach. National-level smokefree outdoors legislation has many advantages over local bylaws, so local authority advocacy (regionally and nationally) to central government may be a better alternative to focusing only on local policies.

In our three sources of qualitative data, there was considerable support for expanding smokefree areas, apart from some business stakeholders. Participants widely agreed on the need for: protection from secondhand smoke, protecting children, smokefree places where people are close together, and the effective communication of policies. Interviewees expressed concern about the normalisation of smoking, and about cues to smoke and the related problems for people trying to quit smoking. Interview and workshop participants supported positive smokefree messaging and ensuring smokers are not stigmatised or marginalised, particularly ‘vulnerable’ smokers.

Comments on smokefree hospitality areas were polarised; some stakeholders supported these policies, while some of the business stakeholders were concerned about losing customers and profits. Some interviewees, and published hospitality industry statements from 2015, repeated

the inaccurate ideas about the effect of smokefree changes from before the successful 2004 smokefree bar legislation.

Our participants viewed building entrances, bus stops and the Botanic Gardens as high priority areas for local smokefree policies. Other priorities were 'family' areas, making more areas 'family friendly', and places where there are dense concentrations of people (e.g. public outdoor seating). Some participants proposed a more comprehensive smokefree downtown zone in the near future – such as the whole central business district. They saw this as having advantages compared to continuing to use small, incremental policy steps.

We recommend the following actions to WCC, central government and local health organisations:

Recommendations to Wellington City Council

1. To advocate to central government for better smokefree legislation and policies at a national level. In particular, for:
   - 10m minimum smokefree zones for entrances in buildings used by the public
   - all outdoor public eating and drinking areas to be smokefree
   - smokefree transport waiting areas
   - smokefree zones within 10 metres of playgrounds
   - smokefree pavements within 15 metres of school and hospital gates, driveways and other entrances.
2. Given the evidence of strong public support, introduce smokefree outdoor bylaws to fulfil its duties under the Health Act 1956 (if appropriate, in tandem with other New Zealand local authorities). In the absence of national legislation, the bylaws could require smokefree entrances, outdoor hospitality areas, transport waiting areas and playgrounds, as well as parks and reserves.
3. Require smokefree policies for events held on Council land, funded or run by the Council.
4. Investigate and plan for smokefree shopping pavement areas throughout the city, particularly for the newly redeveloped laneways in the short term – and then for the whole of the central business district.
5. Fully resource work to more effectively communicate Wellington's smokefree outdoor policies. This should include making messages more positive for smokers.
6. Bring together a wide range of stakeholders to drive the rapid adoption and effective ongoing implementation of Wellington's smokefree outdoor areas.

Recommendations to the New Zealand Government

1. To amend the *Smoke-Free Environments Act* to require smokefree building entrances used by the public, transport waiting areas, outdoor hospitality areas and playgrounds.
2. To amend the *Local Government Act* be amended to enable local authorities to create bylaws for smokefree outdoor areas (similar to the current provision for alcohol-free areas).

Recommendations to Regional Public Health and the Capital & Coast District Health Board

1. To continue investing resources in helping local groups to adopt smokefree policies.
2. To advocate to central government and Wellington City Council to carry out our recommendations to them, outlined above.

1 Introduction

This report considers potential smokefree policies for outdoor spaces in Wellington City. Our research focused mainly on smokefree outdoor policies for the downtown business, shopping and entertainment area. We were also interested in areas of cultural significance to Māori (mana whenua), for example waterways and wāhi tapu. Our report is supplemented by a detailed literature and document review completed in September 2015.[1] 'Smokefree' is used to mean 'no smoking in particular types of areas'. This report does not discuss 'tobacco-free' policies, which can mean no tobacco sales, or no tobacco products in particular areas.

Smokefree outdoor policies for health reasons are relatively new internationally[2] and in New Zealand,[3] although there is a long history of outdoor smoking restrictions for fire safety reasons.[4] Outdoor smokefree areas have been increasing in number and geographic scope since the 1990s, particularly since 2000. Outside of New Zealand such policies are generally enforceable by law.

In this section the rationale for smokefree outdoor areas is briefly outlined (s.1.1), the extent of international smokefree outdoor policies (s.1.2), and some of the context for Wellington and New Zealand is given (s.1.3), some business implications of smokefree outdoor policies outlined, and the report's purpose is stated (s.1.5). The methods used for the report are given in Appendix 1.

1.1 Why have smokefree outdoor area policies?

The prominence of smoking affects children and those trying to quit

Evidence suggests that the visibility of smoking at a neighbourhood and community level decreases the chance of smokers being able to quit. For instance, New Zealand data for the 2004-2009 period indicated that moving to a neighbourhood with a lower smoking prevalence decreased the chance of starting smoking or relapsing. This association remained after controlling for income, labour force status, household tenure, family status, smokers in household, and neighbourhood deprivation. A move to a location with a one decile decrease in the neighbourhood smoking prevalence was associated with a 4% lower odds of being a smoker.[5] Most of this effect is likely to be from the greater ability to quit and stay smokefree.[6]

The normalisation of smoking also occurs when community and national role models are seen smoking, or are known to smoke. For instance, in New Zealand in 2006, only 12% of all teachers reported being smokers, but 47% of kohanga reo staff were smokers.[7] This indicates that without comprehensive smokefree policies, those children attending kohanga reo may be more likely to start to smoke than others.

Similar effects are seen in international research. Minnesota research found the more that youth observed smoking, the more they perceived it as socially acceptable.[8] If reduced visibility and normalisation leads to reduced acceptability of smoking, then tobacco consumption and quitting may be affected. US data indicates that a 10% reduction in the acceptability of smoking in US homes, bars and restaurants was associated with 3.7% drop in tobacco consumption.[9] Another study, in New York, found that increased smoking unacceptability was associated with increased

cessation.[10] The normalisation of smoking is a likely factor in taking up smoking,[11] and can affect quit attempts and quit rates.[12-14]

Smokefree outdoor policies can reduce smoking and increase quitting

Introducing smokefree outdoor policies can reduce smoking and increase quitting.[15-17] Smokefree outdoor policies have been associated with increased awareness of smoking and reduced secondhand smoke risks.[18]

Two recent North American studies link smokefree outdoor policies with quit attempts. In one study, Californian smokers who were aware of local smokefree park/patio regulations were almost twice as likely to attempt to quit.[16] A Canadian study found that people who frequented smokefree Ontario bar/ restaurant outdoor areas were more likely to have tried to quit, and more than twice as likely to successfully quit.[17] The effect of smokefree laws for bar and restaurant outdoor areas appears to have reduced exposure to secondhand smoke (SHS) by up to 25% in Alberta and up to 21% in Nova Scotia, compared to before the laws.[19]

Research indicates that smoking in New York parks and beaches has decreased with smokefree policies.[20, 21] In New Zealand, a range of studies have found reduced cigarette butt numbers and reduced smoking after the introduction of smokefree outdoor policies for parks and/or playgrounds.[22-24] This evidence of denormalisation of smoking is particularly relevant for Māori and Pacific populations, where smoking is normalised and significant smoking inequalities exist, compared with the general population.[25, 26]

As well as the effects on smoking and quitting, we now know there is no 'safe level' of secondhand smoke exposure outdoors.[27] There is the potential for harm to health at over five metres from smokers. Significant tobacco smoke effects can occur from more than 10 metres away from groups of smokers,[28] and at least nine metres from a burning cigarette in light winds.[29]

1.2 How prevalent are smokefree outdoor area policies elsewhere?

Smokefree outdoor policies have advanced more rapidly in Australia and North America than in New Zealand. Since 2006 in Australia, six (out of eight) states and territories have adopted smokefree laws for significant outdoor public areas.[30]

A number of jurisdictions in Australia, North America and Europe have smokefree dining and drinking outdoors,[31] including smokefree dining in New South Wales since July 2015,[32] and in Queensland since 2006.[33] More information on international smokefree outdoor policies is available in Appendix 2.

What are other countries learning about implementation?

A growing international literature describes what has been learned from forming and implementing smokefree outdoor policies. The legal enforcement of smokefree outdoor policies is only rarely applied in practice. Local authorities in Australia, Canada and the United States have reported that although smokefree outdoor bylaws allow them to levy infringement notices

and instant fines, or to prosecute, the use of these powers is extremely rare. The experience of such jurisdictions is that most effort and resource goes into communicating, rather than enforcing, the smokefree policy. In Canadian research on 37 Ontario local authorities, for example, 'no area municipality reported that they hired additional enforcement staff as a result of their community's smokefree by-law' – or allocated extra resources to enforcement.[34]

A key international finding is that difficulties in policy prioritisation and resourcing are common, with under-resourcing and low priorities compared with other policies.[35-38]

1.3 The Wellington City and New Zealand context

In New Zealand, the grounds of all schools, pre-schools and kōhanga reo have been legally required to be smokefree since 2004.[39]

Smoking rates
Smoking is less common in Wellington City than in New Zealand overall. Fewer than one in ten (9.5%) adults in Wellington City smoke, and about one in eight (12.8%) in the wider Wellington region. This compares with about one in six (17%) nationally.[40-42] Statistics indicate that Māori and Pacific peoples in Wellington, and the region, have much higher rates of smoking compared with other population groups.[43, 44]

Some areas of Wellington City have higher prevalence rates of smoking, in particular Newtown (13.6% prevalence), Kilbirnie (13.7%) and Strathmore Park (15.1%). Other parts of the region also have relatively high proportions of smokers. For instance in the Hutt City suburb of Wainuiomata, 21.8% of adults report being smokers, and in Hutt City as a whole, 15.4%.[45] Residents from the wider Wellington region often visit and spend time in Wellington City.

Observation research in Wellington City's streets and parks has found an outdoor 'point prevalence' of smoking of about 3 to 4%. Point prevalence is the proportion of people smoking at a particular time (e.g. those who observers can see smoking in a particular area while watching for a short time). Higher proportions – up to 18% – were found outside bars and cafes.

More detailed data on smoking prevalence and observations in Wellington can be found in section 2.1.1 of our separate 2015 report,[1] and in a January 2016 report for Wellington City Council (WCC). This will be available on the University of Otago, Wellington website once it is presented to the Council in April 2016.[46]

Experience with smokefree outdoor policies in New Zealand
Compelling evidence indicates that smokefree outdoor policies affect smoking behaviour and are beneficial for the health of whole populations. At the same time, New Zealand research indicates that the creation of smokefree outdoor policies has had challenges. These include wide misunderstandings, lack of awareness (public and policymakers), and underfunding.[3, 47-49]

Limited research exists on the ways that smokefree outdoor policies have been implemented and communicated, in New Zealand and internationally; however, some studies are available. Toledo

and colleagues found low awareness among playground users of a 2008 smokefree policy in the Kāpiti district (in the wider Wellington region) with only 31% aware in 2009 and 25% aware in 2011.[22] Wilson and Thomson found that many New Zealand hospitals did not clearly signal that the grounds were smokefree,[50] and only a minority of schools met the legal requirement for smokefree signs at entrances to school grounds.[51]

There has been strong support from the public for change. New Zealand national survey data has indicated support for smokefree dining was 56% in 2008,[52] and 56% in 2012 for outside bars and cafés.[53] Support for smokefree town or city squares was 39% in 2008,[52] and 59% in 2010.[54] Other support included 59% in 2010 [54] for smokefree outside music and sports events, 65% for 'outside building entrances and doorways' in 2012,[53] and 61% for smokefree shop footpaths.[53] Further context on public, official and media views about smokefree outdoor areas can be found in section 2.1.2 of our 2015 report.[1] Business views are mentioned in s.1.4 below. The results from unpublished regional surveys on public and business attitudes and knowledge during 2013-15 are reported in s. 3.2.1 below.

1.4 Business implications of smokefree outdoor areas

Some businesses fear they may lose customers with the introduction of smokefree outdoor policies, particularly in hospitality. While there has been little research on the economic and other outcomes of such policies, there is some evidence that their impacts have been positive,[55-57] and of good compliance.[55, 58]

However, strong evidence is available on the financial impact of *indoor* smokefree policies for hospitality businesses. An international review, across 56 studies, found no apparent pattern of job losses or reduced sales. The review stated: 'An increase in the share of bar and restaurant sector sales in total retail sales was associated with smoking bans.'[59] New Zealand research on the effects of the 2003 smokefree bars legislation have found 'little change in the reported patronage of bars and pubs between 2003-4 and 2005-6.'[60] There had already been a downward trend in sales in bars and clubs since 2002 and an increase in sales in cafes and restaurants.[60]

A 2014 New Zealand study, which examined trends over the previous decade, found steady sales increases for bars and clubs, as well as for cafes and restaurants. It highlighted that 'employee numbers for cafes and restaurants increased from 48,000 workers in 2003 to a peak of 58,000 in 2008, while employee numbers in pubs, taverns and bars remained relatively stable during this period.' Overseas tourist numbers have increased since 2004.[61]

A dramatic change in bar managers' attitudes to smokefree *indoor* policies occurred after the 2004 smokefree bars law implementation. Between November 2004 and November 2005, the proportion who agreed with the statement 'I am confident that patrons will respond positively when I ask them to smoke outside' increased from 37% to 82%.[62] Bar managers' support for smokefree bars rose from 44% to 60%.

In the Australian state of Queensland, there was a 20% net gain in the proportion of survey respondents who said they visited outdoor dining/bars after the 2006 smokefree outdoor dining

and drinking law change.[55], After smokefree bylaws were implemented in areas of Melbourne and Sydney, the majority of business owners supported the policy.[56, 57]

Evidence from Wellington businesses

The main evidence of Wellington commercial attitudes to smokefree *outdoor* policies is a 2011 survey of 198 businesses on the Golden Mile (a central stretch of shopping and entertainment streets). They were asked 'Do you think people should be able to smoke outdoors along the Golden Mile?' (yes or no) – 43% said no. When asked 'What impact would making the Golden Mile smokefree have on your business? (positive, negligible or negative)', 20% anticipated a positive impact and 64% anticipated a negligible impact. In other words, more than 80% did not think a smokefree street would hurt their business.[63]

There was relatively more concern from food and entertainment businesses, with significant differences between:
(a) non-food businesses (90% unconcerned) versus food businesses (64%; $p < 0.001$);
(b) "other businesses" (88% unconcerned) versus entertainment businesses (63%; $p = 0.001$).

We found little New Zealand or international research literature on *staff* attitudes to outdoor smokefree policies in settings outside of health, education and prison campuses,[64, 65] and none for hospitality, retail, civic or parks staff. The only New Zealand research on staff attitudes to *indoor* smokefree policies, that we found, was with Wellington region hospitality staff in 1999-2000. This research found a preference for at least some smoking restrictions.[66]

Potential positive impacts on the wider business community

A general consequence of smokefree areas for all businesses, except those who sell tobacco, is that reduced smoking means more spending in other areas. Other general consequences for business include healthier customers (who are thus able to earn and spend more)[67] and more productive, less costly workers.[68] As a review on the financial costs of smoking concluded, 'the overwhelming body of evidence … is that smoking imposes costs … and that many of these costs are borne by employers.'[69]

1.5 Project aim

Our project aimed to:

1) Identify potential benefits and challenges of smokefree outdoor policies
2) Propose relevant policy options and recommendations for smokefree outdoor areas in public spaces, using Wellington City as a case study.

2 Results

We present the results of our research under six headings:

2.1 Extent of support for smokefree outdoor policies
2.2 Benefits of smokefree outdoor areas
2.3 Challenges with smokefree outdoor areas
2.4 Current policies in New Zealand
2.5 Policy considerations
2.6 Policy communication.

Five general topics emerged from our research – costs, policy communication, compliance, enforcement, and policy monitoring or evaluation.

2.1 Extent of support for smokefree outdoor policies

2.1.1 Public support

Surveys of the public
We found five unpublished surveys of public opinion on smokefree outdoor areas in New Zealand, dating from 2013-2015. Two were from Auckland (2013 and 2014), and one was from Wellington (2015), Hawke's Bay (2013) and Canterbury (2014) respectively.[70-74] Four surveys (Auckland, Hawkes Bay, Canterbury and Wellington) also provided data on awareness of and/or the predicted impact of the policies.

The surveys in all four regions reported strong support for outdoor smokefree policies. In the surveys for the three regions outside of Wellington, public support for smokefree policies was:

- 80-86% for building entrances
- 76-82% for bus stops
- 71-73% for outside music and sports events
- 66-68% for shop footpaths
- 61-68% for outdoor areas in central city / town centres.

Compared to the other three regions, the Wellington survey found very similar levels of support for three locations: 89% support for smokefree entrances of buildings accessed by the public, 82% support for bus stops and 62-69% for four specified downtown outdoor areas (Frank Kitts, Midland and Waitangi parks, and Civic Square).

The Wellington survey also asked about downtown retail areas (the Golden Mile, Cuba Street, and the waterfront); public support for smokefree policies in these central city zones was 46% to 53%. The survey did not ask about events or shop footpaths.[72]

Public support for smokefree outdoor bars, restaurants and cafes was slightly lower in Wellington than the other regions:

- Auckland – 76% support

- Canterbury – 81% support
- Hawke's Bay – 80% support for outdoor dining areas, and 53% support for outdoor bar areas
- Wellington – 68% support for outdoor dining areas, and 50% outdoor bar areas.

Wellington respondents expressed strong support for bylaws, rather than education-only policies for smokefree outdoor places. The 2015 Wellington survey found 75% agreed, and 14% disagreed, to bylaws. In contrast, the 2013 Auckland survey found 57% wanted bylaws, and 37% disagreed.[73]

Public awareness
The surveys found low public awareness of local authority smokefree outdoor policies in Auckland (2013)[73] Canterbury (2014)[71] and Wellington (2015).[72] In Auckland only 17% thought all council parks were smokefree, 29% all playgrounds, and 40% all sportsfields.[73] The corresponding awareness in Wellington was 58% for playgrounds, and 32% for all sportsfields.[72] In Canterbury, only 37% were aware of their local authorities' smokefree parks policies.[71]

Predictions for changes to customer use
The predicted impact of smokefree outdoor policies was researched in the four surveys in Auckland, Hawkes Bay, Canterbury and Wellington. Respondents anticipated a net gain – not a reduction – in the patronage of outdoor eating places (Net gain = those who said they would attend more, minus those who said they would attend less) of:

- 50% in Auckland[73]
- 50% in Napier and Hastings[70] and
- 36% in Canterbury[71]
- 54% in Wellington (and 48% for outdoor bar areas).[72]

Only 8% of Wellington respondents said they would visit outdoor restaurant dining areas less often, and 9% said they would make fewer visits to outdoor bar areas. Only 4% said they would visit a smokefree Botanic Garden less often, compared to 41% who said they would visit more.

2.1.2 Stakeholder views

Reported views of business stakeholders
In a 2015 survey, Christchurch hospitality businesses supported extending smokefree outdoor areas – and predicted few adverse effects. Fifty-seven percent of bar owners or managers said that outdoor dining should be smokefree 'definitely or possibly', and the percentage was even higher for cafe/restaurant owners or managers – 72%.[75]

When the survey asked for businesses' views on whether patrons would be more or less likely to visit their business if it was smokefree, 60% of bar and 76% of cafe/restaurant owners or managers said there would be either more visits or no difference.

In response to a Local Government New Zealand conference remit (July 2015) which asked government for smokefree outside areas at bars and restaurants, the hospitality industry made

various comments in the media. Bruce Robertson of Hospitality New Zealand was reported as saying:

> *It's probably going further than necessary, it's a social engineering approach, rather than a health issue…While the number of smokers is declining, it's still around 20 percent that do [smoke], I am sure the industry would still want to be able to give that opportunity to their customers.*[76]

Robertson was reported elsewhere in the media as saying:

> *It was "pretty discriminatory" to single out bars and restaurants. "We believe it should be the members choice, really, to allow smoking or not," he said. Patrons were not at risk of secondhand smoke outside as much as they were inside. "It's hardly going to impact on other people's health outside."*[77]

In response to a May 2015 proposal for smokefree Wellington waterfront, bar owner Jeremy Smith was reported as saying:

> *If a ban was to be introduced, it should be city wide. "It's just another nail in the bar/restaurant coffin in terms of driving people away from areas where they can socialise".*[78]

In another context, when a smokefree bylaw was proposed in Palmerston North in May 2015, the Hospitality New Zealand regional manager, Chris Hince was reported as saying:

> *The restrictions would place hospitality staff in an unreasonable position if people chose to ignore the smokefree signage, and could drive customers who wanted to smoke while they drank to backyard operations.*[79]

In contrast, another hospitality manager expressed support for smokefree outdoor policies:

> *Wellington's Southern Cross Garden Bar and Restaurant bar manager Andrew Watson said the ban was a "natural progression". "It's how society's going in regards to smoking." There would likely be backlash to the decision, but expected it would die away as it did when smoking was banned inside bars and restaurants, Watson said.*
>
> *"I think now everyone agrees it was the right idea." He thought business might be affected, but only for a "couple of months", as people "aren't going to stop going out".*[77]

Views of stakeholders in our research

Are smokefree outdoor policies needed?

Most participants agreed on the need, and advocated for making more outdoor areas smokefree. Many expressed strong support for smokefree areas to help smokers quit, and in any location where there are children or workers. For example:

> *You don't want* [smoking] *around you, you don't want it around your kids* (Interviewee 10).

In contrast, a small number of business-sector interviewees did not see outdoor smoking as a problem, particularly in a hospitality context. One businessperson said:

> *There is a real question as to how significant those impacts* [of smoking] *are, particularly in Wellington, where you don't have that many people smoking on the street, for example, anyway, and the wind tends to carry secondhand smoke away quite quickly* (Interviewee 6).

Another (hospitality) businessperson did not see smokefree hospitality areas as a business responsibility because smoking is a legal activity:

> *We end up getting dragged into something that impacts our business, because someone else is enforcing this, and I'm becoming the vehicle to create a smokefree New Zealand, whereas it's not my responsibility. I don't want to be caught, in that I'm the one having to deal with the consequences.*
>
> *Our broad approach is that smoking is legal, a percentage of my customers smoke .... I shouldn't be discriminating against them because they choose to do an activity that might not be socially great, but it's perfectly legal* (Interviewee 4).

A variation on this view was that the smoking problem has been largely solved and that the remaining smokers would be a difficult group to change.

Even among stakeholders resistant to smokefree hospitality areas, though, some acknowledged the need to control outdoor smoking in certain places such as the Botanic Gardens. One businessperson said:

> *It's frowned upon to stand in a bus stop and smoke, and blow smoke in children's faces...* [Referring to the Botanical Gardens Dell:] *That's a very easy one to manage. It's an enclosed space where people are going to sit and to enjoy a picnic* (Interviewee 5).

We discuss more hospitality sector views below in s.3.3.3.

Which places should be smokefree?

Most stakeholders in our interviews and workshops agreed on three outdoor settings in Wellington with the most public support for smokefree outdoor policies – building entrances, transport waiting areas (particularly bus stops), and the Botanic Gardens.

One interviewee, for example, described the concentration of smoking at building entrances as "a big issue" which drew complaints about the smoking and associated litter. Bus stops – across the whole city – were seen as a priority because of physical proximity. An interviewee wanted a smokefree railway station because of the high numbers of children and youth in the area.

However, strong arguments were also put forward for the simplicity and impact of large downtown smokefree areas. One view was that targeting the whole of the central business district (CBD) would reduce the problem of smokers moving to a nearby area to smoke. This participant recommended a smokefree city centre from Tinakori Rd to Webb St.

The waterfront and Golden Mile were also identified by some. A hospitality sector participant, for example, suggested:

> *One place you could do it pretty easily is…the waterfront…And there's a whole lot of promotional stuff you could do with that…We actually don't need dirty cigarette butts in the sea… the waterfront is…a really definable area, [and] you could certainly say the Golden Mile would be another good place too…to show, yes, that actually the sky does not fall in because there's no smoking* (Interviewee 10).

Yet, another hospitality interviewee argued that *if* smokefree outdoor policies were going to be implemented, they should be citywide:

> *If it's citywide, then it's easier. It's very difficult to get the concept across of saying, "We're going to do the waterfront and this street or that street"... We're saying, "either you do the whole city or you do none of the city"* (Interviewee 4).

The current designated smoking area in Wellington's otherwise-smokefree Westpac stadium was an example discussed by several participants. They preferred the idea of making the whole area smokefree, or shifting the designated smoking area to a less accessible place (as a deterrent).

Finally, events and market areas that use WCC land (and thus require permits) were seen as relatively easy to make smokefree. Family-focused areas were also seen as a priority. A novel idea was to make all public seating – in parks, streets and elsewhere – smokefree, so that those who were seated, or looking for a seat, would not be exposed to secondhand smoke.

2.2 Benefits of smokefree outdoor areas

Smokefree policies produce both costs and benefits. Costs and other challenges, discussed below s.2.3, should be considered alongside the important economic benefits of smokefree outdoor policies. For some participants, the key benefit was a reduction in secondhand smoke, with resulting direct health benefits for the general population, and health and quality-of-life benefits for employees.

2.2.1 Making smoking easier to stop and harder to start

An anticipated benefit, often discussed by our research participants, was 'denormalising' smoking – e.g. by reducing cues to smoke, making it easier for smokers to quit, and reducing the chances of children and youth taking up smoking. Denormalisation was generally understood as important for preventing children from taking up smoking, but some saw it as affecting people of any age:

> *The biggest marketing vehicle* [for the tobacco industry] *always…has been people smoking out in public in front of everyone else* (Interviewee 14).

Another participant said the current situation, where bars had a designated smoking area at their venue entrance, had the effect of not only normalising smoking, but also actively promoting it:

> *It's a great marketing tool for tobacco companies, because you've got all these people sitting in these outdoor areas, young people generally. They're all having a good time, they're partying and they're talking to each other. There's music, there's heaters. They're busy smoking and drinking…I walk past and I think, "Man, I want to be part of that. I want to be in there. Why am I walking along the street…when I should be in a bar with all those cool people?* (Interviewee 13).

Those who argued that smokefree areas were important to help smokers quit, and to stay quit, spoke of the powerful influence of seeing smoking on people trying to quit. One stakeholder, for example, said visible smoking could trigger a relapse in people who had quit for as many as six or more years.

Others said that people in the process of quitting may be tempted to ask for a cigarette when they see others smoking, and that smelling smoke can also be a temptation to smoke. Many emphasised that tobacco smoking is an addiction, so quitting is often a long-term effort:

> *For…ones that have just given up and they're looking at people smoking, it can make them want to smoke again…Might take you a year to stop but it doesn't mean to say you haven't stopped thinking about it and stopped loving the taste…or the smell or just the hand-to-hand action. It can go on for years…That's how bad…how big the addiction is* (Interviewee 11).

One interviewee anticipated relatively stronger benefits for vulnerable populations from helping people to give up smoking through smokefree policies:

> [If you give up smoking] *you may be pohara* [poor] *but at least your kids aren't…getting hit with secondhand smoke*…[and] *you're* [not] *having to weigh up…do I get* [cigarettes] *or do I get milk* (Interviewee 13).

In contrast to these concerns about smoking visibility affecting people trying to quit, a few others felt the effects on other people were not significant:

> *There is a real question about why you would be trying to restrict a legal product if it's not impacting other people* (Interviewee 6).

Some raised another advantage of expanding smokefree outdoor areas: tobacco consumption would potentially reduce because people would have to leave the area to smoke, which could deter them from smoking.

2.2.2 Environmental and amenity improvements

More attractive retail areas, with less litter and smoking-related pollution, were other benefits discussed – making 'places more pleasant to linger,' for example.

Smokefree outdoor policies were seen as a way to remove smoking from an area's image. One participant felt that smoking made areas more 'seedy and dirty'; and another said it was 'not a particularly good look for a retailer to have a bunch of people standing around smoking just outside a door' (Interviewee 6).

The reduction of environmental pollution and litter was a strong theme in interviews with Māori; for instance one Māori stakeholder commented:

> *The amount of litter that ends up in our harbours and our waterways. Everybody just smokes and they just chuck it on the ground and when it rains it ends up in the drains and ends up to our waterways and…they take years and years to break down…think about all the hundreds and thousands of butts every single day* (Interviewee 14).

2.2.3 Improving the city image and visitor experience

Participants identified an opportunity to brand Wellington City as smokefree as a marketing strategy – with all portals being smokefree outdoors – ferry and cruise ship terminals, airport, railway station, bus stations. The three Councillor participants linked the benefits of smokefree outdoor policies with existing Council goals and strategies. For instance, one referred to the process of Wellington City becoming a UNICEF 'child-friendly city':

> *If we're going to be truly child-friendly, then smoking's got to go* (Interviewee 2).

Our document review found a strong consistency between smokefree outdoor policies and WCC's strategic priorities. WCC aims to work towards a healthy, people-centred, and vibrant city. Its vision names 'outstanding quality of life' as one of the city's strengths[80] One of eight 'big ideas' in the WCC 2013/14 Annual Report was a liveable city.[81] Expansion of smokefree outdoor policies would be a way for WCC to work towards a healthier and more liveable city.

Later in this report (s.3.2.3), we discuss the potential for smokefree outdoor policies to help progress the Council's long-term outcomes and priorities.

2.3 Challenges with smokefree outdoor areas

2.3.1 Financial costs

Relevant documents have highlighted financial costs as a challenge in implementing smokefree outdoor policies. Costs include the direct costs of signage, as well as effective communication of new policies and training staff on the new policy, including how to interact with smokers.

WCC estimated costs
In 2012, the cost of signs for the existing 154 WCC sportsgrounds, playgrounds and skate parks was reported to be $20,000 – about $130 per location.[82] A subsequent officer's report indicated that this funding was for a staged approach, which would enable 'minimum cost signage and communications options [to] be tested' (e.g. stickers may be sufficient signage for additional parks, with more permanent signage installed when signs are replaced).

The WCC expected the $20,000 ($15,000 capital plus $5,000 operational) to cover initial design costs, and promotion and signs to implement the staged approach for the first year. It then intended to assess the effectiveness of the initial entrance sign changes before deciding on the most cost-effective way to alter signs elsewhere.[83] In comparison, a 2012 WCC officer's report noted 'Upper Hutt's signs cost only $90 each (including installation). Upper Hutt also uses a 'smokefree' sign supplied free by Regional Public Health, which costs $25 to install.

Hutt City Council spent relatively less on signs. It preferred to use only its own signs, and applied a case-by-case, 'minimal but adequate' approach to signage to reduce visual pollution. At some sites, Hutt City used only smokefree stickers and no signs. These stickers were available free from Regional Public Health, so did not add any costs.[84]

2.3.2 Views of stakeholders in our research – key challenges

Our participants identified a range of potential challenges or problems. The main challenges were:

- unique challenges for the hospitality context
- social isolation effects on smokers
- competing priorities for local authorities.

Unique challenges for the hospitality context

The topic of smokefree hospitality settings elicited the most polarised comments in our research; it was often seen as a difficult setting. Many participants believed that non-smokers wanted smokefree outdoor areas in hospitality, but also raised questions about enforcement, compliance and political issues.

Hospitality stakeholder views
Among the four hospitality industry interviewees, there were differences in perceptions and reactions to smoking and smokefree issues. One, for instance, took a permissive view of smoking as part of socialising and relaxing. In contrast, others expressed more concern about the negative consequences of smoking in a hospitality context, such as providing 'totally the wrong message' to young people – who, it was noted, are frequent customers in hospitality venues.

Apparent resistance to smokefree outdoor policies in hospitality, from some hospitality-sector participants, may relate to concerns about their potential responsibility for enforcement:

> *I totally agree that there should be spaces where you're not going to be surrounded by passive smoke. But for me it comes back to, if we make a blanket ruling that there should*

> *be areas that aren't smoking, then how do we manage that? Who…to do it?...as a licensee…where I see this going is that if someone walks past my premises and has a cigarette, it's not my fault, but how is that going to be policed, and does it become an issue for me to deal with?* (Interviewee 5)

Views from other stakeholders

Common concerns, among participants across sectors, were the effects of secondhand smoke for workers, and about outdoor hospitality areas being dominated by smokers:

> *With waitresses and waiters, they're bending over tables with people smoking. They're still exposed to secondhand smoke* (Interviewee 8).

> *Patrons don't like being outdoors…eating their kai and having someone smoking [there]* (Interviewee 13).

Another businessperson, outside the hospitality sector, saw the differing views among hospitality stakeholders as partly due to differing perceptions of 'customer demand':

> *Some of those hospitality retailers will be keen to continue to have smoking being permitted in at least some of those areas, because there's customer demand for it* (Interviewee 6).

One interviewee compared current concerns from hospitality businesses to those voiced before 2004 when the smokefree law extended to bar interiors, noting that the earlier concerns had not eventuated:

> [Hospitality] *business owners…if they* [remember] *the lessons of…when the bars went smokefree…all of this whole rhetoric about the hospitality trade is going to collapse and no one's going to come* [to spend]… [back then] *they found an increase in visits, increase in income, a lot more people going out and… everyone is really happy, because you're not smelling of bloody smoke.*

2.3.3 Social exclusion of smokers

The question of potential stigma, social exclusion or discrimination against smokers was seen in a number of ways (sometimes by the same participant). When asked about the issues of smokefree outdoor policies, one interviewee said:

> *I don't think there are any disadvantages. I think there are some consequences, which some people may see as being excluded and feeling stigmatised for their behaviour. But that depends on if you believe in the overall goal, then there aren't disadvantages, there are consequences…When I spoke to somebody who smokes here [about a smokefree downtown policy], she said, "Are you going to make places alcohol free?..." So there's a bit of anger about being pushed out, and I kind of accept that people are being stigmatised. You know, they're feeling stigmatised by it, and whether they are being stigmatised I'm not sure, but they are being alienated* (Interviewee 7).

When asked if they were concerned about stigma being a consequence of the policies, another interviewee said:

> *Yeah, I can't see any way around that, to be quite frank. I think we have to be careful with our messaging so we don't alienate these people and turn them into martyrs, so to speak… So I think we need to use supportive, positive language* (Interviewee 3).

Another stressed the need to provide solutions to smoking:

> *The whole stigma thing…yes, it's easy to shunt people into a wee box and go, 'Bad', but I think what's harder is...to start saying, 'Yes, they are in a box, but we can help them get out of it'* (Interviewee 2).

The question of where smokers could go to smoke, particularly with comprehensive city centre policies, was a common concern. One stakeholder commented: '[Smokers] spend ten hours in the city; where do they go [to smoke], and what happens?' (Interviewee 7).

2.3.4 Vulnerable populations

Some participants said it was important for policymakers to consider the impact of smokefree outdoor policies on marginalised groups, such as the homeless or those with mental illnesses. One expressed concern about vulnerable groups potentially being targeted for smoking in public, for example:

> *Whatever the approach* [to smokefree policies] *is, it needs to reduce stigmatisation… the worst situation you want is somewhere around a high density of people clustering, and the poor get targeted – smoking outside a WINZ office, for instance* (Workshop 2).

Participants emphasised that new smokefree policies should be accompanied by sufficient support to marginalised groups – to assist them to quit smoking. Some cited examples from overseas where smokefree outdoor policies had been used to move so-called undesirable people away from commercial areas or beaches; these participants disagreed with this practice.

2.3.5 Competing priorities for local authorities

Challenges with prioritisation, particularly for local government, were raised by participants, often in relation to planning for the future. Speaking about more effective signage only, one comment was:

> *The ability to resource this and put the thought into it, among a million other priorities, is really hard* (Workshop 1).

The difficulty of prioritising smokefree policies, and the complexities of getting political decisions through to effective implementation, was a strong theme from the local government officials at our symposium; a number of examples were given to illustrate this.

For example, a local politician felt that other priorities tended to 'trump' smokefree policies, and described the challenge of multiple, competing pressures:

> *We get hassled by 'big tobacco' and threatened with legal things and potential legal costs; legal challenges and things like that. We have an awful lot on our plate. Everything from animal control bylaws to veranda rules to working through funding issues and so on, and every new bit of policy means something else doesn't get done. … We can spend an awful lot of time arguing about which areas should be smokefree when, actually, there might be some really big resilience issues or housing issues or something like that* (Interviewee 1).

2.4 Current policies in New Zealand

Several New Zealand local authorities have advanced smokefree outdoor policies since 2013. Progress has included:

- downtown smokefree areas in Whanganui, Palmerston North and Whangarei.
- a smokefree pavement dining bylaw in Palmerston North
- smokefree pavements in front of Horowhenua early childhood centres and schools
- smokefree bus stops in a number of places.

We cover the Palmerston North bylaw in more detail below. More information on recent developments across New Zealand can be accessed at https://blogs.otago.ac.nz/pubhealthexpert/2015/12/17/the-race-to-be-the-first-place-in-aotearoa-to-be-smokefree/ .[85]

The local activity is starting to be reflected at a national level. An important signal was made at last year's Local Government New Zealand (LGNZ) conference (July 2015). The conference 'strongly supported' action by LGNZ to request that central government develop and implement legislation to prohibit smoking outside cafes, restaurants and bars – to apply nationally.[86]

2.4.1 Current policies in Wellington

Development of Wellington City smokefree outdoor policies

Since 2012, the council has initiated education-based smokefree policies for playgrounds, sportsgrounds and other outdoor spaces, and has also made a commitment to smokefree communal areas in some public housing projects. There have also been recent calls and public support for a wider smokefree central city.

Since 2012, the WCC has had educational smokefree policies for all sportsgrounds, playgrounds and skateboard parks.[87] Some smokefree signage was installed in Newtown Park, Rugby League Park and all of the city's artificial sportsfields. This appears to have come from an internal decision by the parks staff rather than a council-wide policy.

In 2014 the WCC declared a smokefree policy for Midland Park – the 'Golden Mile's busiest green space', which the Mayor described as 'a well-loved oasis in the heart of our busiest shopping and commercial district.'[88] The Council erected signs (see Figure 1 below).

Figure 1: Wellington City Council Midland Park smokefree sign, 2015[89]

Policies for Council housing

The WCC has around 2200 social housing units.[90] A WCC officer's report on another matter in 2012 mentioned that 'in response to queries from residents and property damage from smoking, Council is making communal areas of its apartment complexes smokefree, including children's play areas, corridors and stairwells; and has decided to make Regent Park the first complex where the units will be smokefree.'[84]

In 2015 the WCC announced a smokefree policy for all communal areas in its housing complexes, including outdoor areas such as gardens, playgrounds and car parks.[91] This policy was informed by an analysis from WCC housing staff in 2012, which considered health issues for tenants and the impact on Council assets of smoking-related damage, cleaning and fires over a five-year period. The WCC has a long-term goal to require all Council housing to be smokefree by 2025.'[91]

Policies in central city outdoor areas

An e-petition to call for a smokefree Golden Mile attracted 672 signatures. This was run by WCC and held in September 2009 to January 2010. [83] The petition was received by the Strategy and Policy Committee, but no action was taken. An opposing e-petition attracted only 40 signatures.[92]

Subsequently, in January 2012, Hiroshi Yoshikawa initiated a WCC e-petition to 'Prohibit smoking of cigarettes within Wellington Central City except for approved areas provided for smoking members of the public.' The council staff report on the petition stated:

> *Prohibiting smoking in the city centre is not recommended as a ban would be very difficult to enforce. Smoking is a legal activity and it is questionable whether a ban would be able to withstand a legal challenge. A 'ban' would also be inconsistent with the educational approach recommended by health promoters.*[84]

However, as a result of the petition, the Strategy and Policy Committee asked 'officers to investigate options for smoke-free playgrounds, parks and reserves.'[83]

The 2012 report responding to the policy committee request again said that 'public health authorities recommend using education rather than regulation, an approach that has already been adopted by many councils in New Zealand.'[83] The report did not specify which public health authorities. The report also said: 'A bylaw banning smoking is not recommended as it would be expensive and difficult to enforce' and:

> *A smoking bylaw could also raise issues with the New Zealand Bill of Rights Act. Smokers trying to quit also need encouragement and support. Active enforcement is necessary for a bylaw to be effective and a 'smoking police' approach would not be perceived as positive or supportive.* [83]

Please see the next section for other views on the implications for smokefree outdoor policies of the *New Zealand Bill of Rights Act*.

2.5 Policy considerations

This section begins with broad considerations and possible policy approaches, then identifies a set of more detailed, recommended policy options based on our work.

The following information, drawn from our document review, may be useful for policymakers. Smokefree outdoor areas can be divided into two broad categories:

(i) Pedestrian-dense: Where people are within a few metres of each other, for example smokefree building entrances, transport waiting areas (e.g. bus stops), bar/cafe/restaurant patios, pavements, events, and stadiums, and other outdoor isolated or massed seating areas; and

(ii) Less pedestrian-dense: Where people are more dispersed (e.g. parks, zoos, beaches, educational campuses, hospital grounds and parking lots).

The density of people in some other types of areas (e.g. playgrounds, outdoor workplaces) may vary.

Policymakers could consider other relevant factors to help select appropriate places for smokefree outdoor areas, such as:

(i) Places where alcohol is served to the public (e.g. bar/cafe/restaurant patios);

(ii) Places where there may be particular considerations of child or worker protection (e.g. playgrounds, outdoor workplaces);

(iii) Places where cultural or other considerations mean smoking may not be appropriate, and

(iv) Whether it is preferable to target larger pedestrian-dense areas as a whole (e.g. a shopping centre or central business district).

Considerations related to secondhand smoke (SHS), in particular, include proximity to smokers, degree of containment/enclosure, ability to define an area, and access to fresh air.

Smokefree outdoor policy implementation can also vary in extent, for example:

- Minimal implementation (e.g. some signs)
- Substantial implementation (e.g. staff training, a communications strategy and investment in communication)
- Comprehensive implementation (includes planning, communication, enforcement and evaluation).

2.5.1 Five broad policy approaches

Our document review and qualitative research suggested five potential policy approaches, at a broad level, to reduce smoking in outdoor public areas. These are:

i. general education
ii. voluntary policies for particular areas, which have been mostly used to date in New Zealand
iii. incentives for private landowners or businesses (such as iwi, trusts, NGOs, and other non-profit organisations) to make their properties, events or activities smokefree
iv. the use of 'administrative regulation'
v. the use of law (local bylaws and/or national legislation).

In the general education approach, the public is informed of the dangers involved, but no policy is made for particular areas. New Zealand 'voluntary' policies state that particular areas or events should be smokefree, but have no legal basis for enforcement. Approaches (i) and (ii) are detailed further in s.2.3.1 of the previous 2015 report.[1] Administrative regulation and bylaws are covered below.

Administrative regulation

Public organisations can require people and organisations to follow particular practices in some circumstances. These include the following.

Contract agreements: Smokefree provisions within lease or license agreements can put the smokefree onus on a leasee or licensee. Such agreements could be for the use of land, or for events that use public spaces. Smokefree requirements can be included, and enforced by cancellation or non-renewal, by forfeiture of bonds, or by financial penalties specified in the agreement. Some New Zealand local authorities have used this method to require leased cafes within parks to be smokefree. In Wellington, permits are required to use pavement areas for seating (http://wellington.govt.nz/services/consents-and-licences/footpaths/outdoor-seating), but at this stage no conditions about smoking are included. In Palmerston North, the council have included smokefree criteria, as part of contract conditions, for anyone accessing council funds for events.[93]

Rental agreements: For New Zealand government or local authority housing, for instance, these might include smokefree external communal areas. As shown above, the WCC policy is now for smokefree communal areas in its housing complexes.[91]

A no-smoking requirement for public entry to particular areas: For instance, the Capital and Coast District Health Board, like other DHBs, enforces their smokefree grounds policy through signs (Figure 2) and security staff. Smokefree behaviour is part of the conditions of entering Auckland and Wellington Zoos, and for many stadia.

Figure 2: Capital and Coast DHB sign at Wellington Hospital

As in many other New Zealand and overseas cities, Wellington's Westpac Stadium is largely smokefree. A condition of entry is that 'There is no smoking in the Stadium bowl' and 'Smoking is allowed only in designated areas:

> The area between the turnstiles and the main doors to the concourse
> The emergency exit spiral ramp at the northern end of the Stadium (between aisle 34 and 35)' (http://westpacstadium.co.nz/entry-conditions/).'

The use of laws for smokefree outdoor areas

New Zealand local authorities have wide duties and powers to 'improve, promote and protect public health' under the Health Act 1956 and the Local Government Act 2002. These powers are used for a number of health-related issues, but, apart from Palmerston North, are not currently used to require or promote smokefree outdoor areas.

Section 23 of the Health Act states 'It shall be the duty of every local authority to improve, promote and protect public health within its district, and for that purpose every local authority is hereby empowered and directed…(e) to make bylaws under and for the purposes of this Act…for the protection of public health.'[94]

These duties and powers are reinforced by the requirement in the Local Government Act (Section 11), where the 'role of a local authority is to,— … (b) '…perform the duties, and exercise the rights, conferred on it by or under this Act and any other enactment.'[95] The reference to 'any other enactment' clearly includes the Health Act and specifically Section 23. Further discussion on these duties and powers is provided by Ken Palmer et al,[96] and by Peter Le Cren

and Aisling Weir.[97, 98] Their advice suggests that the New Zealand Bill of Rights Act may not be an obstacle to smokefree outdoor policy progress.

A further avenue to smokefree outdoor policies that could be investigated is the use of the sections with the Local Government Act (s.77) and the Resource Management Act (s.6(e)) which relate to Māori taonga and wahi tapu. This avenue could be used to ensure that those places where Māori do not wish to have smoking are suitably protected.

Local authority bylaws

The only current smokefree outdoor bylaw in New Zealand is in Palmerston North. Whanganui District Council passed a bylaw in 2010[99] but it appears to have become inactive, and was replaced by an educational policy in 2014.[100] The Palmerston North smokefree provision is part of their revised *Signs and use of Public Places* bylaw (2015). It requires businesses that use sidewalk seating to have smokefree signs, and bans ashtray provision – but it requires no further action (although presumably the business could cease providing service and could ask people to leave).[101]

Two general types of local authority bylaws are those (i) which are not, or very rarely, enforced in practice, and (ii) those which are actively enforced. 'Non-enforced' bylaws differ from educational policies in several important ways, including:

A. Indicating in a clearer way to smokers and the public that community norms have changed or are changing;
B. Giving a stronger basis for council staff and the public to intervene with smokers; and
C. Indicating to smokers the potential for enforcement, even when this is unlikely.

More options using bylaws or laws that are not, or very rarely, enforced include:

1. A law or bylaw that says that an area or type of area is smokefree (i.e. 'no person may smoke'), but *without a penalty* on the smoker, as in the Palmerston North bylaw. The difference between this approach and the current New Zealand educational policies is that smokers could be told that it is the law.
    - An alternative is a law or bylaw that requires the local authority to 'take all practical steps' to ensure that an area or type of area is smokefree – this would put the onus on a local authority to effectively communicate the change, including perhaps having council staff approach smokers.
    - Another variation of this could be a bylaw *allowing* pavement lease/permit holders to make their pavement area smokefree, and *specifically enabling* them to ask anyone smoking to leave that area (i.e. the penalty is having to leave). This would work best in pavement areas where the public are not walking past.
2. For leased/permitted pavements - a law or bylaw that *requires* the lease/permit holder to 'make all practical steps' to ensure that an area or type of area is smokefree (as with inside areas)
3. A law or bylaw that prohibits the smoker from smoking in the specified area, but which ensures that fines or other penalties would only be used after a number of warnings.

Our document analysis indicates that enforcement by the public may be rare. In a 2011 Queensland survey, only 20% agreed with the statement: 'Because of Queensland's tobacco laws, I have redirected someone who was smoking in a no-smoking zone.'[102] In Auckland after the 2013 smokefree policy changes, only 29% of survey respondents said that they would point out 'that it was a smokefree area/event' if they saw someone they did not know smoking there.[74]

What laws may do, however, is give *smokers* the idea that the public may intervene – and research suggests this. In the Queensland survey, 60% of smokers agreed with the statement: 'Because of Queensland's tobacco laws, I think I'm likely to be pulled up by other people if I smoke in a no-smoking zone.'[102]

Smokefree law enforcement is rare

Bylaw enforcement in Australia by legal action usually occurs as a last resort – after informal approaches by local authority officers, and after a series of warnings. We would expect a similar pattern in New Zealand, since our sociocultural context is broadly similar to Australia. In New South Wales, for example, fines for smoking in smokefree outdoor areas have been issued,[103] but over four years one local authority had only fined three smokers – for persistent behaviour despite warnings.[104]

In Perth, in the first month after the introduction of smokefree pedestrian malls (June 2014), the Lord Mayor said:

> *Only five smokers have received infringements, while rangers cautioned almost 400 smokers… who willingly complied by butting out. …Of the 15 or so people per day that we have to approach now, some haven't been into the City since the ban was introduced or are unsure where the pedestrian malls start and end. But as soon as rangers tell them they're breaking a law they butt out pretty promptly. When you consider the number of pedestrians in these areas each day is in the tens of thousands, I'd say only having to issue about one infringement a week is a success.*[105]

After a six-month education period, Perth led up to the enforcement stage with performance artists highlighting the smokefree policy (see Figure 3):

> *On spring-loaded stilts, clad in orange jumpsuits and armed with smoke alarms and danger tape, performers known as the 'Smoke Free Police' will take to the City's smokefree zones at peak times…to literally blow the whistle on smokers. The Lord Mayor said their aim was to add colour and movement, and a bit of fun, to the static 'no smoking' signs that will soon be enforced.*[106]

Figure 3: Perth performance artists highlighting smokefree mall policy[106]

2.5.2 Views of stakeholders in our research – policy considerations

Criteria to help decide which places or events should be smokefree

The workshops helped to develop ideas, which emerged in earlier interviews, on potential criteria for deciding on the type and size of areas to make smokefree. These criteria were:

- Where there is the most net community benefit (health and other matters)
- Where surveyed public support is strongest
- Where people are involuntarily present – workers, children, queues
- To increase the extent of areas that are 'family friendly'
- A 'flat playing field' for businesses, so that smokers would not move to localities where they could smoke at cafes or bars
- Where there are concentrations of people – either pedestrian or seating density or closeness.

Official intervention and enforcement

Most stakeholders in our research assumed and accepted the need for official intervention, by either central or local government, for public or private land that was used by the public. There was little mention of voluntary policies by businesses on their own land, aside from District Health Boards (DHBs) and iwi authorities. Some interviewees spoke of the need for bylaws, where local authorities 'step up' and speak on behalf of the citizens. There was also the factor that much of the hospitality industry outdoor areas are on public land (pavements) or front onto footpaths. One restaurant manager commented:

> *You…need a greater force, whether it's government, whether it's city council, whether it's the owner of a complex or whatever, to actually affect [situations on public or shared open spaces]...we can say…we don't want it outside… but we don't actually have control of* [the area outside] (Interviewee 9).

Another participant noted:

> *Signage is important, but I think it's got to be backed up by very clear bylaws…there needs to be some clear messaging go out pretty regularly. That…we won't tolerate [smoking]. And we need smoking police* (Interviewee 10).

Support from DHBs and iwi authorities, and their prompting of local authority and central government, was considered important to achieve effective smokefree outdoor policies. In particular, where smokers move to areas near the street entrances to hospital, kōhanga reo or kura kaupapa school grounds, local or central government could require areas around such entrances to be smokefree. Public and official input into the new (central government) New Zealand Health Strategy was one avenue suggested for helping advance long term change in outdoor policies.

Also, DHBs and iwi authorities were thought to have potential for advancing smokefree outdoor policies on their own land. In particular, DHBs could invest more in the training of, and support for, security staff to enable them to approach smokers in a positive way. Current Regional Public Health work with local kōhanga reo to achieve tupeka kore (tobacco free) policies (in grounds, car parks, buildings, and all facilities) was mentioned as needing to be continued and supported. The work needs to be intensive at the kanohi ki te kanohi (face to face) level to ensure long term results.

Big bang or gradualism?

Stakeholder views on the desired speed of change were polarised. Some stakeholders wanted gradual change, whereas others sought more immediate and significant changes to achieve the government's Smokefree 2025 goal. In two workshops, participants put forward the idea of moving to a comprehensive smokefree downtown policy in the short term, for example by setting a date a year or two ahead. This was suggested as a way to position Wellington as a national and international leader in civic innovations, and improve its image as a healthy and liveable city.

Resistance to such a move was seen by one interviewee as partly due to the difficulty of envisaging a smokefree society:

> *The biggest idea for people to shift into is* [the] *2025* [smokefree goal], [it] *feels like a long way away…you have to change the way you are presenting ideas* [about the goal] *to make people feel that is reality, it is just going to happen* (Interviewee 13).

In contrast to this rapid implementation, a gradual approach was suggested by some, for example one interviewee proposed 'baby steps' as a way to reduce potential resistance to policies, as well as ensuring time to communicate policies to all concerned.

Policy options arising from our research

Based on our work, we propose the following set of specific policy options for policymakers and stakeholders to consider:

- A national requirement for certain outdoor areas to be smokefree, in particular:
  a. minimum smokefree distances from openings in buildings used by workers and the public
  b. all outdoor public eating and drinking areas to be smokefree
  c. smokefree transport waiting areas
  d. smokefree zones within 10 metres of playgrounds
  e. smokefree pavements within 15 metres of school and hospital gates, driveways and other entrances.

- Local bylaws for beaches or central business districts – and in the absence of national legislation, for smokefree entrances, outdoor hospitality areas, transport waiting areas and playgrounds, as well as parks and reserves.

- Smokefree events held on Council land, or funded or run by the Council.

- Smokefree shopping pavement areas throughout the city or town centres, starting with laneways – and then for the whole of the central business district.

- Effective communication of smokefree outdoor policies. This should include making messages more positive for smokers.

2.6 Policy communication

Within this section, most of the focus is on permanent static signs and maps, with much less focus on other communication forms such as websites, media advertisements and free media coverage. However, there was a strong theme from participants of the need to move to a wider use of other media than static signs.

Communication using signs and logos

In our document review, we found that smokefree signs varied in wording and design. Some mentioned the example of smoking to children, such as in Porirua City (Figure 4 below). Some implied there was potential harm from secondhand smoke (SHS) outside, as in the Palmerston City Council sign (Figure 5).

Figure 4: Porirua City Council sign

Figure 5: Palmerston North City Council sign

In Wellington City, except for a few unique signs (Figure 1) there was often no message beyond the use of the widely used New Zealand smokefree logo. Figures 6 and 7 are exceptions. Observations at seven Wellington playgrounds found that where there was a smokefree sign, it was often small (about 10cm x 10cm) with only the one in Figure 6 larger than that.

Figure 6: Example of Wellington park sign

For the variations on the New Zealand smokefree logo, please see http://smokefree.org.nz/logos (The logo was first used by the Health Sponsorship Council, and now by the Health Promotion Agency).

Figure 7: Botanic Gardens playground sign

The Queensland State government has used the image in Figure 8 for both smokefree and wider tobacco control promotion.

Figure 8: Queensland State smokefree campaign logo

NOBODY SMOKES HERE ANY MORE

Views of stakeholders in our research – planning and communication

Participants expressed many ideas on how smokefree changes should occur, with clear planning and good communication the most common. According to participants, long term, well-communicated plans are needed, with clear rationales:

> *[the need to be clear that] …this is where we're going so…over the next year, two years, five years, ten years, we're heading towards this…change* (Interviewee 13).

Many participants said the policy planning should involve smokers:

> *Once the smoker becomes the owner of something, cos it's becoming their thing, they become the champion of change rather than us telling them how to change, they buy in to it, become the advocate* (Interviewee 12).

Improving communication of smokefree outdoor policies
Stakeholders widely agreed that more effective and better resourced smokefree policy communication was needed, particularly after workshop participants were informed about the current low awareness of WCC smokefree policies. This need included diversifying from static signs, so that messages are refreshed regularly. Training for frontline council staff, bar staff and other groups, such as tour guides, in communicating smokefree policies to smokers, was also seen as essential.

The need for a positive approach
Common messages from participants were the need for communication to be positive (rather than punitive or negative towards smokers), and to focus on children or families. For instance, one workshop suggested including Quitline contact information in smokefree signs and notices. Another idea was to hold civic awards for organisations that successfully make their outdoor areas smokefree. Another related comment was included:

> *The messaging…has to be quite positive and not seen as a punitive or an anti-smokers message, but…* [explaining] *that this will be better for our communities, it will be better for our children…positive policies that increase the likelihood of helping people quit.* (Interviewee 7).

The '*It's about whanau'* smokefree media campaign from 2001-2002 was cited as a positive communication campaign, and an example of how smokefree messages should be framed:

> *It took the stigma away from being a smoker…'you bad person, you bad smoker', kind of stuff.* [Rather the message was] *I'm doing it because of* [my whanau]*…it just turned it around to a real positive* [situation] (Interviewee 14).

Simple messages with clear rationale
Other themes were a call for simplicity in messages, and for making the rationale for smokefree policies clear. One stakeholder noted that a clear rationale meant communicating the advantages of smokefree rules to smokers, rather than only communicating the desired behaviour change:

> *So if I was a smoker and I got told I can't smoke in a bus stop anymore, I'd be like 'well, what have you got for me then?'* (Interviewee 12)

Other participants noted that messages should suit the context:

> [For instance, with]*…a regional park smokefree…it's primarily because it's a fire hazard …If it's a beach…it's about pollution…Do you want your kids playing with cigarette*

> *butts on the beach? No…you can look at the health as being the, the base* [rationale] b*ut there is a lot of other reasons* (Interviewee 13).

Participants recommended text or images, as well as smokefree logos, to explain the rationale:

> *Can you keep our play area smokefree"?… Rather than just [a] smokefree, auahi kore logo…because when you see a logo, people switch off a lot, but if it's kind of like a personalised message to a smoker…councils just need to be a bit more creative* (Interviewee 14).

Communication to business sector

Workshop participants developed ideas about ways to make smokefree policies better understood by businesses in particular – and more attractive to them. This could include lower or no pavement lease fees for smokefree areas, as one example. Other suggestions included:

> *You need to give [businesses] information, that they see the benefit to them. It has to be put in their language; otherwise it's not going to work. They need to see less maintenance, less clean-up, healthier staff, whatever. Less time out in the street smoking* (Workshop 2).

> [Property owners] *would traditionally come from an ideology that says, "This is nanny state". But having said that, they would recognise the commercial benefits: not having to clean up; having a higher quality reception around their buildings, not having smokers there. If you get their buy-in* [at a group level]*, all of a sudden you have a network of landlords across the entire city* (Workshop 2).

Smokefree city image

One participant viewed smokefree messages as part of showcasing the city, and New Zealand, to visitors:

> [For tourists]…*we want to present this country as a healthy place to be…we especially don't want them coming and smoking…it's really just like saying we're a nuclear-free city, we're a peace city* (Interviewee 10).

Similarly, workshop participants suggested building on elements of Wellington identity in communication about smokefree outdoor policies, for example using the phrase 'Fresh Air.'

Other ideas to improve communication, from the workshops, included a focus on smokefree areas as a way to prevent butt litter and prevent smoking initiation (using the key phrase 'Zero uptake').

In the next section we discuss the findings and policy implications.

3 Discussion

In this section we discuss the nature and significance of the results (s.3.1), the implications and recommendations for national and local policies (s.3.2), the strengths and weaknesses of the project (s.3.3), the implications for further research (s.3.4) and our conclusions (s.3.5).

3.1 The significance of the results

3.1.1 Practicalities and benefits

Repeated national and local surveys indicate that there is now majority support for smokefree outdoor policies in New Zealand. This support is for a number of types of places, and most respondents think that smokefree outdoor hospitality areas are likely to attract more, not less, patronage. Equally, interviewees in our project provided vivid statements of the benefits, particularly to those quitting, of denormalising smoking through smokefree outdoor policies.

However, the project interviews and workshops with stakeholders showed that adopting and implementing such policies will likely face some opposition. As noted in an earlier study of online comments,[107] much of the concern continues to be framed using rhetoric about individual choice and rights.

Some in the hospitality industry are vocal in their opposition to new policies. However, our research found large differences in attitudes within the industry, both in interviews and in reported statements. A wide range of hospitality stakeholders will need to be involved, and local government, DHBs and central government will need to work closely with stakeholders to ensure new policies are understood and supported.

3.1.2 Increased survey support for smokefree urban outdoor places

The survey data indicates that New Zealand public support for smokefree dining, music and sports events, and downtown centre outdoor areas, has increased in the past few years.

Support for smokefree dining has increased from 56% in 2008 to between 68% and 81% in four regional surveys during 2013-15. Support for smokefree music and sports events has increased from 59% in 2010 to between 71% and 73% in three regional surveys during 2013-14. Most notably, support for smokefree ‘town or city squares’ was only 39% in 2008, but rose to between 61% and 69% for ‘outdoor areas in town centres’ in four regional surveys during 2013-15.

For other outdoor areas, the evidence is less clear. National survey support for smokefree building entrances was reported at 65% in 2012, but at 80-89% in 2013-15 in four regional surveys. This seems to be a marked change in a short time period. The reported change may be explained in various ways: it could show an actual increase in support, there may be a difference between national and regional opinions, or it could reflect methodological differences (e.g. sampling or question wording).

The level of support for smokefree outside bar areas is also unclear. In the two surveys (in Hawkes Bay and Wellington) where the question is specific to pubs or bars, support was 53% and 50%. When the survey question was about all hospitality areas (bars, restaurants and cafes in Auckland and Canterbury) support was 76% and 81%. There may be less concern about smokefree areas outside bars when bars are included with restaurants and cafes compared to when bars are considered separately.' Alternatively, survey respondents may recognise that there is an increasing blurring of hospitality venues, with increased patron pressure to provide food wherever alcohol is served (as seen in s.1.4 by the growth in cafe and restaurant employment in contrast to pub/bar employment).

It is difficult to compare the survey support (46% to 53%) for specific Wellington downtown smokefree retail areas (the Golden Mile, Cuba Street, and the waterfront) with the 61% to 68% for smokefree shopping footpaths in the 2012-2014 national and three regional surveys. It may be that when a specific place is mentioned, survey respondents are less likely to be supportive.

3.1.3 Smokefree hospitality areas

Some of the concerns from hospitality businesses were similar to those heard before the 2004 move to smokefree bar interiors – a perceived loss of smoking customers (and assumed net loss of customers and profits), and anticipated problems with enforcing compliance from customers.[108]

As in the 2000-2004 period, current Hospitality Association statements may contain some inaccurate information. The reported statement by the Hospitality Association chief executive 'It's [SHS] hardly going to impact on other people's health outside'[77] is inconsistent with the evidence presented in s.1.1 above. A reported statement by an Association regional manager, that staff would be 'in an unreasonable position if people chose to ignore the smokefree signage'[79], fails to acknowledge that staff *have* dealt with this issue over the last twelve years since the 2004 law change. It also overlooks the turnaround in perceptions about the ease of compliance once the 2004 smokefree law was in place, as demonstrated by survey evidence (see s.1.4).[62]

There are a range of arguments about the potential financial impacts of outdoor policies in hospitality contexts. First, the New Zealand survey predictions of increased – rather than decreased – patronage from such policies. Non-smokers would be more likely to use the areas if they were smokefree, particularly those with children. Smokers who were trying to quit would not have to avoid the areas because of cues from smoking. As with indoor areas, some smokers would prefer smokefree areas for a variety of reasons. Based on the New Zealand and international experience for indoor smokefree bars, support from smokers would be likely to sharply increase once they experienced the outdoor policy.[60, 109, 110]

One perceived factor in adopting smokefree policies for bar outdoor areas is the investment that has already been made in sheltered areas. However, such areas also attract non-smokers, so the use of such areas is likely to *increase* rather than decrease with smokefree policies. Also, many smokers prefer not to have smoke around them, and thus would continue to use such areas.

General matters that could be considered by the hospitality industry, in relation to smokefree outdoor areas, include whether the industry as a whole, or particular businesses, intend to be:

- 'Family friendly', i.e. welcoming to children
- Sustainable, i.e. are they planning for a smokefree New Zealand in 2025?
- Seen as playing a part in achieving New Zealand government health goals: i.e. being part of the solution rather than the problem.

3.1.4 Potential stigma from smokefree outdoor policies

The potential stigmatisation of smokers was a concern for many participants, as was also evidenced in New Zealand online comments.[107] A definition of stigma is given by Stuber and colleagues: 'stigma is the 'negative labels, pejorative assessments, social distancing and discrimination that can occur when individuals who lack power deviate from group norms.'[111]

We note that this definition is about an attitude to *people* as opposed to an activity; there is a need for clarity about whether people or activities are affected. If smoking in an outdoor smokefree area is generally regarded with great disapproval or as disgraceful, then that *activity* may be stigmatized. Some New Zealand qualitative research indicates that some non-smokers, who have little idea of the addictiveness of smoking, could react with 'stigmatising behaviours that antagonized smokers.'[112]

A further question is whether some smokers may feel affected by stigma, but nonetheless want the effect of smokefree areas to help them quit. New Zealand qualitative research indicates that some smokers are aware of the link between visibility, acceptability and reducing smoking prevalence:

> *Despite the potential inconvenience, several participants believed restricting the areas where smoking could occur would reduce its perceived normality and acceptability: 'I think there shouldn't also be smoking in CBD [central business district] areas…or at least designated parks or bench areas that are clearly marked for smoking…just to socially change people's mentality of having the right to smoke'*[113]

The possible social and physical isolation of having to smoke only in certain places may be relatively temporary for smokers. As soon as smokers cease smoking, smokefree area policies do not restrict or 'mark' them. In some cases people may avoid close proximity to smokers because of the remaining smell of smoking, or because of the knowledge that their clothes will be emitting third-hand smoke. But these issues are unlikely to be because of the smokefree area policy itself. A full discussion of stigma and smoking is beyond the scope of this report, and a detailed examination of the issue can be found in Courtwright.[114]

3.1.5 The need for better policy communication

The low public awareness of smokefree outdoor policies found in Wellington, Canterbury and Auckland surveys confirms the similar finding in Kāpiti .[22] Our qualitative findings indicate that not only does there need to be better reach by local authority communications, but messaging needs to be positive for smokers, with a clear rationale.

3.2 Policy implications

Besides the support and opposition from outside local authorities, we found evidence in the documents, interviews and workshops of the internal difficulties that local authorities face in progressing smokefree outdoor policies. This is consistent with the New Zealand and international literature.[3, 35-38, 47-49] Additionally, there is the question of what level of government is most appropriate for making and implementing the policies.

3.2.1 National and local policy options

Central government legislation could help expand (or progress) smokefree outdoor policies in three ways:

(i) by giving more power to local authorities to implement their own local bylaws or policies
(ii) by legislating directly for smokefree requirements at a national level; or
(iii) a combination of the first two.

Legislation could provide local authorities (e.g. through the Smoke-Free Environments Act or the Local Government Act) with clearer and specific powers to pass smokefree bylaws, and more specific duties to protect their populations from smoking normalisation and SHS. Alternatively, or as well, legislation could be amended to require certain smokefree areas nationally. These could include:

i. minimum smokefree distances from openings in buildings used by workers and the public
ii. all outdoor public eating and drinking areas
iii. smokefree public transport waiting areas
iv. smokefree zones within 10 metres of playgrounds.

Virtually all potential outdoor smokefree policies could be provided for by legislation – in terms of types of places, buffer zones, or events. Buffer zones are distances around types of places (eg, entrances, outdoor queues, school entrances) that must be smokefree. Exceptions for places where specific national legislation may be best could include non-patrolled beaches, some events and some pedestrian areas, which may be better covered by local authority bylaws.

The 2015 Wellington survey, discussed earlier, indicates a strong public preference to move from voluntary 'educational' policies to bylaws (as did the 2013 Auckland survey). Wellington City Council could work with other local authorities in the region, and with Local Government New Zealand, to further advocate to central government for increased smokefree outdoor areas – and for the associated legislation that is needed.

The advantages of a national approach

More involvement of central government in the creation of smokefree outdoor policies would have a number of advantages. Rather than the 67 New Zealand territorial local authorities, or the 11 regional councils, working their way past other priorities to form policies, a national law

covering many types of outdoor places would be more efficient, and would give certainty and clarity to all stakeholders.

A national law could be more effectively and efficiently communicated by mass media, compared to each local authority trying to communicate its own policies. For instance, it would be easier to communicate a standard policy for outdoor hospitality areas across New Zealand, and to provide national enforcement processes, as is done for indoor smokefree areas. National law would also be far less vulnerable to legal challenges. Visitors to localities would expect the same policy across New Zealand.

National laws do not prevent local authorities from developing their own policies (including bylaws). Ideally, national smokefree legislation for new smokefree outdoor areas would also have a provision to enable bylaws for smokefree. In this way, local authorities could extend smokefree areas beyond such places as can be nationally standard (e.g. building entrances, bar/cafe/restaurant patios) to non-standard places such as particular beach areas. While some councils are starting to use bylaws for smokefree outdoor areas, it would be helpful if the Local Government Act were amended to enable bylaws for smokefree areas. This might encourage more councils to pass such bylaws, and to do so for wider areas.

When financial losses are feared from smokefree outdoor policies, as for hospitality areas, national legislation provides a 'level playing field.' Thus smokers would not have an incentive to spend their 'social time' in one city compared to a neighbouring one, with differing outdoor policies.

National leadership in smokefree laws would also help, insofar as central government could also connect national smokefree policy advances to the provision of support for smokers to quit, before and after the implementation of the policies. In contrast, local authorities do not have direct access to, or control over, the resources of District Health Boards or national health agencies to ensure cessation support, or national media campaigns. Such campaigns could both communicate the rationale for smokefree policies, as at the time of the 2003-4 smokefree law changes,[115] and guide people to cessation services.

Local authorities have been hesitant to use the bylaw powers under current legislation for smokefree public places, and there has been concern about possible legal challenges to their use. This is highlighted by experience with alcohol-free areas. Parliament clarified the power of local authorities to create liquor-free zones with an amendment to the Local Government Act. Section 147 of that Act now gives local authorities specific powers to make bylaws for 'prohibiting or otherwise regulating or controlling' the use or possession of alcohol in an area.[95] Similar powers to local authorities for smokefree area bylaws would help limit legal challenges to them.

3.2.2 Particular smokefree outdoor policy options for Wellington

Based on our research, we suggest the following set of feasible policy options for Wellington City, listed below beginning with more immediate, and easily achievable, priorities.

Bus stops and Botanic Gardens

Our work found consistent evidence that at least two types of areas in Wellington could be immediately made smokefree – bus stops and the Botanic Gardens. Not only was there almost universal public support, but other New Zealand cities already have such policies, at least nominally, in place.

As well as having public support, bus stops and the Botanic Gardens meet the other criteria developed in our workshops: net community benefit, helping make the places 'family friendly' and (for bus stops) 'where people are involuntarily present.' Both bus stops and the mass seating areas of the Gardens have dense concentrations of people. We would expect that smokefree outdoor policies in these two areas would not produce negative effects for any business except the tobacco industry.

Building entrances

The option of smokefree building entrances is more complex because entrances are widespread. The Wellington survey asked about support for smokefree 'entrances of buildings accessed by the public.' Such policies are in place overseas, but in some places hospitality businesses are exempt. One potential solution is a bylaw to allow businesses to specify a minimum smokefree distance from doors, windows and ventilation intakes.

Central city laneways and central business district

A current opportunity for the WCC to introduce smokefree policies is the renovation process for the city's 72 lanes, which has recently begun.[116] The newly redesigned lanes could be made smokefree. Our qualitative research findings would support planning for a smokefree central business district (CBD).

3.2.3 Implementation and the Wellington City Council strategic documents

The potential of smokefree outdoor policies to help achieve the City's goals

A major barrier continues to be the difficulty of making the implementation of smokefree outdoor policies a priority.[48] Low public awareness of existing smokefree policies, such as for sports fields, reflect the effort required to get sufficient local authority budgets for policy communication. While the benefits of smokefree areas (e.g. healthier population, more attractive retailing, less litter) fit well with WCC visions, priorities and desired outcomes, there was documented evidence of the difficulties in prioritisation, and a perception by several participants of competing priorities.

The WCC strategic documents are consistent with greater investment in smokefree outdoor places. The aim to be an 'eco city' and the priority of 'making savings now' would be furthered by decreased tobacco-related litter. The aim to be a 'people centred city' and the priority of a 'resilient city' would be helped by a healthier population resulting from reduced smoking, and a healthier environment for visitors. The aim of a 'dynamic central city' and the priority to be an

'inclusive place where talent wants to live' could be facilitated by the improvement of the downtown and city image with less smoking.

A smokefree downtown CBD could offer:

- World class branding as a clean/green/smart city – that is more attractive to shoppers, tourists and to high-skilled workers, and to help with tourism marketing
- A competitive central city, compared with other Pacific Rim tourism and lifestyle cities including Sydney, Melbourne, Brisbane, San Francisco, Los Angeles and Vancouver, where smokefree outdoor areas are presently more advanced
- A healthier, more productive workforce, with fewer accidents
- The chance to cut outdoor cleaning costs from smoking-related litter, and to protect the harbour marine environment from such litter.

Cooperation between councils

Because smokefree outdoor bylaws are a new area which requires staff and Councillor development, it may be beneficial for the WCC to work with other cities, such as Palmerston North and Auckland, to work out practical and effective standards. Co-operation across councils would also communicate to the public that the changes are not isolated or occurring only in one region.

Cooperation across council, sectors and community

Opposition to smokefree outdoor policies by some hospitality businesspeople in our research, and the challenges with policy prioritisation for all levels of council officials and staff, indicates the need for considerable work to bring together the different groups involved for cooperation. One way to do this would be a WCC working party that would invite or co-opt members from essential parts of the council and community.

3.2.4 Recommendations

We recommend that the WCC effectively resource a smokefree working group so as to achieve continued action. We consider that smokefree bus stops, downtown parks and the Botanic Gardens are priority areas that could be immediately made smokefree, and given a whole of WCC commitment of time, resources and energy.

In planning for a second year of changes, we recommend that smokefree outdoor dining, and support for businesses that want smokefree entrances, be the priorities. Alternatively, smokefree laneways (as they are redeveloped), and smokefree retail and hospitality precincts (as in Melbourne), could be adopted as a way forward.

The recommendations from the project are:

Recommendations to Wellington City Council

1. To advocate to central government for better smokefree legislation and policies at a national level. In particular, for:

- 10m minimum smokefree zones for entrances in buildings used by the public
- all outdoor public eating and drinking areas to be smokefree
- smokefree transport waiting areas
- smokefree zones within 10 metres of playgrounds
- smokefree pavements within 15 metres of school and hospital gates, driveways and other entrances.

2. Given the evidence of strong public support, introduce smokefree outdoor bylaws to fulfil its duties under the Health Act 1956 (if appropriate, in tandem with other New Zealand local authorities). In the absence of national legislation, the bylaws could require smokefree entrances, outdoor hospitality areas, transport waiting areas and playgrounds, as well as parks and reserves.
3. Require smokefree policies for events held on Council land, funded or run by the Council.
4. Investigate and plan for smokefree shopping pavement areas throughout the city, particularly for the newly redeveloped laneways in the short term – and then for the whole of the central business district.
5. Fully resource work to more effectively communicate Wellington's smokefree outdoor policies. This should include making messages more positive for smokers.
6. Bring together a wide range of stakeholders to drive the rapid adoption and effective ongoing implementation of Wellington's smokefree outdoor areas.

Recommendations to the New Zealand Government

1. To amend the Smoke-Free Environments Act to require smokefree building entrances used by the public, transport waiting areas, outdoor hospitality areas and playgrounds.
2. To amend the Local Government Act be amended to enable local authorities to create bylaws for smokefree outdoor areas (similar to the current provision for alcohol-free areas).

Recommendations to Regional Public Health and the Capital & Coast District Health Board

1. Continue investing resources in helping local groups to adopt smokefree policies
2. Advocate to central government and Wellington City Council to carry out our recommendations to them, outlined above.

3.3 Strengths and limitations of our research

3.3.1 Strengths

The project benefited from a progressive data collection including primary documents, interviews and workshops. This meant that workshops and the symposium were informed by the previous stages (e.g. the use of survey data, and ideas from the interviews).

The range of perspectives of the 47 research participants helped to ensure diversity of opinion and information. The workshops provided a chance for diverse stakeholders to discuss issues in depth, in a cooperative way. The process helped trigger innovative thinking by the participants as they were exposed to different perspectives and other new ideas.

3.3.2 Limitations

The limitations of our project include a narrow geographical focus (one city), and the small number of participants. Although participation was limited in number, the workshop discussions, in particular, were intensive (e.g. 3-4 hours in duration). Only four interviewees were from the hospitality industry. A larger number could have provided a wider perspective from hospitality. The gender balance of interviewees and workshop participants could have been improved with more men. We had no smokers in the interviewee and workshop samples, although some were former smokers.

3.3.3 The working relationship with the WCC

Our collaboration with the WCC staff and councillors can be seen both as an advantage and a potential drawback. While we could only access public documents in our document review, the involvement of Council participants in our qualitative fieldwork provided extra depth that was not easily accessible in public documents. The four Council participants in interviews and workshops provided important information on Council attitudes and perceptions. This information for the Wellington region had previously only been published in two articles.[47, 117] On the other hand, the cooperation could be seen as limiting our ability to independently analyse the issues.

3.4 Further research

There is a need for further survey work to answer questions that arise from the existing surveys, particularly to clarify the level of public and smoker support for smokefree outdoor hospitality areas. Future Wellington surveys could use similar questions to those used in other surveys about smokefree footpaths outside shops in general, as opposed to specific Wellington retail areas, and on smokefree events. We did not find any national survey data on the level of public support for smokefree bus stops or other transport waiting areas. National-level research on this issue would be useful as it is an immediate priority. The upcoming survey of smokers run by the University of Otago, Wellington, provides an opportunity to look more deeply into smokers' opinions and concerns about smokefree outdoor areas.

The wide mix of opinions found among our hospitality industry participants suggests that research is needed across New Zealand to investigate the nature and extent of industry concerns about smokefree policies. This research could include national or regional surveys of business owners, managers and staff. Recent research with hospitality industry staff is lacking. Such research is needed because hospitality industry staff are often young, in casual employment and relatively vulnerable. The most recent New Zealand research with hospitality staff (as opposed to managers) was in 2001, on attitudes to indoor smokefree policies.[66]

Wellington research could expand the 2011 work on business attitudes about a smokefree Golden Mile[63] – to identify attitudes and expectations of businesses across the whole city.

There is also a need for more qualitative research into the level of support for smokefree outdoor places. The only structured research work on opinions about this topic in the New Zealand media has been on online comments to news articles.[107] Research on editorials, opinion pieces, letters to the editor, reported opinions in the media, and on the framing of the issues in news articles, could help show the range, depth and content of such opinions - and could better inform advocates and policymakers about the media climate for policy change.

The communication of smokefree outdoor policies to the public has had little research to date. We found no studies on the most effective ways to reach smokers through signage. Expert evaluations of current New Zealand smokefree outdoor signage and other communication channels are needed to see what impacts they have (e.g. whether messages are seen and by whom, and the responses to messages).

Research is also needed on messages that could be used across New Zealand to communicate to smokers, and the wider public, the positive effects of smokefree outdoor areas. For instance, messages could convey the improved chances of quitting and avoiding smoking cues for those who have quit, and the opportunity to help smokers' families and whānau, particularly children Research is also needed on more effective and diverse messaging channels, other than static or conventional signs (such as the pavement sign in Figure 9).

3.5 Conclusion

There appears to be substantial scope for progressing smokefree outdoor policies in New Zealand. Policies in Wellington could include a smokefree downtown area, which could send a powerful message about the values and image of the city. The use of bylaws appears legally and practically feasible. Nevertheless, national smokefree outdoors legislation may be preferable for many types of areas.

Figure 9: Pavement sign at entrance to Kāpiti Coast District Council playground

Acknowledgements
We would like to thank our interviewees and workshop participants, who generously gave their time and ideas. The Wellington City Council public survey was very useful. We are grateful to the Ministry of Health and Health Research Council (University of Auckland) Turanga for funding this project.

References

1. Thomson G. Smokefree Wellington: Context, options and evidence. University of Otago. Wellington. November 2015. http://www.otago.ac.nz/wellington/otago304204.pdf.
2. Wilson N, Thomson G, Edwards R. Lessons from Hong Kong and other countries for outdoor smokefree areas in New Zealand? *New Zealand Medical Journal* 2007;120:U2624.
3. Hyslop B, Thomson G. Smokefree outdoor areas without the smoke-police: The New Zealand local authority experience. *N Z Med J* 2009;122(1303):67-79.
4. Hyland A, Barnoya J, Corral JE. Smoke-free air policies: past, present and future. *Tob Control* 2012;21:154-61.
5. Ivory V, Blakely T, Richardson K, et al. Do changes in neighbourhood and household levels of smoking and deprivation result in changes in individual smoking behavior? A large-scale longitudinal study of New Zealand adults. *American Journal of Epidemiology* 2015:Online August 2015, doi: 10.1093/aje/kwv097
6. Wray JM, Gray KM, McClure EA, et al. Gender differences in responses to cues presented in the natural environment of cigarette smokers. *Nicotine Tob Res* 2015;17:438-42.
7. Edwards R, Peace J, Stanley J, et al. Setting a good example? Changes in smoking prevalence among key occupational groups in New Zealand: evidence from the 1981 and 2006 censuses. *Nicotine Tob Res* 2012;14:329-37.
8. Alesci NL, Forster JL, Blaine T. Smoking visibility, perceived acceptability, and frequency in various locations among youth and adults. *Prev Med* 2003;36:272-81.
9. Alamar B, Glantz SA. Effect of increased social unacceptability of cigarette smoking on reduction in cigarette consumption. *American Journal of Public Health* 2006;96:1359-63.
10. Karasek D, Ahern J, Galea S. Social norms, collective efficacy, and smoking cessation in urban neighborhoods. *Am J Public Health* 2012;102:343-51.
11. Leonardi-Bee J, Jere ML, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax* 2011;66:847-55.
12. Nagelhout GE, Willemsen MC, de Vries H. The population impact of smoke-free workplace and hospitality industry legislation on smoking behaviour. Findings from a national population survey. *Addiction* 2011;106:816-23.
13. Baha M, Le Faou AL. Smokers' reasons for quitting in an anti-smoking social context. *Public Health* 2010;124:225-31.
14. Shields M. Smoking bans: influence on smoking prevalence. *Health Reports* 2007;18:9-24.
15. Klein EG, Bernat DH, Forster JL. Young adult perceptions of smoking in outdoor park areas. *Health Place* 2012;18:1042-5.
16. Zablocki RW, Edland SD, Myers MG, et al. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med* 2014;59:73-8.
17. Chaiton M, Diemert L, Zhang B, et al. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control* 2014:Online October 28.

18. Rayens MK, Hahn EJ, Langley RE, et al. Public opinion and smoke-free laws. *Policy Polit Nurs Pract* 2007;8:262-70.
19. Azagba S. Effect of smoke-free patio policy of restaurants and bars on exposure to second-hand smoke. *Prev Med* 2015;76:74-78.
20. Johns M, Coady MH, Chan CA, et al. Evaluating New York City's smoke-free parks and beaches law: a critical multiplist approach to assessing behavioral impact. *Am J Community Psychol* 2013;51:254-63.
21. Johns M, Farley SM, Rajulu DT, et al. Smoke-free parks and beaches: an interrupted time-series study of behavioural impact in New York City. *Tob Control* 2014.
22. Toledo Cortés L, Thomson G, Edwards R. Testing policy evaluation methods for smoke-free outdoor area policies. *Evaluation Journal of Australasia* 2014;14:35-42.
23. Toi Te Ora. Opotiki smokefree outdoor places survey. Toi Te Ora - Public Health; Bay of Plenty District Health Board. Tauranga. 2008. Accessed November 16, 2010. http://www.toiteorapublichealth.govt.nz/vdb/document/135.
24. Toi Te Ora Public Health Service. Rotorua smokefree outdoor public spaces policy evaluation report. Bay of Plenty District Health Board. Tauranga. 2009. Accessed November 5, 2011. http://www.toiteorapublichealth.govt.nz/vdb/document/136.
25. McGee R, Williams S, Reeder A. Parental tobacco smoking behaviour and their children's smoking and cessation in adulthood. *Addiction* 2006;101:1193-201.
26. Gifford H, Boulton A. Is sharing tobacco within the home really good manaakitanga? In: Home: Here to Stay, Kepa M, Brewin M, and Manu'atu L, Editors. 2015, Ngā Pae o te Māramatanga and Huia Publishers: Wellington. p. 83-95.
27. US Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Atlanta GA. 2006. Accessed March 9, 2015. http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf.
28. Yamato H, Mori N, Horie R, et al. Designated smoking areas in streets where outdoor smoking is banned. *Kobe J Med Sci* 2013;59:E93-105.
29. Hwang J, Lee K. Determination of outdoor tobacco smoke exposure by distance from a smoking source. *Nicotine Tob Res* 2014;16:478-84.
30. ASH Australia. Smokefree outdoor and partly enclosed public places. ASH Australia. Sydney. November 12, 2012. Accessed November 30, 2012. http://www.ashaust.org.au/lv3/Lv3informationLG.htm#WHAT'S BEEN DONE.
31. Cancer Society Auckland. Smokefree Outdoor Dining - A review of current evidence and lessons from overseas. Cancer Society Auckland. Auckland. August 2014.
32. New South Wales Health. The smokefree bars and restaurants legislation. New South Wales Health. Sydney. 2015. Accessed March 2, 2015. http://www.health.nsw.gov.au/tobacco/Documents/commercial-outdoor-dining.pdf.
33. Queensland Health. Tobacco laws in Queensland: Eating and drinking areas. State of Queensland. Brisbane. September 2014. Accessed August 19, 2015. https://www.health.qld.gov.au/public-health/topics/atod/tobacco-laws/eat-drink/default.asp.
34. Kennedy RD, Zummach D, Filsinger S, et al. Reported municipal costs from outdoor smoke-free by-laws-experience from Ontario, Canada. *Tob Induc Dis* 2014;12:4.

35. Satterlund TD, Cassady D, Treiber J, et al. Barriers to adopting and implementing local-level tobacco control policies. *J Community Health* 2011;36:616-23.
36. Satterlund TD, Cassady D, Treiber J, et al. Strategies implemented by 20 local tobacco control agencies to promote smoke-free recreation areas, California, 2004-2007. *Prev Chronic Dis* 2011;8:A111.
37. Mark AJ, Sanders SC, Mitchell JA, et al. Smoke-free outdoor areas: supporting local government to introduce tobacco control policies. *Aust N Z J Public Health* 2014;38:518-23.
38. Moshrefzadeh A, Rice W, Pederson A, et al. A content analysis of media coverage of the introduction of a smoke-free bylaw in Vancouver parks and beaches. *Int J Environ Res Public Health* 2013;10:4444-53.
39. New Zealand Parliament. Smoke-free Environments Act 1990. New Zealand Parliament. Wellington. December 18, 2013. Accessed April 10, 2015. http://www.legislation.govt.nz/act/public/1990/0108/latest/DLM223191.html.
40. I D Consulting Pty Ltd. Wellington City smoking behaviour. I D Consulting Pty Ltd,. Collingwood, Victoria. 2014. Accessed May 9, 2015. http://profile.idnz.co.nz/wellington/smoking.
41. I D Consulting Pty Ltd. Wellington region smoking behaviour. I D Consulting Pty Ltd. Collingwood, Victoria. 2014. Accessed May 9, 2014. http://profile.idnz.co.nz/greater-wellington/smoking?BMID=45.
42. Blakely T, Wilson N. Good news on declining smoking rates, especially for Māori. Is it credible? What next? University of Wellington. Wellington. December 10, 2013. Accessed October 28, 2015. https://blogs.otago.ac.nz/pubhealthexpert/2013/12/10/good-news-on-declining-smoking-rates-is-it-credible-what-next/.
43. Salmond C, Crampton P, Atkinson J, et al. A decade of tobacco control efforts in New Zealand (1996-2006): impacts on inequalities in census-derived smoking prevalence. *Nicotine & Tobacco Research* 2012;14:664-73.
44. van der Deen FS, Ikeda T, Cobiac L, et al. Projecting future smoking prevalence to 2025 and beyond in New Zealand using smoking prevalence data from the 2013 Census. *N Z Med J* 2014;127:71-9.
45. I D Consulting Pty Ltd. Hutt City smoking behaviour. Collingwood, Victoria. Accessed May 20, 2015. http://profile.id.com.au/hutt/smoking.
46. Thomson G, Pathmanathan N. The point prevalence of smoking in selected sports fields and downtown locations in Wellington: Observations in November 2015. University of Otago. Wellington. January 2016.
47. Tay S, Thomson G. What Wellington region city councillors think of smokefree outdoor places. *N Z Med J* 2008;121(1276):15-28.
48. Wilson H, Thomson G. 'Balancing acts': The politics and processes of smokefree area policymaking in a small state. *Health Policy* 2010;101:79-86.
49. Marsh L, Robertson LA, Kimber H, et al. Smokefree outdoor areas in New Zealand: how far have we come? *N Z Med J* 2014;127:51-66.
50. Wilson N, Thomson G. Suboptimal smokefree signage at some hospitals: Field observations and the use of Google Street View. *N Z Med J* 2015;128:56-9.
51. Wilson N, Thomson G, Edwards R. The potential of Google Street View for studying smokefree signage. *Aust N Z J Public Health* 2015;39:295-6.

52. Health Sponsorship Council. Topline results: 2008 Health and Lifestyles Survey. Health Sponsorship Council. Wellington. November 2009.
53. Gendall P, Hoek J, Maubach N, et al. Public support for more action on smoking. *N Z Med J* 2013;126:85-94.
54. Trappitt R, Li J, Peck R, et al. Acceptability of smoking in public places – Health and Lifestyles Surveys 2008-2010 [In Fact]. Health Sponsorship Council. Wellington. 2011. Accessed September 20, 2015. http://www.hpa.org.nz/research-library/research-publications/acceptability-of-smoking-in-public-places-in-fact.
55. Queensland Health. 2007 Review of smoke-free laws: Discussion paper. Queensland Health. Brisbane. 2007.
56. Walker C. The Causeway non-smoking evaluation. In: Report to the Future Melbourne (People City) Committee. 2014, Melbourne City Council: Melbourne. Accessed September 19, 2015. https://www.melbourne.vic.gov.au/AboutCouncil/Meetings/Lists/CouncilMeetingAgendaItems/Attachments/11474/MAY14%20FMC2%20AGENDA%20ITEM%206.2%20Smoke%20Free%20Pilot%20%E2%80%93%20The%20Causeway.pdf
57. Ipsos-Eureka Social Research Institute. Smoking bans in alfresco dining areas – attitudes of café and restaurant owners/managers. National Heart Foundation and the Cancer Council NSW. North Sydney. November 5, 2010. Accessed September 19, 2015. http://www.heartfoundation.org.au/SiteCollectionDocuments/CafeandRestaurantOwnerSurvey2010.pdf.
58. Boothroyd A, *98 percent compliance rate with smoke-free outdoor dining legislation in NSW*, in *Hospitality Magazine*2015: Sydney.
59. Cornelsen L, McGowan Y, Currie-Murphy LM, et al. Systematic review and meta-analysis of the economic impact of smoking bans in restaurants and bars. *Addiction* 2014;109:720-7.
60. Edwards R, Thomson G, Wilson N, et al. After the smoke has cleared: evaluation of the impact of a new national smoke-free law in New Zealand. *Tob Control* 2008;17:e2.
61. Paynter J, Wilson J, Gentles D, et al. Ten Years after Taking the Smoke Outside: The Impacts of the Smokefree Environments Amendment Act 2003. Tobacco Control Research Turanga. Auckland. December 2014. Accessed September 14, 2015. http://www.turanga.org.nz/sites/turanga.org.nz/files/5623M%20Smokefree%20Environments%20Report%20WEB_0.pdf.
62. Milne K, Guenole N. Changing support for smokefree bars among a cohort of New Zealand bar managers. Health Sponsorship Council. Wellington. March 2006. Accessed September 14, 2015. http://www.ash.org.nz/wp-content/uploads/2013/01/Secondhand_smoke/Changing_support_for_smokefree_bars_among_a_cohort_of_New_Zealand_bar_managers.pdf.
63. Patel V, Thomson G, Wilson N. Attitudes of Business People to Proposed Smokefree Shopping Streets. *Nicotine Tob Res* 2013;15:287-90.
64. Unrod M, Oliver JA, Heckman BW, et al. Outdoor smoking ban at a cancer center: attitudes and smoking behavior among employees and patients. *J Public Health Manag Pract* 2012;18:E24-31.
65. Fitzpatrick P, Gilroy I, Doherty K, et al. Implementation of a campus-wide Irish hospital smoking ban in 2009: prevalence and attitudinal trends among staff and patients in lead up. *Health Promot Int* 2009;24:211-22.

66. Jones S, Love C, Thomson G, et al. Second-hand smoke at work: The exposure, perceptions and attitudes of bar and restaurant workers to environmental tobacco smoke. *Aust NZ J Public Health* 2001;25:90-93.
67. Bokerman P, Hyytinen A, Kaprio J. Smoking and long-term labour market outcomes. *Tob Control* 2015;24:348-353.
68. Berman M, Crane R, Seiber E, et al. Estimating the cost of a smoking employee. *Tob Control* 2014;23:428-33.
69. Max W. The financial impact of smoking on health-related costs: a review of the literature. *American Journal of Health Promotion* 2001;15:321-31.
70. APR Consultants Ltd. Hawke's Bay Smokefree Survey 2013. APR Consultants Ltd. Rotorua. September 2013. http://www.otago.ac.nz/wellington/otago442606.pdf.
71. Kimber H, Witt M. Smokefree Regional Survey Report. Smokefree Canterbury. Christchurch. September 2014. http://www.otago.ac.nz/wellington/otago442604.pdf.
72. Wellington City Council. Attitudes towards smoking in Wellington. Wellington City Council. Wellington, NZ. November 2015.
73. Wyllie A. Public support for tobacco control policies in the Auckland Council region [full version]. Cancer Society Auckland Division. Auckland. July 2013. http://www.otago.ac.nz/wellington/otago442603.pdf.
74. Wyllie A. Public response to introduction of Smokefree outdoor public places in Auckland Council region. Cancer Society Auckland Division. Auckland. July 2014. Accessed September 25, 2014. https://auckland-northland.cancernz.org.nz/assets/Auckland-Northland/Health-Promotion/CSA-June-2014-report.pdf.
75. Cancer Society Canterbury-West Coast division and Information Team Community & Public Health Canterbury District Health Board. Survey of business owner/managers' perceptions of outdoor smokefree dining/seating areas: Christchurch. Cancer Society and Canterbury District Health Board. Christchurch. May 2015.
76. Newstalk ZB. Outside smoking ban "social engineering". *Newstalk ZB*. Wellington. July 20, 2015. Accessed September 14, 2015. http://www.newstalkzb.co.nz/news/national/outside-smoking-ban-social-engineering/.
77. Stewart A. Hospitality industry blasts smoking ban bid. *Stuff*. Wellington. July 20, 2015. Accessed September 14, 2015. http://www.stuff.co.nz/business/70365797/hospitality-industry-blasts-smoking-ban-bid.
78. Chapman K. Wellington's waterfront, Civic Square could be smokefree by the end of the year *Dominion Post*. Wellington. May 13, 2015. Accessed June 22, 2015. http://www.stuff.co.nz/dominion-post/news/68489991/wellingtons-waterfront-civic-square-could-be-smokefree-by-the-end-of-the-year.
79. Rankin J. Palmerston North toughens up its smokefree policies. *Manawatu Standard*. Palmerson North. May 29, 2015. Accessed February 2, 2016. http://www.stuff.co.nz/manawatu-standard/news/68959971/Palmerston-North-toughens-up-its-smokefree-policies.
80. Wellington City Council. Wellington towards 2040: Smart capital. Wellington City Council. Wellington. 2011. Accessed June 22, 2015. http://wellington.govt.nz/~/media/your-council/plans-policies-and-bylaws/plans-and-policies/a-to-z/wellington2040/files/wgtn2040-brochure.pdf.

81. Wellington City Council. Ordinary meeting of Governance Finance and planning committee: Attachement 1. Wellington City Council. Wellington. 27 August 2014 Accessed May 10, 2015. http://wellington.govt.nz/~/media/your-council/meetings/Committees/Governance-Finance-and-Planning/2014/08/Draft-2013-2014-Annual-Report-Bookmarked-version.pdf.
82. Hunt T. Smoking ban in Wellington parks *Dominion Post*. Wellington. June 7, 2012 Accessed May 17, 2015. http://www.stuff.co.nz/dominion-post/news/7059089/Smoking-ban-in-Wellington-parks.
83. Wellington City Council. Smokefree playgrounds, parks and reserves [officer report to Strategy and Policy Committee]. Wellington City Council. Wellington. June 7, 2012. Accessed June 17, 2015. http://wellington.govt.nz/~/media/your-council/meetings/Committees/Strategy-and-Policy-Committee/2012/06/07/files/7_june_2012_report_4_smokefree_parks_finaldraft.pdf.
84. Taptiklis N. Petition: Officers' Response [Prohibit the Smoking of Cigarettes in Wellington Central City]. Wellington City Council. Wellington. 2012. Accessed June 17, 2015. http://wellington.govt.nz/have-your-say/epetitions/petitions/closed/presented/2011-12-prohibit-the-smoking-of-cigarettes-in-wellington-central-city.
85. Thomson G, Edwards R. The race to be the first place in Aotearoa to be smokefree. University of Otago. Wellington. December 17, 2015. https://blogs.otago.ac.nz/pubhealthexpert/2015/12/17/the-race-to-be-the-first-place-in-aotearoa-to-be-smokefree/.
86. Local Government New Zealand. New Zealand's councils vote on four topics at LGNZ's AGM. Local Government New Zealand. Wellington. July 19, 2015. Accessed September 14, 2015. http://www.lgnz.co.nz/home/news-and-media/2015-media-releases/remit/.
87. Wellington City Council. More Wellington Parks Go Smoke-Free. Wellington City Council. Wellington. June 7, 2012. Accessed June 16, 2015. http://wellington.govt.nz/your-council/news/2012/06/more-wellington-parks-go-smoke-free
88. Wellington City Council. Capital Endorses Smokefree Midland Park. Wellington City Council. Wellington. May 29, 2014. Accessed June 16, 2015. http://wellington.govt.nz/your-council/news/2015/05/council-housing-takes-next-smokefree-step.
89. Health Promotion Agency. Capital endorses smokefree Midland Park. Health Promotion Agency. Wellington. 2014. Accessed June 22, 2015. http://smokefree.org.nz/capital-endorses-smokefree-midland-park.
90. Wellington City Council. About the Council's social housing. Wellington City Council. Wellington. 2015. Accessed June 16, 2015. http://wellington.govt.nz/services/community-and-culture/housing-support/about-the-councils-social-housing.
91. Wellington City Council. Council housing takes next smokefree step. Wellington City Council. Wellington. May 29, 2015. Accessed June 16, 2015. http://wellington.govt.nz/your-council/news/2015/05/council-housing-takes-next-smokefree-step.
92. Sciascia Q. Continue to allow smoking along Wellington's Golden Mile [Wellington City Council e-petition]. Wellington City Council. Wellington. October 19, 2009. Accessed

June 17, 2015. http://wellington.govt.nz/have-your-say/epetitions/petitions/closed/2009-10-continue-to-allow-smoking-along-wellingtons-golden-mile.

93. Palmerston North City Council. Smokefree Outdoor Areas Policy. Palmerston North City Council. Palmerston North, NZ. June 2015. Accessed December 8, 2015. http://www.pncc.govt.nz/media/2220226/smokefree_outdoor_areas_policy_2013__revised_2015_.pdf.
94. New Zealand Parliament. Health Act 1956. New Zealand Parliament Wellington. 24 April 2015. Accessed May 26, 2015. http://www.legislation.govt.nz/act/public/1956/0065/latest/DLM306680.html.
95. New Zealand Parliament. Local Government Act. New Zealand Parliament. Wellington. 26 March 2015. Accessed May 25, 2015. http://www.legislation.govt.nz/act/public/2002/0084/latest/096be8ed81054dcb.pdf.
96. Palmer K, Bullen C, Paynter J. What Role Can Local Authorities Play in Tobacco 'End-game' Policies in New Zealand? *Policy Quarterly* 2014;9:59-64.
97. Le Cren P. Ways to strengthen Smokefree policy in NZ (video clip). Claro, Health Sector Lawyers. Auckland. September 25, 2015. Accessed January 30, 2016. https://www.youtube.com/watch?v=k29V-lbYNrA&feature=youtu.be.
98. Le Cren P, Weir A. Smokefree public places - A legal overview. Claro. Auckland. September 25, 2015. https://auckland-northland.cancernz.org.nz/assets/Auckland-Northland/Health-Promotion/SFOAF-pdfs/Smokefree-Outdoor-Areas-Forum-Claro.pdf.
99. Whanganui District Council. Smoke free bylaw 2010. Whanganui District Council. Whanganui. 2010. Accessed January 30, 2016. http://www.whanganui.govt.nz/our-council/publications/bylaws/Documents/SmokeFreeBylaw.pdf.
100. Whanganui District Council. Wanganui Smokefree (Auahi Kore) Outdoor Areas Policy 2014. Whanganui District Council,. Whanganui. 2014. Accessed January 30, 2016. http://www.whanganui.govt.nz/our-council/publications/policies/Documents/Wanganui%20Smokefree%20Outdoor%20Areas%20Policy%202014.pdf.
101. Palmerston North City Council. Planning and Policy Committee, 3 August 2015, Part 1. Palmerston North City Council. Palmerston North. September 15, 2015. Accessed January 30, 2016. http://www.pncc.govt.nz/media/2966428/agenda_plan_pol_7_sept_15_part_3.pdf.
102. Marketing and Communication Research Pty Ltd. Tobacco Laws Awareness and Attitudes Survey 2011 FINAL Report [for Queensland Health]. Marketing and Communication Research Pty Ltd. Brisbane. July 2011.
103. Woolley R. Poll shows we want tough smoke bans – No ifs or butts. *Manly Daily*. Sydney, Australia. May 25, 2007.
104. Mosman & Lower North Shore Daily. Three fines in four years. *Mosman & Lower North Shore Daily*. Sydney. 11 December 2008. 6.
105. City of Perth. Smokers Fined in Perth City Malls. City of Perth. Perth, Western Australia. July 2, 2014. Accessed June 23, 2015. http://www.perth.wa.gov.au/newsroom/featured-news/smokers-fined-perth-city-malls.
106. City of Perth. Smokers Warned: Infringements Issued From 1 June for Smoking in Malls. City of Perth. Perth, Western Australia. May 15, 2014. Accessed June 23, 2015. http://www.perth.wa.gov.au/newsroom/featured-news/smokers-warned-infringements-issued-1-june-smoking-perths-malls.

107. Oliver J, Thomson G, Wilson N. Public attitudes to new smokefree outdoor places policies in New Zealand: an analysis of 217 online comments. *N Z Med J* 2014;127:109-11.
108. Thomson G, Wilson N. One year of smokefree bars and restaurants in New Zealand: Impacts and responses. *BMC Public Health* 2006;6:64.
109. Cooper J, Borland R, Yong HH, et al. Compliance and support for bans on smoking in licensed venues in Australia: findings from the International Tobacco Control Four-Country Survey. *Aust N Z J Public Health* 2010;34:379-85.
110. Borland R, Yong HH, Siahpush M, et al. Support for and reported compliance with smoke-free restaurants and bars by smokers in four countries: findings from the International Tobacco Control (ITC) Four Country Survey. *Tob Control* 2006;15 Suppl 3:iii34-41.
111. Stuber J, Galea S, Link BG. Smoking and the emergence of a stigmatized social status. *Soc Sci Med* 2008;67:420-30.
112. McCool J, Hoek J, Edwards R, et al. Crossing the smoking divide for young adults: expressions of stigma and identity among smokers and nonsmokers. *Nicotine tob res* 2013;15:552-6.
113. Maubach N, Hoek JA, Edwards R, et al. 'The times are changing': New Zealand smokers' perceptions of the tobacco endgame. *Tob Control* 2013;22:395-400.
114. Courtwright A. Stigmatization and public health ethics. *Bioethics* 2013;27:74-80.
115. Health Sponsorship Council. 'Let's Clear the Air' - second-hand smoke in the workplace media campaign. Health Sponsorship Council. Wellington. 2005. Accessed July 14, 2010. http://www.secondhandsmoke.co.nz/media/workplaces.shtml.
116. Forbes M, Jackman A. Wellington's new-look laneways are making Melbourne sit up and take notice. *Domnion Post*. Wellington. November 10, 2015. http://www.stuff.co.nz/business/better-business/73889931/Wellingtons-new-look-laneways-are-making-Melbourne-sit-up-and-take-notice.
117. Halkett L, Thomson G. Getting an outdoor smokefree policy: the case of Kapiti Coast District Council. *N Z Med J* 2010;123(1308):28-41.
118. Thomson G. Research and information sheets. University of Otago. Wellington. November 2015. www.otago.ac.nz/smokefreeoutdoors.
119. American Non-Smokers Rights Foundation. Municipalities with Smokefree Outdoor Dining and Bar Patio Laws. American Nonsmokers' Rights Foundation. Berkeley. April 2, 2015. http://www.no-smoke.org/pdf/SmokefreeOutdoorDining.pdf.
120. Non-Smokers' Rights Association. NSRA's Smoke-Free Laws Database. Non-Smokers' Rights Association. Ottawa. March 31, 2015. Searched September 22, 2015. http://www.nsra-adnf.ca/cms/sfl-database-search.html?advanced.
121. Washington State Legislature. Smoking prohibited in public places or places of employment. Chapter 70.160: Public health and safety. Washington State Legislature. Olympia, Washington. 2012. Accessed November 12, 2013. http://apps.leg.wa.gov/RCW/default.aspx?cite=70.160.075.
122. Oregon Health Authority. Outdoor Smoking Areas and Compliance with Oregon's Indoor Clean Air Act. Oregon Health Authority. Portland. 2015. Accessed September 22, 015. https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Documents/outdoor_smoking_info_for_business.pdf.

123. Illinois Department of Health. Smoke-free Illinois Act Frequently Asked Questions. Illinois Department of Health. Springfield. 2015. Accessed September 22, 2015. http://www.idph.state.il.us/smokefree/sf_info_faq.htm.
124. Signs.com. No Smoking Laws For All Fifty States. Signs.com. Salt Lake City, Utah. 2015. Accessed September 22, 2015. http://www.signs.com/blog/no-smoking-laws-for-all-fifty-states/.
125. San Francisco Tobacco-Free Project. San Francisco Tobacco Control Laws. San Francisco Tobacco-Free Project. San Francisco. May 2015. September 22, 2015. http://sanfranciscotobaccofreeproject.org/sf-tobacco-control-laws/.
126. American Nonsmokers' Rights Foundation. Smokefree Lists, Maps, and Data: Outdoor Area Lists. American Nonsmokers' Rights Foundation. Berkeley. April 2 , 2015. Accessed May 22, 2013. http://www.no-smoke.org/goingsmokefree.php?id=519#outdoor.
127. Queensland Health. Tobacco laws in Queensland. State of Queensland. Brisbane. November 27, 2014. Accessed 22 September 2015. https://www.qld.gov.au/health/staying-healthy/atods/smoking/laws/index.html.
128. New South Wales Health. No smoking near entrances to or exits from a public building (the 4 metre law). New South Wales Health. Sydney NSW. 2015. Accessed Sptember 22, 2015. http://www.health.nsw.gov.au/tobacco/Factsheets/4-metre-law.pdf.
129. New South Wales Health. No smoking at public transport stops and stations. New South Wales Health. Sydney, NSW. 2013. Accessed September 22, 2015. http://www.health.nsw.gov.au/tobacco/Factsheets/public-transport-stops-and-stations.PDF.
130. Kennedy R. Evaluation of the City of Woodstock's outdoor smoking by-law: A longitudinal study of smokers and non-smokers. University of Waterloo, Waterloo, Ontario. PhD Thesis. August 2010. Accessed November 5, 2013. http://uwspace.uwaterloo.ca/bitstream/10012/5397/3/RDK_final_GSO_2ndrevision.pdf.
131. Department of Health and Human Services. Smoke-free malls. Tasmanian Department of Health and Human Services. Hobart. March 2012. Accessed July 25, 2012. http://www.dhhs.tas.gov.au/peh/tobacco_control/smoke-free/smoke-free_malls.
132. Ueda H, Armada F, Kashiwabara M, et al. Street smoking bans in Japan: A hope for smoke-free cities? *Health Policy* 2011;102:49-55.
133. Center for Tobacco Policy & Organizing. Comprehensive outdoor secondhand smoke ordinances. Center for Tobacco Policy & Organizing: American Lung Association of California. Sacramento. February 2012. Accessed November 28, 2012. http://www.center4tobaccopolicy.org/CTPO/_files/_file/Comprehensive%20Outdoor%20Secondhand%20Smoke%20Ordinances%20February%202012.pdf.

Appendix 1: Information on the research methods

The project data came from primary documents, in-depth interviews, policy workshops and a symposium.

1 Primary and/or unpublished documents

We used electronic search engines to identify and retrieve documents that contained information relevant to the policy process for the implementation and evaluation of smokefree outdoor policies, in New Zealand and internationally. Search words and phrases included 'smokefree/smoke-free' 'outdoor' 'policy' 'council' 'street' footpath' and 'pavement'. We also searched for specific documents including the minutes of local authority meetings, policy plans (such as that for Auckland City), unpublished surveys and local authority websites.

'Unpublished' documents included website material that was not available at the first page of a website. Relevant statements by organisation representatives or others in the media have also been used, as providing relatively 'original' data.

2 Interviews

We conducted in-depth interviews with people from business, iwi, union, local authorities (including officials and politicians), District Health Boards, non-Government Organisations (NGOs) and the wider health sector. Interviewees were purposefully selected to increase ethnic and social diversity, and for their ability to comment on the issues and practicalities of smokefree areas. Six of the seven Māori interviewees were interviewed by a Māori interviewer (KP).

All interviews were face-to-face, audio recorded and between 30 minutes and one hour in length. We used a semi-structured interview schedule; using mainly open questions with additional probing of responses as necessary (see Appendix 2 for schedule). The schedule did not ask if interviewees were current smokers.

Twelve interviews were conducted during June-September 2015 with 14 interviewees (two interviews were conducted with paired interviewees). Seven of the interviewees were Māori and four were women. The interviewees included two local politicians, two union officials, four hospitality businesspeople, three health officials, a retailer's association official, two iwi management officials, and two smoking cessation workers (a number of interviewees had several roles). As well as the paired interviews, in one interview another person sat in at the interviewee's request, and subsequently also took part in a workshop for our project. As far as we were aware from their statements, there were no current smokers, although several were ex-smokers.

3 Workshops

From the documentary material that we had gathered, and analysis of the interviews, we developed several options to present to three small workshops (including one for Māori) in order to work towards optimum policy scenarios. We supplied information to the workshop invitees beforehand on four types of outdoor areas: outdoor dining, bus stops and transport areas, entrances of public buildings, and community and music events. The information included the level of public support shown in New Zealand and Wellington surveys, some examples of such policies elsewhere, and evidence supporting such policies. We also gave workshop participants an information sheet on general questions around the policies, such as the effects on business, the effects of secondhand smoke, the help for smokers quitting and practicalities. The information sheets can be seen under 'Smokefree Wellington Research Project: 2015-16' at www.otago.ac.nz/smokefreeoutdoors .[118]

We selected invitees on the basis of their experience in business, local and central government, or community and iwi smokefree area policy development, and their ability to contribute in a workshop situation. In each workshop, two project staff facilitated the discussion, a primary facilitator (JM or KP) and GT.

While the discussions were largely driven by the interests of the participants, we used two general questions to help direct the workshops, 'what should the priorities be' and 'how can the policies be adopted and made to work effectively.' The workshops lasted for between three and four hours.

The workshops were held during November 2015 with a total of ten participants, excluding the project staff. Of these ten, two had been interviewed for the project and one had sat in on an interview. Each workshop had between two and four participants, as well as the two facilitators.

Participants included a local authority politician (and businessperson), two health planning and strategy officials, a local authority official, a retailer representative, two union officials and three health promoters. Three of the ten participants were Māori. There was an even gender distribution. Again, there were no apparent current smokers, although several were ex-smokers.

The small size of the workshops enabled each participant to speak at length, and for all to participate in the discussions. The small size also promoted an informal and cooperative process.

4 One day symposium

A University of Otago, Wellington summer school symposium was held in February 2016, to present information and ideas on New Zealand smokefree urban policies, and to discuss issues, opportunities and ways forward. One project staff member, one Australian speaker and 28 others attended. Of the 28, two had been workshop participants in one of our project workshops. Six of the 28 participants were in local government, with the rest in different parts of the health sector. Four of the 28 were men. At least five participants were Māori or Pacific. Twenty three of the 28 were from outside Wellington.

5 Analysis

First, the interviewers and facilitators (JM and KP) separately examined the interview and workshop transcripts. Then, two senior academics (GT and HG) reviewed the transcripts separately. All four project staff identified initial themes separately, and then worked together to determine the common themes using a process of report draft iterations and amendments.

6 Other project activities

In addition, the project collaborated with the Wellington City Council (WCC) on the design and reporting of a survey of public attitudes to smokefree outdoor places policies, which the WCC conducted. The methods for that survey are reported separately,[72] but a summary of the results was shown to workshop participants (see Appendix 3).

The project also benefited from observation work done for the WCC in November 2015, on the point prevalence of smoking in three downtown squares and parks, and in seven City sportsgrounds. A report on that work will be published when the WCC releases the information.

Appendix 2: Further data on international smokefree outdoor policies

In the USA, Hawaii, Maine, Michigan, and Washington State, over 170 cities have 100% smokefree policies for outdoor dining and bar patios.[119] In Canada, Alberta, Newfoundland and Labrador, Nova Scotia, and Ontario, a number of cities such as Vancouver have 100% smokefree bar and dining patios.[120] In nearly all these jurisdictions, enforcement is largely the responsibility of premise owners and managers, as is the case for hospitality areas indoors in New Zealand.[31]

Smokefree policies for outdoor areas where people are relatively close are widely used in the USA, including for entrances (Washington State, Oregon, Illinois, Indiana, North Dakota, Hawaii, Utah and New Mexico and many cities in the USA (e.g. San Francisco)[121-125] and transport waiting areas (e.g. New York State, Wisconsin and Iowa and over 400 cities).[126] In Canada six provinces require smokefree areas around doorways and windows in buildings used by the public.[120] Four provinces and over 40 cities require smokefree transport waiting areas.[120] In Australia, Queensland,[55, 127] and New South Wales have smokefree entrances for all non-residential buildings that the public use.[128] New South Wales has had smokefree railway platforms, light rail stops and stations, bus stops, taxi ranks and ferry wharves since 2013.[129]

Since the 1990s, limited outdoor smokefree policies have been introduced in small street areas in cities in several countries.[126, 130-132] In California, a 2012 study found 56 cities with smokefree policies for at least five of seven outdoor public areas (dining areas, around doors and windows, public events, recreation areas, service areas (e.g. bus stops, ATM lines, and ticket lines), sidewalks and worksites. All but two cities had adopted the policies since 2006.[133] However, there appear to be only three cities worldwide that regulate for almost complete public outdoor smokefree places, all in Southern California, and all under 110,000 in population.[133]

Appendix 3: Smokefree Central Wellington research project

Interview Schedule – August 2015 (with options for Māori interviewees)

Introduction:

- Check whether they have any questions from their reading of the information sheet
- Sign consent – for interview and for recording
- Purpose of interview: to gather your ideas as [mana whenua /or, as a Māori business operator / or, as a Māori tourism operator / or, as someone involved in developing or advocating for policy change for the wellbeing of Māori], about outdoor spaces and events that could be smokefree and some strategies that may work towards achieving this goal.
- [We'd ask you to consider effects on Māori populations from across the Wellington Region who use or visit the Wellington CBD. In general, could you consider our questions through a Māori lens.]
- The project's focus is on Wellington CBD rather than the Wellington region. We would like to know your views on the policy options for further development of smokefree or tobacco-free environments for Wellington CBD.
- The questions cover two areas – our first questions are about your views about smokefree outdoor policies and, the second group of questions are about the kinds of outdoor places or events that could be covered by smokefree policies, and the kinds of approaches that could be used.

Section One – Your Views about Smokefree Outdoor Policies:

What do you think about encouraging or requiring some outdoor places to be smokefree?
[this is an open question, however ask the questions below as prompts if necessary]

1. Can you tell me what you understand to be the benefits of creating smokefree areas?
    i. *[prompts] quitting, smoke reduction, litter, normalisation?*

2. Are there any disadvantages to creating smokefree areas?
    i. [prompts] one of the common arguments for not intervening is infringing on the rights of smokers – have you any ideas on the issues of the rights of adults against the rights of children and non-smokers?

3. Who might benefit or be disadvantaged, and why?
    i. [*prompts] do you think vulnerable groups (the poorest, least mobile, those with*
    ii. mental health issues) might be particularly benefited or disadvantaged?

4. Do you think there are effects from smoking being seen in public?
    i. *[prompts] - what about role modelling, normalisation for smokers and those quitting? effects on children and young adults?*

5. How well do you think the normalisation of smoking is understood?

6. Do you have any thoughts, about which ideas or smokefree environments policies that meet with most approval and/or are easy to implement - why do you think this is?

7. Are there particular ideas that are difficult to get across to the public or other policy makers?
    i. *[prompts] for example, seeing smoking is dangerous because: smoking may be a smoking cue to quitters, and reduce the likelihood that smokers think about quitting.*

8. Do you have any ideas about what might increase understanding and therefore acceptability of smokefree policies?

[prompt offering detail from report – have report on hand]

Section Two - Policy Options:

1. What do you think are the most effective ways to achieve smokefree areas?
    i. *[prompts] legislation, by laws, local vs central, health promotion, etc*

    b. smokefree bylaws and legislation for particular places
    c. smokefree enforcement (for example administrative enforcement of smokefree policies through conditions on pavement use permits)
    d. smokefree education (for example where local or central governments state that no smoking *should* occur in particular areas, but where there is no law or bylaw which could be used to enforce the intention.

2. What are the places that would you like to see be made smokefree next and why do you consider these a priority?
    [prompts]

    - where alcohol is served to the public (e.g. bar/cafe/restaurant patios, outside bars, due to smoking relapse there?)
    - Where there is the highest risk of secondhand smoke (SHS) exposure, and/or where people may be within a few meters of each other (e.g. building entrances, transport waiting areas, pavements, events, and stadiums and other outdoor massed seating areas)
    - Open spaces (e.g. parks, sports/recreation fields/facilities, zoos, beaches, educational campuses, and parking lots)

- Places where children or workers may need protection (e.g. playgrounds, outdoor workplaces)
- Where cultural or other considerations means smoking may not be appropriate (eg. Marae, urupa, Church)

3. What further interventions to decrease visibility would you like to see?

4. What types of outdoor events would you like to see be made smokefree next? (e.g. concerts, markets, the Dell at Botanic Gardens)

5. Please let us know which of the items on the handout you would like to see smokefree immediately, later or never by marking the appropriate column?

6. Can you tell me why you chose those particular ratings? (The Why question)

Last questions -

7. Are there any issues from the current outdoor smokefree policies that you think we should consider as we move forward?

8. Is there anything else you think we should take into account in developing our policy options?

9. Any other ideas for getting progress on smokefree outdoor policies?

Questions for Policymakers

10. What parts of existing frameworks are working best from your point of view: do you have issues with implementation, or enforcement that should be addressed in any new policy development?

11. Have there been any issues with existing smokefree policies that you think it would be helpful for us to address as we develop the options for discussion?

12. Have you and your team considered the equity impacts of the current smokefree initiatives, and any impact that further changes would have? (e.g. who is the policy most likely to impact on and in what way do you think ‘stigma’ may be a real concern)

We are looking for participants for two workshops to further develop policy options. We want good listeners who can work well with others so we can address barriers and make good progress in developing robust policy options for the central city. Who would you recommend?

This project:

- will provide information to develop detailed policy options for Wellignton CBD
- these policy options will be presented at a series of workshops and be tested
- is part of a larger HRC Smokefree environment project which includes Auckland.
- will be able to be used by Smokefree advocates
- has the interest of the Wellington City Council

- Check whether they have any questions from their reading of the information sheet.

- Sign consent – for interview and for recording.

- Purpose of interview: to gather your ideas as [mana whenua /or, as a Māori business operator / or, as a Māori tourism operator / or, as someone involved in developing or advocating for policy change for the wellbeing of Māori], about outdoor spaces and events that could be smokefree and some strategies that may work towards achieving this goal.

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- The questions cover two areas – our first questions are about your views about smokefree outdoor policies and, the second group of questions are about the kinds of outdoor places or events that could be covered by smokefree policies, and the kinds of approaches that could be used.

Appendix 4: Poster used for the project's November 2015 workshops

Results from Wellington City Council survey, September 2015

- There would be a **predicted net visitor gain** of between 54% and 30% (depending on type of location) if they were smokefree

- **Predicted net visitor gain** for smokefree bars (48%) and restaurants (54%)

- **High support** for making some types of places smokefree:
  - Entrances of building used by the public (89%)
  - Bus stops (82%)
  - Botanic Gardens and nature reserves (72-74%)

- **Majority smokefree support** for most places surveyed:
  - Outdoor restaurant dining areas (68% for, 24% against)
  - Outdoor bar areas (50% for, 38% against)
  - Downtown squares and parks (Frank Kitts 69%, Civic Square 67%, Midland Park 66%, Waitangi Park 62%)
  - Retail areas (Golden Mile 52% for, 31% against; Waterfront 53% for, 32% against)

- **Need for better communication**: Low awareness of current smokefree policies:
  - 32% correctly identified sports fields as smokefree,
  - 12% correctly identified Midland Park as smokefree

- **Support for using bylaws**: 75% agree, 14% disagree