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What Wellington region city councillors think of smokefree outdoor places

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Abstract

Aim To explore the knowledge of and attitudes to outdoor smokefree policies expressed by city councillors in the Wellington region.

Method Out of 39 councillors in Lower Hutt, Porirua, and Wellington cities, face-to-face semi-structured interviews were conducted with 21 councillors (54%) during November–December 2007.

Results Most of the interviewees agreed that outdoor smoking would affect role modelling to children (86%) and create litter in public places (76%), whereas other impacts (pollution, health, annoyance, anxiety) attracted less agreement. Many interviewees had little knowledge about such impacts. There was very limited knowledge about existing outdoor smokefree policies elsewhere (38%) including knowledge of the smokefree parks policy in nearby Upper Hutt (19%). There was some support for both such policies (particularly for smokefree playgrounds) and for council intervention. Most councillors identified a range of potential obstacles to effective policy implementation. Some suggested that such obstacles could be overcome by education and advocacy to increase awareness and public support.

Conclusions Councillor acceptance of outdoor smokefree policies partly depends on demonstrated public support, and assessments of existing policies. There is a need for health advocates to better inform councillors of the successes of such policies internationally and in New Zealand.

Global advancements in awareness of the hazards of secondhand tobacco smoke have spurred the introduction of smokefree policies in many countries worldwide.[1] Within New Zealand, central government legislation to restrict tobacco smoking in indoor public places has received widespread acceptance and high compliance,[2–4] attributed to the increasing awareness by smokers[5] and non-smokers of the health hazards of indoor secondhand smoke.[6]

In addition to indoor smokefree policies, several international jurisdictions have enacted laws to enable outdoor smokefree public places—for example parks, playgrounds, and beaches in California,[7] Hong Kong, and New South Wales.[8,9]

In Singapore, comprehensive legislation prohibits tobacco smoking in outdoor public places—including dining facilities, bus-stops and taxi-stops, swimming and sports facilities, grounds of schools and healthcare establishments, and any area occupied by a queue of two or more people.[10] In Washington State in the United States (US), areas within 25 feet (7.62 metres) of public places and places of employment are required to be smokefree.[11]

Several New Zealand district councils—including Ashburton,[12] South Taranaki,[13] Queenstown Lakes, South Wairarapa, Carterton, Whanganui, New Plymouth, Rotorua, and Opotiki[14,15]—have educational policies that use signs and media information (rather than bylaws) to encourage the public to keep outdoor parks, playgrounds, and sports grounds smokefree.

An educational policy introduced in 2006 for smokefree Upper Hutt city parks is the most comprehensive policy regarding smoking in outdoor public places in the Wellington region—it has received strong public support.[16,17] In 2002, the Wellington City Council enacted a bylaw to prohibit smoking in Cable Car Lane, a semi-enclosed area.[18]

When children see or know others are smoking, they are at increased risk of smoking and of continuing to smoke, because of the example and normalisation of smoking.[19–21] There appears to be a dose-response effect, so the more there is smoking around them, the more youth are at risk of smoking.[22,23] The risk is partly because perceived smoking prevalence indicates to children the social norms for smoking.[9,10]

Despite the role modelling for smoking from outdoor public smoking, there appear to be no relevant New Zealand government guidelines and little relevant legislation. The exception is the requirement for the grounds of schools and early childhood centres, and grounds used primarily by children from such centres, to be smokefree.[24] The notion of outdoor smokefree policies for public places in New Zealand is therefore anticipated to remain an area of controversy amongst the public and policymakers.

Furthermore, the development of such policies appears to have been little studied within New Zealand or internationally. A 2004 Minnesota (a US state) survey of city or county park and recreation directors found that those in places *without* policies expressed a range of concerns about possible implementation problems. Those in places *with* some sort of smokefree parks policies reported that some of the concerns were justified, however 90% of them would recommend the policy to other places.[25]

Generally, tobacco policy research has highlighted the complexity of policy,[26, 27] the importance of agenda setting,[28-30] and the way this increases the role of officials and advocates.[31] Theories of how tobacco control policies progress to the point of adoption suggest that effective lobbying can get laws adopted. Such lobbying needs to be accompanied by 'outsider advocacy', where public support for change is demonstrated by advertisements, demonstrations and referenda.[32,33]

The essential elements of advocacy include framing issues skilfully to facilitate understanding and resonance with wide concerns, ensuring media coverage of issues (sympathetic where possible)[34] and understanding the political context.[35] In New Zealand, much of the research on the policy process for tobacco control[36–40] has focused on the 1987–90 period and at the national level.

This study explored the current knowledge of and attitudes to outdoor smokefree policies expressed by city councillors in three cities in the Wellington region, so as to identify themes and implications for policy development. Councillors were chosen for this initial study so as to focus on the overt politics of outdoor smokefree areas. We recognise that the study of non-elected officials' knowledge and attitudes will also be valuable for the examination of institutional pathways for change.

Method

Over a 1-week recruitment period in November 2007, all councillors from the Hutt, Porirua, and Wellington city councils were invited to participate in the study. The councils were selected as those near to a city (Upper Hutt) that had successfully implemented smokefree parks policies. Contact details of the councillors were obtained from their council websites. An information sheet and consent form was first emailed to each councillor with a request for an anonymous interview.

Follow-up telephone calls were made to establish whether or not each councillor wished to participate. Ethics permission was obtained through the University of Otago ethics process.

Semi-structured interviews (with both closed and open questions) were conducted in person with each participant, with notes taken by the interviewer. The interviews, lasting 15 minutes to 1 hour, were conducted across Lower Hutt, Porirua, and Wellington from 21 November to 7 December 2007. Interviewees were asked about their knowledge and views regarding outdoor smoking in public places, and regarding policies to limit this.

Responses were recorded by the interviewer (ST) and analysed for themes and ideas, using a mixed inductive and directed theoretical approach. The analysis used coding largely based on set questions, but allowed for the inductive development of themes from the responses to both set and open questions. Particular interest was given to how the councillors grouped and framed ideas for encouraging and facilitating policy change. Care was taken to ensure several and opposing viewpoints from the data.[41pp.18–19]

At the end of the project, the study results were sent to those councillors who had requested them.

Results

Sample—35 (90%) out of 39 councillors responded to the interview invitation; 26 (74%) agreed to be interviewed, but 5 were not able to be interviewed in the time available. Hence, 21 councillors (54%) were interviewed, comprising 10 females and 11 males.

- All disclosed their smoking status: 2 were current smokers, 8 were ex-smokers, and 11 had never smoked;
- 9, 5, and 7 councillors were from Hutt, Porirua, and Wellington City Council respectively;
- 8 had been a councillor for 1–2 months, 3 for 1–5 years, 4 for 5–10 years, 3 for 10–15 years, and 3 for over 20 years.

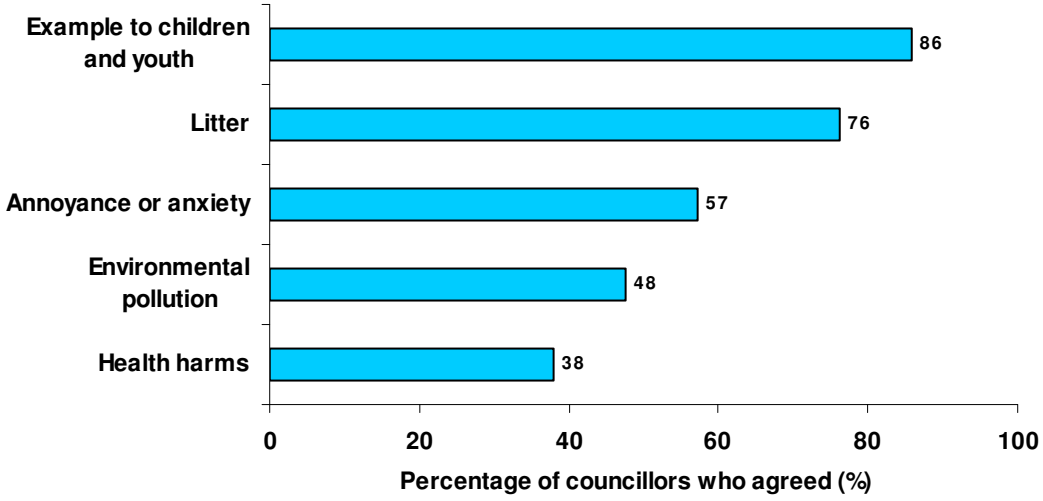
Knowledge about existing outdoor smokefree policies—There was very limited knowledge about existing outdoor smokefree policies. Eight (38%) of the councillors interviewed were aware of outdoor smokefree public places in New Zealand or overseas, however 13 (62%) were not. Four cited Upper Hutt parks, two cited Manukau sports grounds, two cited Westpac stadium, and one cited golf courses and outdoor restaurants in the US city of Denver.

Four of the eight councillors who were aware of the policies elsewhere favoured these policies as they promoted a healthy climate, three believed that they were unenforceable and had dubious results, and one had no opinion. One councillor commented that smokefree Upper Hutt parks was "a bold initiative without central government direction and had been supported by the vast majority of the community."

Perceived impacts of outdoor smoking on the community—When asked to identify likely impacts of outdoor public smoking on the community, most participants agreed that it would set an example to children and youth (86%) and create litter (76%)

(Figure 1). None explicitly disagreed that outdoor smoking would set an example. Annoyance or anxiety in non-smokers (57%), environmental pollution (including litter) (48%) and harm to others' health (38%) attracted less agreement.

Figure 1. Perceived impacts of outdoor smoking on the community



Responding to an open question about possible impacts, 10 (47%) of the councillors suggested further impacts of outdoor smoking. Negative impacts included the normalisation of smoking, nuisance to others, fire hazard, and damage to public assets (e.g. burn marks and discolouration). The potential for fires from discarded butts was described by one as a "huge problem."

Three councillors explicitly reiterated concerns about examples to children. One described public smoking as encouraging "self-centred, inconsiderate behaviour." Others mentioned that outdoor smoking was an "ongoing advertisement to others that smoking is still OK", gave a "bad impression to tourists and visitors", and "looks and smells bad in doorways."

Outdoor smoking was described as a nuisance to others because it made it "less pleasant to exercise outdoors", affected "seating in [outdoor areas of] restaurants and cafes" and produced a "noticeable impact of smoke from congregations of smokers."

A further councillor suggested positive impacts; role modelling of compliance with indoor smoking restrictions, and enhanced public safety through vigilance of outdoor smokers.

Two councillors identified the social segregation of non-smokers and smokers (through the association of smokers with outdoor dining places) as an impact.

Support for outdoor smokefree policies—There was some support for smokefree outdoor public places; 11 (52%) of the councillors thought it would be a good idea to limit outdoor smoking in some places, 5 (24%) disagreed, and 5 (24%) were uncertain.

Those in favour of limiting smoking in some outdoor places believed that this would reduce its negative impacts, denormalise smoking, reduce population smoking rates, and allow non-smokers to enjoy outdoor environments uncontaminated by smoke. Comments included "social smoke contamination is a major problem for non-smokers—invading their personal space", "smoking outdoors has a wide range of negative impacts", "smoking should be limited everywhere, not just indoors", and "non-smokers have the right to a smokefree environment/fresh air outside buildings."

Those who disagreed felt that outdoor smokefree policies would marginalise smokers, be unenforceable, and create tensions within the public and that current indoor smoking restrictions are sufficient. Comments included "smoking in outdoors is a matter of choice for the individual", "limiting smoking marginalises smokers' human rights", and outdoor policies were "going too far—current smokefree policies for indoors are adequate" and an "infringement on smokers' rights. Policies would be impossible to enforce."

Those who expressed uncertainty were cautious about the outcome of such policies. They suggested the need to balance the rights of non-smokers and smokers by retaining places in which smoking would be permitted.

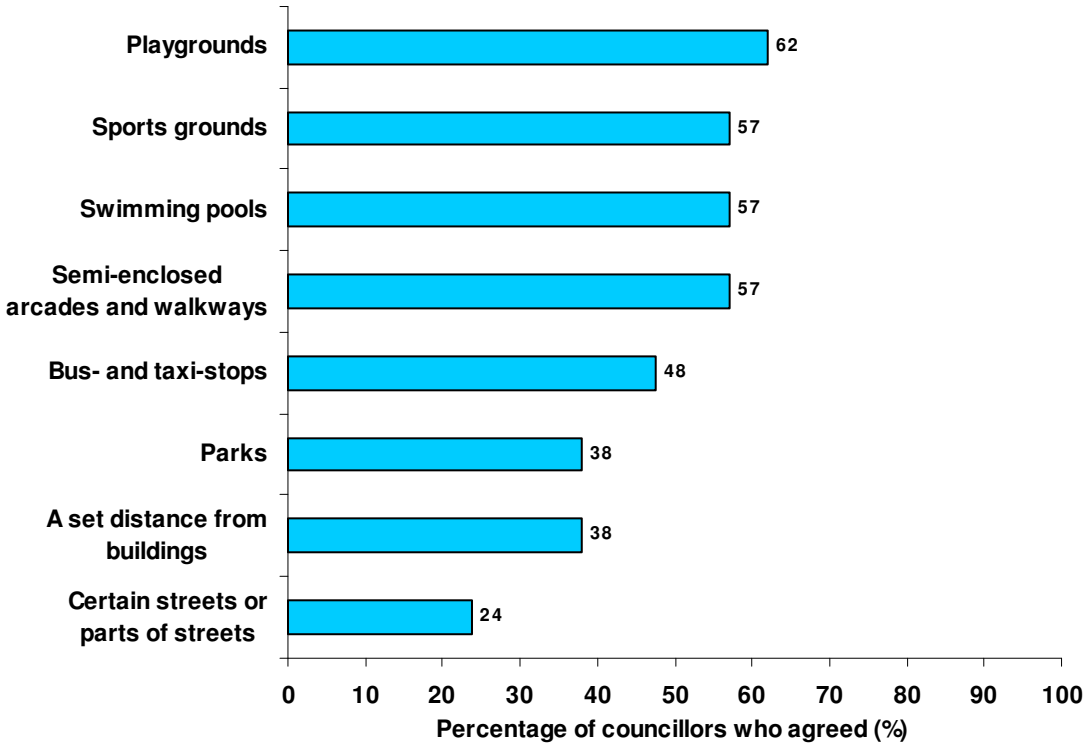
When asked if councils had a role in forming outdoor smokefree policies, there was less uncertainty. Eleven (52%) councillors agreed that councils should intervene to limit smoking in some outdoor public places, eight (38%) disagreed and two (10%) were uncertain. Those who favoured intervention were non-smokers who felt that councils should limit outdoor smoking for local benefit. Those who opposed council intervention were smokers and non-smokers.

Reasons cited by the councillors who were opposed were infringements on smokers' rights and disliking a "nanny state." Two suggested that such change would be "over-the-top—not part of council's role, and over-regulating people" and that it was "not the role of council to over-regulate people's lives."

The supportive councillors felt that a *national* outdoor smokefree policy was needed to avoid local inconsistencies, by moving from educational policies to legislation. One suggested that the move to outdoor smokefree policies could only be "only with the support from central government to enforce and coordinate policies and legislation nationwide."

There was a strong theme that "council has an obligation to undertake leadership role on behalf of the community", "council should intervene to break the cycle" and that "community leaders should set a good example." Similar comments were that councils have a role in "promoting public health", "protecting the community", and creating "policies that could benefit the community." Two felt that councils should "designate certain smokefree spaces", for instance sports areas, and "declare no-smoking events and where crowds are." A particularly interesting framing was that "smoking should be limited in the interest of civilians."

Figure 2. Opinions about which outdoor public places should be smokefree



There was greater support for particular smokefree recreational areas [playgrounds (62%), sports grounds (57%), swimming pools (57%)] and semi-enclosed arcades and walkways (57%). Only three councillors (14%) explicitly disagreed with smokefree playgrounds. There was less support for smokefree bus-stops and taxi-stops (48%), parks (38%), zones around doorways and windows of buildings (38%), and certain streets or parts of streets (24%) (Figure 2).

Eight councillors suggested other places that should be smokefree: outdoor cafés, beaches, scenic attractions, railway stations, the zoo, and the waterfront. One suggested as criteria for where there should be such policies as "essentially where people are in a confined space for a significant period of time and such smoke would create a nuisance."

Perceived usefulness and practicability of outdoor smokefree policies—Issues of usefulness and practicability concerned many of the councillors. Ten (48%) agreed that policies for smokefree outdoor public places were useful, but six (29%) disagreed. Only five (24%) agreed that such policies could be implemented effectively, whereas seven (33%) disagreed.

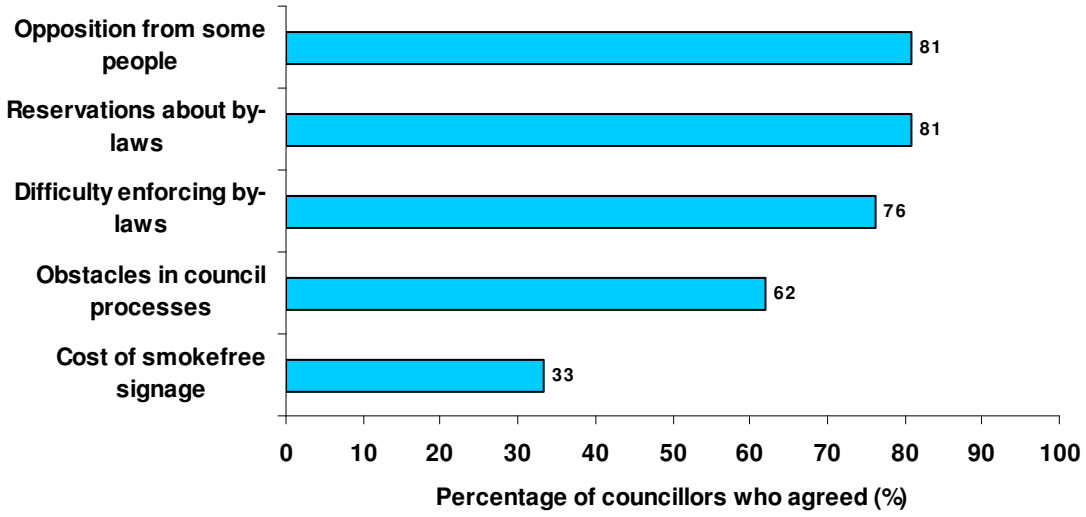
A supporting argument raised for the practicability of such polices was that the "public willingly accepted smokefree restaurants." Two councillors suggested preconditions for policy practicability, that policies have "wide public support" and "central government support." Another stated that the "effectiveness [of policies] depends on which outdoor areas are selected."

Although several councillors added that educational policies were unlikely to receive compliance, two believed that such policies could raise awareness. One commented that "educational policies and bylaws could complement each other—with education as a follow-up."

In contrast, higher proportions were convinced of the usefulness and practicability of bylaws for alcohol-free areas; 16 (76%) councillors felt that these were useful and 2 (10%) disagreed; 14 (67%) agreed that alcohol-free areas could be implemented effectively, but 3 (14%) disagreed. One councillor commented that there exists "a difference in the public mindset about the two substances": smoking outdoors is more normalised than alcohol consumption in outdoor public places.

Sixteen (76%) councillors cited potential difficulty in enforcing outdoor smokefree bylaws. Seven (33%) cited the cost of signage as an obstacle to implementation of outdoor smokefree policies, but 7 (52%) disagreed (Figure 3). Some suggested that the obstacles could be overcome through increasing awareness to gain widespread support from the public and policymakers. However, 17 (81%) councillors perceived that outdoor smokefree policies were likely to be opposed by certain groups, for example tobacco manufacturers and smokers.

Figure 3. Perceived obstacles to outdoor smokefree policies



Seventeen (81%) councillors anticipated reservations towards having outdoor smokefree bylaws due to enforcement difficulties. Thirteen (62%) anticipated obstacles in council processes: lack of support due to concerns about restricting freedom, competing priorities, limitations in monitoring compliance, expensive consultation processes required to develop outdoor smokefree policies, and perceptions that such policies required central coordination.

Eighteen (86%) councillors suggested other issues of cost and practicability, including: the cost of educational campaigns, limitations in monitoring compliance in

large areas, and competing priorities. One councillor suggested "visual pollution" from smokefree signs.

Fourteen (67%) councillors suggested obstacles, including: the conflict of bylaws with existing central legislation that permits outdoor smoking, perception by some people that indoor smoking restrictions are adequate, concerns about restricting freedom ("nanny state") and the potential backlash from smokers. Five cautioned that tobacco manufacturers would almost certainly lobby against outdoor smokefree policies due to commercial interest.

Suggestions for the development of outdoor smokefree policies—When asked to suggest ideas that health promoters could use to persuade decision-makers to develop policies to increase the number of smokefree outdoor public places, most (90%) councillors contributed ideas, ranging from general approaches and techniques to specific measures. The councillors' suggestions are mapped in Figure 4, giving the techniques needed for four development approaches and the suggested measures, indicators and evidence required.

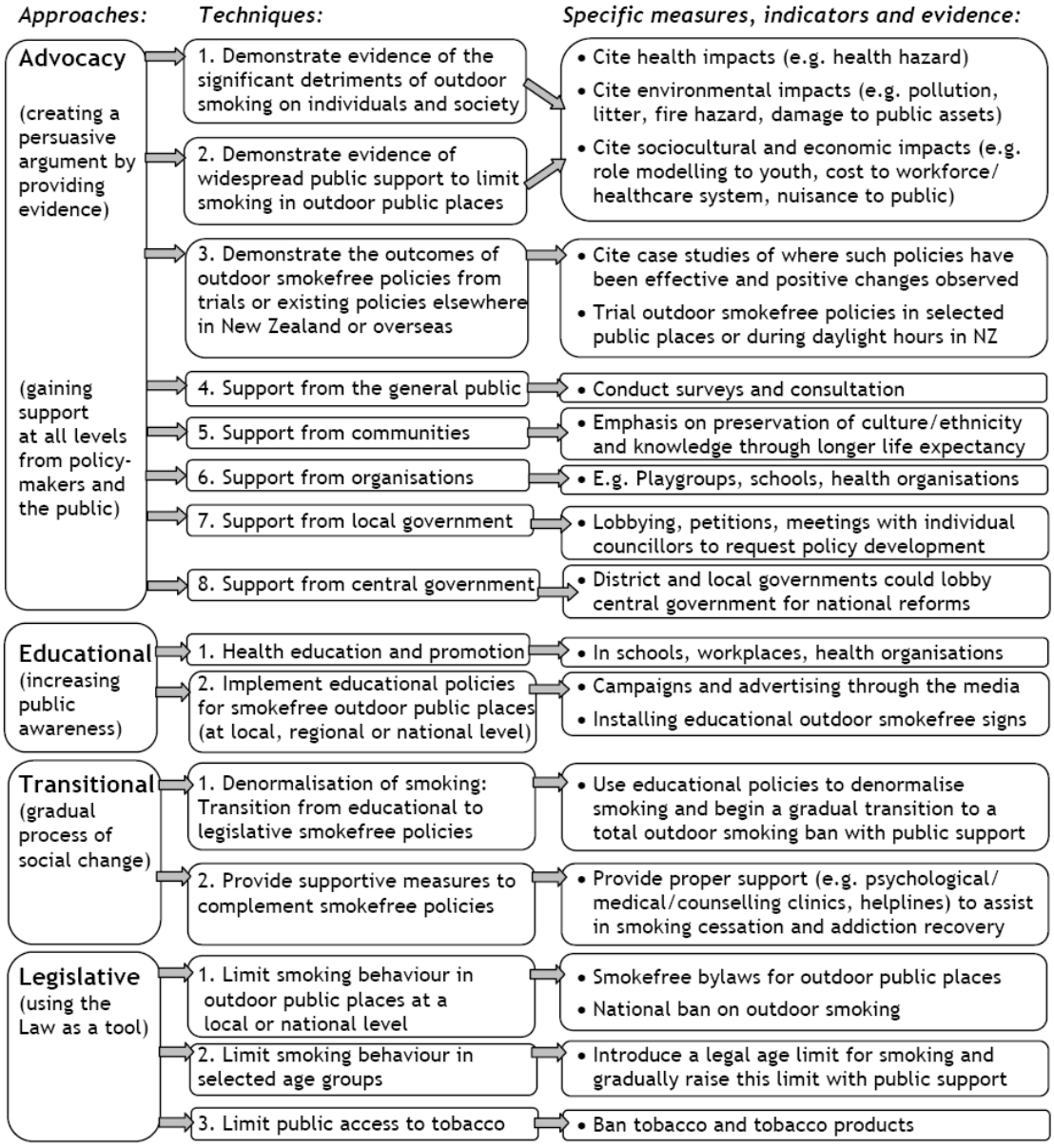
Many suggestions involved advocacy. Some suggested demonstrating with evidence the significant detriments of outdoor smoking, the public support to limit this, and the favourable outcomes of existing outdoor smokefree policies in New Zealand or abroad. A complementary approach would involve campaigns, lobbying and public forums to gain support from the public and policymakers.

Particular suggestions included creating "a logical, persuasive argument", emphasizing "the negative economic impacts of smoking outdoors", getting support from "health and community organisations to gather numbers", and precursor education "campaigns, for instance TV ads, to create awareness—especially on role modelling."

One suggested trialling "smokefree policies in selected parks—people are usually more willing to commit to a trial." Preliminary research on the problems from smoking in particular places was also suggested—e.g. a "selected park where smoking is a problem—interviewing park users and involving children." It was considered essential to "define carefully what [advocates] want from the council" and to "provide cost estimates."

An educational approach (using campaigns, advertising, and smokefree signs) was suggested and preferred by some councillors over a legislative approach (using bylaws, or a national policy on smoking or tobacco). Some councillors suggested a transitional approach whereby educational policies could be used to gradually denormalise smoking and maximise support for legislation. Some argued that supportive measures for smoking cessation and addiction recovery should complement smokefree policies.

Figure 4. Councillor suggestions for the development for outdoor smokefree policies



Discussion

Themes and policy implications—The research provided previously unrecorded information on councillor knowledge and attitudes, in a "policy frontier" area with major implications for health. It helps trace the emergence of the theme of "role modelling of smoking" as a driver for outdoor smokefree policy development, supplementing existing drivers such as direct health harm, litter, and public annoyance. It confirms, for the local government arena, the division of policymaker opinion between support for smokers' rights or "choice", and for a population's rights to be smokefree.[19–23,42]

The interviews revealed a range of opinions and knowledge amongst the interviewees regarding outdoor smokefree policies. Many councillors acknowledged a lack of information about the impacts of outdoor smoking, highlighting the need for demonstrable evidence of such impacts to be reported to the public and decision-makers.

The setting of negative examples to children and youth attracted the most agreement as an impact of outdoor smoking. While there is some research evidence on the example of smokers on smoking uptake risk,[9,10,19–23] this may be one of the first research descriptions of policymakers recognising this risk.

Negative role modelling and the normalisation of smoking appeared to be of greater concern than environmental or direct health impacts. There was clear support for smokefree policies for public playgrounds, sports grounds and outdoor swimming pools.

Aside from perceptions about the *impacts* of outdoor smoking, other factors critically influenced councillor support for such policies. Many councillors were concerned that smokefree outdoor policies be demonstrated to have widespread public support.

These councillors appeared unaware of New Zealand surveys of public attitudes. In 2007, 69% agreed with the statement "smoking should be banned in all outdoor places that children are likely to go,"[43p.10] and 76% said it was not acceptable to smoke at outdoor children's playgrounds. Fifty-one percent said that smoking at sports fields was "not at all" acceptable, with only 16% saying it was alright to smoke anywhere at sports grounds.[43p.10] Opinion on smokefree sports fields had changed since 2003, when the respective figures were 35% and 34%.[44p.58]

Perceptions differed about whether outdoor smokefree policies, if introduced, ought to be regulated by councils or the central government. Some councillors favoured nationwide coordination to avoid conflicts with central legislation. For some, the need to protect children's rights via policies for smokefree outdoor places, and the need to avoid restrictions on smokers' freedom, were in apparent conflict.

Smokefree playgrounds attracted the most support from the councillors, in line with majority concerns about role modelling as an impact of outdoor smoking. Smokefree sports grounds and swimming pools attracted some agreement, perhaps indicating some belief that unhealthy behaviours should be excluded from recreational places promoting a healthy lifestyle.

Knowledge about existing outdoor smokefree policies was generally limited. This highlights the need for studies of outdoor smokefree policies in New Zealand or overseas, and for outcomes such as smoking prevalence, compliance and public support to be measured. Trials of outdoor smokefree policies in selected places would be useful; moreover, it was suggested that the public might be more receptive to policies that had been trialled.

Of the arguments available for advocates of smokefree outdoor places, those that focus on children may be the strongest. Besides the evidence above of public support for smokefree playgrounds and other places where children are likely to go, virtually no parents and few smokers want children to start smoking. What may need to be

demonstrated to some is the extra risk of such smoking uptake, when there is normalisation due to public outdoor smoking.[9,10]

A multifaceted approach to policy development—Based on the themes and issues raised by the councillors, it is suggested that a combination of approaches could be incorporated in developing outdoor smokefree policies. Crucial elements of advocacy and education include, for example: evidence of normalisation to children from outdoor smoking; favourable outcomes of trials or existing policies in New Zealand and abroad; campaigns, lobbying, petitions, and the evidence of public and community organisation support—as shown in Figure 4. This broad policy development approach[45] is supported by empirical evidence from health advocacy efforts.[46,47]

In light of anticipated opposition to the implementation of outdoor smokefree bylaws and the preference indicated by some for educational policies over legislation, a transitional approach could be incorporated. This would involve the gradual denormalisation of smoking through education, so as to maximise support for existing smokefree legislation to be extended to outdoor places.

Limitations and future research—The study had some limitations. Due to the nature of the opportunistic sampling, only 21 councillors from three councils were interviewed. The sample size may have limited the range of opinions and knowledge, hence the results may not be generalisable to councillors in the region or in New Zealand.

For further research, the sample could be extended to include local and national policymakers across New Zealand. Moreover, future research could further explore the views and knowledge of the public about outdoor smokefree policies, and assess the outcomes of trials of such policies in New Zealand or overseas.

Conclusion

Most councillors interviewed wanted smokefree playgrounds and agreed that outdoor smoking sets an example to children. A combination of advocacy, educational, and legislative approaches to the development of outdoor smokefree policies appear to be needed to advance the denormalisation of outdoor public smoking in New Zealand. Further research would help establish local and national support for a variety of outdoor smokefree policies for use across New Zealand.

Competing interests: None known.

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