

Issues and options for progress towards a smokefree city: A case study for smokefree outdoor policies



November 2016

George Thomson¹, Jennifer Martin², Heather Gifford³, Kiri Parata³

1University of Otago, Wellington, New Zealand,

2 Consultant

3 Whakauae Research Services Ltd

Correspondence

George Thomson: Department of Public Health, University of Otago, Box 7343, Wellington;
george.thomson@otago.ac.nz



Acknowledgements

We would like to thank our interviewees and workshop participants, who generously gave of their time and ideas. The WCC public survey was of great help. The project was funded by the New Zealand Ministry of Health and the Health Research Council Turanga.

Competing interests

George Thomson was contracted by Wellington City Council in 2015 to conduct smoking observation research.

Abstract

Introduction: Effective smokefree outdoor policies can reduce the normalisation of smoking, and aid quitting. In New Zealand, over 90% of local government authorities have some ‘educational’ outdoor smokefree policies, but these are not enforceable by law. We used a case study of New Zealand’s capital city (Wellington), to explore the issues and options for progressing smokefree outdoor policies in pedestrian-dense urban outdoor public spaces.

Methods: Official documents, 12 in-depth interviews, three small workshops and a day symposium were used to develop options.

Results: There was considerable survey and participant support for further smokefree areas, except from some businesses. There was strong support (75%) in a Wellington survey for moving to smokefree bylaws, rather than using the existing voluntary approach. Policy priorities found included secondhand smoke protection, protecting children, and the effective and positive communication of policies. The types of new outdoor places to be prioritised included building entrances, transport waiting areas, areas with families, public seating and events.

Conclusions: There appears to be substantial scope for progressing smokefree outdoor policies in this case study city. Potential new policies include a smokefree downtown area, which could send a powerful message about the values and image of the city. The use of smokefree bylaws appears legally and practically feasible. Nevertheless, national smokefree outdoors legislation may be preferable for many types of areas.

Introduction

As a health intervention, smokefree outdoor policies (SFOP) are relatively new internationally.¹ A number of jurisdictions in Australia, North America and Europe have smokefree hospitality areas, entrances, transport waiting areas, and city street areas.²⁻⁷ While local authorities with smokefree outdoor bylaws in these places have the power to levy instant fines or to prosecute, the use of these powers is rare, and most effort is put into communicating smokefree policies.⁸⁻¹¹

The rationale for SFOP rests on the evidence of secondhand smoke (SHS) effects outside, on the effects of the direct impacts and normalising of visible smoking in public; and on litter, environmental and fire concerns. There is no known safe level of SHS exposure outdoors.¹² Significant SHS effects occur at over 10m from groups of smokers,¹³ and at least nine metres from a burning cigarette in light winds.¹⁴ Smoking on city pavements can significantly raise SHS levels.^{15, 16} In addition, smoking directly outside of building openings can considerably raise SHS levels *inside*.^{17, 18} The effects of the visible smoking include making smoking more socially acceptable¹⁹ and adversely impacting on quitting. That is, introducing SFOP appears to reduce smoking and increase quitting.²⁰⁻²²

The New Zealand and Wellington context

In New Zealand, the main policy approach by local government to reducing smoking in outdoor public areas has been ‘voluntary’ policies for areas such as parks.²³ Since 2012 the Wellington City Council (WCC) has promoted education based smokefree policies for playgrounds, sportsgrounds and other outdoor spaces.^{24, 25} In a 2015 Wellington survey, 75% of the public supported using bylaws, rather than ‘educational’ policies for smokefree outdoor places.²⁶

The policy issues

There is a growing international literature on the issues that arise with developing and progressing SFOP. Difficulties in policy prioritisation and resourcing are common.²⁷⁻³⁰ New Zealand research indicates that the adoption of SFOP has often been fraught with many issues. These include wide misunderstandings, lack of public and policymaker knowledge, and underfunding.^{23, 31-33} Different parts of the New Zealand hospitality industry have opposed and supported SFOP, and qualitative research on public opinion has found sharp polarisation on the issues.³⁴ Nevertheless, this polarisation is very setting specific – with it being high for hospitality settings and footpaths but negligible for children’s play areas.

While progress on SFOP has been made in New Zealand, it has been slower than in other jurisdictions. The challenges and questions for SFOP in New Zealand include the lack of a central government tobacco control plan which could include SFOP, the political feasibility, questions about the most effective approaches (eg, by law or education), and practicalities such as communication and enforcement. Given the above, we used a case study of the capital city of New Zealand (Wellington) to explore the issues and possible options for progressing smokefree outdoor policies, in particular, for pedestrian-dense urban public spaces such as downtown business districts.

Methods

Ethics permission was obtained from the Department of Public Health, University of Otago, Wellington (D15/112).

Primary and/or unpublished documents

Internet search engines were used to identify documents that contained information relevant to the policy process for, and the implementation and evaluation of SFOP. Specific documents searched for included the minutes of WCC meetings, policy plans and websites.

Interviews

We conducted in-depth interviews with people from business, iwi (tribal groups of the indigenous population: Māori), unions, local authorities (including officials and politicians), District Health Boards, NGOs and the wider health sector. They were purposively recruited to obtain a diverse range of experience and views. All the interviews were face-to-face, audio recorded and between 30 minutes and one hour. The questions aimed to explore ideas and concerns about SFOP and determine effective ways to make urban outdoor places smokefree. Twelve interviews were conducted during June-September 2015 with 14 interviewees. Seven of the interviewees were Māori.

Workshops

From the documentary material and analysis of the interviews, we developed a number of policy options to present to three small workshops (including one for Māori) in order to work towards optimum policy scenarios. Information on four particular types of outdoor areas was supplied to the invitees beforehand: on outdoor dining, bus stops and transport areas, entrances of buildings that the public use, and community and music events.³⁵ Workshop participants were also given an information sheet on general questions and answers around the policies, such as the effects on business, the effects of SHS, the help for smokers quitting and practicalities.³⁵

Invitees were selected on the basis of their experience in business, local and central government, or in community and iwi smokefree area policy development, and their ability to contribute in a workshop situation. With each workshop, two project staff facilitated the discussion. Two general ideas were used to help direct the workshops, ‘what should the SFOP priorities be for Wellington’ and ‘how can the policies be adopted and made to work effectively’.

The workshops were held during November 2015 and lasted for between three and four hours. Each workshop had between two and four participants. The participants included local authority politicians and officials, businesspeople, health planning officials, union officials and health promoters. The small size of the workshops enabled each participant to speak at length, and for discussions on particular points to include all those present. The small size also promoted an informal and cooperative process.

Symposium

As part of a university summer school programme, a one day symposium was held in February 2016, to present information and ideas on New Zealand smokefree urban policies, and to discuss issues, opportunities and ways forward. One project staff member, one Australian city councillor and 28 others attended. Of the 28, two had been workshop participants; six were from local

government and the rest from different parts of the health sector. During the day notes were taken by the project team on the policy issues and solutions.

Analysis

The analysis of the documentary evidence aimed to find: (i) the types of SFOP and the ways they can be implemented internationally and in New Zealand and (ii) the relationship between strategic Wellington City documents and possible smokefree options. Interview and workshop transcripts were analysed separately by two project staff, and the results reviewed separately by two senior researchers. Themes were determined separately by all four, and then brought together by a process of report draft iterations and amendments.

Results

The options for progressing smokefree outdoor policies 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, vulnerable populations, costs, policy communication, compliance, and enforcement. There were also some common policy drivers. These included (i) the health hazard and irritations of SHS, and flowing from this, the need for smokefree policies in places with relatively dense and/or involuntary populations; (ii) the desire to protect children. The diverse perspectives and interests of stakeholders as seen in documents, interviews and workshops meant that policy selection criteria were needed.

Types of areas for smokefree policies

The workshops helped develop criteria for deciding on the type and size of areas to make smokefree. These included prioritising policies for where there is strong public support, where people are involuntarily present or in concentrations. Other priorities were to increase the extent of areas that are ‘family friendly’ by making them smokefree, and providing a ‘flat playing field’ for businesses.

In interviews and the workshops, there were strong feelings by a number of participants about the need for smokefree policies for some particular types of places, including building entrances, transport waiting areas, and areas with families. Particular ideas included making all the public seating, in parks, streets and elsewhere, smokefree, so those seated or looking for a seat would not have to avoid SHS. Participants suggested presenting Wellington City as smokefree – with all portals being smokefree outdoors – ferry terminals, airport, railway station, bus stations. There was support by many for smokefree areas anywhere where there are children or workers, and to help smokers quit.

In the workshops strong arguments were put forward for the simplicity and impact of large downtown smokefree areas. Events and market areas that use WCC land (and thus require permits) were seen as relatively easy to make smokefree. A particular opportunity suggested was for the WCC to introduce smokefree policies during the just-started renovation process for 72 of the city’s lanes.³⁶

Benefits and issues in forming smokefree policy options

There was a major contrast between those who saw (often large) net benefits from SFOP, and those who saw problems of various sorts. For some the major benefit was the reduction in SHS, with resulting direct health benefits and benefits for employees. For others, the most obvious

expected benefit was denormalisation (reducing cues to smoke, making it easier for smokers to quit and less likely for youth to start smoking). Other benefits mentioned included more attractive retail areas, without smoke and with less litter and environmental pollution. A businessman commented:

‘It’s not a particularly good look for a retailer to have a bunch of people standing around smoking just outside a door’ (Interviewee 6)

Some interviewees and workshop participants emphasised the need to consider the impact of SFOP on marginalised groups (including the homeless and those with mental illnesses). 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 amongst other health initiatives and messages, the competing priorities for local authorities, legal challenges by commercial or other interests, and enforcement problems.

Wellington City Council priorities and obstacles

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 difficulty of prioritising smokefree policies, and the complexities of getting political decisions through to effective implementation, was a strong theme from the local government officials at the symposium. Two WCC Reports from 2012 indicate past arguments provided by Council staff regarding developing SFOP, including enforcement issues, and possible legal challenges.³⁷ ‘Active enforcement is necessary for a bylaw to be effective and a ‘smoking police’ approach would not be perceived as positive or supportive.’³⁸

Business and hospitality issues

A number of reported statements by New Zealand hospitality industry representatives and businesspeople indicated differing views on SFOP, from describing them as ‘social engineering’,³⁹ ‘discriminatory’,⁴⁰ and ‘another nail in the bar/restaurant coffin’,⁴¹ to a ‘natural progression’.⁴⁰

The topic of smokefree hospitality areas provided the most polarised comments in interviews, and was seen in workshops as ‘difficult’. A multitude of issues were raised, including the risks of lost profits, existing investments in outdoor areas, enforcement, compliance and political practicalities. Among the four hospitality industry interviewees, there were differences in perceptions and therefore in their reactions to smoking and smokefree issues. For instance:

‘Socialising and having a drink and some food, and for some people, a cigarette, is part of their relaxation and socialisation’ (Interviewee 4)

‘We have a lot of young people here. ...smoking in those spaces is not a good look ... it provides totally the wrong message’ (Interviewee 9)

Across a number of the participants, there was a concern to reduce SHS for workers, and a perception of patron dissatisfaction with outdoor hospitality areas colonised by smokers. Workshop participants developed ideas about ways to make smokefree policies better understood by businesses and more attractive to them. This could include lower or no pavement lease fees for smokefree areas. Comments included:

‘[Businesses] You need to give them information, that they see the benefit to them. It has to be put in their language; otherwise it's not going to work. They need to see less maintenance, less clean-up, healthier staff, whatever. Less time out in the street smoking.’ (Workshop 2)

Smokefree outdoor policy implementation

There was considerable variety in the ideas of *how* SFOP should be implemented. Some interviewees spoke of the need for bylaws, by which local authorities ‘step up’ and speak on behalf of the citizens. There was tension between the desire of some stakeholders for gradual change, and those who sought major changes to enable achievement of New Zealand Government’s Smokefree 2025 goal. There was particular support for major changes by a number of Māori participants.

In two workshops, participants put forward the idea of moving to a whole smokefree downtown quickly, possibly by setting a date a year or two ahead. This was suggested as a way to position Wellington as a national and international leader in civic innovations, and increase its image as a healthy, liveable and child-friendly city. Resistance to such major moves was seen by one interviewee as partly due to the difficulty for many people of envisaging a smokefree society.

Increasing effective communication for smokefree outdoor policies

There was wide agreement that more effective and better resourced smokefree policy communication was needed, particularly after workshop participants were shown the information on low awareness of WCC smokefree policies. Ideas included diversification from static signs, so messages were refreshed regularly; and training for frontline council staff, for bar staff, and for other groups such as tour guides in communicating smokefree policies to smokers.

Two other strong themes about communication were the need to be positive and to focus on children or families. For instance, including Quitline contact information in smokefree signs and notices was suggested in a workshop, as was having civic awards for organisations that successfully make their outdoor areas smokefree. Other themes were for simplicity in messages, and for making the rationale for smokefree policies clear.

Discussion

The political practicalities

The surveyed public support indicated that it is possible to make significant advances in SFOP in Wellington (and other New Zealand cities New Zealand). As elsewhere,^{1, 42-44} New Zealand surveys have indicated majority public support for SFOP for a number of types of places, and that smokefree outdoor hospitality areas are likely to attract more patronage. However, adopting and implementing SFOP may continue to be difficult, as it is elsewhere.²⁷⁻³⁰ Much of the New Zealand and international opposition continues to be framed with rhetoric about choice and rights.^{34, 45} Some of those in the New Zealand hospitality industry are strident in opposition to hospitality SFOP, but our research found large differences in attitudes within the industry, both in interviews and in reported statements. To effect New Zealand changes, local government, DHBs and central government may need to work closely with a wide range of hospitality stakeholders, to ensure new policies are understood and supported.

Smokefree hospitality areas

Outdoor hospitality areas, particularly the diminishing group focusing only on alcohol sales rather than food and alcohol, appeared to be a major sticking point to the growth of these types of smokefree areas. Some concerns were almost direct repeats of those heard before the 2004 New Zealand move to smokefree bar interiors – perceived loss of smoking customers (and assumed net loss of customers and profits), and problems with enforcing compliance from customers.⁴⁶ The ability of hospitality staff to have dealt well with smokefree indoors compliance since 2004, and the survey evidence of a major change in perception by hospitality staff about the ease of such compliance once the smokefree law was in place,⁴⁷ appear to be unknown or ignored by some in the business.

New Zealand survey predictions of increased patronage from smokefree policies suggest positive financial results. Based on the New Zealand and international experience for *indoor* smokefree bars, support by smokers would be likely to sharply increase once they experienced the outdoor policy.^{48, 49} There is some evidence that the impacts of SFOP have been positive,⁵⁰⁻⁵² and of compliance with SFOP.^{50, 53} One perceived barrier in adopting smokefree policies for bar outdoor areas is the sunk investment that has been made in sheltered areas. However, such areas also attract non-smokers, so the use of such areas may *increase* rather than decrease with smokefree policies.

Potential social isolation or stigma from SFOP

The potential social isolation or stigmatisation of smokers was a concern for participants, a finding previously been reported in a study of online comments on New Zealand news websites.³⁴ Nevertheless, the possible social and physical isolation imposed on smokers by SFOP is likely to be relatively temporary for smokers. Also some smokers may feel affected by stigma, but may still value the effect of smokefree areas to help them quit.⁵⁴ Furthermore, recent New Zealand survey data indicates majority smoker support for several types of SFOP.^{26, 55} Restraints

on smoking in some areas may therefore be justified by the benefits to smokers themselves, and for children and other vulnerable groups.⁵⁶

Possible policy implications

We found evidence in the documents, interviews and workshops of the difficulties local authorities face in progressing SFOP. This is consistent with the New Zealand and international literature.^{23, 27-33} Some of the difficulties may be avoided if central government is willing to take a leadership role. Two possible approaches for national legislation to facilitate SFOP are: (i) by giving more power to local authorities; and (ii) legislating directly for some smokefree requirements. Virtually all general types of outdoor smokefree policies could be provided for by national level legislation – in terms of types of places, buffer zones, or most events. Exceptions may include non-patrolled beaches, some events and some pedestrian areas, which may be better covered by local authority bylaws which can take fuller consideration of local circumstances.

The involvement of central government in the creation of SFOP would have a number of advantages. It would be more efficient to develop national legislation (within an overall tobacco control plan), rather than 67 New Zealand territorial local authorities working separately on 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. For instance, it would be easier to communicate a standard policy for outdoor hospitality areas across New Zealand, and provide national enforcement processes, as is done for indoor areas. National law would also be far less vulnerable to legal challenges. Visitors to cities could come to understand the same policy across New Zealand. For hospitality areas, national legislation can also provide businesses with a ‘level playing field’. Central government could also connect smokefree policy advances to the provision of support for smokers to quit. In contrast, local authorities do not have direct access to, or control over, the resources of District Health Boards or national health agencies to ensure cessation support, or national media campaigns.

Policy implementation

In the absence of central government action, local authorities may need to continue with their own SFOP development. The 2015 Wellington survey indicates a strong public wish to move from voluntary ‘educational’ policies to bylaws (as did a 2013 Auckland survey).^{26, 55} Because smokefree outdoor area bylaws are a new area which require staff and Councillor time to develop, there appears to be an opportunity for the WCC to benefit from working with other cities to work out practical and effective standards. There may also be a further benefit in co-development as changes would not be seen as occurring in isolation. Local authority bylaws are very different from ‘educational’ policies in several ways, including (a) they indicate in a clearer way to smokers and the public that the community norms have changed or are changing, (b) they give a greater basis for local authority staff and the public to intervene with smokers, (c) they indicate to smokers the potential for enforcement, even when this is unlikely.

New Zealand local authorities do not at present have the power to issue infringement notices (similar to parking tickets) for contraventions to smokefree bylaws that were made using the Health Act or Local Government Act (but could under the Litter Act). However, such bylaws could give the authority to Council officers to ask smokers to stop smoking in particular types of

areas, and if persuasion was ineffective, to remove them. The training given to officers should enable them to do this in non-confrontational and effective ways. Prosecutions *could* be done, but could be an extreme resort after repeat and deliberate offending.

A major factor continues to be the difficulty of making the *implementation* of smokefree policies a priority.³³ Low public awareness of existing smokefree policies, such as for sports fields, reflect the effort required to get sufficient local authority budgets for policy communication. While the benefits of smokefree areas (eg, healthier population, more attractive retailing, less litter) fit well with WCC visions, priorities and desired outcomes, there was evidence of the difficulties in prioritisation, and a perception of competing priorities by several participants.

Study strengths and weaknesses

This research project benefited by progressive data collection through primary documents, interviews, workshops, and a symposium, and by the ability of workshop participants to benefit from the previous stages (eg, the use of survey data, and ideas from the interviews). The workshop provided a chance for a variety of stakeholders to discuss issues in depth, in a cooperative way. The process helped trigger new thinking by the participants as they were exposed to different perspectives and new ideas. The variety of perspectives across the 22 non-symposium research participants helped ensure diversity of opinion and information.

The limits to the project include the narrow geographical focus, to one city, and limits to the number of participants. While for instance we had four hospitality industry interviewees, a larger number could have provided a wider and stronger perspective on that area.

Potential further research

There is a need for further survey work to monitor public support for new SFOP, and particularly to clarify the level of public and smoker support for smokefree outdoor hospitality areas. The wide mix of opinions found within the hospitality industry suggests that research is needed across New Zealand to investigate the nature and extent of industry concerns about smokefree policies, and the evidence about the *reality* of those concerns. This could include national surveys of business owners, managers and staff. Expert evaluations are needed of current New Zealand smokefree outdoor signage and other communication channels to see what impacts they have (eg, are they visible, what the responses are, who notices them and the cost-effectiveness of different approaches) and on messages that could be used across New Zealand to communicate to smokers and others the positive impacts from smokefree outdoor areas.

References

1. Thomson G, Wilson N, Collins D, et al. Attitudes to smoke-free outdoor regulations in the USA and Canada: a review of 89 surveys. *Tob Control*. 2015:Online September 14, doi: 10.1136/tobaccocontrol-2015-052426.
2. American Non-Smokers Rights Foundation. Municipalities with Smokefree Outdoor Dining and Bar Patio Laws. American Nonsmokers' Rights Foundation. Berkeley. April 2, 2015. <http://www.no-smoke.org/pdf/SmokefreeOutdoorDining.pdf>.
3. Non-Smokers' Rights Association. NSRA's Smoke-Free Laws Database. Non-Smokers' Rights Association. Ottawa. March 31, 2015. Searched September 22, 2015. <http://www.nusra-adnf.ca/cms/sfl-database-search.html?advanced>.
4. New South Wales Health. The smokefree bars and restaurants legislation. New South Wales Health. Sydney. 2015. Accessed March 2, 2015. <http://www.health.nsw.gov.au/tobacco/Documents/commercial-outdoor-dining.pdf>.
5. Queensland Health. Tobacco laws in Queensland: Eating and drinking areas. State of Queensland. Brisbane. September 2014. Accessed August 19, 2015. <https://www.health.qld.gov.au/public-health/topics/atod/tobacco-laws/eat-drink/default.asp>.
6. American Nonsmokers' Rights Foundation. Smokefree Lists, Maps, and Data: Outdoor Area Lists. American Nonsmokers' Rights Foundation. Berkeley. April 2, 2015. Accessed May 22, 2013. <http://www.no-smoke.org/goingsmokefree.php?id=519#outdoor>.
7. Center for Tobacco Policy & Organizing. Comprehensive outdoor secondhand smoke ordinances. Center for Tobacco Policy & Organizing. Sacramento. March 2014. Accessed March 19, 2014. <http://center4tobaccopolicy.org/wp-content/uploads/2014/03/Comprehensive-matrix-March-2014.pdf>.
8. Kennedy RD, Zummach D, Filsinger S, et al. Reported municipal costs from outdoor smoke-free by-laws-experience from Ontario, Canada. *Tob Induc Dis*. 2014;12:4.
9. Woolley R. Poll shows we want tough smoke bans – No ifs or butts. *Manly Daily*. Sydney, Australia. May 25, 2007.
10. Mosman & Lower North Shore Daily. Three fines in four years. *Mosman & Lower North Shore Daily*. Sydney. 11 December 2008. 6.
11. City of Perth. Smokers Fined in Perth City Malls. City of Perth. Perth, Western Australia. July 2, 2014. Accessed June 23, 2015. <http://www.perth.wa.gov.au/newsroom/featured-news/smokers-fined-perth-city-malls>.
12. US Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Atlanta GA. 2006. Accessed March 9, 2015. <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf>.
13. Yamato H, Mori N, Horie R, et al. Designated smoking areas in streets where outdoor smoking is banned. *Kobe J Med Sci*. 2013;59:E93-105.
14. Hwang J, Lee K. Determination of outdoor tobacco smoke exposure by distance from a smoking source. *Nicotine Tob Res*. 2014;16:478-84.
15. Parry R, Prior B, Sykes AJ, et al. Smokefree streets: a pilot study of methods to inform policy. *Nicotine Tob Res*. 2011;13:389-94.

16. Patel V, Thomson G, Wilson N. Smoking increases air pollution levels in city streets: Observational and fine particulate data. *Health Place*. 2012;18:1202-5.
17. van der Deen FS, Pearson AL, Petrovic D, et al. Exploring the potential for the drift of secondhand smoke from outdoor to indoor dining areas of restaurants in New Zealand. *N Z Med J*. 2014;127:43-52.
18. Edwards R, Wilson N. Smoking outdoors at pubs and bars: is it a problem? An air quality study. *N Z Med J*. 2011;124:27-37.
19. Alesci NL, Forster JL, Blaine T. Smoking visibility, perceived acceptability, and frequency in various locations among youth and adults. *Prev Med*. 2003;36:272-81.
20. Klein EG, Bernat DH, Forster JL. Young adult perceptions of smoking in outdoor park areas. *Health Place*. 2012;18:1042-5.
21. Zablocki RW, Edland SD, Myers MG, et al. Smoking ban policies and their influence on smoking behaviors among current California smokers: a population-based study. *Prev Med*. 2014;59:73-8.
22. Chaiton M, Diemert L, Zhang B, et al. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. *Tob Control*. 2014:Online October 28.
23. Marsh L, Robertson LA, Kimber H, et al. Smokefree outdoor areas in New Zealand: how far have we come? *N Z Med J*. 2014;127:51-66.
24. Wellington City Council. Council housing takes next smokefree step. Wellington City Council. Wellington. May 29, 2015. Accessed June 16, 2015. <http://wellington.govt.nz/your-council/news/2015/05/council-housing-takes-next-smokefree-step>.
25. Wellington City Council. Capital Endorses Smokefree Midland Park. Wellington City Council. Wellington. May 29, 2014. Accessed June 16, 2015. <http://wellington.govt.nz/your-council/news/2015/05/council-housing-takes-next-smokefree-step>.
26. Wellington City Council. Attitudes towards smoking in Wellington. Wellington City Council. Wellington, NZ. November 2015.
27. Satterlund TD, Cassady D, Treiber J, et al. Barriers to adopting and implementing local-level tobacco control policies. *J Community Health*. 2011;36:616-23.
28. Satterlund TD, Cassady D, Treiber J, et al. Strategies implemented by 20 local tobacco control agencies to promote smoke-free recreation areas, California, 2004-2007. *Prev Chronic Dis*. 2011;8:A111.
29. Mark AJ, Sanders SC, Mitchell JA, et al. Smoke-free outdoor areas: supporting local government to introduce tobacco control policies. *Aust N Z J Public Health*. 2014;38:518-23.
30. Moshrefzadeh A, Rice W, Pederson A, et al. A content analysis of media coverage of the introduction of a smoke-free bylaw in Vancouver parks and beaches. *Int J Environ Res Public Health*. 2013;10:4444-53.
31. Tay S, Thomson G. What Wellington region city councillors think of smokefree outdoor places. *N Z Med J*. 2008;121(1276):15-28.
32. Hyslop B, Thomson G. Smokefree outdoor areas without the smoke-police: The New Zealand local authority experience. *N Z Med J*. 2009;122(1303):67-79.
33. Wilson H, Thomson G. 'Balancing acts': The politics and processes of smokefree area policymaking in a small state. *Health Policy*. 2010;101:79-86.

34. 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.
35. Thomson G. Research and information sheets. University of Otago. Wellington. November 2015. www.otago.ac.nz/smokefreeoutdoors.
36. Forbes M, Jackman A. Wellington's new-look laneways are making Melbourne sit up and take notice. *Dominion Post*. Wellington. November 10, 2015. <http://www.stuff.co.nz/business/better-business/73889931/Wellingtons-new-look-laneways-are-making-Melbourne-sit-up-and-take-notice>.
37. Taptiklis N. Petition: Officers' Response [Prohibit the Smoking of Cigarettes in Wellington Central City]. Wellington City Council. Wellington. 2012. Accessed June 17, 2015. <http://wellington.govt.nz/have-your-say/epetitions/petitions/closed/presented/2011-12-prohibit-the-smoking-of-cigarettes-in-wellington-central-city>.
38. Wellington City Council. Smokefree playgrounds, parks and reserves [officer report to Strategy and Policy Committee]. Wellington City Council. Wellington. June 7, 2012. Accessed June 17, 2015. http://wellington.govt.nz/~media/your-council/meetings/Committees/Strategy-and-Policy-Committee/2012/06/07/files/7_june_2012_report_4_smokefree_parks_finaldraft.pdf.
39. Newstalk ZB. Outside smoking ban "social engineering". *Newstalk ZB*. Wellington. July 20, 2015. Accessed September 14, 2015. <http://www.newstalkzb.co.nz/news/national/outside-smoking-ban-social-engineering/>.
40. Stewart A. Hospitality industry blasts smoking ban bid. *Stuff*. Wellington. July 20, 2015. Accessed September 14, 2015. <http://www.stuff.co.nz/business/70365797/hospitality-industry-blasts-smoking-ban-bid>.
41. Chapman K. Wellington's waterfront, Civic Square could be smokefree by the end of the year *Dominion Post*. Wellington. May 13, 2015. Accessed June 22, 2015. <http://www.stuff.co.nz/dominion-post/news/68489991/wellingtons-waterfront-civic-square-could-be-smokefree-by-the-end-of-the-year>.
42. Rosenberg M, Pettigrew S, Wood L, et al. Public support for tobacco control policy extensions in Western Australia: a cross-sectional study. *BMJ Open*. 2012;2:e000784.
43. Walsh R, Paul C, Tzelepis F, et al. Is government action out-of-step with public opinion on tobacco control? Results of a New South Wales population survey. *Aust N Z J Public Health*. 2008;32:482-8.
44. Sureda X, Fernandez E, Martinez-Sanchez JM, et al. Secondhand smoke in outdoor settings: smokers' consumption, non-smokers' perceptions, and attitudes towards smoke-free legislation in Spain. *BMJ Open*. 2015;5:e007554.
45. Berg CJ, Thrasher JF, O'Connor J, et al. 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.
46. Thomson G, Wilson N. One year of smokefree bars and restaurants in New Zealand: Impacts and responses. *BMC Public Health*. 2006;6:64.
47. Milne K, Guenole N. Changing support for smokefree bars among a cohort of New Zealand bar managers. Health Sponsorship Council. Wellington. March 2006. Accessed September 14, 2015. http://www.ash.org.nz/wp-content/uploads/2013/01/Secondhand_smoke/Changing_support_for_smokefree_bars_among_a_cohort_of_New_Zealand_bar_managers.pdf.

48. Borland R, Yong HH, Siahpush M, 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:iii34-41.
49. Edwards R, Thomson G, Wilson N, 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.
50. Queensland Health. 2007 Review of smoke-free laws: Discussion paper. Queensland Health. Brisbane. 2007.
51. Walker C. The Causeway non-smoking evaluation. In: Report to the Future Melbourne (People City) Committee. 2014, Melbourne City Council: Melbourne. Accessed September 19, 2015.
<https://www.melbourne.vic.gov.au/AboutCouncil/Meetings/Lists/CouncilMeetingAgendaItems/Attachments/11474/MAY14%20FMC%20AGENDA%20ITEM%206.2%20Smoke%20Free%20Pilot%20%E2%80%93%20The%20Causeway.pdf>
52. Ipsos-Eureka Social Research Institute. Smoking bans in alfresco dining areas – attitudes of café and restaurant owners/managers. National Heart Foundation and the Cancer Council NSW. North Sydney. November 5, 2010. Accessed September 19, 2015.
<http://www.heartfoundation.org.au/SiteCollectionDocuments/CafeandRestaurantOwnerSurvey2010.pdf>.
53. Boothroyd A. 98 percent compliance rate with smoke-free outdoor dining legislation in NSW. *Hospitality Magazine*. Sydney. February 1, 2016. Accessed April 12, 2016.
<http://www.hospitalitymagazine.com.au/food/news/nsw-health-reports-98-percent-compliance-rate-with>.
54. Maubach N, Hoek JA, Edwards R, et al. 'The times are changing': New Zealand smokers' perceptions of the tobacco endgame. *Tob Control*. 2013;22:395-400.
55. Wyllie A. Public support for tobacco control policies in the Auckland Council region [full version]. Cancer Society Auckland Division. Auckland. July 2013.
<http://www.otago.ac.nz/wellington/otago442603.pdf>.
56. Courtwright A. Stigmatization and public health ethics. *Bioethics*. 2013;27:74-80.