Brief Report Attitudes of Business People to Proposed Smokefree Shopping Streets

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Abstract

Objective: To investigate the attitudes of business people toward a possible smokefree policy along a route of major shopping streets, the "Golden Mile" (GM) in central Wellington, New Zealand.

Methods: Businesses on the GM (n = 303) were visited in June–July 2011. Either the owner or manager from each business was surveyed.

Results: A response rate of 65.6% (n = 198) was achieved, with 13.3% declining to participate, and further contact not being productive for 21.2%. Support for making the GM smokefree was 43.4% (95% CI = 36.7%–50.4%), with the remainder opposed. There was significantly higher support among business people who were nonsmokers versus smokers (relative risk = 2.95; 95% CI = 1.48–5.89). Overall, 83.3% (95% CI = 77.0%–88.0%) of respondents stated that a smokefree GM would have either a positive or negligible impact on their business (nonconcern), compared with a negative impact (at 16.7%). Nonconcern about the business impact of a smokefree GM was significantly greater for nonfood businesses (89.9%) versus food businesses (64.0%; p < .001), after adjusting for respondent age, smoking status, and gender in logistic regression models.

Conclusions: The modest support for introducing a smokefree streets policy by GM business people may reflect the negligible promotion of the idea in this setting. Nevertheless, the likely business impact of a smokefree streets policy was not a concern for the large majority of these business people, so this may not be a significant barrier to policy development. This type of study can contribute to the process for developing smokefree streets and other outdoor areas, by gauging sector support.

Introduction

Smokefree outdoor area policies are likely to contribute to reducing the example of smoking to children and help smokers who have recently quit or are trying to quit (Thomson, Wilson, Edwards, & Woodward, 2008). They may also reduce nuisance impacts on nonsmokers exposed to plumes of secondhand smoke, littering, and fire risk. As indoor smokefree policies for workplaces increase internationally, streets in downtown retail and business areas are becoming residual areas for smoking. The number of smokefree shopping street policies appears to have increased in the past decade in quite different jurisdictions. At least 100 Japanese municipalities have some type of smokefree street ordinance (Ueda, Armada, Kashiwabara, & Yoshimi, 2011) and California has at least eight cities with some street smoking bans (Broder, 2006; Meagher, 2011; San Diego Union-Tribune, 2007; The Tribune, 2010; Wang, 2008). In Australia, in the Tasmanian cities of Launceston and Hobart smoking has been banned on central business district streets (Ogilvie, 2010) and similarly in a part of central Brisbane.

Business people may be able to influence the attitudes of policymakers to smokefree policies, particularly by arguing that such policies will result in financial losses (Evans, 2005; Magzamen & Glantz, 2001). Thus it may be necessary when proposing such policies to not only find levels of business support but also the perceptions of financial impact from the policies. Despite the significant international progress in smokefree outdoor areas, we found only one study of the views of business people on any type of smokefree outdoor area policy. That is, Howard et al found Californian business leaders in 1996–1997 were the least likely of opinion leaders to support outdoor smoking restrictions (46% compared with 62% for all surveyed opinion leaders; Howard et al., 2000).

Since 2004 in New Zealand, all indoor public and workplaces are legally required to be smokefree (Smoke-free Environments Amendment Act, 2003) and smokefree parks are common (Cancer Society of New Zealand, 2011; Hyslop & Thomson, 2009). However, there are no smokefree street bylaws or ordinances, or regulations for smokefree alfresco dining or restricting smoking near street doorways. National legislation only requires that the grounds of school and early childhood centers be smokefree. Generally, New Zealand has fewer and less restrictive smokefree outdoor policies compared with most Australian states and parts of the United States (e.g., American Nonsmokers' Rights Foundation, 2011; Queensland Government, 2010; Tasmanian Parliament, 2011).

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To help establish sector support or opposition on smokefree streets, we surveyed business people on the "Golden Mile" (GM), a series of major central city streets in Wellington City, the capital of New Zealand. This follows a 2010 survey of the public along the GM, where 56% supported it being smokefree (Parry et al., 2011), and a citizen-initiated online petition in 2009 for a smokefree GM policy that received 672 signatures over four months (Dickson, 2010).

The GM is a series of major shopping streets in central Wellington City. Together, the streets are 2.3 km long and comprise: Courtenay Place, Manners Street, Willis Street, and Lambton Quay. The former two are more "entertainment" areas, with more theaters, restaurants, pubs, bars, and cafés, while the latter two contain a greater proportion of shops and are largely surrounded by high-rise office blocks.

Methods

A preliminary survey was developed and was trialled on 10 businesses on a street near to the GM (Cuba Street Mall) in June 2011. The final (refined) survey included the questions: (a) "Do you think people should be able to smoke outdoors along the Golden Mile?" (yes or no); (b) "What impact would making the Golden Mile smokefree have on your business? (positive, negligible or negative)." We also recorded: (c) demographic variables (including age group; smoking status) and whether each business: (d) sold food; (e) included an outdoor eating area; (f) provided entertainment (e.g., theaters, restaurants, pubs, bars and cafés); (g) had a nearby smoking spot (determined by either: (i) survey respondents indicating that nearby smoking was common; or (ii) groups of two or more smokers were observed within two retail units of the respondent's business).

All 303 businesses on the GM that fitted the sampling frame were visited by a single researcher (Vimal Patel) on weekdays between June 29, 2011 and July 27, 2011. The sampling frame excluded businesses that: (a) were primarily located above street level (e.g., with only stairs or lifts at the street level); (b) were closed to the public (e.g., out of business or under reconstruction). Only one person from each business was surveyed. If the owner or manager was not available, we asked the person present at the business for the most suitable way to contact the owner/manager (e.g., a repeat visit, telephone call, or email). If the questionnaire was not completed upon the first visit, at least one repeat visit, phone call, or email was made/sent.

All data were entered into a Microsoft Excel database and analyzed using OpenEpi (Emory University) and Stata (Stata-Corp., College Station, TX). Ethics approval was granted via the University of Otago ethics approval process.

Results

Response Rate

Of 302 business people sampled (two businesses were run by one manager), 198 (65.6%) completed the survey, either in person (n = 187) or via email/telephone (n = 11). Forty (13.3%) declined to participate and further contact was not productive for another 64 (21.2%). Response rates were significantly greater for: (a) nonfood businesses (73.6%) versus food businesses (49.5%; relative risk [RR] = 1.49, 95% CI = 1.20-1.84); (b) "other" businesses (72.8%) versus entertainment businesses (44.9%; RR = 1.62; 95% CI = 1.25-2.10).

Main Results

There appeared to be minority support by these business people for having a smokefree GM (43.4%, 95% CI = 36.7%-50.4%), with the remainder being opposed. Support for a smokefree GM was significantly different for: (a) nonsmokers (50.3%) versus smokers (17.1%), (RR = 2.95, 95% CI = 1.48-5.89); (b) those aged under 30 years (33.8%) versus older (49.6%; RR = 0.68, 95% CI = 0.48-0.98). However, logistic regression models that adjusted for respondent age, smoking status, and gender indicated no significant variation in support for a smokefree GM by type of business.

Overall, 83.3% (95% CI = 77.0%-88.0%) of respondents were not concerned about the business impact of a smokefree GM (with 19.7% anticipating a positive impact and 63.6% anticipating a negligible impact-see Table 1). Only 16.7% anticipated a negative impact. Logistic regression models that adjusted for respondent age, smoking status, and gender indicated significantly greater proportions of respondents reporting nonconcern about the business impact of a smokefree GM between: (a) nonfood businesses (89.9%) versus food businesses (64.0%; *p* < .001); (b) "other businesses" (87.7%) versus entertainment businesses (62.9%; p = .001). Nonsmoking business people were also more likely to report nonconcern about the business impact of a smokefree GM (86.6%) than smokers (70.7%) but this was of borderline statistical significance (RR = 1.22, 95% CI = 1.00-1.51). The proportion of business people reporting nonconcern was significantly greater among businesses that did not have a nearby smoking spot (92.2%) than businesses that did (75.9%; RR = 1.21, 95% CI = 1.08 - 1.37).

Discussion

This appears to be the first survey in the journal literature that reports on the anticipated financial impact of a smokefree shopping streets policy. "Before policy" surveys of business people for smokefree indoor policies have generally predicted financial losses, particularly for bars (Colgan et al., 2008; Hilton et al., 2007; Lund & Lund, 2011; Reeder & Blair, 2000). In contrast, our study found over 80% of those surveyed predicted either negligible or positive financial impacts. While respondents in food businesses, particularly those businesses with outdoor eating areas, were more likely to predict a negative business impact, 60% or more of even these respondents indicated little financial concern. As with other studies that surveyed businesses about predicted impacts of smokefree indoor policies (Hilton et al., 2007; Linnan, Weiner, Bowling, & Bunger, 2010) we found that smokers were more likely to predict negative impacts.

Why would the respondents in our sample be less concerned than those in previous surveys about smokefree policy impacts? Except for Colgan et al. (2008) the surveys predicting impacts of indoor policies tended to focus on bars and restaurants, rather than on the more general business community that we sampled. Our survey also differed from most of the literature in having a

Table 1. Anticipated Business Impact Among Business People Toward a Possible Smokefree Policy Along a Route of Major Shopping Streets, the "Golden Mile" (GM) in Central Wellington, New Zealand, During June/July 2011

	Positive (%)	Negligible (%)	Negative (%)	Proportion of respondents not concerned ^a about the business impact of a smokefree GM, % (95% <i>CI</i>)	Relative risk (95% <i>CI</i>)
All respondents $(n = 198)$	19.7	63.6	16.7	83.3 (77.7-88.0)	_
Type of business					
Nonfood business ($n = 148$)	19.6	70.3	10.1	89.9 (84.2-94.0)	1.40 ^b (1.13–1.74)
Food business ($n = 50$)	20	44	36	64 (50.1-76.4)	1.00 (Reference)
With outdoor eating area $(n = 20)$	20.0	40.0	40.0	60.0 (37.9-79.4)	0.90 (0.58-1.40)
No outdoor eating area $(n = 30)$	20.0	46.7	33.3	66.7 (48.6-81.7)	1.00 (Reference)
Other business $(n = 163)$	17.8	69.9	12.3	87.7 (82.0-92.1)	$1.40^{b}(1.08-1.81)$
Entertainment business $(n = 35)$	28.6	34.3	37.1	62.9 (46.1-77.6)	1.00 (Reference)
By location					
Mostly high-end retail ($n = 128$)	22.7	66.4	10.9	89.1 (82.7-93.6)	1.22 ^b (1.05–1.43)
Lambton Quay ($n = 86$)	20.9	67.4	11.6	88.4 (80.3-93.9)	-
Willis Street $(n = 42)$	26.2	64.3	9.5	90.5 (80.3-93.9)	-
Mostly entertainment ($n = 70$)	14.3	58.6	27.1	72.9 (61.6-82.3)	1.00 (Reference)
Manners Street ($n = 38$)	15.8	65.8	18.4	81.6 (66.9–91.6]	-
Courtenay Place $(n = 32)$	12.5	50.0	37.5	62.5 (45.0-77.9)	-
Nearby smoking spot ^c					
No $(n = 90)$	18.9	73.3	7.8	92.2 (85.2–96.5)	1.21 ^b (1.08–1.37)
Yes $(n = 108)$	20.4	55.6	24.1	75.9 (67.2-83.3)	1.00 (Reference)
Respondent (business person) demographics					
Nonsmoker ($n = 157$)	22.9	63.7	13.4	86.6 (80.6-91.3)	1.22 (1.00-1.51)
Current smoker $(n = 41)$	7.3	63.4	29.3	70.7 (55.6-83.1)	1.00 (Reference)
Aged <30 years ($n = 77$)	19.5	62.3	18.2	81.8 (72.0-89.3)	0.97 (0.85-1.11)
Aged \geq 30 years ($n = 121$)	19.8	64.6	15.7	84.3 (77.0-90.0)	1.00 (Reference)
Male $(n = 71)$	19.7	62.0	18.3	81.7 (71.4-89.4)	0.97 (0.85-1.11)
Female (<i>n</i> = 127)	19.7	64.6	15.7	84.3 (77.1–89.8)	1.00 (Reference)

Note. ^aProportion of respondents anticipating that a smokefree GM would have a positive or negligible impact on their business. ^bIndicates that the 95% *CI* for relative risk does not include 1.

^cDetermined by either: (a) comments from survey respondents or (b) observing groups of two or more smokers within two retail units of the respondent's business.

local geographic area sample. However, businesses may perceive outdoor smokefree policies as having different financial impacts from indoor policies.

The limited support for a smokefree GM in our study may reflect the negligible promotion of the idea in this setting. There had only been a brief City Council discussion and dismissal of a citizeninitiated online petition in 2010 (Dickson, 2010), and Council efforts had instead been focused around considering liquor bans in city street areas. Alternately, the limited support by these business people may reflect a preference for a "personal choice" ideology that favors smoking. The extent of support is similar to that of Californian business leaders for outdoor smoking restrictions (46%) in 1996–1997 (Howard et al., 2000).

There were no significant differences in support for a smokefree GM between food businesses (compared with nonfood businesses) or entertainment businesses (compared with other businesses). However, these business types had significantly different response rates to the survey, which may have masked true differences in support for a smokefree GM. Nevertheless, the "business impact" of a smokefree GM does not appear to be a serious issue for the large majority of those surveyed (albeit in a limited setting), so this may not be a significant barrier to policy development. Even so, further local and national educational and advocacy efforts for smokefree city streets could potentially be directed toward food and enter-tainment businesses (compared with nonfood and other businesses, respectively), as these business types were significantly more concerned about the potential business impact of a smokefree GM. With improvements to the modest response rate achieved in this study, and use in a wider range of areas in New Zealand and elsewhere, this type of survey can contribute to the policy process for smokefree streets and other outdoor areas, by indicating sector support or opposition.

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Declaration of Interests

All the authors have conducted work for health agencies.

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