



Smokefree outdoor areas without the smoke-police: the New Zealand local authority experience

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Abstract

Aim To investigate (i) the extent, nature and effectiveness of smokefree outdoor area (SFOA) policies in New Zealand, (ii) incentives and motivations for, and barriers to creating these SFOA.

Methods Literature and media searches were conducted for relevant material to February 2009. Nine in-depth interviews were conducted in October 2008, with key informants from local government, health and related research areas.

Results Twenty-three of 73 local authorities have 'educative' (non-enforceable) SFOA policies for at least one playground. There has been an increasing trend of SFOA policy adoption since the first 'educative' policy in 2005. Motivations for policy adoption include child well-being, community leadership, and environmental and fire concerns. Barriers have included arguments about 'freedoms', over-regulation, park attendance, enforcement, media comment, and some local authority lack of focus on health. There appears to be increasing support nationally for at least SFOA for children's areas, including 66% support from smokers for smokefree playgrounds. There is some evidence of SFOA policy effectiveness, but considerable need for further evaluation of the policies.

Conclusions Councils have moved to create SFOA, in the absence of substantial central government efforts. It is likely that the adoption of SFOA will continue, and there is potential for an expansion of the policies to wider settings.

An important contemporary public health issue in some developed countries is the creation of smokefree outdoor areas (SFOA). Reasons for creating SFOA include: decreased negative role-modelling of smoking to children, decreased exposure to SHS, environmental benefits (litter, fire risk, butt ingestion),¹ and the 'de-normalisation' of smoking.² The example of adults smoking has been shown to be an important factor in the initiation of smoking by young people.³⁻⁶ It is thought that de-normalising smoking will encourage and support people wanting to quit, as well as reducing smoking initiation.

Researchers and commentators recognise that knowledge about the harms of outdoor smoking is incomplete. There is, however, growing evidence that outdoor SHS can be inhaled in high enough concentrations to be harmful.⁷ Indeed, the World Health Organization (WHO) states that 'there is no safe level of exposure to secondhand tobacco smoke'.⁸ Other possible benefits remain uncertain, although the increasing prevalence of SFOA indicates that many policymakers consider that there is now sufficient evidence to act.

A review of the support for SFOA in Britain, New Zealand, and parts of Australia and the USA indicated that the support for smokefree outdoor areas related to children is high (72% to 91%).⁹

The extent of state and local authority smokefree outdoor areas

SFOA exist across some of the developed world, to varying degrees. Queensland (Australia), supported by \$150 fines, prohibits smoking in children's playgrounds, beaches, commercial outdoor dining areas, major sports stadiums, and within 4 metres of public building entrances.¹⁰ In New South Wales by May 2008, 46 of 152 councils (30%) had a SFOA policy, which usually covers all children's playgrounds and playing fields, and often also beaches, parks and alfresco dining.¹¹ Fines for smoking in these New South Wales areas occur,¹² although one council had only fined three persistent smokers in 4 years.¹³ In practice councils prefer education to fines.^{14,15}

SFOA policies are common in California and other US states, including some for beaches, parks, and restaurant patios.¹⁶ Hong Kong, Japan, Korea, Thailand, and Singapore also have some outdoor smoking restrictions.^{1,17-19}

Finland banned smoking in outdoor school grounds in 1995.²⁰ Since then, smokefree policies for outdoor school areas have increased internationally: in Canada, New Zealand,²¹ and the US states of Vermont and Nevada from 2005 and 2006,^{22,23} and the Flemish parliament (for part of Belgium) from 2008.²⁴ In Australia, most states use administrative policies to require smokefree school grounds.²⁵

WHO recommends that for protecting populations from secondhand smoke, 'legislation that mandates smoke-free environments—not voluntary policies—is necessary.'⁸ There appears to be no international guidelines on methods to reduce the example of smoking in public outside places, or of the type of policies on smoking needed for public outside places.

This article investigates the current situation of SFOA for areas controlled by local authorities in New Zealand, particularly the different approach to enforcement from much of the rest of the world. It examines incentives and motivations for, and barriers to creating these SFOA, and their effectiveness.

Methods

Literature and media searching was conducted using search engines (prominently Factiva, Medline, and Google Scholar) and by following up literature references and informant suggestions. The material was limited to the activities of New Zealand local authorities, and up to February 2009. The Factiva database was searched for the New Zealand region, since 2000, using the search words 'smoking' 'smokefree' 'parks' 'playgrounds' 'council' and 'local authority'.

To provide more in-depth material, nine semi-structured telephone interviews were conducted during October 2008, each between 10 and 20 minutes duration. Written notes only were taken. Possible interviewees were identified from literature searching and informant suggestions, as likely to be information-rich on the topic. Twelve were emailed, with follow-up phone calls, and three (two council staff members and one public health worker) could not be readily contacted.

Five of the interviewees were from local government (three councillors, one manager, and one mayor); all five were from councils with at least some SFOA policy. The four other interviewees were from the health or research sectors (two NGO staff, one public health worker, and one social wellbeing researcher).

Interview questions related to smokefree outdoor environments, as well as local government and public health. The types of questions asked varied depending on individuals' role and expertise. Ethics consent was granted by the University of Otago ethics process (19 August 2008).

Results

The extent and nature of smokefree outdoor areas controlled by local government

Except for one policy for a semi-enclosed street, SFOA for areas controlled by local government in New Zealand are 'educative'. This means that they promote non-smoking behaviour in particular areas, with the principal enforcement by public pressure. The process uses signs for the parks, playgrounds and other areas concerned, and media publicity to inform the public. The policies are not legally enforceable.

This approach was adopted in 2005 by the first local authority (South Taranaki District Council) to introduce a SFOA for parks and playgrounds,²⁶ and appears to have been copied by subsequent councils. By January 2009, 23 of the 73 district and city councils in New Zealand had an operating SFOA policy for at least one playground (29%) (see Table 1). This includes 5 of 16 city councils. Over 1 million people now live in these local authority areas.

There has been an increasing trend of adoption since 2005; two councils passed a SFOA policy in 2005, four in 2006, four in 2007, and eleven adopted a policy in 2008. The policies usually cover playgrounds and at least some parks, and often also swimming pools and reserves (e.g. forested areas). Opotiki District Council's policy is the broadest, including all council-owned parks, playgrounds, gardens, reserves, and beaches; it also applies to all council events.

The majority of councils have introduced SFOA following submissions from non-government community and health groups, and/or health organisations such as District Health Boards.

Some other councils have policies for some outdoor areas where people are seated closely together, such as stadia. There include Hamilton City Council (from 2002),³⁰ and the Auckland Regional Authority (from 2007).³¹

In November 2002, the Wellington City Council was the first council in New Zealand to create a SFOA. It established a bylaw prohibiting smoking in the area 'Cable Car Lane' (a semi-enclosed small street), with a \$500 fine for offenders.³²⁻³⁴ This remains the only council-enforced SFOA in New Zealand.

Incentives, motivations, and contributing factors for adopting SFOA

In the media coverage and in the interviews, New Zealand councillors and council staff have given a number of reasons for supporting and introducing SFOA policies in their territories.

Table 1. New Zealand local authorities with smokefree outdoor area policies*
(by order of policy adoption date)

Name	Population ²⁷	Extent of policy	Date implemented#
South Taranaki District Council	26,040	All Council owned swimming pools and outdoor surrounds, playgrounds and parks.	August 2005
Gisborne District Council	44,556	Council-run and sponsored events, patrolled beaches and council lands / reserves during children's sports and activities.	November 2005
Upper Hutt City Council	38,916	All parks, reserves, playgrounds and sports fields	May 2006
South Wairarapa District Council	9006	All playgrounds	April 2006
Queenstown Lakes District Council	32,592	All playgrounds and swimming pools.	Late 2007
Wanganui District Council	43,719	All playgrounds, sports fields and open reserves	May 2007
Wairoa District Council	8631	All council-owned sports fields, playgrounds and open-spaced reserves.	May 2008
Central Hawke's Bay District Council	12,948	All playgrounds and sports grounds	May 2008
Hastings District Council	72,693	All parks, playgrounds and sports grounds.	May 2008
New Plymouth District Council	69,729	All council-owned parks, playgrounds, sports grounds and walkways.	August 2007 (Signs as they are upgraded or replaced)
Carterton District Council	7191	All parks and playgrounds	September 2007
Ashburton District Council	27,693	All playgrounds	October 2008
Opotiki District Council	9021	All council-owned public places (beaches, parks, playgrounds, sports fields, reserves, etc.) and events.	March 2008
Rotorua District Council	70,737	All playgrounds and in Council-owned Tokorangi Triangle in the Whakarewarewa Forest.	December 2008
Invercargill City Council	51,021	All playgrounds	October 2008
Kaipara District Council	18,429	All playgrounds	November 2008
Napier City Council	57,210	All playgrounds and sports grounds	2009
Chatham Islands District Council	645	All playgrounds and sports grounds	October 2008
Kapiti Coast District Council	46,455	All playgrounds and sports grounds	December 2008
Tararua District Council	17,538	Swimming pools (inside and outside), council-owned public spaces (e.g. halls), parks, sports grounds and playgrounds smokefree.	October 2008
Waitakere City Council	186,318	Playgrounds, skate parks and half courts, sports fields and facilities (e.g. courts) and event areas.	April 2009
Manukau City Council	329,814	Playgrounds, skate parks, stadiums and courts, sports fields and public events.	March 2009
Grey District Council	14,052	Playground of Dixon Park	February 2009 ²⁸

* Unless otherwise referenced, the information is from the Smokefree Councils website.²⁹

The dates should be taken as approximate, as the implementation by many councils was gradual.

Health and children’s wellbeing—Councils have declared that SFOA are ‘all about the kids’.^{35,36} Other documented quotes from council officials include: ‘young children and unborn children should be able to breathe fresh air, and not smoke’³⁷; that SFOA are ‘where kids are’³⁸; and that they are about ‘looking after children’.³⁹ One council interviewee said: ‘If you want to smoke later [in life], fine, but don’t expose kids’.

Interviewees focused on health, the effects of SHS on children and babies, and on role-modelling towards children. Documents indicate that some council staff also supported SFOA as a way of addressing high rates of smoking or poor health in their communities.⁴⁰

Leadership—Another common motivation found was that SFOA gave councils an opportunity to provide leadership and set a positive example in their community. This theme of leadership was expressed in varying ways: ‘setting a positive example’ (council interviewee); ‘leading by example’⁴¹; ‘a way of showing community leadership’⁴²; ‘being a [community] role-model’ (interviewee).

Community focus—Two of the five council staff interviewed mentioned council’s stated ‘community outcomes’ [CO] as a motivation, but not a major one. Of the three non-council interviewees asked about local government motivation for SFOA, two specifically mentioned meeting CO – one saying CO are ‘a huge influencing factor for councils’, and that council staff become interested when they see that SFOA help them meet CO.

Environment and fire—A major motivation for Rotorua District Council introducing a SFOA policy was to address smoking in a popular forest area.⁴³ Fire risk was also a motivator in the Hawke’s Bay (along with reduced litter),⁴⁴ and ‘periods of extreme fire danger’ would reportedly cause Wellington City Council to consider introducing a widespread smoking ban.⁴⁵ Some of the initial motivation for SFOA in Ashburton appears to have been driven by litter concern.⁴²

External influences—Central government smokefree policy has had some influence. One council interviewee stated that the example of national policy (specifically banning smoking in bars and pubs) gave motivation to ‘follow on’ and introduce SFOA. Another councillor said their council ‘saw the benefits’ of national legislation, and that this gave support for introducing SFOA.

The precedent set by other New Zealand councils also provides support for councils introducing SFOA. One non-council interviewee thought a key reason for councils introducing SFOA was ‘copy-cattin’ and a ‘snowballing effect’. Sporting clubs have been influential in setting a precedent and supporting SFOA, especially in Upper Hutt, Gisborne, and Northland.

Political factors—The desire to provide positive leadership (mentioned above) may have political incentives, as may the desire to support and please community groups. When Christchurch introduced smokefree parks, a councillor remarked: ‘We are supporting and encouraging a group hoping to change behaviour’.³⁸ One interviewed councillor said that she thought other council members, who weren’t particularly interested in SFOA, supported the policy because they wanted to be ‘seen to be doing the right thing’.

The role of lobbying and support groups—Lobbying and community submissions/proposals clearly play a large part in the introduction of SFOA in New Zealand, although no interviewees mentioned it as a motivating factor. Petitions have been presented to councils.^{46,47}

Council interviewees often described support from other organisations as helpful in introducing smokefree areas. One said ‘good on the District Health Board and Cancer Society for their support...they helped to get this done’. Another described NGOs as ‘very helpful...they provided advice and direction’ and that they ‘increased the credibility’ of the SFOA initiative.

Barriers to SFOA

The barriers and arguments faced when introducing smokefree policy include:

Arguments about personal freedom—A Timaru District councillor described SFOA policy as ‘an infringement of smokers’ rights’.⁴⁸ Other New Zealand councillors have said: ‘People should have the freedom of choice to smoke outside’, and that SFOA are a sign of ‘a Big Brother mentality’.⁴⁹ The policy was also described as ‘draconian’, being ‘so absurd we’d be open to ridicule’.⁵⁰

A survey of councillors in the Wellington region reported the following as opposition: ‘smoking outdoors is a matter of choice for the individual’; and ‘limiting smoking marginalises smokers’ human rights’.⁵¹

One newspaper editor described SFOA as ‘an infringement of smokers’ rights’ and ‘a civil rights issue’.⁵² In an article title ‘Big Brother is watching’, a journalist wrote that SFOA involved ‘the persecution of smokers’ and that ‘it smacks of Big Brother and the ‘I know what’s good for you’ mentality...creeping into our society’.⁵³ Civil liberty and tobacco company spokespeople also supported these views in the media,⁵⁴ as have ‘letters to the editor.’

Over-regulation—A similar idea is that society is becoming over-regulated with too many rules and restrictions. One Timaru councillor said that there are ‘already too many rules and regulations, particularly in parks and reserves’.⁵⁵ In another area, the policy was described by a council official as ‘a step too far...It’s bad enough that the State wants to continually intervene in the private lives of New Zealanders’.⁵⁶ Another comment was: ‘Why should it be the council’s role to become Big Brother? Do we have to legislate for everything?’⁵⁷

Park attendance—A genuine concern of council staff has been that if smoking restrictions are introduced in parks and at sports fields, fewer parents will take their children to parks and attend sport matches. Six councils with SFOA policies have made only playgrounds smokefree, often because of concerns about sport attendance.

This concern was first seen in South Wairarapa: ‘I would rather have some kid out there playing sport and dad standing on the sideline with his cigarette rather than not taking his children down to support him’.⁵⁸ A Wanganui councillor was concerned that ‘young [smoking] parents would be deterred from taking their children to these playgrounds’.⁴⁰ while an Invercargill councillor was worried that ‘if parks were declared smokefree some parents would not to take their children’.⁵⁹

Enforcement problems—One councillor interviewed said that the reason their council had not made parks smokefree was because ‘parks are not enforceable and not monitorable’, whereas they considered that smokefree playgrounds were both. Documented comments against SFOA have included: ‘If it is not enforced, what’s the point?...we like our signs to mean something’³⁶; ‘an outdoor ban would be hard to enforce’⁶⁰; ‘totally unenforceable’⁵⁶; ‘it is just unpractical’³⁶; and ‘what [is] the sense of it if nothing [will] be done [to enforce it]’.⁴⁸

Cost and signs—No council interviewee mentioned cost as a barrier. The cost of signage for councils has often been offset by contributions from various organisations. In the documentary evidence, one councillor ‘expressed concern at the cost to the ratepayer’,⁴⁰ while another comment was that SFOA would be ‘another cost to council’.³⁶ There has also been concern about ‘the proliferation of signage in parks’⁶¹ and that erecting smokefree signs is ‘just changing one form of pollution for another’.⁴⁸

The effect of strong and vocal opposition—The strength and articulation of opposition may have acted as a barrier to smokefree policy. In conducting this research, some relationship between opposition media comment and SFOA not being introduced was seen. The media was perhaps influential in Timaru and Palmerston North, which had the strongest opposing media comments.^{52,53}

Priorities and lack of motivation—Some councillors have little motivation for health issues and SFOA, because they feel these issues aren’t an important part of a local council’s role. A councillor ‘did not think [creating SFOA] was the Council’s role’⁴⁰, while another council comment was: ‘If smoking is bad enough, the Government should ban it altogether. It starts at the top.’³⁶ As this last comment shows, some people think public health issues like SFOA should be addressed by central government.

The barriers identified in this report were mirrored by a New South Wales survey into SFOA. In this survey councils also identified barriers of: mixed reactions from sporting clubs; park ranger opposition; community business concern; geographical challenges (large urban and rural areas); and the issue falling between departments.¹¹

The effectiveness of and support for local authority SFOA

Two New Zealand studies have assessed compliance with outdoor smokefree policies. A study of the effectiveness of Upper Hutt City Council’s SFOA, at over a year after the policy introduction, showed that 23% of smokers said they still smoked in parks, (17% of smokers who knew about the policy and 32% of those who didn’t know). Sixty three percent of park users knew about the council policy, the majority first finding out about it from signage. Smoking behaviour was also observed and cigarette butts were collected. The authors concluded that although the policy was well supported, there was ‘an appreciable degree of non-compliance’, as well as inadequate signage and promotion.^{62,63}

A study aiming to assess the impact of SFOA on smoking in Opatiki found limited change.⁶⁴ Before the policy in January 2008, 1199 cigarette butts were collected in five smokefree parks/ areas. After the policy was introduced in May/ June 2008, the same collection pattern found 915 butts. Possible confounding factors include

seasonal difference and the increased use of some parks for winter sports. Awareness of the policy increased from 31% to 74% - most knew about the policy from the local newspaper.

This study asked also respondents if they had seen people smoking in the designated smokefree areas. 54% had seen smokers in playgrounds, and 77% had seen smokers on beaches. There appeared to be a general consensus (supported by interviewees) that SFOA have decreased smoking in designated areas, but considerable non-compliance remained.

Public support for council smokefree areas

One national survey has found majority public support for smokefree outdoor areas that children use (66%), and 70% agreed that local council events should be totally smokefree.⁶⁵ Another survey series found increased opinion that it was 'not at all acceptable' to smoke at sports fields or courts (35% in 2003, 51% in 2007) or at outdoor children's playgrounds (76% in 2007).⁶⁶ A national survey of smokers in 2007–2008 found that 66% disagreed with the statement 'smoking should be allowed at council-owned playgrounds.'⁶⁷

The Upper Hutt study found that 83% agreed with the policy, with 9% disagreeing (the remainder were unsure). Of the smokers interviewed, 73% (109/149) agreed with the policy.^{62,63}

In both the Opotiki before and after surveys, 69% of respondents thought the policy was a good idea. Perceptions about the acceptability of smoking in different areas changed between the surveys. The question 'do you think place people should be able to smoke in the following places?' was asked.

The percentage answering 'No' increased: for children's playgrounds 94% (from 79%); for sports fields or courts 77% (from 53%); parks or reserves 62% (from 41%); and beaches 43% (from 36%). Other local surveys include one in Rotorua that found 85% approved of the new SFOA policy there, with 7% disagreeing and 8% unsure (33% of the sample were smokers).⁶⁸

Discussion

These results raise some key points. One is the accelerating creation of SFOA in New Zealand, which is likely to continue. This appears to be partly due to the work of health lobbyists and organisations, as well as to a greater general understanding of the issues involved (health, role-modelling, environment) and changing societal perceptions. The high level of public support for SFOA is well substantiated. It is likely (and is already seen) that support will increase with time, as with indoor restrictions.⁶⁹

The contrast between voluntary and legal SFOA policies

A second point is that New Zealand appears to have differed from the policies used for smokefree outdoor areas in much of the rest of the world, in having educative rather than legally enforceable policies. There may be a variety of cultural and political causes particular to New Zealand for this difference, or it may be largely due to the example of the first council smokefree parks policy (South Taranaki in 2005).

However, underlying the emergence of voluntary SFOA policies is also the different motivations, compared to those for indoor smokefree policies. The immediate danger from secondhand smoke outside is usually seen as less of a danger than when inside. Also, the example of smoking as a danger to children tends to emerge more clearly as a prime factor for an outside smokefree policy. These different motivations may suggest different solutions.

The *consequences* of using voluntary policies rather than legal force are likely to include different implementation methods, possibly different effectiveness, and different responses from smokers. Wide and effective publicity, explaining the rationale behind the need for smokefree outdoor areas, is even more important in getting compliance with voluntary policies.

In situations where there are educative policies, the people who are most likely to be in contact with smokers, in seeking to stop smoking in New Zealand council SFOA, are not council or other mandated officials. They are parents, sports club officials and members, and the general public, who feel sufficiently strongly about smoking, and its risks and costs (example, fire, litter, etc), to say something to those who flout SFOA policies.

The monitoring of effectiveness is perhaps even more important for voluntary compared to legal policies, as enforcement officials are not available to supply information. Effective implementation may be slower, as public awareness of the policies, and the ability to confront smokers, may take longer to be effective compared to a punitive legal policy. On the other hand, smokers may react differently to a mother with small children who objects to smoking in a playground, compared to their reaction to a council official who is 'just doing their job'.

There will remain commonalities and convergence between voluntary and legal SFOA policies. They include the underlying driver of perceived or actual public pressure on smokers, and the unwillingness of local authorities in many jurisdictions to *use* legal means to stop smoking (when they have the power).

The present New Zealand council SFOA policies may lead to either council bylaws, or eventual legislative action by central government.⁷⁰ The New Zealand Government may also extend its smokefree health promotion from its focus on homes and cars,^{71,72} to encouraging smokefree outdoor public areas where there are children.

The libertarian resistance to public SFOA

The idea that SFOA represent a threat to personal freedom or autonomy is one that has widespread, and at times passionate, support. This theme of an over-regulated 'nanny state' is a common reaction to public health interventions to deal with tobacco, alcohol, obesity and other problems.^{73,74} Proponents of New Zealand council SFOA point out that the smokefree policies are educative only, not enforced by law.

SFOA are, therefore, not a complete restriction, but are an encouragement and reminder not to smoke in these places. This issue requires ethical consideration, and councils will reach varying outcomes. While excessive regulation is a genuine and reasonable concern of many people, it does not appear to be a major influencing concern for most council members regarding SFOA.

Other concerns

Concerns about park attendance and the inability to enforce SFOA have probably been more influential for councils than libertarian ideas. The feared decreased attendance does not seem to be occurring, although there is no objective evidence on this. Concerns about the inability to enforce policy are perhaps unabated, given the 'appreciable degree of non-compliance'.⁶² Questions must be asked about the effectiveness of an education-only approach, but further time and investigation is required to assess compliance. Equally, there are questions about the present sustainability of a legally enforced approach to SFOA in New Zealand, without significant promotion of the arguments for such an approach.

Although evidence on the effectiveness of SFOA is lacking, some believe that the biggest impact of SFOA will be long term, as part of an overall tobacco control strategy, rather than as a single measure. The impact of SFOA on societal perceptions and attitudes towards smoking may be greater than their direct effectiveness. In this case, the effectiveness of SFOA is extremely difficult to quantify.

Limitations for this research

The interviewees could all be described as supporters of SFOA, which could lead to a restricted view of the topic. Similarly, much of the literature reviewed was produced by tobacco control advocates. Media reports and some literature found, however, provided opposing views.

Conclusions

Overall, local councils are warranted in creating SFOA, and they have picked up a major health challenge in the absence of much central government activity on public outdoor smoking. There are high levels of public support, reasonable evidence for the harms of outdoor smoking, national and international precedents, and some evidence for the effectiveness of SFOA. No major problems with SFOA have been identified, and they have little apparent cost to councils. Further research is needed, however, particularly regarding the effectiveness of SFOA.

The final decision on creating New Zealand SFOA for council controlled areas currently remains that of individual councils, which at present may be appropriate. It is unclear if, or when, smokefree outdoor environments will become a central government issue, or when a legal basis for them will be considered. Except for the outdoor areas of hospitality venues and building entrances, there is currently little identifiable activity to put the SFOA issue on the New Zealand Government's agenda.

It is likely that, given the current situation and knowledge, SFOA will continue to increase in New Zealand. There is potential for the expansion of SFOA into new settings, including streets, beaches, cemeteries/wahi tapu, and events. It appears SFOA will significantly contribute to tobacco control in New Zealand and internationally.

Competing interests: One of the authors (GT) has undertaken work for health sector agencies working in tobacco control.

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References:

1. Wilson N, Thomson G, Edwards R. Lessons from Hong Kong and other countries for outdoor smokefree areas in New Zealand? *New Zealand Medical Journal*. 2007;120:U2624. <http://www.nzmj.com/journal/120-1257/2624>
2. Thomson G, Wilson N, Edwards R, Woodward A. Should smoking in outside public spaces be banned? Yes. *BMJ*. 2008;337:a2806: http://www.bmj.com/cgi/content/full/337/dec11_3/a
3. Kobus K. Peers and adolescent smoking. *Addiction*. 2003;98 Suppl 1:37–55.
4. Tyas SL, Pederson LL. Psychosocial factors related to adolescent smoking: a critical review of the literature. *Tobacco Control*. 1998;7:409–20.
5. Sargent JD. Smoking in film and impact on adolescent smoking: with special reference to European adolescents. *Minerva Pediatr*. 2006;58:27–45.
6. Wakefield M, Chaloupka F, Kaufman N, et al. Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study. *BMJ*. 2000;321:333–7.
7. Repace J. Benefits of smoke-free regulations in outdoor settings : beaches, golf courses, parks, patios, and in motor vehicles. *William Mitchell Law Review*. 2008;34:1621–38.
8. World Health Organization. Protection from exposure to second-hand tobacco smoke: Policy recommendations. Geneva: World Health Organization; 2007.
9. Thomson G, Wilson N, Edwards R. At the frontier of tobacco control: A brief review of public attitudes to smokefree outdoor places. *Nicotine Tob Res*. 2009;11:584–90, doi:10.1093/ntr/ntp046
10. Queensland Health. Outdoor public areas. Brisbane: Queensland Health; June 2006. Accessed 20 January , 2009: <http://www.health.qld.gov.au/atods/tobaccolaws/outdoor/default.asp>.
11. National Heart Foundation of Australia (NSW division). Smoke-free Outdoor Public Spaces - a 2008 survey of councils in NSW. NSW, Australia: National Heart Foundation of Australia; May.
12. Woolley R. No ifs or butts *Manly Daily* 25 May.
13. Mosman & Lower North Shore Daily. Three fines in four years. *Mosman & Lower North Shore Daily* 11 December 2008;Sect. 6.
14. Ryan S. Smokers escape penalty *The Newcastle Herald* 9 January 2009;Sect. 7.
15. Melouney C. Ban goes up in smoke. *Sunday Telegraph* 11 January 2009;Sect. p.25.
16. American Nonsmokers' Rights Foundation. Smokefree Lists, Maps, and Data: American Nonsmokers' Rights Foundation. Accessed January 20, 2009: <http://www.no-smoke.org/goingsmokefree.php?id=519#outdoor>
17. Chung Ah-young. Street Smoking Ban Gains Momentum. *Korea Times* 14 April 2006.
18. Kyodo News. No-smoking patrol begins in Osaka's Midosuji main street. *Kyodo News* July 13, 2007.
19. Smoke-free Councils. International experiences [see Locations]. Wellington: Cancer Society of New Zealand; 2008. Accessed October 2, 2008: <http://www.smokefreecouncils.org.nz/International-Ex.6.0.html>
20. Dolwick S. Appendix B: Legislation. In: Shafey O, Dolwick S, Guindon G, eds. *Tobacco control country profiles 2003*. Atlanta: American Cancer Society; 2003.
21. Smoke-free Environments Amendment Act. Wellington: New Zealand Government; 2003.

22. Vermont Department of Health. Vermont's Smoking Restriction Laws. Burlington: Vermont Department of Health; September 2005. Accessed June 11, 2008: http://healthvermont.gov/prevent/tobacco/restrictions_law.aspx.
23. Nevada Legislature. Nevada Clean Indoor Air Act. Carson City: Nevada Legislature; 2006. Accessed June 11, 2008: <http://www.leg.state.nv.us/NRS/NRS-202.html#NRS202Sec2483>
24. flandersnews.be. Smoking ban in Flemish schools Brussels: Expatica Communications B.V.; 29 May 2008. Accessed June 11, 2008: <http://www.expatica.com/be/articles/news/Smoking-ban-in-Flemish-schools.html>
25. ASH Australia. Smokefree schools and hospitals in Australia: law and policy. Sydney: ASH Australia; 4 February 2008. Accessed June 11, 2008: <http://www.ashaust.org.au/lv4/hospschools.htm>.
26. Smokefree Councils. South Taranaki. Wellington: Cancer Society of New Zealand; 2008. Accessed January 20, 2009: <http://www.smokefreecouncils.org.nz/South-Taranaki.17.0.html>.
27. Statistics New Zealand. 2006 Census of Population and Dwellings: Changes in Census Night Population Count for Territorial Authorities. Wellington: Statistics New Zealand. Accessed June 22, 2009: <http://www.stats.govt.nz/NR/rdonlyres/C2D66480-191C-4E9A-99A0-D64813DF2797/0/FinalCountTablesRCandTA1.xls>
28. Mills L. Grey playground declared smokefree Greymouth Star 10 February 2009.
29. Smoke-free Councils. NZ experiences. Wellington: Cancer Society of New Zealand. Accessed June 22, 2009: <http://www.smokefreecouncils.org.nz/NZ-Experiences.7.0.htm>
30. Hamilton City Council. Waikato Stadium Smokefree Policy - Council Policy. Hamilton: Hamilton City Council; 10 April 2002. Accessed June 22, 2009: <http://hamilton.co.nz/index.aspx?PageID=2145827788>
31. Auckland Regional Council. Conditions of entry [Mount Smart Stadium]. Auckland: Auckland Regional Council; 2007. Accessed June 22, 2009: <http://www.mtsmartstadium.co.nz/getting-to-the-venue/conditions-of-entry.cfm>.
32. Wellington City Council. Bylaws - Part 5: Public Places; 24: Smoking. Wellington City Council. 2008. (Accessed 16 October 2008, at <http://www.wellington.govt.nz/plans/bylaws/public-places.html>)
33. Cancer Society of New Zealand. Smokefree for a cleaner and healthier community... Wellington. 2008. http://www.cancernz.org.nz/assets/files/smokefree-resources/Leaflet_Smokefree_for_a_Cleaner_and_Healthier_Community.pdf
34. Wellington City Council Regulatory Committee. Bylaw to ban smoking in Cable Car Lane: Wellington City Council 13 September 2002.
35. Manukau City Council. Manukau encourages smoke-free public places. Press Release - Manukau City Council 25 September 2008.
36. McKay C. City issues smoke-free challenge. Manawatu Standard 31 May 2006.
37. Rowan J. Town to ban smoking outside New Zealand Herald 28 March 2008.
38. Gates C. Playground anti-smoking trial. The Press (Christchurch) 15 February 2008.
39. Tapaleao V. Smokefree push in kids' zones. New Zealand Herald. 2 October 2008.
40. Wanganui District Council. November 2006 Minutes. Wanganui; 27 November 2006.
41. Hulbert J. South Taranaki leads way by banning smoking in parks. Taranaki Daily News. 29 May 2006.
42. Ashburton Guardian staff. No smoking in the playground. Ashburton Guardian 19 November 2007.
43. Makiha K, Taylor C. Smokers barred from playgrounds and forest smoking ban to be extended. The Daily Post. Rotorua. 6 March 2008.
44. Newton K. Lighting up? Not in our back yard! Parks and sportsgrounds banned to smokers. Hawke's Bay Today. 24 May 2008.
45. Saunders A. Don't smoke in our parks, says council. Dominion Post. 18 August 2005.
46. Pokoney C. Stub out smoking in parks: Group. The Southland Times. 1 June 2007.

47. Hulbert J. Many back petition for smokefree outdoors. Taranaki Daily News. 1 June 2007.
48. Timaru Herald staff. Smokefree parks move thrown out. Timaru Herald. 6 December 2006.
49. West R. Park puffers under gun. Taranaki Daily News. 29 August 2007.
50. Deuchrass A. Queenstown soon partly smokefree. The Southland Times. 2 November 2006.
51. Tay S, Thomson G. What Wellington region city councillors think of outdoor smokefree places. NZMJ. 2008;121:15–28.
52. Editor. News in brief - Editor's view. Timaru Herald. 5 December 2006.
53. Goodwin E. Big Brother is watching. Manawatu Standard 21 May.
54. Chalmers A. Councils try to make their parks smokefree. Dominion Post. 31 May 2006.
55. Timaru Herald. Signs in parks ruled out Timaru Herald. 6 December 2006;Sect. p.2.
56. Wanganui District Council. Mayor to oppose anti-smoking ban. Media Release – Wanganui District Council. 24 November 2006.
57. West R. Smoking ban urged for city's open areas. Taranaki Daily News. 8 August 2007.
58. Katterns T. Sports fields escape council ban on smoking in parks. Dominion Post 28 July.
59. Harding E. ICC to put out smoking in playgrounds. The Southland Times. 18 June 2008.
60. Burgess D. Calls for outdoor smoke ban. Dominion Post. 11 June 2008.
61. Marett B. Bid to make SC playgrounds, parks smokefree. Timaru Herald. 2 December 2006.
62. Stevenson A, Bradshaw R, Cook J, et al. Majority of smokers and non-smokers in favour of smokefree parks in New Zealand. NZ Med J. 2008;121:108–10.
63. Arcus J, Boey S, Bradshaw R, et al. Smokes 2007 – A Pilot Study: Evaluating the Upper Hutt City Council Smokefree Parks Policy. Wellington, New Zealand: Wellington School of Medicine.
64. Toi Te Ora. Opotiki smokefree outdoor places survey. Toi Te Ora – Public Health; Bay of Plenty District Health Board. Tauranga. 2008.
65. Cancer Society of New Zealand. Phone survey of 1001 people on attitudes towards smokefree outdoor areas and events. In. Wellington, NZ: Cancer Society of New Zealand; 2005.
66. Health Sponsorship Council. Acceptability of smoking in outdoor public places (a survey 2003-07). Wellington; March 2008. <http://www.hsc.org.nz/publications/Settings-080326.pdf>
67. Thomson G, Wilson N, Weerasekera D, Edwards R. Most smokers support smokefree council-owned playgrounds: national survey data. NZ Med J. 2009;122:122–3.
68. Brown A. Smoking ban in public reserves draws in approval from locals. The Daily Post 7 January 2009;Sect. A3.
69. Health Sponsorship Council. Smoking bans and policies in outdoor settings: Review of rationale, implementation, and impact. Wellington, New Zealand: Health Sponsorship Council; December 2007.
70. Health Sponsorship Councils. Smoking bans and policies in outdoor settings: Review of rationale, implementation and impact. Wellington: Health Sponsorship Council; December 2007.
71. Health Sponsorship Council. 'Take the smoke outside' – second-hand smoke in homes media campaign. Wellington: Health Sponsorship Council; 2005. Accessed October 8, 2008: <http://www.secondhandsmoke.co.nz/media/homes.shtml>
72. Health Sponsorship Council. Make your car smokefree/Kia auahi kore o tatou waka [media campaign]. Wellington: Health Sponsorship Council; 2008. Accessed June 24, 2008: <http://secondhandsmoke.co.nz/media/cars.shtml>.
73. Thomson G, Fudakowski Z, Edwards R. Framing public health: The rise of negative terms. Dunedin: New Zealand Public Health Association conference; September 2009.
74. Daube M, Stafford J, Bond L. No need for nanny. Tobacco Control. 2008;17:426–7.

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