

Smokefree Councils Implementation Kit: A guide for local health promoters



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Introduction

Smokefree Councils Implementation Kit: A guide for local health promoters has been developed by the Cancer Society of New Zealand and the Health Sponsorship Council (HSC). Its purpose is to guide tobacco control workers, health promoters, non-government organisations with an interest in tobacco control and smokefree advocates through the process of advocating to councils for, and implementing, smokefree outdoor public places.

It draws on the experiences of groups that have already approached local bodies requesting the introduction of smokefree outdoor areas. Some approaches have been successful, while in other instances further approaches will need to be made. Whatever the result, key learnings have been noted and summarised so submissions made in the future can have the best possible chance of success.

The resource also sets out the steps to be taken once a council has agreed to the introduction of smokefree outdoor areas. This is a crucial stage of the project – thorough planning and effective communication greatly increase the likelihood of a smooth transition to smokefree outdoor environments.



This document could not have been developed without the help of those involved in the featured case studies. Many thanks to the health promoters and council staff who supplied information, answered numerous questions and signed off drafts.

The successful introduction of smokefree outdoor public places requires considerable planning and lots of on-the-ground work. But the end result is worth it. If we can reduce the amount of smoking children and young people see around them we will increase the likelihood that they will remain smokefree.¹ More than anything, it's about the kids.

This document is intended for distribution on a CD or as a zipped download. Also on the CD, or included with the download, are two folders containing further information.

The *Case Studies* folder contains a series of cases studies that describe the processes used by health promoters in various localities around New Zealand to

¹ HSC (2005). *Framework for Reducing Smoking Initiation in Aotearoa-New Zealand*. Health Sponsorship Council.

approach their councils about implementing policies for smokefree outdoor public places.

The *Resources* folder contains a range of resources including actual submissions made to councils, example documents, media releases, written resources and more. Throughout the text of this document, reference is often made to these resources.

1 Background and Rationale

*Tobacco smoking is a major public health problem in New Zealand. It is estimated that active smoking and exposure to second-hand smoke causes around 5,000 deaths in New Zealand every year through heart disease, stroke and a variety of cancers, including lung, mouth, larynx, oesophagus and kidney.*²

Smoking is a major contributor to inequalities in health. Māori, Pacific peoples, those with less education, and those in lower socioeconomic groups have much higher rates of smoking.³

Youth smoking rates are declining – in 2006, 14 percent of Year 10 New Zealand teenagers said they were smokers, down from 28 percent in 2000.⁴ However, there is still much to be done to keep the next generation from starting to smoke. Smokefree outdoor public places have a big role to play by normalising smokefree environments and showing our young people that smoking is the exception, rather than the rule.

1.1 Why develop smokefree outdoor public places?

Some of the reasons for developing smokefree outdoor public places policies are:

- providing positive smokefree role modelling, and preventing negative role modelling, for children and young people
- reducing the smoking children and young people are exposed to 'de-normalises' smoking – making it seem a less usual or common activity
- increasing the number of designated smokefree areas also contributes to de-normalising smoking for adults and may assist in promoting successful quitting
- reducing the environmental impact of littering of cigarette butts and packets
- empowering non-smokers to speak up and be more vocal about not wanting to be around smoking.

² Ministry of Health (2006). *Tobacco Trends 2006: Monitoring tobacco use in New Zealand*. Wellington: Ministry of Health.

³ Ministry of Health (2007). *New Zealand Tobacco Use Survey 2006*. Wellington: Ministry of Health.

⁴ Scragg R. (2007). *Report of 1999-2006 National Year 10 Snapshot Smoking Surveys*. Prepared for Action on Smoking and Health (ASH) & HSC. Retrieved on 6 November 2007 from http://www.ash.org.nz/pdf/Reportof2006Year10Survey_FINAL.pdf. Or see www.ash.org.nz, and look under 'Research' then 'Year 10 Survey'.

1.1.1 Smokefree role modelling and de-normalisation of smoking

Attention is increasingly turning to what impact seeing people smoking around them has on the future smoking behaviour of children and young people. Research shows that the longer the onset of smoking is delayed the less likely a person is to become a daily smoker.⁵ Initiation into smoking usually occurs during pre-adolescence, with daily smoking behaviours typically established before the end of adolescence.⁶

The introduction of smokefree public places has at its core the aim of reducing the amount of smoking young people see around them, therefore reducing the negative role model effect of seeing adult smokers and increasing the positive role-modelling effect of seeing non-smoking adults. This may contribute to making young people less likely to start smoking or remaining smokefree.

A review of the evidence in the HSC's *Smoking Initiation Literature Review*⁷ and *Framework for Reducing Smoking Initiation in Aotearoa-New Zealand*⁸ suggests the risk factors associated with why young people begin to smoke include:

- incorrect assumptions about high tobacco use within society
- belief in the continued acceptability of tobacco use as reflected by the visibility of smoking in public places.

The framework therefore suggests tobacco use be de-normalised by reducing the visibility, attitudes and behaviours that reinforce the use of tobacco products. One effective way to do this is to increase the number of settings in the community where smoking is banned in all indoor and outdoor spaces.⁹

The following associations with smoking uptake in children all suggest that measures that reduce visible smoking role models will help reduce smoking among young people:

The average smoker starts at 14 and a half. Nobody will claim that an adolescent of that age is making a rational choice. Adults very rarely take up smoking. They can see, as adolescents cannot, that smoking is slow suicide and madness.

Editorial,
Sunday Star Times,
24 June 2007

⁵ US Surgeon General, 1994.

⁶ NFO CM Research, 2001a2001b; Stanton W, et al, 1989; US Surgeon General, 1994.

⁷ HSC (2005). *Reducing Smoking Initiation Literature Review: A Background Discussion Document to Support the National Plan for Reducing Smoking Initiation in Aotearoa-New Zealand*. Wellington: Health Sponsorship Council.

⁸ HSC (2005). *Framework for Reducing Smoking Initiation in Aotearoa-New Zealand*. Wellington: Health Sponsorship Council.

⁹ *ibid.*

- teenagers exposed to smoking restrictions in the home and other environments are less likely to take up smoking^{10 11}
- youth who have parents, peers and/or siblings who smoke are more likely to smoke themselves^{12 13}
- young people with friends who smoke are more likely to be smokers¹⁴
- increased exposure to smoking in movies is associated with increased rates of smoking experimentation by young people¹⁵
- the frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal¹⁶
- perceived high levels of smoking by peers is a strong predictor of smoking¹⁷
- surveys show that children greatly overestimate the prevalence of smoking among their peers.¹⁸

Smokefree outdoor public places also help the process of de-normalising smoking in society, showing it is not an acceptable and normal behaviour. This builds on measures like smokefree schools and workplaces introduced in New Zealand in 2003. De-normalising smoking is especially important in communities where smoking is most common, such as Māori and low socioeconomic status populations.



The example of smoking by adults is a crucial factor in youth starting smoking and quitting. Increased smokefree areas change norms about smoking and reinforce to smokers and youth the severe risks from tobacco use. The *Framework for Reducing Smoking Initiation in Aotearoa-New Zealand* has increased the policy emphasis in New Zealand on reducing the exposure of children to smoking behaviour, in order to reduce smoking uptake. One avenue to decrease this exposure is the introduction of smokefree playgrounds,

¹⁰ Wakefield, M., et al (2000). Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study. *BMJ*, 321, 333-7.

¹¹ HSC (2005). *Reducing Smoking Initiation Literature Review: A Background Discussion Document to Support the National Plan for Reducing Smoking Initiation in Aotearoa-New Zealand*. Wellington: Health Sponsorship Council.

¹² Stanton, W.R., Silva, P.A., Oei, P.S. (1989). *The origins and development of addictive behaviour: A longitudinal study of smoking*. Dunedin: University of Otago.

¹³ Darling, H. (2002). *Preliminary results: 2002 Youth Lifestyle Survey*. Social and behavioural Research in Cancer Group, University of Otago (unpublished).

¹⁴ HSC (2005). *Reducing Smoking Initiation Literature Review: A Background Discussion Document to Support the National Plan for Reducing Smoking Initiation in Aotearoa-New Zealand*. Wellington: Health Sponsorship Council.

¹⁵ *ibid.*

¹⁶ Darling, H. (14 July 2004). Moving forward for a Smoke-free Auckland Symposium. *Curiously Strong Allure: Reducing initiation and uptake of smoking*.

¹⁷ Darling, H., Reeder, A. (2005). *Youth Lifestyle Study 2004: High Level Report*. Prepared for HSC. Social and Behavioural Research in Cancer Group, University of Otago.

¹⁸ *ibid.*

parks and other outdoor areas.¹⁹

1.1.2 Encouraging smokers to quit and stay quit

Because the introduction of smokefree parks will decrease the environments in which smoking is allowed and, thus, remove a trigger to smoking, it is highly plausible that introducing smokefree parks could assist those trying to quit. Most smokers wish to quit. For example the *New Zealand Tobacco Use Survey*, published in June 2007 by the Ministry of Health, states 65 percent of smokers have made an attempt to stop in the last five years.²⁰

1.1.3 Litter

Smoking-related materials (particularly cigarette butts) are leading components of litter and discarded butts can constitute a fire-hazard in some outdoor settings.²¹

In 1995, an estimated 5.535 trillion cigarettes (27,675 million cartons and 276,753 million packages) were sold by the tobacco industry globally. Some of the wastes from these products were properly deposited, but a large amount of tobacco consumption waste ends up in the environment.

The tobacco manufacturing process produces liquid, solid, and airborne waste. Among those wastes some materials, including nicotine, are designated by the US Environmental Protection Agency as Toxics Release Inventory (TRI) chemicals. These are possible environmental health hazards. In 1995, the global tobacco industry produced an estimated 2,262 million kilograms of manufacturing waste and 209 million kilograms of chemical waste. In addition, total nicotine waste produced in the manufacture of reduced nicotine cigarettes was estimated at 300 million kilograms.²²

1.1.4 Non-smokers' empowerment

Increasing the number of smokefree public places provides non-smokers with a positive basis on which to speak up, either from concerns for the smoker, or for themselves and the people around the smoker.

Anecdotally, in the past when there were fewer smokefree areas, a person smoking in public was more likely to be tolerated – often grudgingly – because non-smokers felt they did not have the right to ask them to smoke elsewhere. However, this is

¹⁹ Wilson N., Thomson G., Edwards R. Lessons from Hong Kong and other countries for outdoor smokefree areas in New Zealand? *NZ Med J* 2007;120:U2624. See Resources folder: Written Resources/ Local Government - What does it do July 2006.pdf.

²⁰ Ministry of Health (2007). *New Zealand Tobacco Use Survey 2006*. Wellington: Ministry of Health.

²¹ Wilson N., Thomson G., Edwards R. Lessons from Hong Kong and other countries for outdoor smokefree areas in New Zealand? *NZ Med J* 2007;120:U2624. See Resources folder: Written Resources/ Local Government - What does it do July 2006.pdf.

²² Novotny T. E., Zhao F. Consumption and production waste: another externality of tobacco use. *Tobacco Control*. 1999;8:75-80.

changing. For example, at Wellington's Westpac Stadium, which is now smokefree, if someone smokes in breach of the policy it is common for other patrons to ask them to put the cigarette out.

When a public place has been declared smokefree, non-smokers can use this as back-up, rather than feeling they are asking solely on the basis of their own personal preference. When the ideas behind smoking bans in public places, such as role-modelling, are fully understood, a firm and reasoned basis exists for asking people not to smoke.

1.2 Public support

There is a high level of public support for smokefree public places. Recent data gathered from the 2007 HSC adult Smokefree/Auahi Kore monitor show:

- around one-half of respondents believed it was 'not at all' acceptable to smoke at outdoor sports fields and courts (51.4 percent). Less than one-in-five respondents believed it was acceptable to smoke 'anywhere' at outdoor sports fields and courts (16.3 percent)
- belief that it is 'not at all' acceptable to smoke in these areas has increased from around one-third (36.5 percent) in 2005 to one-half (51.4 percent) in 2007
- three-quarters of respondents believed it was 'not at all' acceptable to smoke at outdoor children's playgrounds (76.4 percent).

The 2007 HSC Smokefree/Auahi Kore monitor also found strong public support for not smoking around children, with:

- the majority of respondents disagreeing with the statement 'It's OK to smoke around children' (96.2 percent)
- around 70 percent of respondents agreeing with the statement 'Smoking should be banned in all outdoor public places that children are likely to go' (51.4 percent strongly agreed, 18 percent slightly agreed).

2 Role of Local Government

*While Parliament is elected to deal with issues relevant to New Zealand and its people as a nation, the primary role of local councils is to promote the social, economic, environmental and cultural wellbeing of their communities and to do so by means of democratic local decision-making.*²³

Councillors are elected to act as representatives and make decisions taking account of local issues, needs and priorities. This means different councils may make different decisions when managing similar situations.

There are 85 local authorities in New Zealand – regional, city and district councils – representing all areas of New Zealand.

These include:

- 16 city councils (these councils have a population greater than 50,000 and are largely urban)
- 57 district councils
- 12 regional councils.

Regional councils cover matters such as managing rivers, coastlines and harbours, land transport planning and the development of regional policy statements.

City and district councils, known collectively as 'territorial authorities', provide local infrastructure and their responsibilities include maintaining parks, libraries and museums, regulating liquor licensing, animal control and public health, provision of planning and resource consents, and ensuring economic and cultural development.

The council is headed by the mayor or a chairperson, who provides leadership and direction to the council and community, and chairs meetings.

Councils generally establish committees to look at areas of their work such as environmental planning, works and services, parks and reserves, sport and recreation, community development and wellbeing, and land transport. These committees usually make recommendations for consideration and approval by council, but they are sometimes delegated the power to make decisions themselves. You may find your local council asks you to deal with a committee when you approach them about setting up a smokefree public places policy.

²³ Department of Internal Affairs (2006). *Local Government – What does it do?* Wellington: Department of Internal Affairs. See Resources folder: Written Resources/Local Government - What does it do July 2006.pdf.

2.1 Long-term council community plans

Section 93 of the Local Government Act 2002 requires all local authorities to have a long-term council community plan (LTCCP) in effect at all times. The LTCCP must cover a period of 10 consecutive years, which ensures local authorities take a long-term view of achieving their defined community outcomes.

2.2 Community consultation

Section 93 of the Local Government Act 2002 states that one purpose of the LTCCP is to:

provide an opportunity for participation by the public in decision-making processes on activities to be undertaken by the local authority.

Councils will, therefore, have procedures in place ensuring they listen to individuals and organisations within their communities and will have varying mechanisms through which they may be approached to be encouraged to consider making parks and reserves smokefree. These are elaborated on in Section 3 of this document.

Submissions on annual plans and LTCCPs, for example, may be invited via community notices published in local papers or on the council's website.

If submissions are not currently being invited, councils can still be approached on any matter and most will have a policy requiring that ad hoc submissions are addressed.

2.3 Community outcomes

A key input into LTCCPs is the community outcomes process. Local authorities are required to consult with their communities regarding their needs and wants (referred to as 'community outcomes'). Councils also have to report on the community outcomes in the LTCCP and monitor them on a regular three-yearly cycle.

Key to understanding communities and setting goals for achieving community outcomes is the concept of 'wellbeing'. The way wellbeing is defined locally depends on factors such as personal values, culture, societal norms and world view, but it generally encompasses secure livelihood, health, safety, happiness and fulfilment.

Councils are not obliged to take up everything raised by their communities, but must address the most important issues and aspirations. Success at achieving smokefree public places policies may, therefore, depend on how well you make the

case that such a policy will contribute to community wellbeing and specific community outcomes such as those to do with health, litter, leisure and recreation.

The fulfilling of community outcomes also provides a way councils can explain smokefree outdoor public places policies to their communities and can help justify them should there be public criticism.

2.3.1 The relevance of smokefree policies to community outcomes

Councils that have implemented smokefree public places policies have linked these policies with the furthering of community outcomes.

Smokefree environments are particularly relevant to community outcomes related to social, cultural, environmental and economic wellbeing. Highlight this to your council when you approach them.

2.3.2 Social wellbeing

Increasing the number of smokefree public places will help reduce health inequalities, of which smoking is a major cause, by normalising 'being smokefree' at venues attended by a wide cross-section of the public.

According to the *New Zealand Tobacco Use Survey*, the prevalence of smoking increases in a linear manner for both males and females with increasing levels of deprivation.

Around 23.5 percent of New Zealanders smoke.²⁴ However, people in more deprived socioeconomic areas demonstrate higher rates of smoking: 34.2 percent in the most deprived areas compared with just 14.3 percent in the least deprived areas.²⁵ ²⁶ The burden of death and illness from smoking is also highest among lower socioeconomic groups.²⁷

People who have no educational qualifications have significantly higher smoking prevalence than those with educational qualifications. Prevalence is also higher among Māori and Pacific peoples than among non-Māori, non-Pacific populations. At least one-third of the shorter life expectancy of those living in the most deprived areas is accounted for by tobacco consumption.²⁸

²⁴ Ministry of Health (2007). *New Zealand Tobacco Use Survey 2006*. Wellington: Ministry of Health.

²⁵ The Index of Deprivation study carried out by the Department of Public Health, Wellington School of Medicine and Health Sciences in 2001 combines nine variables from the 2001 census which reflect aspects of material and social deprivation in New Zealand. Quintile 1 is the least deprived of five deprivation categories, and Quintile 5 is the most deprived.

²⁶ Ministry of Health (2007). *New Zealand Tobacco Use Survey 2006*. Wellington: Ministry of Health.

²⁷ 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.

²⁸ Ministry of Health (2001). *Inhaling Inequality: Tobacco's contribution to health inequalities in New Zealand*. Wellington: Ministry of Health.

2.3.3 Cultural wellbeing

Tobacco kills nearly 600 Māori prematurely every year.²⁹ A third of Māori deaths each year are attributed to tobacco-related disease and illness. One study showed the life expectancy for Māori men to be 69 years, compared to 73 years for non-Māori. For Māori women life expectancy was 74 years, compared to 77 years for non-Māori.³⁰

These early deaths from tobacco use mean a significant loss of cultural knowledge and language. Smoking threatens the continuation of whakapapa, leadership and intergenerational transfer of Māori culture.³¹

2.3.4 Environmental wellbeing

Smoking has a number of negative environmental impacts, such as the littering of cigarette butts and packets. Smokefree outdoor public places will reduce litter in and around playgrounds, sporting fields, parks and other outdoor public places. This is likely to benefit the environment.



Many of the 25 million cigarette butts dropped on the streets end up being washed through the stormwater system into harbours.³² The residue in the butts contains some very toxic and soluble chemicals, including ammonia, nitrogen dioxide, formaldehyde, hydrogen cyanide and arsenic. These chemicals add to the existing cocktail of environmental pollution. They are known to be toxic to small crustaceans (cladocerans) and bacteria.³³

The latest *Emergency Incidence Statistics* document from the New Zealand Fire Service indicates smoking is a significant cause of house fires; there were 1,152 call-outs between 1 July 2005 and 30 June 2006 because of careless disposal of cigarettes, cigars, ashes, and embers.³⁴

Reducing smoking has many benefits to the health of people and the health of our environment. It is important these wider benefits of smokefree parks and public places are communicated to councils.

²⁹ Reid, P., Pouwhare, R. (1991). *Te-Taonga-mai-Tawhiti (the-gift-from-a-distant-place)*. Auckland: Niho Taniwha.

³⁰ Te Puni Kokiri. (1998). *Cigarette Smoking Mortality Among Māori, 1954-2028*. Wellington: Te Puni Kokiri.

³¹ Frequently Asked Questions, Part 4: *Background Rationale for the Smokefree Law FAQ*, May 2005

³² *Cigarette Butts, Rubbish and Recycling*, Auckland City Council website.

³³ Victoria Litter Action Alliance. Litter Prevention Kit: Cigarette Butts. Retrieved on 24 September 2007 from <http://www.litter.vic.gov.au/www/html/2298-introduction.asp>.

³⁴ New Zealand Fire Service. *Emergency Incidence Statistics 1 July 2005 – 30 June 2006*.

2.3.5 Economic wellbeing

- Tobacco is a \$22.5 billion drain on New Zealand society.³⁵ In 2001 it was estimated that smoking costs New Zealand's public health care sector \$180 million annually.³⁶
- Without cigarettes New Zealand'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.³⁷
- Incorrectly disposed-of cigarettes are a major fire hazard, causing more than 1,000 fires each year in New Zealand.³⁸
- 100 Percent Pure = 100 Percent Smokefree: Tourism plays a vital role in many regional and district economies. Many of New Zealand's international tourists are non-smokers and support smokefree policies.³⁹ The policies also reinforce New Zealand's 100 Percent Pure campaign.⁴⁰

2.4 Community outcomes examples

South Taranaki and Upper Hutt are good examples of where community outcomes were used as the rationale for why smokefree public places should be introduced by councils.

2.4.1 South Taranaki

The smokefree policy was seen as furthering the following community outcomes:

...a region that provides a safe, healthy and friendly place to work, live or visit.

Taranaki Regional Community Outcomes

Our natural environment is continually enhanced through programmes that reflect our community's sense of kaitiakitanga (caring and protection).

³⁵ Easton, (B. 1997). *The Social Costs of Tobacco Use and Alcohol Misuse*. Public Health Monograph. Series No.2. Department of Public Health, Wellington: Wellington School of Medicine.

³⁶ O'Dea, Des, (2002). *The Net Fiscal Costs and External Costs of Smoking*. Unpublished report commissioned by the NZ Treasury.

³⁷ See <http://www.eastonbh.ac.nz/article60.html> or [http://www.ndp.govt.nz/moh.nsf/pagescm/1011/\\$File/socialcoststobaccoalcohol.pdf](http://www.ndp.govt.nz/moh.nsf/pagescm/1011/$File/socialcoststobaccoalcohol.pdf).

³⁸ New Zealand Fire Service. *Emergency Incidence Statistics 2003-2004*.

³⁹ <http://www.ash.org.nz/pdf/SecondhandSmoke/EconomicImpacts/BansAffectingTourists.pdf>

⁴⁰ See <http://www.newzealand.com/>.

...all residents are able to access the health services, education and information they want.

District Community Outcomes

2.4.2 Upper Hutt

Smokefree parks and reserves support the following community health and wellbeing outcomes:

Upper Hutt offers a 'green' and attractive living environment.

Community Outcome 4

Our environment stays 'green', clean, healthy and attractive.

Community Outcome 4.2

The community is safe, healthy and strong.

Community Outcome 5

People look after each other.

Community Outcome 5.7

Leisure opportunities are outstanding.

Community Outcome 6

People of all ages, cultures and abilities enjoy recreation, cultural and leisure activities.

Community Outcome 6.1

Upper Hutt offers a range of 'leading edge' regional recreation, cultural and leisure facilities, complemented by good quality local facilities.

Community Outcome 6.2

Upper Hutt has a reputation for fun family events.

Community Outcome 6.3

2.5 Legislative support

A number of pieces of legislation exist that empower local authorities to act in the interests of community health and wellbeing through either policies or bylaws.

Part 1: Section 20 of the Smoke-free Environments Act 1990 empowers local authorities to go beyond this scope of workplaces, schools and licensed premises, as follows:

Saving of powers to make bylaws: Nothing in this Part 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.

Local councils also have statutory powers under a number of Acts that relate to public health.⁴¹ Section 23 of the Health Act 1956, for example, states:

...it shall be the duty of every local authority to improve, promote, and protect the 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 or any other Act authorising the making of bylaws for the protection of public health.

Section 145 of the Local Government Act 2002 states:

A territorial authority may make bylaws for its district for 1 or more of the following purposes:

(b) protecting, promoting, and maintaining public health and safety.

It is clear that a mandate is well established in law for councils to take an active role in promoting health within their communities and that this mandate has been there for some time.

However, to date, councils have elected not to create new bylaws in order to bring about smokefree public places. Bylaws would only be needed if a council decided it wanted to provide a warrant in order to enforce the smokefree status of public places.

Most councils have seen bylaws as unnecessary because of favourable public opinion towards smokefree areas. Rather, an educational policy has been adopted. Enforcement issues are not present and councils are able to be an example and role model in the community. An educational smokefree outdoor public spaces policy relies on public education, community awareness and enforcement, signage, and voluntary compliance.

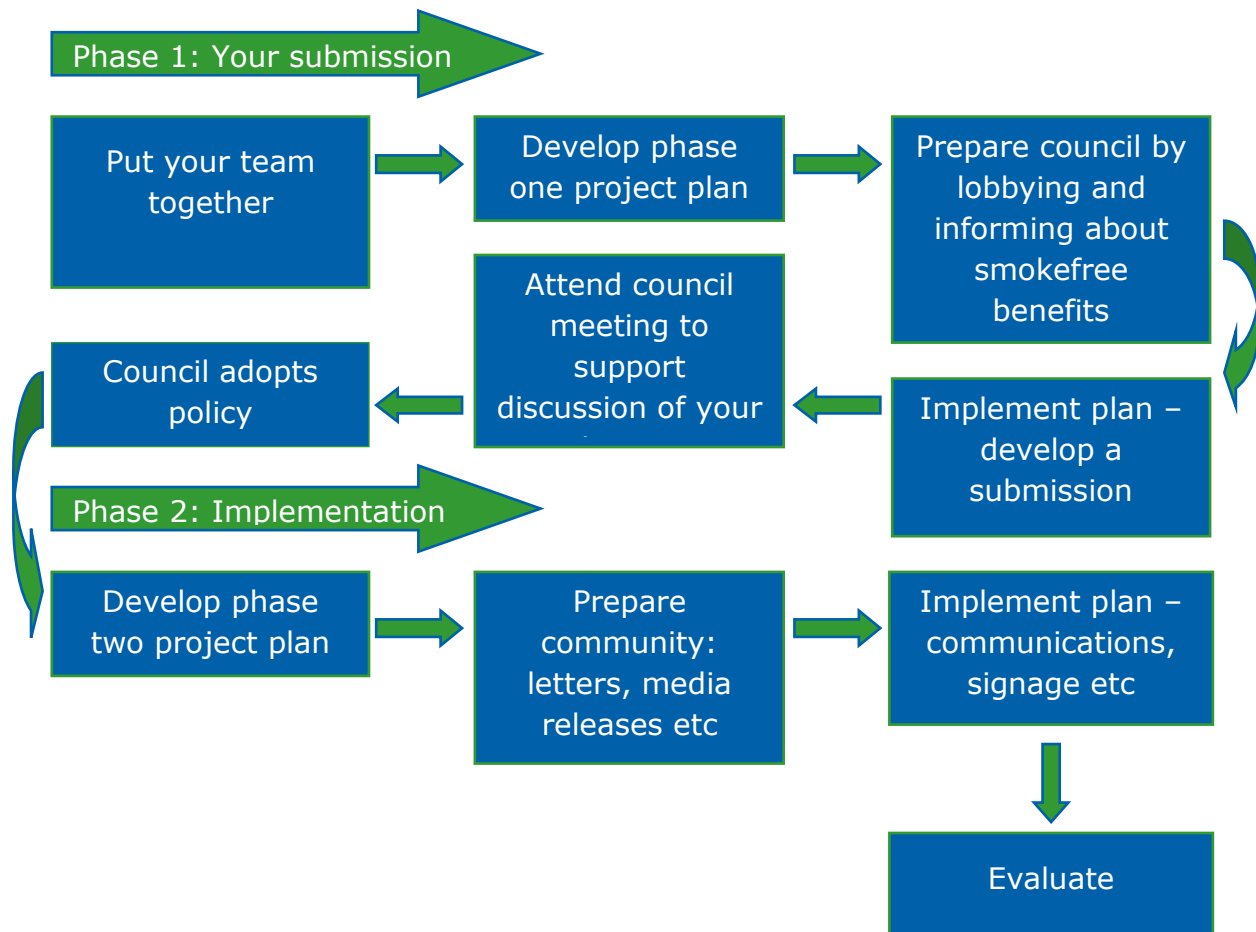
⁴¹ Public health is the science and art of promoting health, preventing disease and prolonging life through organised efforts of society. For example, through encouraging people to quit smoking, undertake more physical activity, or reduce their alcohol consumption.

3 Developing Your Submission and Implementing Smokefree Public Places

This section provides some suggestions for approaching your local council or governing authority about introducing smokefree public places, as well as the steps needed to implement a smokefree outdoor areas policy. It outlines some key strategies that have been effective in bringing about councils' smokefree outdoor public places policies.

Effective strategies are summarised at the end of the section, and more information about what worked well and what didn't can be found by reading the case studies accompanying this document.

The diagram below summarises the process for approaching your council and implementing a smokefree outdoor area policy.



3.1 Putting your team together

While it only takes one person to approach a local council with a request that a smokefree outdoor public places policy be considered, taking a team approach has several advantages including:

- sharing the workload
- pooling budgets
- wider expertise and input
- clear indication to councils that the issue is well-supported.

Before approaching the local council or governing body, contact others with whom a combined approach can be discussed.

Your natural allies are likely to be those in your local smokefree networks who are familiar with smokefree issues and up-to-date with existing smokefree initiatives in the community. They may already be part of a wider group working on smokefree initiatives, e.g. the local Cancer Society, Heart Foundation, DHB/PHU smokefree coordinator, Asthma and Respiratory Foundation, iwi health providers, cessation providers etc.

Non-health groups can also be important allies, e.g. your local Parents' Centre, Plunket, Youth Council, Fire Service, school students, marae and Māori groups and others.

3.2 Phase one project plan

See Appendix 1: Project Plan Sample Templates.

At the start of the project it is important to put together a project plan that will act as a 'road map' for the tasks that need to be carried out to convince the council to introduce smokefree outdoor areas. If your submission is successful, the plan will need to be updated to include the implementation phase of the project.

The plan should include:

- background to the project
- working group members' details
- aim
- rationale
- key messages
- risks
- supporting agencies' details
- communications opportunities
- a timeline that includes who does what by when.

3.2.1 Long-term community plans

It is important to point out to councils how smokefree outdoor environments fit with their various community plans and strategies and especially how they further the community outcomes from their long-term community plans (LTCCPs).

When preparing your submission, look through the council's LTCCPs and other supporting planning documents such as district annual plans and community recreation plans. Find the community outcomes that will be furthered by smokefree outdoor public places and link to them in your submission, pointing out how they will be furthered.

Most councils have their LTCCPs and other plans available on their website.⁴² If the council plans are not available on the web, they should be freely available to community members on request, or from local libraries.

3.2.2 Timing

It's essential to get your approach to council right. Planning should be done with thought and care, and without rushing it!

While the tide of public opinion is quickly turning in favour of smokefree policies, there are still many who do not yet fully understand the negative impacts of smoking in public places, and believe such policies are unjustified intrusions into personal rights and freedoms.

Discuss with others in your team whether your community is ready for smokefree outdoor public places, or whether some work may first need to be done to prepare the ground.

You may need to gauge the receptiveness of council to the introduction of a smokefree outdoor public places policy. Setting up a time to talk to a councillor or committee member may help you to communicate the benefits of the policy before you actually make a submission. This will also help identify whether there are going to be difficulties in getting councillors' support.

You may want to send some letters to the editor of your local paper to see what reaction there is from others in the community, or present the benefits of smokefree outdoor public places to the community by way of an opinion piece written for your paper.

Talk to people from parent centres or who are involved in youth sport. They may have some thoughts about how receptive the parents and people they deal with are to smokefree outdoor public places policies.

⁴² Council website links, phone numbers and annual plan links are available at <http://newzealand.govt.nz/record?tid=5&recordid=3153>.

3.3 Approaching your local body

While all local bodies are required by law to develop plans in consultation with the public, different councils will take different approaches to fulfilling these requirements and processes may not always work the same in all localities. However, there are some general steps you should follow.

3.3.1 The submission process

The ideal time to approach a council is when submissions are requested from the public on the development of the strategic or district annual plans. Some councils hold quarterly forums to which the public is invited and notice of meetings will be posted in community newspapers or on the council's website.



Individual councils will have differing requirements and deadlines for submissions; you can find out about these by calling the local council's information line. However, presenting a submission to council can be done at any time and you can contact the council directly with your submission.

If you know of a councillor or council staff member who is supportive, ask them for help with your approach to council. They will be familiar with council plans to which smokefree public places policies could be linked. This may also be useful during the submission process, as council offices will be asked to prepare a report on the issue, with their recommendations.

3.3.2 Approaching councils directly

If you are approaching a council directly, first approach a community services staff member, such as the community services manager or the parks and reserves manager. Smokefree policies in public places will affect their area so it is important they are adequately consulted, even if they refer you to somebody else. If you can develop a good working relationship with your first contact your approach to councillors and other decision-makers may be easier.

The phone numbers and addresses of councillors, mayor and senior council staff are often listed on council websites. If not, the local council information line should be able to provide their contact details.

3.3.3 Create tailored messages

In seeking to get your message across effectively you may need to think not only about what you want to say, but also about what you may *need to say* to persuade your councillors to take the actions you recommend.

For example, they will need to hear about how such a policy will further community outcomes. They may also need evidence that the people they represent are supportive of smokefree public places and that there will be few enforcement issues.

It is recommended that you do not focus on the harm caused by second-hand smoke as a rationale for smokefree outdoor public places, as this is not yet established by sufficient evidence.

3.3.4 Anticipating obstacles

Many council officials and staff will be supportive of smokefree initiatives, however, you can never take their support for granted. Some may have concerns about introducing smokefree public places because of cost, difficulty of enforcement, or fear of public criticism for 'telling people what to do'.

Costs

There may be concerns about the costs of implementation, e.g. signage, advertising and staff time. For many councils, the biggest one-off cost is signage. Remind the council that smokefree policies can actually save money, reducing the need for cleaning, maintenance and litter removal. Signage and other costs associated with implementation should be discussed as part of the planning process. In South Taranaki and Upper Hutt, for example, costs were shared between council and initiative partners.

Councils may be happier to pay if they know that committing resources is a way they can take ownership of (and credit for) implementation.

Policing and enforcement

Outdoor smokefree public areas have been introduced by an increasing number of New Zealand and overseas local bodies, and by New Zealand and overseas sports stadiums. In most cases, an educative approach to the introduction of smokefree areas has been taken and compliance has been voluntary. There have been very few reported incidents of non-compliance and, as the policy becomes accepted, members of the public often take over the enforcement role. That is, other people around the smoker ask them to put out the cigarette or to step outside to smoke, rather than officials. Providing smokefree areas empowers the public to request that people smoke out of sight of children.

Is a bylaw needed?

Councils may be reluctant to create a bylaw to require outdoor smokefree public places as this can be a lengthy process, requiring considerable consultation. So far councils in New Zealand have instead taken an educative approach, in which compliance is voluntary. This approach enables smokefree areas to be introduced more quickly. It relies on the public being well-informed about the rationale for smokefree areas and for these areas to be clearly signposted.

Reaction

Some councils may be concerned there will be a backlash from people using council parks and other outdoor areas if they become smokefree. It is important to emphasise that the smokefree policy is primarily about reducing the amount of smoking to which children and young people are exposed and providing smokefree role modelling – not about telling people not to smoke. Remember to emphasise, and repeat where necessary, your key messages (such as: we are doing this for the kids; research shows that the less children and young people are exposed to smoking, the less likely they are to become smokers themselves).

Concern about lack of support for smokefree outdoor areas

Councils may not be aware of the local, national and international support that exists for outdoor smokefree areas, or of the increasing trend towards providing such areas. Tell the council about the successful introduction of smokefree public places in New Zealand and overseas (see the case studies and Section 5).

3.4 Content of your submission

See Appendix 2: Sample Submission.

There are a number of elements important to your smokefree public places submission to a council or governing body. It is recommended that your submission covers (at least):

- who you are and the organisations you represent
- a clear statement of the purpose of your proposal
- some background and research into the harms of smoking
- what a smokefree public places policy will achieve (de-normalising smoking, fewer young people becoming smokers etc)
- how a smokefree public places policy will contribute to the council's community outcomes
- an indication that similar policies have worked well in other areas and that enforcement has not been an issue
- signage wording and costs

- recommended policy wording.

Your submission should be made in writing and be well-researched though you should also be prepared to back it up orally, as many councils will invite someone from your group to address them, or a planning committee, in person. You can also request to address the council or planning committee. Choose a good spokesperson who will be able to express your key messages clearly and persuasively. It is important to use the person who can best express the issue.

Make sure your submission has solutions to problems or issues that may be raised and is clear about the action you want the council to take.

Remember, councillors can be influenced by the number of submissions received on one issue, as this indicates public support. Consider asking a number of agencies not part of your group to also put in a submission about how important it is to them to have smokefree outdoor public places.

3.5 Phase two project plan

See Appendix 1: Project Plan Sample Templates.

Congratulations, the council has agreed to adopt a smokefree public places policy! Now you move into phase two of the project – implementation.

For this stage you will need to update your project plan to focus on implementation. The updated plan will have a strong focus on the tasks that need to be undertaken to support the introduction of the policy (such as developing signage) as well as a plan for communicating the new policy to the public and key stakeholders. You'll also need to confirm the wording of the smokefree public places policy.

Congratulations to the Ashburton District Council for declaring Friedlander Park smokefree (Smoke-free park sets precedent, 2 Feb 2007). Let's hope this does indeed set a precedent for other parks to be declared smokefree in this district and across the country.

Mark Peck, Director,
Smokefree Coalition

Presenting the new policy in the best possible light is the key to a trouble-free implementation period and optimum public and stakeholder support. A planned and managed communications approach will help ensure everyone is clear on the rationale behind the introduction of a smokefree public places policy. That is, that this is all about the kids – being smokefree role models for them and showing them that smoking is not a normal activity.

Ensure at least one person in your team is in charge of communications. Ideally, this will be someone with previous media or communications experience. This

person can make sure media releases are well-written and can call local reporters to help them understand the reasons the policy is being pursued.

If possible, find out which media are most highly read/watched/listened to in your area, and target these as a priority.

3.6 Use the media to your advantage

Councils are very interested in the amount of public support various issues have and one way they gauge this support is by monitoring reports in the media. The media is, therefore, a very powerful tool that can help you get your message across. By developing relationships with local reporters and supplying them with factual information about smokefree outdoor public places you can help make media coverage of the issue positive, making it more likely the public will be on-side.

3.6.1 Develop simple, clear information

To ensure those supporting the introduction of outdoor smokefree areas are communicating the same information, develop a list of key messages and frequently-asked questions. These will enable all the information and research relevant to the initiative to be gathered in one place. This information can form the basis for media articles and releases, information flyers, information for school newsletters, letters to the editor and so on.

3.6.2 Develop relationships with the media

The media is always on the lookout for stories with a local flavour. Keep reporters at your local newspapers and radio stations up-to-date with progress on the development and implementation of a smokefree outdoors public places policy.

Make sure you also work with council communications staff so there are 'no surprises' and messages coming from the council and policy supporters complement each other.

Provide local reporters with succinct and accurate key messages about the reasons behind smokefree outdoor public places. For example, ensure they are aware that keeping young people smokefree is a key rationale for outdoor smokefree policies. Give them copies of the key messages and frequently-asked questions documents (see 3.10).

3.6.3 Media releases and letters to the editor

See Appendix 3: Sample Letters to the Editor.

Talk to local supporters such as DHB staff, or health promoters working in your area, to see if they are able to help by writing supportive letters to the editor of

your local newspaper, or by putting out a supportive media release. If you have friends or colleagues who support smokefree parks, ask them to write a letter to the editor voicing their support. The letters' page in the local newspaper is widely read and a collection of letters will make it clear to the council that there is support for smokefree public places.

Even negative letters to the editor can be an opportunity to get your message across. A letter defending the rights of smokers to smoke outdoors can be responded to with one about the need to balance smokers' freedoms with the rights of children to grow up and enjoy recreation without being exposed to smoking. If your group puts out a media release, follow up with a phone call to local media to check they received the release and to ask if they need any more information. Taking the time to do this will increase your chance of gaining media coverage. And don't just stick to local media – regional and national media often cover local stories. Don't be afraid to send media releases to the major daily paper that covers your area – you might just get lucky! Likewise, you never know when television news is looking for a 'quirky' local story, so consider contacting them as well. You can usually find newsroom contact details or information on how to submit news items at the organisations' websites.

When putting out a release, try to provide a photo opportunity that could be used to support your story and mention this in your correspondence or when you call. Examples might include the mayor standing by a Smokefree sign, or local children holding up a 'please help keep our air smokefree' banner. Television and local newspapers may be more inclined to cover a story if it includes a visual element.

3.6.4 Think like a journalist

Journalists are more likely to cover a story if they perceive it as news. In most instances, the introduction or proposed introduction of smokefree outdoor public places to the area will merit coverage as a news story – particularly in local and regional media.

In presenting your story to the media, emphasise why it is of interest to a number of people. Use local statistics. For example, the year 10 smoking surveys⁴³ have smoking rates broken down by DHB – these figures are extremely relevant to your push for smokefree outdoor environments and will make the story of more interest to the media. Also tell the media how many people and places will be affected by the policy and which community members with significant profiles are prepared to speak in favour of it.

⁴³ Scragg R. (2007). *Report of 1999-2006 National Year 10 Snapshot Smoking Surveys*. Prepared for Action on Smoking and Health (ASH) & HSC. Retrieved on 6 November 2007 from http://www.ash.org.nz/pdf/Reportof2006Year10Survey_FINAL.pdf. Or see www.ash.org.nz, and look under 'Research' then 'Year 10 Survey'.

More information about making good use of the media can be found in *SMOKE SIGNALS - The Tobacco Control Media Handbook*.⁴⁴

3.6.5 Find local 'champions'

Locals who support smokefree outdoor areas – particularly those with a profile within the community – can be invaluable in helping to capture media attention. These could include a well-known sports person who lives locally, a church leader, or the principal of a local school. See if they would be willing to talk to the media about why they support smokefree outdoor areas, and then work with them to develop short, snappy comments (often called 'sound bites') that succinctly sum up the key messages.

"We've had a smokefree policy on our rugby fields for about a year, and there's been absolutely no problem with this at all. Once parents and spectators see it's not about punishing smokers, but about doing something positive for the kids, they become really supportive."

Ben Kingi, President, Rimutaka Rugby Club, May 2006

If they're busy, the champions may be willing for you to write letters to the editor on their behalf, or they may be open to you writing quotes for them to include in media releases which they can repeat when talking to the media. However, make sure they sign off what you have written for them before you release it!

The media – in particular local and community papers – are keen to have local people comment. Be sure to include contact details for the media champions when you send out media releases, and make sure the champions know what's gone out, and when they might be contacted.

3.7 Policies

3.7.1 Writing the policies

A smokefree public places policy should be well set out, clear, and include a concise rationalisation including that a smokefree lifestyle is desirable, that children need positive adult role models, and that all citizens have a role in maintaining a clean environment.

It should also be stated that the policy is educative rather than punitive in nature.

⁴⁴ See Resources folder: Written Resources/SMOKE SIGNALS - The Tobacco Control Media Handbook.pdf.

3.7.2 Sample policy

Here is an example of a policy that may be included with a submission to council requesting implementation of smokefree public places.

We recommend:

That council adopt a smokefree public places policy as follows:

- 1. That all council-administered sports fields, playgrounds and open spaced reserves in the xxxx district be designated and promoted as smokefree areas.*
- 2. That the public be encouraged through signage and publicity to maintain a clean, healthy environment in areas that are primarily used by young people for sporting and recreation activity.*
- 3. That council use signage and publicity to inform the public and encourage compliance.*
- 4. That the policy be educational rather than punitive.*
- 5. That funds for signage and other costs be sought from interested stakeholders where existing budgetary allocations are insufficient.*

3.7.3 Actual policy examples

The following are actual policies currently in use:

South Taranaki

Council-owned swimming pools

All council-owned swimming pools are designated smokefree areas, including the outdoor area surrounding the pools. Appropriate signage will be displayed at the entrance of each pool and inside the grounds of each swimming pool.

Council-owned enclosed public spaces

All council-owned enclosed public facilities, such as public halls, are smokefree. Appropriate signage will be clearly displayed and a cigarette butt receptacle will be provided outside all public halls.

Council-owned parks and playgrounds

The public will be asked to refrain from smoking in council-owned playgrounds and parks. Signage will be displayed at the entrance to parks and by the children's playground area asking people to refrain from smoking. Messages on the signage will focus on the positive rather than the punitive.

Upper Hutt

That all council-owned sports fields, playgrounds and open-spaced reserves be deemed and promoted as smokefree areas.

That the public be encouraged through signage and publicity to maintain a clean, healthy environment in areas that are primarily used by young people for sporting and recreation activity.

That council appeal through signage and publicity to seek compliance from the public as opposed to enforcement.

Queenstown

a. That council-owned playgrounds, sports fields and swimming pools be declared smokefree.

b. That the policy be educational as opposed to penal in seeking compliance.

3.8 Signage



Good signage is key to a successfully functioning smokefree public places policy. While people may hear about the smokefree policy via media and other publicity, they will need to be reminded by clear, visible and attractive signage on site. Smokefree signage also empowers others in the community by giving them something to point out when asking people to stop smoking in recreational areas.

Focus on the positive aspects of being smokefree such as fresh air, health and role-modelling in your signage, rather than making smokers feel judged or punished.

Some councils have chosen to use the same wording as that originally used in South Taranaki – *This park contains fresh Taranaki air. Please do not smoke in our parks*. This wording is seen as effective because it appeals to local pride and focuses on the positive quality of fresh air – an easily-understood reason for the policy. It is not negative about smokers and conveys the smokefree message by means of a polite request.

In South Taranaki, letters to local newspapers after the policy launch indicated the wording was popular with the public.

In Timaru, a number of signs about smokefree playgrounds were trialled with the public. The signs were bright, colourful, and appealing to both adults and children. The clear favourite said:

*Hey big people, we copy what we see.
So make our playgrounds smokefree.*

Such signs are ideal for placement in playgrounds, but may be less appropriate for wider use in parks and reserves as they concentrate solely on the role-modelling aspect of the smokefree policy and may, therefore, appear less relevant to smokers visiting parks when there are no children around.

3.8.1 Costs

In many localities signage has been the most expensive part of the implementation process. Some councils have decided to stagger costs by replacing existing signs with new smokefree versions as they are upgraded as part of the regular park maintenance programme.

Ideally, signs should be placed widely at the outset of the smokefree initiative, with at least one per park. If limited numbers of signs are produced, they should be placed near main entrances so they are highly visible. Many councils have overcome a lack of budget allocation by combining costs with stakeholders such as local DHBs, public health units, and non-government organisations (NGOs) such as the Cancer Society. The HSC may also be approached for a contribution.

In South Taranaki it was agreed that at least one new sign would be placed in all parks, with further signs added each year. Signage in council facilities is to be reviewed and updated as appropriate. The Cancer Society and the HSC provided some assistance with funding for signage and the logos of both organisations are on the signs, adding to their credibility.

In Gisborne/Tairāwhiti, 24 signs sponsored by HSC were erected at 20 parks and the council continues to take responsibility for maintaining them. In addition, 153 *Smokefree/Auahi Kore* generic signs were placed at entrances to toilet blocks in most sports grounds and parks.

In Upper Hutt a number of groups contributed to the cost of the signs including the Hutt Valley DHB, Valley PHO, the Cancer Society, HSC and the Upper Hutt City Council.

In Wairarapa, the council constructed eight new signs and placed them in four children's playgrounds. Costs were covered by funds from within existing budgets.

3.9 Strategies that work

Strategies that work well when introducing a smokefree outdoor public places policy include:

Take a planned approach

Spend time at the beginning of the project to develop a comprehensive project plan. The plan should include a timeline and clearly indicate which members of the team are to undertake which task.

Be realistic about timeframes. Research tells us that there is strong public support to make public places smokefree for some outdoor settings, but time may be needed to convince councillors and council staff of this. Taranaki allowed six months from planning to implementation and reported no problems. Upper Hutt allowed two months with the result that team members felt the process was rushed and implementation was not as well planned as it could have been.

Invite a cross-section of relevant organisations to be part of the working group

Having several relevant organisations as part of your working group adds credibility to the project and also demonstrates depth of support. Working groups convened to support smokefree outdoor areas could include representatives from the public health unit, Cancer Society, Heart Foundation, Māori, Pacific and Asian providers, tobacco control advocacy groups, and any other groups or individuals with an interest in smokefree environments. Consult and communicate with local iwi. Sometimes the working group will also contain a council staff member.

Emphasise that this is about the kids

Throughout the project, be clear that the main benefit of smokefree outdoor public places is to young people.

Always focus on the positive: that smokefree outdoor public places are about protecting children and providing them with smokefree role-modelling, and empowering communities – never about punishing smokers or telling people what to do. Be clear that this is not about whether or not people smoke, but about where they smoke.

In South Taranaki, for example, the policy was explained and justified on the basis of research about protecting children. Not being critical of smokers lessens opportunity for opposition. It is difficult for those opposing smokefree public places policies to argue that it is *good* for children to be around smokers.

Work closely with council and don't give up!

Prepare evidence-based supporting documentation to provide to council and the media that clearly explains the reasons for the proposed policy. Try to find someone on the council who is supportive of the issue and will help promote it to the rest of the council. This person can act as your 'champion' inside council and help keep the issue on the council's agenda.

Don't be surprised if your local body does not immediately embrace the idea of smokefree outdoor areas. Sometimes it can take time for a new idea to be accepted. Keep promoting the benefits of smokefree public places to council at every opportunity. Emphasise how well the policy has worked in other regions and

the positive feedback and endorsement local bodies in those areas have received from health and wellbeing groups. It is important to be realistic about timeframes – it takes time to provide positive information about smokefree public places to local bodies and the public.

Be persistent. In Wairarapa, for example, initial approaches to council were rejected. By continuing to provide information to the mayor, and being willing to 'go back to the drawing board' and find another approach, the Wairarapa Smokefree Group was able to get the matter back onto council's agenda.

Link the proposed policy to the council's community outcomes

Show council how smokefree outdoor environments fit with their various community plans and strategies and especially how they further the community outcomes from their long-term community plans (LTCCPs).

Be wary of using an approach that requires a bylaw

A bylaw approach has usually been rejected by councillors because it is a long process that tends to be used when enforcement is the goal. Some have also said they believe creating bylaws is outside the scope of existing legislation.

Having a bylaw-based approach rejected slows down the introduction of smokefree outdoor public places. Instead, emphasise the success in other areas of an educative approach and highlight the lack of enforcement issues.

Find public spokespeople

Include people outside the working group in your list of spokespeople. This demonstrates a broad level of support for the policy. In Upper Hutt, a small group of media champions were identified and approached. These included the mayor, the president of the local rugby club that had already made its grounds smokefree, a school principal, an Upper Hutt city councillor and former smoker, and a representative of the local marae. These people were willing to talk to media about their support of smokefree public places.

Participation by Māori

Participation by Māori in either planning or media work can help acceptance of smokefree public places messages, especially in terms of reducing health inequalities, so ensure you have Māori representation on your working group. Many Māori leaders are concerned about the prevalence of smoking among Māori and, in most regions, Māori health promoters have been key members of the organisations presenting cases for smokefree outdoor places policies to councils.

Identify risks and plan responses

By anticipating the risks of the project, or likely objections, these risks can be managed and evidence-based responses prepared. In Upper Hutt a number of risks were identified in the communications plan, such as a potential lack of understanding of the policy's rationale on the part of the public, public opposition, and people not respecting the smokefree policy. In order to mitigate these risks key messages such as 'we are doing this for the kids' were promoted and the support of local champions publicised.

Use the media

The media is a valuable tool for informing the public of the benefits of smokefree outdoor public areas. Local bodies also monitor the media to gauge public support for various issues. Positive media coverage of an issue suggests public support.

Contact reporters and talk to them about the reasons why smokefree outdoor public places would benefit your region. Identify key messages and repeat them in media releases, letters to the editor, and conversations with journalists.

If budget allows, consider purchasing space in your local paper. In Upper Hutt a full page advertisement was taken out in the *Upper Hutt Leader* and used to promote the benefits of smokefree parks and reserves to the public.⁴⁵ Although this space needed to be purchased, it enabled the rationale for the policy to be clearly stated, rather than relying on the media's interpretation of the benefits of smokefree public places.

Evaluate

The introduction of smokefree outdoor public places is a significant commitment for all those involved. Therefore it is important to assess the success of the initiative. This enables you to determine what worked well and what others may want to do differently when they seek to introduce a similar policy.

3.9.1 Key messages

It's important to define key messages early in the planning process and to make sure these are repeated often in written material and spoken comments. Examples of key messages follow:

- This is all about the kids – being smokefree role models for them and showing them that smoking is not a 'normal' activity. This will reduce the likelihood they will start to smoke.
- This is for a smokefree future generation. Even smokers don't want their kids to smoke.

⁴⁵ See Resources folder: Paid Media/Congratulations Upper Hutt May 2006.pdf.

- There is good evidence that kids are more likely to smoke if they see lots of adults smoking and, therefore, think smoking is more normal than it actually is.⁴⁶
- It's not about punishing smokers or telling them they can't smoke. It's about where they smoke and the opportunity they have to be good role models.
- Smokefree public places will make our town or city an even better place to live through discouraging unhealthy activities in public.
- Smokefree public places further many of the council's desired outcomes for community health, equality and the natural environment.
- There is a high level of public support for smokefree public places.
- Many places around New Zealand and the world have implemented successful smokefree public places policies.
- This is not about enforcement and there will be no 'smoking police' patrolling public places. People can be relied upon to act responsibly when it comes to smoking in public.
- Smoking has a number of negative environmental impacts, such as the littering of cigarette butts and packets. Smokefree outdoor public places will reduce litter in and around playgrounds, sporting fields, parks and other outdoor public places. This is likely to benefit the environment.
- Māori have higher smoking rates than non-Māori, and the early deaths of Māori because of tobacco use mean a significant loss of cultural knowledge and language. Smokefree environments will help keep rangatahi smokefree.

3.10 Frequently-asked questions

While many councillors, council staff and members of the public will be supportive of smokefree public places, there will be some initial questions – both in the submission development and the implementation phases – that should be anticipated and addressed. In particular, there may be questions about whether smokefree public places will be effective and how they will be enforced.

The following frequently-asked questions address these and other issues. You may wish to pick and choose which ones you use or publish, depending on your audience.

There are so many things going on in our communities, why are smokefree environments a priority?

Smoking is the greatest single preventable cause of death in New Zealand, causing a quarter of all cancer deaths. Second-hand smoke is also a serious, and often

⁴⁶ HSC (2005). *Framework for Reducing Smoking Initiation in Aotearoa-New Zealand*. Health Sponsorship Council.

under-estimated, public health issue, especially for children.⁴⁷ If cigarettes were invented today it is doubtful they would be allowed onto the market. Expanding smokefree areas is a vitally important way of de-normalising smoking and promoting healthy lifestyles.

Okay it's important, but isn't it the responsibility of central government? Why should councils get involved?

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

But council staff are not health workers; shouldn't District Health Boards (DHBs) be doing this?

Councils have always had an important role in public health activities within their communities. In recent years councils have provided leadership and innovation in a broad range of public health and safety-related activities, including injury prevention, road safety and health promotion on issues such as drugs, alcohol and gambling.⁴⁸ 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. At the same time, more smokefree places will help reduce smoking with eventual health savings that DHBs can use for other health needs.

Why do we need smokefree outdoor public places? Shouldn't we just focus on educating people?

Behavioural change requires more than education. The expansion of smokefree environments is a vital component of a comprehensive tobacco control programme. Smokefree environments can help by:

- reducing the visibility of smoking, which otherwise contributes to smoking initiation

⁴⁷ Ministry of Health (2004). *Looking Upstream: Causes of death cross-classified by risk and condition New Zealand 1997, Public Health Intelligence Occasional Bulletin Number 20, November 2004* (revised). See http://www.moh.govt.nz/moh.nsf/wpg_Index/Publications-Looking+Upstream.

⁴⁸ Submission to Public Health Advisory Committee on the *Emerging Issues for Public Health in New Zealand: Discussion Paper* from Local Government New Zealand, December 2004. See http://www.lgnz.co.nz/library/files/store_006/Submission_on_Emerging_Issues_for_Public_Health.pdf.

- de-normalising smoking and especially smoking around children
- supporting former smokers to remain smokefree
- encouraging people to quit smoking.

Smokefree outdoor public places are all about protecting children and young people. We know from research that when young people see adults smoking they associate it with normal adult behaviour, which makes them more likely to want to try it themselves.⁴⁹ Few parents, smokers or non-smokers, want their children to start to smoke.

Adults using the outdoor areas will be smokefree role models for children and young people; rather than giving the message that smoking is just another part of life by smoking in front of them.

How will smokefree outdoor public places make smoking seem less 'normal'?

Young people tend to believe that more people smoke than is actually the case. For example, a 2006 study found more than 55 percent of girls and 39 percent of boys thought that half or three-quarters of their peers smoked. In fact, only 14 percent of their peers were smokers.⁵⁰

Research indicates that seeing people around them smoke contributes to young people's tendency to overestimate the number of smokers. This over-estimation makes it more likely that young people will take up smoking, as they mistakenly believe that smoking is a common activity and 'everybody does it'.⁵¹

Smokefree outdoor public places will reduce children and young people's exposure to smoking, better reflecting actual smoking rates.

What is the benefit to our locality of smokefree public places?

A smokefree outdoor public places policy gives the council an opportunity to promote a healthier community and a clean green image for its parks, reserves and swimming pools. It creates a healthy environment in the district's recreation areas.

Smokefree outdoor public places show a council is progressive and prepared to take positive action to help reduce the smoking rates of young people and support a smokefree future generation.

Smokefree outdoor public places also further a number of community outcomes to do with health, wellbeing, recreation and the environment.

⁴⁹ Darling, H. (2004). Moving forward for a Smoke-free Auckland Symposium. *Curiously Strong Allure: Reducing initiation and uptake of smoking.*

⁵⁰ ASH & HSC (2007). Media release retrieved on 2 January 2008 from http://www.ash.org.nz/index.php?pa_id=4&news_id=156.

⁵¹ Darling, H. (2004). Moving forward for a Smoke-free Auckland Symposium. *Curiously Strong Allure: Reducing initiation and uptake of smoking.*

Who supports this initiative locally?

[Provide a list of names of local organisations supporting your initiative as well as any national organisations supporting you on a local level.]

Do other areas have smokefree outdoor public places?

Yes, many local authorities in New Zealand have implemented smokefree policies in public places. In 2005, the South Taranaki District Council made all public swimming pools and public amenities, halls and libraries smokefree.

In early 2006 the Upper Hutt City Council was the second council to approve a smokefree parks policy. Later in the year the South Wairarapa District Council made its playgrounds smokefree and similar policies were introduced for sports fields in Gisborne. Both the Masterton and Carterton District Councils are considering initiatives to make all recreational areas smokefree.

In November 2006 the Queenstown Lakes District Council adopted a policy to make all playgrounds and swimming pools smokefree.

The four local councils in the Hawke's Bay region (Central Hawke's Bay District Council, Wairoa District Council, Hastings District Council and Napier City Council) began implementation of smokefree public places policies in mid-2007.

Several stadiums in New Zealand are partially or completely smokefree including AMI Stadium (formerly Jade Stadium and Lancaster Park in Christchurch), Westpac Stadium (Wellington) and Mt Smart Stadium (Auckland).

Is there any legislation supporting council involvement in public health issues?

Local councils have statutory powers under a number of Acts that relate to public health.⁵² The Health Act 1956 states that it is the duty of every territorial authority 'to improve, promote and protect public health within its district'.⁵³ One of the key purposes of local councils is to 'promote the social, economic, environmental and cultural wellbeing of communities...'⁵⁴

Policies designed to expand smokefree areas are an example of a practical way councils can contribute to the wellbeing of their community. The Local Government Act 2002 specifically states that councils can make bylaws for the purpose of 'protecting, promoting and maintaining public health and safety'.

⁵² 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. (Source: *Submission to Public Health Advisory Committee on the Emerging Issues for Public Health in New Zealand: Discussion Paper* from Local Government New Zealand, December 2004).

⁵³ The Health Act 1956 is currently being revised.

⁵⁴ Local Government Act 2002, Part 2, Sub-part 1.

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'.

Will the policy require a bylaw?

No. While there is a legal framework for councils to enact bylaws in the interests of community health and wellbeing, it is not a necessary step in implementing smokefree outdoor public places policies. It would be necessary to enact a bylaw if a basis for policing and enforcement were deemed necessary but this has not been the case in any of the places where smokefree outdoor public places have been introduced. A smokefree outdoor public places policy is more likely to get public compliance if it focuses on the positive and avoids any punitive aspect.

How will a smokefree outdoor public places policy work?

The policy is all about education and empowerment. Signage and publicity will encourage the public to maintain a clean, healthy environment in areas that are primarily used by young people for sporting and recreation activity. This signage and publicity will ask the public not to smoke in council-owned open areas such as playgrounds, sports fields and open space reserves. Activities run by the council will also be 100 percent smokefree.

The policy will be educative rather than punitive. It's not about punishing smokers, but about providing smokefree role-modelling and protecting the young.

How will the policy be enforced?

Experience in localities with smokefree outdoor public places policies so far has been that the public are quick to comply. Smokers are generally very considerate, and will smoke outside smokefree areas.

However, if someone does light up in a smokefree area, other users of that space will be empowered by the policy to ask them to either put their cigarette out or move away from the smokefree area to smoke.

For this reason, policing and enforcement have not been necessary in any of the localities where smokefree outdoor public places have been introduced.

Is it expensive to implement a smokefree public places policy?

There are some costs involved with implementing a smokefree policy, including staff time, planning, monitoring, evaluation and signage. However, these costs are far outweighed by the long-term benefits of creating healthier and cleaner environments. Smokefree policies are likely to save money, reducing the need for cleaning, maintenance and litter removal.

What about the rights of smokers?

A smokefree policy is not a statement about or judgment upon smokers and does not infringe upon smokers' rights. A smokefree policy shouldn't tell people not to smoke – only where not to smoke.

Non-smokers also have rights – including the right not to be exposed to other people's tobacco smoke. Children and young people also have the right to be protected from negative role modelling. Being exposed to adults' smoking makes it more likely children and young people will become smokers in the future.

Will banning smoking at sports fields reduce parental attendance and support for children's sport?

People do not come to watch their children play sport because it provides them with a place to smoke! Smoking is an addiction that people take with them to an event. However, the majority of supporters will be non-smokers, or smokers already unwilling to smoke around children.

It is also important to remember that being smokefree may help to create new opportunities for children's sporting organisations. Parents usually prefer their children to play sport in a smokefree environment and being smokefree may help to attract more junior members and parents.

Australian research on sport and cultural organisations shows that revenue, spectator attendances and memberships remain the same once smokefree policies are introduced.⁵⁵

⁵⁵ Frost, G., Morris, C. & Wakefield, M. (1996). SmokeFree areas in public places: Public opinions and results of Foundations SA policy evaluation. In: *Quit, South Australian Smoking and Health Project Evaluation and Research Report No 4, 1992-1995*. South Australia Smoking and Health Project: Adelaide.

4 Evaluation

Evaluating the success of the introduction of smokefree outdoor areas is extremely useful, both for those involved in the project in your area and for those planning to introduce similar policies in other areas. Evaluation enables us to determine what worked well and what could be approached in a different way next time.

4.1 Baseline

Ideally, before a smokefree outdoor public places policy is introduced, a baseline measurement of opinion and behaviour will be taken. This measures existing support for the proposed policy, whether people understand the rationale behind the policy, and current smoking behaviour in council-managed outdoor public places. Having baseline information gives you something against which to measure change.

However, if a baseline survey has not been undertaken, it is still worthwhile gauging support for, and compliance with, policies after they are introduced. In Taranaki and Timaru, surveys of people using newly smokefree parks were undertaken and the public were able to be told that the move was supported.

4.2 Evaluation methods

To evaluate the effectiveness of initiatives, pre and post-implementation surveys are needed. To facilitate this, HSC has developed a standard template for pre- and post- surveys, so consistent data can be gathered both before and after implementation.

These surveys are included in Appendix 4. Also included is a demographics show-card. This is used for both surveys to collect demographic information from respondents in an appropriate way (the respondent reads out number codes to indicate responses, thus, avoiding feeling uncomfortable indicating age or ethnicity outright).

Questions considered 'core' are indicated in the documents. It is recommended these questions be included in both surveys. However, you should feel free to replace the others with your own questions.

PDF copies of all three documents are also included in the Resources folder.⁵⁶ These are in landscape orientation, to print double-sided for easy administration. An Excel

⁵⁶ See Resources folder: Evaluation Documents.

spreadsheet is also included in the Resources folder to assist with data entry for this questionnaire.

4.2.1 The SMOKES study

In October 2007, a report on a study performed by 13 medical students from the University of Otago, Wellington School of Medicine was released. The focus of the study was predominantly on the effects of smoking around children in outdoor areas.

The students surveyed park users, observed smoking behaviours in the park, quantified cigarette remnants and assessed signage in three of the larger Upper Hutt parks – Maidstone, Harcourt and Trentham.

The report would make useful background reading to any evaluation being considered and is available in the Resources folder.⁵⁷

⁵⁷ See Resources folder: Reports/Smokes 2007 Smoking Outdoors in a Kids Environment UH October 2007.pdf.

5 What's Happening Overseas?

Since 2000 many countries around the world have introduced smokefree legislation. While in some countries this legislation applies only to workplaces, other countries have introduced legislation that includes smokefree sports grounds, parks and reserves, swimming pools, children's playgrounds and sports stadia. Legislation or bylaws extending to beaches and outside (al fresco) dining areas has also been introduced.

An increasing number of local government bodies in countries where smokefree legislation does not include smokefree sportsgrounds, parks and reserves, children's playgrounds and sports stadia are electing to adopt policies to make these areas smokefree.

Manly Council (NSW, Australia), for example, has resolved to ban smoking:

- on Manly's ocean and harbour beaches
- within 10 metres of all children's play areas under council's care
- on all council playing fields and sporting grounds, and
- for all events run or sponsored by council.⁵⁸



Mossman Municipal Council (NSW, Australia) has prohibited smoking:

- within 10 metres of all children's play areas
- on or around all council-owned properties
- on all of Mossman's beaches
- within 10 metres of entrances to council-owned buildings
- within al fresco dining areas on public land
- at all council events on its beaches, reserves, parks, ovals and playing fields.⁵⁹

More than 30 NSW councils have already introduced smokefree outdoor areas within their localities.⁶⁰

In Queensland smoking has been banned since January 2005 within 10 metres of children's playground equipment situated at a place that is ordinarily open to the public, between the flags at patrolled beaches,⁶¹ and in any part of major sports

⁵⁸ See <http://www.manly.nsw.gov.au/Smoke-Free-Zones.html>.

⁵⁹ See <http://www.mosman.nsw.gov.au/policies/smoking.pdf>.

⁶⁰ See Resources folder: Policies/NSW Council Smokefree Policies March 2007.pdf.

⁶¹ See <http://www.health.qld.gov.au/atods/tobaccolaws/outdoor/patrolled.asp>.

facilities.⁶² Since July 2006, non-enclosed eating and drinking areas (al fresco) where food or drink is provided as part of a business must be non-smoking.⁶³

In California, at least 12 city councils and one regional council have passed regulations that ban smoking within 25 feet (7.6 metres) of playgrounds.⁶⁴ A large number of beaches and parks are also smokefree.⁶⁵

In the USA, many zoos have become smokefree including Pittsburgh⁶⁶, Bronx⁶⁷, Sacramento⁶⁸, Nashville⁶⁹, Detroit⁷⁰, Erie⁷¹, Bergen County⁷², Santa Barbara⁷³, Atlanta⁷⁴, Naples⁷⁵ and Indianapolis⁷⁶. In Canada, Calgary Zoo⁷⁷ has been smokefree since June 2003 and Delhi Zoo in India has been smokefree since October 2004.⁷⁸



In Japan, many councils (ku) have banned smoking on the streets in an effort to reduce smoking-related litter. These include Chiyoda-Ku, Shinagawa-ku, and Taito-ku.⁷⁹ The Osaka City Council is considering following their example.⁸⁰

⁶² See <http://www.health.qld.gov.au/atods/tobaccolaws/outdoor/playground.asp>.

⁶³ See <http://www.health.qld.gov.au/atods/tobaccolaws/eating/byo.asp>.

⁶⁴ See http://www.sfgov.org/site/bdsupvrs_page.asp?id=27960.

⁶⁵ See http://www.ci.solana-beach.ca.us/uploads/CM_smokefreebeaches.pdf.

⁶⁶ See <http://www.pittsburghzoo.com/zoo.asp?SectionID=1>.

⁶⁷ See <http://www.gocitykids.com/browse/attraction.jsp?id=1098>.

⁶⁸ See http://www.saczoo.com/2_happening/press_releases/media%20releases/2003%20press%20releases/4-10%20Smoke%20Free.htm.

⁶⁹ See http://www.nashvillezoo.org/visitor_rules.asp.

⁷⁰ See http://www.detroitzoo.org/Visitors/Detroit_Zoo/Visitor_Info/.

⁷¹ See http://www.eriezoo.org/assets/pdfs/ZOO_MAP.pdf.

⁷² See <http://www.co.bergen.nj.us/Parks/Parks/zoo/tips.htm>.

⁷³ See http://www.santabarbarazoo.org/visitor_information.asp.

⁷⁴ See <http://www.atlantaplanit.com/arts/ArtsArticle.aspx?aid=80>.

⁷⁵ See http://www.caribbeangardens.com/Group_Info/Caribbean-Gardens-Evenings-Web.pdf.

⁷⁶ See <http://www.indyzoo.com/content.aspx?cid=225>.

⁷⁷ See <http://www.calgaryzoo.org/Admissions/index.htm>.

⁷⁸ See <http://www.hindu.com/2005/10/24/stories/2005102412250100.htm>.

⁷⁹ See <http://www.tourism.metro.tokyo.jp/english/basic/basic09.html>.

⁸⁰ See http://www.city.osaka.jp/english/mayors_message/conference/2006_11_10.html.

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Appendix 1 Project Plan Sample Templates

A1.1 Phase one project plan (sample template) – Your submission

Background

[Organisation] is planning to request that the [name] council implement a smokefree public places policy covering all council-administered parks, reserves, playgrounds, sports fields and swimming pools.

The purpose of this plan is to summarise the actions that need to be taken for a submission to council to have the best chance of success.

Working group members

[list names and organisations]

Aim

To make a successful submission to [name] council for the implementation of a smokefree public places policy covering all council-administered parks, reserves, playgrounds, sports fields and swimming pools.

Rationale

Smokefree public places contribute towards normalising smokefree environments, which contributes to fewer young people starting to smoke.

Key messages

- This is all about the kids – being smokefree role models for them and showing them that smoking is not a 'normal' activity. This will reduce the chance they will start to smoke.
- This is for a smokefree future generation. Even smokers don't want their kids to smoke.
- There is good evidence that kids are more likely to smoke if they see lots of adults smoking and, therefore, think it is more normal than it is.
- It's not about punishing smokers or telling them they can't smoke. It's about where they smoke and the opportunity they have to be good role models.
- Smokefree public places will make our town or city an even better place to live through discouraging unhealthy activities in public.
- Smokefree public places further many of the council's desired outcomes for community health, equality and the natural environment.
- There is a high level of public support for smokefree public places.

- Many places around New Zealand and the world have implemented successful smokefree public places policies.
- This is not about enforcement and there will be no 'smoking police' patrolling public places. People can be relied upon to act responsibly when it comes to smoking in public.
- Smoking has a number of negative environmental impacts, such as the littering of cigarette butts and packets. Smokefree outdoor public places will reduce litter in and around playgrounds, sporting fields, parks and other outdoor public places. This is likely to benefit the environment.
- Māori have higher smoking rates than non-Māori and the early deaths of Māori because of tobacco use mean a significant loss of cultural knowledge and language. Smokefree environments will help keep Māori children and young people smokefree.

Supporters

[List supporters that are not part of the working group – for example, local rugby team, councillors, sports people.]

Risks

- Council does not understand the policy and rationale
- Concerns around cost of implementation (particularly signage costs)
- Concerns around enforcement or public backlash
- [Others relevant to your area].

Communication opportunities

- Supportive letters to the editor
- Work with local health reporter
- [Other relevant to your area].

Phase One Tasks and Timeline

Task	Who	By when
Obtain a copy of your council's LTCCP		
Find out when submissions on annual plans and LTCCPs due (note, submissions can also be presented at other times)		
Identify the community outcomes that will be furthered by smokefree outdoor public places, for use in your submission		
Undertake baseline survey of current levels of support for smokefree outdoor areas and current levels of smoking		
Talk to supporters to gain their endorsement for the submission and to discuss using them in media work		
Draft submission		
Arrange supportive letters to the editor and work with local health reporter (possibly using supporters)		
Finalise submission		
Submission presented		
Oral presentation given if invited		

A1.2 Phase two project plan (sample template) – Implementation

Background

[Name] council has agreed to implement a smokefree public places policy covering all council-administered parks, reserves, playgrounds, sports fields and swimming pools. The policy will be in place from [date].

The purpose of this plan is to summarise the actions that need to be taken for the policy to be successfully implemented.

Working group members

[List names and organisations.]

Aim

To ensure the smokefree public places policy is effectively implemented in [area].

Rationale

Smokefree public places contribute towards normalising smokefree environments, which contributes to fewer young people starting to smoke.

Key messages

- This is all about the kids – being smokefree role models for them and showing them that smoking is not a ‘normal’ activity. This will reduce the chance they will start to smoke.
- This is for a smokefree future generation. Even smokers don’t want their kids to smoke.
- There is good evidence that kids are more likely to smoke if they see lots of adults smoking and, therefore, think it is more normal than it is.
- It’s not about punishing smokers or telling them they can’t smoke. It’s about where they smoke and the opportunity they have to be good role models.
- Smokefree public places will make our town or city an even better place to live through discouraging unhealthy activities in public.
- Smokefree public places further many of the council’s desired outcomes for community health, equality and the natural environment.
- There is a high level of public support for smokefree public places.
- Many places around New Zealand and the world have implemented successful smokefree public places policies.
- This is not about enforcement and there will be no ‘smoking police’ patrolling public places. People can be relied upon to act responsibly when it comes to smoking in public.

- Smoking has a number of negative environmental impacts, such as the littering of cigarette butts and packets. Smokefree outdoor public places will reduce litter in and around playgrounds, sporting fields, parks and other outdoor public places. This is likely to benefit the environment.
- Māori have higher smoking rates than non-Māori and the early deaths of Māori because of tobacco use mean a significant loss of cultural knowledge and language. Smokefree environments will help keep Māori children and young people smokefree.

Supporters/spokespeople

[List supporters that are not part of the working group – for example, local rugby team, councillors, sports people. Ideally, these people will be prepared to talk to the media about their support.]

Risks

- lack of understanding of the policy and rationale
- vocal public opposition
- failure to implement policy successfully (ongoing risk).

Communication opportunities

[List local and regional communication vehicles – for example community newspapers, regional paper, regional radio stations, council and public health unit/District Health Board publications, website, intranet and email.]

Phase Two Tasks and Timeline

Task	Who	By when
Confirm wording of smokefree policy		
Agree wording of signs		
Manage production/acquisition of signs		
Agree date of launch of new policy		
Develop question and answers document		
Decide whether to have a launch event		
Confirm spokespeople, e.g. council, DHB		
Plan launch event – find venue, develop guest list, invite guests and media, arrange catering, write media release		
Identify and contact local champion to see if they are prepared to speak in support of the project		
Contact local media and talk to them about the new policy. Provide the Frequently-asked Questions document		
Develop and find people willing to submit supportive letters to the editor		
Develop information promoting the new policy and distribute through various communications channels, e.g. newsletters, websites, newspapers		
Launch new policy		
Evaluate success of policy		

Your Logo
here

Meadowfields Smokefree Network

Submission to the Meadowfields District Council

on the matter of Smokefree Outdoor Public Places

1 December 2007

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EXECUTIVE SUMMARY

This document is a submission to the Meadowfields District Council by John Smith on behalf of the following: Meadowfields Smokefree Network, Meadowfields Sporting Youth and the Upper Meadow District Health Board.

This submission requests council implement a smokefree public places policy covering all council-administered parks, reserves, playgrounds, sports fields and swimming pools.

It outlines the reasons why such a policy is of benefit to the people in our community, especially our youth, as well as to the environment. In short, we believe such a policy would help to further de-normalise smoking, reduce youth smoking initiation, and provide a more supportive environment to non-smokers and those attempting to quit. It would also have environmental benefits, such as the reduction of unsightly litter.

A smokefree outdoor public places policy would contribute to a number of the community outcomes outlined in the Meadowfields District Council's Long-term Council Community Plan and District Annual Plan. These are elaborated on below.

The Meadowfields Smokefree Network, Meadowfields Sporting Youth and the Upper Meadow District Health Board (DHB) recommend that:

- council adopt the policy wording at the conclusion of this submission, thereby making all council-administered parks, reserves, playgrounds, sports fields and swimming pools smokefree
- this policy comes into force on World Smokefree Day (31 May [year]).

ABOUT THOSE MAKING THIS SUBMISSION

The Meadowfields Smokefree Network is a group of health promoters from the Meadowfields District and includes representatives from the Upper Meadow DHB, Primary Health Organisation (PHO), Heart Foundation, Meadowfields Cancer Society, and Plunket. The society's aim is to de-normalise smoking through promoting smokefree environments.

Meadowfields Sporting Youth (MSY) is a body representing several Meadowfields sporting groups including the Meadowfields Junior Rugby Club, Netball in Schools and Meadowfields Hockey. The MSY's aims include promoting healthy children by encouraging sporting activity.

REASONS FOR A SMOKEFREE PUBLIC PLACES POLICY

Smoking in New Zealand

Tobacco smoking is a major public health problem in New Zealand. It is estimated that tobacco causes around 5,000 deaths in New Zealand every year, both through

active smoking and through exposure to second-hand smoke. More than half these deaths occur in middle age. Smoking is a major contributor to inequalities in health and is a main or major cause of lung cancer, chronic obstructive pulmonary disease, heart disease, stroke and a variety of other cancers.⁸¹

Helping people stop smoking is a leading health goal. The *New Zealand Health Strategy* lists reducing smoking-related harm as one of 13 priorities.⁸² *Clearing the Smoke: A five-year strategic plan for tobacco control in New Zealand (2004-2009)* includes preventing smoking initiation and preventing harm to non-smokers from second-hand smoke as objectives.⁸³

New Zealand's smoking prevalence rate has dropped from 30 percent in 1985 to 23.5 percent in 2005, thanks to New Zealand's strong tobacco control programmes and robust smokefree legislation. However, the prevalence of smoking continues to be high among Māori (46 percent) and Pacific peoples (36 percent) compared with the prevalence among Asian people (12 percent) and European/Other ethnic groups (20 percent).⁸⁴

Smoking and young people

The prevalence of smoking among adolescents aged 15 to 19 years is currently around 25 percent for males and 29 percent for females. Among 14- and 15-year-olds, the prevalence is much lower; 10.7 percent in girls and 7.2 percent in boys.⁸⁵

Attention is increasingly turning to the impact on future smoking behaviour of children and young people seeing people around them smoke. The introduction of smokefree public places has at its core the aim of de-normalising smoking by reducing the amount of smoking young people are exposed to.

Studies looking at factors that affect youth smoking show that:

- teenagers exposed to smoking restrictions in the home and other environments are less likely to take up smoking⁸⁶
- the more frequently young people observe smoking, the more socially acceptable and normal they perceive it to be⁸⁷

⁸¹ Ministry of Health (2006). *Tobacco Trends 2006: Monitoring tobacco use in New Zealand*. Wellington: Ministry of Health.

⁸² Ministry of Health (2000). *New Zealand Health Strategy*. Wellington: Ministry of Health; www.moh.govt.nz/publications.

⁸³ Ministry of Health (2004). *Clearing the Smoke: A five-year plan for tobacco control in New Zealand (2004-2009)*. Wellington: Ministry of Health.

⁸⁴ Ministry of Health (2006). *Tobacco Trends 2006: Monitoring tobacco use in New Zealand*. Wellington: Ministry of Health.

⁸⁵ *ibid.*

⁸⁶ Wakefield, M., et al (2000). Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study. *BMJ*, 321, 333-7.

⁸⁷ Alesci NL, Forster JL, Blaine T. 2003. Smoking visibility, perceived acceptability, and frequency in various locations among youth and adults. *Preventive Medicine* 36(3): 272-81.

- a smokefree environment reduces exposure to role modelling of negative health behaviour and reduces the visibility of smoking⁸⁸
- youth who have parents who smoke are more likely to smoke themselves⁸⁹
- having best friends, siblings or other close friends who smoke are also risk factors for youth smoking⁹⁰
- young people over-estimate the amount youth smoke. When asked how many people their age they thought smoked, 55 percent of girls and 39 percent of boys said about half or about three-quarters. In fact, in 2006, 14 percent of year 10 New Zealand teenagers said they were smokers⁹¹
- perceived smoking by peers is a strong predictor of smoking.

In 2006, 14 percent of Year 10 New Zealand teenagers said they were smokers, down from 28 percent in 2000.

Smokefree outdoor public places would reduce the exposure of children and young people to smoking and, therefore, their perception that smoking is a 'normal' activity.

What benefit is there to the Meadowfields District Council in having smokefree public places?

A smokefree parks/playgrounds policy gives the council an opportunity to promote a healthier community and the clean green image its parks and playgrounds have in the district. It creates a healthy environment in the recreation areas of our city. Smoking has a number of impacts on the wellbeing of communities. It is a drain on the economy and increases health inequalities and cultural losses as a result of premature death. The Meadowfields district offers a range of fantastic sporting facilities and top range playgrounds. Wouldn't it be great to have these free from cigarette butts?

Most of all, smokefree parks and playgrounds are about protecting children and young people from the effects of smoking. We know from research that increasing smokefree environments may contribute towards fewer young people beginning to smoke – the less they see smoking, the less 'normal' it will seem.⁹² Few parents, smokers or non-smokers, want their children to start to smoke, so reducing the visibility of smoking will potentially reduce the risk of initiation in these children. By

⁸⁸ Darling, H. (14 July 2004). Moving forward for a Smoke-free Auckland Symposium. *Curiously Strong Allure: Reducing initiation and uptake of smoking*.

⁸⁹ Scragg R., Laugesen M. (2007). Influence of smoking by family and best friend on adolescent tobacco smoking: results from the 2002 New Zealand national survey of Year 10 students. *Aust NZ J Public Health*. 2007;31:217-23.

⁹⁰ *ibid*.

⁹¹ ASH & HSC (2007). Media release retrieved on 2 January 2008 from http://www.ash.org.nz/index.php?pa_id=4&news_id=156.

⁹² HSC (2005). *Framework for Reducing Smoking Initiation in Aotearoa-New Zealand*. Health Sponsorship Council.

not smoking around young people at any time, the smoker acts as a positive role model.

Second-hand smoke is also a risk. If children are standing close to someone who is smoking they may be forced to inhale their second-hand smoke.

Second-hand smoke contains cancer-causing and other toxic substances. It is linked to coronary heart disease, lung cancer, acute stroke, eye and nasal irritation, and nasal sinus cancer. Children are especially vulnerable to second-hand smoke as their vital organs are smaller and more delicate and can be seriously affected by tobacco smoke and the chemicals it contains. Some children are also in situations where they can't remove themselves from this smoke, e.g. they are in pushchairs.

Lastly, by making parks and playgrounds smokefree, the council will also be creating a supportive environment for former smokers to remain smokefree and encouraging active smokers to quit.

How will the policy work?

The policy should be about education and empowerment. Signage and publicity will encourage the public to maintain a clean, healthy environment in areas that are primarily used by young people for sporting and recreation activity. This signage will be positive and ask the public not to smoke in council-owned areas such as playgrounds, sports fields and open space reserves. Activities run by the council will also be 100 percent smokefree.

It is important the policy is seen as educative rather than punitive and that message will form an important part of publicity. This is not about punishing smokers. It is about role-modelling and protecting the young.

Will the policy need to be enforced?

Experience in localities with smokefree public places polices so far has been that the public are quick to comply. Smokers are generally very considerate and will smoke outside smokefree areas.

However, if someone does light up in a smokefree area, other users of that space will be empowered by the policy to ask them to put their cigarette out, or move away from the smokefree area to smoke.

For this reason, we suggest that enacting a bylaw in order to provide a basis for enforcement is not necessary to achieve smokefree public places in the Meadowfields district. Policing and enforcement have not been necessary in any of the localities where smokefree public places have been introduced and such a policy is more likely to get public compliance if it focuses on the positive and avoids any punitive aspect.

COMMUNITY OUTCOMES

We believe that a smokefree public places policy covering all council-administered parks, reserves, playgrounds, sports fields and swimming pools will help to further the following community outcomes listed in the Meadowfields Long-term Community Council Plan (LTCCP) and the Meadowfields Draft Annual Plan:

Meadowfields offers a green and attractive living environment.

LTCCP Community Outcome 4

Our environment stays green, clean, healthy and attractive.

LTCCP Community Outcome 4.2

The community is safe, healthy and strong.

LTCCP Community Outcome 5

People look after each other.

LTCCP Community Outcome 5.7

People of all ages, cultures and abilities enjoy recreation, cultural and leisure activities.

LTCCP Community Outcome 6.1

...a region that provides a safe, healthy and friendly place to work, live or visit.

Meadowfields Draft Annual Plan Community Outcomes

Our natural environment is continually enhanced through programmes that reflect our community's sense of kaitiakitanga (caring and protection).

...all residents are able to access the health services, education and information they want.

Meadowfields Draft Annual Plan

WHAT HAS BEEN DONE ELSEWHERE

An increasing number of local authorities in New Zealand have implemented smokefree policies in public places. The South Taranaki District Council was the first to do so when it made all public swimming pools and public amenities, halls and libraries smokefree in 2005.

In 2006, several other councils followed suit. Early in 2006 the Upper Hutt City Council was the second council to approve a policy making all parks in Upper Hutt smokefree.

The South Wairarapa District Council made its playgrounds smokefree areas and both the Masterton and Carterton District Councils are considering initiatives to make all recreational areas smokefree.

In May the Invercargill City Council established Surrey Park Children's Playground as smokefree and will consider extending the policy in the future.

In November the Queenstown Lakes District Council adopted a policy to make all playgrounds and swimming pools smokefree and will decide in November 2008 whether the policy should be extended to include sports fields.

The Gisborne City Council has instituted a policy making all parks smokefree and is introducing the policy gradually by focusing first on well-used parks.

Several stadia in New Zealand are partially or completely smokefree including AMI Stadium in Christchurch, Westpac Stadium in Wellington and Mt Smart Stadium in Auckland.

In all cases, the smokefree policies have been seen as successful. Authorities have reported a consistently high level of public compliance and very little resistance or need for enforcement.

SIGNAGE AND OTHER COSTS

Other councils around New Zealand that have implemented smokefree public places policies have stressed the importance of good signage. Signage should be prominent so people at parks and reserves are well aware of the policy.

We suggest signs are erected at all main entrances to public parks and reserves in Meadowfields. There will be some costs involved, but we believe these will not be significant compared with the benefits gained.

We understand, however, that these costs may be over and above budget allocations in the Long-term Council Community Plan. Therefore a number of local stakeholders are willing to contribute.

RECOMMENDATIONS

We recommend that council adopt a smokefree public places policy as follows:

1. That all council-administered sports fields, playgrounds and open spaced reserves in the Meadowfields district be designated and promoted as smokefree areas.
2. That the public be encouraged through signage and publicity to maintain a clean, healthy environment in areas that are primarily used by young people for sporting and recreation activity.
3. That council use signage and publicity to inform the public and encourage compliance.

4. That the policy be educational rather than punitive.
5. That council show its commitment to this project by making a contribution to the funding of signage and other costs where existing budgetary allocations are insufficient.

We thank you for your time and wish to be heard in support of this submission.

John Smith

On behalf of Meadowfields Smokefree Network, Meadowfields Sporting Youth and the Upper Meadow DHB.

Appendix 3 Sample Letters to the Editor

Dear Sir/Madam

Congratulations to the council for its plan to go smokefree in [area] smokefree outdoor areas.

Parks are there for families to enjoy, for sporting activity, for recreation. It is entirely consistent then to ask people to smoke away from these venues. The last thing we want is for our children to associate sport and leisure activities with smoking.

I hope the people of [area] will see this move for what it is – a forward-thinking measure aimed at keeping our children smokefree.

Yours sincerely

Dear Sir/Madam

As a parent, [area] resident, and a long-time smokefree advocate, I'd like to congratulate the [name of local council] on its plan to introduce smokefree parks on [date].

[Region] is following the lead of other local bodies that has successfully introduced smokefree parks, playgrounds and swimming pools.

Smokefree parks will help keep our children smokefree. Young people tend to believe that more people smoke than is actually the case and research indicates that seeing people around them smoke, contributes to this over-estimation. When young people believe a lot of people smoke they are more likely to try smoking themselves because 'everyone is doing it'. Conversely, reducing young people's exposure to smoking will help keep them smokefree.

By giving us smokefree parks, [name of local council] is showing itself to be a progressive local body, prepared to take positive action to help reduce the smoking rates of our young people.

Yours sincerely

Dear Sir

As a [GP/doctor/nurse/health worker] I see all too often the effects of smoking-related illnesses. These include strokes, heart attacks and cancer. Often those affected are barely out of middle age.

So I wholeheartedly support [name of region] smokefree outdoor areas policy. Anything that reduces the number of young people who start to smoke is worth doing.

When you are a teenager the fact that smoking may make you sick when you are older seems irrelevant – your 50s or 60s are a lifetime away. So we need to make sure that young people do not start to smoke in the first place.

Smokefree parks is a great first step.

Yours sincerely

Dear Editor

The [organisation] fully supports [area's] smokefree parks policy.

We all know that smoking is linked to cancer and, in particular, to lung cancer. Almost all smokers take up the habit when they are teenagers – therefore the vast majority of lung cancers would be prevented if young people did not start to smoke.

Research shows that young people are more likely to become smokers if they see others smoking. By asking people not to smoke in [place's] outdoor areas, young people will be less exposed to smoking.

Good on you [place] for this positive and forward-thinking move!

Yours sincerely

Appendix 4 Pre and Post Surveys for Evaluation

A4.1 Pre-implementation survey – Smokefree outdoor settings

1a. How often do you come to this _____? *(when surveying specific setting)*

Daily	Weekly	Monthly	Less than monthly	(Do not read) Don't know	(Do not read) Refused
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 98	<input type="checkbox"/> 99

1b. How often do you use parks, playgrounds and outdoor sports fields? *(when surveying general outdoor settings)*

Daily	Weekly	Monthly	Less than monthly	(Do not read) Don't know	(Do not read) Refused
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 98	<input type="checkbox"/> 99

2. Do you bring children with you to this _____?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Sometimes	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

3. In your opinion do you think people should be able to smoke anywhere they want, only in set areas, or not at all, in the following places?

	Anywhere	Set areas	Not at all	Don't know
a. Outdoor sports fields or courts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
b. Outdoor children's playgrounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
c. Local parks or reserves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
d. Town or city squares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
e. Beaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
f. Outdoor areas at marae	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98

4. I am going to read out a list of statements. For each could you state whether you agree or disagree.

	Strongly disagree	Slightly disagree	Neither agree / disagree	Slightly agree	Strongly agree	Don't know
a. Smoking should be banned in all outdoor public places where children are likely to go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 98
b. Children who see their parents smoke are more likely to become smokers themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 98
c. It's OK to smoke around non-smokers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 98

5. I am going to read you another list of statements. Which of these do you think is most likely to encourage young people to start smoking? (Tick one box only)

Having friends who smoke	<input type="checkbox"/> 1
Having parents who smoke	<input type="checkbox"/> 2
Seeing smoking generally by people	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

6. Have you ever smoked tobacco? (If necessary, "This includes if you are currently smoking")

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

(If respondent answers 'No' above, skip to Question 11)

7. Which of the following best describes how often you smoke tobacco now?

At least once a day	<input type="checkbox"/> 1
At least once a week	<input type="checkbox"/> 2
At least once a month	<input type="checkbox"/> 3
Less often than once a month	<input type="checkbox"/> 4
You do not smoke now	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

(If respondent answers 1-3 above, ask the following questions. Otherwise, skip to Question 11)

8. I'm going to read out some of the places that you might go to. For each could you tell me whether you smoke more, less, or about the same as normal, or not at all, when you are at those places.

	More than normal	Same as normal	Less than normal	Not at all	Don't go to this place	Don't know	Refused
a. Outdoor sports fields or courts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b. Outdoor children's playgrounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c. Local parks or reserves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
d. Town or city squares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
e. Beaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
f. Outdoor areas at marae	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99

9. When you're with or around children, do you smoke more, less or about the same as normal or not at all?

More than normal	About the same as normal	Less than normal	Not at all	N/A Never around children	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99

10. Do you smoke at this _____?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

If proposed policy has been publicised, ask:

11. Are you aware that this _____ is going to become smokefree in _____ (month/date)?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3
Refused	<input type="checkbox"/> 99

12. If so, how did you hear about it?

Signs on site	<input type="checkbox"/> 1
Newspaper coverage	<input type="checkbox"/> 2
Radio coverage	<input type="checkbox"/> 3
Word of mouth (friend, colleague)	<input type="checkbox"/> 4
Other (describe below)	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

Other:

13. Which of the following do you think is the main reason for the proposed smokefree policy here?

To reduce the effects of smoking (SHS) on people's health	<input type="checkbox"/> 1
To reduce the number of role models who smoke for children	<input type="checkbox"/> 2
To encourage people who smoke to quit, or cut down	<input type="checkbox"/> 3
To reduce the impact on the environment, like litter and fire risk	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

14. Which of the following reasons do you think is most likely to persuade other people that smokefree _____ are a good idea?

To reduce the effects of smoking (SHS) on people's health	<input type="checkbox"/> 1
To reduce the number of role models who smoke for children	<input type="checkbox"/> 2
To encourage people who smoke to quit, or cut down	<input type="checkbox"/> 3
To reduce the impact on the environment, like litter and fire risk	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

Do you have any other comments or feedback that you would like to add?

We are trying to get a range of people answering this survey – could you look at this card (*give them showcard*) and just tell me the number of your answer to each of the four questions?

15. Which of the following age groups best describes you?

15-24 years	<input type="checkbox"/> 1
25-34 years	<input type="checkbox"/> 2
35-54 years	<input type="checkbox"/> 3
55 years and older	<input type="checkbox"/> 4
Refused (Don't read)	<input type="checkbox"/> 99

16. This is a standard question that I need to ask, are you male or female?

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
Other (Don't read)	<input type="checkbox"/> 3
Refused (Don't read)	<input type="checkbox"/> 99

17. Could you please tell me which ethnic group or groups you belong to? :

New Zealand European	<input type="checkbox"/> 1
Māori	<input type="checkbox"/> 3
Samoan	<input type="checkbox"/> 4
Cook Island Māori	<input type="checkbox"/> 5
Tongan	<input type="checkbox"/> 6
Niuean	<input type="checkbox"/> 7
Chinese	<input type="checkbox"/> 12
Indian	<input type="checkbox"/> 13
Other European	<input type="checkbox"/> 14
None	<input type="checkbox"/> 96
Other (Please specify) _____	<input type="checkbox"/> 97

18. Do you have or regularly care for children aged 16 and under?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

Additional info:

- Core questions: All except 4, 5, 8, 13, 14
- Give stickers to identify who's already filled in survey, to avoid them being approached again.

A4.2 Post-implementation survey – Smokefree outdoor settings

1a. How often do you come to this _____? (when surveying specific setting)

Daily	Weekly	Monthly	Less than monthly	(Do not read) Don't know	(Do not read) Refused
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 98	<input type="checkbox"/> 99

1b. How often do you use parks, playgrounds and outdoor sports fields? (when surveying general outdoor settings)

Daily	Weekly	Monthly	Less than monthly	(Do not read) Don't know	(Do not read) Refused
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 98	<input type="checkbox"/> 99

2. Do you bring children with you to this _____?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Sometimes	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

3. In your opinion do you think people should be able to smoke anywhere they want, only in set areas, or not at all, in the following places?

	Anywhere	Set areas	Not at all	Don't know
a. Outdoor sports fields or courts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
b. Outdoor children's playgrounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
c. Local parks or reserves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
d. Town or city squares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
e. Beaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98
f. Outdoor areas at marae	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 98

4. I am going to read out a list of statements. For each could you state whether you agree or disagree.

	Strongly disagree	Slightly disagree	Neither agree / disagree	Slightly agree	Strongly agree	Don't know
a. Smoking should be banned in all outdoor public places where children are likely to go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 98
b. Children who see their parents smoke are more likely to become smokers themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 98
c. It's OK to smoke around non-smokers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 98

5. I am going to read you another list of statements. Which of these do you think is most likely to encourage young people to start smoking? (Tick one box only)

Having friends who smoke	<input type="checkbox"/> 1
Having parents who smoke	<input type="checkbox"/> 2
Seeing smoking generally by people	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

6. Have you ever smoked tobacco? (If necessary, "This includes if you are currently smoking")

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

(If respondent answers 'No' above, skip to Question 11)

7. Which of the following best describes how often you smoke tobacco now?

At least once a day	<input type="checkbox"/> 1
At least once a week	<input type="checkbox"/> 2
At least once a month	<input type="checkbox"/> 3
Less often than once a month	<input type="checkbox"/> 4
You do not smoke now	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

(If respondent answers 1-3 above, ask the following questions. Otherwise, skip to Question 11)

8. I'm going to read out some of the places that you might go to. For each could you tell me whether you smoke more, less, or about the same as normal, or not at all, when you are at those places.

	More than normal	Same as normal	Less than normal	Not at all	Don't go to this place	Don't know	Refused
a. Outdoor sports fields or courts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
b. Outdoor children's playgrounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
c. Local parks or reserves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
d. Town or city squares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
e. Beaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99
f. Outdoor areas at marae	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 98	<input type="checkbox"/> 99

9. When you're with or around children, do you smoke more, less or about the same as normal or not at all?

More than normal	About the same as normal	Less than normal	Not at all	N/A Never around children	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99

10. Do you smoke at this _____?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

If proposed policy has been publicised, ask:

11. Are you aware that there is a smokefree policy at this _____?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Not sure	<input type="checkbox"/> 3
Refused	<input type="checkbox"/> 99

12. If so, how did you find out about it?

Signs on site	<input type="checkbox"/> 1
Newspaper coverage	<input type="checkbox"/> 2
Radio coverage	<input type="checkbox"/> 3
Word of mouth (friend, colleague)	<input type="checkbox"/> 4
Other (describe below)	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

Other:

13. Which of the following do you think is the main reason for the smokefree policy here?

To reduce the effects of smoking (SHS) on people's health	<input type="checkbox"/> 1
To reduce the number of role models who smoke for children	<input type="checkbox"/> 2
To encourage people who smoke to quit, or cut down	<input type="checkbox"/> 3
To reduce the impact on the environment, like litter and fire risk	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

14. Which of the following reasons do you think is most likely to persuade other people that smokefree _____ are a good idea?

To reduce the effects of smoking (SHS) on people's health	<input type="checkbox"/> 1
To reduce the number of role models who smoke for children	<input type="checkbox"/> 2
To encourage people who smoke to quit, or cut down	<input type="checkbox"/> 3
To reduce the impact on the environment, like litter and fire risk	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

Do you have any other comments or feedback that you would like to add?

We are trying to get a range of people answering this survey – could you look at this card (*give them show-card*) and just tell me the number of your answer to each of the four questions?

15. Which of the following age groups best describes you?

15-24 years	<input type="checkbox"/> 1
25-34 years	<input type="checkbox"/> 2
35-54 years	<input type="checkbox"/> 3
55 years and older	<input type="checkbox"/> 4
Refused (Don't read)	<input type="checkbox"/> 99

16. This is a standard question that I need to ask, are you male or female?

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
Other (Don't read)	<input type="checkbox"/> 3
Refused (Don't read)	<input type="checkbox"/> 99

17. Could you please tell me which ethnic group or groups you belong to? :

New Zealand European	<input type="checkbox"/> 1
Māori	<input type="checkbox"/> 3
Samoan	<input type="checkbox"/> 4
Cook Island Māori	<input type="checkbox"/> 5
Tongan	<input type="checkbox"/> 6
Niuean	<input type="checkbox"/> 7
Chinese	<input type="checkbox"/> 12
Indian	<input type="checkbox"/> 13
Other European	<input type="checkbox"/> 14
None	<input type="checkbox"/> 96
Other (Please specify)_____	<input type="checkbox"/> 97

18. Do you have or regularly care for children aged 16 and under?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 98
Refused	<input type="checkbox"/> 99

Additional info:

- Core questions: All except 4, 5, 8, 13, 14
- Give stickers to identify who's already filled in survey, to avoid them being approached again.

A4.3 Demographics show-card

Read out the number of the answer that best describes you:

1a. Age group

15-24 years	1
25-34 years	2
35-54 years	3
55 years and older	4

2a. Male or female

Male	1
Female	2
Other	3

3a. Which ethnic group or groups do you belong to?

New Zealand European	1
Māori	3
Samoan	4
Cook Island Māori	5
Tongan	6
Niuean	7
Chinese	12
Indian	13
Other European	14
None	96
Other (Please specify) _____	97

4a. Do you have or regularly care for children aged 16 and under?

Yes	1
No	2
Don't know	98

Appendix 5 Index of New Zealand Case Studies

The Case studies folder contains a series of cases studies about the processes used by health promoters in various localities around New Zealand to approach their councils about implementing policies for outdoor smokefree public places.

Case study 1: South Taranaki

In 2005 the South Taranaki District Council was the first council in New Zealand to introduce smokefree parks and playgrounds. The policy also made all council workplaces, vehicles, council-owned enclosed public facilities (such as halls) and council-owned swimming pools, smokefree.

Case study 2: Upper Hutt

In 2006 the Upper Hutt City Council approved a policy making all parks in Upper Hutt smokefree, including playgrounds and sports fields. The community services manager was asked by the council to research the health and social benefits of smokefree policies so that a sound and well-reasoned proposal could be considered.

Case study 3: Wairarapa

In 2006 the South Wairarapa District Council made its playgrounds smokefree areas, and both the Masterton and Carterton District Councils are considering initiatives to make all recreational areas smokefree.

Case study 4: Queenstown

In November 2006 the Queenstown Lakes District Council adopted a policy to make all playgrounds and swimming pools smokefree following a submission from the Wakatipu Youth Council. The District Council will review its smokefree playgrounds and swimming pools policy in November 2008 to decide whether the policy should be extended to include sports fields.

Case study 5: Gisborne/Tairāwhiti

The Gisborne City Council has instituted a policy making all parks smokefree and is introducing the policy gradually by focusing on well-used parks. The council is working with two local sporting codes to make their games smokefree as a way of bringing in the policy.

Case study 6: Hawke's Bay

The Hawke's Bay and Chatham Islands Smokefree Coalition comprises a number of organisations working together to approach four councils in their area seeking implementation of smokefree public places policies. All four have indicated their

acceptance of the Coalition's submissions and implementation planning began in August 2007.

Case study 7: Ashburton

The initiative to make Friedlander Park smokefree on World Smokefree Day 31 May 2007 originated with some Hampstead School primary school pupils who worked closely with the Ashburton District Council. It is expected the council will extend the smokefree policy to other parks and reserves after a favourable public response was received to one smokefree playground.

Case study 8: Timaru

As a World Smokefree Day initiative (31 May 2006), the Timaru Smokefree Committee decided to hold a family fun day at West End Park and make the playground smokefree for the day. This event was part of local action to encourage the Timaru Council to develop a smokefree playgrounds policy.

Case study 9: Invercargill

In May 2006 the Invercargill City Council established Surrey Park Children's Playground as smokefree following an initiative from council staff.

Case study 10: Westpac Stadium (Wellington)

Westpac Stadium has been smokefree since its opening in 2003. While spectators needed some initial education about the stadium's smokefree status, they now accept the policy and there is high compliance.

Case study 11: Mt Smart Stadium (Auckland)

In 2007 the Vodafone Warriors introduced smokefree seating areas to their home ground. In response to public demand, the Vodafone Warriors management saw the opportunity to act as smokefree role models and to promote the value of being smokefree to young people.

Appendix 6 Contents of Resources Folder

1 *Submissions*

1. Submission to the Upper Hutt City Council (UHCC), by the UHCC Facilities and Services Committee (March 2006)
Filename: Submission Upper Hutt March 2006.pdf.
2. Submission to Queenstown Lakes District Council and Wanaka Community Board, by Phillipa Tsukigawa, Parks Assistant (2 November 2006)
Filename: Submission Queenstown November 2006.pdf.
3. Submission to Timaru District Council, by Smokefree South Canterbury (5 November 2006)
Filename: Submission Timaru November 2006.pdf.
4. Submission to Hastings District Council, by Hawke's Bay and Chatham Islands Smokefree Coalition (March 2007)
Filename: Submission Hastings March 2007.pdf.

2 *Letters to Council*

1. Letter to the South Wairarapa District Council regarding bylaw alterations, by Gaye Rowberry, Cancer Society Wairarapa Coordinator (24 March 2006)
Filename: Letter Councils South Wairarapa March 2006.pdf.
2. Letter to Mayor RC Francis of Masterton requesting consideration of a smokefree policy, by Gaye Rowberry, Cancer Society Wairarapa Coordinator (5 April 2007)
Filename: Letter Councils Masterton April 2006.pdf.
3. *Communications Update* sent to Dennis Morgan of Napier City Council, by Sue Taaffe (February 2007)
Filename: Communication Update for Local Councils February 2007.pdf.
4. *Communications Update* sent to Steve Thrush of Central Hawke's Bay District Council, by Sue Taaffe (June 2007)
Filename: Communication Update for Local Councils June 2007.pdf.

3 *Policies*

1. Resolutions by South Wairarapa District Council (28 June 2006)
Filename: Smokefree Resolutions South Wairarapa June 2006.pdf.
2. Smokefree Parks and Playgrounds Policy, South Taranaki (30 May 2005)
Filename: Policy South Taranaki May 2005.pdf.

3. Smokefree Outdoor Areas: NSW Local Council Policies Summary (March 2007)
Filename: NSW Council Smokefree Policies March 2007.pdf.

4 *Reports*

1. *SMOKES* - a report commissioned by Upper Hutt City Council and the Cancer Society of New Zealand and carried out by medical students at the University of Otago, Wellington, which surveyed park users, their smoking behaviours and attitudes towards Upper Hutt's smokefree parks policy.
Filename: Smokes 2007 Smoking Outdoors in a Kids Environment UH October 2007.pdf.

5 *Media Releases*

1. Butt Out Please - South Taranaki August 2005.pdf.
2. Upper Hutt Parks to Go Smokefree May 2006.pdf.
3. Vodafone Warriors to be smokefree role models March 2007.pdf.

6 *Paid Media*

1. Congratulations Upper Hutt May 2006.pdf.

7 *Written Resources*

1. *Smoke-free for a Cleaner and Healthier Community*, Cancer Society of New Zealand leaflet
Filename: Leaflet Smoke-free for a Cleaner and Healthier Community.pdf.
2. *Local Government - What does it do?* Department of Internal Affairs brochure (July 2006)
Filename: Local Government - What does it do July 2006.pdf.
3. Lessons from Hong Kong and other countries for outdoor smokefree areas in New Zealand? Wilson et al, *New Zealand Medical Journal*, 29 June 2007, Vol 120 No 1257
Filename: Hong Kong Lessons NZMJ June 2007.pdf
4. *Active No-Smoking Strategy*, Launceston City Council, Tasmania (2003)
Filename: Active No-Smoking Strategy Launceston City Council 2003.pdf.
5. *Tobacco Facts for Local Government*, Australian Fact Sheet (November 2004)
Filename: Tobacco Facts for Local Government November 2004.pdf.
6. *SMOKE SIGNALS - The Tobacco Control Media Handbook*
Advocacy Institute, Washington, DC
Filename: SMOKE SIGNALS - The Tobacco Control Media Handbook.pdf.

8 *Evaluation Documents*

1. Survey form to establish baseline data before policy implementation
Filename: Pre survey for local smokefree settings data collection.pdf.
2. Survey form for use after policy implementation
Filename: Post survey for local smokefree settings data collection.pdf.
3. Demographics card to hand to respondents during survey
Filename: Demographics info showcard.pdf.
4. Excel spreadsheet to assist with data entry
Filename: Smokefree outdoor settings survey - data entry sheet.xls.