Review of Auckland Council’s Smokefree Policy 2013

Findings Report

July 2016
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# Executive summary

Auckland Council (the council) adopted the Smokefree Policy (the policy) in July 2013. It applies until 2018.

The policy aligns with the Government’s goal of becoming a smokefree nation by 2025, and gives effect to specific commitments made in the Auckland Plan. It follows a non-regulatory approach aimed at encouraging people to refrain from smoking, particularly in public places and at public events.

The policy is implemented over time, in three phases. The policy scheduled a policy review for 2016, between phases two and three of the implementation programme. The review is now complete.

The purpose of the review was to evaluate the effectiveness of the policy in achieving its overall intent i.e. to determine whether the policy is working in practice. This involved:

- an assessment of the policy’s effectiveness in achieving its overall purpose and objectives
- consideration of the processes and implementation associated with the policy to identify conditions that have supported and/or hindered the policy effectiveness
- determining whether a bylaw would help to improve the overall policy effectiveness

The key findings of the review are:

- the policy framework and intent are generally effective and well supported by stakeholders
- the prevalence of smoking in Auckland has reduced since the policy was adopted, and Auckland is on track to meet the 2025 goal. However, it is unclear what role the policy has played in this
- the policy’s performance against other objectives is inconsistent
- implementation has been gradual and fragmented, which has hindered the policy’s overall effectiveness in meeting its purpose and objectives. This has also created confusion amongst all stakeholders and the community about the council’s role in contributing to smokefree outcomes
- a smokefree bylaw mechanism is not necessary to implement the remaining phases of the policy

Staff have identified three strategic approaches to help address the review findings and enable the council to make further progress towards creating a smokefree city by 2025:

- **Option 1: Strengthen the implementation of the existing policy** – develop a new resourcing model to enable improved implementation within the existing policy intent and framework.
- **Option 2: Develop a new smokefree policy to 2025** – develop a new policy framework and intent, and redefine the council’s role in contributing to a smokefree Auckland by 2025.
- **Option 3: Progress the investigation of a smokefree bylaw** – commence the statutory process for investigating a draft smokefree bylaw to complement the council’s smokefree policy.


2. **Introduction**

Auckland Council (the council) adopted its Smokefree Policy (the policy) in July 2013. The policy sets out the council’s “commitment to work proactively with others towards making Auckland smokefree by 2025.”

The policy is implemented over time, in three phases and applies until 2018. The policy signalled that the council should review the policy in 2016, between phases two and three of the implementation programme, to evaluate whether the policy is achieving its overall purposes and objectives and to determine the most appropriate approach for implementing Phase 3 of the policy (the review).

The review is now complete. This report presents the results, findings and conclusions and strategic options resulting from the review.

2.1. **Background**

Auckland Council’s Smokefree Policy 2013 states that a policy review will take place in 2016 before Phase 3 of the implementation programme, creating smokefree public places in areas around sports clubs, outdoor dining areas, urban centres, beaches and common areas around council housing.

In February 2015, Auckland Council’s Hearings Panel of the Trade and Events in Public Places Bylaw requested that the smokefree policy review be brought forward to commence in 2015. This request was endorsed by the governing body when the Trade and Events in Public Places Bylaw was adopted in February 2015.

In May 2015, the Regional Strategy and Policy Committee received an update report on the implementation of the Smokefree Policy. At this meeting the review timeframe was determined with a report on the review back to the committee for their consideration in July 2016.

2.2. **Overview of the Smokefree Policy 2013**

Auckland Council (the council) adopted the Smokefree Policy (the policy) in July 2013. It applies until 2018, allowing sufficient time to implement a Phased approach to specific areas.

**Purpose**

The purpose of the Smokefree Policy 2013 is:

“To document and give effect to Auckland Council’s commitment to work proactively with others towards making Auckland smokefree by 2025.”

The term ‘smokefree’ represents an aspirational goal rather than a commitment to ban smoking altogether. It means that less than five per cent of Auckland’s adult population will be current smokers and there will be a range of smokefree public places for Auckland’s communities to enjoy.

When the review refers to smokefree public places it is limited to outdoor areas of public places identified in the Smokefree Policy 2013 which are council owned or operated premises.
The policy aligns with the Government’s goal of becoming a smokefree nation by 2025, and gives effect to specific commitments made in the Auckland Plan.

**Policy objectives**

The policy sets out the following five objectives, to:

1) improve the health and well-being of Auckland’s communities by reducing the prevalence of smoking and de-normalising smoking behaviour
2) focus on those most in need, as indicated by smoking prevalence and health statistics, and as outlined in the Auckland Plan
3) protect Auckland’s environment by decreasing risk of fire from cigarette butt litter and by reducing the amount of cigarette packet and butt litter that enters the environment
4) give effect to the strategic commitments made in the Auckland Plan and local board plans
5) acknowledge the importance of the council’s role in advocating for wider smokefree initiatives.

**Guiding principles**

The policy also includes the following guiding principles:

1) The wellbeing of children and young people is a central consideration for the policy.
2) Where possible, high-density areas and places where people congregate should be prioritised.
3) In order for the council to lead by example, areas that people directly associate with the council should be prioritised.
4) The policy should encourage behavioural change in a manner that is acceptable to and supported by Auckland’s communities.
5) The policy should be cost effective.
6) The policy should focus on promoting a positive smokefree message, especially to children and young people.

**Policy approach**

The policy follows a non-regulatory approach aimed at behaviour change and promoting a positive smokefree message. Compliance with the policy is voluntary and is not enforced by the council. Compliance is instead encouraged by educating the public to model and promote appropriate behaviour, which in turn encourages others to be smokefree.
Policy content

The main policy content focuses on encouraging people to refrain from smoking in certain public places and at public events. This was scheduled to be implemented in three Phases, over time. The smokefree events component applied from the date the policy was adopted, as outlined in the table below.

Table 1. Smokefree public places and events phasing

<table>
<thead>
<tr>
<th>Smokefree public places</th>
<th>Smokefree events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: 2013</td>
<td>Phase 2: 2015</td>
</tr>
<tr>
<td>• Outdoor facilities including stadiums, outdoor swimming pools and the Auckland Zoo</td>
<td>• Shared spaces</td>
</tr>
<tr>
<td>• Playgrounds and skate-parks</td>
<td>• Plazas and civic squares</td>
</tr>
<tr>
<td>• Sports fields</td>
<td></td>
</tr>
<tr>
<td>• Parks and reserves</td>
<td></td>
</tr>
<tr>
<td>• The public outdoor areas around council buildings and facilities</td>
<td></td>
</tr>
<tr>
<td>• Transport areas, including train stations, train platforms, bus stations, bus shelters and ferry terminals</td>
<td></td>
</tr>
</tbody>
</table>

Implementation of the policy

The policy sets out a regional, council-wide position but it allows implementation to occur locally, to ensure that locally relevant considerations are able to be factored in to decision making.

In the Long-Term Plan 2012-2011, the council allocated non-regulatory decision-making responsibilities for local activities to local boards. This means that local boards have responsibility for implementing the policy at a local level, but that the exact detail of the implementation is a matter for local board discretion. The same approach has been continued in the revised Long-Term Plan 2015-25.

The policy commits the council to undertaking a policy review in 2016, between Phases 2 and 3 of the implementation programme. The policy states that as part of the review, the council will determine whether the 2018 timeframe is still appropriate, and whether a bylaw is necessary to achieve the changes planned for Phase 3.
3. Reviewing the Smokefree Policy

3.1. Terms of reference for the review

The purpose of the review was to evaluate the effectiveness of the policy in achieving its overall intent i.e. to determine whether the policy is working in practice. This involved:

- an assessment of the policy’s effectiveness in representing the council’s commitment to work proactively with others towards making Auckland smokefree by 2025
- a review of the council’s progress towards each of the five policy objectives
- consideration of the processes and implementation associated with the policy to identify conditions that have supported and/or hindered the policy effectiveness
- determining whether a bylaw would help to improve the overall policy effectiveness.

The review also considered the merit of the overall policy intent to determine whether it still aligns with the council’s priorities and mandate in this policy area.

The intended outcomes of the review are to:

- identify recommendations for improved policy effectiveness of the policy
- determine whether a bylaw is necessary to implement Phase 3 of the existing policy
- improve working relationships between the council and sector stakeholders
- gain increased knowledge of current trends and current research across the policy area.

The review has not included a full impact analysis, as the nature of the policy area means it is difficult to attribute outcomes to particular interventions (i.e. to measure cause and effect).

There are a number of government and non-government organisations contributing to smokefree outcomes in Auckland. Central government plays the strongest role and has a broad range of policy levers within its mandate, including tobacco control, population health policy measures and the provision of public health services. In comparison, the council’s role is more enabling.

Analysis of changes in smoking rates over time has therefore not been a key focus of the review.

3.2. Methodology

The review primarily followed a qualitative approach to the research and analysis, focusing particularly on literature-based research and key informant interviews. Some quantitative research and analysis was also completed.

Quantitative sources

The following information sources were used in this review:

- NZ Census
- NZ Health Survey (annual)
- Health Promotion Agency (Tobacco Control Data Repository)
- NZ Health and Lifestyle Survey (biannual)
- Data from Action on Smoking and Health (ASH)
- Internal smokefree signage audit
- Public perception survey – conducted by Wyllie and Associates
- Council staff inter-department awareness survey.

**Qualitative sources**

Staff used qualitative research methods to gain an understanding of stakeholder perceptions of the policy, its effectiveness, and its role within Auckland’s smokefree sector. Qualitative methods were also used to collect: sector background information, trend analysis, and to identify areas of improvement for the policy.

Key sources included:

- Key informant interviews with 41 individuals representing 17 external smokefree stakeholder organisations.
- Key informant interviews with 18 staff representing 14 departments within the council.
- A hui held with Māori smoking cessation providers.
- Local board briefings and informal feedback.
- Site visits to local smokefree areas.
- Informal feedback from some local boards.

**3.3. Research and data collection limitations**

The review has not included a full impact analysis, as the nature of the policy area means it is difficult to attribute outcomes to particular interventions (i.e. to measure cause and effect).

There are a number of government and non-government organisations contributing to smokefree outcomes in Auckland. Central government plays the strongest role and has a broad range of policy levers within its mandate, including tobacco control, population health policy measures and the provision of public health services. In comparison, the council’s role is more enabling. Analysis of changes in smoking rates over time has not been a key focus of the review.

Other limitations associated with the review are summarised as follows:

- Region-wide comprehensive smoking data was difficult to obtain. Other than through the census, most smoking information is collected through the health system. Auckland contains three District Health Boards, each collecting smoking data for their own purposes and for monitoring under different systems. Auckland region-wide data was not available in a format to draw conclusions about the effectiveness of the policy.
- The Smokefree Policy 2013 contains an internal monitoring framework. Due to budget constraints and competing work programme priorities, the baseline and on-going data collection has not occurred. For example, when assessing whether a reduction of cigarette butt litter has occurred since the policy was adopted, no cigarette butt litter audits had been conducted in order to measure any improvement. In assessing the effectiveness of the policy, this review has not been able to measure the effect, or change required in many of the policy’s key objective areas due to the lack of baseline information available.
4. Smokefree context

4.1. The issue

Smoking is the biggest cause of preventable death in New Zealand and the leading risk to health for New Zealanders, especially in Māori and Pacific communities. Approximately 5,000 people die every year from smoking-related illness or second-hand smoke exposure, this equates to about 13 New Zealanders a day. 

In addition, every year another 5,450 children start smoking essentially replacing those who die as tobacco product consumers.

The negative health effects brought about by tobacco use also impose a significant financial burden on the health system and the economy. In 2010 the estimated cost of tobacco to the New Zealand health system was $1.9 billion.

The Ministry of Health states that the three key objectives of tobacco control activities in New Zealand are:

1) to reduce smoking initiation
2) to increasing quitting
3) to reduce exposure to second-hand smoke.

4.2. 2025 smokefree goal

In March 2011, the Government adopted the Smokefree 2025 goal for New Zealand. This was in response to the recommendations of a landmark Parliamentary inquiry by the Māori Affairs Select Committee.

The Māori Affairs Committee’s report was clear that the term ‘smokefree’ was intended to communicate an aspirational goal and not a commitment to the banning of smoking altogether by 2025.

On that basis, the Government agreed to the goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.

4.3. National context

The table below shows the general smoking rate recorded by the New Zealand Census in 2006 and 2013. The Census provides the most reliable smoking data.

<table>
<thead>
<tr>
<th>Table 2. General smoking rate (source: Census)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand general smoking rate</td>
</tr>
<tr>
<td>2006</td>
</tr>
<tr>
<td>21%</td>
</tr>
</tbody>
</table>

1 Ministry of Health website
2 ibid
3 ibid
In 2014, projections of future smoking rates indicated that New Zealand would be unlikely to reach its 2025 goal of less than 5 per cent smoking prevalence. The rate was instead predicated to be approximately 7 per cent for the total New Zealand population in 2025.\textsuperscript{4}

The same study highlighted the ethnic discrepancy between Māori and non-Māori as the projection data forecasted a rate of approximately 19 per cent overall for Māori in 2025 with 18.7 per cent for Māori men and 19.3 per cent for Māori women.\textsuperscript{5} These findings have in part contributed to the Government’s renewed focus on reducing Māori smoking rates.

The graph below shows a visual comparison of New Zealand’s smoking prevalence rate by ethnicity from the 2013 NZ Census.

4.4. Youth smoking

Statistics show that the number of people who die from smoking every year are replaced with new smokers and new smokers start in their early teens. For this reason, Action on Smoking and Health (ASH) have been running a survey every year to understand and monitor smoking patterns within Year 10 students. They note that the daily smoking rate up to 2014 had been steady dropping, from 3.2 per cent in 2013 to 2.81 per cent in 2014.

\textsuperscript{4} Van der Deen et al. 2014
\textsuperscript{5} ibid
The data shows that female students still have a higher daily smoking rate than male students although the gap has continued to close in previous years.

Like the census data shows for adults, ethnic disparities in smoking are still significant. The ASH data shows that Māori Year 10 students are four times more likely to be daily smokers than European or Asian students and that Māori youth girls have the highest smoking rate of all.

4.5. Public places and de-normalising behaviour

The evidence from national and international studies indicates that de-normalising smoking is key to changing smoking behaviour.¹⁷

The literature also points to the importance of smoke-free outdoor areas in de-normalising smoking as a socially acceptable activity, and thus decreasing the incidence of smoking, particularly amongst young people. Thomson et al. (2016) observe:

“In New Zealand, a range of studies have found reduced cigarette butt numbers and reduced smoking after the introduction of smokefree outdoor policies for parks and/ or playgrounds. This evidence of de-normalisation of smoking is particularly relevant for Māori and pacific populations, where smoking is normalised and significant smoking inequalities exist, compared with the general population.”²⁸

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¹⁷ See extensive reference list in Thomson et al. 2016
4.6. Smokefree New Zealand 2025 Innovation Fund

In the Government’s Budget 2012, $5 million per annum was allocated through the Ministry of Health for the Pathway to Smokefree New Zealand 2025 Innovation Fund. The fund was established to invest in the design, development, promotion and delivery of innovative efforts to reduce the harm and wider costs of smoking through a supportive and comprehensive public health environment approach.

The purpose of the fund was to make meaningful progress towards the aspirational Smokefree New Zealand 2025 goal. The fund targeted the investment in working with vulnerable populations with high smoking prevalence such as Māori, Pacific people, pregnant women and young people.

Contracted services under this fund initiated in late 2012 through to 2014 with each concluding by 30 June 2016. A list of the smokefree projects in the Auckland region that were contracted under this fund is provided in Appendix 1. Of particular relevance are:

- It’s About Tamariki – Bylaw Model Project – Cancer Society Auckland $302,450
- Quit Bus – Counties Manukau District Health Board (DHB) $538,330
- Pae o Te Haa – Te Whanua Waipareira Trust $306,000
- Back to the Future – National Heart Foundation, Tala Pasifika $694,332.

4.7. Re-alignment of tobacco control sector

In 2013 the Ministry of Health (MOH) commissioned a review, conducted by Massey University, to determine whether changes were needed to achieve the Smokefree Aotearoa 2025 goal. As stated on the ministry’s website:

“The review indicated that it is unlikely the goal will be achieved if we continue with a business as usual approach.”

A 2014 study published in the New Zealand Medical Journal is cited as also indicating that more needs to be done, particularly among priority populations, to achieve the 2025 smokefree goal.

The Ministry’s website states that its own analysis and feedback from stakeholders confirms the view that while on-going Government legislative levers (such as taxation) have a role to play, cessation and advocacy services are critical in supporting smokers to quit and ensuring public participation in the services.

Another reason for the re-alignment of smokefree services was the recognition that there have also been significant changes in the tobacco control environment over the past 15 years since many of the MOH contracts.

The Ministry has run a controversial engagement and procurement process over the past year to redesign the service provision in order to better align with performance measures and specific outcomes.

The Ministry’s re-alignment of the tobacco control sector meant there was considerable anxiety amongst most of the sector over the past year as both organisations and government health services were consumed with strategic planning, creating funding proposals and faced with an uncertain future.
The result was an ‘umbrella approach’ for the Ministry’s funding of tobacco control services through contracts with a few lead service providers. The new services commenced from 1 July 2016 and include health promotion/leadership and advocacy along with smoking cessation treatment services.

The following have been provided with new service provision contracts for the Auckland region:

**Table 3. New Ministry of Health service provision contracts - Auckland region**

<table>
<thead>
<tr>
<th>Service coverage (DHB) area</th>
<th>Lead stop smoking service provider</th>
<th>Stop smoking service partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland and Waitemata</td>
<td>ProCare Health Limited and The Fono</td>
<td>Hapai te Hauora Tapui, Ngati Whatua o Orakei Health</td>
</tr>
<tr>
<td>Counties Manukau</td>
<td>Counties Manukau District Health Board</td>
<td>Health system frontline community and primary care partners and localities</td>
</tr>
</tbody>
</table>

In addition, Hapai te Hauora Tapui Limited, a West Auckland based Māori Health Advocacy agency, has been awarded the contract to deliver National Tobacco Control Advocacy Services across New Zealand.

### 4.8. Significant change in the smokefree sector

Both the conclusion of the Ministry of Health Smokefree 2025 Innovation Fund projects, and the realignment of funding for tobacco control services, has created a significant restructure of the smokefree sector both in Auckland and nationwide.

In general, the central government’s priorities and funding of tobacco control services has shifted away from advocacy and anti-smoking lobby groups to the training and strengthening of frontline smoking cessation services. For instance, it is estimated that national advocacy funding has been cut from $1.7 million to $450,000 this financial year and the training budget has jumped from $286,000 to $1.6 million this financial year.

The ministry has awarded only a single national anti-smoking advocacy contract to West Auckland based Māori Health Agency Hapai Te Hauora which demonstrates the government’s priority focus on Māori.

Other significant changes in the sector include:

- Closure of the Smokefree Coalition
- Potential closure of Tala Pasifika (due to lack of funding)
- Potential winding up of Action on Smoking and Health (ASH)
- Possible retirement of Counties Manukau’s Quit Bus
- The rebranding and restructure of Quitline - now operating within the National Telehealth Service under Homecare Medical Limited.

### 4.9. Status of Government’s Tobacco Control Plan

The Ministry of Health released the *National Drug Policy 2015 – 2020* at the end of 2015 which sets the Government’s approach to minimise harm from alcohol and other drugs over the next five
years. Importantly, the Government decided that a separate ‘Tobacco Control Plan’ is required in order to respond to the unique scale of the problem posed by tobacco. The intention is that the separate Tobacco Control Plan would sit alongside and to implement the National Drug Policy 2015-2025.

As of the end of June 2016, the Associate Minister’s office is considering the draft Tobacco Control Plan for approval.

The delay for this approval and in going out for public consultation was due to the Government’s re-alignment of smoking cessation services (outlined in the previous section) which captured the sector’s attention and staff resources.
5. What’s happening internationally?

5.1. International comparison

Using the latest reliable national smoking data from the 2013 NZ Census, a comparison of the smoking prevalence between New Zealand and other countries is provided in the table below.

Table 4. International smoking rates, 2013

<table>
<thead>
<tr>
<th>Country</th>
<th>Australia</th>
<th>USA</th>
<th>New Zealand</th>
<th>Japan</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>General smoking rate</td>
<td>12.8%</td>
<td>13.7%</td>
<td>15%</td>
<td>19.3%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>

A quote from the Ministry of Health website states:

“New Zealand has been at the forefront of tobacco control internationally for some time and has made steady progress in reducing smoking prevalence and tobacco consumption.”

5.2. International approaches to smokefree outdoor spaces

International research has shown that having smokefree public places is a significant contributor to de-normalising smoking.

Provided below is a snapshot of a few places around the world regarding how they regulate smokefree outdoor spaces for reference and general information.

Hong Kong

Perhaps Hong Kong has the most comprehensive smokefree controls in the world. Hong Kong’s Smoking (Public Health) Ordinance Act was first passed in 1982 and has been subsequently amended over time to include comprehensive provisions for establishing smokefree indoor and outdoor spaces (as well as regulating the sale and display of tobacco products).

The Act prohibits smoking in almost all public outdoor places including all transport stations, public parks and recreational facilities, beaches and malls, (though some parks do have designated smoking areas).

Since 2009 a fixed penalty system has been in place through which smokers who light-up in the statutory no-smoking areas are given a fixed penalty of HK$1,500.

A wide array of public officials who control public spaces have the power to issue infringement notices, including tobacco control inspectors, the police, officers from the leisure and cultural services department, the food and environmental hygiene department and the housing department.

United States

In the United States of America (USA), a 2012 study in California found 56 cities with smokefree policies for at least five of seven outdoor public areas: i.e. dining areas, around doors and windows, public events, recreation areas, service areas (e.g. bus stops, ATM lines, and ticket lines), sidewalks and worksites. All but two cities out of the 56 had adopted the policies since 2006.
In Hawaii, Maine, Michigan, and Washington states, over 170 cities have 100 per cent smokefree policies for outdoor dining and bar patios.\(^8\)

There appears to be only three cities worldwide that regulate for almost complete public outdoor smokefree places, all in Southern California, and all with populations under 110,000 people.

**Canada**

In Canada the provinces of Alberta, Newfoundland and Labrador, Nova Scotia, Ontario, and a number of cities including Vancouver have 100 per cent smokefree bar and dining patios. In nearly all these jurisdictions, enforcement is largely the responsibility of premise owners and managers, as is the case for hospitality areas indoors in New Zealand.\(^9\)

**Australia**

In Australia, since 2006 six (out of eight) states and territories have adopted smokefree laws for significant outdoor areas.

Australian cities have had smokefree outdoor dining measures in place for some time. In Brisbane, smokefree outdoor dining was introduced in 2006; Perth introduced a local law (bylaw) on smokefree alfresco dining in 2009; Hobart brought in smokefree outdoor dining in 2011; and Melbourne is currently trialling smokefree zones in popular food/dining street in the city.

In New South Wales, since 6 July 2015 smoking has been banned in commercial outdoor dining area:

- in a seated dining area
- within 4 metres of a seated dining area on licensed premises, restaurant or café
- within 10 metres of a food fair stall.

Perth introduced smokefree pedestrian malls in June 2014, and ran a six-month long education process prior to introducing the ban, with performance artists in the malls educating the public about the ban. City authorities did not anticipate having to enforce the local law, and were relying upon non-regulatory measures instead (such as continuing education and information dissemination activities).\(^{10}\)

**Melbourne - example**

Protecting the community from passive smoking by expanding the number of smokefree areas is a key priority for the City of Melbourne as outlined in the Council Plan 2013-17.

The City of Melbourne is responsible for implementing smoking bans under the state of Victoria’s *Tobacco Act 1987*. Under these laws a number of outdoor spaces are designated smokefree, including around children’s playgrounds and child care centres, and at the entrances to public buildings (including courts, police stations, public hospitals and certain government buildings).

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\(^8\) Thomson et al. 2016  
\(^9\) Thomson et al. 2016, Pg. 58  
In addition to the Victorian tobacco laws, the City of Melbourne has the authority to prohibit smoking of tobacco in prescribed smokefree areas under the *Activities Local Law 2009*. Under this law, it is an offence to smoke in a designated smokefree area and areas can be added on after a public consultation and extended trial period. Smokefree areas regulated by the Activities Local Law 2009 currently are:

- The Causeway
- Howey Place
- Block Place
- Equitable Place
- Goldsbrough Lane
- QV Melbourne
- City Square (6am to 8pm)
- The Tan and Princes Park running tracks.

### 5.3. Key differences

States and cities in Australia and the United States have implemented smokefree local laws (bylaws) in conjunction with smokefree outdoor policies. However, it is important to note that these places differ from New Zealand in the following ways:

#### Autonomy to write local infringement laws

Australian and American cities and states have more autonomy to write local laws which include infringement notices. In New Zealand, regional authorities like Auckland Council currently have no similar powers under the Local Government Act 2002.

#### Enforcement not used

Whilst local authorities overseas have passed local laws for smokefree outdoor spaces, these appear to be seldom used in practice. They remain a last resort, with legislators instead preferring to rely upon the same non-regulatory measures that Auckland uses (e.g. smokefree signage, information campaigns and public health education).

Auckland Council has recently completed a most complex five-year programme of consolidating 158 legacy bylaws (from the previous seven local councils) into 32 new and revised bylaws. The goal of that programme was to reduce inappropriate or ineffective bylaws that the council is responsible for. Each bylaw was assessed to determine if it was enforceable and practical. Having a bylaw that is not enforced in principle would not be considered efficient and a practical use of council resources.

In Australia enforcement is rarely used; for example, Sydney’s Lower North Shore authority has only issued three fines over the course of four years under a smokefree local law, to smokers who have persistently ignored warnings. North Sydney’s CBD will become smokefree in July 2016 as a one year trial, but city authorities don’t anticipate having to issue fines. Rather, as one councillor stated: “I see this as something that really would be self-policing”.11

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6. What’s happening across New Zealand?

6.1. Smoking prevalence in other areas

The graph below from the 2013 NZ Census shows the smoking prevalence rate distribution across the country by District Health Board (DHB) areas. This is provided in order to gauge where Auckland fits on the spectrum. The 13 per cent smoking prevalence rate for Auckland region includes data across the Auckland, Waitemata and Counties Manukau District Health Board areas.

The graph shows the smoking prevalence is highest in New Zealand’s rural areas with the District Health Boards with major urban centres (such as Auckland and Wellington) having the lowest smoking prevalence.

Using the NZ Health Survey Data the following graph shows the trend over time in two aggregated periods from 2006/07 and 2011-2014 of the smoking prevalence of adults over the age of 15 years by public health unit areas.
6.2. Other councils’ approaches

Almost all councils in New Zealand have put in place smokefree policies and non-regulatory instruments to have smokefree places in council controlled outdoor areas (playgrounds, parks, sports grounds).

For reference a graphic contained in a paper published in the February 2014 New Zealand Medical Journal presents a Mapping of New Zealand Councils’ Smokefree Outdoor Policies and Spaces is provided as Appendix 2 along with a table that lists the current (June 2016) smokefree policy work for each city / district council in New Zealand.

Like Auckland, other New Zealand councils have relied almost exclusively upon non-regulatory measures to control smokefree outdoor spaces, including policies, signage, information dissemination and public education.

A full list of the smokefree position and work for each council is provided in Appendix 2. However, a few councils who have taken a unique approach and/or have been in the media lately are worth highlighting and are listed below with a description of what they are doing.

**Whanganui – the only smokefree bylaw**

Only one council to date has introduced a specific outdoor smokefree bylaw: Whanganui District Council. The bylaw was passed in 2010 which allows for the district council to designate by resolution any specified park or reserve to be smokefree.

The bylaw has not been actively enforced and has relied on advertising and knowledge of the restriction to encourage users to refrain from smoking. However, a breach of the bylaw would be subject to prosecution and a fine upon conviction not exceeding $20,000.

A review of Whanganui’s Smokefree Bylaw took place in the beginning of the 2016 year. A briefing paper to the council meeting held on 19/20 April 2016 states:

> “During the review of the smokefree bylaw and policy, Council received in-house legal advice that questioned the legality of the smokefree bylaw. The advice provided was that the bylaw was invalid in that the clause which allows the council discretionary power to designate parks as smokefree was so great as to be ‘unreasonable’ i.e. there is no process which stipulates any opportunity for the public to be consulted with when designating parks as smokefree.”

Supplementary to the bylaw, Whanganui’s Smokefree (Auahi Kore) Outdoor Areas Policy 2014 Phases signage and education to encourage the public from refraining from smoking in the following areas:

- all parks and playgrounds within the district
- the ‘central commercial zone’ – including Majestic Square
- the riverfront zone – including the River Traders and Whangau Farmers Market
- the Arts and Commerce Zone.
The policy states “The Council, Whanganui District Health Board, and WRHN will partner with organisations and agencies to encourage and support any business or organisation that wishes to designate its premises as a smokefree area, where staff and visitors are encouraged to refrain from smoking.”

In April 2016, Whanganui councillors considered the following four options: 1) to review the bylaw and policy, 2) review the regulatory-based bylaw only, 3) revise the smokefree policy or 4) do nothing.

Minutes from the April 2016 meeting recorded that there was much discussion amongst elected members about whether to keep the non-enforced bylaw or not. There was significant concern that removing the bylaw was ‘going backwards’ in terms of demonstrating the council’s commitment to being smokefree, which would send the wrong message to the public. The minutes from the meeting state:

"Mayor Mann said she was looking for continuation of the perception that this council wanted to be free of smoking in its outdoor areas ....... Cr Vinsen agreed that a bylaw was needed and any relaxation would be seen as a retrograde step that would be taken by those keen to smoke in public places as an affirmation that it was ok to do it again."

The resulting decision was that the policy would be reviewed (with the assistance of Whanganui Tobacco Control Advisory Group) and a review of the Smokefree Bylaw would be brought back to the council to be considered in a future workshop.
Palmerston North – outdoor dining

Palmerston North issued a revised *Signs and Use of Public Places Bylaw* in 2015 which requires businesses that use sidewalk / pavement seating to have smokefree signs, and bans the provision of ashtrays in outdoor dining areas. There is no provision for enforcement except prosecution for a breach of the bylaw.\(^\text{12}\)

Palmerston North also has a *Smokefree Outdoor Areas Policy 2013* (amended in 2015) which lays out the guidelines and principles for smokefree areas of some streets in the central city, parks and playgrounds, and for events, communication and education. The policy document states "Council will not pursue any direct enforcement of the policy."

Horowhenua District Council – in front of early childhood centres and schools

The Horowhenua District Council was one of the first to acknowledge and still the only council that has specifically stated that the pavements outside of the schools and early childhood centres are smokefree

\(^{12}\) Thomson et al. 2016, P. 26
Wellington – new Action Plan

In April 2016 Wellington City Council adopted their Smokefree Wellington Action Plan 2016 – 2017. The plan includes the following as smokefree:

- the Civic Square and the civic complex (including all public building entrances)
- designated laneways
- all bus stops
- the entrances of all libraries, community centres and swimming pools smokefree

The plan also includes two other areas; e.g. Internal Support for Smokers and Frontline Staff and Advocacy to Central Government.

The Action Plan also makes mention of e-cigarettes stating that:

“The use of e-cigarettes in smokefree places is not prohibited by the Smokefree Environments Act 1990. However, individual organisations can ban the use of e-cigarettes as part of their own smokefree policies. The Ministry encourages people to avoid using e-cigarettes in areas where smoking is not permitted.”

In the development of the Action Plan, staff were instructed to investigate the use of a bylaw for smokefree public places. In response to an e-petition to prohibit smoking in Wellington’s CBD, council staff responded that:

“Prohibiting smoking in the city centre is not recommended as a ban would be very difficult to enforce. Smoking is a legal activity and it is questionable whether a ban would be able to withstand a legal challenge. A ‘ban’ would also be inconsistent with the educational approach recommended by health promoters” 13

On the issue of pursuing the option of developing a bylaw, the Wellington City Council’s Community, Sport and Recreation Committee April 2016 meeting resolved under Resolution number nine:

“Note that officers do not recommend a bylaw at this stage. If the Council does wish to pursue the development of an enforceable bylaw, it would need to write to the Minister of Health and the Minister of Local Government to request the ability to issue instant fines.”

Wellington often gets cited as having a smokefree bylaw and this refers to Wellington’s Consolidated Bylaw 2008 Part 5 Public Places Section 24 which prohibits smoking in Cable Car Lane (except for the balcony extending from 284 Lambton Quay) and in proximity to dangerous goods in any public place. No abatement notices have ever been issued nor court action taken for the breach of this bylaw.

Wellington City Council is also used as a model for having rental agreements as a mechanism to establish smokefree communal areas in local authority housing as they were the first across the country to do this at such a scale.

13 Thomson et al. 2016, Pg 22
Napier and Hastings Councils – outdoor dining and ten metre perimeters

A joint smokefree policy between Napier and Hastings City Council went into effect 1 July 2016. The policy focusses on providing more smokefree public environments particularly for young people and covers both of the councils’ positions on smokefree public places and events.

A snapshot of the policy document is provided below which shows the unique presentation of where a 10 metre smokefree entrance into council buildings applies. The minimum 10 metre perimeter is also specified for bus shelters or bus stop markings and around a playground.

The policy also establishes smokefree areas that are set up primarily for café or dining purposes on publicly-owned land and council owned tables in public areas.

Smokefree Public Places

This Policy recognises and supports smokefree areas designated through Government legislation.

Places specifically designated as Smokefree under this policy include public outdoor areas for Hastings District and Napier City as follows:

i. Council owned urban parks, sportsgrounds, playgrounds and reserves, excluding beach reserves.
   Where a playground is not located within a smokefree park or reserve, a minimum ten metre smokefree perimeter will apply.

ii. Within ten metres of public pedestrian entrances to Council owned buildings. For the main entrance to Councils’ Civic Buildings, the smokefree area will include the full forecourt from the public footpath.

iii. Hastings City Square / Central Plaza

iv. Bus stops, including a ten metre perimeter from bus shelters, signs or bus stop markings.

v. Areas set up primarily for café or dining purposes on publicly-owned land; and Council owned tables in public areas.

Businesses or organisations that wish to implement further smokefree places on their own property (or on property where they have the authority to do so) will be able to access free smokefree signs or stickers, as available.

Implementation of smokefree alfresco dining in Napier and Hastings will follow a phased approach by putting smokefree zoning conditions in the licence agreements for the use of footpath dining as the permits/licences are renewed or issued.

The Hastings Mayor, who is also the Local Government New Zealand Chairman, Lawrence Yule, was quoted in the national newspaper on World Smokefree Day 31 May 2016 as saying “That means businesses not wanting to comply with the policy would not get the permits to use the footpaths”.

The policy also states clearly that it covers other products that people smoke (including e-cigarettes and similar devices).
7. What’s the situation in Auckland?

New Zealand Census data shows that Auckland’s overall smoking rate in 2013 was lower (by 2 per cent) than the national average: e.g. 13 per cent compared to the national rate of 15 per cent. Auckland’s reduction in the smoking rate from 2006 to 2013 was the same as the national rate of 6 per cent.

Table 5. General smoking rate, New Zealand and Auckland region (source: Census)

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2013</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td>21%</td>
<td>15%</td>
<td>-6%</td>
</tr>
<tr>
<td>Auckland</td>
<td>19%</td>
<td>13%</td>
<td>-6%</td>
</tr>
</tbody>
</table>

7.1. Forecasting against 2025 goal

Using the census trend reduction rate, the projected year in which Auckland would reach a smoking prevalence rate of under five per cent is calculated to be 2023, as shown in the graph below.

This is encouraging news but needs to be viewed cautiously, given the simplicity of the forecasting model used.

When the projection of future smoking prevalence is disaggregated by ethnicity, the target rate of 5 per cent smoking prevalence by 2025 is not achieved for Māori and Pacific ethnic groups.

Projected smoking prevalence for Māori and Pacific ethnic groups is shown below.
In 2025, the projected smoking rate for Māori in Auckland is 12 per cent, and for Pacific people 10 per cent.

This 12 per cent forecast for Māori in Auckland by 2025 is more optimistic than the national study by Van der Deen et al. 2014, discussed in section 6. The Van der Deen et al. study used a more complex forecasting model from the NZ Census and NZ Health Survey data and estimated a national Māori smoking prevalence rate of 19 per cent in 2025.\textsuperscript{14}

Based on the current trend of Māori smoking rates dropping more quickly than for Pacific people, the census based model for Auckland estimates that the rate for Māori smoking will not reach the 5 per cent goal until 2030, and for the Pacific ethnic group until 2031.

7.2. Ethnic smoking rates

The graph below shows a visual comparison of Auckland’s smoking prevalence rate by ethnicity from the 2013 New Zealand Census.

In 2013, Māori women had the highest smoking prevalence rate of all ethnic groups, at 32 per cent (compared to Māori males at 28 per cent).

\textsuperscript{14} Van der Deen et al. 2014
The Pacific ethnic group is the next highest smoking rate and 26 per cent per cent of Pacific males are smokers, compared to 19 per cent of Pacific females.

7.3. **Smoking age distribution**

When looking at the age distribution of smokers across the Auckland region, the 2013 census data shows that smoking prevalence is highest amongst the 25-34 years age group. The distribution of smokers by age group across Auckland is presented in the graph below.

![Percent Regular Smoker by age and sex, Auckland, 2013 Census](image1)

An age breakdown of Māori smokers by gender is provided in the graph below. The highest rate of smoking is amongst Māori females in the 25-34 age group.

![Percent Regular Smoker by age and sex, Māori ethnic group, Auckland, 2013 Census](image2)
8. **What do the public think?**

8.1. **Awareness of the national 2025 smokefree goal**

The Health Promotion Agency’s (HPA’s) Health and Lifestyles Survey (HLS) provides insight into New Zealanders’ tobacco-related behaviour and attitudes, including their awareness of the Government’s goal for reducing smoking prevalence to less than five per cent by 2025. The 2014 HLS study found:

- In 2014, half (50 per cent) of the public surveyed were aware of the national smokefree 2025 goal.
- Current smokers were more likely to be aware of the goal (56 per cent), compared with people who have never smoked.
- Awareness of the goal did not differ by ethnicity, neighbourhood deprivation, age, gender or educational background.

8.2. **Youth awareness of national goal and exposure opinions**

HPA’s 2014 Youth Insights Survey asked the same question about awareness of the national smokefree 2025 goal, and came up with the following key points.

- Around one in three young people were aware of the Government’s Smokefree 2025 goal.
- Those who were more likely to be aware of the goal were non-Maori, male or attending a high decile school.
- One in seven young people thought that hardly anybody will be smoking by 2025, with males being more likely to agree than females.
- Young people in 2014 were less likely to agree that hardly anybody will be smoking by 2025, than young people in 2012.

The 2014 Youth Insights Survey also asked questions to gauge young people’s opinions on the acceptability of exposure to second-hand smoke. Approximately 70 per cent agreed that it is not okay for other people to smoke around them where they could breathe the smoke. A breakdown of respondents between smokers and non-smokers is provided in the following graph.

![Figure 1. Proportion of respondents who agreed that it is not okay for other people to smoke around them where they can breathe the smoke, by smoking status, 2014](image)
8.3. Public perceptions

In March 2016 the council commissioned Wyllie and Associates to do an update on two previous surveys Wyllie and Associates did for the Cancer Society (in 2013 and 2014) resulting in the 2016 Auckland public perception survey. This was to determine if there had been any changes in public awareness or opinions on smokefree public places.

Although not part of the 2013 or 2014 studies, the 2016 Auckland public perception survey asked whether people thought there was a change in the numbers of people smoking in outdoor public places since 2013. The chart below identifies the distribution of responses.

![Chart showing public perceptions of changes in smoking](chart.png)

Just over half (52 per cent) reported having noticed some level of decrease in smoking in outdoor public places in the last three years (e.g. since the council’s Smokefree Policy 2013 went into effect).

8.4. Awareness of smokefree outdoor public places

The 2016 Auckland public perception survey provided respondents with a list of locations (including some that are not yet smokefree) and asked whether they thought ‘all’, ‘some’ or ‘none’ of each location has been made smokefree (or if they didn’t know).

The purpose of this question was to gauge public awareness of smokefree public places and to compare general responses with the previous data collected in 2014. The outline of responses is provided in the graph below.
The data shows that there is a relatively low awareness of places that are currently smokefree in Auckland.

In regards to the seven locations at the top of the table that are smokefree, the number of respondents who recognised that all of these locations, or thought that some of them, are smokefree was low. Only:

- 29 per cent correctly recognised that parks and reserves were smokefree (and only 8 per cent correctly recognised that all of these spaces are smokefree)
- 38 per cent correctly recognised that sport fields were smokefree (and only 8 per cent correctly recognised that all of these spaces are smokefree)
- 44 per cent correctly recognised that playgrounds and skate parks are smokefree (and only 23 per cent correctly recognised that all of these spaces are smokefree)

An interesting finding was that 52 per cent thought ‘all’ or ‘some’ outdoor dining areas are smokefree, when in fact these spaces have not yet been covered by the policy. This probably reflects the commercial market and increased publicity around certain cafes and restaurants deciding to have outdoor smokefree eating spaces.

The same questions were asked in the 2014 Wyllie and Associates study and in comparing the results from the two years (2014 and 2016) it is clear that there is significant confusion over which outdoor public places are in fact smokefree, with fewer people aware of smokefree areas now (2016) than in 2014 (a decrease of about 20 per cent).
8.5. Perceptions of council’s communication approach

When the survey asked: ‘Do you think the council is doing enough to let people know about smokefree outdoor public places and events?’ the majority of respondents thought the council was not doing enough to let people know (56 per cent). Only 30 per cent of the 2016 sample said they thought the council was doing enough.

The number of people who thought the council wasn’t doing enough increased from 44 per cent in 2014 to 56 per cent in 2016 as shown in the chart below.

<table>
<thead>
<tr>
<th>Whether the council is doing enough to let people know about smokefree outdoor public places/events</th>
<th>2014 sample (500) %</th>
<th>2016 sample (252) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43</td>
<td>30 ↓</td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>56 ↑</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>

A breakdown of the responses shows that:

- Those in the Southern Initiative area were more likely than others to think the council was doing enough (42 per cent vs 30 per cent), although there were still 50 per cent in this region who didn’t think the council was doing enough.

- Respondents from Central Auckland were more likely than others to think the council was not doing enough (67 per cent vs 56 per cent), while those in the West were more likely than others to be unsure (26 per cent vs 14 per cent).

- Half the 16 to 29 year olds thought the council was doing enough to let people know about smokefree outdoor public places, while the level was 25 per cent for 30 to 49 year olds and 22 per cent for the older age group.

- Smokers were at a similar level to the total sample for thinking the council was not doing enough.

8.6. Source of information about smokefree status

When asked about the source of information through which they became aware of the smokefree status of a location, the most prevalent source was ‘signage’ at 48 per cent, followed by ‘media’ at 19 per cent. Other interesting observations from the data about sources of information for smokefree are that:

- Those from the Southern Initiative region were more likely than others to mention ‘word of mouth’ (23 per cent vs 8 per cent).

- Those in the Central Auckland area were more likely to mention the ‘council newsletter/information’ (9 per cent vs 3 per cent) and less likely to have seen smokefree signage at venues (35 per cent vs 48 per cent), while those from the West were more likely to have seen signage (63 per cent).

- Signage was also mentioned more by the youngest group (65 per cent) and less by the oldest group (37 per cent), who were more likely to mention ‘media’ (27 per cent vs 19 per cent).

- Smokers were more likely to mention the media (31 per cent vs 18 per cent for non-smokers) and were at a similar level for signage (50 per cent) compared with non-smokers (48 per cent).
8.7. Preferences for smokefree areas

The 2016 Auckland public perceptions survey asked people about which places they thought should be smokefree. The percentage of responses for each named location is presented in the following graph.

From the data represented in the graph above, we can see that:

- 81 per cent of respondents would like the entrances of buildings to be smokefree
- 67 per cent want the footpaths outside local shops to be smokefree.

Both of these places (entrances to buildings and footpaths outside of shops) are not scheduled to become smokefree under council’s current Smokefree Policy 2013.

The public responses to the Wylie survey closely match Thompson et al.’s (2016) analysis of five unpublished public opinion surveys conducted between 2013 – 2015 in different New Zealand cities. Thompson et al. found the following levels of support for each of these smokefree spaces:

- 80 - 86 per cent for building entrances
- 76 - 82 per cent for bus stops
- 73 - 76 per cent for outdoor eating places
- 71 - 73 per cent for outside music and sports events
- 66– 68 per cent for shop footpaths
- 61 - 68 per cent for city and town centres

The Thomson et al (2016) study also found low public awareness of outdoor smokefree policies. However the study notes that: “in all four regions there was reported strong support for outdoor
Smokefree Policies.” The study concluded that “New Zealand public support for smokefree dining, music and sports events, and downtown centre outdoor areas, has increased in the past few years”.

8.8. Likely impact on how people use outdoor public places

The 2016 Auckland public perception survey asked about whether he/she would be more or less likely to visit the following places (in the table and graph below) if they were made smokefree.

Approximately 66 per cent said they would attend at least one of these locations more if they were smokefree.

<table>
<thead>
<tr>
<th>Likely impact on use</th>
<th>Total sample (252)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More likely</td>
</tr>
<tr>
<td>Beaches</td>
<td>30</td>
</tr>
<tr>
<td>Parks and sports fields</td>
<td>36</td>
</tr>
<tr>
<td>Outdoor music or sport events</td>
<td>45</td>
</tr>
<tr>
<td>Outdoor eating places at restaurants, pubs or cafes</td>
<td>61</td>
</tr>
</tbody>
</table>

Likely impact on use

![Likely impact on use](image)

Base: Total sample 2016 (n=252)

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15 Thomson et al. 2016, Pg. 35
The majority of the public surveyed (61 per cent) said that they would be more likely to visit outdoor eating places at restaurants, pubs or cafes if they were smokefree.

The following significant differences were identified among the sub-group of respondents:

- Asian persons responded more positively to the smokefree option. For three of the four locations they had higher levels than the total sample for likelihood of visiting if the locations were smokefree.
- Those from Central Auckland were higher than others for being more likely to visit outdoor eating places if they were smokefree (75 per cent vs 61 per cent), while those from West Auckland were less likely (44 per cent).
- Those from the North were higher than others for being more likely to attend outdoor music or sporting events if they were smokefree (61 per cent vs 45 per cent).
- In terms of age, 16 to 29 year olds were more likely to attend outdoor music or sporting events if they were smokefree (56 per cent vs 45 per cent for total sample).

8.9. Willingness to intervene

The 2016 Auckland public perception survey asked how likely members of the public would be to challenge someone smoking in a smokefree area, according to whether 1) they know the smoker, and 2) it is a person they didn’t know.

A full range of responses is given in the table below.

Table 6. Likelihood of public intervening in smokefree area

<table>
<thead>
<tr>
<th>Likelihood of intervening</th>
<th>Total sample (252)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If someone knew %</td>
</tr>
<tr>
<td>Very likely</td>
<td>53</td>
</tr>
<tr>
<td>Likely</td>
<td>16</td>
</tr>
<tr>
<td>A little likely</td>
<td>10</td>
</tr>
<tr>
<td>Neither likely or unlikely</td>
<td>2</td>
</tr>
<tr>
<td>A little unlikely</td>
<td>2</td>
</tr>
<tr>
<td>Unlikely</td>
<td>8</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>4</td>
</tr>
<tr>
<td>Depends</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-</td>
</tr>
<tr>
<td>Total – Likely / Very likely</td>
<td>69</td>
</tr>
<tr>
<td>Total – A little likely / Likely / Very likely</td>
<td>79</td>
</tr>
<tr>
<td>Total - Unlikely</td>
<td>8</td>
</tr>
</tbody>
</table>
The table and graph above show that almost four out of five respondents (79 per cent) expressed some level of likelihood of intervening if someone they knew was smoking in a non-smoking area, while this reduced to just under half (48 per cent) if they didn’t know the smoker.

Between the 2014 and 2016 surveys, there was an increase in the likelihood of intervening: the public are now more likely to ask someone to stop smoking in a smokefree place than a couple of years ago.

8.10. Impact of signage

Those undertaking the public survey were asked whether clearly visible signage would increase their likelihood of intervening and telling a smoker not to smoke where it was smokefree.

The total response was that 62 per cent felt that clearly visible smokefree signs would increase the likelihood of them intervening and there was not much difference between the 2014 sample and the 2016 sample.
8.11. Postcard submissions – ‘I want a smokefree Auckland’

At the end of June 2016 the Cancer Society Auckland Northland submitted 276 “I want a smokefree Auckland” postcards to Auckland Council’s Written Communications Team as part of council’s compliments and complaints system.

The post cards were collected at the Cancer Society’s Relay for Life events held across Auckland in March and April 2016 as well as at the World Smokefree Day events on 31 May 2016.

Staff have reviewed the cards and grouped the comments into the following categories with the number of comments received:

- **Need more smokefree spaces** – 115 total
  - all public places (47)
  - where children are (30)
  - sport fields (20)
  - streets and town centres (6)
  - public transport areas (6)
  - outside restaurants (4)
  - smoking in cars (2)
- **Not enough ‘no smoking’ signage** – 49
- **Invalid statements - unclear comments (e.g. filled out by children)** - 45
- **Don’t like being around people who smoke** – 37
- **People smoking where they shouldn’t** – 18
- **Council needs to do more** -12 total
  - make fines (5)
  - general ‘need to do more’ statement (5)
  - more advertising (2)
9. What external key stakeholders told us

Auckland’s smokefree sector has a large number of external stakeholders who have been working in the field for a number of years.

A semi-structured key informant interview was held with 41 individuals who represent 17 key stakeholder organisations between March – June 2016.

Each interview sought to obtain the stakeholder’s views on: the overall effectiveness of the council’s policy, the barriers and challenges they faced when working with the council, suggested improvements to the policy, and any ideas for additional support the council could provide to better contribute towards the goal of being a smokefree city by 2025.

Feedback received has been collated, consolidated and analysed to identify common themes and key points resulting from the external key informant interviews which are presented in this section.

9.1. Policy effectiveness rating

A policy effectiveness rating scale was developed to get an overall indication from key stakeholders on thoughts about how effective the council’s smokefree policy was in regards to the intent e.g. the purpose of the policy.

The following question was asked at the beginning of each key informant interview and the rating was recorded as a response for each key stakeholder organisation. The percentage of stakeholder organisations who responded in each category is provided below.

The question asked was: In general, how would you rate the current policy in representing the council’s commitment to ‘working proactively with others towards making Auckland smokefree by 2025’? Would you say it is ..........

<table>
<thead>
<tr>
<th>Rating</th>
<th>Not effective at all (in achieving this purpose)</th>
<th>Ok – but not great</th>
<th>Somewhat effective</th>
<th>Effective – the policy works well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion</td>
<td>7%</td>
<td>43%</td>
<td>37%</td>
<td>13%</td>
</tr>
</tbody>
</table>

The following statements from the key informant interviews reflect the most common reasons given for choosing the above rating category.

“The purpose and objectives of the policy are good – it is comprehensive”

“The intent of the policy is great, but it falls short in the execution of it”

“It was good when the policy first came out, but it is not so visible now. There is no sign of the council working together proactively.”

“Implementation of policy is not working. It is inconsistent across Auckland.”

“Good policy but there is no sense that anything is happening.”
9.2. Barriers and challenges

Approximately 90 per cent of the external stakeholders who participated in the key informant interviews identified the biggest barrier in working with the council as being:

- Not having a single person (or department) in the council to contact.

This was also a consistent sentiment expressed from those working in the sector who were not interviewed as a key informant, but had discussions with council staff as part of this policy review process.

Other common themes that emerged when stakeholders were asked ‘What have been some of the barriers and challenges you have faced when working with the council?’ are summarised in the following comments:

“The policy is too dependent on local boards who are not experienced or resourced enough to be effective in implementing the policy”

“The lack of communication or smokefree information coming out of council”

“Council departments don’t seem to talk to each other or know what is going on in other departments”

9.3. Suggested improvements to the policy

A range of ideas and suggestions were received from the key informant interviews on recommendations or ways that the council’s smokefree policy could be improved to become more effective.

Most were suggestions around implementation issues that related to the barriers and challenges experienced by the stakeholders. However, there were also a number of suggestions on how to improve the policy on a principle level as well. The most common suggestions received are provided in the list below.

**Implementation improvements**

- Identify a single council department responsible for implementing and monitoring smokefree work
- Have a key contact person that external organisations can liaise and work with
- Ensure adequate budget is provided to implement smokefree areas
- Provide adequate signage in all places that are smokefree
- Adopt a regional approach to implement smokefree public places instead of through local boards
- Make it an internal performance measure for those departments implementing aspects of smokefree
- Establish a system where all event organisers need to report on their smokefree initiatives
• Provide a ‘tool kit’ for community groups organising events and festivals which would include information pamphlets, the use of temporary banners and signs etc to promote smokefree environments and educate the public

• Train front-line council staff to be knowledgeable of and to advocate for smokefree public places (such as in libraries, community facilities, recreation centres)

**Principle improvements**

• Be more actively involved in the smokefree sector by attending regular meetings and working with community groups and service providers on smokefree initiatives

• Be a stronger advocate for tobacco control issues with central government

• Have more of a prominent, consistent and comprehensive communication strategy that reaches out to the sector and the general public to create awareness of the policy and smokefree actions

9.4. **Ideas for new policy areas**

All of the 41 individuals who took part in the key informant interviews were asked:

“Are there any additional areas of support (not covered in the policy) that you think council can provide to reach the 2025 smokefree goal?”

Some of the most common responses were:

• Work with the community to identify the best ways to make particular areas smokefree

• Stencilling or painting a green line on the pavement to designate smokefree areas, particularly in front of schools, marae, hospitals and around street drains (to highlight the environmental damage of cigarettes)

• Make all public events and markets smokefree

• Add e-cigarettes, vapping, and shisha to be covered in the same way as cigarettes in the policy

• Design site specific smokefree signs (potentially in different languages) with the community and include quit smoking assistant services information (e.g. the Quitline phone number) on them

• Include places that are wahi tapu (such as maunga) to be smokefree

• Inform tourists of the city going smokefree by including the smokefree message in all city marketing and advertising material about the city

• Provide support to move tobacco retailers out of communities and town centres

• Make 10 meters from the entrance of a building smokefree

Some ‘not so common’ ideas about what additional areas of support the council could provide include:

• Have a regionally targeted bylaw in public places that meets one or more of the following criteria:
  
  o high density areas and places where people congregate
  
  o where children commonly go
  
  o confined spaces
- Prioritise the implementation and achievement of smokefree targets in the Southern Initiative and other high need areas and ensure public places that are most important to Southern Initiative communities are smokefree
- Implement the policy consistently and systematically across the Auckland region, rather than relying on local application
- Include mandatory smokefree conditions in all its new and renewed commercial agreements (leases, licenses, contracts and grants) and develop a monitoring and compliance strategy to support this
- Council introduce a license system for those selling tobacco and develop a plan for reducing the sale and supply of tobacco across Auckland

**Rebranding the message**

A common theme expressed throughout the sector was the request to have the council play a larger leadership role in the sector.

The most common representation of what that increased leadership role would look like was given in regards to the council re-branding the smokefree city message in order to create a stronger allegiance about working towards having a smokefree city by 2025.

Some particular comments from the stakeholders who presented these themes are:

“Council’s role is to be a driver of change in our communities – improving and creating safe neighbourhoods for our children and families

“Council is well placed to be a conduit for communities and the health sector to work together in creating smokefree public places”

“Council should take a leadership role in creating a region-wide ‘refreshed’ smokefree message that all stakeholders can support - linked to the council’s tagline of ‘The World’s Most Liveable City’ and being a clean, green city or something like ‘Welcome to Auckland – the most breathable city – here you can breathe easy and freely’ ”

“A new common message is needed that is linked to the wellbeing of people across the Auckland region and council is best placed to achieve that using it’s city marketing and community consultation resources”
10. Internal feedback and information

The Smokefree Policy is a whole of council policy which is applicable to every department and function within council and the council family (including council controlled organisations - CCOs).

The review has been designed as such to seek feedback, in general on staff awareness of the policy, as well as more specific and qualitative feedback from those who are working closely with the policy.

This section summarised the results from a staff inter-department awareness survey (delivered through the internet) and key informant interviews with 18 individuals from 14 council departments considered as ‘internal key stakeholders’ in the implementation of the policy.

10.1. Council staff inter-department awareness survey

In June 2016, the council conducted an Internal Customer Monitor survey through the council’s Market Research Team to identify staff’s awareness of the council’s Smokefree Policy 2013.

The survey was delivered to 7,718 members of council staff (excluding CCO’s) on 15 June 2016. A total of 2,095 responses were received, which was a 27 per cent response rate. One reminder was sent to those who had not completed the survey and it closed on 28 June 2016 (no incentive was offered).

The key findings from the staff survey are outlined below.

Family with the policy

One of the questions was: ‘To what extent are you familiar with the council’s Smokefree Policy?’ This had a one-to-five scale to measure the level of familiarity. A total of 2,090 staff responded to this question (100 per cent of participants). A breakdown of the answers is provided in the following graph.

**Familiarity with the policy**

![Familiarity with the policy graph](image)
The graph shows that familiarity with the council’s smokefree policy was divided. Similar proportions were familiar (40 per cent) and unfamiliar (30 per cent) with it, while a further 22 per cent and 9 per cent were ‘neutral’ or ‘did not know’.

When the data is broken down into internal council departments, staff from the parks, sport and recreation department were more likely to be familiar with the council’s smokefree policy (58 per cent).

**Supporting staff to quit smoking**

The survey asked staff: “Are you aware that the council has committed to supporting staff in quitting smoking (e.g. supporting smoking cessation programmes and making office buildings smokefree)?

There was a 100 per cent response rate to this question (e.g. 2,090 survey participants). The table below presents the findings.

**Aware of council supporting staff to quit**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>66%</td>
</tr>
</tbody>
</table>

A third of respondents (34 per cent) were aware that the council is committed to supporting staff to quit smoking. Of these less than one per cent (4 respondents) had participated in the council’s smoking programme.

Staff from licensing and compliance (49 per cent) and parks, sport and recreation staff (46 per cent) were more likely to be aware that the council supports staff to quit smoking.

**Awareness of smokefree public places**

In order to compare findings with the *2016 Auckland public perception survey* measuring the public’s awareness of smokefree public places, the staff survey asked similar questions regarding which public places people thought were smokefree. The primary question asked was as follows:

“Council has made some outdoor public places and events smokefree - For each of the following places, please say whether you think ALL places of each type have been made smokefree, whether SOME places of each type have been made smokefree, or if NO places of each type have been made smokefree. Please indicate “Don’t know” if you genuinely do not know.”

Some of the places asked about are currently smokefree but other places listed have yet to become smokefree but are scheduled to be smokefree in 2018 under the current policy.

The following table provides a breakdown of responses for the places which are currently smokefree.
Table 7. Responses regarding current smokefree places

<table>
<thead>
<tr>
<th></th>
<th>All smokefree</th>
<th>Some smokefree</th>
<th>No smokefree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playgrounds and skate parks</td>
<td>51%</td>
<td>13%</td>
<td>6%</td>
<td>31%</td>
</tr>
<tr>
<td>Transport areas</td>
<td>41%</td>
<td>17%</td>
<td>9%</td>
<td>34%</td>
</tr>
<tr>
<td>Sports fields</td>
<td>40%</td>
<td>17%</td>
<td>9%</td>
<td>34%</td>
</tr>
<tr>
<td>Parks and reserves</td>
<td>28%</td>
<td>23%</td>
<td>14%</td>
<td>35%</td>
</tr>
<tr>
<td>Outdoor facilities</td>
<td>25%</td>
<td>34%</td>
<td>7%</td>
<td>33%</td>
</tr>
<tr>
<td>Public outdoor areas associated with council services</td>
<td>38%</td>
<td>23%</td>
<td>5%</td>
<td>33%</td>
</tr>
</tbody>
</table>

The following table is a breakdown of responses for the places that are not currently smokefree (but scheduled to become smokefree in 2018 under the council’s Smokefree Policy 2013).

Table 8. Responses regarding places scheduled to become smokefree in Phases 2 or 3

<table>
<thead>
<tr>
<th></th>
<th>All smokefree</th>
<th>Some smokefree</th>
<th>No smokefree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor eating areas at restaurants</td>
<td>28%</td>
<td>30%</td>
<td>15%</td>
<td>27%</td>
</tr>
<tr>
<td>Plazas and civic squares</td>
<td>19%</td>
<td>24%</td>
<td>23%</td>
<td>35%</td>
</tr>
<tr>
<td>Beaches</td>
<td>19%</td>
<td>16%</td>
<td>29%</td>
<td>36%</td>
</tr>
</tbody>
</table>

The results above show that staff overall have a high level of uncertainty about the smokefree status of most public places.

Approximately a third of respondents were unsure about the public places that were asked about (between 31 per cent and 36 per cent).

The public places most highly associated with being ‘all smokefree’ were playgrounds and skate parks (51 per cent), transport areas (41 per cent), sports fields (40 per cent), and public outdoor areas associated with council services (38 per cent).

Staff working in customer services were more likely to think that some transport areas were smokefree (27 per cent).

Staff in council’s information services departments were less likely to think that all playgrounds and skate parks (36 per cent), all sports fields (28 per cent), and all public outdoor areas associated with council services (27 per cent) were smokefree.

It is disappointing that only 28 per cent of the respondents correctly identified all parks and reserves as smokefree and a higher percentage (35 per cent) did not know.

A breakdown of the responses specifically on whether staff thought parks and reserves were smokefree is provided in the table below.
Staff awareness of smokefree parks and reserves

![Bar chart showing staff awareness of smokefree parks and reserves]

However, the positive result is that staff from parks, sports and recreation departments were more likely to correctly think that playgrounds and skate parks (63 per cent), sports fields (53 per cent), and parks and reserves (39 per cent) were all smokefree, than the overall staff data.

**Communicating the council’s smokefree policy to customers**

The survey asked 1,194 staff from the Chief Operating Office (COO) division ‘Have you had any problems communicating council’s smokefree policy to customers?’

The following graph is a breakdown of the responses.

**Problems communicating smokefree policy**

![Bar chart showing problems communicating smokefree policy]

Two thirds (64 per cent) of COO staff said this was not applicable to their role, just over a quarter (27 per cent) said they have had no problems, and a small percentage (4 per cent) said they have had problems.

Staff more likely to say communicating the council’s smokefree policy is not applicable to their role were:

- resource consents staff (82 per cent)
- those who had worked at the council for less than a year (77 per cent)
- building control staff (74 per cent)

Staff less likely to say communicating the council’s smokefree policy was not applicable to their role were:

- parks, sport and recreation staff (33 per cent)
- libraries and information staff (50 per cent)

Parks, sport, and recreation staff were more likely to say they have had no problems communicating the council’s smokefree policy to customers (53 per cent).
10.2. Key informant interviews with council staff

Council’s Smokefree Policy applies across the whole of council and more actively for those departments that work directly face-to-face with the public (e.g. local service centres, community facilities, events, parks).

The review process identified those council departments which are considered to be internal key stakeholders in the smokefree sector and scheduled key informant interviews with individuals from that department to gain insight into the operational aspects of the policy.

A semi-structured key informant interview was held with 18 individuals who represent 14 key stakeholder departments over a period between May – July 2016.

Feedback received has been collated, consolidated and analysed to identify common themes and key points resulting from the internal key informant interviews which are presented in this section.

Policy effectiveness rating

As stated earlier, a policy effectiveness rating scale was developed to get an overall indication from key stakeholders on thoughts about how effective council’s smokefree policy was in regards to the intent e.g. the purpose of the policy.

At the initiation of the key informant interview, staff were reminded of the policy’s purpose statement and then were asked to rate the effectiveness of the policy choosing one of four options. The total percentage of internal stakeholders (participating in the key informant interviews) who responded under each category is listed below.

Table 9. Policy effectiveness: internal feedback

<table>
<thead>
<tr>
<th>Rating</th>
<th>Not effective at all (in achieving this purpose)</th>
<th>Ok – but not great</th>
<th>Somewhat effective</th>
<th>Effective – the policy works well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion</td>
<td>17%</td>
<td>28%</td>
<td>44%</td>
<td>11%</td>
</tr>
</tbody>
</table>

The figures above show that, more staff thought the policy was ‘somewhat effective and working well’ (55 per cent) than ‘ok – but not great’ or ‘not effective at all’ (45 per cent).

In general, staff viewed council’s policy as a guideline or tool for their department that identified the smokefree goal and set the strategic expectations across council.

Many of the internal interviewees questioned the ‘work proactively with others’ component of the policy’s purpose statement wondering if that applied to within and across council departments or whether it was referring to the council working with external stakeholders only.

Common themes

Although each of the council departments operate differently and have different aspects of implementing the smokefree policy, there were common themes that emerged regarding the barriers and challenges that staff faced and suggested improvements to the policy to increase its effectiveness. The common themes are identified below.

Lack of one contact person

In common with the external stakeholders who were interviewed, most of the internal stakeholders interviewed said that one of the main barriers or challenges they faced in implementing the policy
was that there was no central person ‘driving’ the policy implementation or for them to contact or coordinate with.

**Confusion around role responsibility**

Many staff were aware of what the policy was set out to achieve but were confused about their role or responsibility for implementing smokefree initiatives or measures within their department stating that there were no specific action points associated with the policy.

**Lack of clarity regarding local board responsibility**

A consistent viewpoint was held by staff who were interviewed that there was a lack of clarity regarding the role of local boards in the implementation of smokefree places and events, versus a region-wide operational responsibility.

**Inconsistency across local boards**

Staff who work across the region with many of the local boards commented upon the variance of smokefree knowledge, support and activities across the local boards which made it difficult when planning an event for instance.

**Need for training and support for front-line staff**

There was a general feeling that the policy relied too much on signs for the public to be aware of a place or event being smokefree. If there was an increased expectation for staff who are working face-to-face with the public to inform them of the smokefree message, then adequate training and tangible material to hand out, would need to be provided before staff felt confident enough to enforce the smokefree policy.

**Support for communications with the public to be positive and not punitive**

Many staff commented upon their concern for the council’s reputation, in being restrictive of people’s behaviour through the smokefree policy and wanted assurances that increased communication to the public about the policy or the smokefree city goal was filled with positive messaging. One quote that reflects this thought is:

“I don’t want to tell people they can’t do something. I would rather state what it is they need to know and then have them make a decision about taking an alternative action. ‘Council is not a bad guy. Council is doing what it can to build a better city / environment for you and your family.’ That’s what I want to tell them.”

**Operational suggestions**

A universal message that came through from staff interviewed was the need for better messaging of the 2025 goal and why the council is having smokefree places and events.

Much of the feedback stated that the public needed to be more informed and to humanise the purpose of smokefree places and events so the public can relate to it better. In other words, more fun and engaging signs and information are needed to get the message across about Auckland becoming a smokefree city.

Other operational suggestions from the feedback include:

- Make sure a standard smokefree clause (and the reasons behind it) are part of the hiring terms for community facilities
• Include smokefree policy training and requirements in the Health and Safety modules with contractors
• Put smoking cessation information for staff on the wellness portal
• Diversify from the static signs so messages are refreshed regularly
• Put the Smokefree Policy in the new employee induction packs, and as part of the new staff orientation seminars
• Make sure regional events programme have sufficient resources (banners, educational information in pamphlets) to promote smokefree at events
• Give security guards training and material to hand out to businesses in the area, to inform them of the goal to make the city smokefree by 2025
• Link with the cruise ship tourism industry to inform passengers of the smokefree goal and smokefree areas
• Make smokefree actions a performance measure for each of the departments
11. Local board feedback and information

The policy sets out a regional, council-wide position but local boards have the responsibility and discretion for implementing the policy at a local level.

Staff have completed informal engagement with local board members, which has involved the following briefing sessions:

- Local Board Chairs’ Forum – February 2016
- local board advisors’ briefing session – March 2016
- southern, northern and central cluster meetings with local board members – April 2016.

At the briefing meetings, local board members requested smoking rate data specific to local board areas.

This section provides the most current smoking rate data across local boards, a forecasting model results on when each board is predicted to achieve the 2025 goal, a summary of the information provided through an informal feedback process and the results of an internal smokefree signage audit.

11.1. Smoking rates by local board

The graph below shows variance in the smoking rate from the 2006 census to the 2013 census for each local board, along with composite categories for the Southern Initiative region, and Auckland overall.
### Percentage Regular Smoker 2006 and 2013 Census

Sorted by area from highest to lowest percentage (2013)

<table>
<thead>
<tr>
<th>Area</th>
<th>2006</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mangere-Otahuhu</td>
<td>28%</td>
<td>23%</td>
</tr>
<tr>
<td>Papakura</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Manurewa</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Southern Initiative</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Otara-Papatoetoe</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Great Barrier</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Henderson-Massey</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Waiheke</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Maungakiekie-Tamaki</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Waitakere Ranges</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Whau</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Franklin</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Auckland</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Rodney</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Kaipatiki</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Waitemata</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Puketapapa</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Albert-Eden</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Hibiscus and Bays</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Upper Harbour</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Howick</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Devonport-Takapuna</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Orakei</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
11.2. Rate of decline for each local board

The graph below shows the rate of decline for each local board between 2006 and 2013.

Some of the highest rates of decline (including the Southern Initiative area) have been in those areas with the highest smoking rates overall.
11.3. Ethnic smoking rates in each local board

The following two graphs show the rates of decline of Māori and Pacific people respectively, by local board.

**Percentage Regular Smoker, Māori Ethnic Group**
2006 and 2013 Census
Sorted by area from highest to lowest percentage (2013)

**Percentage Regular Smoker, Pacific Ethnic Group**
2006 and 2013 Census (Great Barrier excluded)
Sorted by area from highest to lowest percentage (2013)
11.4. **Forecasting for each local board**

The following table shows approximately when each local board will reach the smokefree goal of 5 per cent, for the population overall and by ethnic group. A sliding colour scheme is used, from green to red, to highlight where the 2025 target is in danger of not being met.

<table>
<thead>
<tr>
<th>Local Board or Area</th>
<th>Total Population overall</th>
<th>Māori</th>
<th>Pacific</th>
<th>European</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orakei</td>
<td>2016</td>
<td>2021</td>
<td>2026</td>
<td>2016</td>
<td>2014</td>
</tr>
<tr>
<td>Devonport-Takapuna</td>
<td>2017</td>
<td>2023</td>
<td>2020</td>
<td>2016</td>
<td>2021</td>
</tr>
<tr>
<td>Albert-Eden</td>
<td>2020</td>
<td>2024</td>
<td>2026</td>
<td>2020</td>
<td>2017</td>
</tr>
<tr>
<td>Hibiscus and Bays</td>
<td>2020</td>
<td>2024</td>
<td>2025</td>
<td>2019</td>
<td>2019</td>
</tr>
<tr>
<td>Upper Harbour</td>
<td>2020</td>
<td>2020</td>
<td>2021</td>
<td>2019</td>
<td>2022</td>
</tr>
<tr>
<td>Howick</td>
<td>2020</td>
<td>2028</td>
<td>2024</td>
<td>2020</td>
<td>2018</td>
</tr>
<tr>
<td>Kaipatiki</td>
<td>2021</td>
<td>2025</td>
<td>2028</td>
<td>2021</td>
<td>2019</td>
</tr>
<tr>
<td>Waitemata</td>
<td>2021</td>
<td>2027</td>
<td>2032</td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>Rodney</td>
<td>2022</td>
<td>2027</td>
<td>2024</td>
<td>2021</td>
<td>2019</td>
</tr>
<tr>
<td>Waiheke</td>
<td>2024</td>
<td>2030</td>
<td>2019</td>
<td>2023</td>
<td>2014</td>
</tr>
<tr>
<td>Franklin</td>
<td>2024</td>
<td>2028</td>
<td>2029</td>
<td>2022</td>
<td>2018</td>
</tr>
<tr>
<td>Auckland</td>
<td>2023</td>
<td>2030</td>
<td>2031</td>
<td>2022</td>
<td>2019</td>
</tr>
<tr>
<td>Maungakiekie-Tamaki</td>
<td>2024</td>
<td>2032</td>
<td>2030</td>
<td>2023</td>
<td>2018</td>
</tr>
<tr>
<td>Waitakere Ranges</td>
<td>2024</td>
<td>2026</td>
<td>2037</td>
<td>2024</td>
<td>2019</td>
</tr>
<tr>
<td>Whau</td>
<td>2025</td>
<td>2036</td>
<td>2029</td>
<td>2025</td>
<td>2018</td>
</tr>
<tr>
<td>Puketapapa</td>
<td>2026</td>
<td>2039</td>
<td>2036</td>
<td>2028</td>
<td>2017</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2026</td>
<td>2034</td>
<td>2032</td>
<td>2025</td>
<td>2019</td>
</tr>
<tr>
<td>Manurewa</td>
<td>2028</td>
<td>2036</td>
<td>2033</td>
<td>2027</td>
<td>2019</td>
</tr>
<tr>
<td>Otara-Papatoetoe</td>
<td>2028</td>
<td>2043</td>
<td>2033</td>
<td>2036</td>
<td>2019</td>
</tr>
<tr>
<td>Henderson-Massey</td>
<td>2027</td>
<td>2034</td>
<td>2032</td>
<td>2028</td>
<td>2023</td>
</tr>
<tr>
<td>Papakura</td>
<td>2029</td>
<td>2036</td>
<td>2025</td>
<td>2031</td>
<td>2018</td>
</tr>
<tr>
<td>Southern Initiative</td>
<td>2028</td>
<td>2036</td>
<td>2033</td>
<td>2030</td>
<td>2020</td>
</tr>
<tr>
<td>Mangere-Otahuhu</td>
<td>2029</td>
<td>2031</td>
<td>2034</td>
<td>2029</td>
<td>2023</td>
</tr>
<tr>
<td>Great Barrier</td>
<td>2025</td>
<td>2022</td>
<td>Pop Too Small</td>
<td>2025</td>
<td>Pop Too Small</td>
</tr>
</tbody>
</table>

The table shows the large variance across local boards in the prediction of when they would achieve the 2025 smokefree goal: from Orakie Local Board already achieving the goal in 2016, to Papakura and Mangere – Otahuhu Local Boards only achieving the 5 per cent target in 2029.
Figures are worse when looking at the Māori proportion of the population. It is predicted that Māori in Otara-Papatoetoe Local Board area will only reach the 2025 goal in 2043 if smoking prevalence continues to decline at the current rate.

11.5. Forecasting for the Southern Initiative (TSI) area

Using the projected trend reduction rate from the census data, an estimate for when local boards in The Southern Initiative (TSI) area would reach a smoking prevalence rate of under 5 per cent and then under 3 per cent (as per the target in the Auckland Plan) is provided in the two graphs below. In each of the scenarios, the 2025 targets will not be met.

**TSI reaching the >5 per cent target**

![Graph showing smoking prevalence rates for Total Population, Māori, and Pacific in TSI reaching the >5 per cent target.]

**TSI reaching the >3 per cent target**

![Graph showing smoking prevalence rates for Total Population, Māori, and Pacific in TSI reaching the >3 per cent target.]

11.6. Results from informal feedback

Just under half of Auckland Council’s Local Boards (43 per cent) provided written feedback in contribution to the Smokefree Policy Review project.

The majority responded by using the questions provided by staff at the briefing meetings. However, some provided summarised statements and others submitted notes from a workshop held on the topic.

The variance of the methods and the information received by staff makes it difficult to report specific evidential findings as part of the policy review process.

However, an analytical review of the information submitted by local boards, as well as through the information received at the briefing meetings, has identified common themes which generally represent local board feedback on the policy. These themes are outlined below.

Support for the smokefree goal and wanting to do more

A universal message that came across from the local boards who participated in the review process was their strong level of support for the city to become smokefree by 2025 and the willingness to do more to support the community in making smokefree places.

Lack of regional resources

Almost every local board (who provided feedback into the review process) felt there was a lack of regional resources and support available to effectively implement the smokefree policy. More specifically, many stated that the funding of smokefree signs (for instance, to be put up in local parks) put considerable strain on local board budgets and requested that in the future, the funding of signs comes out of the council’s regional budget. A table showing the level of implementation of smokefree signage by local board is included at Appendix 3.

The need for stronger smokefree messaging

Relating to the theme above regarding the lack of regional resources, many boards thought that the council should have a stronger communication strategy across the region to advocate for, and educate the public on, smokefree public places (as well as the long term goal of the city becoming smokefree by 2025).

Mandatory smokefree clauses in leases, licenses and grant funding

The majority of written feedback by local boards included a suggestion around having mandatory smokefree clauses in the council agreements for leases, licenses and grant funding. Even though some local boards have implemented this within their jurisdiction, there was a general feeling that a region wide approach from the council would be more effective and would better support the local boards.

Working directly with the community on smokefree initiatives

Many comments were received around the need for the council to do more direct work with community groups and sector stakeholders in supporting grass-roots and local initiatives for reducing the prevalence of smoking and in making more places smokefree. An example of this would be to enable and support local neighbourhood groups in designating particular streets in their neighbourhood smokefree.
**Bylaw for smokefree public places**

67 per cent of the written feedback had an unsolicited statement regarding support for developing a bylaw for stronger enforcement in smokefree public places. When the topic of a bylaw was raised by local board members at the briefing meetings, approximately half of the attendees supported the development of a bylaw.

However, at the meetings, it became apparent that the supporters of a bylaw were under the incorrect assumption that the enforcement action for a breach in the bylaw would be the issuing of a fine. Staff were also made aware that a number of local boards had received a presentation from the Cancer Society in the months prior to the briefing meetings where there was strong advocacy for a smokefree bylaw.

More information about the legislative conditions regarding a smokefree bylaw is presented in the Section 12 *Findings and conclusions* entitled *Investigating the use of a bylaw* further on in this document.

**Unclear about the status of smokefree signage in their community**

The governance structure of the policy means that the local boards have been full delegated authority for smokefree signage in their local board area. However, the feedback received indicates that there is a high level of confusion regarding who is leading the implementation and the number and location of smokefree signs in their area.

A table showing the level of implementation of smokefree signage by local board is included at Appendix 3.
12. Findings and conclusions

12.1. Policy effectiveness

The review assesses the performance of the council’s Smokefree Policy 2013 in terms of how effective the policy is in achieving its goals and objectives.

The performance is measured against whether the goals and outcomes have been met, or are on track to be met, as was intended when the policy was first developed.

This section provides a summary of the findings regarding the policy’s effectiveness in its purpose, in achieving each of its objectives, and in its contribution to the goals of the Auckland Plan.

An overall rating on the policy’s effectiveness is provided based on the findings in each of these areas.

Is the intent of the policy still relevant?

As stated in the policy document: ‘The purpose of the Smokefree Policy is to document and give effect to Auckland Council’s commitment to work proactively with others towards making Auckland smokefree by 2025.’

Summary of findings

Both internal and external stakeholders that participated in the key informant interviews were asked how they would generally rate the current policy (using an effectiveness scale from 1-4) in terms of the policy achieving its purpose. A summary of responses is provided in the table below.

Table 10. Summary of responses to overall effectiveness question

<table>
<thead>
<tr>
<th>Rating</th>
<th>Not effective at all (in achieving this purpose)</th>
<th>Ok – but not great</th>
<th>Somewhat effective</th>
<th>Effective – the policy works well</th>
</tr>
</thead>
<tbody>
<tr>
<td>External stakeholders</td>
<td>7%</td>
<td>43%</td>
<td>37%</td>
<td>13%</td>
</tr>
<tr>
<td>Internal stakeholders</td>
<td>17%</td>
<td>28%</td>
<td>44%</td>
<td>11%</td>
</tr>
</tbody>
</table>

When these results are combined and divided into positive or negative categories there are approximately the same number of negative ratings as positive.

More internal stakeholders think the policy is not effective than external stakeholders.

Almost all stakeholders who took part in the key informant interviews (e.g. both external and internal stakeholders) made a positive comment in regards to the council’s intent through the words ‘working proactively with others’ component in the policy’s purpose statement.

Due to the recent changes within the sector and the funding re-alignment of tobacco control service providers (see Section 4 Smokefree context for further details), now more than ever there is a recognition that a ‘whole of sector approach’ is needed to accomplish the 2025 smokefree city goal.
**Assessment**

The intent of the policy through the policy’s purpose statement remains relevant as it clearly distinguishes the council’s role as being a contributor, by working with others, to a strategic outcome (e.g. a smokefree city by 2025) and not solely responsible for the achievement of that outcome.

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**Is the policy’s approach (regional policy, locally applied) effective?**

The policy sets a regional, council-wide position particularly in relation to smokefree public places and events. The policy states: “A regional approach is necessary to promote a clear and consistent smokefree message …”

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**Summary of findings**

Strong feedback was received (through many components in the review process) that the local implementation of the policy through the local boards was not an effective approach for creating smokefree places and events due to the lack of resources available.

The implementation of smokefree parks across the region has been inconsistent due to the reliance on the instalment of signs to identify the smokefree status.

When the policy came into effect, local boards were asked to prioritise sites for the implementation of smokefree signage. Local boards then needed to make decisions regarding the allocation of budget for the printing and installation of site specific signs in their local board area.

The review gathered information for each board regarding: the decision made to prioritise sites, the budget allocated, and the status of implementation. A table with this information is provided as an Appendix 3 to this report.

The review shows there is a large variance in the status of smokefree places which have been implemented across the Auckland region.

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**Assessment**

Implementation of smokefree public places to date has been inconsistent across the region due to resources constraints for some local boards. The policy recognises that a regional approach is necessary to promote a clear and consistent smokefree messaging but this has not taken place in conjunction with local implementation. Therefore, the policy’s approach of being regional but locally applied has not been an effective approach to date.
Are the guiding principles in the policy still appropriate?
The review sought to identify how well the policy’s principles, guide and regulate the intended activities of what the policy is trying to achieve.

Summary of findings
Stakeholder feedback received from the key informant interviews and via staff participation in smokefree sector forums has confirmed that the principles outlined in the policy which are not specific to council – e.g. 1, 2, 4 and 6, are universal principles across Auckland’s smokefree sector.

Many of the city or district councils in New Zealand who have developed a smokefree policy after 2013 (when Auckland Council’s Smokefree Policy went into effect) have the same or similar guiding principles included in their policy.

Feedback from local boards indicates that the guiding principles in the policy have been helpful when formalising their statements relating to smokefree in their local board plans, as well as, when needing to prioritise the implementation of smokefree places.

Assessment
The principles of the policy are comprehensive and yet also specific enough to the council’s actions that they are an effective guide in defining the council’s intentions and in the implementation of the policy.

Having four out of the six policy principles which are also used across Auckland region’s smokefree sector (such as the wellbeing of children, encouraging behaviour change, etc) validates the effectiveness and relevance of the current principles in the policy.

Are we achieving each of the policy objectives?
A summary of the analysis regarding whether the council is achieving each of the policy objectives is provided under each objective heading below.

Objective 1: Improve the health and well-being of Auckland’s communities by reducing the prevalence of smoking and de-normalising smoking behaviour

Summary of findings
Statistics show a progressive reduction in the prevalence of smoking over the years in Auckland since the smokefree policy has been in place. However, there is no way to validate the correlation of this reduction to the actual implementation measures of the policy.

A more direct correlation with the policy is in regards to de-normalising smoking behaviour. The implementation of smokefree public places has a direct effect on de-normalising smoking by creating less areas (public spaces) where people can smoke and consequently where children can witness and be affected by someone smoking.

There has been a considerable delay in the implementation of the smokefree public places to date. Phase 1 sites identified in the policy (e.g. all outdoor facilities, all playgrounds and skate parks, all sport fields, all parks and reserves, all outdoor areas of council buildings, and all transport areas) have yet to be fully implemented as smokefree (in terms of signage, etc).
The review found that there was considerable confusion by the public about what places are smokefree. The *2016 Auckland public perception survey* recorded a decrease of 20 per cent between 2014 and 2016 in the number of people who correctly identified places that are current smokefree.

No progress has been made to implement the sites identified to be smokefree in 2015 under Phase 2 of the implementation schedule in the policy.

**Assessment**

The Smokefree Policy has been effective in de-normalising smoking through its implementation of smokefree public places across the region, particularly given the variety of areas the policy covers in the plan to be smokefree (e.g. all parks, outdoor facilities, transport areas, etc).

However, the fact that smokefree places identified in the policy have not been fully implemented to date and there is considerable confusion of the public of what places are smokefree. The policy has not been effective to date in meeting this objective.

**Objective 2: Focus on those most in need, as indicated by smoking prevalence and health statistics, and as outlined in the Auckland Plan**

This information is provided under section 12.2.

**Objective 3: Protect Auckland’s environment by decreasing the risk of fire from cigarette butt litter and by reducing the amount of cigarette packet and butt litter that enters the environment**

**Summary of findings**

Due to the research limitations of no baseline data available regarding the amount of cigarette packet and butt litter in certain public places, the review was unable to measure whether there was a reduction in the amount of litter and or a decreased risk of fires from cigarette butt litter across Auckland.

**Assessment**

There are no implementation actions or direct measurable outcomes available to determine whether the policy is helping to reduce the amount of cigarette butt litter entering the environment.

The decreased risk of fires and reduced amount of cigarette (packet and butt) litter comes as a result from the first policy objective of reducing the prevalence of smoking and de-normalising smoking behaviour.

Due to the lack of direct causal association with the policy, the effectiveness rating for this objective is low.
**Objective 4: Give effect to the strategic commitments made in the Auckland Plan and local board plans**

**Summary of findings**

The review findings show that the policy strongly supports the council's strategic direction of "Create a strong, inclusive and equitable society that ensures opportunity for all Aucklanders."

Staff had a clear understanding of the role of smokefree public places in creating an inclusive and equitable society particularly in regards to community events.

Many external stakeholders made reference to the council’s goal of being the world’s most liveable city and how well the smokefree focus aligns to making the city ‘liveable’ for the majority of the population (given that only approximately 13 per cent of people overall smoke in Auckland).

The HPA’s 2014 Youth Insights Survey showed that approximately 70 per cent of young people thought it was not okay for other people to smoke around them (where they could breathe the smoke).

Informal feedback from local boards support the policy’s influence in the development of individual local board plans.

**Assessment**

The effectiveness rating is high for this objective as the review has shown that staff were clear about the alignment of the policy’s principles around the wellbeing of children and young people and the implementation of the policy which is focussed on smokefree events and public places with the Auckland Plan and local board plans.

**Objective 5: Acknowledge the importance of Auckland Council’s role in advocating for wider smokefree initiatives**

In the ‘Policy Details’ section of policy it acknowledges that given the size of Auckland’s population, the council has a significant role in advocating for greater tobacco control measures. The document states: “Auckland Council will look for opportunities to work in a coordinated manner with organisations to advocate for positive smokefree outcomes for its communities.”

**Summary of findings**

A reoccurring theme across the external key informant interviews was the request for the council to be more actively involved in the smokefree sector. This was defined by attending regular meetings and working with organisations on smokefree initiatives.

Approximately 90 per cent of the external stakeholders (who participated in the key informant interviews) identified the biggest barrier in working with the council was not knowing how, or who to contact the council. This finding suggests that the council has not ‘looked for opportunities to work in a coordinated manner’ with organisations on wider smokefree initiatives.

Feedback suggests that external stakeholders have high expectations of the council to be an advocate on tobacco control issues with central government. There is a general feeling that the council is not doing enough in advocating on tobacco control issues to central government.

When external stakeholders were asked ‘Are there any additional areas of support (not covered in the policy) that you think the council can provide to reach the 2025 smokefree goal?’, a reference
to either being more active in the sector or being a stronger advocate for tobacco control measures came up approximately 70 per cent of the time.

**Assessment**

The policy has not been effective in meeting this objective as there is little indication that the council has looked for opportunities to work with organisations on smokefree initiatives or to advocate for greater tobacco control measures with central government from the stakeholder perspective.

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**12.2. Is the policy effectively contributing towards Auckland Plan goals?**

There are two goals within the council’s Auckland Plan which relate to smokefree and potentially overlap the specific objectives within the policy itself.

A summary of the findings and an assessment of whether the policy is effectively contributing towards each of the Auckland Plan (smokefree related) goals is provided under each goal heading below.

**Goal 1: All parks and reserves, children's play areas and other public spaces are smokefree by 2025**

**Summary of findings**

Both the public opinion survey, and the internal staff survey, show low public awareness that all parks, reserves and children’s play areas are smokefree.

The 2016 Auckland public perception survey shows that only 8 per cent of the public correctly identified that ‘all’ parks are smokefree with 21 per cent saying that ‘some’ parks and reserves are smokefree. Together the total is 29 per cent which indicates a low public awareness that all parks and reserves are smokefree.

Similarly the 2016 survey shows only 23 per cent correctly identified ‘all’ children’s play areas and skate parks are smokefree with 20 per cent saying ‘some’ were smokefree. This makes a total of 44% giving the right response about playgrounds and skate parks.

**Assessment**

Although parks and reserves, as well as children’s playgrounds, were the first spaces to become smokefree under the policy in 2013, there is a low public awareness of these places being smokefree. However, the policy is effectively meeting this objective and is on track to have accomplished all parks, reserves, children’s play areas and other public spaces to be smokefree in 2025.
Goal 2: By 2025 in the Southern Initiative area, the level of residents 15 years and over that smoke, will fall below 3 per cent

Summary of findings
The review found that there were no specific implementation actions for the Southern Initiative area.

Using the census trend reduction rate (see Section 11 of this report) it is expected that the general population in The Southern Initiative area would reach a smoking prevalence rate of under three per cent in 2030 (e.g. five years later than the goal set in the objective). In regards to Māori and Pacific ethnic groups, Māori are expected to reach the under three per cent prevalence rate in 2037 and Pacific in 2035.

This objective in the Auckland Plan has midterm targets set at 15 per cent by 2015 and 11 per cent by 2018.

Regarding the midterm targets for the SI area, the census trend reduction rate for the general population is forecasted to be 19 per cent in 2015 (e.g. four per cent higher than the target) and 14 per cent in 2018 (e.g. three per cent higher than the target).

Assessment
Although the policy states that The Southern Initiative area will be prioritised, no specific implementation action has taken place regarding The Southern Initiative area.

It is projected that the smoking prevalence rate will not be less than three per cent in 2025 and therefore the policy is not effectively tracking to meet the outcome of this objective.

12.3. Assessing the non-regulatory approach to date
The non-regulatory approach relies on the public being well informed about the overall smokefree goal for the city, the intent of the policy and the mechanism in which the city will get there.

Since the policy was adopted, there have been no additional public communications, marketing or promotions of the overall smokefree goal or the policy. Consequently, the public are not well informed.

The 2016 Auckland public perception survey showed that the awareness of smokefree locations had decreased by about 20 per cent since 2014. Of the seven smokefree locations, awareness that ‘all’ of these were smokefree had decreased significantly for six locations.

Compliance with the council’s policy is voluntary. There are no enforcement or regulatory measures in place for compliance. If people are unaware of the smokefree goal, what smokefree means, or what places are currently smokefree (due to the lack of signage or communications), then even with the best of intentions, there will be a lack of compliance, whether intentional or not.

The non-regulatory approach has not been effective to date due to insufficient resources for implementation and the lack of public proactive communications and publicity.
12.4. Investigating the use of a bylaw

A smokefree public places bylaw could be made under section 145 of the Local Government Act (2002), section 23 of the Health Act or section 20 of the Smokefree Environments Act 1990.

Legal considerations in establishing a smokefree bylaw

The Local Government Act requires that before adopting a bylaw, the local authority must demonstrate that a bylaw is the most appropriate way of addressing the problem identified, and that it is consistent with the New Zealand Bill of Rights Act (NZBORA) 1990.

In particular, a local authority must assess whether the breach of any protected right under the NZBORA is justified by the significance of the problem and must establish the importance of the bylaw as a solution to the problem.

Any bylaw must also be:

- reasonable
- practical
- enforceable

If it fails in any of these dimensions it could be deemed invalid under legal challenge.

Smoking remains a legal activity in New Zealand. A smokefree bylaw extending across a wide range of locations and contexts would be difficult to justify and vulnerable to legal challenge.

A smokefree bylaw may be warranted in banning smoking in some types of public places, where there is robust evidence of a problem and a clear, site specific analysis of how the bylaw would directly address the problem.

In this regard, a smokefree bylaw that applies to locations with a high density of people such as civic plazas and outdoor dining areas could be justifiable, as there would be a clear link between smoking and a public health problem associated with the inhalation of second hand smoke.

A bylaw regulating smoking in areas where children are likely to be in close proximity would also likely be justifiable.

Legal sanction for violating a smokefree public places bylaw

A smokefree bylaw would mean it is against the law to smoke in designated outdoor public areas. This would enable police and enforcement officers with appropriate authority to threaten smokers with prosecution should they decide to smoke in these areas.

A bylaw may also give members of the public, hospitality staff in restaurants and other public officials the confidence to challenge smokers by telling them that they are breaking the law. In many cases this would probably be enough to persuade smokers to stop smoking.

However, if a smoker decides not to stop smoking, the only recourse open to enforcement officers is prosecution under the bylaw. There is popular misconception that passing a bylaw would enable police and enforcement officers to impose spot fines upon those who violate the bylaw.

Under current local government legislation however, a smokefree bylaw would not grant police or local government officers the power to issue infringement notices and a spot fine.
Difficulties in enforcing a smokefree outdoor public places bylaw

The current local government legislation does not allow a smokefree bylaw to be enforced through the issue of an infringement fine.

The process of bringing about a prosecution for violation of a bylaw is lengthy, expensive and consumes the time and effort of police authorities and the courts. The costs are not recoverable by the council or the police.

In most cases a smoking in public places prosecution would probably not be deemed a proportionate response, except in cases of persistent and wilful disregard of a smoking ban.

In this sense a bylaw is likely to prove to be an unwieldy mechanism, and may be considered a disproportionate response to a breach (therefore calling into question both its consistency with the New Zealand Bill of Rights Act and with the principle of reasonableness).

In October 2015 Auckland Council completed a review of all legacy bylaws and removed many of the bylaws which were deemed, in effect, not enforceable. Council is committed to not now passing further bylaws which are similarly difficult to enforce.

Passing a bylaw which authorities can only enforce through prosecution threatens the credibility of enforcement officers and could undermine the smokefree policy objectives themselves, in so far as the policy is not seeking to stigmatise those who are struggling with a recognised addiction.

Evidence from New Zealand and elsewhere indicates that smokefree public places bylaws, as regulatory mechanisms, ultimately rely upon non-regulatory mechanisms for enforcement, such as smoke wardens, signage, public information and dissemination. This calls into question the added value of having a bylaw, given the significant restraints noted above.

A regulatory approach is not consistent with existing, integrated approaches to dealing with smoking as an addiction

Smoking is recognised by public health professionals as a complex problem with no single easy solution.

The current global approach to tackling the prevalence of smoking is to recognise that it is a medical addiction and that smokers are most likely to cease smoking when they are provided with comprehensive and integrated medical and counselling support, including through community and culture based peer support.

Reducing the acceptability of smoking and the prevalence of smoking in public places is an important strategy in helping people give up smoking, and in particular in stopping young people from taking up smoking, through making it less visible.
Public health approaches currently therefore adopt smokefree educative approaches, signage and information dissemination as an important element in a broader strategy for dealing with smoking as a complex addiction.

The Ministry of Health website says that smoking is an addiction. An addiction is a persistent, compulsive dependence on a behaviour or substance.

A smokefree bylaw mechanism, which relies on prosecution for enforcement, may complicate or undermine the current national approach in addressing people with an addiction and further stigmatise those who smoke.

A definition of stigma is given by Stuber and colleagues: “a stigma is the negative labels, pejorative assessments, social distancing and discrimination that can occur when individuals who lack power deviate from group norms.” 16 It is a significant concern that a law which bans smoking would have the largest impact on those who are the most marginalised and vulnerable – such as the homeless or those with mental illness.

**Advocating to central government for powers to issue infringement notices**

Equipping police and enforcement officers with the powers to issue infringement notices for the violation of a smokefree public places bylaw requires changes to the Local Government Act 2002. These are changes which only the national government can effect.

**12.5. Is a bylaw necessary to implement Phase 3 of smokefree public places?**

As specifically stated in the council’s Smokefree Policy 2013: ‘The policy review will need to determine whether a bylaw is necessary for this Phase (e.g. Phase 3) of the implementation.’

Phase 2 of the policy’s smokefree public places which has yet to be implemented consists of:

- All shared spaces
- All plazas and civic squares.

Phase 3 of the policy’s smokefree public places which is scheduled to be implemented by 2018 consists of:

- The areas around all sport clubs
- All al-fresco dining areas
- All urban centres
- All public beaches
- Common areas of council housing.

At the Governing Body February 2015 meeting a resolution was passed that directed staff to commence the review of the Smokefree Policy ahead of the scheduled 2016 timeline and to determine if a bylaw is the most appropriate way to achieve the outcomes of Phase 3 of the policy. Since Phase 2 has yet to be implemented, for practical purposes Phase 2 and Phase 3 site are considered together at this time.

16 Stuber et al. / Social Science and Medicine 67 2008, Pg. 420-430
**Cost effectiveness criteria**

On 5 December 2012, the main purpose of local government (set out in Section 10 of the Local Government Act) was more narrowly defined as: “to meet the current and future needs of communities for good-quality local infrastructure, local public services, and performance of regulatory functions in a way that is most cost-effective for households and businesses.”

This narrowing of local government’s purpose means that there is a stronger emphasis on the performance of a regulatory function (such as a bylaw) to be fit-for-purpose and cost effective to the ratepayer as council’s legal obligation.

Given that the current legislation does not allow for the issue of a fine, but instead, prosecution is the enforcement mechanism for someone who is in breach of a smokefree bylaw, it would be difficult to justify the legal costs involved with enforcing the bylaw as the most cost-effective way use of ratepayer’s money.

Evidence from Australia shows that smokefree laws, as regulatory mechanisms, ultimately rely upon non-regulatory mechanisms for enforcement, such as smoke wardens, signage, public information and dissemination. The costs of putting in place a regulatory system that relies on non-regulatory enforcement questions the value of the bylaw in relation to being cost effective in making a particular place smokefree.

**Reasonable, practical and enforceable criteria**

A bylaw banning smoking would be expensive and difficult to enforce.

Under the New Zealand Bill of Rights Act any bylaw must pass legal assessment in three areas of it being:

- reasonable
- practical
- enforceable.

If it fails in any of these dimensions it could be deemed invalid under legal challenge. Given the proven financial and legal resources of the tobacco industry, there is a high probability that a smokefree bylaw for any of the public places areas identified in Phase 2 and 3 of the policy’s implementation schedule would be legally challenged under the New Zealand Bill of Rights Act.

**The most appropriate way of addressing the problem**

Under section 155 of the Local Government Act (Part 8), a local authority must first determine whether a bylaw is the most appropriate way of addressing the perceived problem, and, if that is established, must determine whether the proposed bylaw is the most appropriate form of bylaw, and whether it has any implications under the New Zealand Bill of Rights Act 1990.

There are obviously other ways to implement the Smokefree Policy in the particular places identified in Phase 2 and 3 of the smokefree public places implementation schedule than to have a bylaw.

In some of the areas to be smokefree, the council has other regulatory mechanisms it can use for creating that smokefree space – such as licensing for alfresco dining on pavements or lease agreements for the common areas of council housing.
A non-regulatory approach to make each of the places identified under Phase 2 and 3 of the policy’s public places implementation schedule would need to be tested first and shown to be ineffective prior to the progression of creating a bylaw to make that place smokefree.

**Having the law but not enforcing it**

Active enforcement is necessary for a bylaw to be effective.

According to the Government appointed Legislation Design and Advisory Committee’s “Guidelines on Process and Content of Legislation” (Guidelines) in regards to the bylaw content it says:

> “Material should not be incorporated for ulterior purposes or to buttress perceived weakness of difficulties with other powers, unless that is clearly part of the policy’s intent.”

The intent of council’s Smokefree Policy 2013 is to “work proactively with others towards making Auckland smokefree by 2025.”

Considering the NZ Government’s position on reducing smoking rates is to provide encouragement and support to people trying to quit, an enforcement officer of a smokefree bylaw approaching a smoker to inform of the breach of the law does not align with the Smokefree Policy’s intent nor does it support the Government’s position on reducing smoking rates.

**Conclusion - is a bylaw necessary?**

Non-regulatory smokefree methods have not been tested in each of the places identified in Phase 2 and 3 of the policy’s public places implementation schedule to date.

Findings from the review show that the lack of successful implementation of smokefree public places to date (e.g. in Phase 1 of the policy’s public places implementation schedule) is due to the lack of resources for implementation and poor public communications. Since each of the places in the policy’s implementation schedule are different from one another (in terms of their use and space settings), the poor performance of smokefree implementation for Phase 1 places, cannot be used to represent those public places in Phase 2 and 3.

A bylaw for smokefree public places would need to pass through an assessment of cost effectiveness, whether it was reasonable, practical and enforceable, and whether it was the most appropriate way to make that space smokefree.

It is against the council’s principles to have a bylaw that is not enforced and can be interpreted “for ulterior purposes” particularly in that the approach does not align to the intent of the policy.

Staff concluded that a bylaw is not necessary to implement smokefree in the public places identified in the policy’s implementation schedule under Phase 2 and 3.

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17 Guidelines cl 1.5, Pg.8
12.6. **Summary of key findings from the review**

- Auckland has the most comprehensive smokefree policy in the country
- The policy framework and intent are generally effective and well supported by stakeholders
- Auckland is on track for the total population to meet the >5 per cent smokefree 2025 goal
- Both Māori and Pacific ethnic groups are not on track to meet >5 per cent smokefree goal by 2025
- Māori women have the highest smoking prevalence rate of all ethnic groups (32 per cent)
- Age group 25-34 has the largest number of smokers in Auckland (men 21 per cent, women 12 per cent)
- About half of the public nationally are aware of the national Government 2025 goal – one in three youth were aware
- 52 per cent of the Auckland public said they noticed a decrease in smoking in outdoor places in the last three years
- 70 per cent of young people in the 2014 Youth Insights Survey said it was not ok for others to smoke around them where they could breathe the smoke
- Significant confusion exists over which outdoor spaces are smokefree with fewer people aware of smokefree areas now (2016) then in 2014 – a decrease of about 20 per cent
- The number of people who thought the council wasn’t doing enough to inform the public of smokefree places and events increased from 44 per cent in 2014 to 56 per cent in 2016
- 81 per cent of Aucklanders surveyed said they would like entrances of buildings to be smokefree and 67 per cent want the footpaths outside local shops to be smokefree
- The majority of public surveyed (61 per cent) said they would be more likely to attend outdoor eating places if they were smokefree
- Asian persons were more likely to visit more locations if they were smokefree than any other ethnic group
- Four out of five public respondents expressed some level of likelihood of intervening if someone they knew was smoking in a non-smoking area – the number was a significant increase from 2014
- There is a lack of engagement with sector stakeholders
- High confusion exists regarding the council’s role within the wider smokefree sector
- The biggest barrier cited by sector stakeholders (both internally and externally) was the lack of a central council staff person to contact regarding smokefree issues or implementation
- External stakeholders expressed a need to ‘rebrand’ the smokefree city message as a whole of city approach
- Overall council staff have a high level of uncertainty about the smokefree status – about one third were unsure about the public places they were asked about
- Staff are concerned about the effect a punitive approach would have on the council’s reputation
- Better messaging of the 2025 goal and why places and events are smokefree was the primary policy improvement suggestion from staff
- Local boards are under resourced for policy implementation
- Large discrepancies exist across local boards in their smoking prevalence rates
- No specific implementation initiatives have been put in place that focus on Māori or the Southern Initiative areas
The policy’s framework is still relevant and working effectively with the exception of the local board implementation aspects due to lack of resources at local level.

Three of the five objectives are currently achieving or are on track to achieve their objective.

The policy is not on track to achieve the specific smokefree goals as outlined in the Auckland Plan particularly regarding Māori and The Southern Initiative area.

The policy is effective as a document to guide actions and decisions in support of Auckland becoming smokefree by 2025 – the policy framework is sound and well supported by stakeholders.

The current local government legislation does not allow a smokefree bylaw to be enforced through the issue of infringement fines.

A smokefree bylaw mechanism, which relies only on prosecution for enforcement, may complicate or undermine ongoing, non-regulatory approaches of smokefree implementation.

A bylaw is deemed not to be necessary to implement Phase 3 of smokefree public places.

The review process strengthened the council’s working relationship with the smokefree sector.
12.7. Conclusion

The primary question this review answered is:

“How effective has the Smokefree Policy 2013 been in representing the council’s commitment to making Auckland smokefree by 2025 and as a guideline in setting out objectives for actions?”

The Auckland Council’s Smokefree Policy is the most ambitious and comprehensive of all city and district councils across the country. 18

The policy is successful in representing the council’s commitment to making Auckland smokefree by 2025 in the framework (e.g. purpose / intent, objectives, and principles) of the policy document and as a guideline in setting out the objectives for actions.

However, where the policy falls short is in its implementation.

The performance of the policy to date has not been effective in meeting the intent of the policy which is to “work proactively with others towards making Auckland smokefree by 2025.”

The shortfalls of the Smokefree Policy’s performance is not due to the lack of focus, coverage or content of the policy itself, but instead is due to the lack of communication (in working proactively with others) and insufficient resources allocated to its implementation.

Therefore, the core recommendations for improved effectiveness of the policy are:

- Develop a comprehensive communications strategy to increase council’s engagement with internal and external key stakeholders in working together towards the 2025 smokefree goal
- Appoint a central contact person responsible for the region-wide coordination of smokefree activities and initiatives
- Allocate sufficient resources to undertake the policy implementation.

12.8. Moving forward

To date, the council has not engaged proactively in working with others towards the smokefree 2025 goal.

Resource constraints have required the focus to only be on coordinating (through local boards) the implementation of signs on parks and playgrounds through a prioritisation process. This component of policy implementation is only partially achieved to date.

As intended in the design of the policy review project, the process undertaken in the review has been effective in establishing working relationships with external stakeholders in Auckland’s smokefree sector.

Findings from the review indicate that there is strong appetite in the sector to work more collaboratively with the council to make the city smokefree by 2025.

Some external stakeholders have told the council that although the purpose of the policy is to work with others, to date they feel that the council’s involvement with the sector has been lacking and captured in a reactive manner by one key stakeholder. This has created a barrier for other

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18 Thomas 2015, Pg.19
stakeholders to work proactively with the council where opportunities have arisen and been available.

The Ministry of Health’s realignment of the tobacco control service providers means there will be fewer key stakeholders active in Auckland’s smokefree sector which will improve the efficiency of the council being able to work collaborative with the sector in the future.

However, Auckland’s smokefree sector is more than the Ministry of Health funded service providers, District Health Boards, and specific issue based non-government organisations (NGOs). There are now a far larger number of community action groups and marae who are picking up the cause of de-normalising smoking and providing smokefree environments in their local area.

Behaviour change across a population doesn’t come easily or quickly.

It will take a collaborative effort across the whole of Auckland region to have a city where less than 5 per cent of people regularly smoke and where the public are not exposed to second-hand smoke.

The quote coming from one of the stakeholders in a key informant interview sums up:

“Smokefree is the one issue a majority of people can connect to in principle – being protective of the children and the land.

Own it, live it, breathe it”

(Anonymous)
13. Strategic approaches for moving forward

In order to address the review findings, staff identified three options representing different strategic approaches for moving forward. They are:

- **Option 1: Strengthen the implementation of the existing policy** – Develop a new resourcing model to enable improved implementation within the existing policy intent and framework.
- **Option 2: Develop a new smokefree policy to 2025** – Develop a new policy framework and intent, and redefine the council’s role in contributing to a smokefree Auckland by 2025.
- **Option 3: Progress the investigation of a smokefree bylaw** – Commence the statutory process for investigating a draft smokefree bylaw to complement the council’s smokefree policy.

### Option 1: Strengthen the implementation of the existing policy

**Proposal**

Develop a new resourcing model to enable improved implementation within the existing policy intent and framework

**Description**

This option would keep the existing Smokefree Policy but allocate additional resources to strengthen its implementation. This is a council-internal ‘operationally focussed’ option as it does not require collaboration with the external key stakeholders in order to improve implementation as is currently established in the policy.

This option does not require substantive changes to the existing policy intent or framework. However, minor amendments a couple of the policy objectives is recommended for clarification. These amendments are:

- Rewording objective one in the policy to better reflect the council’s role in contributing to the smokefree Auckland goal by 2025 by emphasising de-normalisation in the creation of smokefree public places as the policy’s key contribution.
- Remove objective two from the policy regarding the reduction of fires and cigarette litter as this is already an outcome of objective one and it is not measurable as a stand along objective.

Council staff will address the implementation problems identified in the review, in order to give greater effect to the policy, through:

1) Developing a new cost sharing mechanism between the governing body and the local boards, to overcome local board’s lack of resourcing for smokefree activities.

2) Developing an action plan to clearly establish council roles and responsibilities for smokefree implementation.
3) Providing a central resource person responsible for coordinating across council to implement and monitor the action plan.

**Actions**

This option would focus on strengthening the implementation of the existing policy in the following areas:

**Smokefree public places**
- Smokefree signage
- Publicity and promotion
- Smokefree wardens at beginning of smokefree implementation

**Smokefree events**
- Event guideline and/or implementation plan
- Publicity (banners, information)
- Creating opportunities for the public health sector to engage in smoking cessation activities (quit bus, on-site counselling activities)

**Advocacy and working with the sector**
- Identify opportunities for working with central government, on smoking cessation activities that are clearly linked to the council’s core business and focus areas of activity

**Workplace policy**
- Continue the commitment to council’s smokefree workplace
- Continue providing support to the smoking cessation efforts of staff

**Monitoring and evaluation**
- Better on-going monitoring of smokefree implementation, through a monitoring framework integrated with the action plan
- This will be the responsibility of the coordinator
- A RIMU person will be engaged to support the monitoring and evaluation activities.

**Impacts**

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal approach results in council control of the process, and a more predictable outcome</td>
<td>All proposed changes are internal to council, no improvements to sector involvement (which was a finding from the review)</td>
</tr>
<tr>
<td>Addresses the review findings on in-house operational problems for council in implementing smokefree, particularly local board problems with funding</td>
<td>Doesn’t deal with external perception that council is disengaged from the sector</td>
</tr>
<tr>
<td>Public will be better informed about smokefree places</td>
<td>There is therefore a reputational risk to council, with the sector</td>
</tr>
<tr>
<td>Reprioritisation of objectives and work and better coordinated council activities will result overall in better council operation for smokefree outdoor spaces:</td>
<td></td>
</tr>
</tbody>
</table>
Option 2: Develop a new smokefree policy to 2025

Proposal
Develop a new policy framework and intent, and redefine the council’s role in contributing to a smokefree Auckland by 2025.

Description
This option best addresses the stakeholder feedback that the council should be more actively involved in the sector. There is a significant opportunity with this option to redefine the council’s role in the smokefree sector and the mechanism of the council’s contribution to creating a smokefree city by 2025.

The new policy would involve a ‘whole of sector’ approach to redesigning the council’s smokefree policy so it was ‘fit for purpose’ to reach out until 2025. This would mean that an extensive consultation and policy redesign process would be undertaken with all sector partners.

Action
The new policy design process would focus on delivering a policy product that maximises the council’s contribution to the smokefree goal in the following areas:

1) smokefree areas around council owned buildings and assets, and council events: and
2) communication of smokefree goals around council controlled buildings and events

The new policy could include new smokefree outdoor spaces that have emerged as sector priorities, including the entrances around public buildings, marketplaces, and footpaths outside local shops.

The policy would not include a bylaw component. The policy would run until 2025. The current policy would operate as per status quo until the new policy was developed

Impacts

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consultative approach</td>
<td>• Risk that the scope broadens during consultation – an unpredictable process</td>
</tr>
<tr>
<td>• Helps to redefine the council’s role within the sector (and clarify what isn’t the council’s role)</td>
<td>• Delay period of up to 12 months as new policy is defined</td>
</tr>
<tr>
<td>• Targeted approach focusing on the council’s key contribution</td>
<td>• New political term is due to begin, requiring buy-in and ownership from the new council.</td>
</tr>
<tr>
<td>• Enhances council’s reputation with external stakeholders, and therefore deals with sector feedback</td>
<td></td>
</tr>
<tr>
<td>• The policy redesign process would create an opportunity to build wide sector support and renewed momentum for a smokefree Auckland</td>
<td></td>
</tr>
<tr>
<td>• Would more closely align with the national target of a smokefree New Zealand by 2025</td>
<td></td>
</tr>
<tr>
<td>• Public will be better informed about smokefree places</td>
<td></td>
</tr>
</tbody>
</table>
Option 3: Progress the investigation of a smokefree bylaw

Proposal
Commence the statutory process for investigating a draft smokefree bylaw to complement the council’s smokefree policy

Description
The investigation of the bylaw would determine what outdoor spaces the bylaw would apply to, ranging from relatively intensive areas (pavement dining, civic squares) to extensive areas (public beaches and the entire CBD).

This option would commence with the statutory investigation of a bylaw only and does not commit the council to adopt a bylaw. Investigating a bylaw would determine the outdoor spaces where smoking would be banned with prosecution as the enforcement for a breach of the bylaw.

A smokefree outdoor spaces bylaw could operate either in conjunction with a strengthened policy (Option 2), a new smokefree policy (Option 3), or the existing policy.

Actions
There are a number of statutory steps involved in developing a new bylaw, including evidence collection, public consultation and hearing panel deliberations, judicial review, and political endorsement by the governing body. This would take some time, up to 24 months.

Impacts

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| • Would enhance council’s reputation with some sector stakeholders  
• A smokefree bylaw would clearly make smoking in designated open spaces illegal  
• This may empower hospitality staff and members of the public to more readily challenge smokers if they are smoking in designated non-smoking areas  
• A bylaw would strengthen efforts at denormalising smoking as a socially unacceptable form of behaviour | • Developing a new bylaw is a lengthy and expensive process.  
• The bylaw would take some time to develop and the outcome is by no means certain: it could be rejected by legal experts on assessment, by members of the public during public consultation, or by the governing body.  
• Given that this would be the first major outdoor smokefree bylaw in New Zealand, it would likely attract major legal scrutiny, and possibly challenge. This would particularly be the case if the bylaw covers relatively ‘extensive’ smokefree areas (i.e. public beaches, the CBD).  
• There is a risk of council’s reputation from public interpretation of infringement of personal rights  
• Under current national legislation, a smokefree bylaw would not grant powers to issue infringement notices to smokers. The only legal recourse would be public prosecution, which courts may consider a disproportionate response to offense committed. |
References


http://www.otago.ac.nz/wellington/otago083774.pdf
## Appendix One: Ministry of Health Smokefree New Zealand 2025 Innovation Fund contracts

<table>
<thead>
<tr>
<th>Provider</th>
<th>Project</th>
<th>Contract Value (excl GST)</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Society Auckland</td>
<td>It’s About Tamariki – Bylaw Model</td>
<td>$302,450</td>
<td>2 years</td>
</tr>
<tr>
<td>Navilluso Medical Limited</td>
<td>Stopping From the Top</td>
<td>$135,700</td>
<td>2 years</td>
</tr>
<tr>
<td>Pathways Health Limited</td>
<td>Breakfree</td>
<td>$575,525</td>
<td>2 years</td>
</tr>
<tr>
<td>Regional Public Health, Hutt Valley DHB</td>
<td>Incentives for pregnant women</td>
<td>$100,000</td>
<td>1 year</td>
</tr>
<tr>
<td>ASH</td>
<td>National Quit Month</td>
<td>Up to $2,257,000</td>
<td>Up to 3 years</td>
</tr>
<tr>
<td>Auckland UniServices</td>
<td>WERO – Group Stop Smoking Competition</td>
<td>$3,875,078</td>
<td>3 years</td>
</tr>
<tr>
<td>Auckland University of Technology</td>
<td>Campaign to enhance smoking cessation interventions in general practice</td>
<td>$334,650</td>
<td>1 year</td>
</tr>
<tr>
<td>Counties Manukau DHB</td>
<td>Incentives for Pregnant Women to Stop Smoking</td>
<td>$538,330</td>
<td>3 years</td>
</tr>
<tr>
<td>Counties Manukau DHB</td>
<td>Supporting Smokefree Intersectorally</td>
<td>$1,342,050</td>
<td>3 years</td>
</tr>
</tbody>
</table>
### Appendix One: Ministry of Health Smokefree New Zealand 2025 Innovation Fund contracts

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project Name</th>
<th>Description</th>
<th>Funding</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties Manukau DHB, Waitemata PHO &amp; Transitioning Out Aotearoa</td>
<td>Quit Bus</td>
<td>A regional mobile Quit Bus that will cover the Greater Auckland region, especially high needs and hard to access areas. Staff will provide smoking cessation support and advice and will distribute Nicotine Replacement products.</td>
<td>$1,881,766</td>
<td>3 years</td>
</tr>
<tr>
<td>Massey University</td>
<td>Smokefree Movement</td>
<td>A self-sustaining project intended to create a smokefree youth movement. The project includes a smokefree app design competition, and will be open to Massey students, polytech and high school students, and community youth groups throughout New Zealand. Also included are video blogs and a documentary.</td>
<td>$115,345</td>
<td>1 year</td>
</tr>
<tr>
<td>National Heart Foundation-Tala Pasifika</td>
<td>Back to the Future: Preserving our People through Performance</td>
<td>This is a high-impact intervention utilising conventional Pacific and contemporary methods of providing information and entertainment to encourage people to stop smoking. This approach will utilise traditional methods of communication for Pacific people such as storytelling, dance, humour, live theatre, song and more modern forms such as blogging and Facebook. Project will spread nationally from year two.</td>
<td>$694,332</td>
<td>2 years</td>
</tr>
<tr>
<td>Te Whanau o Waipareira Trust</td>
<td>Pae o Te Haa</td>
<td>A culturally tailored smoking cessation programme for whānau smokers in the Waitemata DHB region. Includes a quit coach, wrap around care plans and referrals to existing services. Will be based at three venues across West Auckland.</td>
<td>Up to $306,000</td>
<td>Up to 3 years</td>
</tr>
<tr>
<td>Waitemata DHB</td>
<td>NRT Survival Packs</td>
<td>'Survival packs' will be distributed to people that smoke and who are visiting the hospital. The survival packs will contain Nicotine Replacement lozenges and the design of the pack will provide supportive messaging and information on smoking cessation.</td>
<td>$133,748</td>
<td>18 months</td>
</tr>
</tbody>
</table>
Appendix Two: The smokefree status and relevant policies of other councils (Map and Table)
<table>
<thead>
<tr>
<th></th>
<th>Northland Region</th>
<th>1.1 Northland Smokefree Cars Petition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Smokefree organisations in Northland collected over 2000 signatures on a petition calling for a ban on smoking in cars carrying children under the age of 18 years. The petition began in May 2015 and ran through July 2015. It was identified as a way to inform parents of the real dangers posed by smoking around their children in the confined space of a car. Maori Party co-leader, Marama Fox, presented the Smokefree Cars petition to Parliament on the 13th of October 2015. In May 2016 it was reported that Tala Pasifika is supporting the petition. Tala Pasifika is New Zealand’s largest collective voice on Pacific tobacco control. Parliament’s Health Select Committee met on the 11th of May 2016 to consider a petition on behalf of Patu Puauahi Tai Tokerau, the Smokefree Northland Coalition.</td>
</tr>
<tr>
<td>2</td>
<td>Far North District Council</td>
<td>2.1 Far North District Council Smokefree Parks, Playgrounds and Reserves Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Far North District Council adopted a Smokefree Policy on the 29th of March 2011. This was purely an Educational Policy. This policy was reviewed on the 16th of October 2014. Policies included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. That Council owned, parks, playgrounds and reserves be promoted as Smokefree areas through signage and publicity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. As signs in Council-controlled parks, playgrounds, sports grounds and walkways are upgraded or replaced the “smokefree” logo where appropriate will appear on that signage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. That the Council parks, playgrounds and reserves Smokefree policy may be superseded by a management plan approved under the Reserves Act 1977.</td>
</tr>
<tr>
<td>3</td>
<td>Kaipara District Council</td>
<td>3.1 Kaipara District Council Smokefree Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kaipara District Council adopted a Smokefree Policy in November 2011. This policy applies to all playgrounds, parks and sports grounds. This is a non-enforceable public education approach to promoting parks, reserves and playgrounds as smokefree.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 Kaipara District Council Smokefree Agency Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Smokefree Agency Plan sets out how Kaipara District Council will support their staff to quit smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Tupeka Kore Smokefree Tai Tokerau 2025</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kaipara District Council resolved to sign a Statement of Intent to support Tupeka Kore Smokefree Tai Tokerau 2025, in July 2015. The Tupeka Kore Smokefree Tai Tokerau 2025 initiative is in support of the National Smokefree Campaign, which desires New Zealand to be smokefree by 2025. One of the actions from Tupeka Kore Smokefree Tai Tokerau 2025 is for Council to develop and implement an ‘Agency Plan’ that will identify specific actions within the organization to progress the Smokefree 2025 agenda.</td>
</tr>
<tr>
<td>4</td>
<td>Whangarei District Council</td>
<td>4.1 Proposed Whangarei Public Places Smokefree Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Whangarei District Council successfully introduced an educative Smokefree policy for its playgrounds and sports grounds in 2010 followed by its parks in 2011. Other key spaces such as the Aquatic Centre, Te Manawa The Hub Information Centre, the I-site and Café in the Park at Tarewa Park, Central City Car Park, Clapham’s Clocks, Quarry Gardens and Kiwi North are also smokefree. All Whangarei Bus Shelters and the Rose Street transport hub are smokefree. In August 2014, the Council passed a resolution to extend its Smokefree Policy to include the Library Courtyard, the Canopy Bridge, all cemeteries and walkways, the Botanica Gardens, car parks and all council events.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.2 Whangarei District Council Smokefree Bus Shelters Policy 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Whangarei District Council’s Smokefree Bus Shelters Policy 2014 was evaluated in August 2014. This educational policy is one of the Council’s current approaches towards Smokefree 2025. The policy was scheduled to be reviewed in May 2016.</td>
</tr>
<tr>
<td>5</td>
<td>Hamilton City Council</td>
<td>5.1 Hamilton City Smokefree Environment Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Council first adopted the Hamilton City Smokefree Environment Policy on the 27th of September 2012. Policies included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Smoking is prohibited from the following places:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Garden Place, Civic Square, Hamilton Transport Centre and Hamilton Gardens;</td>
</tr>
</tbody>
</table>
- Within 10 metres of all City Council playgrounds and all Council owned or operated buildings and facilities; and
- Around Waikato Hospital on Pembroke St (from the corner of Selwyn St to Ohaupo Rd) and Selwyn St.

2. All events run or sponsored by Council will be required to be Smokefree.
3. Council will work alongside Smokefree advocacy groups, which includes the Cancer Society and Waikato DHB, to introduce appropriate signage to these areas as well as education the public about the policy.

The policy was reviewed in August 2015. Policies include:

1. Smoking is prohibited in the following places:
   - Garden Place and Civic Square;
   - Within ten (10) metres of all Hamilton City Council playgrounds;
   - Within ten (10) meters of Council owned or operated buildings and facilities;
   - The entire precinct of the Hamilton Transport Centre and Hamilton Gardens;
   - Pembroke St (from the corner Selwyn St to Ohaupo Rd) and Selwyn St surrounding Waikato Hospital;
   - All Hamilton City parks and sports fields;
   - All bus stops and shelters within the Hamilton City boundaries;
   - Ward St (from Victoria St to the end of Worley Place and the commencement of the Centre Place pedestrian mall;
   - Council may, from time to time, by resolution specify any part or parts of the City as a Smokefree public place. This will be publicly consulted before it takes effect; and
   - All events run or sponsored by Hamilton City Council will be smokefree.

2. Wherever practicable, the areas where smoking is prohibited will be signposted, to communicate smokefree zones. Council will collaborate with key smokefree advocacy groups to communicate the intent of the policy through the media including social media to and educational public.

The Hamilton City Smokefree Environment Policy 2015 is scheduled for review in August 2018.

| 6 | Hauraki District Council | The Hauraki District Council does not have a smokefree policy. Council have however, considered if they should put a smokefree public places policy in place as part of the review of the Hauraki District Reserves Management Plan (‘HDRMP’). The review of the HDRMP was tentatively scheduled for the 2015/2016 financial year.

| 7 | Matamata-Piako District Council | Matamata-Piako District Council does not currently have a smokefree policy.

| 8 | Otorohanga District Council | Otorohanga District Council does not currently have a smokefree policy. In July 2015, there was a submission to the Otorohanga District Council Long Term Plan requesting Council place a ban on smoking at sports grounds and reserves. Council did not adopt this submission and no further action took place.

| 9 | South Waikato District Council | 9.1 South Waikato District Council Smokefree Policy

The South Waikato District Council Smokefree Playgrounds and Sports Area Policy was adopted in 2009. Our Council contact, as on the 20th of June 2016, has advised us that the parks and reserves team within Council are currently preparing their Reserve Management Plans. It is Council’s intention to incorporate the Smokefree Policy into the Reserve Management Plans, rather than having a standalone smokefree policy. Council intends to notify these documents for public consultation and have the Plan enacted by the end of 2016.

| 10 | Taupo District Council | Taupo District Council does not currently have a smokefree policy. The 2014/2015 Annual Plan received a submission from Smokefree Coalition, however, Council have decided not to develop a policy because a policy cannot be enforced. Council did however erect smokefree signs, particularly around playgrounds.

| 11 | Thames Coromandel District Council | 11.1 Thames Coromandel District Council Smokefree Policy

Thames Coromandel District Council adopted a Smokefree Policy in August 2004. The Policy was due for review in 2013, but this review did not take place. There are no immediate plans for Council to carry out a review. The existing Policy is brief with a description that reads, the Smokefree Policy sets out Smokefree arrangements to comply with the requirements of the Smokefree Environments Act 1990.
### Waikato District Council

**12.1 Waikato District Reserves Management Plan 2015**

Our Council contact, as on the 20th of June 2016, informed us that Waikato District Council has a smokefree policy in its 'General Policies Reserve Management Plan' that all reserves shall be smokefree. Below is the smokefree policy section within the Reserves Management Plan:

**Public health**
- The provision of quality parks and reserves contributes to an active and healthy community. The Council can also contribute to the health of the community by providing adequate opportunities for protection from the sun in reserves and by supporting Smokefree environments.
- Smokefree outdoor areas protect young people from the negative role-modeling effect of smoking. The less young people see smoking around them, the less 'normal' smoking becomes and the less likely they are to take up smoking themselves.
- Smokefree reserves also lessen the risk of damage by fire.
- In terms of current best practice, committing to Smokefree recreation areas is nothing new or extraordinary. Many local authorities have already contributed towards the established Government goal of a Smokefree New Zealand by 2025 and adopted Smokefree outdoor public places policies that cover areas like playgrounds, parks, sports fields, reserves, and skate-parks.
- Users protecting themselves and limiting their exposure to the sun during times of high UV conditions can mitigate the harmful effects of ultraviolet light. Council can assist by providing shade in reserves where practical. This will generally take to form of tree planting but make take the form of shade structures where appropriate.

**Objective**
1. To make all reserves smokefree.
2. To provide shade in high use reserves where practical and as resources permit.

**Policies**
1. All reserves shall be smokefree.
2. Council will use a mix of education and signage to promote reserves as Smokefree.
3. Provide shade in high use reserves, primarily through tree planting, where practical and as resources permit.

### Waipa District Council

Waipa District Council does not currently have a Smokefree Policy. The Council does however, have an internal policy, which restricts smoking inside any Council building or vehicle.

### Waitomo District Council

Waitomo District Council does not have a smokefree policy in place. However, Council have been engaged in smokefree programs. In July 2015, Council worked with the local District Health Board and ran a children’s colouring competition around smokefree playgrounds. The children’s art work was made into plaques and erected in a playground as Waitomo District Councils Smokefree signs.

Council intends to be engaged in other opportunities, such as this, as they arise. Council considers that supporting these measures would be more effective for the community, instead of developing a formal smokefree policy at this time.

### Kawerau District Council

**15.1 Kawerau District Council Smokefree Public Places Policy**

Kawerau District Council first adopted a smokefree public places policy in 2011. The places covered by the policy were reviewed in 2012 and the status quo retained. In a full review in 2014, Council adopted the goal of Kawerau being smokefree by 2025, which reflects the government’s vision of smokefree Aotearoa 2025. The Council adopted their revised Smokefree Policy on the 29th of September 2015. The Smokefree Public Places Policy 2015 applies to all playgrounds, parks and reserves, outdoor public places (those places owned or controlled by the Council) and events held at outdoor public places or involving some Council support.

This policy is scheduled to be reviewed in September 2016.

### Opotiki District Council

**16.1 Opotiki District Council Educational Smokefree Outdoor Spaces Policy**

Opotiki adopted an Educational Smokefree Outdoor Spaces Policy in December 2007. Smokefree areas in the policy include all Council-owned enclosed public spaces, parks, playgrounds, reserves, gardens, sports fields and events. There is no review scheduled.
<table>
<thead>
<tr>
<th>17 Council District Council</th>
<th>17.1 Rotorua District Council Smokefree Places Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Rotorua District Council Smokefree public places policy was first adopted in December 2008. It applies to all playgrounds, outdoor sports facilities and the Redwoods Forest Track. Council are currently undertaking a review of this policy with the intention to enact a revised Smokefree policy by late-2016. This follows initial consultation with the public to determine where Council should consider implementing smokefree outdoor spaces.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18 Tauranga City Council</th>
<th>18.1 Tauranga City Council Smokefree Places Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Tauranga City Council Smokefree Places Policy was adopted on the 26th of March 2013. It applies to playgrounds, sports grounds, bus stops, the grounds and car parks of Council public facilities and Council organized events. Every six months, Council priorities development and reviews their policies (to ensure they have enough resources and to focus on key priority areas). Councillors discussed this prioritization report in March 2016. It was decided, at this meeting, that the Smokefree Policy would not be reviewed in the next 12 months, however, staff have been directed to continue work on effective implementation of this policy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19 Western Bay of Plenty District Council</th>
<th>19.1 Western Bay of Plenty District Council Smokefree Public Spaces Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Western Bay of Plenty District Council Smokefree Public Policy was last reviewed in October 2012. It applies to all playgrounds, parks, reserves, skate parks, swimming pools, sports grounds and beaches. Council had initially indicated that they would review the Smokefree Policy in early 2016. Council have since deferred this process until after the local Council elections in 2016.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>20 Whakatane District Council</th>
<th>20.1 Whakatane District Council Smokefree Open Spaces Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Whakatane District Council Smokefree open spaces policy was initially adopted on the 31st of May 2011 before being reviewed in 2014. It applies to all open spaces and is considered an educational tool only. In November 2015, Council resolved to ‘roll over’ the Smokefree public places policy without a full review as Council considered that the current Smokefree Policy appropriately reflects the Council’s direction and that the situation had not significantly changed since the policy was last reviewed. No further public consultation was undertaken on this process.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>21 South Taranaki District Council</th>
<th>21.1 South Taranaki District Council Smokefree Environments (Workplace and Public Spaces)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>South Taranaki District Council adopted a Smokefree Environments (Workplace and Public Spaces) Policy in May 2005. This Policy was reviewed on the 30th of May 2006. The Policy lists the buildings which are designated Smokefree. This includes all Council owned swimming pools and outdoor surrounds, playgrounds and parks, Council workplaces, enclosed public spaces (such as public halls), and events.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>22 New Plymouth District Council</th>
<th>22.1 New Plymouth District Council Smokefree Policy</th>
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<tbody>
<tr>
<td></td>
<td>The New Plymouth District Council Smokefree Policy was adopted on the 28th of August 2007 and amended on the 22nd of September 2015. It applies to parks, playgrounds, sports grounds and walkways. Between the 18th of May and the 12th of June 2015, the Council’s Policy Committee sought feedback from the public on the existing Smokefree Parks Policy. Feedback from 48 parties was presented to the Council Policy Committee on the 8th of September 2015. At this meeting, the Policy Committee adopted the proposed Smokefree Parks and Outdoor Policy, which includes amendments to include additional shared spaces, bus stops, taxi ranks, shared public transport stops and within four meters of doorways to public buildings. This Policy supports the New Zealand Government goal of a Smokefree New Zealand by 2025 and encourages other Smokefree initiatives within Council business. The next review is scheduled in 2018.</td>
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<tr>
<th>23 Stratford District Council</th>
<th>23.1 Stratford District Council Smokefree Public Places Policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The Stratford District Council Smokefree public places policy was adopted in September 2007. It applies to all Council owned buildings, swimming pools and surroundings, and playgrounds and parks. He Policy and Services Committee reviewed their existing policies, along with the Smokefree Policy, at a Council meeting on the 26th of January 2016. It was determined that the existing Smokefree Policy could be approved, without changes. It was also considered that no public consultation was required, as the policy did not change. The next review date is scheduled for the 2018/2019 financial year.</td>
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<thead>
<tr>
<th>24 Central Hawkes Bay District Council</th>
<th>24.1 Central Hawkes Bay District Council Smokefree Policy</th>
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<tbody>
<tr>
<td></td>
<td>The Central Hawkes Bay District Council Smokefree Policy was adopted on the 27th of March 2014.</td>
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<tr>
<td>District Council</td>
<td>The Policy identifies smokefree areas including all playgrounds and sports grounds. This policy is scheduled to be reviewed in March 2017.</td>
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</tr>
<tr>
<td>25 Hastings District Council</td>
<td><strong>25.1 Hastings District Council and Napier District Council Smokefree Policy</strong>&lt;br&gt;Hastings District Council and Napier District Council prepared a joint draft Smokefree Policy, which was adopted on the 29&lt;sup&gt;th&lt;/sup&gt; of November 2015 following public submissions and hearings. A total of 7 submissions were received.&lt;br&gt;&lt;br&gt;The adopted policy discourages people from smoking in public outdoor areas, including parks and sports grounds. Significantly, the policy is non-punitive, which means people cannot be fined for smoking in these areas but smokefree signs will be posted. The new policy came into effect on the 1&lt;sup&gt;st&lt;/sup&gt; of July 2016 and will be reviewed every three years. Notably, the policy highlighted that a bylaw or stricter regulations could be introduced if the Smokefree Policy proves ineffective in reducing people’s exposure to second-hand smoke in public places and at community events.&lt;br&gt;&lt;br&gt;Signs advising of newly designated smokefree areas in Napier and Hastings will be gradually installed over the next 12 months. All bus stops and bus shelters, entrances to public buildings such as the council offices and libraries, café dining areas on pavements, Council-owned sportsgrounds, playgrounds and reserves in Hastings and Napier are now smokefree “fresh air zones”. In Hastings, the smokefree areas also include the central city square, and around the water feature and town clock. Events supported by the councils will also be encouraged to be smokefree.</td>
</tr>
<tr>
<td>26 Napier City Council</td>
<td><strong>26.1 Hastings District Council and Napier District Council Smokefree Policy</strong>&lt;br&gt;As noted above, the Hastings District Council and Napier District Council prepared a joint draft Smokefree Policy, which was adopted on the 29&lt;sup&gt;th&lt;/sup&gt; of November 2015 following public submissions and hearings.&lt;br&gt;&lt;br&gt;The adopted policy discourages people from smoking in public outdoor areas, including parks and sports grounds. Significantly, the policy is non-punitive, which means people cannot be fined for smoking in these areas but smokefree signs will be posted. The new policy came into effect on the 1&lt;sup&gt;st&lt;/sup&gt; of July 2016 and will be reviewed every three years. Notably, the policy highlighted that a bylaw or stricter regulations could be introduced if the Smokefree Policy proves ineffective in reducing people’s exposure to second-hand smoke in public places and at community events.&lt;br&gt;&lt;br&gt;Signs advising of newly designated smokefree areas in Napier and Hastings will be gradually installed over the next 12 months. All bus stops and bus shelters, entrances to public buildings such as the council offices and libraries, café dining areas on pavements, Council-owned sportsgrounds, playgrounds and reserves in Hastings and Napier are now smokefree “fresh air zones”. In Hastings, the smokefree areas also include the central city square, and around the water feature and town clock. Events supported by the councils will also be encouraged to be smokefree.</td>
</tr>
<tr>
<td>27 Wairoa District Council</td>
<td><strong>27.1 Wairoa District Council Smokefree Policy</strong>&lt;br&gt;The Wairoa District Council Smokefree Policy was adopted in June 2007. It applies to all Council-owned sports fields, playgrounds and open-spaced reserves.&lt;br&gt;&lt;br&gt;Council has advised us that while they are aware that this Policy is a little out of date, they are undertaking a review of their existing plans and policies. While this is planned the dates have not yet been set. Once the review starts then Council will be able to determine which policies will require public input.</td>
</tr>
<tr>
<td>28 Gisborne District Council</td>
<td><strong>28.1 Gisborne District Council Sports Park Management Plan</strong>&lt;br&gt;In 2014, Council made 30 of its most-used sports parks, smoke and alcohol free by incorporating a policy within their Sports Management Plan. Council does not intend to review this policy for a number of years.</td>
</tr>
<tr>
<td>28.2 Gisborne District Council Public Places Bylaw 2015</td>
<td>The Gisborne District Council Public Places Bylaw was adopted in 2015. Our Council contact, as on the 21&lt;sup&gt;st&lt;/sup&gt; of June 2016, has advised us that this bylaw will be reviewed later this year, however, the specific dates are unknown.</td>
</tr>
<tr>
<td>29 Horowhenua District Council</td>
<td><strong>29.1 Horowhenua District Council Smokefree Environment Policy</strong>&lt;br&gt;Horowhenu District Council approved a Smokefree Policy in June 2015. This aims to make public outdoor spaces Smokefree across the District. Council have promoted the policy through education</td>
</tr>
</tbody>
</table>
and awareness by using signage and other forms of communication. The success of the policy relies on social pressure to encourage others to comply.

The policy has two main Objectives:
1. To improve the health and wellbeing of Horowhenua’s communities by reducing the prevalence of smoking and de-normalising smoking behaviour.
2. To protect Horowhenua’s environment by decreasing the risk of fire from cigarette butt litter and by reducing the amount of cigarette packets and butt litter that enters the environment.

It identifies the following public places as smokefree:
- All outdoor facilities including all sports grounds and outdoor swimming pools
- All playgrounds and skate-parks
- All sports fields, including associated spectator areas
- All parks, reserves and cemeteries
- Public outdoor areas associated with Horowhenua District Council service centres; libraries, community facilities, museums, leisure centres and recreation centres
- All transport areas, including bus stations and train stations
- All health centres, including associated public outdoor areas
- All early childhood centres, primary and secondary schools, including all associated public outdoor areas and the footpath directly in front of the property boundary
- This Policy is designed to be educational and will be self-policing and supported by persuasion rather than enforcement.

29.2 Horowhenua District Council Public Places Bylaw 2016
The new Public Places Bylaw 2016 came into effect on the 6th of May 2016. During public consultation on the draft Bylaw held from late 2015 through to this year, a number of submitters encouraged Council to ban smoking in central business district areas set aside for footpath dining. Whilst the proposal was not carried through to the draft Bylaw, our Council contact, as of the 22nd of June 2016, has informed us that the Council will also be consulting with food premises operators to encourage a voluntary implementation of no-smoking zones in individual outdoor dining areas. This consulting process is expected to be completed over the next couple of months.

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<tr>
<th>30 Manawatu District Council</th>
<th>30.1 Proposed Manawatu District Council Smokefree Policy</th>
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<tbody>
<tr>
<td>During the Manawatu Long Term process in mid-2015, Council received a number of requests to develop a smokefree policy. As such, Council is considering a Smokefree Outdoor Policy at Council Workshops during the 2016/2017 financial year.</td>
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<tr>
<th>31 Palmerston North City Council</th>
<th>31.1 Palmerston North City Council Smokefree Outdoor Areas Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Palmerston North City Council Smokefree Outdoor Areas Policy was originally adopted in 2013 and reviewed in June 2015.</td>
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Palmerston North City Council submitted a remit at the LGNZ AGM, in July 2015, for Central Government to implement legislation to prohibit smoking outside cafes, restaurants and bars. While there has been no action from Government on this process, the Palmerston North City Council has been proactive by introducing its own efforts to discourage smoking outside cafes and bars by making the display of smokefree signage a condition for permits issued to allow outdoor dining on public property. However, there was no power to act if people chose to smoke in those areas anyway. As such, our Council contact, as on the 30th of June 2016, informed us that Council prepared a second remit, to submit to LGNZ that asked the Government to give local authorities the power to impose smokefree rules in certain outdoor areas and make it an infringement for people to smoke there. Council took the remit to the Palmerston North Metro sector meeting, in May 2016, where it was not successful, thus it will not proceed to the LGNZ AGM.

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<thead>
<tr>
<th>32 Rangitikei District Council</th>
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<tbody>
<tr>
<td>Rangitikei District Council does not currently have a smokefree policy.</td>
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<tr>
<th>33 Ruapehu District Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruapehu District Council does not currently have a smokefree policy, however, Council have advised us that Council may consider a smokefree policy in the future.</td>
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<tr>
<th>34 Tararua District Council</th>
<th>34.1 Tararua District Council Smokefree Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tararua District Council adopted a Smokefree Policy on the 24th of September 2008. It applies to swimming pools (inside and outside), Council owned public spaces, parks, sports grounds and playgrounds. There is no review date scheduled.</td>
<td></td>
</tr>
</tbody>
</table>
| 35 | Whanganui District Council | **35.1 Whanganui District Council Smokefree (Auahi Kore) Outdoor Areas Policy**  
The Whanganui District Council Smokefree (Auahi Kore) Outdoor Areas Policy was adopted on the 1st of October 2014. It applies to all parks and playgrounds, the Central Commercial Zone – Majestic Square, the Riverfront Zone River Traders and Whanganui Farmers Market, and the Arts and Commerce Zone. The Whanganui District Council is the only local authority to have adopted a Smokefree Bylaw (2010), alongside their Smokefree (Auahi Kore) Outdoor Areas Policy.  
At the Council meetings on the 19th and 20th of April 2016, the Councillors were presented with options to prepare a draft Smokefree Bylaw and / or a Smokefree Policy. While the outcomes of that meeting were not available at the time of this report, the Whanganui Tobacco Control Advisory Group and Council officers concluded that the need for a bylaw still exists and ultimately they would like to see an effective and fully enforced Smokefree Bylaw in place. Therefore, Council are exploring a new Smokefree Bylaw with an update to the existing Smokefree Policy to strengthen the policy through a more collaborative approach. Consultation with the public is likely to occur if there are significant changes to the Council bylaw or policies.  
Further, Whanganui has established a local Tobacco Control Advisory Group to provide leadership and strategic guidance for tobacco control and smoking cessation across the region. The group includes the Whanganui District Health Board, Whanganui Regional Health Network, Te Oranganui Iwi Health Authority, and Whanganui District Council.  
Tobacco Control Advisory Group chair, Dr John McMenamin, says the work of the group will be instrumental in supporting progress towards the outcomes of the Tobacco Control Plan 2015-18, which contributes to the overarching national Smokefree 2025 goal. The Whanganui Tobacco Control Advisory Group is supporting the re-development of existing quit smoking services to ensure they work well together to reach the smoker groups that need them most. The group is driving a number of initiatives across the community to encourage and support Smokefree environments in workplaces, marae, sporting facilities and other settings. |
| 36 | Greater Wellington Regional Council | Greater Wellington Regional Council does not currently have a Smokefree Policy, however, our Council contact (on the 21st of June 2016) has advised us that a Smokefree Policy will be considered in the future. At present, the Council are providing some support for the Hutt City work on smokefree bus stops. |
| 37 | Carterton District Council | Carterton District Council does not currently have a Smokefree policy however our Council contact (on the 22nd of June 2016) has advised us that Council is in the process of developing an Outdoor Areas Smokefree Policy to cover areas, such as, all Council parks and reserves. It is anticipated that this Policy will be adopted at the July 2016 Council meeting. The Council are also providing some support for the Hutt City work on smokefree in bus stops. |
| 38 | Hutt City Council | **38.1 Hutt City Council Smokefree Outdoor Public Places Policy**  
Hutt City Council adopted a Smokefree Policy on the 13th of October 2009. The key objectives of this policy were to:  
1. Allow Council to take a lead in the community to reduce smoking; and  
2. Prohibit smoking at Council playgrounds and swimming pool complexes. |
| 39 | Kapiti District Council | **39.1 Kapiti District Council Smokefree Policy**  
Kapiti District Council adopted a very simple smokefree policy in September 2008. It applies to all parks and playgrounds, and is well supported by the community. |
| 40 | Masterton District Council | **40.1 Smokefree Recreation Space Policy 2009**  
Masterton District Council currently has the Smokefree Recreation Space Policy. It applies to playgrounds, skate parks, sports fields and the recreation centre stadium. In the future, parks, reserves, beach esplanades, special events and open spaces may be made smokefree. This policy is scheduled to be reviewed towards the end of the 2016/17 financial year. |
| 41 | Porirua City Council | **41.1 Porirua City Council Smokefree Playgrounds and Sports Fields Policy**  
Porirua City Council adopted a Smokefree Playgrounds and Sports Fields Policy in February 2010. It applies to all playgrounds and sports fields. There are currently no plans to review this policy. |
| 42 | South Wairarapa | **42.1 South Wairarapa District Council Smokefree Environment Policy**  
South Wairarapa District Council first adopted a Smokefree Environment Policy on the 25th of July |
<table>
<thead>
<tr>
<th>District Council</th>
<th>43 Upper Hutt City Council</th>
<th>44 Wellington City Council</th>
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<tbody>
<tr>
<td></td>
<td><strong>43.1 Upper Hutt City Council Parks and Reserves Policy</strong>&lt;br&gt;Upper Hutt City Council adopted a Parks and Reserves Policy in February 2006, which incorporates Smokefree policies, whereby all of Upper Hutt City Council’s parks, playgrounds and sports grounds are designated as smokefree.</td>
<td><strong>44.1 Wellington City Council Smokefree Policy</strong>&lt;br&gt;Wellington City Council’s Community, Sport and Recreation Committee have agreed to make the Wellington smokefree by reducing the prevalence of smoking to less than 5 percent by 2025. From the 31st of May 2016 (World Smokefree Day), Council extended smokefree areas across the city as part of a Smokefree Action Plan. Smokefree areas include the Civic Square, Bus Stops, Botanical Gardens, Waitangi Park, Council housing, Council operated community centres, pools, recreation centres, building entrances, and designated council laneways. Our Council contact (on the 23rd of June 2016), has informed us that the response to this Smokefree Action Plan has been very positive and Council are in the process of rolling out smokefree signs. It was also proposed that public consultation during a planned review of the Footpath Management Policy this year would take place to consider a Council footpath license that could encourage far more smokefree outdoor dining. Our Council contact has informed us that this has not been scheduled in their work program yet, however, Smokefree outdoor dining will be included when it is and it is expected that consultation will occur mid-2017.</td>
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<tr>
<td></td>
<td>45 Tasman District Council</td>
<td>46 Nelson City Council</td>
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<td></td>
<td><strong>45.1 Tasman District Council Reserves General Policies.</strong>&lt;br&gt;Tasman District Council adopted a Reserves General Policy in September 2013. This includes information that all reserves are smokefree. Council does not intend to pass any bylaw, which would penalise people smoking on reserves. This is due to policing and prosecution difficulties and costs, and the likelihood that such an approach would not be generally acceptable. Our Council contact, on the 21st of June 2016, has informed us that there has been no update to this Policy.</td>
<td><strong>46.1 Nelson City Council Parks and Reserves Asset Management Plan</strong>&lt;br&gt;Nelson City Council adopted the Parks and Reserves Asset Management Plan in 2012. This Plan provides information on smokefree areas, which includes playgrounds and sportsgrounds.</td>
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<tr>
<td></td>
<td>47 Marlborough District Council</td>
<td>48 West Coast Regional Council</td>
</tr>
<tr>
<td></td>
<td><strong>47.1 Marlborough District Council Smokefree Policy</strong>&lt;br&gt;Marlborough District Council adopted a Smokefree Policy in 2007. It applies to parks and playgrounds. In March 2014 the areas to which the policy applies to was extended to include sports grounds, gardens and reserves, swimming pools and walkways, events at Council owned venues or where the Council was a sponsor.</td>
<td>Our Council contact, on the 22nd of June 2016, has informed us that West Coast Regional Council has no official Smokefree policy. However, Council promotes no smoking in or around its public buildings. Smoking is allowed on the property, outside, and at a suitable distance from buildings and staff.</td>
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<td></td>
<td>49 Buller District Council</td>
<td>50 Grey District Council</td>
</tr>
<tr>
<td></td>
<td><strong>49.1 Buller District Council Smokefree Environments – Council Buildings and Public Spaces Policy</strong>&lt;br&gt;Buller District Council Smokefree Environments for Council Buildings and Public Spaces Policy was adopted by the Council on the 24th of August 2011. This policy applies to Council owned or controlled buildings, swimming pools, playgrounds, parks and sports grounds.</td>
<td>Grey District Council does not have a smokefree policy. However, Council do support smokefree in parks and reserves.</td>
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<tr>
<td></td>
<td>51 Westland District Council</td>
<td>52 Ashburton District Council</td>
</tr>
<tr>
<td></td>
<td><strong>51.1 Westland District Council Smokefree Environments – Council Places and Public Spaces Policy.</strong>&lt;br&gt;Westland District Council has a Smokefree Environments Council Places and Public Spaces Policy was adopted in August 2011.</td>
<td><strong>52.1 Ashburton District Council Smokefree Outdoor Areas Policy</strong>&lt;br&gt;Ashburton District Council has a Smokefree Playgrounds and Sports Fields Policy, which was adopted on the 14th of April 2011. Our Council contact, as on the 21st of June 2016, has informed us that Council are currently working on a draft Smokefree Outdoor Areas Policy, which will revoke and replace the Smokefree Playgrounds and Sports Fields Policy. The new proposed policy is considered, by Council, to be more restrictive as it extends the designated smokefree areas to include the outside of Council buildings, playgrounds, sports fields, the Ashburton Skate Park and all Council sponsored</td>
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<td>2007. It was then reviewed in June 2015, although there was no public consultation as no significant changes were made. It applies to all playgrounds in the District. The next review is scheduled for June 2019.</td>
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</table>
| 53  | Christchurch City Council | **53.1 Christchurch Council Smokefree Public Places Policy**  
The Christchurch City Council Smokefree Public Places Policy was adopted on the 25th of June 2015. It applies to all parks, playgrounds, reserves, sports parks and facilities, gardens, public events, Council bus shelters and the principal entrances and exits of Council buildings and facilities.  
Further to this, The Community and Public Health and Cancer Society have initiated a Voluntary Smokefree Outdoor Dining Trial in Christchurch. A Contact from the Cancer Society was contacted on the 29th of June 2016 and we are awaiting a response. |
| 54  | Hurunui District Council | **54.1 Hurunui District Council Smokefree Outdoors Policy**  
The Hurunui District Council Smokefree Outdoors Policy was adopted on the 23rd of February 2012. It was reviewed again on the 28th February 2014. It applies to all playgrounds, sports grounds, parks and Council events.  
Council aim to review this policy in the next 12 months, however, our Council contact could not confirm when this would take place or whether public consultation would occur. |
| 55  | Kaikoura District Council | **55.1 Kaikoura District Council Smokefree Policy**  
The Kaikoura District Council Smokefree Policy was adopted on the 1st of January 2013. It applies to all playgrounds, sports grounds, parks and Council events. |
| 56  | Mackenzie District Council | **56.1 Mackenzie District Council Smokefree Policy**  
The Kaikoura District Council has a very basic Smokefree policy which applies to playgrounds and sportsfields only. The Council made a decision on its Long Term Plan 2015-2025 in July 2015, and in that, they committed to developing a Smokefree Policy and Strategy by 2018 |
| 57  | Selwyn District Council | **57.1 Selwyn District Council Smokefree Policy**  
The Selwyn District Council Smokefree Policy was adopted in December 2011. It applies to all parks, sporting grounds, playgrounds and Council events. A review of the Policy was undertaken with a report going to Council in late 2015. |
| 58  | Timaru District Council | **58.1 Timaru Smokefree Public Outdoor Areas Policy**  
Council adopted the Timaru Smokefree Public Outdoor Areas Policy on the 9th of February 2016. It is a new policy that applies to Council controlled playgrounds, sportsgrounds and associated facilities. Council has decided to take an educational rather than an enforcement approach to the implementation of the policy, which will see smokefree signage displayed where it is most effective. Council chose not to consult with the general public in the drafting of their Smokefree Policy.  
The next date for review of the Smokefree Policy will be in February 2019. |
| 59  | Waimakariri District Council | **59.1 Waimakariri District Council Smokefree Policy**  
The Waimakariri District Council Smokefree Policy was adopted in December 2012. It applies to all civic spaces, public gardens, outdoor adventure parks, cultural heritage parks, recreation and ecological linkages and sport, recreation and neighbourhood parks. |
| 60  | Waimate District Council | **60.1 Waimate District Council Smokefree Environments Policy**  
The Waimate District Council has been reviewing its Smokefree Environments Policy, which was initially adopted on the 18th of September 2012. On the 8th of December 2015, Council passed a reviewed Policy. The new Smokefree Environments Policy applies to playgrounds, sports grounds, walkways, skate park and cycleways. In addition, public buildings, council-owned or controlled rural halls, community housing, public toilets and the new Waimate Event Centre were also designated smokefree. Council opted not to consult with public on the revised policy. |
| 61  | Waitaki District Council | **61.1 Waitaki District Council Reserves Management Plan**  
Waitaki District Council does not currently have a smokefree policy. The Council adopted a Reserves Management Plan in September 2014, which includes a statement whereby the Council adheres to the Smokefree Environment Act 1990, and the Smokefree Environments Amendment Act 2003. Further, the Waitaki District Council does not permit smoking in any Waitaki District Council premises or vehicles as part of its employment contracts. |
| 62  | Central Otago | **62.1 Central Otago District Council Smokefree Playground Policy** |
| District Council | 62.2 Draft Maniototo Reserve Management Plan  
The Central Otago District Council Smokefree Playground Policy was adopted in August 2013. All Central Otago District Council managed and administered playgrounds became Smokefree areas from the 1st of September 2011. For the purposes of this policy, Smokefree means that people should be discouraged to smoke any tobacco product whilst within Council boundaries of the playground. A playground shall be defined as any recreational reserve area that incorporates play equipment for children. |
|------------------|---------------------------------------------------------------------------------------------------------------|
| Clutha District Council | 63 Clutha District Council Smokefree Public Places Policy  
The Clutha District Council Smokefree Public Places Policy was adopted on the 22nd of September 2011. It applies to all parks and playgrounds, sport fields and Council events. It is due to be reviewed every three years however, Council did not undertake a review in September 2014. |
| Dunedin City Council | 64 Dunedin City Council Smokefree Policy  
The Dunedin City Council adopted a smokefree policy on the 14th of April 2014. It applies to public places and events. There is currently no review date scheduled. |
| Queenstown Lakes District Council | 65 Queenstown Lakes District Council Smokefree Policy in Playgrounds Sports Fields and swimming Pools  
The Queenstown Lakes District Council Smokefree Policy was adopted on the 24th of November 2006. This applies to all playgrounds and swimming pools. |
| Gore District Council | 66 Gore District Council  
Gore District Council does not have a Smokefree policy. However, it does have a resolved position. This is that all playgrounds and sports fields are smokefree. This is advisory only, supported by onsite signage. This stance is unsupported by a bylaw or enforceable regulatory perspective. Recently the Southern District Health Board made a submission during the Gore District’s Annual Plan process, encouraging it to adopt a Smokefree Environments Policy. The proposal was discussed at a Council meeting on the 31st of May 2016, where Councillors believed the proposal had merit. Parks and reserve staff are preparing a report on the possibility of adopting a smokefree policy and will report back to Councillors. For completeness, the discussion at the Councillors meeting ended with the Councillors asking for further information and that report has not commenced yet. |
| Invercargill City Council | 67 Invercargill City Council Smokefree Public Places Policy  
The Invercargill City Council Smokefree Public Places Policy was adopted in September 2010. It applies to all Council parks, within 20 metres of play equipment, the entrances to the Queens Park Aviary and Queens Park Animal Reserve and all marked sports fields. There were no significant changes to the Council’s Smokefree Policy, which encourages healthy and active lifestyles for Invercargill residents through use of parks and reserves as Smokefree areas. No enforcement action is proposed and the public be encouraged to comply only through signage and publicity to maintain a clean, healthy environment in these public areas. The next review will be undertaken in February 2021. |
| Southland District Council | 68 Southland District Council Smokefree Policy  
The Southland District Council adopted a smokefree policy on the 25th of June 2014. It applies to public spaces where people, particularly children and young people gather, such as events, parks, playgrounds, reserves and sports grounds. |
| Chatham Islands | 69 Chatham Islands do not have a smokefree policy. |
### Appendix Three: Overview of signage implementation

<table>
<thead>
<tr>
<th>Local board</th>
<th>Decisions regarding priority sites for smokefree signage</th>
<th>Decisions regarding funding of signage</th>
<th>Implementation</th>
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<tbody>
<tr>
<td>Albert-Eden</td>
<td>• identified eight community facilities as priority sites</td>
<td>• allocated capital budget for printing and installation of signs in these priority sites; amount not specified in resolution</td>
<td>• smokefree signage implemented in at least 12 sites (priority sports parks and playgrounds)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• smokefree logo implemented at other sites as part of signage renewal programme</td>
</tr>
<tr>
<td>Devonport/Takapuna</td>
<td>• identified eight priority sites, including parks and community facilities</td>
<td>• delegated ability to approve up to $3,000 for printing and installation of signs in priority sites to the board's parks portfolio holder</td>
<td>• no specific implementation of smokefree signage</td>
</tr>
<tr>
<td></td>
<td>• requested that parks staff identify well-frequented playgrounds for additional signage</td>
<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• smokefree logo implemented as part of signage renewal programme only</td>
</tr>
<tr>
<td>Franklin</td>
<td>• identified 20 priority sites, including parks and community facilities</td>
<td>• did not allocate budget for the printing or installation of signage</td>
<td>• smokefree signage implemented in at least 12 sites (priority sports parks and playgrounds)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• requested that parks staff confirm costs for priority sites</td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• smokefree logo implemented at other sites as part of signage renewal programme</td>
</tr>
<tr>
<td>Great Barrier Island</td>
<td>• opted not to receive a report about the implementation of the Smokefree Policy</td>
<td>• did not allocate budget for the printing or installation of signage;</td>
<td>• no specific implementation of smokefree signage</td>
</tr>
<tr>
<td></td>
<td>• did not formally identify any priority sites</td>
<td>requested that the board fund signage as budget becomes available</td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• smokefree logo implemented as part of signage renewal programme only</td>
</tr>
<tr>
<td>Henderson-Massey</td>
<td>• identified 19 priority sites, including parks, community facilities and a town centre</td>
<td>• did not allocate budget for printing or installation of signage, but noted that the board would fund signage as budget becomes available</td>
<td>• smokefree signage implemented in 15 sites</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
</tr>
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<td></td>
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<td></td>
<td>• smokefree logo implemented at other sites as part of signage renewal programme</td>
</tr>
<tr>
<td>Hibiscus and Bays</td>
<td>• identified 14 priority sites, including parks and community facilities</td>
<td>• allocated budget for printing and installation of signs in priority sites; amount not specified in resolution</td>
<td>• no specific implementation of smokefree signage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
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## Appendix Three: Overview of signage implementation

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<tr>
<th>Local board</th>
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<th>Implementation</th>
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| Howick            | • identified 18 priority sites, including parks and community facilities  
                    • requested staff investigate options to implement the Smokefree Policy in Howick Village and for beaches within the Howick Ward | • allocated budget for printing and installation of signs in priority sites; amount not specified in resolution | • 32 smokefree signs implemented in 15 sites  
                    • smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
                    • smokefree logo implemented at other sites as part of signage renewal programme |
| Kaipātiki         | • did not formally identify any priority sites                                                                          | • did not allocate budget for the printing or installation of signage                                | • no specific implementation of smokefree signage  
                    • smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
                    • smokefree logo implemented as part of signage renewal programme |
| Māngere-Ōtāhuhu   | • identified seven priority sites, including parks, community facilities and a town centre                              | • allocated $5,000 for printing and installation of signs in these priority sites from the board's Small Local Improvement Projects capital budget | • 13 smokefree signs implemented in 10 sites  
                    • smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
                    • smokefree logo implemented at other sites as part of signage renewal programme |
| Manurewa          | • did not formally identify any priority sites  
                    • approved ten 10 sites where smokefree stickers should be implemented                                                   | • did not allocate budget for the printing or installation of signage  
                    • noted that the cost of implementing regional policy sits with the governing body  
                    • noted that the governing body should provide smokefree signage as it holds the budget for Auckland Council facilities, including reserves | • no specific implementation of smokefree signage  
                    • smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
                    • smokefree logo implemented as part of signage renewal programme only |
| Maungakiekie e-Tamaki | • following a March 2015 workshop with officers, the board opted not to receive report about the implementation of the Smokefree Policy  
                        • did not formally identify any priority                                                                 | • did not allocate budget for the printing or installation of signage                                | • no specific implementation of smokefree signage  
                    • smokefree stickers  
                    • smokefree logo implemented as part of signage renewal programme only |
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|             | • identified 14 parks and reserves as priority sites    | • allocated budget for printing and installation of signs in these priority sites; amount not specified in resolution though indicated that would be covered by Signage Capital Expenditure budget | • 23 smokefree signs implemented in 14 sites  
• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
• smokefree logo implemented at other sites as part of signage renewal programme |
| Orakei      | • identified 13 priority sites, including parks, community facilities and a town centre  
• requested staff investigate options to implement the Smokefree Policy at Papatoetoe town centre | • allocated budget of up to $6,500 for printing and installation of signs in these priority sites from the board's Community Response operational budget | • 11 smokefree signs implemented in seven priority sites  
• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
• smokefree logo implemented at other sites as part of signage renewal programme |
| Otara-Papatoetoe | • identified seven priority sites, including parks and community facilities | • noted that the cost of implementing regional policy sits with the governing body  
• allocated budget of up to $4,500 for printing and installation of signs in priority sites | • no specific implementation of smokefree signage  
• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
• smokefree logo implemented at other sites as part of signage renewal programme |
| Papakura    | • noted that playgrounds within the board area were declared smokefree prior to the adoption of the Smokefree Policy  
• identified an additional 15 parks as priority sites  
• requested a report on making additional public places smokefree before the timeline of the regional policy | • allocated up to $4,500 for printing and installation of signs in these priority sites from the board's Small Local Improvement Projects capital budget | • 19 smokefree signs implemented in 15 sites  
• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
• smokefree logo implemented at other sites as part of signage renewal programme |
| Puketāpapa  | • identified 14 parks and reserves as priority sites  
• requested budget for printing and installation of signs in these priority sites; amount not specified in resolution though indicated that would be covered by Signage Capital Expenditure budget | • allocated budget of up to $6,500 for printing and installation of signs in these priority sites from the board's Community Response operational budget | • 23 smokefree signs implemented in 14 sites  
• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation  
• smokefree logo implemented at other sites as part of signage renewal programme |
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<td>Rodney</td>
<td>• did not formally identify any priority sites</td>
<td>• did not allocate budget for the printing or installation of signage</td>
<td>• no specific implementation of smokefree signage</td>
</tr>
<tr>
<td></td>
<td>• approved 19 sites where smokefree stickers should be implemented</td>
<td>• allocated up to $200 for the installation of larger stickers</td>
<td>• smokefree stickers, including additional large stickers distributed to parks, facilities, libraries and local board staff for installation</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• smokefree logo implemented at other sites as part of signage renewal programme</td>
</tr>
<tr>
<td>Upper Harbour</td>
<td>• identified 10 priority sites, including parks and community facilities</td>
<td>• allocated budget for printing and installation of signs in priority sites; amount not specified in resolution</td>
<td>• no specific implementation of smokefree signage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• smokefree stickers</td>
</tr>
<tr>
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<td></td>
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<td>• smokefree logo implemented as part of signage renewal programme only</td>
</tr>
<tr>
<td>Waiheke</td>
<td>• did not formally identify any priority sites for the installation of signage</td>
<td>• did not allocate budget for the printing or installation of signage</td>
<td>• no specific implementation of smokefree signage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• requested that Auckland Transport implement signage at Matiatia Wharf</td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
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<td></td>
<td></td>
<td>• smokefree logo implemented as part of signage renewal programme only</td>
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<td>Waitakere Ranges</td>
<td>• identified 11 priority sites, including parks and community facilities</td>
<td>• allocated budget for printing and installation of signs in these priority sites from the board's operational budget; amount not specified in the resolution</td>
<td>• smokefree signs implemented in nine sites</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation smokefree logo</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• implemented at other sites as part of signage renewal programme</td>
</tr>
<tr>
<td>Waitematā</td>
<td>• noted that all parks, libraries, community facilities, swimming pools and public outdoor areas within the board area were declared smokefree prior to the adoption of the Smokefree Policy</td>
<td>• allocated up to $6,000 for printing and installation of signs in these priority sites from the board's Small Local Improvement Projects operational budget</td>
<td>• more than 28 smokefree signs implemented in 19 sites</td>
</tr>
<tr>
<td></td>
<td>• identified 17 priority sites, including parks and community facilities</td>
<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation</td>
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<td></td>
<td></td>
<td></td>
<td>• smokefree logo implemented at other sites as part of signage renewal programme</td>
</tr>
<tr>
<td>Whau</td>
<td>• identified six priority sites, including parks and community facilities</td>
<td>• allocated budget for printing and installation of signs in these priority sites; amount not specified in resolution</td>
<td>• Five smokefree signs implemented in three sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• smokefree stickers distributed to parks, facilities, libraries and local board staff for installation smokefree logo</td>
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**Steps of the Bylaw Development Process with Approximate Timeframes**

1. **Step 1** Should there be a bylaw?
   - identify jurisdiction
   - collect robust evidence for bylaw justification
   - analyse evidence
   - consult with stakeholders
   - define scope of proposed bylaw
   - conduct cost / benefit analysis

   *2 months minimum*

2. **Step 2** What rules should be contained in bylaw?
   - define limits / restrictions (eg legal framework)
   - assess different types (eg stand alone, or amendment to existing bylaw)
   - analyse / test implications
   - create Statement of Proposal document that includes: reasoning for proposal, report on matters assessed, and the DRAFT BYLAW

   *approx 3 - 4 months*

3. **Step 3** Legal approval
   - assess draft bylaw against NZ Bill of Rights - tests for fairness, reasonableness & appropriateness
   - approx 1 month

4. **Step 4** Political Endorsement
   - report to Regulatory & Bylaws Committee then recommendation to the Governing Body (GB)
   - approx 1 - 2 months

5. **Step 5** Special Consultative Procedure (SCP)
   - formal public consultation to collect views on Statement of Proposal document through written and oral submissions
   - this must comply with legislative requirements (re timeframes & procedures)
   - Hearings Panel appointed which is comprised of elected members & has delegated authority

   *3 months minimum allowed for scheduling*

6. **Step 6** Analysis of submissions into a report for Hearings Panel
   - 1 month minimum

7. **Step 7** Public hearings
   - Hearings Panel listen to members of the public express their views on the proposed bylaw

   *approx 2 months*

8. **Step 8** Hearings Panel deliberates
   - Hearings Panel review all evidence received including submissions - then makes recommendations back to GB about whether to adopt bylaw

9. **Step 9** Governing Body Decision
   - Governing Body will determine whether to accept, reject, or modify HP recommendations*

   *approx 1 - 2 months*

*Note: only the Governing Body can make a bylaw*

The process and legal requirements are the same whether making or amending a bylaw.

---

**Discussion / presentation with elected members of many options (may include bylaw)**

**Staff identify and analyse options to address issue / problem**

**Elected members give mandate for staff to do more work**

**Council staff define issue / problem in a scoping paper to elected members**

**ELECTED MEMBERS DECISION**

**YES progress investigation of a bylaw**