

Acceptability of extended smokefree areas and smokefree cars

Background

The Smoke-free Environments Amendment Act 2003 prohibited smoking in the following places: indoor areas of workplaces, indoor areas of licensed premises, and buildings and grounds of school and early childhood centres.¹ There are at least two reasons to extend the range of smokefree settings, especially where children are likely to be at. First, there is strong research evidence showing that second-hand smoke exposure causes serious health damage in non-smokers including children.² Second, exposure to smoking may send a wrong signal to children that smoking is normal and an acceptable behaviour.³⁻⁵

Methodology

The 2012 Health and Lifestyles Survey (HLS) included four questions that assessed people's acceptability of extending smokefree areas to other public places and private vehicles where children are in them. Responses to these questions were compared by smoking status (current smokers: those who smoked at least monthly, ex-smokers, and never smokers), ethnicity, neighbourhood deprivation status, age, gender, and educational background. Statistically significant differences between groups ($p < .05$) are reported.

Smoking in public outdoor dining areas

All respondents were asked 'In your opinion, do you think people should be able to smoke in public outdoor dining areas?' Response options were 'anywhere', 'in set areas', and 'not at all'.

Just over half (54%, 51-57%) of respondents answered 'not at all' that smoking should not be allowed anywhere in public outdoor dining areas. A further 38% (35-41%) believed that smoking should only be allowed 'in set areas'. Eight percent (7-10%) of respondents thought smoking should be allowed 'anywhere'.

Respondents who were more likely to believe that smoking should not be allowed anywhere in public outdoor dining areas were ('not at all'):

- Never smokers (61%), compared with current smokers (34%)

- Asians (71%), compared with European/Other (54%)
- Those aged 15-24 years (52%), compared with those aged 55+ years (39%)
- Females (58%), compared with males (49%)
- Those with secondary school qualifications (53%), trade certificates/diplomas (58%), or university qualifications (63%), compared with those with no formal qualification (42%).

Smoking at outside sport fields or courts

All respondents were asked 'In your opinion, do you think people should be able to smoke at outside sport fields or courts?', with a yes or no response option. Respondents were split in their views.

About six in 10 (59%, 55-62%) respondents thought smoking should not be allowed, while the remaining (41%, 38-78%) believed that smoking should be allowed.

Respondents who were more likely to believe that smoking should not be allowed at outside sport fields or courts are:

- Never smokers (62%), compared with current smokers (50%)
- Asians (70%), compared with European/other (57%).

Smoking in outdoor public places where children are likely to go

All respondents were asked about their level of agreement or disagreement with the statement that 'Smoking should be banned in all outdoor public places where children are likely to go.' Responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

Seven in 10 respondents either 'agreed' (33%, 31-36%) or 'strongly agreed' (40%, 37-43%) with the statement, while two in 10 'disagreed' (19%, 16-21%) or 'strongly disagreed' (1%, 0.7-2%). A small proportion of respondents (7%, 5-8%) were ambivalent, saying that they 'neither agreed nor disagreed' with the statement.

Respondents who were more likely to 'agree' or 'strongly agree' with this statement were:

- Never smokers (82%), compared with current smokers (60%) and ex-smokers (71%)
- Pacific peoples (84%) and Asians (92%), compared with European/Other (72%)
- Females (77%), compared with males (69%)
- Those with trade certificates/diplomas (78%), compared with those with no formal qualification (70%).

Smoking in cars where children are in them

All respondents were asked about their level of agreement or disagreement with the statement that 'Smoking in cars should be banned where children are in them'. Once again responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

There was a high agreement with this statement, where over nine in 10 either 'agreed' (29%, 26-32%) or 'strongly agreed' (64%, 60-67%) with the statement of banning smoking in cars where children are in them. The proportion of respondents who 'disagreed' (4%, 3-5%), 'strongly disagreed' (0.6%, 0.2-1%), or 'neither agreed nor disagreed' (3%, 2-4%) with this statement was small.

The proportions of respondents who showed agreement with this statement did not differ by any of socio-demographic variables.

Key points

- There was a high agreement (93%) with banning smoking in cars where children are in them, and this finding was consistent across different population groups.
- Over one-half of respondents agreed that smoking should not be allowed in public outdoor dining areas (54%), outside sport fields or courts (59%), or outdoor public places where children are likely to go (73%). Different response patterns were found by smoking status and ethnicity (see Figures 1 and 2).

Figure 1: The proportion of respondents who agreed with extending smokefree areas into three different settings, by smoking status.

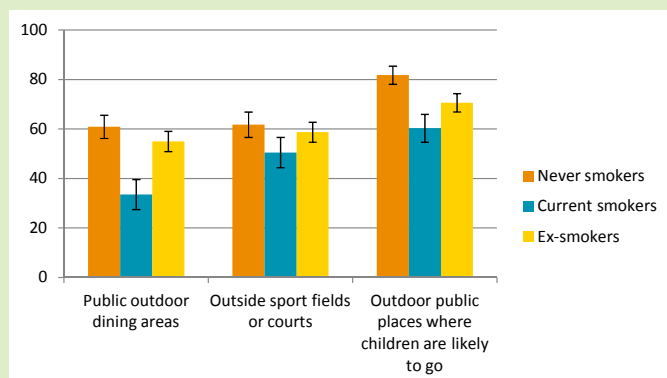
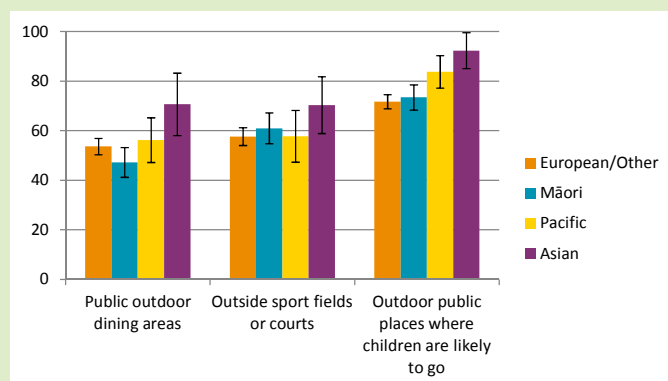


Figure 2: The proportion of respondents who agreed with extending smokefree areas into three different settings, by ethnicity.



About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were as follows:
 - Smoking status (current smokers and ex-smokers, compared with never smokers).
 - Ethnicity (Māori, Pacific and Asian compared with European/Other ethnicity).
 - Neighbourhood deprivation status (NZDep 8-10 and NZDep 4-7, compared with NZDep 1-3).
 - Age (25-34 years, 35-54 years, and 55+ years, compared with 15-24 years).
 - Gender.
 - Educational background (no formal qualifications, secondary school qualifications and trade certificates or diplomas, compared with university qualifications).

About the HPA

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury, enable environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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