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Smokefree outdoor areas in New Zealand: how far have we come?

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Abstract

Aim This research examined 1) the extent and nature of smokefree outdoor area (SFOA) policies in New Zealand, and 2) the process of developing, implementing and promoting compliance with a SFOA policy.

Method An online survey was carried out with 43 of the 67 Local and District Councils, supplemented by other means. The survey assessed whether the council had a smokefree policy and if so, what locations the policy covered, the process of developing, implementing and promoting compliance with a smokefree policy, the challenges associated with policy development, and plans for future policies.

Results SFOA policies had been enacted by a total of 47 councils, 31 of which responded to the survey, covering a combination of playgrounds, sports grounds, parks, and council run events. Lack of public health priorities, and resources were common issues preventing other councils from developing a policy. Letters from health advocacy groups strongly influenced councils to introduce SFOA policies. The biggest barriers to implementation of SFOA policy were time and resource commitment required from staff, and the financial cost for signage. Voluntary compliance was used to ensure compliance with the policies; no councils used active enforcement. Few councils have evaluated their policies, but most felt that it had been successful.

Conclusion Health groups can take heart that their advocacy is resulting in policy change within local government. However, continued efforts are required to undertake evaluations of current SFOA policies which may provide evidence to extend SFOAs, to assist those councils without a SFOA policy to develop one, and to increase funding for implementation.

Following an inquiry into the tobacco industry in New Zealand (NZ) and the consequences of tobacco use for Māori,[1] in March 2011 the Government endorsed a goal of a smokefree NZ/Aotearoa by 2025.[2] This is not a ban on tobacco, but is a goal to reduce the prevalence of cigarette smoking to under 5%.

There is research to suggest that smokefree environments may reduce the exposure of young people to smoking, thereby counteracting the view that smoking is a normal adult behaviour. Consequently, they are potentially less likely to take up smoking themselves.[3-6] De-normalising tobacco smoking is one of the main goals of smokefree outdoor area (SFOA) policy. Additional benefits of these policies include that they assist those quitting by reducing exposure to other people smoking, potentially preventing relapse; reduce littering and environmental impacts; and empower non-smokers to speak up when people smoke in smokefree areas.[7, 8]

Several countries have implemented outdoor smoking restrictions[9] and these have been successfully implemented in a range of outdoor areas including parks, playgrounds, beaches, bus shelters, sports fields, building entrances and outdoor dining areas.[7]

Smokefree outdoor areas are an emerging issue in tobacco control and public policy in NZ. The current smokefree legislation mandates that the grounds of schools and early childhood centres must be smokefree at all times, however, some District Health Boards and tertiary educational institutions,[10] have also adopted this policy for their own outdoor areas with no legislative requirement. Local authorities have also taken this issue on themselves.

A literature review and interviews with local authorities in 2008 found that there had been an increasing trend of adoption of 'educative' SFOA policies since 2005, with 23 of the 73 local authorities having a policy for at least one smokefree playground.[11] However, policies in the past have been confined to the 'greenspaces' of parks, playgrounds and sports grounds. Since then, there has been significant public support shown for restricting smoking in various outdoor settings in NZ[12] and internationally.[13]

As the managers of a large amount of public open space where communities live work and play, local authorities have the potential to help reduce the visibility and acceptability of smoking in public places, thereby contributing to the smokefree 2025 goal. However, SFOA policy presents a new challenge to local authorities. Unlike traditional council bylaws, the SFOA policies enacted in the past have been voluntary rather than enforceable, relying on public awareness and smokers choosing responsibly not to smoke. As such, these policies may be perceived by councils as difficult to implement and to measure their effectiveness.

In some Australian states such policies are commonly backed by legislation and therefore allow for enforcement. However, in NZ the emphasis has been on voluntary compliance amongst those who smoke, rather than enforcement.

An increasing number of local authorities appear to be actively recognising their role in promoting smokefree communities. With the growth in councils adopting SFOA policies, there is a need to assess the nature and extent of these policies nationally, and to better understand the process of policy implementation.

This research seeks to extend the work undertaken by Hyslop and Thomson (2009)[11] and reports the results of a survey designed to assess the current extent of SFOA policies in local authorities throughout NZ.

The survey covers the development and implementation of policies, barriers, and evaluation or review processes. This will provide an overall indication of the extent that councils are implementing their current smokefree policies and their readiness to consider policies that are beyond the greenspaces of parks, playgrounds and sports grounds.

Methods

Participants and recruitment

Each of the 67 Local Councils (LC) and District Councils (DC) was invited to take part in an online survey between November 2012 and February 2013. Regional Councils were not involved in this study. Details of the councils were obtained from the Internal Affairs Local Government website (www.localcouncils.govt.nz). Councils were initially contacted by telephone to identify the person considered to have the most knowledge of smokefree outdoor areas.

The nominated staff member was then contacted by telephone, the purpose of the study was explained, and the researcher verified whether they were the most appropriate person to participate. If they agreed to participate in the study, they were sent an email with a link to the online survey. Those who did not respond to the email were followed up initially by telephone, then by a reminder email.

For councils which did not respond to the survey, policies were collected from council websites, where available. Where this was not possible, the council was contacted for a copy of their policy if they had one. These policies were examined to assess what locations were covered.

In some cases, it was difficult to ascertain whether the policies covered all of a particular location, e.g. all parks in the region, or only some of these. Therefore, it has been assumed that all areas of a particular type were covered unless otherwise stated.

Ethical approval to conduct the study was granted by the Ethics Committee within the Department of Preventive and Social Medicine at the University of Otago.

The survey instrument

Research literature on smokefree policies in outdoor areas was consulted to inform the general content of the survey, as well as a recent similar survey with councils in New South Wales, Australia.[14] The online survey was created and administered using Qualtrics survey software (www.qualtrics.com).

The survey included 40 questions and took participants an average of 20 minutes to complete. Items were a combination of multiple choice, sliding scale and free-text questions. Participants had the option of not answering every question and some questions allowed for multiple response options.

The survey included questions about the respondent and the council they were employed by, whether they had a SFOA policy, what areas the policy covered including traditional greenspaces, as well locations outside greenspaces, the process of developing, implementing and promoting compliance with their SFOA policy, the challenges associated with policy development, and plans for future policies.

Smokefree outdoor areas were assessed through an initial question about whether the council had implemented a SFOA policy, and if so the extent of their policy, date of adoption, whether it was available via the internet, whether the policy is part of the councils Long Term Plan (LTP) and whether the council had cited the Government's goal of a smokefree NZ by 2025.

We assessed policy development and the factors that contributed to implementation of the policy, and respondents were asked to choose from a list that included: results of annual council surveys, advocacy from health groups and SFOA policy development from neighbouring councils. Respondents were also asked to identify those in roles that were instrumental in developing and implementing the policy.

Respondents were asked about the activities which had taken place as part of the policy implementation, the challenges encountered during the implementation process and the associated costs. Information regarding funding from external providers was also gathered.

Questions were also included regarding how the policy was managed operationally—e.g., whether voluntary or actively enforced. This also included information regarding promotion of the policy to the community—e.g. signage or other communication methods.

Councils were also asked if their policy had been evaluated in any way and whether the policy would be reviewed. To assess any development of SFOA plans the councils were asked which locations they were intending to cover in future policies.

Those councils which were in the process of developing a policy were also asked questions about policy development, implementation and promotion, and compliance with the policy. Those councils with no policy were asked a question about what has prevented them from developing a SFOA policy.

Data analysis

Descriptive statistics are provided for all variables, including both sample characteristics and key measures. The standard test for assessing the difference between two proportions was used to compare responding and non-responding councils.

All significance tests were two-sided, with $p<0.05$ considered statistically significant. All statistical analyses were performed using Stata v10.1 software.[15]

The first author (LM) coded responses to the open-ended questions using Microsoft Word software. Codes were then grouped into meaningful patterns so as to understand the themes that ran through the answers.

Results

A total of 43 of the 67 councils responded to the survey; giving a response rate of 64%. The councils were generally representative of councils in NZ in terms of the type of council, location and population size, however significantly more South Island councils took part (Table 1).

Table 1. Council and participant characteristics

Council characteristics		Took part in survey % (n=43)	Did not take part in survey % (n=24)	All NZ councils % (n=67)
Type of council	Local	23.3 (10)	16.7 (4)	20.9 (14)
	District	62.3 (33)	37.7 (20)	79.1 (53)
Location	North Island	58.1 (25)	41.9 (18)	64.2 (43)
	South Island	75.0 (18)	25.0 (6)	35.8 (24)*
Size of council (population)	Median	30,600	26,950	30,100
Participant characteristics		**Took part in survey (n=43)**		
Years employed by council	>10 years	37.2		
	6–10 years	16.3		
	1–5 years	37.2		
	<1 year	9.3		
Years in role	>10 years	18.6		
	6–10 years	23.3		
	1–5 years	46.5		
	<1 year	11.6		

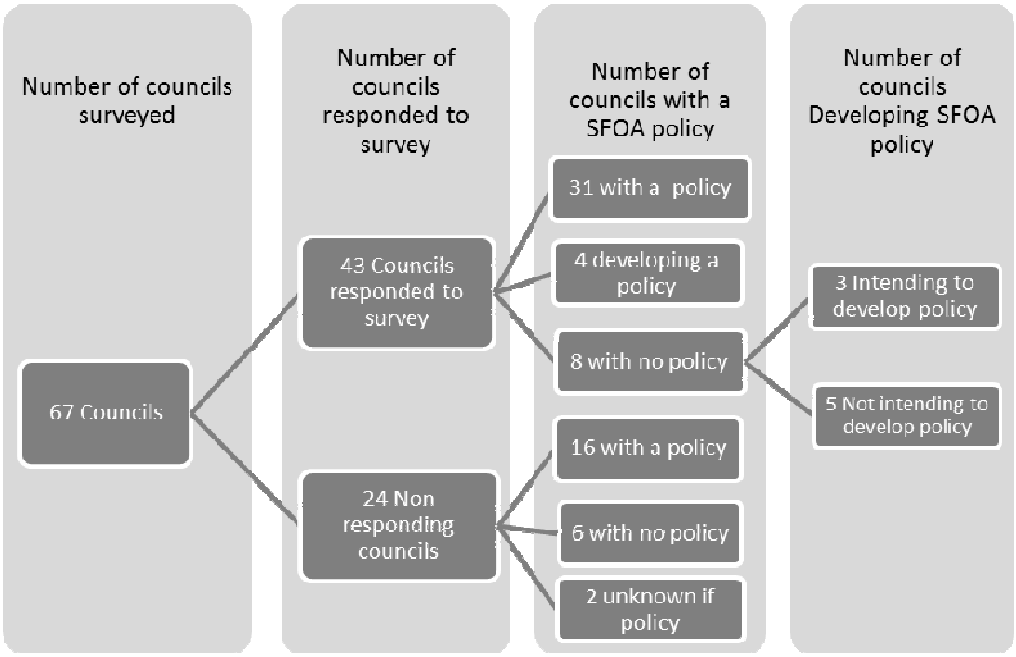
*p<0.05.

Many of the participants were employed in the area of parks and reserves or policy and planning. Property, Environment and Parks or Recreation managers were the most common occupations of respondents.

Over half the participants had been employed at their current council for 6 or more years, and over half had been in their current role for 1 to 5 years (Table 1).

Of the 43 councils who responded to the online survey, 31 had a SFOA policy in place and 4 were developing a policy (Figure 1). Of the 24 non-responding councils, 16 were found to have SFOA policy.

Figure 1. Responding and non-responding councils and whether they have a SFOA policy



Councils with a policy

The policy—For the 31 councils with a policy, the first council adopted their smokefree outdoor areas policy in 2006, with a steady number of councils adopting policies each year following this. In 2012, 6 new councils adopted smokefree outdoor area policies.

Over one-third of the councils have their policy available on the internet for the public to view, 17% of councils have included the policy in the long-term plan, and 17% have cited the Government's smokefree 2025 goal in their plans.

The locations covered by the SFOA policies of these 31 councils are shown in Table 2. The most common locations to be covered by the policies were greenspaces of playgrounds, sports grounds, parks, as well as council events, and entrances to council owned buildings.

The percentage of council policies which cover these locations currently and in the future, are presented in Figure 2.

Additional locations reported as being covered were swimming pools, public toilets, and council vehicles. Eight councils have considered extending their SFOA policy further, mainly to include parks, sports grounds and council events. These can also be seen in detail in Table 2, and graphically in Figure 2.

Table 2. Council SFOA policies for the 31 councils who responded to the survey and had a SFOA policy, and the 16 non-responding councils who had a SFOA policy

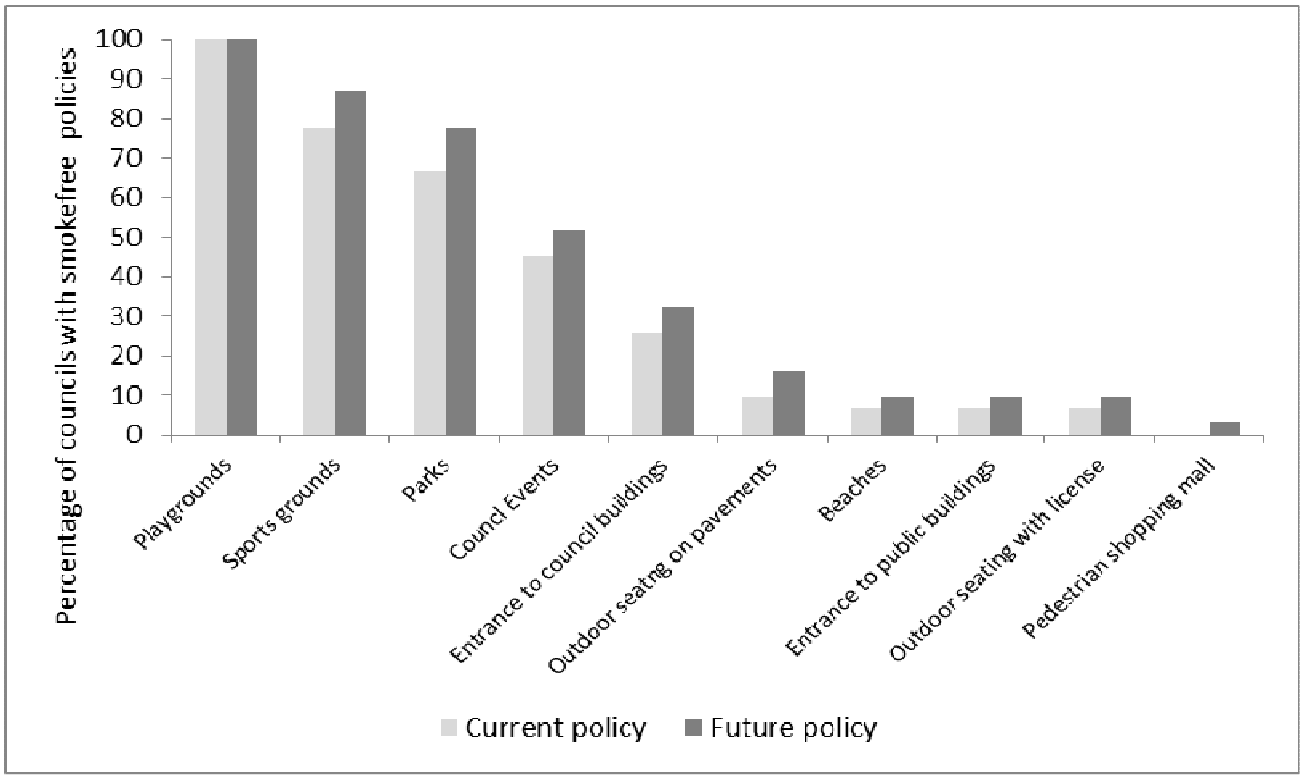
	Council	Playgrounds	Parks	Sport grounds	Beaches	Council events	Entrance to council buildings	Entrances to buildings used by public	Outdoor seating on pavements	Outdoor seating for premises with food or alcohol licenses	Pedestrian shopping malls	Other pedestrian areas
Took part in survey (n=31)**	Ashburton DC	✔	✔ P/✔	✔ P/✔		✔ PF	✔					
	Buller DC	✔ P	✔ P	✔ P								
	Central Otago DC	✔	✔ F	✔ F								
	Clutha CC	✔	✔	✔		✔						
	Gore DC	✔		✔								
	Hamilton CC	✔				✔	✔		✔ P	✔ P		
	Hurunui DC	✔	✔	✔								
	Invercargill CC	✔		✔		✔ P						
	Kapiti Coast DC	✔	✔	✔		✔						
	Kawerau DC	✔	✔ P	✔ F		✔ P/✔	✔ PF					
	MackenzieDC	✔	✔	✔								
	Marlborough DC	✔	✔	✔		✔						
	Masterton DC	✔		✔ P								
	Napier CC	✔	✔ PF	✔	✔ PF	✔ PF			✔ F			
	Nelson CC	✔	✔ P	✔		✔ P						
	New Plymouth DC	✔	✔	✔	✔	✔	✔ P		✔ P			
	Opotiki DC	✔ P	✔ P	✔		✔ P	✔ P					
	Palmerston North CC	✔	✔	✔			✔ F	✔ F	✔ F	✔ F	✔ F	✔ F
	Porirua CC	✔	✔ P	✔								
	Queenstown Lakes DC	✔	✔ P									

	Council	Playgrounds	Parks	Sport grounds	Beaches	Council events	Entrance to council buildings	Entrances to buildings used by public	Outdoor seating on pavements	Outdoor seating for premises with food or alcohol licenses	Pedestrian shopping malls	Other pedestrian areas
	Rangitikei DC	✔										
	Selwyn DC	✔	✔	✔		✔ P						
	South Waikato DC	✔	✔ PF	✔ PF								
	South Wairarapa DC	✔	✔	✔		✔ P			✔ P	✔ P		✔ P
	Stratford DC	✔	✔	✔								
	Tararua DC	✔	✔	✔		✔ P	✔	✔				
	Tauranga CC	✔		✔		✔	✔					
	Timaru DC	✔		✔								
	Western Bay of Plenty DC	✔	✔	✔	✔	✔ P	✔	✔				
	Westland DC	✔	✔	✔			✔					
	Whangarei DC	✔	✔									
Did not take part in survey*(n=16)**	Central Hawkes Bay DC	✔	✔	✔								
	Christchurch CC	✔	✔	✔		✔						
	Far North DC	✔	✔	✔		✔						
	Grey DC	✔	✔	✔								
	Hutt CC***	✔	✔									
	Kaikoura DC	✔ F	✔ F	✔ F		✔						
	Kaipara DC		✔	✔								
	Rotorua DC	✔	✔ F	✔ F								
	South Taranaki DC	✔	✔			✔						
	Upper Hutt CC	✔	✔	✔								
	Waimakariri DC	✔	✔	✔								
	Waimate DC	✔		✔								

	Council	Playgrounds	Parks	Sport grounds	Beaches	Council events	Entrance to council buildings	Entrances to buildings used by public	Outdoor seating on pavements	Outdoor seating for premises with food or alcohol licenses	Pedestrian shopping malls	Other pedestrian areas
	Wanganui DC		✔	✔								
	Wairoa DC	✔	✔	✔								
	Wellington CC***	✔		✔								
	Whakatane DC		✔	✔								

✔ Policy covers all areas, ✔ P Policy covers some or partial areas, ✔ F Future policy will cover all areas, ✔ PF Future policy will cover some or partial areas, ✔ P/✔ Current policy covers some or partial areas, Future policy will cover all areas, *Policies obtained from council websites or by contacting each council **There is a total of 67 Councils in NZ, 43 responded to the survey, and of these 31 had policies, of those who didn't respond (24) 16 had a policy *** This was taken from a strategy document as there is not written policy.

Figure 2. Locations covered by current and future council smokefree outdoor areas policies



A similar proportion of the 16 non-responding councils with a SFOA policy had smokefree playgrounds, parks and sports grounds as those who took part in the survey, but a lower proportion had smokefree councils events. The policies of the non-responding councils did not cover any other SFOAs.

Policy development—The process councils followed to develop their current SFOA policy can be identified through three key areas; influences on council to develop policy, personnel involved in the development of the policy and involvement of external partnerships.

Overwhelmingly, direct letters from health advocacy groups was the factor reported as most strongly influencing councils to consider or introduce a SFOA policy. Receiving funding for development of the policy, improving the public profile of the council, having a champion Councillor or council staff member, and submissions on LTP was also important.

The factors reported as least strongly influencing council to introduce SFOA policies were results of annual council surveys, SFOA workshops, neighbouring councils introducing a policy, and problems with litter from cigarette butts.

In most councils, staff from the Parks team were heavily involved in the development of the SFOA policy, but working with them were members of the Policy and Strategy team, Senior Management/Executive, Councillor or Community Board Member, and the Recreation team.

Other teams within councils have also been involved in the development of these policies including Youth Council, Community Development team, Swimming Pool staff, and Events Coordinator.

Councils also worked with external providers and advocates when developing their policy. Two-thirds of these councils worked with their local District Health Board (DHB) or Public Health Unit, nearly half worked with the Cancer Society of New Zealand, and a small number worked with the Health Promotion Agency and Action on Smoking and Health.

Councils also described working with the Heart Foundation, Auahi Kore, Partnership Health Organisations, Community Health Trusts, and neighbouring councils. Five councils did not work with any external providers.

Policy implementation—Methods, roles and challenges of policy implementation and promotion can be identified through three key areas; signage and communication, roles and responsibilities, and costs.

All councils with a policy in place have used smokefree signage as part of the implementation for their policy. Most of these signs are stand-alone signs, and the remaining councils have stickers attached to existing signage. Signs are also placed on buildings and other existing structures such as bollards, and incorporated into new signs being developed.

As part of implementing their policy they also used media releases and local newspapers, as well as development of their website, removal of cigarette receptacles, and monitoring. Smokefree is also included in the annual residents' survey of one council to monitor awareness of, and support for, the policy, and one council includes the policy in all venue hire agreements, event promotional material, and guided walks programmes.

Few councils have a formal plan as to how they intend to promote their policy. Smokefree signage was the most popular way of informing the community of its SFOA policy. The location of the signage reflects the areas that have been designated smokefree with most councils reporting signs placed in playgrounds, sports grounds, parks, community centres and other areas including swimming pools, public places, council buildings and facilities.

Almost two-thirds also used media publicity when the policy was launched while nearly half reported that their policy was available for download from their website. Councils also used promotion to sports clubs, on-going news articles, changes to procedures for council events, internal communication to staff to help make the community aware of their SFOA policy, and incorporated into all agreements with users of council facilities and grounds.

As with policy development, the Parks team is responsible for implementing most of the councils' SFOA policies, often in collaboration with Recreation and Property Services teams. Other councils have implemented the policy alongside their DHB or local smokefree coalition. Many of the responses to this question emphasised that the policy is voluntary only and no enforcement is actively undertaken.

One-half of councils reported the biggest barrier to the implementation of SFOA policy was the time and resource commitment required from staff involved. The main

costs associated with implementing the policy was the cost of smokefree signage and the cost of installing the signs, mainly staff time. In terms of the actual dollar cost of implementing the policy almost half of councils spent less than $5,000 and a small number had spent between $5,000 and $15,000 over the period the policy had been in place.

Eight councils did not know how much the policy had cost, and few councils reported no costs associated with implementing the policy. Ten councils received funding from DHBs, Cancer Society, local smokefree coalitions, Heart Foundation and Health Sponsorship Council (now Health Promotion Agency) for implementing their policy. The amounts received ranged from $2,000-$5,000.

Policy compliance and evaluation—All councils have used voluntary compliance to enforce their SFOA policy; none have used active enforcement.

One-quarter of councils had evaluated their SFOA policy to determine its effectiveness. The methods used for policy evaluation varied and included: observation of the prevalence of smoking; community comments; analysis by staff; and community surveys.

Each council used more than one method to evaluate their policy; two councils have recently adopted their policy and no evaluation has yet been undertaken. One-third of councils have a review date for their policy which ranged from the current year to 10 years in the future.

Over three-quarters of respondents felt that their SFOA policy was successful. The main reasons were: the policy promotes smokefree messages, smokers respecting no-smoking signs, and positive feedback to council.

In contrast, one-fifth of councils did not consider the policy to be successful because of its voluntary nature, reliance on self-regulation, lack of change in smoking behaviour, and lack of council commitment to the policy beyond signage.

Barriers to future SFOA policy—Of the councils who are not considering extending their SFOA policy into other public areas, the main reasons given include: the council want to see how successful the initial policy is before extending it; SFOA was not on the current political agenda; difficulties with compliance; that SFOA was not the core business of council; and resource issues.

The main barriers encountered when extending SFOA were: resistance or lack of support from community, council or staff; funding and resourcing; and erecting the signage. Councils also cited political mandate, conflict with smoking area for sports clubs, a view that SFOA areas may discourage people from using parks, and that councils are being criticised by advocacy groups for the things that are not being done, rather than supporting what has been done.

Councils in the process of developing a policy

Councils in the process of developing a policy reported being heavily influenced by direct letters from health advocacy groups, their concerns about second hand smoke exposure, and the smokefree Aotearoa 2025 goal. Each council involved their Parks team in developing their smokefree outdoor areas policy, along with various other teams from their council.

All four councils were planning on having smokefree signage in locations covered by the policy; two councils are intending on having a communications plan. In terms of making the community aware of the SFOA policy, all four councils will have their policy available for download from their website, and three councils will have media publicity when the policy is launched. In terms of compliance, three councils will adopt policies that are voluntary policies.

Councils who do not have a policy and are not currently developing a policy

For the councils which did not have a SFOA policy, smokefree outdoor areas was not seen as a priority and lack of time and or resources were identified as preventing them from developing a policy.

Discussion

This study sought to describe the extent and nature of smokefree outdoor area policies in NZ and the process by which councils develop, implement, ensure compliance, and evaluate their SFOA policies.

Thirty-one of the 43 councils who responded to the survey reported they had a SFOA policy in place, and of the 24 who did not respond to the survey, 16 councils had adopted a SFOA policy. In the 4 years since Hyslop and Thomson's research (2009)[11] the number of councils with a SFOA policy have doubled from 23 in 2008 to 47 in 2012; meaning 70% of councils now have a smokefree policy.

Thirteen councils in NZ do not have or are not intending to develop a SFOA policy. Some of the arguments identified by Hyslop and Thomson (2009)[11] no longer seem to be an issue for councils today e.g. arguments about personal freedom, a reduction in park attendance, and strong vocal opposition. However, some of the arguments are still valid issues for councils in NZ and overseas[16, 17] today. So what are these barriers and how do we overcome them?

Policy development

Interviews undertaken by Hyslop and Thomson (2009)[11] found that lobbying and community submissions were not a motivating factor for introducing SFOA, but their role in terms of submissions still clearly played a large part.

In this current research the single greatest reason that councils considered introducing SFOA policies is due to letters from health advocacy groups. Health non-government organisations (NGO) can take heart that their efforts are resulting in policy change within local government, and should continue their efforts in this area. However, getting traction with local authorities on local SFOA policies is not an easy task and Satterlund and colleagues[17] discuss the main barriers being: the cumbersome policy making process; access to policymakers; soliciting their support; and providing evidence that the policy is what the constituents want. Understanding the barriers also provides an opportunity to develop strategies to overcome them.

One of the reasons given in this current study for not extending the policies, or not introducing them in the first place, is due to a lack of knowledge of whether they work. Hyslop and Thomson (2009)[11] and Tay and Thomson (2008)[18] identified the

need to evaluate policies to show whether they are working, however, only one-quarter of the councils in this current research had evaluated their policy.

Regardless of whether an evaluation was undertaken, most of the respondents commented that they felt the policy was successful, however, being able to prove this to local councils when asking them to extend their policies is very important. Despite the importance of evaluation, few have been undertaken in NZ, particularly for long-term outcomes.[19]

A recent evaluation of the Kapiti Coast District Council Smokefree Parks and Playgrounds Policy found a non-statistically significant reduction in smoking observations and discarded butts in playgrounds and a sports field. However, the stakeholder perceptions of the policy were positive.[19]

Policy implementation

Many of the barriers to implementing and enforcing a SFOA policy reported by the councils in this study related to the costs in terms of human and financial resources, and this was also found in a study of the Kapiti Coast District Council.[20] However, the cost of smokefree signage is small in comparison to other council costs such as roading and infrastructure.

In this study and in other NZ cases,[20] signage costs have been partially met by NGOs, smokefree coalitions, and public health organisations, so the financial cost to councils has been minimal. This might be an important point to make when health advocates are speaking with councils.

One finding which came to light in this research was the lack of awareness of the policy; and consequently how best to communicate the policy to the community.[19] The Kapiti Coast District Council employed the services of a communication expert when developing their communication plan,[20] and is something councils and other organisations should think about, however, can add significant cost to the project.

An alternative, which may be more attractive to councils is to work in partnership with other stakeholders to share resources and minimise costs.

Policy compliance

One of the main barriers that respondents had issues with was that the policy was not enforceable as it was voluntary and served to educate. This is consistent with previous research reported.[20] One goal of a SFOA is to change social norms around smoking, and relies on education and promotion of responsible choices when it comes to matters of smoking in public.

Satterlund and colleagues (2011)[17] found that "signage and small education campaigns often created situations where citizens felt emboldened to self-enforce ordinances" and that this approach "effectively created an on-going norm change as it related to smoking". However, a key component for the success of an 'educative' policy is to ensure that the policy is communicated to the public.[20] Councils in other jurisdictions have found SFOA policies to be self-regulating with high compliance from smokers.[21]

Implications

With the adoption of a smokefree Aotearoa goal by 2025, creating further smokefree outdoor areas is becoming increasingly important.

This research has shown that NZ local authorities are increasingly adopting SFOA policies that cover the 'greenspaces' of parks, playgrounds and sports grounds. However, there is little evidence that councils are prepared to consider extending these policies out of the greenspaces and into other public places. Despite this, there continues to be high public support for smokefree outdoor areas, among non-smokers and smokers,[12,22] such as outdoor eating areas and pedestrian malls and streets.[23] In developing policies that go beyond the greenspace there needs to be engagement of new stakeholders and sectors of the community, including businesses, and an emerging body of evidence suggests there is support for such policies.[24-27]

If further extensions to SFOA are successful and more organisations are actively promoting smokefree, NZ could see a move towards whole communities, towns and cities becoming smokefree. In Australia where SFOA are more comprehensive, it is acknowledged that policies are strengthened through state legislation.[28] In NZ, the introduction of national legislation may be required to ensure a consistent approach to SFOA throughout NZ. Further research is needed to examine the acceptability of this approach to key stakeholders and decision-makers.

Strengths and limitations

One of the main strengths of this research is the good response rate from councils to the survey (64%), and the additional data obtained for councils who did not respond. This survey also extends previous NZ findings and examines the policy process in more depth, to give information on how we might make it easier for councils to adopt policies in the future or extend existing SFOA's.

Further, this research highlights some areas in which those working with councils on SFOA's can overcome barriers and reach solutions to move forward. For health promoters and researchers, it highlights pressing need for greater emphasis on policy evaluation.

The research may have been limited by the knowledge of the person responding to the survey. In most councils SFOA are the responsibility of a number of areas so locating the most appropriate person to the complete the survey may not have always been found. However, steps were put in place to ensure we found the most appropriate person in the council.

The research may have been further limited by the response categories given, when an open-ended option was not available for respondents to provide further information.

Conclusion

This research has provided a summary of local councils and their SFOA policies; the extent of adoption, implementation, barriers and compliance. New Zealand is only one of two countries in the world to set an endgame for tobacco, SFOA policies are part of this goal.

It is encouraging to see that there is public support for wider adoption beyond the greenspace. However, whilst this research shows 70% of councils now have some form of SFOA policy, it also indicates the apparent reticence of councils to move their SFOA policies into other public places. This apparent disparity between public acceptability and council reluctance could impact on New Zealand's ability to be smokefree by 2025.

Competing interests: Nil.

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