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A case study of smokefree outdoor policy options for a city

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Effective smokefree outdoor policies (SFOP) can reduce the normalisation of smoking and aid quitting.¹⁻³ In New Zealand (NZ), more than 90% of local government authorities have some 'educational' outdoor smokefree policies, but these are not enforceable by law.⁴ We used a case study of NZ's capital city (Wellington) to explore the issues and options for progressing SFOP in pedestrian-dense urban outdoor public spaces. Since 2012, the Wellington City Council (WCC) has promoted education-based smokefree policies for playgrounds, sportsgrounds and other outdoor spaces.^{5,6}

Methods

Data were obtained from official documents and 12 in-depth interviews with people from business, iwi (tribal groups of the indigenous population: Māori), unions, local authorities, District Health Boards (DHBs), NGOs and the wider health sector. Interviewees were purposively recruited to obtain a diverse range of experiences and views. Three small workshops in November 2015 and a day symposium in February 2016 were used to develop options. Ethics permission was obtained from the Department of Public Health, University of Otago, Wellington (D15/112).

Results

The options for progressing SFOP in pedestrian-dense urban outdoor public spaces appeared to be constrained by a range of issues. These included political and official prioritisation, concerns by some businesses, fears for vulnerable populations, costs, policy communication, compliance and enforcement. There was considerable survey and participant support found for further smokefree areas, except from some businesses.

Criteria developed by workshops for deciding on the type and size of areas to make smokefree included: public support, places where people are involuntarily present or in concentrations, increasing the extent of areas that are 'family friendly', and providing a 'level playing field' for businesses. The resulting priorities for new SFOP included: settings where there were children, building entrances, transport waiting areas, public seating and at events. In the workshops, arguments were also put forward for the simplicity and impact of having large downtown smokefree areas.

There was a strong theme from a number of participants for the need of provision, alongside new smokefree policies, of sufficient support to the marginalised to help them quit. Potential problems that were suggested in interviews and in workshops included: forms of social isolation for smokers, the difficulty of prioritising such policies among other health initiatives and messages, legal challenges by commercial or other interests, and enforcement problems.

The competing priorities for local government emerged whenever planning for the future was mentioned. With constrained staffing, even apparently simple parts of the SFOP process, such as signage, created tensions around priorities. The complexity of getting political decisions through to effective implementation was emphasised by the local government officials at the symposium.

The topic of smokefree hospitality areas provided the most polarised comments in interviews and was seen in workshops as 'difficult'. Our research found large differences in attitudes within the hospitality industry, both in interviews and in reported statements. Many issues were raised, including the risks of lost profits, existing investments in 'outdoor areas' for smoking, enforcement, compliance and political practicalities.

There was tension between the desire of some stakeholders for gradual change and those who sought major changes to enable NZ Government's Smokefree 2025 goal to be achieved. There was particular support for major changes by a number of Māori participants.

There was wide agreement that more-effective and better-resourced smokefree policy communication was needed,

particularly after workshop participants were shown information on the low public awareness of WCC smokefree policies. Two other major themes about communication were the need to be positive and to focus on children or families.

Discussion

There appeared to be substantial scope for progressing SFOP. Potential new policies included a smokefree downtown area, which could send a powerful message about the city's values and image. The use of smokefree bylaws appears legally and practically feasible. Nevertheless, having national smokefree outdoors legislation may be preferable to bylaws for many types of areas.

The political practicalities

Much of the NZ and international opposition continues to be framed with rhetoric about choice and rights.^{7,8} To effect NZ changes, local government, DHBs and central government may need to work closely with a wide range of hospitality industry stakeholders to ensure new policies are understood and supported. Based on the NZ and international experience for *indoor* smokefree bars, support by smokers would be likely to sharply increase once they experienced the outdoor policy.^{9,10}

Potential social isolation or stigma from SFOP

The potential social isolation or stigmatisation of smokers was a concern for participants, a finding previously reported in a study of online comments on NZ news websites.⁷ Nevertheless, the possible social and physical isolation imposed on smokers by SFOP is likely to be relatively temporary for smokers and may help stimulate some of them to quit.

Possible policy implications

Some of the difficulties in progressing SFOP may be avoided if central government is willing to take a leadership role. Virtually all general types of SFOP could be provided for by national level legislation – in terms of types of places, buffer zones, or most events. It would probably be more efficient to develop national legislation (within an overall tobacco control plan), rather than have 67 territorial local authorities working separately on

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SFOP. National law would give certainty and clarity to all stakeholders and could be more effectively and efficiently communicated by mass media, compared to each local authority trying to communicate its particular policies. National law would also be far less vulnerable to legal challenges.

Policy implementation

In the absence of central government action, local authorities may need to continue with their own SFOP development, including bylaws. Local authority bylaws are different from 'educational' policies in several ways, including: they indicate in a clearer way to smokers and the public that community norms have changed or are changing; as with indoor policies, they can put the onus on venue management to ensure smokefree settings.

A major factor continues to be the difficulty of making the *implementation* of smokefree policies a priority.¹¹ Low public awareness of existing smokefree policies, such as for sports fields, reflect the effort required to get sufficient local authority budgets for effective policy communication.

Further details

Details of the context, methods, results and implications can be found in two reports.^{12,13}

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References

1. Klein EG, Bernat DH, Forster JL. Young adult perceptions of smoking in outdoor park areas. *Health Place*. 2012;18:1042-5.
2. Zablocki RW, Edland SD, Myers MG, Strong DR, Hofstetter CR, Al-Delaimy WK. Smoking ban policies and their influence on smoking behaviors among current California smokers: A population-based study. *Prev Med*. 2014;59:73-8.
3. Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, et al. Exposure to smoking on patios and quitting: A population representative longitudinal cohort study. *Tob Control*. 2016;25:83-8.
4. Marsh L, Robertson LA, Kimber H, Witt M. Smokefree outdoor areas in New Zealand: How far have we come? *NZ Med J*. 2014;127:51-66.
5. Wellington City Council. *Council Housing Takes Next Smokefree Step* [Internet]. Wellington (NZ): Wellington City Council; 2015 [cited 2015 Jun 16]. Available from: <http://wellington.govt.nz/your-council/news/2015/05/council-housing-takes-next-smokefree-step>
6. Wellington City Council. *Capital Endorses Smokefree Midland Park* [Internet]. Wellington (NZ): Wellington City Council; 2014 [cited 2015 Jun 16]. Available from: <http://wellington.govt.nz/your-council/news/2015/05/council-housing-takes-next-smokefree-step>
7. Oliver J, Thomson G, Wilson N. Public attitudes to new smokefree outdoor places policies in New Zealand: An analysis of 217 online comments. *N Z Med J*. 2014;127:109-11.
8. Berg CJ, Thrasher JF, O'Connor J, Haardorfer R, Kegler MC. Reactions to smoke-free policies and messaging strategies in support and opposition: A comparison of Southerners and Non-Southerners in the US. *Health Behav Policy Rev*. 2015;2:408-420.
9. Borland R, Yong HH, Siahpush M, Hyland A, Campbell S, Hastings G, et al. Support for and reported compliance with smoke-free restaurants and bars by smokers in four countries: Findings from the International Tobacco Control (ITC) Four Country Survey. *Tob Control*. 2006;15 Suppl 3:34-41.
10. Edwards R, Thomson G, Wilson N, Waa A, Bullen C, O'Dea D, et al. After the smoke has cleared: Evaluation of the impact of a new national smoke-free law in New Zealand. *Tob Control*. 2008;17:e2.
11. Wilson H, Thomson G. 'Balancing acts': The politics and processes of smokefree area policymaking in a small state. *Health Policy*. 2010;101:79-86.
12. Thomson G, Martin J, Gifford H, Parata K. *Expanding Smokefree Outdoor Areas in Wellington City: Rationale and Options* [Internet]. Wellington (NZ): University of Otago; 2016 [cited 2017 Mar 1]. Available from: <http://www.otago.ac.nz/wellington/otago603825.pdf>
13. Thomson G, Martin J, Gifford H, Parata K. *Issues and Options for Progress Towards a Smokefree City: A Case Study for Smokefree Outdoor Policies* [Internet]. Wellington (NZ): University of Otago; 2016 [cited 2017 Mar 1]. Available from: <http://www.otago.ac.nz/wellington/otago621647.pdf>

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