

Smoke-free for a *Cleaner* and *Healthier* Community...



STRONG PUBLIC SUPPORT FOR COUNCILS EXPANDING SMOKE-FREE AREAS

The vast majority of New Zealanders (75%) don't smoke and most people support restrictions on smoking, especially around children. A recent survey found that two thirds of all New Zealanders support the expansion of smoke-free areas to outdoor areas children use. Support was especially high amongst families with young children (73% support) and people under 30 (75% support). In addition 70% of New Zealanders supported Local Councils making their events 100% smoke-free.¹ If the recent ban on smoking in bars and restaurants is anything to go by, support for expanding smoke-free environments is likely to increase once the measures are implemented. Acceptance of the smoke-free bars policy has grown and is currently supported by nearly 70 per cent of people surveyed.²

CANCER SOCIETY CONGRATULATES SOUTH TARANAKI COUNCIL ON ITS LEADERSHIP IN SMOKE-FREE

The Cancer Society has applauded the leadership displayed by the South Taranaki Council in its recent adoption of a Smoke-free Environment Policy. The policy, agreed to in May 2005, includes measures banning smoking in all council-owned swimming pools (including indoor and outdoor areas surrounding pools) and all council-owned enclosed public facilities³. Smoking will be actively discouraged in parks and playgrounds. In addition, events held in South Taranaki parks will be consistently promoted as smoke-free events, with promotional material for events in the park indicating that the venue is smoke-free. The South Taranaki District Council does not anticipate any difficulties enforcing the ban, noting that 75% of New Zealanders do not smoke and that recent Council events (including *Concerts on the Lake and Paepae in the Park*) where people were asked not to smoke, were accepted and adhered to in the main. The Council sees its role as one of leadership and positive role modeling and will be implementing its policy through signage and education.⁴

WHY SHOULD COUNCILS ACT TO EXPAND SMOKE-FREE AREAS?

There are so many important things going on in our communities, why would we want to deal with smoking?

Smoking is the greatest single preventable cause of death in NZ, causing a quarter of all cancer deaths.⁵ Second-hand smoke is also a serious, and often under-estimated, public health issue, especially for children.⁶ If cigarettes were invented today they would not be allowed onto the market. Expanding smoke-free areas are a vitally important way of denormalising smoking and promoting healthy lifestyles.

Okay it's important, but isn't it the responsibility of the Central Government? Why should Councils get involved?

Reducing the death and disability caused by tobacco requires a comprehensive approach in which all of us play a role. Local Councils are in a unique position given their ability to communicate directly with communities and play a vital role in de-normalising smoking and providing supportive environments for people to quit.

But we're not health workers, shouldn't the DHB's be doing this?

Councils have always played an important role in a range of public health activities within their communities. In recent years Councils have provided leadership and innovation in a much broader range of public health and safety related activities including injury prevention, road safety and health promotion on issues such as drugs, alcohol and gambling.⁷ It is also important to keep in mind that smoking is not only a health issue, but one that has broad ranging impacts on the wellbeing of communities. This includes the impact smoking has on increasing health inequalities, its drain on the economy, cultural losses as a result of premature death and its impact on the environment through litter and fires. Councils have the power to shape and promote changes within the community environment outside the scope of DHBs.

Is there any legislation which supports Council involvement in public health issues?

Local Councils have statutory powers under a number of Acts that relate to public health.⁸ The Health Act 1956 states that it is the duty of every territorial authority *'to improve, promote and protect public health within its district'*.⁹ One of the key purposes of Local Councils is to *'promote the social, economic, environmental and cultural wellbeing of communities...'*¹⁰ Policies designed to expand smoke-free areas are an example of a practical way that councils can contribute to this. The Local Government Act 2002 specifically states that councils can make by-laws for the purpose of *'protecting, promoting and maintaining public health and safety'*.¹¹ In addition, Part 1: Section 20 of the Smoke-free Environments Act 1990 specifies that local authorities can make bylaws to provide *'greater protection from tobacco smoke than is provided in this Part'*.¹²

Why expand smoke-free environments though, shouldn't we focus on educating people?

Behavioural change requires more than education. The expansion of smoke-free environments is a vital component of a comprehensive tobacco control programme. Smoke-free environments can help by:

- reducing the visibility of smoking which contributes to smoking initiation;
- de-normalising smoking and especially smoking around children;
- supporting former smokers to remain smoke-free; and
- encouraging people to quit smoking.



It sounds reasonable, but our resources are already stretched to the limit, how are we going to enforce it?

Smoke-free regulations, such as those the Cancer Society is promoting, are low cost and yet have a very high return in terms of promoting good health. Where policies have been implemented internationally (see examples from Australia and the US) there has been no need for enforcement *per se*. The focus has been on public education especially through appropriate signage. Experiences in New Zealand have been similar, for example in South Taranaki (smoke-free events) and Wellington (smoke-free street – Cable Car Lane).

First Smoke-free Street in New Zealand

A by-law banning smoking in Cable Car Lane was made by the Wellington City Council by Special Order passed at a Council meeting on 2 October 2002.¹³ Offenders are liable to a fine of up to \$500 as well as a further fine of \$50 per day for every day the breach continues.¹⁴

SOCIAL WELLBEING

Reducing smoking = reducing health inequalities

Smoking is a major cause of health inequalities. Smoking rates are highest amongst groups that are most deprived, with smoking rates in decile 10 at 38% as compared to 15% in decile 1.¹⁵

Smoking rates are highest amongst Maori (49%) and Pacific people (35%)¹⁶, amongst beneficiaries (44%) and 'blue collar' workers (31%).¹⁷ At least one-third of the shorter life expectancy of those living in the most deprived areas is accounted for by tobacco consumption.¹⁸ The burden of death and illness from exposure to second-hand smoke is also highest among lower socioeconomic groups.¹⁹

De-normalising smoking: Children learn by observing others.²⁰ The frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal.²¹



CULTURAL WELLBEING

Smoking causes 31% of all Maori deaths²², and threatens the continuation of whakapapa, leadership and intergenerational transfer of Maori culture.²³

ENVIRONMENTAL WELLBEING

Cigarette butts are commonly found in the stomachs of birds, sea turtles and other marine creatures.²⁴

Many of the 25 million cigarette butts dropped on the streets of Auckland every year end up being washed through the stormwater system into our harbours²⁵ causing serious digestive problems that may lead to death for birds and aquatic fauna. In addition the residue in the butts contains some very toxic and soluble chemicals.²⁶

Last year in New Zealand 1,011 fires were started by carelessly disposed of cigarettes, killing 4 people.²⁷

Incorrectly disposed cigarettes are a major fire hazard due to their flammability.²⁸ Nearly 5% of all fires in New Zealand are caused by cigarettes.²⁹

ECONOMIC WELLBEING

Tobacco is a \$22.5 billion drain on the NZ society.³⁰ In 2001 it was estimated that smoking costs NZ's public healthcare sector \$180 million annually.³¹

Without cigarettes NZ's population would be larger (more ratepayers), people would be healthier and more productive, there would be less pressure on the health system, less litter, fewer fires and more money would be spent on services.³²

100% Pure = 100% Smoke-free

Tourism plays vital role in many regional and district economies. Most of NZ's international tourists are non-smokers and support smoke-free policies.³³ The policies also reinforce New Zealand's 100% Pure campaign.³⁴

Incorrectly disposed of cigarettes are a major fire hazard, causing over 1000 fires a year in New Zealand.



AUSTRALIA

Many Local Councils in **New South Wales** are passing regulations to ban smoking in parks, playgrounds, beaches, at entrances to buildings, sporting fields and venues and *al fresco* dining areas to promote healthy communities. A few examples are listed below:

- Manly³⁵, Mosman³⁶ and Warringah³⁷ Councils have banned smoking on their harbour and ocean beaches; within 10 metres of all Council owned children's play areas and within 10 metres of all Council properties.
- Manly and Mosman Councils have also banned smoking on and around all Council sporting grounds and playing fields, at all Council events and in some alfresco dining areas.
- Since 2003 the following Councils have made their playgrounds and sporting fields smoke-free zones: Hawkesbury City Council, Liverpool City Council, Baulkham Hills Shire Council, Pittwater Council, Canada Bay Council, Penrith City Council, Manly Council, Warringah Council, Mosman Municipal Council, Ballina Shire Council, Dubbo City Council, Ku-ring-gai Council.³⁸
- The City of Sydney Council has set up a working party to look at regulations to ban smoking on footpaths in front of licensed venues and all council recreational facilities.³⁹
- In September 2004 Waverley Council resolved to proceed with a ban on smoking at Bondi, Tamarama and Bronte beaches.⁴⁰
- A total ban on smoking in *al fresco* dining areas is being considered by Parramatta Council.⁴¹

In **Queensland**, from 1 January 2005, smoking was banned: between the flags on patrolled beaches; at artificial beaches; anywhere within 4 metres of a non-residential building entrance; within 10 metres of children's playground equipment situated at a place that is ordinarily open to the public; and, in any part of the major sports facilities.⁴²



Smoking has been banned at Sydney's famous Manly Beach since December 2004.

CALIFORNIA

At least 12 **Californian** city councils and one regional council have passed regulations which exceed state law. Cities such as Beverly Hills, Carson, El Monte, Huntington Beach, Pasadena, San Fernando, and Santa Monica have banned smoking in city parks from 'curb-to-curb'. Further restrictions include bans on smoking in playgrounds and recreation centres. Councils report little difficulty enforcing these regulations which largely rely on public education, signage and voluntary compliance.⁴³ A few examples are listed below:

- In the State of California smoking is banned within 7.6m of playgrounds.
- In January 2005, the San Francisco Board of Supervisors banned smoking in all parks, public squares and other outdoor spaces that the city owns.
- In February 2004, the Pasadena City Council banned smoking in any dedicated city park, playground, or recreation centre. The City conducted an initial public education campaign, including a press release to newspapers, production of an education flyer, and outreach to all 21 city-owned parks.
- In April 2003, the Santa Monica City Council banned smoking within the boundaries of any public park.
- In August 2002, the City of Los Angeles banned smoking from within 7.6m of playground equipment, in sporting fields and picnic areas.
- The City of Davis has banned smoking at 'public events including, but not limited to sports events, entertainment, speaking performances, ceremonies, pageants and fairs', in 'any place where food and/or drink is offered for sale', and in 'children's play areas', and 'public gardens'.
- In August 1999, the Beverly Hills City Council banned smoking in public parks curb-to-curb and permanent signs were erected.



Smoking has been banned at San Francisco's parks, public squares and other outdoor areas owned by the city since January 2005.



BENEFITS FROM IMPLEMENTING SMOKE-FREE POLICIES MAY INCLUDE:

- Improving and enhancing the health and wellbeing of the community;
- Meeting multiple community outcomes;
- Improving the Council's public image by demonstrating that the Council is interested in improving the health and wellbeing of the community;
- Reducing the significant problem of cigarette related litter;
- Lowering the risk of fire (and possibly of insurance premiums for fire and life);
- Reducing youth smoking initiation by reducing visibility of smoking;
- De-normalising smoking and especially smoking around children;
- Supporting smokers to quit and former smokers to remain smoke-free.

HOW DO SMOKE-FREE REGULATIONS FIT IN WITH COMMUNITY OUTCOMES?

Under the Local Government Act 2002 Councils are required to report at least once every three years on the progress they have made towards their community outcomes.⁴⁴ Many Councils have already surveyed their communities and have released the results. Although different outcomes have emerged in different communities, reflecting the different needs and preferences of communities, similar themes are emerging and many of the outcomes identified by the public are contributed to by the smoke-free policies suggested by the Cancer Society.

For example there are references to creating clean environments free of hazards (cigarette litter is an environmental problem and the inappropriate disposal of lit butts a serious fire hazard); safe and accessible recreational facilities (allowing smoking makes them inaccessible to those unable or unwilling to be exposed to second-hand smoke); a strong economy (reductions in smoking mean more money available to spend on other products and services) and strong social and cultural wellbeing (early deaths take away cultural leaders, especially in Maori and Pacific communities). There was also direct and indirect support for encouraging healthy lifestyles (clearly incompatible with smoking).

THE CANCER SOCIETY OF NEW ZEALAND IS CALLING ON LOCAL COUNCILS TO TAKE ACTION TO EXPAND SMOKE-FREE AREAS AND MAKE COUNCIL EVENTS SMOKE-FREE

Smoking is the leading preventable cause of death in New Zealand today⁴⁵, killing nearly 5,000 New Zealanders each year.⁴⁶ Denormalising smoking through the expansion of smoke-free areas is a key strategy in reducing youth smoking initiation⁴⁷ and supporting people to quit smoking, and to remain smoke-free. The Cancer Society of New Zealand is therefore calling on Local Councils throughout New Zealand to:

EXPAND SMOKE-FREE ZONES

Implement policies which discourage smoking in areas such as playgrounds, parks, swimming pools, zoos, sporting fields and venues, beaches and other areas where children are key users.

MAKE COUNCIL EVENTS 100% SMOKE-FREE

Implement policies which ensure any activities or events run or supported by Councils are 100% smoke-free.



For further information contact

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- 1 TNS PhoneBus Survey, June 9-15, 2005. Full survey results available on request. Email: [\[belinda.hughes@cancer.org.nz\]](mailto:belinda.hughes@cancer.org.nz).
- 2 <http://www.beehive.govt.nz/ViewDocument.aspx?DocumentID=22837>
- 3 There is a requirement that all indoor workplaces must be smoke-free under the Smoke-free Environments Act 1990.
- 4 For further information contact Jan Martin at the South Taranaki District Council by email: [\[Jan.Martin@STDC.govt.nz\]](mailto:Jan.Martin@STDC.govt.nz) or phone: 0800 111 323
- 5 Tobacco Statistics 2000: Cancer Society of New Zealand.
- 6 Looking Upstream: Causes of death cross-classified by risk and condition New Zealand 1997, Public Health Intelligence Occasional Bulletin Number 20, November 2004 (revised). URL: http://www.moh.govt.nz/moh.nsf/wpg_Index/Publications-Looking+Upstream
- 7 http://www.ignz.co.nz/library/files/store_006/Submission_on_Emerging_Issues_for_Public_Health.pdf
- 8 Including the Local Government Act 2002, the Resource Management Act 1991, the Building Act 2004, the Food Act 1981, the Hazardous Substances and New Organisms Act 1996, the Health Act 1956, and many more. See: http://www.ignz.co.nz/library/files/store_006/Submission_on_Emerging_Issues_for_Public_Health.pdf
- 9 The Health Act 1956 can be found at:
http://www.legislation.govt.nz/browse_vw.asp?content-set=pal_statutes. The Act is currently being revised. For relevant information please see:
http://www.moh.govt.nz/moh.nsf/wpg_Index/News+and+Issues-Health+Act+review+and+the+proposed+Public+Health+Bill
- 10 Local Government Act 2002, Part 2, Sub-part 1. See:
http://www.legislation.govt.nz/browse_vw.asp?content-set=pal_statutes
- 11 Local Government Act 2002, Part 8, Sub-part 1 states:
'145 General bylaw-making power for territorial authorities.
A territorial authority may make bylaws for its district for 1 or more of the following purposes:
(a) protecting the public from nuisance;
(b) protecting, promoting and maintaining public health and safety;
(c) minimising the potential for offensive behaviour in public places.'
- 12 Part 1 Section 20 of the Smoke-free Environments Act 2002 states that "Saving of powers to make bylaws ... Nothing in this Part of this Act shall limit or affect the powers ... of a local authority under [section 145(b) of the Local Government Act 2002], to make bylaws providing greater protection from tobacco smoke than is provided by this Part of this Act."
- 13 Confirmed at a meeting on 20 November 2002.
- 14 <http://www.wellington.govt.nz/plans/bylaws/part17b.html>
- 15 Public Health Intelligence, (2001) *Inhaling Inequality: Tobacco's contribution to health inequality in New Zealand*. (Public Health Intelligence Occasional Report No. 7). Wellington: Ministry of Health
- 16 Public Health Intelligence. (2003) *Tobacco Facts 2003*. (Public Health Intelligence Occasional Report No. 20). Wellington: Ministry of Health
- 17 Public Health Intelligence. (2003) *Tobacco Facts 2003*. (Public Health Intelligence Occasional Report No. 20). Wellington: Ministry of Health
- 18 Ministry of Health. 2001. *Inhaling Inequality: Tobacco's contribution to health inequalities in New Zealand*. Wellington: Ministry of Health.
- 19 Whitlock, G. at al, 'Association of environmental tobacco smoke exposure with socio-economic status in a population of 7725 New Zealanders', *Tobacco Control*, 1998;7;276-280.
- 20 'Reducing Smoking Initiation: Literature Review', Prepared for the Ministry of Health, February 2005.
- 21 Helen Darling, "Curiously Strong Allure: Reducing initiation and uptake of smoking", Presentation, 'Moving forward for a Smoke-free Auckland Symposium', 14 July 2004.
<http://www.smokefreeschools.co.nz/Downloads/CuriouslyStrongAllure%20paper.doc>
- 22 <http://www.ndp.govt.nz/tobacco/maorimortality.html>
- 23 [http://www.moh.govt.nz/moh.nsf/0/451514DF17F5139BCC256F4D00092424/\\$File/backgroundrationaleforthesmokefreeaw.pdf](http://www.moh.govt.nz/moh.nsf/0/451514DF17F5139BCC256F4D00092424/$File/backgroundrationaleforthesmokefreeaw.pdf)
- 24 <http://www.unep.org/Documents/Multilingual/Default.asp?DocumentID=403&ArticleID=4570&=en>
- 25 <http://www.aucklandcity.govt.nz/council/services/rubbish/ashtrays.asp>
- 26 These chemicals add to the existing cocktail of environmental pollution. They are known to be toxic to small crustaceans (cladocerans) and a bacteria. Victoria Litter Action Alliance Fact Sheet on Cigarettes. Available online at: <http://www.litter.vic.gov.au/default.asp?casid=3129Toxicity>
- 27 Pers. Corr. Gary Quigan, SMS Analyst and Quality Assessor, EIRSA, NHQ, NZ Fire Service, 23 May 2005.
- 28 Emergency Incident Statistics 2003-2004. Available online at: http://www.fire.org.nz/facts_stats/statistics.htm
- 29 See the NZ Cigarettes (Fire Safety) Bill and the Hazardous Substances and New Organisms Act. The addition of accelerant (potassium citrate) to keep cigarettes burning increases the hazard – see A. MacGuire, *How the Tobacco Industry Continues to Keep the Home Fires Burning*; Tobacco Control 1999; 8: 67-69.
- 30 Pers. Corr. Gary Quigan, SMS Analyst and Quality Assessor, EIRSA, NHQ, NZ Fire Service, 23 May 2005.
- 31 In 1997 Brian Easton, a high profile NZ Economist, estimated it to be up to \$22.5 billion annually. See:
<http://www.eastonbh.ac.nz/article60.html> or <http://www.ndp.govt.nz/tobacco/SocialCostsTobacco.pdf>
- 32 O'Dea, Des, The Net Fiscal Costs and External Costs of Smoking, February 2002. Unpublished report commissioned by the NZ Treasury
<http://www.eastonbh.ac.nz/article60.html> or <http://www.ndp.govt.nz/tobacco/SocialCostsTobacco.pdf>
- 33 <http://www.ash.org.nz/pdf/SecondhandSmoke/EconomicImpacts/BansAffectingTourists.pdf>
- 34 <http://www.newzealand.com/>
- 35 <http://www.manly.nsw.gov.au/Page.asp?z=5&c=184&p=644> and/or <http://www.smokefrecouncils.com.au/manly.htm>
- 36 <http://www.mosman.nsw.gov.au/policies/smoking.pdf> and/or <http://www.smokefrecouncils.com.au/mosman.htm>
- 37 <http://www.smokefrecouncils.com.au/warringah.htm>
- 38 http://www.smokefreezone.org/index.cfm/page_id/1103
- 39 <http://www.clovermoore.com/enews/2004/218-041015.htm>
- 40 <http://www.waverley.nsw.gov.au/info/media/2004/smokingbanapproved.asp>
- 41 http://www.parramattaadvertiser.com.au/common/story_page/0,7168,15239817%255E36456,00.html
- 42 For further information see: <http://www.health.qld.gov.au/atods/tobaccolaws/index.as>
- 43 For further information see:
Legislative Analyst Report on Banning Smoking in Outdoor City Parks and Recreational Areas in San Francisco
http://www.sfgov.org/site/bdsuprvs_page.asp?id=27960
- 44 Community outcomes are goals that the community believes are important for the enhancement of the economic, social, cultural and environmental well-being.
- 45 Statistics New Zealand. See: <http://www.stats.govt.nz/statistical-methods/classifications/cigarette-smoking-behaviour-classification.htm>
- 46 'Our Health, Our Future: the Health of New Zealanders', Ministry of Health, Wellington, 1999.
- 47 Reducing Smoking Initiation Framework, Health Sponsorship Council, 2005.