

Smokefree Regional Survey Report

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Executive summary

Background

Smokefree policies for outdoor community spaces are managed by local councils, and three quarters of councils in New Zealand now have some form of smokefree outdoor policy. The de-normalisation of tobacco smoking is one of the main goals of a smokefree community spaces 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.

The aim of this research was to obtain current information on the degree of support for smokefree community spaces among those living in the Canterbury West Coast region.

Methods and limitations

A telephone survey was conducted between April and June 2014. Eight hundred telephone numbers (split across the twelve councils in the Canterbury West Coast region) were randomly selected, and calls were made by volunteers recruited and trained by the Cancer Society. Data were coded and provided to Community & Public Health for descriptive statistical analysis using SPSS 17.0.

Generalisability of the findings may be limited, as the survey sample contained higher proportions of females, people 65 years and older, and those of New Zealand European ethnicity, as well as lower proportions of smokers, and Māori, compared to Canterbury and West Coast regional council area population data from the 2013 Census.

Findings

The survey response rate was 56%. Approximately 37% of respondents were aware that their local council had a smokefree public places policy for its parks and/or playgrounds. Many respondents (>60%) thought that specific public places (such as children's playgrounds, bus stops, and outdoor eating places) should be smokefree. However, fewer thought that beaches, river and lake shores should be smokefree (44%). Most respondents (>90%) thought that smokefree policies in outdoor public spaces would either increase or not affect the likelihood of them visiting these places. In contrast, approximately 3% of respondents stated that they would be less likely to visit these public spaces if they were smokefree.

Almost half of respondents (47%) thought there were enough tobacco retail outlets in their neighbourhood, while a further one quarter thought there were too many. A small proportion of respondents (2%) thought there were not enough tobacco retail outlets in their neighbourhood.

Discussion

The findings provide some important feedback to councils. Regardless of a relatively low level of awareness of local policies amongst respondents, the survey indicates a high level of acceptability for smokefree community places. Councils can take heart that they are developing public policies that resonate well with the public. Additionally, with good support indicated for creating other smokefree public places, extensions to current policies would likely be well received.

Some reluctance from councils to create additional smokefree policies might relate to concerns that smokefree policies could result in people choosing not to use specific spaces. However, this study suggests that smokefree status would either make no difference or actually make usage *more likely*. With the study providing a valuable insight into public perceptions, there is now a need to consider the views of other stakeholders (including business owners).

In conclusion, it is hoped that these findings will facilitate discussion and consideration of smokefree policies in councils in the region. Given that all councils have similar policies, there is potential to see strong consistent regional messages. Such efforts by the local Smokefree coalitions should be aimed at creating further smokefree public places thereby reducing the visibility of smoking and contributing towards a Smokefree Aotearoa by 2025.

Recommendations

From the findings of this survey, it is recommended that:

- this report be provided to each of the four regional Smokefree coalitions
- infographics and materials be developed to support the report
- each council be approached with a view to presenting the key findings of the report in context of their own policy/policy review
- a survey tool/process be developed to help gauge the views of local businesses, suitable for adaption by coalitions, and
- coalitions agree to collaborate on their local work in this area in order to build strong regional advocacy on smokefree public spaces.

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Introduction

Background

Smokefree policies for community spaces such as parks, playgrounds, and sports fields are now commonplace around New Zealand. These spaces, often referred to as “green space”, are managed by city and district councils, known collectively as territorial authorities. There are 67 territorial authorities in total, which includes Auckland, formerly consisting of eight councils amalgamated in 2010. Over three quarters of local councils now have some form of smokefree outdoor policy.ⁱ All twelve councils across the Canterbury West Coast region have policies covering green space, with a number of these policies scheduled for review over the coming year. Elsewhere, some councils such as Auckland and Palmerston North have already extended their policies to cover other community spaces, whilst other councils are considering their options for extending policies, often in partnership with local smokefree agencies.

The de-normalisation of tobacco smoking is one of the main goals of a smokefree community spaces 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.^{ii,iii} Choosing not to smoke around children is good role modelling and helps reduce the visibility of smoking around our children and future uptake. There is good evidence to support this.^{iv}

The government’s goal of a Smokefree Aotearoa/New Zealand 2025 provides a good national backdrop to these policies. In March 2011, the government committed to the goal of a Smokefree Aotearoa by 2025.^v Smokefree Aotearoa 2025 is not a ban. It is a commitment to reducing smoking rates to very low levels (less than 5% of the population) and reducing the visibility of smoking by 2025. The 2013 Census reported an overall smoking rate of 15.1% - a reduction from 20.7% in the 2006 Census.^{vi}

As the managers of public space where communities live work and play, councils are well placed to help reduce the visibility and acceptability of smoking in public spaces. This is an important step toward achieving the goal of a Smokefree Aotearoa by 2025.

Research aim

The aim of this research was to obtain current information on the degree of support for smokefree community spaces among the community that lives in the Canterbury West Coast region. With a number of councils due to review their current Smokefree community space policies, assessing the acceptability of smokefree community spaces was seen as a valuable way to help continue the engagement with councils.

Methods

A telephone survey was conducted between April and June 2014 to determine community views on smokefree community spaces.

Sample selection

The target population was New Zealand adults aged 16 years and over who lived in the:

- Canterbury region (Christchurch City Council, Selwyn District Council, Hurunui District Council, Waimakariri District Council, Kaikoura District Council)
- Mid Canterbury region (Ashburton District Council)
- South Canterbury region (Timaru District Council, Waimate District Council, McKenzie District Council), or
- West Coast region (Westland District Council, Buller District Council, Grey District Council).

In 2013, the census usually resident population (aged 15 years and over) count for these four regions was 464,739.^{vii} A simple random sampling method was used, and the required sample size was 384 respondents. The alpha level was set a priori at 0.05, and the acceptable margin of error at 5%.

Eight hundred telephone numbers (split across the twelve councils) were randomly selected using the following method:

1. Telephone directories (White Pages^{viii}) were obtained for each council area.
2. Pages from the directories were selected in order, starting at "A".
3. The first ten residential telephone numbers were highlighted on each page (businesses were excluded) until the required number of telephone numbers was reached. The number of telephone numbers selected per region were approximately proportional to the population size of the region.
4. The directory pages were photocopied for the volunteers to use.
5. Volunteers were assigned "batches" of telephone numbers depending on how many telephone calls they could realistically make, and the number of volunteers available.

Questionnaire development

The questionnaire was adapted with permission from a similar survey undertaken in 2013 by the Cancer Society (Auckland Division) to determine community views on smokefree community spaces.

The local adaptation was drafted and reviewed by the Cancer Society's Health Promotion team and Community & Public Health (CPH). A copy of the questionnaire can be found in Appendix A.

Once the questionnaire was finalised, 800 copies were made and sequentially numbered to enable the cross-referencing of each questionnaire during data entry.

Volunteer recruitment and training

Data collection was completed by volunteers recruited by the Cancer Society specifically to undertake this survey. Volunteers were recruited via a flyer enclosed in the Cancer Society's "*Let's Connect*" newsletter in late 2013. A copy of this flyer is included in Appendix B.

Volunteers who returned this flyer were contacted and further details of the survey were outlined to confirm their interest. A total of twelve volunteers were identified using this strategy, and more volunteers were recruited locally by CPH staff. In order to limit telephone and travel costs, only volunteers living in the Christchurch, Ashburton, Timaru, Greymouth, Hokitika and Westport regions were recruited.

One volunteer based in Christchurch coordinated the distribution of the telephone numbers and questionnaires, and liaised with Cancer Society Health Promotion staff in each of the other three centres (Mid Canterbury, South Canterbury and West Coast).

Volunteers were provided with face-to-face training (where possible) on how to carry out the survey. This training was delivered by Cancer Society Health Promotion staff in the above centres, and support via telephone was provided where volunteers could not attend face-to-face training. To provide volunteers with background on smokefree community spaces, a briefing paper was included with survey materials. This briefing paper is included in Appendix C.

Survey implementation

The survey was conducted between April and June 2014. Each volunteer received their allocated batch of telephone numbers to contact, and was advised to make calls across day and evening hours, with a maximum of four attempts per telephone number. Each attempt was marked either as:

- completed survey
- refused to participate, or
- no answer (up to four attempts).

Once an individual agreed to take part in the survey, the volunteer followed the questionnaire script (Appendix A) with the respondent and recorded their responses on paper.

Data entry and analysis

Questionnaires were returned to the Cancer Society Christchurch office, and checked to ensure that all 800 numbered replies were accounted for. Two data entry clerks were briefed by the Health Promotion Manager on how to code the questionnaire responses in accordance with an agreed format supplied by CPH. Data were entered into a template (Microsoft Excel) developed by CPH.

Once data entry was completed, the Cancer Society Health Promotion Manager checked the data for inconsistencies. The data were then submitted to CPH for analysis using SPSS (version 17.0, SPSS Inc. Chicago, IL, USA). Questionnaire responses are summarised for all regions combined. The sample sizes of individual regions were too small to present findings by region. All percentages were calculated as a percentage of those who responded to the question (i.e. excluding missing responses).

Ethics

Following advice from CPH's Information Team, it was determined that Health and Disability Ethics Committee review was not necessary given that the criteria requiring such review were not triggered.^{ix} The study is also considered low-risk as the survey is anonymous, the questions are generally not personal in nature, and those selected could decline to participate or to answer any particular question if they wished.

Survey limitations

The current survey has some limitations.

Of the 800 households selected, 166 people refused to participate, and 189 households could not be contacted. This may have resulted in non-response bias, where those who completed the questionnaire (respondents) may have different characteristics or views from those who did not complete the questionnaire (non-respondents).

Compared to the populations in the Canterbury and West Coast regional council areas,^{vi,x,xi} the survey sample contained higher proportions of females, people 65 years and older, and those of New Zealand European ethnicity, as well as a lower proportion of smokers, and Māori.

These factors may limit the generalisability of the survey findings^{xii,xiii} to the population in these areas, and therefore, the survey findings should be interpreted with this in mind.

Findings

Survey response

In total, 800 households were selected, and 445 telephone interviews were completed (55.6% response rate) (Table 1). Calls to almost one quarter of households were either not answered or the telephone number had been disconnected (23.6%, n=189). A total of 166 people declined to participate (20.8%).

Table 1. Number of households contacted and surveyed in each city/district council region

Region	City/district council	Population size [‡]	Number of households selected	Number of completed telephone interviews
Canterbury				
	Christchurch	348435	304	164
	Selwyn	34668	57	23
	Hurunui	11589	40	17
	Waimakariri	42678	60	23
	Kaikoura	4884	40	22
Mid Canterbury				
	Ashburton	27693	100	50
South Canterbury				
	Timaru	43290	82	57
	Waimate	7173	8	8
	McKenzie	5487	9	5
West Coast				
	Grey	14052	42	41
	Buller	10590	30	11
	Westland	11202	28	23
Total		561741	800	445

[‡] Usually resident population count derived from the 2013 Census.^{vii}

Personal characteristics of respondents

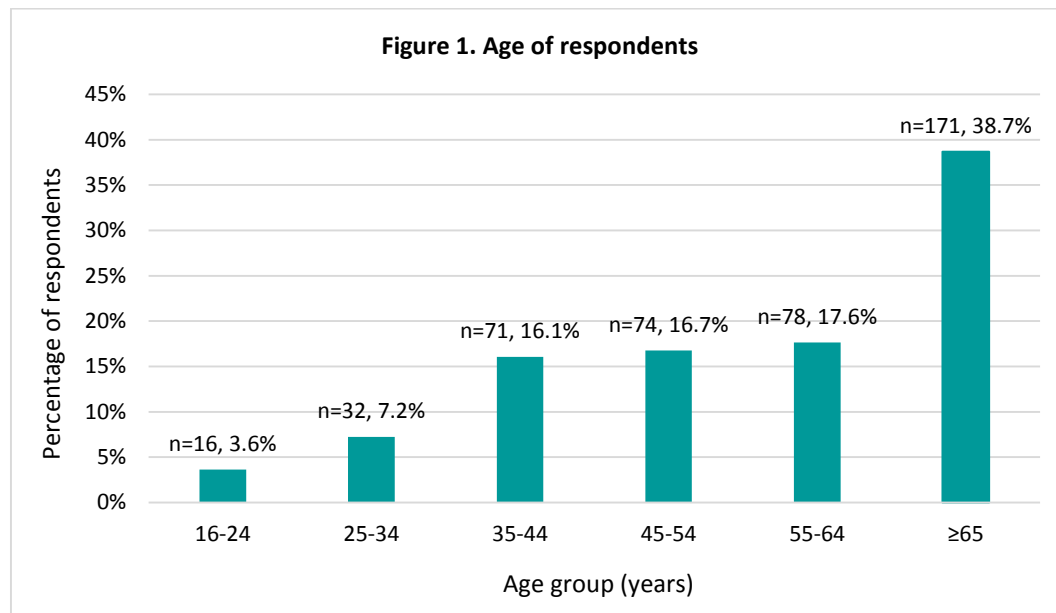
More females (64.1%, n=279) than males (35.9%, n=156) completed the survey. The majority of respondents (92.7%) identified as New Zealand European, and a small proportion (3.0%) identified as Māori (Table 2).

Table 2. Ethnicity of respondents

Ethnicity	Percentage of respondents (%) [†]	Number of responses
New Zealand European	92.7	407
Māori	3.0	13
Other	4.5	20

[†] Respondents could identify with more than one ethnic group, therefore the percentages do not sum to 100%.

Nearly 40% of respondents were 65 years and older (Figure 1). Similar proportions (16-18%) of people aged 35-44, 45-54 and 55-64 years of age were surveyed. Fewer respondents (10.8%) were aged 16-34 years.



Respondents were asked whether they smoked one or more tobacco cigarettes a day. Most respondents (89.8%) did not smoke, and approximately eight percent smoked one or more tobacco cigarettes a day (Table 3). A small proportion of respondents (2.7%) refused to answer this question.

Table 3. Prevalence of smoking among survey respondents

Smokes ≥ 1 tobacco cigarette a day	Percentage of respondents (%)	Number of responses
Yes	7.5	33
No	89.8	395
Refused to answer	2.7	12

Knowledge and views of respondents regarding local smokefree public places policies

Nearly two thirds of respondents (62.9%, n=270) were not aware that their local council had a smokefree public places policy for its parks and/or playgrounds. Conversely, 37.1% (n=159) of respondents were aware of the policies.

Respondents were also asked whether they thought specific public places (listed by the interviewer) should be smokefree. Most respondents (>80%) thought that children's playgrounds, building entrances, and outdoor eating places should be smokefree (Figure 2, Table 4). Approximately three quarters of respondents thought bus stops and train stations, and outdoor music or sporting events should also be smokefree. Close to two thirds of respondents thought that parks, footpaths outside local shops, and outdoor areas in town centres should be smokefree. However, fewer than half of respondents (44.4%) thought that beaches, and river and lake shores should be smokefree.

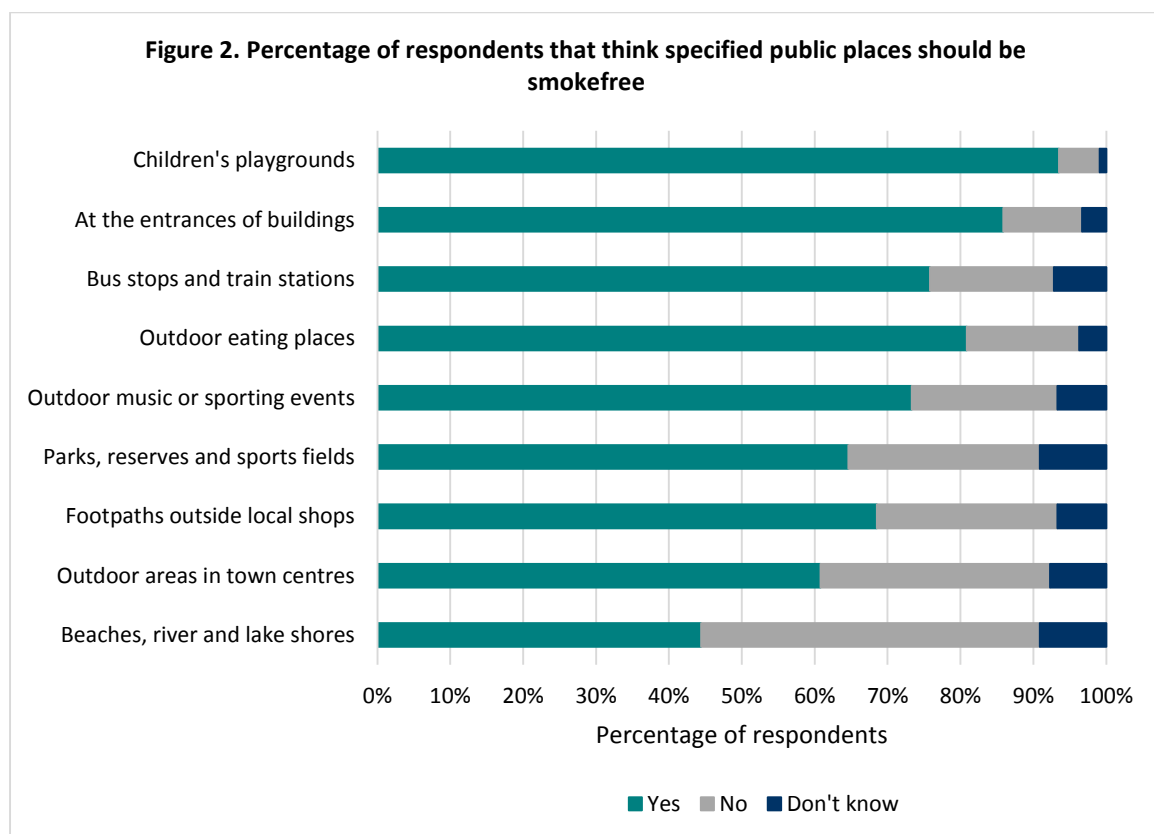


Table 4. Percentage of respondents that think specified public places should be smokefree

Public places	Yes % (n)	No % (n)	Don't know % (n)
Children's playgrounds	93.5 (403)	5.6 (24)	0.9 (4)
At the entrance of buildings	85.9 (367)	10.8 (46)	3.3 (14)
Bus stops and train stations	75.8 (325)	17.0 (73)	7.2 (31)
Outdoor eating places at restaurants, pubs or cafés	80.8 (346)	15.4 (66)	3.7 (16)
Outdoor music or sporting events	73.3 (315)	20.0 (86)	6.7 (29)
Parks, reserves and sports fields	64.6 (277)	26.3 (113)	9.1 (39)
Footpaths outside your local block of shops	66.7 (297)	24.1 (103)	6.5 (28)
Outdoor areas in town centres	60.8 (261)	31.5 (135)	7.7 (33)
Beaches, river and lake shores	44.4 (190)	46.5 (199)	9.1 (39)

Respondents were asked whether the above public places being smokefree would influence their likelihood of visiting them. Approximately one third of respondents reported that they would be more likely to visit children's playgrounds, building entrances, bus stops and train stations, outdoor music or sporting events, footpaths outside local shops, and outdoor areas in town centres if they were smokefree (Figure 3, Table 5). Forty percent stated that they would be more likely to visit outdoor eating places at restaurants, pubs and cafés, and 27% to visit beaches if these places were smokefree. About 55-68% of respondents reported that they would visit these public places the same amount if they were smokefree. In contrast, approximately 2-3% of respondents stated that they would be less likely to visit these public places if they were smokefree.

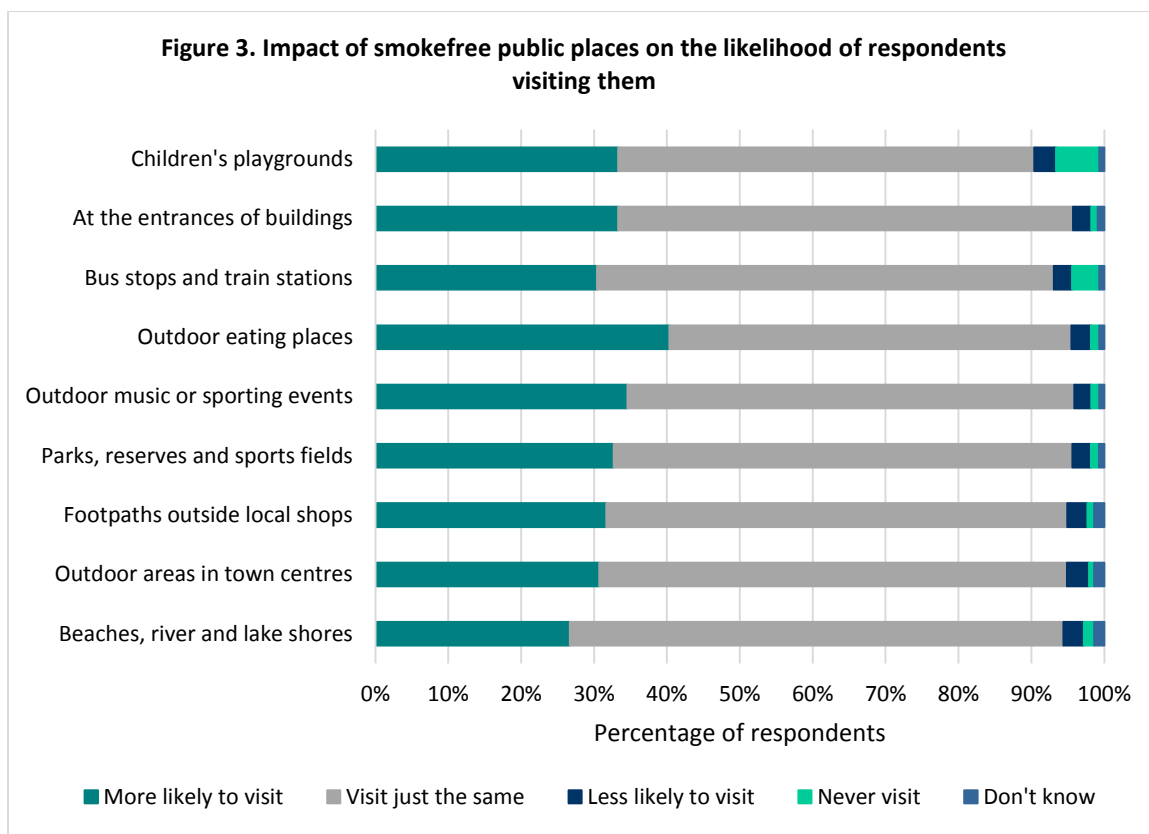
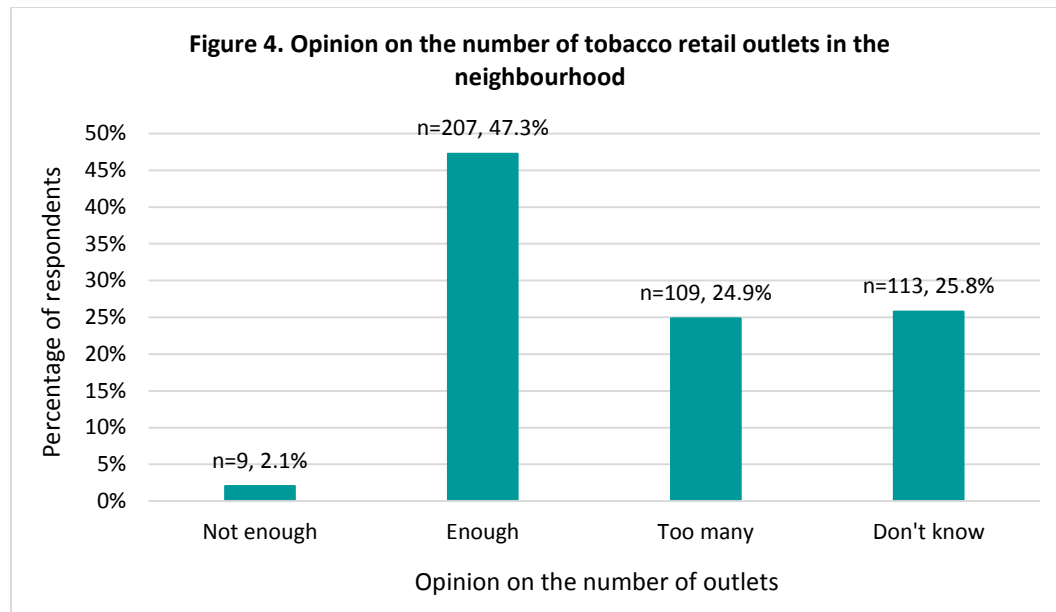


Table 5. Impact of smokefree public places on the likelihood of respondents visiting them

Public places	More likely to visit % (n)	Visit just the same % (n)	Less likely to visit % (n)	Never visit % (n)	Don't know % (n)
Children's playgrounds	33.3 (146)	57.1 (250)	3.0 (13)	5.9 (26)	0.7 (3)
At the entrance of buildings	33.3 (145)	62.4 (272)	2.5 (11)	0.9 (4)	0.9 (4)
Bus stops and train stations	30.4 (133)	62.7 (274)	2.5 (11)	3.7 (16)	0.7 (3)
Outdoor eating places at restaurants, pubs or cafés	40.3 (176)	55.1 (241)	2.7 (12)	1.1 (5)	0.7 (3)
Outdoor music or sporting events	34.6 (151)	61.3 (268)	2.3 (10)	1.1 (5)	0.7 (3)
Parks, reserves and sports fields	32.3 (141)	62.2 (277)	2.5 (11)	1.1 (5)	0.7 (3)
Footpaths outside your local block of shops	31.7 (138)	63.3 (276)	2.8 (12)	0.9 (4)	1.4 (6)
Outdoor areas in town centres	30.7 (134)	64.2 (280)	3.0 (13)	0.7 (3)	1.4 (6)
Beaches, river and lake shores	26.7 (116)	67.8 (295)	2.8 (12)	1.4 (6)	1.4 (6)

When asked what they thought about the number of tobacco retail outlets in their neighbourhood, almost half of respondents (47.3%) thought there were enough outlets (Figure 4). A further one quarter (24.9%) thought there were too many outlets, and a small proportion (2.1%) thought there were not enough tobacco retail outlets. One quarter of respondents did not have an opinion on the number of tobacco retail outlets in their neighbourhood.



Discussion

Smokefree community spaces are an evolving issue with the majority of local councils having adopted policies covering recreational green space over the past five years. There is, however, little reported evidence regarding the willingness of councils to extend current policies despite growing support from communities.^{xiv} Although there are some exceptions such as Palmerston North, Whangarei and Auckland, it remains a challenge to encourage more councils to “go beyond green space”. Understanding why councils might be reluctant to develop their policies represents an important piece of the advocacy process if progress is to be made.

With all twelve councils in the Canterbury and West Coast regions having adopted policies, and a number of these policies due for review, local smokefree coalitions have opportunities to engage council staff and elected members in considering future direction. This regional survey was designed to support this process with the aim of gauging public acceptability of smokefree community spaces, and the awareness of their own local council’s policy.

The results provide some important feedback to councils, most notably the relatively low level of awareness of local policies amongst respondents, with only a third indicating knowledge of their local policy. As policies are voluntary with low-key promotion, this is perhaps not surprising. However, given the range of easy, low-cost ways in which smokefree policies *can* be promoted, emphasis should be on what councils *can* do in the future, rather than what they have not done in the past. Local coalitions are all keen to support councils in this promotion process, although it is accepted that councils do need to ensure provision for smokefree messages in their signage manuals.

Regardless of awareness, the survey findings indicate a high level of acceptability for smokefree community places, especially around children’s playgrounds. Councils can take heart that they are developing public policies that resonate well with the public. Additionally, with good support indicated for creating other smokefree public places such as outside the entrance of buildings, bus stops, train stations and outdoor eating venues, it can be suggested that extension of current policies would be well received. Only when considering smokefree beaches, rivers and lakeshores does support fall below half, although with management of these spaces often split between different agencies (e.g. local council and Environment Canterbury) any extension could be difficult at this stage.

Understandably some reluctance from councils might stem from their concerns that smokefree public places might result in people choosing not to use the space. In the case of town centres and particularly outdoor eating venues, this clearly relates to commercial considerations and possible

loss of trade. The findings of this study however suggest that smokefree status would either make no difference or actually make usage *more* likely. In the case of outdoor eating venues, 40% of respondents indicated they were “more likely” to visit if smokefree. As such it is hoped this will assist further discussions with councils.

Overall this study offers direction for further research or consultation. Firstly, with the study providing a valuable insight into public perceptions, there is now a need to consider the views of other stakeholders, most importantly business owners. In contrast to the adoption of policies covering green space where consultation focused on the public and community organisations, any extensions covering business areas requires the input of businesses. This can clearly be seen when examining the policy-making process followed in Palmerston North for example.^{xv}

In conclusion, it is hoped that this study facilitates discussion and consideration of smokefree policies in councils in the region. As we see progress, albeit piecemeal, being made around the country, it is important that policy in the Canterbury West Coast region does not fall behind. Given that all councils have similar policies, there is potential to see strong consistent regional messages to elected members over the coming year. Such efforts by the local coalitions should be aimed at creating further smokefree public places thereby reducing the visibility of smoking and contributing towards a Smokefree Aotearoa by 2025.

Recommendations

From the findings of this survey it is recommended that:

- this report be provided to each of the four regional coalitions
- infographics and materials (e.g. fact sheet, PowerPoint presentation) be developed to support the report
- each council be approached with a view to presenting the key findings of the report in context of their own policy/policy review
- a survey tool/process be developed to help gauge the views of local businesses, suitable for adaptation by coalitions, and
- coalitions agree to collaborate on their local work in this area in order to build strong regional advocacy on Smokefree public spaces.

Appendices

Appendix A: Regional survey questionnaire

Introduction

Hello, Good afternoon/morning. My name is from the Cancer Society.

We are researching what the community thinks about public places being smokefree. Your views are important because the more people that respond, the more we can be sure that we have a representative sample of community views to inform us about smokefree public places policy.

There is no right or wrong answer.

I just need 5 minutes of your time to ask you some really quick questions. Would now be a good time to complete the survey? [If the participant says NO to continuing, ask them if you can call back later at a time that suits them].

You must be over 16 years of age to proceed. Are you 16 years or older?

Call log

Phone number: _____

Call date	Time	Result code	Comments
1.			
2.			
3.			
4.			

Result code:

CS = Completed survey

CB = Respondent contacted; call back at scheduled time

NA = No answer

RF = Refusal

1. *[Please tick which applies]:*

No.	Council regions	Survey region
1.1	Canterbury regions	
	Christchurch	300 surveys needed
	Selwyn	60
	Hurunui	40
	Waimakariri	60
	Kaikoura	40
1.2	Mid Canterbury region	
	Ashburton	100
1.3	South Canterbury regions	
	Timaru	60
	Waimate	20
	McKenzie	20
1.4	West Coast regions	
	Greymouth	40
	Buller	29
	Westland	30

2. *Do you know if your local council has a Smokefree public places policy for its parks and/or playgrounds?*

Yes	
No	

3. Do you think that the following public places should be SMOKEFREE?

		Yes	No	Don't know
3.1	Children's play grounds			
3.2	At the entrance of buildings			
3.3	Bus stops and train stations			
3.4	Outdoor eating places at restaurants, pubs or cafés			
3.5	Outdoor music or sporting events			
3.6	Parks, reserves and sports fields			
3.7	Footpaths outside your local block of shops			
3.8	Outdoor areas in town centres			
3.9	Beaches, river and lake shores			

4. If these public spaces were SMOKEFREE, would you be MORE likely to visit. LESS likely to visit, just the SAME, NEVER visit them or don't know?

		More likely	Less likely	Just the same	Never visit	Don't know
4.1	Children's play grounds					
4.2	At the entrance of buildings					
4.3	Bus stops and train stations					
4.4	Outdoor eating places at restaurants, pubs or cafés					
4.5	Outdoor music or sporting events					
4.6	Parks, reserves and sports fields					
4.7	Footpaths outside your local block of shops					
4.8	Outdoor areas in town centres					
4.9	Beaches, river and lake shores					

5. What do you think about the number of tobacco retail outlets in your neighbourhood? Are there ENOUGH, NOT enough, TOO MANY or don't know. Tobacco retail outlets are shops that sell tobacco such as supermarkets, dairies and petrol stations.

5.1	There are not enough	
5.2	There are enough	
5.3	There are too many	
5.4	Don't know	

The next section is asking about demographics.

6. Do you smoke one or more tobacco cigarettes a day?

6.1	Yes	
6.2	No	
6.3	Refused	

7. Which of the following describes your age group?

	Years	Comment
7.1	16-24 yrs	
7.2	25-34 yrs	
7.3	35-44 yrs	
7.4	45-54 yrs	
7.5	55-64 yrs	
7.6	65 yrs plus	

8. What ethnic group/ groups do you identify with? (Please choose all that apply).

8.1	NZ European	
8.2	Māori	
8.3	Samoan	
8.4	Cook Island Māori	
8.5	Tongan	
8.6	Niuean	
8.7	Chinese	
8.8	Indian	
8.9	Other (please state)	

9. Gender

Male	
Female	

Do you have any other comments?

--

Thank you so much for your time.

If you have any queries contact Martin Witt, Cancer Society Health Promotion Manager on XXXXXXXX.

Appendix B: Volunteer recruitment flyer

**SMOKEFREE AOTEAROA
NEW ZEALAND 2025
MEANS MORE SMOKEFREE
PUBLIC PLACES**



**WE WANT
YOU**



Cancer Society
Te Kāhui Matepukupuku
o Aotearoa



smokefree
AOTEAROA
NEW ZEALAND
2025

The Cancer Society wants to find out what communities think about Smokefree public places. We need you to help us by being a community advocate.

*Read on
to find out more*

Over the 2013/14 summer, the Cancer Society is carrying out a community survey throughout the Canterbury West Coast region, to help us assess support for Smokefree public places.

If you are interested in helping us carry out this survey please complete and return to:
**The Cancer Society, PO Box 13450,
Christchurch 8141**

NAME _____

ADDRESS _____

CITY _____

EMAIL _____
(please print)

PHONE _____

This survey is the first part of the Health Promotion team's programme to support community advocates – volunteers who would like to help the Cancer Society build healthy communities. If you would like to know more about this, please tick the box below and we will send you an information pack.

Yes, I would like to find out more about being a community advocate.

Alternatively you can just email us
comma@cancercwc.org.nz

Thank you

Appendix C: Briefing paper for volunteers on smokefree community spaces

Smokefree outdoor areas

Thank you for helping the Cancer Society find out more about what people think about smokefree outdoor areas. There are 12 local councils in the Canterbury West Coast region, all of whom have adopted policies encouraging smokers to choose not to smoke in playgrounds, parks and reserves [greenspace].

There is a high level of support for smokefree greenspace amongst the public. In addition a survey carried out in 2012 by Cancer Society volunteers in Christchurch showed that 74% of those asked supported making further outdoor areas smokefree.

The survey you are going to be doing will update this information not only for Christchurch but for towns all around the Canterbury West Coast region.

Before you help with the survey, here is some background information that we hope you will find useful.

Smoking in New Zealand

- The 2013 Census showed that 15.8% of adults smoke
- In 2011, the Government endorsed a goal for New Zealand to be smokefree by 2025

What does Smokefree 2025 mean?

- That our children and grandchildren will be free from tobacco and enjoy tobacco free lives
- That almost no-one will smoke (less than 5%)
- It will be very difficult to sell or supply tobacco

It will be achieved by:

- Providing the best possible support for quitting
- Reducing the supply of, and demand for, tobacco, i.e. increasing tax excise
- Protecting children from exposure to tobacco marketing and promotion, e.g. plain packaging

An important way to help achieve the 2025 goal is by reducing the visibility of smoking in our communities, making it less likely that children will grow up seeing smoking in their daily lives.

Smokefree outdoor areas is a good example of how this is already happening and overleaf are some frequently asked questions.



FREQUENTLY ASKED QUESTIONS - SMOKEFREE OUTDOOR AREAS

WHY DO WE NEED SMOKEFREE OUTDOOR AREAS?

Smokefree outdoor areas are all about protecting children and young people.

We know from research that increased smokefree environments will contribute towards fewer young people beginning to smoke – the less they see smoking, the less ‘normal’ it will seem.

Few parents, smoking or non-smoking, want their children to become smokers. Adults using the parks and playgrounds 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 AREAS MAKE SMOKING SEEM LESS ‘NORMAL’?

Young people tend to believe that more people smoke than is actually the case. For example, a 2004 study found that over 50 percent of girls and 40 percent of boys thought that half or three-quarters of their peers smoked. In fact, only 11 percent of their peers were smokers.

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’.

Smokefree outdoor areas will reduce children and young people’s exposure to smoking, better reflecting actual smoking rates

WHAT IS THE BENEFIT OF SMOKEFREE OUTDOOR AREAS?

A smokefree outdoor areas policy gives the council an opportunity to promote a healthier community and a clean green image for its outdoor areas.

It creates a healthy environment in the recreation areas. Smokefree outdoor areas show the council is progressive and prepared to take positive action to help reduce the smoking rates of New Zealand’s young people.

Smokefree outdoor areas show that councils support a smokefree future generation.

New Zealand has the Government endorsed goal to see a Smokefree Aotearoa by 2025 (see briefing).

DO OTHER AREAS HAVE SMOKEFREE OUTDOOR AREAS?

Many local councils in New Zealand, Australia and the USA are making their parks, playgrounds, beaches, sporting fields and other areas smokefree to promote healthy communities. As at November 2013, almost three quarters of local authorities in New Zealand had some form of Smokefree outdoor policy - with some now actively considering or adopting extensions to their policies (e.g. Palmerston North, Smokefree CBD).

HOW IS THE POLICY ENFORCED?

Experience with smokefree outdoor spaces has shown that smokers are generally very considerate, and will smoke outside smokefree areas. If someone does light up in a smokefree area, other users of that space will often ask them to step outside the smokefree area to smoke.

A focus on signage and publicity to help raise public awareness of the council policy is an important way of encouraging the community to maintain a clean, healthy environment in areas used by young people.

THERE ARE SO MANY IMPORTANT THINGS GOING ON IN OUR COMMUNITIES, WHY WOULD WE WANT TO DEAL WITH SMOKING?

Smoking is the greatest single preventable cause of death in New Zealand, causing a quarter of all cancer deaths. If cigarettes were invented today they would not be allowed onto the market. Expanding smokefree areas are a vitally important way of denormalising smoking and promoting healthy lifestyles.

OKAY IT'S IMPORTANT, BUT ISN'T IT THE RESPONSIBILITY OF THE CENTRAL GOVERNMENT? WHY SHOULD COUNCILS GET INVOLVED?

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

WHY EXPAND SMOKEFREE ENVIRONMENTS THOUGH, SHOULDN'T WE 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 contributes to smoking initiation;
- denormalising smoking and especially smoking around children;
- supporting former smokers to remain smokefree; and
- encouraging people to quit smoking.

IT SOUNDS REASONABLE, BUT OUR RESOURCES ARE ALREADY STRETCHED TO THE LIMIT, HOW ARE WE GOING TO ENFORCE IT?

Smokefree outdoor areas are low cost and yet have a very high return in terms of promoting good health. Where policies have been implemented internationally there has been no need for enforcement per se.

The focus has been on public education especially through appropriate signage. Experiences in New Zealand have been similar, for example in South Taranaki and Upper Hutt.

Adapted from Cancer Society of NZ guide.

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