

## 10. SMOKEFREE PUBLIC PLACES POLICY

<b>General Manager responsible:</b>	General Manager Strategy and Planning, 941-8281
<b>Officer responsible:</b>	Programme Manager, Strong Communities, Strategy and Planning Group
<b>Author:</b>	Assistant Policy Analyst, Strategy and Planning Group

### PURPOSE OF REPORT

1. The purpose of this report is to report back on the feasibility of adopting a smokefree public places policy and to recommend that the Council adopt the **attached** draft smokefree public places policy (Attachment Two).
2. This report recommends the adoption of a policy which advocates smokefree parks<sup>3</sup> and reserves (including playgrounds<sup>4</sup> and sports parks<sup>5</sup>), and makes Council-owned events smokefree.

### EXECUTIVE SUMMARY

3. On 13 November 2008, the Council resolved: that the Canterbury District Health Board and other Smokefree Canterbury<sup>6</sup> member organisations be invited to work with Council staff to develop policy options for Council consideration; that any such options be costed and appropriate sources of funding from the relevant agencies be identified; and that the three trialled playgrounds continue as smokefree playgrounds pending the Council development of a smokefree public places policy.
4. Organisations working in tobacco control in New Zealand are encouraging councils to consider discouraging smoking in areas that are under their control, particularly where young people frequent, such as parks and playgrounds. Tobacco is the single biggest cause of premature death<sup>7</sup> in New Zealand and consequently represents a major issue for all organisations with a role in public health and community wellbeing. Smokefree outdoor public places have a big role to play in normalising smokefree environments, and showing young people that smoking is the exception, rather than the rule. This is particularly important given the mean age of smoking initiation among New Zealand youth is 14.6 years.<sup>8</sup>
5. The core objective of the attached smokefree public places policy is the reduction of smoking uptake by children and young people. This report presents the attached policy as an educational tool to discourage smoking in public outdoor places where people, particularly children and young people, gather. It should be noted that the proposed policy does not 'ban' smoking and there is no expectation of enforcement. Rather it aims to encourage smokers to be good role models for children and young people by not smoking in public places.
6. The attached policy has been developed in partnership with Smokefree Canterbury, through which Community and Public Health (CDHB) and Cancer Society have played a major role<sup>9</sup>. Smokefree Canterbury has endorsed the attached draft smokefree public places policy. Two Smokefree Canterbury member organisation's have pledged a total of \$55,000 to help promote and implement the attached policy.

<sup>3</sup> There are around 580 **neighbourhood parks** that are generally small and provide places for informal recreation and small scale community events and facilities. They form part of a network of open space that includes walkways and cycle-ways. There are around 50 **garden and heritage parks**. These parks vary in size and have a significant place in our natural and cultural heritage. Garden and heritage parks also play a significant role in supporting the Garden City image of Christchurch. The Council manages around 70 **regional parks** that are large open spaces, mostly on the urban fringe, that protect and enhance scenic, cultural and environmental values.

<sup>4</sup> There are around 326 outdoor **playgrounds** that are generally small and provide places for recreation and play for children.

<sup>5</sup> There are around 120 **sports parks** in the district. These parks, which are generally large, green areas, enable people to participate in organised sport and other forms of active and passive recreation.

<sup>6</sup> Smokefree Canterbury consists of a group of organisations which share an interest of promoting smokefree lifestyles in Canterbury. In April 2008 it sponsored a 3-month trial in Hornby to make children's playgrounds smokefree. The results of the trial were used to support a call for CCC to roll out smokefree parks citywide.

<sup>7</sup> It is estimated that active smoking and exposure to second-hand smoke causes around 5,000 deaths in New Zealand every year through heart disease, stroke and a variety of cancers. Ministry of Health (2006). Tobacco Trends 2006: Monitoring tobacco use in New Zealand. Wellington: Ministry of Health.

<sup>8</sup> Chapter 5 of New Zealand Tobacco Use Survey 2006. Ministry of Health. 2007. New Zealand Tobacco Use Survey 2006. Wellington: Ministry of Health.

<sup>9</sup> The Canterbury District Health Board has, since the trial in 2008, funded a dedicated 0.5 full-time employee health promoter to work on this project. The Cancer Society has also provided a staff member to assist with the development of a smokefree public places policy.

7. Smokefree policies have been adopted by over 20 other councils within New Zealand, as well as other countries including Australia, the United Kingdom, and the United States. New Zealand councils which have smokefree policies have included a combination of playgrounds, parks and reserves, beaches, events, sports grounds and fields, halls and pavilions, pools, skate parks, walkways, and stadia in their policies. These policies rely on signage, media coverage and public pressure to limit smoking, rather than on enforcement. The attached draft policy follows the same approach.
8. The following points are known and established factors that contribute to young people taking up smoking:
  - Young people who are exposed to smoking restrictions in the home and other environments are less likely to take up smoking.
  - Young people who have parents, friends, and/or siblings who smoke are more likely to smoke themselves.
  - The frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal.
  - Perceived high levels of smoking by peers is a strong predictor of smoking.<sup>10</sup>
9. Reducing the smoking that children and young people are exposed to de-normalises smoking and its acceptability. This provides positive smokefree role modelling, and the prevention of negative role modelling, for children and young people. Introducing smokefree areas also empowers non-smokers to speak up about not wanting to be around smoking, and reduces the environmental impact of littering from cigarette butts.
10. It is becoming less acceptable for people to smoke around children and young people.<sup>11</sup> This change in behaviour and attitude reflects the success of the Smokefree or Auahi Kore campaign, and it is reflected in the results of the Council's city-wide residents survey which supports the introduction of smokefree areas in Christchurch. These results can be seen in paragraph 55.
11. Staff recommend that the Council adopt the attached policy to make all parks and reserves (including outdoor playgrounds and sports parks<sup>12</sup>) and Council-owned events smokefree. This option applies to all areas where children and young people are key users and where environmental issues (litter and fires) are relevant. Making these public outdoor areas smokefree is supported by research, other councils' moves towards adopting smokefree policies, and the high acceptability of these areas becoming smokefree as indicated through consultation with residents, key stakeholders, Maori and elected members.<sup>13</sup>
12. Signage costs associated with the policy can be accommodated in the draft 2009-19 LTCCP funding which has allocated funds for park sign replacement/renewal over the next ten financial years. Smokefree signs will be integrated in the signs replacement/renewal programme where it is appropriate in parks, playgrounds and sports parks. For example, smokefree signs may not be appropriate in remote locations, where there is low usage and exposure of the area, or where there are other hazards which take priority over smokefree signage in the area (e.g. cliff dangers). The communication of the attached policy will be funded from external sources. There is up to \$55,000 of external funding available for the implementation of a communications plan of the attached policy. The length of this commitment is for the 2009-2010 financial year. Communication of smokefree Council-owned events will be incorporated in promotional material or on large screens at major events and will come from the Events Productions Team's budget.

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<sup>10</sup> Darling, H., Reeder, A. (2005) Youth Lifestyle Study 2004: High Level Report. Prepared by Health Sponsorship Council. Social and Behavioural Research in Cancer Group, University of Otago.

<sup>11</sup> New Zealand Medical Journal 13 March 2009, Vol 122 No 1291, URL: <http://www.nzma.org.nz/journal/122-1291/323/>.

<sup>12</sup> Sport clubs who lease sports areas from Council will be consulted during the implementation of the attached smokefree public places policy and asked whether they would be willing to make the areas they lease smokefree.

<sup>13</sup> This involved a trial of smokefree parks and playgrounds in Hornby in April 2008 which originated from within the community; two surveys – one based on the Hornby community and one city-wide; two workshops, one for key stakeholder organisations and one for Elected Members; engagement with Otautahi Runanga, He Oranga Pounamu and Mahannui Kurataiao Ltd.; and consultation with Council staff.

13. The attached smokefree public places policy **would not be a ban on smoking** in a public place. It would not be included in a bylaw or other regulatory tool. No enforcement measures will be used against those who breach the policy. Introducing a policy where people can choose to comply avoids the risk of being contentious with the public and is in the spirit of promoting healthy lifestyle choices.

#### **FINANCIAL IMPLICATIONS**

14. There are costs involved with implementing the attached smokefree public places policy, including communication of the policy, staff time, signage, and evaluation.
15. External funding from two member organisations of Smokefree Canterbury has been offered for the implementation of the communications plan of the attached policy and additional costs for the implementation of the draft policy. Partnership Health Canterbury<sup>14</sup> has offered funding of \$40,000, whilst Community and Public Health (CDHB) is providing a further \$15,000. These are both one-off payments to support the initial implementation of the policy.
16. A key component of implementing the attached smokefree public places policy is a robust communications plan, developed in partnership with Smokefree Canterbury member organisations, that promotes positive role modelling, does not alienate smokers, and is communicated over a long period of time to achieve the desired behaviour and attitude change by smokers. There is an expectation that there will be up to \$55,000 to spend on communication activities. The external funding referred to above will provide for this publicity funding requirement with any remaining funds being used to enhance or accelerate the signage programme.
17. The communication of the attached smokefree public places policy will involve Council communications staff working in partnership with Smokefree Canterbury member organisations.
18. There is no funding in the current 2006-16 LTCCP to undertake an extensive signage programme specifically for this purpose. However, in the draft 2009-2019 LTCCP, parks<sup>15</sup> have been allocated funds for signage renewal/replacement over the next ten financial years. Park signage is currently being assessed and renewed by the Transport and Greenspace Unit, to reflect the new bylaws adopted by the Council and information around the management of the parks. Smokefree signage will be integrated into this signs upgrade programme to avoid clutter and ensure appropriate location and design. The roll out of smokefree signage will largely be driven by the wider signage and replacement programme in parks. Park signs renewals and replacements will be dependent on prioritisation, budget allowances, and the need to update outdated messages. There may also be some stand alone signs or plaques, but this will be dependent on resources available. External funding may be able to accelerate the sign renewal programme in some parks.
19. The smokefree message as part of Council-owned events will be absorbed within the Events Production Team's promotional material, through public announcements at events, and on screen at major events, such as Classical Sparks. Costs associated would involve the design of the smokefree/auahi kore logo on material and on screens.
20. Smokefree Canterbury has offered to carry out an evaluation of the policy – similar to the evaluation they previously carried out in Hornby for the Smokefree parks.

#### **Do the Recommendations of this Report Align with 2006-16 LTCCP budgets?**

21. The draft 2009-2019 LTCCP contains funding for signage in parks, sports parks, and by playgrounds as part of the signage renewal/replacement programme.

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<sup>14</sup> Partnership Health Canterbury, a Partnership Health Organisation, work to promote health and wellbeing and encourage projects and initiatives that make a positive difference to the health and life of people. The Hornby project was funded by Partnership Health Canterbury with the research, administration and project management being undertaken by representatives of Smokefree Canterbury.

<sup>15</sup> This includes neighbourhood parks, regional parks, and heritage/garden parks.

## LEGAL CONSIDERATIONS

22. Part 1 of the Smoke-free Environments Act 1990 (the SFEA) prohibits smoking in certain places such as workplaces, schools, and early childhood centres etc. One of the purposes of the Act is to prevent the detrimental effect of other people's smoking on the health of people in workplaces, or in certain public enclosed areas, who do not smoke or do not wish to smoke there.
23. Part 1 of the SFEA does not prohibit smoking in public outdoor places. However, it would be within the Council's powers generally to adopt the attached smokefree public places policy in relation to public places under its control. The Local Government Act 2002 (LGA 2002) states that one of the purposes of local government is to promote the social, economic, environment and cultural well-being of communities, in the present and for the future. Section 11 of LGA 2002 provides that the role of councils is to give effect to its purpose, and perform the duties and exercise the rights conferred on them by, or under, LGA 2002 or any other statute. Section 23 of the Health Act 1956 also states that it is the duty of every council to improve, promote and protect public health within its district. Consequently, adopting the attached policy is consistent with Council's role under section 23 of the Health Act and its responsibility under section 11 of the LGA 02.
24. In this respect it should be noted that in section 20 of the SFEA, it provides that Part 1 of the Act does not limit or affect the Council's powers under section 145(b) of LGA 2002 to make bylaws to protect and promote public health. Consequently, if the Act contemplates that councils may make a bylaw to provide protection from tobacco smoke, then a policy providing protection from tobacco smoke is well within the Council's powers.
25. In preparing the policy, consideration has been given to whether or not such a policy would infringe any rights protected by the Human Rights Act 1993 or the New Zealand Bill of Rights Act 1990. The Human Rights Act sets out certain prohibited grounds of discrimination. However, none of these would protect a person's right to smoke.
26. Section 14 of the New Zealand Bill of Rights Act 1990 provides that everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinions of any kind in any form. Legal commentators have suggested that the New Zealand courts are of the mind to afford the concept of freedom of expression the least restrictive interpretation possible. Legal commentators have also suggested that "expression" is really conduct which conveys a message. In this respect, smoking in an outdoor public place is conduct which conveys a message<sup>16</sup>. However, the freedoms in the New Zealand Bill of Rights Act are subject to "justified limitations" as set out in section 5 of that Act (i.e. such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society).
27. There are good arguments that a smokefree public places policy of the type recommended in this report is a justified limitation in terms of section 5 of the New Zealand Bill of Rights Act. The preferred option applies to a limited number of areas in the city. It would not have the status of a bylaw. Compliance with the policy would be voluntary and it would not be enforced by Council staff. The objective which the Council seeks to achieve<sup>17</sup> would not unduly infringe the ability of others to smoke in outdoor public places should they want to. In other words, there would still be plenty of other outdoor public places for people to smoke (with no smokefree restriction) should they choose to smoke in those other public places.
28. In adopting any such policy, the Council needs to be satisfied that it is acting reasonably in terms of administrative law principles. It is considered that in adopting the preferred option, the Council would be acting reasonably. The policy represents a balance of competing interests. Again, as noted above, the preferred option applies to a limited number of areas in the city, compliance with the policy would be voluntary, and it would not be enforced by Council staff.

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<sup>16</sup> The message being that the person smokes, or that person likes to smoke, wants to smoke or needs to smoke

<sup>17</sup> That is, the reduction of smoking uptake by children and young persons by limiting their exposure to seeing others smoking.

29. By comparison, a policy which makes all public outdoor areas smokefree (for example, including all local roads) might well be considered to be unreasonable. Even though compliance with the policy would still be voluntary, it could be argued that such a policy would unduly interfere with the rights of others to smoke in all outdoor public places.

### **Significance of Decision**

30. The significance of the matter has been reflected in the steps taken to identify options, consider community views and to consult with people and organisations that may be affected by, or have an interest in, the Council's decision. These steps include:
- Three month trial at three playgrounds in Hornby
  - Community survey in Hornby
  - City-wide survey
  - Workshop with those organisations having an interest in the matter
  - Engagement with Maori
  - Obtaining the views of key staff
  - Seminar with Elected Members

The proposed policy flows consequentially from the Council's commitment in its draft 2009-19 LTCCP to promote the social and environmental well-being of its community. The Council is also a signatory to the Healthy Christchurch Charter which encourages policies and programmes that have a positive affect on heath and well being. It is the view of the Legal Services Unit that the Council has complied with its statutory obligations with regard to these matters.

### **ALIGNMENT WITH LTCCP AND ACTIVITY MANAGEMENT PLANS**

31. The creation of this policy fits with the draft LTCCP 2009-19 Activity Management Plan, under City and Community Long-term Policy and Planning, with this statement: "In order to promote the social, cultural, environmental and economic wellbeing of the community, the Council seeks to develop integrated, innovative, and timely strategies, plans and policies, which respond to Council's vision and the Community Outcomes."<sup>18</sup>
32. The attached policy contributes to the following Community Outcomes:
- A Healthy City
  - A City of People who Value and Protect the Natural Environment.

### **Do the recommendations of this report support a level of service or project in the 2006-16 LTCCP?**

33. There is not a direct level of service in the 2006-2016 LTCCP regarding creating a smokefree environment in public places.
34. As a signatory to the Health Christchurch Charter, the Council is committed to ensure its policies and programmes have a positive effect on health and wellbeing.

### **ALIGNMENT WITH STRATEGIES**

35. No direct alignment with any Council strategies.

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<sup>18</sup> Plans available through these Activity Management Plans have successfully passed through the Chief Executive challenge session and the LTCCP Working Party. This is available at: <http://cccity.biz/fileserver/GFS/LTCCP/2009-19/ActivityManagementPlans/ACMPtemplate10MikeTheelen9CityandCommunityLongTermPolicyandPlanning.pdf>.

## **CONSULTATION FULFILMENT**

36. In November 2008, the Council resolved that staff would undertake a city-wide residents survey to seek the wider community's opinion of smokefree public places.
37. Consultation of different groups was undertaken by Council staff in partnership with Smokefree Canterbury to seek the community's opinion of smokefree public places. These groups included:
- Residents through a city-wide telephone survey;
  - Key stakeholders at a workshop in March 2009, including health providers, sports associations, Otautahi Youth Council representatives etc;
  - Otautahi Runanga;
  - He Oranga Pounamu;
  - Mahaanui Kurataiao Ltd (MKT);
  - Council staff; and
  - Elected members at a seminar in April 2009.
38. A high level of community engagement has been undertaken with key stakeholders and residents. Community input has shown strong support for the public places included in the attached policy which are parks and reserves, playgrounds, sports parks, and Council-owned events. There was less clarity or agreement around including beaches and other public places in the policy at this time although there was support for some additional public places to become smokefree at some time in the future.
39. In terms of the Council's legal obligations under Part 6 of the LGA 02, the Council is required to give consideration to the views and preferences of the persons likely to be affected by, or to have an interest in, the proposed policy, at the various stages of the decision-making process. This obligation has been achieved through the consultation referred to under paragraphs 37 and 52. Given the level of engagement carried out and the research on public opinions, it is not considered that further consultation is required on the proposed policy.

## **STAFF RECOMMENDATION**

It is recommended that the Council:

- (a) Adopt the proposed Smokefree Public Places Policy (attached).
- (b) Recognise the Council's productive partnership with Smokefree Canterbury which has been achieved as a result of this project.
- (c) Express its appreciation to the Canterbury District Health Board and Partnership Health PHO for their offer of funding to assist in the initial implementation of this policy.

## BACKGROUND

40. The background section of the report outlines the current context; research published in this area; smokefree policies developed by other local authorities; the rationale for Council adopting a smokefree public places policy; community engagement activities and findings; and options for consideration, along with a recommended policy option.

### Context

41. Eighty per cent of adults in New Zealand do not smoke<sup>19</sup>. However, many children and young people are still exposed to the effects of tobacco and, in particular, to the negative role modelling of those around them who smoke. Each year in New Zealand it is estimated that between 4,300 and 4,700 people die from smoking-related illnesses. Such illnesses are preventable. Accordingly, both government and non-government organisations have employed multiple approaches to reduce smoking prevalence in order to improve health outcomes, enhance people's wellbeing, address health inequalities, and reduce the financial burden of tobacco use.
42. A decline in general smoking prevalence over the past 30 years has been attributed to these combined approaches to tobacco control. However, the decline has recently slowed and in the mid-to-late 1990s there was a rise in the prevalence of young people smoking, especially young Maori women.
43. In New Zealand, over 20 councils have adopted smokefree outdoor public places policies.<sup>20</sup> These policies rely on signs, media coverage and public pressure to limit smoking, rather than on enforcement. See the below table which details the types of venues included in these councils' smokefree policies.

*New Zealand Councils with Smokefree Policies in Each Type of Venue*

Venue	Number of New Zealand Councils
Playgrounds	22
Parks	12
Sports Parks	13
Events	6
Pools	3
Beaches	2

### Research

#### *Smokefree Role Modelling and De-normalisation of Smoking*

44. The de-normalisation of smoking is particularly important when thinking of future generations. Research shows that the longer the onset of smoking is delayed, the less likely a person is to become a daily smoker.<sup>21</sup> Thinking about it in a different light – the less young people see smoking, the less 'normal' it will seem.<sup>22</sup> The risk factors associated with why young people begin to smoke include incorrect assumptions about high tobacco use within society, and a belief in the continued acceptability of tobacco use, as reflected by the visibility of smoking in public places.<sup>23</sup> This suggests that tobacco use needs to be de-normalised by reducing the visibility, attitudes and behaviours that reinforce the use of tobacco products. One effective way to do this is to increase the number of outdoor settings in the community where smoking is discouraged, e.g. parks and playgrounds.

<sup>19</sup> Ministry of Health (2008). A Portrait of Health: Key Results of the 2006/7 New Zealand Health Survey. Wellington: Ministry of Health.

<sup>20</sup> Opotoki, Gisborne, South Wairarapa, Carterton, Wanganui, New Plymouth, Rotorua, Waitakere, Manukau, Kapiti Coast, Central Hawkes, Napier, Taranua, Hastings, Kaipara, Wairoa, Upper Hutt, South Taranaki, Queenstown, Ashburton, Chatham Islands, and Invercargill.

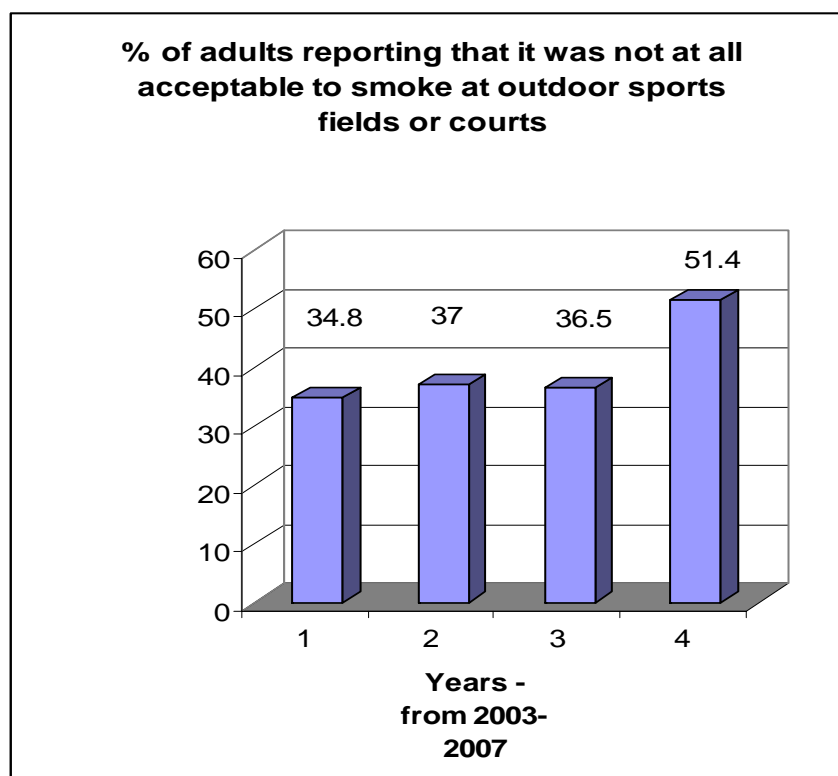
<sup>21</sup> US Surgeon General (1994). quoted in Smokefree Councils Implementation Kit: A Guide for Local Health Promoters. Prepared by The Cancer Society.

<sup>22</sup> Darling, H., Reeder, A (2005). *Youth Lifestyle Study 2004: High Level Report*, University of Otago.

<sup>23</sup> Health Scholarship Council (2005). *Smoking Initiation Literature Review and Framework for Reducing Smoking Initiation in Aotearoa-New Zealand*. Wellington: Health Sponsorship Council.

### Changing Attitudes of Smokefree Areas

45. One of the by-products of the Auahi Kore or Smokefree campaign is the changing attitudes around smoking and smokefree areas. Thirty years ago smoking in houses and cars would have been acceptable to some extent. There is now evidence that houses and cars are generally regarded as smokefree areas as a result of the campaign. The message here is that a smokefree public places policy may not have an immediately obvious impact. However, it may contribute to substantial positive generational change on attitudes and behaviour.
46. Between March 2007 and February 2008 the New Zealand Medical Journal surveyed<sup>24</sup> a national sample of 1,376 New Zealand adult<sup>25</sup> smokers. One question asked: "Do you think smoking should be allowed at council-owned playgrounds?" Results weighted to reflect the national population of smokers showed that 65.7% answered no and only 31.9% answered yes to this question. That is, there appears to be substantial majority support by smokers themselves for discouraging smoking in council-owned playgrounds.
47. From 2003 to 2007, data were collected<sup>26</sup> by the Health Sponsorship Council on whether adults thought that people should be able to smoke anywhere they want, only in set areas, or not at all, when at outdoor sports fields or courts. The graph below shows the percentage of adults that felt that it was not at all acceptable to smoke when at an outdoor sports field or court in each of the four years. It may be that people's acceptance of smoking in public places is reducing as more locations, including ones outdoors, become smokefree due to legislative and policy changes.



### Environmental consequences

48. Discouraging outdoor smoking may help to reduce the amount of cigarette butt litter and provide some cost saving through reduced clean-up costs. Furthermore, smokefree environments in parks and reserves may protect the chance of butts being improperly discarded and creating fires in these areas.

<sup>24</sup> NZMJ 13 March 2009, Vol 122 No 1291, URL: <http://www.nzma.org.nz/journal/122-1291/323/>.

<sup>25</sup> People aged over 18 years.

<sup>26</sup> HSC (2007). *Smoking policies and bans in outdoor settings: Review of rationale, implementation, and impact*. Wellington, New Zealand: HSC.



## Why the Christchurch City Council should have a Smokefree Public Places Policy

49. The key objectives of the attached smokefree public places policy would be the reduction of smoking uptake by young people, and for Council to demonstrate leadership in promoting a positive message, that a smokefree lifestyle is both desirable and the norm in Christchurch. A smokefree public places policy gives the Council the opportunity to promote a healthier community and the clean green image of its outdoor areas.
50. Making some public outdoor areas smokefree will contribute to the following Community Outcomes:
  - A Healthy City
  - A City of People who Value and Protect the Natural Environment.
51. Councils have always had an important role in public health activities within their communities. In recent years, councils have provided leadership on a broad range of public health and safety-related activities, including injury prevention, road safety and health promotion on issues such as alcohol and gambling. Smoking is not only a health issue, but one that has broad-ranging impacts on the wellbeing of communities.

## Community Engagement

52. A high level of community engagement has been undertaken with key stakeholders and residents. Community engagement around the development of a smokefree public places policy involved:
  - A trial of smokefree parks and playgrounds in Hornby which originated from within the community;<sup>27</sup>
  - A Hornby community survey;
  - A residents survey;
  - A key stakeholder's workshop;
  - Consultation with Otautahi Runanga, He Oranga Pounamu and Mahannui Kurataiao Ltd.;
  - Consultation with Council staff; and
  - An Elected Member seminar
53. The results of consultation indicate that there is a high level of public support for smokefree public places, particularly when it comes to areas which are used by children and young people. While there was a concern by many consulted that a smokefree public places policy would need to be enforced in some form, the general feedback was that if the signage and a communications plan is based on positive messages and strongly focused on behavioural and attitudinal change which talks about "choice", then the policy may be successfully implemented.

### *The Hornby Trial and Survey*

54. Following the end of the three month smokefree trial in Hornby, a survey was undertaken to assess community attitudes, behaviours and acceptability of smokefree playgrounds. A total of 148 people were surveyed. The research concluded that:
  - 93% of those surveyed found smokefree *playgrounds* acceptable in Christchurch
  - 75% of those surveyed found smokefree *parks* acceptable in Christchurch
  - Of those who *smoked* (21 per cent of those surveyed), 89% found smokefree *playgrounds* acceptable
  - Of those who *smoked* (21 per cent of those surveyed), 70% found smokefree *parks* acceptable.
  - Over 60% thought that the main reason for the trial was to set a good example (role modelling) to young people.
  - Almost 45% of those surveyed thought that smokefree playgrounds will need enforcement.

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<sup>27</sup> Two high school students advocated for smokefree parks and playgrounds in Hornby.

Overall, the results indicate that there is an overwhelming acceptability from those surveyed for playgrounds and parks being smokefree<sup>28</sup>. The results also indicate that there is a good understanding of the rationale for the project. Although there seems to be a belief that any policy would require enforcement, the results acknowledged that this is not practicable.

#### *The City-Wide Survey*

55. As a result of the Council's resolution, a city-wide survey of residents was undertaken through an independent provider.<sup>29</sup> The research objective of the survey was to measure public opinion in relation to the acceptability of smokefree settings in a number of public outdoor locations. Four hundred Christchurch residents aged 15 years and over were surveyed. Those surveyed found public outdoor children's playgrounds to be the most acceptable smokefree areas (87%). Eighty-three per cent of those surveyed indicated smokefree sports fields and courts were acceptable; 76% found a smokefree inner city acceptable; 73% indicated that smokefree parks and reserves were acceptable; and 71% surveyed found public beaches would be acceptable smokefree areas. Making all public places smokefree was the least acceptable option to those surveyed (68%).

#### *The Key Stakeholder Workshop*

56. A workshop with key stakeholders<sup>30</sup> was facilitated on 9 March 2009 to seek input on smokefree outdoor areas and the issues behind making each public area smokefree.
57. Feedback from stakeholders illustrated acceptability for making playgrounds, between the flags at beaches, parks and reserves, sports parks, and selected public places smokefree. There was no agreement around which other public places should become smokefree areas. There was a low or no acceptability for making the full length of beaches or all public places smokefree.
58. Comments about the need for a ban were made repeatedly. However, there was also an acceptance that a smoking ban, or a bylaw, would receive a negative reaction from smokers. Smokefree areas are particularly acceptable to stakeholders where the concentration of people (particularly children) is high, but less so when concentration is low. Furthermore, the smaller, more confined the area, the more acceptable to discourage smoking. Some concerns included the need to take small steps with the policy until people become accustomed to change; the thought that there could be some problems with making adult-only sport smokefree; and that making less defined areas smokefree could be confusing to the public.

#### *Engagement with Maori*

59. Many Maori representatives consulted were concerned about the prevalence of smoking among Maori.
60. Feedback from Otautahi R nanga on 26 February 2009 was that smokefree areas were acceptable for the benefit of the next generation. It was not determined at this meeting which public outdoor places should be designated as smokefree. However, buy-in from Otautahi R nanga was positive, as they saw the policy as being about the protection of children and the environment, which aligns well with Maori health promotion priorities.

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<sup>28</sup> Within the Hornby area.

<sup>29</sup> Prepared by Opinions Market Research Ltd.

<sup>30</sup> Stakeholders included representatives from the following organisations: University of Otago Medical School, Environment Canterbury, Age Concern Canterbury, Smokechange, Ministry of Youth Development, Christchurch City Fire Station, The Asian Health Network, Canterbury Rugby Football Union, Otautahi Youth Council, Rural Canterbury Partnership Health Organisation, Riccarton-Wigram Community Board, Partnership Health Canterbury, Canterbury Cricket Association, British American Tobacco Company, Canterbury Rugby Football League, Keep New Zealand Beautiful, Ministry of Pacific Island Affairs.

61. Consultation was undertaken with He Oranga Pounamu<sup>31</sup> on 15 April 2009 where staff requested feedback on which public outdoor locations representatives found to be acceptable smokefree areas. Representatives found parks and reserves, playgrounds, sports parks (including sports ground and fields), and beaches acceptable smokefree areas. There was little support for making other public places smokefree and no vocal support for all public outdoor places becoming smokefree. There was overall support for cessation advice being included in the promotion of smokefree public places to the public.
62. Feedback from Mahaanui Kurataiao Ltd (MKT)<sup>32</sup> on 29 April 2009 (four of the six Ng i Tahu R nanga representatives were at the meeting) was of overall support for a smokefree public places policy which focused on public outdoor locations where children and young people are the key users of the area. MKT indicated support for smokefree playgrounds, sports parks, beaches, Council-owned events, parks and reserves, and outside the Bus Exchange. Comments were made that there should still be somewhere for smokers to go to smoke if they wish, and that making events smokefree could be selective – depending on whether children and young people were the primary attendees of the event. It was noted that some Marae are already smokefree. The four representatives who attended the meeting requested smokefree signage for their Marae.
63. Comments from Te Ng i T huriri R nanga, who did not attend the MKT meeting, were divided in their opinion. On the one hand they were supportive of smokefree areas where children are, but there was a concern that the number of public places potentially covered by a policy could be restrictive for smokers. They indicated that other issues such as drug and alcohol abuse in public places were a higher priority.

#### *Engagement with Council Staff*

64. The Council's Events Production Team is fully supportive of making Council-owned events smokefree. If the attached draft smokefree public places policy was adopted they would promote a 'voluntary code' of no smoking at all the events Council produce. The need for smokefree events would be promoted in the Events Production Team's promotional material, through public announcements at events, and on screen at major events such as Classical Sparks. For events that the Council provides funding to but does not produce, they would advise the organisers of the policy and ask them to voluntarily comply where possible. This could be part of the Council's funding contracts. The Events Production Team thought that it may be necessary for the Council to provide some designated smoking areas at Council-owned events.

#### *Consultation with Elected Members*

65. All elected members<sup>33</sup> were invited to a seminar on 20 April 2009.<sup>34</sup> From the seminar it was concluded that there is general support for making all playgrounds, sports grounds and fields, parks and reserves, events and some selected public places<sup>35</sup> smokefree. There were concerns around public location definitions, the possible difficulty of making multi-purpose locations smokefree, and the possible abuse of smokers by non-smokers. Generally there was a desire for a gradual process, which would be less alienating for smokers, but which increased the number of public places becoming smokefree over an agreed timeframe. Suggestions included a move to a healthier city image by promoting Christchurch as a 'smokefree city'; smokefree areas where people congregate, particularly for a service and which is semi-enclosed (i.e. bus stops); and the possibility of the public requesting particular smokefree outdoor locations through their Community Boards.

<sup>31</sup> Thirty Maori Service Providers are currently affiliated to He Oranga Pounamu. The affiliated provider organisations cover a wide range of services including health and disability services, training programmes, whanau development and social services.

<sup>32</sup> Mahaanui Kurataiao Ltd (MKT) represents the six Ngāi Tahu Rūnanga within the Christchurch district.

<sup>33</sup> Councillors and Community Board Members.

<sup>34</sup> 19 Elected members attended the seminar.

<sup>35</sup> For selected public places, key locations identified were outside the hospital, the Christchurch International Airport, the inner-city squares (Victoria, Latimer, Cramner, Cathedral), outside the Bus Exchange, all entrances to Council company grounds (i.e. the Civic Offices), bus stops, the City Mall, and New Brighton Mall.

## *Conclusion*

66. In today's society it is becoming increasingly acceptable to have smokefree policies in place and people who do not smoke are becoming less tolerant of people smoking around them. Many councils throughout New Zealand and in other countries are discouraging smoking in certain outdoor public places.

## **THE OBJECTIVE**

67. To look at ways the Council can encourage smokefree environments in public outdoor areas with the intention of encouraging positive behaviour and attitude change, and smokefree role models for children and young people.

## **THE OPTIONS**

68. Clearly there are multiple combinations of which public places the Council could include in a smokefree policy. The options identified by staff, however, include:

- Option 1: Do nothing
- Option 2: Smokefree playgrounds, sports parks, and Council-owned events
- Option 3: Smokefree parks and reserves (including playgrounds and sports parks), and Council-owned events
- Option 4: Smokefree selected public places, parks and reserves (including playgrounds and sports parks), and Council-owned events
- Option 5: All public outdoor locations as smokefree.

69. **Attachment One** provides a discussion on various policy options.

## **THE PREFERRED OPTION**

70. That the Council adopt a policy which would make all parks and reserves (including children's playgrounds and sports parks), and Council-owned events smokefree.

## **ASSESSMENT OF OPTIONS**

### **Option 3 - The Preferred Option**

71. That the Council adopt a policy which would make all parks and reserves (including children's playgrounds and sports parks<sup>36</sup>), and Council-owned events smokefree.
72. This option applies to all areas where children and young people are key users, where recreation is the purpose of the area, and where environmental issues (litter and fires) are relevant. Making these public outdoor locations smokefree is supported by research, other councils' moves towards adopting smokefree areas, and the high acceptability of these areas becoming smokefree as indicated through consultation with residents, elected members, key stakeholders and Maori.
73. Some of the benefits of having smokefree parks, events and sporting environments include:
- catering for the majority of those who do not smoke
  - a progressive healthy image in the community – beneficial for attracting community support and sponsors
  - a healthy family-friendly environment that can encourage new attendees/members – especially children
  - a safer and cleaner environment
  - reduced cleaning and maintenance costs

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<sup>36</sup> Sports clubs who lease sports grounds from the Council will be asked whether they would like their leased grounds and fields to become smokefree areas. The Council and Smokefree Canterbury may need to work in partnership to ensure the appropriate signage will be allocated to those leased areas if sports clubs so request signage. This will be reliant on financial capabilities available for signage.

### *Signage and Publicity Costs*

74. Signage and communication will ask the public not to smoke in Council-owned open playgrounds, sports parks and parks. Events run by the Council will also be promoted as smokefree through promotional material. The publicity and signage costs associated with the attached policy will be supported by the draft 2009-19 LTCCP budget and external funding. The cost associated with making Council-owned events smokefree will come out of the Events Production Team's budget.
75. A robust communications plan, developed in partnership with Smokefree Canterbury members, will promote positive role modelling, will aim not to alienate smokers, and will be communicated over a long period of time to achieve the positive behaviour change by smokers. There is an expectation that there will be \$35-40,000 to spend on communication activities which will be sustained by external funding.

### *External Funding*

76. External funding has been offered by both Canterbury Partnership Health (\$40,000) and Community and Public Health (\$15,000) to support the implementation of a smokefree policy in regards to signage and publicity of the attached policy. These funds will be administered by Smokefree Canterbury members, the Cancer Society and Community and Public Health.

### *Signs Renewal Programme*

77. Smokefree signage will be incorporated into the signage replacement and renewal programme. Accordingly, smokefree signage in playgrounds, some regional parks, and sports parks will be installed in the 2009-2010 financial year. Other smokefree signage (i.e. in urban parks and garden/heritage parks) will be installed dependent on prioritisation and budget allowances over subsequent years.

### *Evaluation*

78. This option includes Smokefree Canterbury's commitment to evaluate the effectiveness of the policy.<sup>37</sup> The results from this evaluation may support the extension of smokefree public places at a future date and would be able to take account of the issues and recommendations coming from the evaluation processes.

### *Expansion of any smokefree public places*

79. After an evaluation of the attached policy the Council may wish to consider making other public outdoor areas smokefree. This could include making beaches and other public outdoor locations smokefree. It would be up to the Council to determine when further smokefree areas should be investigated.

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<sup>37</sup> Smokefree Canterbury welcomes the opportunity to work with the Council on evaluating any policy implemented. Smokefree Canterbury are now part of a New Zealand network of agencies such as Department of Health Boards and the Cancer Society that have both developed and shared robust evaluation programmes which can be used to support outdoor smokefree public places policy implementation. Smokefree Canterbury would welcome the opportunity to work alongside Council officers to assist in implementing the attached policy.

	<b>Benefits (current and future)</b>	<b>Costs (current and future)</b>
<b>Social</b>	De-normalising smoking and providing positive smokefree role models for children and young people. The frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal.	Possible negative reaction from smokers. Any negative reaction may be prevented by publicity of the policy which will focus on the Council's intent of providing positive smokefree role models for children, rather than banning smoking in public places.
<b>Cultural</b>	Increasing the number of smokefree areas will help reduce health inequalities, of which smoking is a major cause, by normalising 'being smokefree' at venues attended by a wide cross-section of the public. <sup>38</sup>	No cultural costs.
<b>Environmental</b>	Potential to reduce cigarette butt litter and the possible prevention of fires started by dropped cigarette butts in parks and reserves.	No environmental costs.
<b>Economic</b>	Tobacco is a \$22.5 billion dollar drain on New Zealand society annually. <sup>39</sup> There is the potential for this policy to reduce this economic drain as it relates to Christchurch residents.	No economic costs.

**Extent to which community outcomes are achieved:**

Making public outdoor areas smokefree will contribute to the following Community Outcomes:

- A Healthy City
- A City of People who Value and Protect the Natural Environment.

**Impact on the Council's capacity and responsibilities:**

The Local Government Act 2002 (LGA 2002) states that one of the purposes of councils is to promote the social, economic, environment and cultural well-being of communities, in the present and for the future. Section 11 of LGA 2002 provides that the role of councils is to give effect to their purpose, and perform the duties and exercise the rights conferred on them by, or under, LGA 2002. Section 23 of the Health Act 1956 also states that it is the duty of every council to improve, promote and protect public health within its district. Consequently, adopting the attached policy would come within the Council's role and is part of the Council's duty under section 23 of the Health Act. The attached draft policy will not widely impact on Council's capacity and responsibilities.

**Effects on Maori:**

Smoking is a contributing factor to the health inequalities seen between Maori and non-Maori<sup>40</sup>. Maori in all age groups have higher smoking rates than non-Maori.<sup>41</sup> In the Hornby trial survey 91.7% of Maori found smokefree playgrounds acceptable.

**Consistency with existing Council policies:**

No inconsistency with existing Council policies.

**Views and preferences of persons affected or likely to have an interest:**

Stakeholders consulted were supportive of the development of a Council policy which made certain public outdoor areas smokefree. There was a particular acceptance for smokefree areas where children were key users of the area and which were for recreational purposes.

<sup>38</sup> People in deprived socio-economic areas demonstrate higher rates of smoking: 34.2% in the most deprived areas compared with just 14.3% in the least deprived areas. The Index of Deprivation study, Department of Public Health, Wellington School of Medicine and Health Sciences, 2001.

<sup>39</sup> Easton, B (1997). The Social Cost of Tobacco Use and Alcohol Misuse. Public Health Monograph. Series No.2. Department of Public Health, Wellington: Wellington School of Medicine.

<sup>40</sup> Ministry of Health. 2005. Tobacco Facts 2005. Wellington: Ministry of Health.

<sup>41</sup> See also <http://www.auahikore.org.nz/research/index.htm>.

## Option 1 - Maintain the Status Quo

80. Do nothing/status quo.

	<b>Benefits (current and future)</b>	<b>Costs (current and future)</b>
<b>Social</b>	No social benefits.	Maintaining the status quo would mean that there would be no encouragement to stop smoking in public outdoor spaces. Potential ongoing social costs of the prevalence of smoking.
<b>Cultural</b>	No cultural benefits.	Maintaining the number of smoking areas will not reduce health inequalities, of which smoking is a major cause, by normalising smoking at venues attended by a wide cross-section of the public.
<b>Environmental</b>	No environmental benefits.	Incorrectly disposed-of cigarette butts are a major fire hazard, causing more than 1,000 fires each year in New Zealand. <sup>42</sup> The issue around incorrectly disposed cigarette butt and packet litter would not be potentially reduced.
<b>Economic</b>	No economic benefits.	Tobacco is a \$22.5 billion dollar cost to New Zealand society annually. <sup>43</sup>
<p><b>Extent to which community outcomes are achieved:</b></p> <p>This option does not achieve any community outcomes.</p> <p><b>Impact on the Council's capacity and responsibilities:</b></p> <p>The Local Government Act 2002 (LGA 2002) states that one of the purposes of councils is to promote the social, economic, environment and cultural well-being of communities, in the present and for the future. Section 11 of LGA 2002 provides that the role of councils is to give effect to their purpose, and perform the duties and exercise the rights conferred on them by, or under, LGA 2002. Section 23 of the Health Act 1956 also states that it is the duty of every council to improve, promote and protect public health within its district. This option will not widely impact on Council's capacity and responsibilities.</p> <p><b>Effects on Maori:</b></p> <p>No positive changes for Maori.</p> <p><b>Consistency with existing Council policies:</b></p> <p>Not applicable.</p> <p><b>Views and preferences of persons affected or likely to have an interest:</b></p> <p>Given the high public acceptability for smokefree areas, as a result of the success of the Hornby trial and other consultations, and research supporting the development of smokefree areas, a do nothing position in response to Cancer Society and Canterbury District Health Board lobbying is difficult to justify.</p>		

<sup>42</sup> New Zealand Fire Service. Emergency Incidence Statistics 2003-2004.

<sup>43</sup> Easton, B (1997). The Social Cost of Tobacco Use and Alcohol Misuse. Public Health Monograph. Series No.2. Department of Public Health, Wellington: Wellington School of Medicine.

## Option 2 – Playgrounds, Sports Parks and Events

81. Make all 326 outdoor children's playgrounds, all sports parks, and Council-owned events smokefree. This option would not include smokefree parks and reserves.

	<b>Benefits (current and future)</b>	<b>Costs (current and future)</b>
<b>Social</b>	De-normalising smoking and providing positive smokefree role models for children and young people. The frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal. Less likelihood of a possible negative reaction from smokers as the scope of this policy would include minimal smokefree areas.	No social costs.
<b>Cultural</b>	Increasing the number of smokefree areas will help reduce health inequalities, of which smoking is a major cause, by normalising 'being smokefree' at venues attended by a wide cross-section of the public.	No cultural costs.
<b>Environmental</b>	Potential reduction in cigarette butt litter and the possible prevention of fires started by dropped cigarette butts in parks and reserves.	No environmental costs.
<b>Economic</b>	Tobacco is a \$22.5 billion dollar drain on New Zealand society annually. <sup>44</sup> There is the potential for this policy to reduce this economic drain as it relates to Christchurch residents.	No economic costs.
<p><b>Extent to which community outcomes are achieved:</b></p> <p>Making public outdoor areas smokefree will contribute to the following Community Outcomes:</p> <ul style="list-style-type: none"> <li>▪ A Healthy City</li> <li>▪ A City of People who Value and Protect the Natural Environment.</li> </ul> <p><b>Impact on the Council's capacity and responsibilities:</b></p> <p>The Local Government Act 2002 (LGA 2002) states that one of the purposes of councils is to promote the social, economic, environment and cultural well-being of communities, in the present and for the future. Section 11 of LGA 2002 provides that the role of councils is to give effect to their purpose, and perform the duties and exercise the rights conferred on them by, or under, LGA 2002. Section 23 of the Health Act 1956 also states that it is the duty of every council to improve, promote and protect public health within its district. Consequently, adopting the attached policy or this option would come within the Council's role and is part of the Council's duty under section 23 of the Health Act. This option will not widely impact on Council's capacity and responsibilities.</p> <p><b>Effects on Maori:</b></p> <p>Smoking is a contributing factor to the health inequalities seen between Maori and non-Maori<sup>45</sup>. Maori in all age groups have higher smoking rates than non-Maori. In the Hornby trial survey 91.7% of Maori found smokefree playgrounds acceptable.</p> <p><b>Consistency with existing Council policies:</b></p> <p>No inconsistency with existing Council policies.</p> <p><b>Views and preferences of persons affected or likely to have an interest:</b></p> <p>Stakeholders consulted were supportive of the development of a Council policy which made certain public outdoor areas smokefree. There was a particular acceptance for areas where children were key users of the area and which were for recreational purposes to become smokefree.</p>		

<sup>44</sup> Easton, B (1997). The Social Cost of Tobacco Use and Alcohol Misuse. Public Health Monograph. Series No.2. Department of Public Health, Wellington: Wellington School of Medicine.

<sup>45</sup> Ministry of Health. 2005. Tobacco Facts 2005. Wellington: Ministry of Health.



#### Option 4 – Selected Public Places, Parks and Reserves, Playgrounds, Sports Parks, Events

82. Option four proposes to make a selected number of other public places, all parks and reserves (including those which incorporate sports parks and all playgrounds), and Council-owned events smokefree. This differs from the preferred option by also including a selected number of other public places in the coverage of the policy.
83. It is still difficult to ascertain, at this point, which selected public places should become smokefree. There have been two complaints from one member of the public about people smoking outside the Bus Exchange on Colombo Street, one 2009-2019 LTCCP submission made from a member of the public about the issue of smoking at bus stops, and one complaint by the Central City Business Association<sup>46</sup> around people smoking at shop entrances.
84. Other possible smokefree public places noted by stakeholders include:
- Selected inner city streets and public malls (e.g. New Regent Street, Oxford Terrace, Manchester Street, The City Mall)
  - Outdoor Council car parks
  - Council facility entrances (e.g. pools, libraries)
  - Semi-enclosed public space (e.g. All (Central City) bus stops including the area outside of the Bus Exchange)
  - All Council-owned walkways (e.g. around Horseshoe Lake)
  - Entranceways of the Convention Centre
  - the Avon River Corridor and the Botanic Gardens
85. If this option was preferred by the Council, additional consultation would need to be undertaken around which selected public places have the public support to be made smokefree.

	<b>Benefits (current and future)</b>	<b>Costs (current and future)</b>
<b>Social</b>	De-normalising smoking and providing positive smokefree role models for children and young people. The frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal.	Raises the issues of individual freedom and selected smokefree public places would be less supported by the public in principle. There is an expectation that there would be an increase in issues and less compliance. The more smokefree public outdoor areas, the more likely the public may react negatively.
<b>Cultural</b>	Increasing the number of smokefree areas will help reduce health inequalities, of which smoking is a major cause, by normalising 'being smokefree' at venues attended by a wide cross-section of the public.	No cultural costs.
<b>Environmental</b>	Potential to reduce cigarette butt litter and the possible prevention of fires started by dropped cigarette butts in parks and reserves.	No environmental costs.
<b>Economic</b>	Tobacco is a \$22.5 billion dollar drain on New Zealand society annually. <sup>47</sup> There is the potential for this policy to reduce this economic drain as it relates to Christchurch residents.	No economic costs.

<sup>46</sup> The President of the Christchurch City Business Association supports discouraging smoking in selected public places in the central city. He writes: "A major issue is people smoking in businesses' doorways. The smoke wafts in and contaminates their atmosphere and products for sale."

<sup>47</sup> Easton, B (1997). The Social Cost of Tobacco Use and Alcohol Misuse. Public Health Monograph. Series No.2. Department of Public Health, Wellington: Wellington School of Medicine.

**Extent to which community outcomes are achieved:**

Making public outdoor areas smokefree will contribute to the following Community Outcomes:

- A Healthy City
- A City of People who Value and Protect the Natural Environment.

**Impact on the Council's capacity and responsibilities:**

The Local Government Act 2002 (LGA 2002) states that one of the purposes of councils is to promote the social, economic, environment and cultural well-being of communities, in the present and for the future. Section 11 of LGA 2002 provides that the role of councils is to give effect to their purpose, and perform the duties and exercise the rights conferred on them by, or under, LGA 2002. Section 23 of the Health Act 1956 also states that it is the duty of every council to improve, promote and protect public health within its district. Consequently, adopting the attached policy or this option would come within the Council's role and is part of the Council's duty under section 23 of the Health Act. This option will not widely impact on Council's capacity and responsibilities.

**Effects on Maori:**

Smoking is a contributing factor to the health inequalities seen between Maori and non-Maori<sup>48</sup>. Maori in all age groups have higher smoking rates than non-Maori. In the Hornby trial survey 91.7% of Maori found smokefree playgrounds acceptable.

**Consistency with existing Council policies:**

No inconsistency with existing Council policies.

**Views and preferences of persons affected or likely to have an interest:**

There was a lack of acceptance from consulted stakeholders for smokefree public outdoor places which took away from the core aim of smokefree areas: providing smokefree role-models for children and young people. There was a concern around an impingement on smokers' rights and the need for enforcement of a wider smokefree public places policy.

**Option 5 – All Public Places**

86. Make all public outdoor areas smokefree.
87. This would include:
  - All parks and reserves
  - All sports parks
  - All playgrounds
  - All streets
  - All public malls
  - All public beaches
  - All other public outdoor locations.
88. Council staff believe that further consultation would need to be undertaken to determine if such a policy would be acceptable to the public and how best to communicate the policy – through signage or through other communication mediums.

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<sup>48</sup> Ministry of Health. 2005. Tobacco Facts 2005. Wellington: Ministry of Health.

	<b>Benefits (current and future)</b>	<b>Costs (current and future)</b>
<b>Social</b>	De-normalising smoking and providing positive smokefree role models for children and young people. The frequency with which young people observe smoking has an association with the perception that smoking is socially acceptable and normal.	A blanket city-wide smokefree public places policy raises issues of individual freedom. Smoking, after all, is not illegal out of doors, and may lead to a belief that policing is required or underway. There could be a very negative reaction from the public about a blanket policy.
<b>Cultural</b>	Increasing the number of smokefree areas will help reduce health inequalities, of which smoking is a major cause, by normalising 'being smokefree' at venues attended by a wide cross-section of the public.	No cultural costs.
<b>Environmental</b>	Potential to reduce cigarette butt litter and the possible prevention of fires started by dropped cigarette butts in parks and reserves.	No environmental costs.
<b>Economic</b>	Tobacco is a \$22.5 billion dollar drain on New Zealand society annually. <sup>49</sup> There is the potential for this policy to reduce this economic drain as it relates to Christchurch residents. A blanket smokefree public places policy may only require effective publicity of the policy.	No economic costs to Christchurch residents.
<p><b>Extent to which community outcomes are achieved:</b></p> <p>Making all public outdoor areas smokefree will contribute to the following Community Outcomes:</p> <ul style="list-style-type: none"> <li>▪ A Healthy City</li> <li>▪ A City of People who Value and Protect the Natural Environment.</li> </ul> <p><b>Impact on the Council's capacity and responsibilities:</b></p> <p>The Local Government Act 2002 (LGA 2002) states that one of the purposes of councils is to promote the social, economic, environment and cultural well-being of communities, in the present and for the future. Section 11 of LGA 2002 provides that the role of councils is to give effect to their purpose, and perform the duties and exercise the rights conferred on them by, or under, LGA 2002. Section 23 of the Health Act 1956 also states that it is the duty of every council to improve, promote and protect public health within its district. Consequently, adopting this option would come within the Council's role and is part of the Council's duty under section 23 of the Health Act. However, no other council's in New Zealand has a policy where all public places are smokefree. This option will not widely impact on Council's capacity and responsibilities.</p> <p><b>Effects on Maori:</b></p> <p>Smoking is a contributing factor to the health inequalities seen between Maori and non-Maori<sup>50</sup>. Maori in all age groups have higher smoking rates than non-Maori. In the Hornby trial survey 91.7% of Maori found smokefree playgrounds acceptable.</p> <p><b>Consistency with existing Council policies:</b></p> <p>No inconsistency with existing Council policies.</p> <p><b>Views and preferences of persons affected or likely to have an interest:</b></p> <p>There was mixed opposition and support for a blanket smokefree public places policy. Opposition, however, was in the majority. There were concerns around the need for smokers to have somewhere in public outdoor areas to smoke. There were concerns about communicating the policy to visitors to our city and about the potential push back from the public. There was a perception that groups with a higher percentage of smokers should be consulted if this option was considered viable.</p>		

<sup>49</sup> Easton, B (1997). The Social Cost of Tobacco Use and Alcohol Misuse. Public Health Monograph. Series No.2. Department of Public Health, Wellington: Wellington School of Medicine.

<sup>50</sup> Ministry of Health. 2005. Tobacco Facts 2005. Wellington: Ministry of Health.