Local Authority Long Term Plans and Smokefree 2025

How Committed are Councils to the 2025 Goal?

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ABSTRACT

Introduction
Tobacco use is the leading cause of preventable death in New Zealand. The harmful effects of tobacco are not restricted to smokers but extend to non-smokers, including children. In 2011, the Government launched a goal to make New Zealand smokefree by 2025. This goal requires a multi-sector approach and coordinated efforts to achieve a reduction in smoking rates to under 5%. Local authorities, such as district and city councils, play an important role in improving wellbeing through local policies and community-based projects. Smokefree outdoor area (SFOA) policies can be introduced by local councils to reduce exposure to second-hand smoke (SHS) and denormalise tobacco smoking. A recent amendment to the Local Government Act 2002 has resulted in the removal of local government’s focus on promoting wellbeing in the community, and a reduction in councils’ obligation to consult with communities. Therefore, little is known about councils’ commitment to Smokefree 2025.

Aim
The main aim of this research is to measure the commitment of local councils in the Canterbury/West Coast (CWC) region to the Smokefree 2025 goal using their Long Term Plan (LTP) as a measure. This research also explores councils’ views towards SFOA policies, and examines the impact of the 2012 Amendment to the Local Government Act 2002 in terms of councils’ commitment to promoting wellbeing, to the Smokefree 2025 goal, and to supporting community involvement in decision-making.

Methods
This study consisted of five stages of data collection and analysis. Documents from different stages of the LTP process were downloaded from council websites and their content was analysed. These documents included the 2015 draft LTP documents (stage one), written and oral submissions to the 2015 LTPs (stage two), and the final adopted 2015 LTP documents (stage three). The previous 2012 LTP was also downloaded from councils’ websites, to compare changes made over time (stage
four). Telephone interviews were undertaken with key informants from councils (stage five). Qualitative data analysis was conducted using the interview transcripts and focussed on summarising the informational content of the data.

**Results**

Results from the LTP documents indicated that none of the councils had referred to Smokefree 2025 or smokefree community spaces in any 2015 LTP draft document. However, five councils had included a brief statement about Smokefree 2025 or smokefree areas in their adopted 2015 LTP after receiving a number of smokefree-related submissions during the consultation process. Analysis of the previous 2012 LTP found that smokefree issues were mentioned fewer times, whereas wellbeing and its variations were mentioned more, compared to the 2015 LTP.

**Conclusion**

Local councils in the CWC region have made a contribution towards Smokefree 2025 insofar as they each have a SFOA policy, but there are opportunities for health and other groups to work with councils to try and enhance their overall commitment to Smokefree 2025 and to promote wellbeing. Health groups can help raise councils’ awareness of existing SFOA policies, public support for SFOA policies and the role of SFOA policies in smoking denormalisation.
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<td>CWC</td>
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GLOSSARY

Smokefree 2025 Smokefree 2025 goal adopted by New Zealand government in 2011
CHAPTER ONE: THE PUBLIC HEALTH SIGNIFICANCE OF TOBACCO SMOKING

1.1 The health consequences of smoking
Worldwide, the tobacco epidemic is a significant public health concern. Tobacco causes six million deaths a year (World Health Organization, 2011), is a major cause of cancer (Organization for Economic Co-operation and Development, 2013), and increases the risk of cardiovascular disease (U.S. Department of Health Human Services, 2014). Findings from the prospective British Doctors’ Study suggests that smoking is associated with increased mortality rates for 13 types of cancers including cancer of the lung, larynx and oesophagus, mouth and pharynx, bladder, pancreas, kidney, liver, stomach, nose and sinuses (Doll, Peto, Boreham, & Sutherland, 2005). The U.S. Surgeon General’s report also concluded that there is a causal relationship between smoking and respiratory diseases, such as chronic obstructive pulmonary disease (Henderson, 2008; U.S. Department of Health Human Services, 2014). Furthermore, around half of those who continue to smoke will die in middle age, losing on average 10 years of life compared to non-smokers (Doll, Peto, Boreham, & Sutherland, 2004).

1.2 Second-hand smoke
The harmful effects of smoking extend far beyond the smoker. Non-smokers are highly susceptible to the harmful effects of second-hand smoke. Throughout this thesis, the term second-hand smoke (SHS) is used to refer to the smoke non-smokers breathe, as a result of exposure to burning tobacco products and the smoke exhaled by smokers. Exposure to SHS can cause serious disease that, in some cases, may ultimately lead to death (U.S. Department of Health Human Services, 2014). SHS exposure is associated with lung cancer among non-smokers (Vineis et al., 2007), and has been associated with increased risk of cardiovascular and respiratory disease (Doll et al., 2004; U.S. Department of Health Human Services, 2014). Furthermore, maternal smoking during pregnancy contributes to higher rates of miscarriage, pre-term birth and low birth weight (U.S. Department of Health Human Services, 2014).
services, 2014), and other respiratory problems during infancy and childhood (Henderson, 2008).

In New Zealand, SHS is considered the leading environmental cause of death; it accounts for the premature deaths of 347 New Zealanders every year (Woodward & Laugesen, 2001), and causes a substantial burden of morbidity, particularly for children (Thomson, Wilson, & Howden-Chapman, 2005a; Woodward, 2001). A greater risk of exposure to SHS has been found among low-income individuals and for Māori (Gillespie, Milne, & Wilson, 2005; Thomson, Wilson, & Howden-Chapman, 2005b). On average, children are exposed to more SHS than non-smoking adults and consequently, they are more likely to suffer from smoking-attributable lower respiratory tract infections which may even persist into adulthood (Henderson, 2008). Moreover, children who are exposed to SHS are more likely to have had one or more hospital admissions compared to children who are not exposed (Eriksen, Mackay, Schluger, Gomeshtapeh, & Drope, 2015). SHS is also a concern for patrons and workers in settings where outdoor smoking is permitted (Eriksen et al., 2015; St Helen et al., 2012; Wilson, Edwards, & Parry, 2011).

1.3 Normalisation of smoking in the community

Besides the direct health effects associated with SHS, exposure to others’ smoking contributes to the normalisation of smoking in society. The visibility of smoking through seeing other individuals smoke, and the presence of tobacco products and other forms of promotion are all seen as contributing to the normalisation of smoking (Thomson, 2015). This is critical when it comes to children who are exposed to smoking in many settings, including - but not limited to - homes, schools, cars and playgrounds. According to Bandura’s Social Learning Theory, individuals learn new behaviour through observing others modelling the behaviour (Bandura, 1986).

Numerous studies have demonstrated that having a perception that smoking is normal may be associated with increased risk of smoking initiation among children (Gillespie et al., 2005; Paul, Blizzard, Patton, Dwyer, & Venn, 2008; Schuck, Otten, Engels, & Kleinjan, 2012). Children’s perceptions about smoking are highly influenced by social models such as parents, siblings and peers (Bektas, Ozturk, & Armstrong, 2010). Results from a cohort
study showed that children whose parents smoke are more likely to be current smokers themselves (Paul et al., 2008).

1.4 Tobacco smoking in New Zealand

Smoking is the leading cause of preventable death in New Zealand, accounting for 16% of all deaths and 22% of cancer deaths (Peto et al., 2015). About 5,000 deaths each year in New Zealand are attributed to tobacco related illness (Peto et al., 1996). The most recent smoking statistics show that approximately 17% of the adult population are current smokers (i.e. they smoke at least monthly), including 15% who smoke daily (Ministry of Health, 2015). With regards to youth smoking, results from the 2014 ASH Year 10 survey suggest that 3% of Year 10 students reported smoking at least once a day, while 6% are regular smokers (i.e. they smoke weekly or monthly) (Action on Smoking and Health, 2014).

The smoking prevalence in New Zealand has reduced significantly over the last decade. However, there has been a greater reduction among non-Māori compared with Māori. Thus, smoking is a major contributor to health-related disparities in New Zealand (Barnett, Moon, & Kearns, 2004; Blakely, Fawcett, Hunt, & Wilson, 2006). Current smoking rates for Māori (39%) are still significantly higher than for non-Māori (15%), for both males and females (Ministry of Health, 2014). Māori youth are three times more likely to be daily smokers compared to youth of other ethnicities (Action on Smoking and Health, 2014). This disparity in the smoking gradient between Māori and non-Māori is evident across all age groups.

1.5 Smokefree 2025

New Zealand has a comprehensive tobacco control programme to reduce the harm associated with smoking. In 2011, the government endorsed a goal of reducing smoking prevalence to less than 5%, and the availability of tobacco to minimal levels by 2025 (New Zealand Government, 2011). Throughout this thesis ‘smokefree 2025 goal’ is referred as Smokefree 2025. Such a goal requires a comprehensive government strategy, which has not yet been developed (National Smokefree Working Group, 2015). A non-government National Smokefree Working Group has been established and one of the aims of this group was to develop a logic model to provide the tobacco control sector with a pathway to
achieve Smokefree 2025 (National Smokefree Working Group, 2012). The recent “Action Plan 2015-2018” includes 13 priorities for 2015-2018 (Figure 1):

- Increasing smoking cessation:
  • Provide a comprehensive cessation services
  • Increase tobacco control mass media
  • Utilise the best cessation technologies
  • Develop a policy response to Electronic Nicotine Delivery Systems.

- Effective changes in legislations and regulation:
  • Implement standardised tobacco packaging
  • Increase the price of tobacco products through increasing taxation
  • Restrict tobacco supply
  • Control the content of tobacco products
  • Ensure a full implementation of the World Health organization Framework Convention on Tobacco Control (WHO FCTC).

- Increasing public support for Smokefree 2025:
  • Expansion of smokefree settings, including smokefree cars
  • New Zealanders know about and support the Smokefree 2025.
  • New Zealanders completely mistrust the Tobacco Industry
  • New Zealanders understand addiction and don’t stigmatise people who smoke (National Smokefree Working Group, 2015).

Within these priorities, the following actions were identified as requiring immediate and urgent action:
  • Deliver comprehensive cessation services tailored to community needs
  • Increase tobacco control mass media
  • Implement standardised tobacco packaging
  • Increase the price of tobacco products through increased taxation
  • Continue expansion of smokefree environments (National Smokefree Working Group, 2015).

Each of these actions is described in more detail below. The purpose of describing all these actions is to contextualise the ‘expansion of SFOA policies’ as one part of a mix of interventions that have been proposed to achieve the Smokefree 2025.
Figure 1: Road map to Smokefree 2025
(National Smokefree Working Group, 2015)
1.5.1 Increasing smoking cessation

Successfully quitting smoking is one of the hardest habit changes to achieve. Reducing smoking prevalence by increasing smoking cessation services is a key strategy of New Zealand’s tobacco control programme.

1.5.1.1 Comprehensive cessation services

Offering cessation support for smokers is an essential part of the health sector’s services (National Smokefree Working Group, 2012). The New Zealand Guidelines for stopping smoking were first commissioned in 1999 (Ministry of Health, 2007). These guidelines were mainly focused on the ‘5As’ framework for stopping smoking (Ask, Advise, Assess, Assist and Arrange) and the ‘Stages of Change’ model. In 2007 the ‘5As’ framework was replaced with the simpler ‘ABC pathway’ (Ministry of Health, 2007). The most updated version of guidelines was published in 2014 and structured around the ‘ABC pathway’, which prompts health care workers to ask about and document the smoking status of all their patients, give brief advice for smokers and encourage smokers to use cessation support. Cessation support includes referring smokers to a stop-smoking service or prescribe medication to aid quitting (Ministry of Health, 2014).

Barriers to the provision of the ‘ABC pathway’ include lack of time, knowledge and skills among the health workforce (Ministry of Health, 2014). It has been also found that health care workers who smoke are less likely to give cessation advice (Ministry of Health, 2014). The most recent tobacco use survey showed that in general Māori and Pacific smokers were more likely (62% and 56%, respectively) to receive the combined ABC pathway compared to other ethnicities. However, it is important that cessation services meet community needs, but in many cases cessation offered in the form of the ABC pathway does not meet the needs of young Māori and Pacific smokers who are significantly over represented in smoking rates compared to older smokers (Ministry of Health, 2014).

The current Action Plan suggests that effective services should be designed and delivered to people most in need, particularly Māori, Pacific peoples, pregnant women and people with mental illness. The plan also reinforces the development of cessation workforce through
appropriate funding of services and provision of training (National Smokefree Working Group, 2015).

1.5.1.2 Increase tobacco control mass media
Mass media campaigns are considered one of the most effective strategies in de-normalising smoking, preventing youth smoking and helping smokers to quit (Durkin, Brennan, & Wakefield, 2012; Pierce, White, & Emery, 2012). In New Zealand, ‘Smoking Not Our Future’, ‘Stop Before You Start’ and ‘Face the Facts’ are the main tobacco-related mass media campaigns, which have been implemented by Quitline and the Health Promotion Agency. A decline in funding for mass media campaigns is a major issue in New Zealand. In 2014, an analysis of tobacco control mass media campaigns showed a 44% reduction in expenditure between 2008/9 and 2012/13 (Edwards, Hoek, & Van Der Deen, 2014). In addition to this, Edwards and his colleagues found that current anti-smoking advertisements are failing to generate the recommended level of exposure to smokefree messages. In terms of message content, Edwards et al. (2014) argue that current campaigns have rarely used the hard-hitting messages, which they suggest are potentially more effective than the messages in current campaigns. The current Action Plan includes recommendations on increasing investment in current mass media campaigns and developing targeted campaigns for each priority group.

1.5.1.3 Utilise the best cessation technologies
Nicotine replacement therapy (NRT) is commonly used to help people quit smoking; it assists in reducing the withdrawal symptoms associated with quitting by replacing the nicotine from cigarettes (Nides, 2008; Stead et al., 2012). Nicotine supplements come in many forms including patches, chewing gum, nasal sprays, inhalers and lozenges (Nides, 2008). A 2012 Cochrane review found that NRT increases the chance of successfully quitting by 50% to 70%, regardless of the type used (Stead et al., 2012). However, a recent study found that smokers using NRT with behavioural support are three times more likely to have a successful quit attempt compared to smokers with unaided quitting (Kotz, Brown, & West, 2014).
In New Zealand, subsidised patches, gum and lozenges are available through Quitline and the distribution of Quitcards, which can be prescribed by health care professionals. In addition to that, unsubsidised NRT products are also available over the counter in retail outlets such as supermarkets and pharmacies (Ministry of Health, 2014). The current Action Plan suggests increasing the availability of effective NRT products (National Smokefree Working Group, 2015).

1.5.1.4 Response to Electronic Nicotine Delivery Systems (ENDS)

According to the World Health Organization, electronic cigarettes (hereafter referred to as e-cigarettes) are the most common type of ENDS (World Health Organization, 2014). E-cigarettes are largely promoted as a cessation aid; however, a 2014 Cochrane review suggested insufficient evidence to prove the effectiveness of ENDS in smoking cessation (McRobbie, Bullen, Hartmann-Boyce, & Hajek, 2014). Due to the lack of evidence, the World Health Organization recommended that smokers should first be encouraged to quit smoking by using a combination of already approved NRT (World Health Organization, 2014). In New Zealand, it is illegal to sell e-cigarettes that contain nicotine; however, they can be imported for personal use (Wilson et al., 2015). The current Action Plan suggests the need to establish a policy process in response to ENDS.

1.5.1.5 Recent changes to smoking cessation

In 2013, a review was conducted to evaluate the current tobacco control services funded by the Ministry of Health (SHORE & Whariki Research Centre, 2014). The main purpose of this evaluation was to provide a report to the Ministry of Health on the effectiveness of these services to support the achievement of Smokefree 2025. The review showed that changes are required for some tobacco control strategies including smoking cessation. The Ministry of Health decided to realign tobacco control services. Prior to this, the Ministry of Health had made the decision to replace the Quitline service in favour of a broader national Telehealth service that includes Healthline, immunisation advice, Poisonline and Quitline, together with the three helplines for depression, gambling, and alcohol and drug issues (Edwards et al., 2015).
1.5.2 Effective legislation and regulation

The Smoke-free Environments Act 1990 is a key piece of national Smokefree legislation, which places restrictions on smoking in indoor workplaces, public transport areas and partial restrictions on smoking at licensed premises. The Act also provides regulations for the marketing, advertising and promotion of tobacco products. In 2003, the Act was amended to include legislation that required all buildings and grounds of schools and early childhood centres to be smokefree at all times; banned smoking in indoor public places; and prohibited cigarette sales to minors. The Smoke-free Environments Amendment Act 2003 also included some restrictions on the display of tobacco products in retail outlets. Further regulations were introduced in 2007 (Smoke-free Environments Regulations 2007) and mainly focused on the packaging of cigarettes and other tobacco products, and included requirements for graphic pictorial health warnings on packs. The Smokefree Environments Act (Control and Enforcement) Amendment 2011 that came into effect in 2012 required all retailers to remove all tobacco products from open displays.

1.5.2.1 Implement standardised packaging

In countries such as New Zealand where most or all traditional forms of advertising have been prohibited, packaging is used as a marketing tool to attract young people through the use of colour, fonts, images and trademarks (Wakefield, 2010). Interest in plain packaging has increased due to the strong evidence of the effectiveness packaging changes in reducing the attractiveness and appeal of tobacco products in Australia (Ministry of Health, 2012; Wakefield et al., 2015). In 2013, the New Zealand government indicated its intention to introduce plain packaging, aligning with the Australian plain packaging regime. A bill – the Smokefree Environments (Tobacco Plain Packaging) was tabled in 2013 and is currently awaiting second reading by parliament. The current Action Plan recommends increased advocacy for the immediate implementation of standardised packaging and also recommends reviewing the current health warnings on tobacco products (National Smokefree Working Group, 2015).
1.5.2.2 Taxation

Tobacco taxation is considered to be the most effective measure to reduce smoking prevalence. In New Zealand, a series of tobacco excise tax increases were introduced in 2010 on both manufactured and loose tobacco, with the last increase in January 2016 (Customs and Excise Amendment Act 2012). Evidence indicates that tobacco companies can mitigate the impact of tobacco taxation by applying tax increases differently between brands. A study was conducted to examine this issue in New Zealand after the 10% increase annual tax increase was introduced in 2014 (Marsh et al., 2015). Price data were collected on four different tobacco products in different price segments, including one roll-your-own tobacco brand, before and after the 2014 tax increase. Findings from this study showed that tobacco excise tax increases were not applied evenly between the different brands and that the price difference between the different brands is increasing (Marsh et al., 2015). Recommendations from the Action Plan include on-going annual tax increases (National Smokefree Working Group, 2015).

1.5.2.3 Restrict tobacco supply

The widespread retail availability of tobacco is considered a major form of tobacco promotion and may contribute to smoking normalisation. International evidence suggests that the high availability of tobacco is associated with increasing smoking initiation, an increase in tobacco consumption by smokers and greater odds of smoking relapse among smokers trying to quit (Cancer Society Auckland, 2013). A number of restrictions were introduced in New Zealand to limit tobacco sales, such as age restrictions and removal of the point of sale tobacco displays. However, the retail availability of tobacco is largely unregulated (Palmer, Bullen, & Paynter, 2013). With the adoption of Smokefree 2025, more measures are required to achieve the 5% smoking prevalence by 2025 (Whyte, Gendall, & Hoek, 2014). Palmer and his colleagues (2013) point out that introducing a tobacco retailer licensing system could help to regulate tobacco sales. This kind of system has been established in many countries and the main purpose is to limit the number, location and types of retailers that sell tobacco (Cancer Society Auckland, 2013).

In New Zealand, there is a high level of public support for tobacco retailing interventions, including support for a licensing system (Whyte et al., 2014; Wyllie, 2013). The current
Action Plan suggests developing a comprehensive supply restriction policy which would include licensing of retailers, eliminating duty-free tobacco sales and enhancing enforcement of point of sale legislation and age limits (National Smokefree Working Group, 2015).

1.5.2.4 Control the content of tobacco product
Nicotine is a highly addictive substance found in all types of tobacco including manufactured cigarettes and roll your own tobacco. Concentrations of nicotine vary across the different types of tobacco. Evidence shows that all tobacco products contain enough nicotine levels to induce and sustain tobacco dependence (Djordjevic, 2010).

In New Zealand, a study conducted by Blakely and his colleagues (1997) found that the average nicotine content of manufactured cigarettes is twice that found in cigarettes manufactured in the United States (U.S) and Canada. In addition to that, the study also found that loose tobacco has a higher nicotine concentration than manufactured cigarettes. Blakely and his colleagues (1997) have suggested reducing the content of nicotine by a sinking lid policy or by nicotine tax. Recommendations from the Action Plan include using existing Smokefree Environments Act provisions to require a comprehensive content disclosure of the constituents of tobacco products and tobacco smoke by brand. The Action Plan also suggests establishing a policy process, with comprehensive sector consultation, to define product constituents, such as nicotine, to be prohibited or restricted in tobacco products (National Smokefree Working Group, 2015).

1.5.2.5 Ensure a full implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).
The WHO FCTC is the first global public health treaty, which was developed in response to the tobacco epidemic in 2005. It is one of the most rapidly and widely embraced treaties in United Nations history; 180 member parties having joined the convention. Member parties are to enact a number of policies and actions to protect people from the harms of tobacco. New Zealand has been a member party to the FCTC since 2004. The current Action Plan suggests ongoing active implementation of the FCTC to ensure New Zealand contributes to
and benefits from the international tobacco control measures (National Smokefree Working Group, 2015).

1.5.3 Increasing Public Support for the Smokefree 2025

Public support for Smokefree 2025 and initiatives are important to help achieve the smokefree goal.

1.5.3.1 New Zealanders know about and support Smokefree 2025 and its initiatives

Public knowledge of Smokefree 2025 and its components is essential in achieving the goal (National Smokefree Working Group, 2015). Misunderstanding the Smokefree 2025 goal may reduce public support, which could undermine the possibility of policy changes to achieve the goal (Gendall, Hoek, & Edwards, 2014). Results from a recent study found that 80% of participants thought that the Smokefree 2025 represented a ban on smoking in all public places in New Zealand. The study has also found that support for the smokefree goal increased among participants after explaining the meaning of the goal, including an increase among daily smokers (Gendall et al., 2014). Strong support for the 2025 goal among smokers has been found in a study, which used in-depth interviews with smokers (Maubach et al., 2013). Smokers expressed some concern about their right to smoke as well as their right to decide the time and method of quitting. They also provided a number of suggestions they thought would help to achieve Smokefree 2025 that would not affect their autonomy. These included: restricting supply, diminishing visibility, decreasing availability and affordability, and increasing quitting support (Maubach et al., 2013).

The current Action Plan suggests the development of a communication strategy for Smokefree 2025 and its key initiatives, which require a greater level of public or political support (National Smokefree Working Group, 2015).

1.5.3.2 New Zealanders completely mistrust the Tobacco Industry

Despite significant advances in tobacco control, little attention has been given to the role of the tobacco industry in normalising smoking. A review on public attitudes towards the tobacco industry found that, tobacco companies were mostly defined by the general public as dishonest, unethical and less trustworthy than other companies (Malone, Grundy, & Bero,
However, smokers and young people seem to be less distrustful of tobacco companies compared with adults (Malone et al., 2012).

Similar results were found in New Zealand where a study on teenagers’ opinions towards tobacco companies found that 53% of Year 10 students agreed with the statement “I would trust what tobacco companies say about the harmful/health effects of smoking”. In addition to that, only 33% agreed that tobacco companies try to get young people to start smoking (McCool, Paynter, & Scragg, 2011). Another study on smokers attitudes found that only 45% of New Zealand’s smokers agreed with the statement “tobacco industry should take the responsibility for the harm caused by tobacco” (Edwards et al., 2013). Recommendations from the Action Plan include a communications programme, which aims to expose the conduct of the tobacco industry.

1.5.3.3 New Zealanders understand addiction and don’t stigmatise people who smoke
Smoking is becoming an increasingly unacceptable social behaviour. Often arguments against smoking denormalisation strategies include the possibility of stigmatising smokers. A study conducted by McCool, Hoek, Edwards, Thomson, and Gifford (2013) explored public attitudes toward smoking and smokers in New Zealand. Results from the study found mixed perceptions about smoking and smokers, most non-smokers in the study viewed smokers as irresponsible while others were less judgemental by recognising the complexity of smoking and the addictive nature of tobacco (McCool et al., 2013). The current Action Plan suggests developing a strategy for misperception of people who smoke (National Smokefree Working Group, 2015). However, details were not provided.

1.5.3.4 Expansion of smokefree settings, including smokefree cars
Evaluations of smokefree laws indicate that they have been effective in reducing exposure to SHS (Edwards et al., 2008; International Agency for Research on Cancer, 2009). However, a study conducted in Athens, Georgia showed that introduction of indoor smoking bans has resulted in increased smoking in outdoor public spaces (St Helen et al., 2012). Air quality data from Wellington city indicated that outdoor smoking areas of hospitality venues had the highest particulate levels from SHS compared to indoor settings (Wilson et al.,
In addition to that, outdoor dining areas were the main source of SHS reported by non-smokers in the 2009 national tobacco use survey (Wilson et al., 2011).

There is the strong support among both smokers and non-smokers, especially for interventions that would prevent children from exposure to SHS (Gendall, Hoek, Maubach, & Edwards, 2013). These interventions included smokefree playgrounds, sportsgrounds and entrances to buildings, and smoking restrictions in cars when children were present. While expanding smokefree areas is included in the current plan as “increasing public support”, the main purposes of extending SFOA policies are to denormalise smoking and reduce the harm effects of SHS (Halkett & Thomson, 2010; Marsh, Robertson, Kimber, & Witt, 2014; Wilson, Thomson, & Edwards, 2007).

SFOA is also associated with reducing the environmental impact of litter from smoking-related material such as the pollution and fire hazards caused by cigarette butts (Halkett & Thomson, 2010; Toledo Cortés, Thomson, & Edwards, 2014; Wilson et al., 2007). Additional benefit include that they assist those quitting by preventing relapse (Marsh et al., 2014).

The current Action Plan recommends widening the implementation of smokefree places as permitted under the existing legislation. It also recommends extending smokefree settings including to smokefree cars (National Smokefree Working Group, 2015).

### 1.6 Current situation

Despite these national tobacco control strategies, current evidence of smoking prevalence data and future projections suggests that New Zealand is not on track to achieve Smokefree 2025. According to Ikeda et al. (2015), the reduction of smoking prevalence to under 5% is achievable, however it requires increases in smoking cessation for Māori by 20% and by 10% for non-Māori. In addition, it requires a reduction in the initiation of youth smoking (Ikeda, Cobiac, Wilson, Carter, & Blakely, 2015). The National Smokefree Working Group recommends several actions that should be undertaken in the next two years. These suggestions included heightened delivery of cessation services for the general population and targeted services for Māori and Pacific people. The recommendations also include
extending smokefree areas, adoption of standardised packaging, regular tax increases as well as establishing a retailer licensing system. Of these recommendations, the expansion of smokefree environments has been identified as urgent. Given that local governments in New Zealand are responsible for many public areas where smoking occurs, they have an important role to play in creating a ‘Smokefree Aotearoa’.

1.7 Local government’s contribution to public health

Many of the issues that influence the health of a population lie within the capacity of local government (Kessaram, 2013). In New Zealand and the United Kingdom, local government is involved in the delivery of many services that have a major impact on health and wellbeing of a population, and is also involved in addressing many social determinants of health (Campbell, 2010; Ministry of Health, 2009).

Traditionally, services such as sewers, sanitation, food hygiene and environmental health have played a crucial role in public health (Campbell, 2010; Ministry of Health, 2009). The role of local government has changed, and they are now involved in a variety of issues such as housing, waste disposal, food safety, exercise, diet, housing, social integration, safety, education, employment, income, transport and access to facilities (Campbell, 2010; Ministry of Health, 2009).

In addition, local governments in New Zealand have been involved in many public health interventions. Under the Sale and Supply of Alcohol Act 2012, local governments can create local alcohol policies in consultation with their communities. Through these policies, local governments are able to control the location, density and maximum trading hours of licensed premises. Furthermore, section 147 of the Local Government Act 2002 provides local governments with the power to introduce bylaws to control alcohol consumption in public spaces. However, there is no similar legislation for local government specific to tobacco smoking.

Local governments manage a large amount of public open space where communities live, work and play; therefore they have the potential to help reduce the visibility and acceptability of smoking in public places, thereby contributing to Smokefree 2025. Palmer and his colleagues (2013) argue that local governments can help achieve Smokefree 2025
through establishing a licensing system for tobacco retailers similar to the alcohol licensing system, and by extending smokefree outdoor area (SFOA) policies. Yet, it is important to understand the relationship between the central and local governments.

In New Zealand, central government retains ultimate control and accountability over all levels of government (Guerin, 2002). According to Mossman and Mayhew (2007), the structure, functions and powers of local government are derived through the Local Government Act 2002 which is established by the central government. Guerin (2002) categorised local government’s activities into:

- Prohibited (policy set and implemented nationally),
- Mandatory (policy set nationally and implemented locally) and
- Discretionary (completely local) activities.

With regards to Smokefree 2025, this would appear to fall into the category of discretionary activities, given that there is no requirement for local governments to implement activities to support this national goal.

1.8 Overview of chapters
This chapter has highlighted the significance of tobacco smoking as a public health issue. It also covered the main tobacco control strategies that have been recommended in order to achieve Smokefree 2025. The chapter also discussed the role of local governments in promoting wellbeing in their communities, giving an example of their role in reducing alcohol-related harm within the areas they manage.

The following chapter will provide an overview of SFOA policies. It begins with the main rationale for such policies, and then goes on to provide international examples of SFOA policies. New Zealand’s SFOA policies are then discussed, including the different types of policies and the arguments against extending these policies to other areas including outdoor dining areas. The chapter then provides a summary of a number of international and New Zealand comprehensive evaluations of SFOA policies. It then looks at the potential role of local governments in New Zealand in expanding smokefree environments.
Chapter three presents the research methodology. It provides a detailed description of the research stages and the way in which the data were collected and analysed from each of the study stages.

Chapter four presents the findings for each of the research stages.

Chapter five discusses the results in terms of the research objectives and literature, limitations and strengths of the study; makes general conclusions and recommendations, and suggests areas for further research.
2 CHAPTER TWO: SMOKEFREE OUTDOOR AREAS

Achieving the goal of a Smokefree 2025 will require collaborative efforts to achieve a reduction in smoking prevalence to under 5%. As section 1.5.3.4 has shown, smokefree environments are an important part of a denormalisation strategy, which helps to discourage smoking initiation while encouraging and supporting smokers to quit. Awareness of the hazardous effects of SHS has spurred on the development of SFOA policies in many countries around the world.

This literature review explores the literature surrounding restrictions on smoking in outdoor areas. The first section of this review discusses the main rationale for SFOA policies. The second section provides international examples of smoking restrictions in outdoor areas and key issues associated with these restrictions. The section that follows on from this highlights New Zealand’s situation, by outlining the different types of policy that have been adopted to date. Key issues are then discussed followed by a summary of the main arguments against SFOA policies in New Zealand. The last section of the literature discusses the role of local governments in achieving Smokefree 2025 through extending SFOA policies. The research objectives are presented at the end of the chapter.

2.1 Rationale for SFOA policies

The harm of SHS has been clearly defined by the World Health Organization:

“Scientific evidence has firmly established that there is no safe level of exposure to SHS, a pollutant that causes serious illnesses in adults and children. There is also indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS.”

(World Health Organization, 2007b)

The duty to protect people from SHS is embodied in the text of Article Eight of the WHO FCTC (World Health Organization, 2007a). Under this Article, members to the FCTC are obligated to protect people from SHS in indoor public places and workplaces through introducing protective policies to create smokefree environments in indoor public places or quasi-outdoor public places (World Health Organization, 2007a).
2.1.1 Smoking denormalisation

As section 1.3 shown, smoking is highly influenced by social norms and what is perceived as an acceptable or normal behaviour. Smoking denormalisation is defined as the decrease of visible or expected smoking and tobacco availability (Thomson, 2015). Smoking denormalisation is key component to many comprehensive tobacco control strategies including smokefree policies. Smokefree policies can denormalise smoking by physically marginalise smoking, requiring the behaviour take place in a different environment (Kennedy, 2010).

There is evidence that living in an area with restrictions on smoking in outdoor areas is associated with perceived greater difficulty to smoke in those areas (Klein, Bernat, & Forster, 2012). In addition to that, moving to a neighbourhood with a lower smoking prevalence can decrease chance of relapsing (Ivory, Blakely, Richardson, Thomson, & Carter, 2015). This study also found that one decile decrease in the neighbourhood smoking prevalence was associated with a 4% decreased odds of being a smoke (Ivory et al., 2015). Furthermore, SFOA can counteract the view that smoking is a normal behaviour by decreasing the exposure of children and young people to smoking in outdoor areas (Thomson, 2015).

Wakefield (2010) suggested that if smoking restrictions increase, there will be fewer places for people to smoke and smoking may become inconvenient for the smoker, and ultimately, smoking will be viewed as more socially unacceptable (Wakefield, 2010).

2.1.2 Public support for SFOA policies

One of the main arguments cited in the literature for SFOAs is the high public support for SFOA policies. Support for SFOA policies appears to be increasing over time. Evidence of public support is used as an argument to encourage policy-makers to take action (Satterlund, Cassady, Treiber, & Lemp, 2011). In addition, evidence of public support may help to extend current SFOA policies, assist in developing SFOA policies and increase funding for implementation (Halkett & Thomson, 2010; Marsh et al., 2014)
A review of public attitudes to SFOA policies found that the majority of the New Zealand public support SFOA policies, especially for settings where children are present (Thomson, Wilson, & Edwards, 2009). Support also appears to be high among policy-makers for SFOAs in children’s playgrounds (Rouch et al., 2010; Tay & Thomson, 2008). In 2012, a New Zealand Health and Lifestyles Survey found that 73% of the general public agreed with the statement “smoking should be banned in all outdoor public spaces where children are likely to go” (Li & Newcombe, 2013). Support was also found to be high among young students in New Zealand: 73% of Year 10 students (including smokers) agree with banning smoking in all outdoor settings where young people go (White, 2013).

A survey of adults conducted in Auckland in 2013 found 96% of smokers and non-smokers supported smoking restrictions near children’s playgrounds (Wyllie, 2013). Similar support was also found in New South Wales where 94% of non-smokers and 89% of smokers agreed to making all playgrounds smokefree (Cancer Institute NSW, 2009). A review on public support in the U.S. and Canada also showed high support for playgrounds, ranging from 89% to 91% (Thomson, Wilson, Edwards, & Collins, 2015).

A high level of support is also evident for smokefree building entrances and transport waiting areas (Cancer Institute NSW, 2009; Thomson et al., 2015; Wyllie, 2013). In regards to building entrances, 84% of Aucklanders support smokefree building entrances (Wyllie, 2013). In addition to that, 82% of Aucklanders supported smokefree bus stops and train stations (Wyllie, 2013). This support was strong among both non-smokers and smokers.

2.1.2.1 Outdoor dining areas, parks and sport venues and beaches

The level of public support for other settings such as outdoor dining areas, parks, sport venues and beaches appears to be lower than that for children’s playgrounds, building entrances and transport waiting areas (Cancer Institute NSW, 2009; Li & Newcombe, 2013; Thomson, 2015; Walker, 2014; Wyllie, 2013). An Auckland survey found 76% support for outdoor dining areas (Wyllie, 2013). In addition to that, the 2012 Health and Lifestyles Survey found 54% support for banning smoking in all outdoor dining areas, while 38% believed that smoking should be banned in some areas (Li & Newcombe, 2013). A recent survey in Melbourne city found that 82% of respondents supported a smoking ban in
outdoor dining areas in The Causeway, a central Melbourne laneway (Walker, 2014). This survey also asked about the extent of areas that should be covered by the ban, 72% supported the ban to cover most of the outdoor dining areas while 7% were against the ban (Walker, 2014).

With regards to sports venues and parks, 86% of New South Wales adults surveyed in 2009 supported a ban on smoking in sports stadia (Cancer Institute NSW, 2009). In New Zealand, 70% of Aucklanders support smokefree parks and sport fields (Wyllie, 2013). However, in the 2010 Health and Lifestyles Survey only 64% of respondents responded ‘no’ to the question “people should be able to smoke at outdoor sports fields or courts” (Trappitt, Li, & Tu, 2011).

With regards to smokefree beaches, 74% of New South Wales adults supported a smoking ban at beaches (Cancer Institute NSW, 2009). A range of 41% to 65% was found for smokefree beaches in surveys in the US and Canada (Thomson et al., 2015). The level of support was found to be lower in an Auckland, where only 54% of respondents (35% of whom were smokers) supported smokefree beaches (Wyllie, 2013).

### 2.2 International SFOA Legislation

Enforceable SFOA policies have been successfully implemented across several countries including Australia, the U.S. and Canada. These policies cover various public outdoor areas including parks, playgrounds, sportsgrounds, outdoor dining and drinking areas, main streets, transport waiting areas and beaches.

#### 2.2.1 Australia

Smoking in Australia is covered by comprehensive state legislation that prohibits smoking in many outdoor public areas. Queensland prohibits smoking at all commercial outdoor eating and smokefree drinking areas, beaches, major sports facilities and within 10 metres of children’s outdoor playground equipment. Smoking is also illegal within four metres of an entrance to a public building. Penalties are applied for breaching these restrictions (Queensland Health, 2014). In addition, after a consultation with residents and businesses, Brisbane City Council banned smoking in Queen Street mall using a local law (Brisbane City Council, 2015).
A similar smokefree law is applied in New South Wales where smoking is illegal at public swimming pools, public transports stops and platforms and within 10 metres of children’s playground equipment. In addition, a ‘4-metre law’ prohibits smoking within four metres of a pedestrian access point to a public building. This was expanded in July 2015 to include outdoor dinning areas and the doorways of all licensed premises including hotels, restaurants and cafes (New South Wales Government, 2015). In 2015, Sydney City introduced a twelve month trial smoking ban in Martin Place, a pedestrian mall in the central business district, in order to decide whether an enforceable law would be feasible (City of Sydney, 2015). Evidence suggested that SFOA policies were initially introduced by New South Wales councils in 2004 and resulted in the passing of legislation in 2012 (Mark, Sanders, Mitchell, Seale, & Richmond, 2014; National Heart Foundation NSW Division, 2012). In addition, the areas covered by this smokefree legislation have been expended from children’s playgrounds, sport facilities, public pools and public transportation areas in 2012 to include all commercial outdoor dining areas in July 2015 (New South Wales Government, 2015).

In Victoria, smoking is illegal in most outdoor recreational areas including entrances to public and government buildings. However, smoking is only prohibited in outdoor dining areas where the roof and walls predominantly enclose the area (Department of Health & Human Services, 2015). One of the key priorities in Melbourne City Council’s plan 2013-2017 is to expand the number of outdoor smokefree areas. As a result of this plan, and after considering feedback and submissions from the community, six main areas in Melbourne’s central city became smokefree. In addition to that, City Square will be smokefree between the hours of 6am and 8pm for a twelve month trial period from 1 October 2015 (City of Melbourne, 2016).

In South Australia, smoking is banned within ten 10 metres of children’s playground equipment and public transport waiting areas (SA Health, 2016). In addition to that, Sections 51 and 52 of the Tobacco Products Regulation Act 1997 allow local councils and other to identify and apply to make have certain outdoor areas or events declared smokefree. Areas or events may include: parks, footpaths, and major pedestrian shopping malls (SA
Health, 2016). In 2012, Adelaide City Council decided to extend their SFOA policy to cover Rundle Mall, a main pedestrian mall in the city, and all laneways leading off the Mall (Adelaide City Council, 2012). In addition to that, smoking will be prohibited in all outdoor dining areas, starting from July 2016 (SA Health, 2015)

Partial SFOA policies are adopted in the other three states: Northern Territory, Tasmania and Australian Capital Territory (Thomson, 2015).

2.2.2 United States
SFOA policies are widely used in the U.S. and mainly cover outdoor dining areas, entrances to buildings, parks, beaches, outdoor stadiums and other sports and entertainment venues (American Nonsmoker's Rights Foundation, 2016).

California has one of the most comprehensive SFOA policies in the U.S., where 84 cities and counties have passed ordinances that cover at least five of the following areas: outdoor dining areas, building entrances, public events, recreation areas, service areas, sidewalks and worksites (The Center for Tobacco Policy & Organizing, 2015). These ordinances are composed of two approaches: an inclusive approach which bans smoking in all outdoor public places, and a listing approach, which only prohibits smoking in specific places. These ordinances are self-enforcing, mainly depending on signage, publications, websites and dedicated staff who are responsible for educating businesses and the public about the policy. However, some cities actively enforce these ordinances (The Center for Tobacco Policy & Organizing, 2015). An example of a comprehensive SFOA policy is in the town of Calabasas in Southern California where smoking is prohibited in all outdoor public areas including streets and sidewalks. Smokers are only permitted to smoke in private residences and designated areas in shopping malls (City of Calabasas, 2016).

2.2.3 Canada
In Canada, all provinces and territories have SFOA policies that cover at least one outdoor area. Smoking is prohibited on bar and restaurant patios in Alberta, Newfoundland and Labrador, Nova Scotia, Ontario and Yukon (Non-smokers’ Right Association, 2015). Furthermore, six municipalities in Ontario have included beaches in their smokefree
legislation (Non-smokers’ Right Association, 2015). Woodstock City in Southwestern Ontario has a smokefree law that restricts smoking in five different outdoor areas, including patios, parks and recreational fields, transport waiting areas, and entrances to public buildings. In addition to that, other smokefree restrictions can be applied if elected by the community. These restrictions include smokefree entrances for non-city owned buildings and private outdoor events (Kennedy, 2010).

2.3 New Zealand SFOA legislation

In New Zealand, legislation to reduce the normalisation of smoking and the harm of SHS is implemented through national law in the form of the Smokefree Environments Act 1990 and Smokefree Environments Amendment Act 2003. The current legislation requires that all the grounds of early childhood centres and schools to be smokefree at all time. However, this legislation makes no provision to prohibit smoking in outdoor areas such as beaches, bus shelters, sportgrounds, building entrances and outdoor dining areas. A number of local councils, District Health Boards and tertiary education institutions have adopted educative SFOA policies (Hyslop & Thomson, 2009; Marsh et al., 2014; Robertson & Marsh, 2015). New Zealand has fewer and less restrictive SFOA policies in comparison with several other countries, where such policies are wider and backed by legislation.

2.3.1 SFOA policies adopted by local councils

As of 2012, 70% of local councils in New Zealand had implemented educative SFOA (Marsh et al., 2014). The number of councils adopting at least one SFOA policy has doubled from 23 in 2008 to 47 in 2012 (Hyslop & Thomson, 2009; Marsh et al., 2014). Interviews undertaken by Hyslop and Thomson (2009) found that the health effect of SHS on children was a major motivating factor for New Zealand councils to develop a SFOA policy. Other motivational factors included the council’s role in providing community leadership, and the environmental impact driven by litter. However, findings from Marsh et al.’s study (2014) found that letters from health advocacy groups were the single most influencing factor for adopting SFOA policies. Other facilitating factors included receiving funding for the development of the SFOA policy, a desire to improve the public profile of the council and having a councillor or council staff member to champion the policy (Marsh et al., 2014).
Current SFOA policies cover a combination of playgrounds, sportsgrounds, parks, entrances to council buildings and council-run events. For some councils, SFOA policies also cover outdoor areas surrounding swimming pools and public toilets (Marsh et al., 2014). Some councils, for example, Whangarei District Council, Auckland City Council, Palmerston North City Council, Hamilton City Council and Whanganui District Council have extended their SFOA policies to cover sections of pavements (Thomson & Edwards, 2015). In addition, Auckland City Council is planning to extend their current SFOA policy to cover all outdoor dining areas by 2018 (Auckland City Council, 2013). In 2015, Wellington City Council declared all communal areas in its housing complexes as Smokefree (Wellington City Council, 2015).

In 2012, thirteen councils did not have or were not intending to adopt a SFOA policy. Several factors were identified as preventing these councils from adopting SFOA policies including: having other priorities, and perceived lack of time and resources (Marsh et al., 2014). In an early 2016 review on local councils’ SFOA policies showed that the number of councils with no SFOA policy had been reduced to five councils in New Zealand (MidCentral District Health Board, 2016).

In Marsh et al.’s study (2014), councils with current SFOA policies have also identified a number of issues preventing them from extending those policies, such as a lack of evaluations as to the policy’s effectiveness, costs, and a perception of poor policy compliance (Marsh et al., 2014).

2.3.2 Other SFOA policies
Some tertiary education institutions have also adopted smokefree campus policies. As at 2012, nine of the 29 institutions had adopted a 100% smokefree policy with no exceptions. Seventeen institutions had adopted a partial smokefree policy, which permitted smoking in outdoor campuses either at designated smoking areas or at a certain distance from building entrances (Robertson & Marsh, 2015).

In 2011, a comprehensive smokefree prisons policy was introduced in order to protect non-smoking staff and inmates from SHS and assist smokers to quit (Gautam, Glover, Scott, &
Welch, 2011). The policy bans smoking within the entire prison premises including prisons buildings and outdoor areas (Collinson, Wilson, Edwards, Thomson, & Thornley, 2012).

In July 2015, a remit was proposed by Palmerston North City Council to the Local Government Conference calling for central Government to introduce legislation to prohibit smoking in the outdoor areas of cafes, restaurants and bars (Local Government New Zealand, 2015). A small number of restaurants and cafes have made their outdoor dining areas smokefree voluntarily (Thomson & Edwards, 2015).

2.4 Comprehensive evaluations of SFOA

Evidence indicates that successful tobacco control policies are supported by evaluation and surveillance (World Health Organization, 2003). Evaluation data can help to substantiate arguments for current and additional SFOA policies and guide best practice in their implementation (Halkett & Thomson 2010).

There are a limited number of comprehensive evaluations of SFOA policies in New Zealand and internationally. The majority of SFOA evaluations have been based on observations of smoking, collecting discarded cigarette butts (as evidence of smoking) and interviewing stakeholders (Toledo Cortés et al., 2014). Other evaluation methods include measuring public support, compliance, air quality monitoring and economic impacts.

A comprehensive evaluation review was conducted by International Agency for Research on Cancer to measure of the effectiveness smokefree policies. The review included fourteen studies, which focused on measuring attitudes towards, and compliance with, SFOA policies in a range of outdoor settings. The review concluded that there was limited evidence regarding the public attitudes towards SFOA policies as it varied between different settings. High public support found for restricting outdoor smoking on sportsgrounds and some parks where children are present. In addition to that, limited evidence found about the public compliance with such restrictions (International Agency for Research on Cancer, 2009).

In addition, two comprehensive evaluations have been conducted in Australia and Canada (Kennedy, 2010; Walker, 2014).
2.4.1 Australia

A comprehensive evaluation was conducted to measure the effectiveness of the trial smoking ban in The Causeway, Melbourne (Walker, 2014). The evaluation included a number of measures including: observations of smoking, cigarette butt collections, and interviews with patrons, passers-by, food outlet owners and hotel front desk staff. Data on each of these measures were collected on several occasions in order to examine the impact of the ban over time. Overall, the findings suggested a high level of compliance with the ban, yet some cigarette litter was found, indicating less than 100% compliance. Results from the 200 interviews showed strong support for the ban by patrons (80%), and by occupants and residents of the Causeway building (94%), who also showed a strong support (70%) for a wider smoking ban in The Causeway and Melbourne City. A number of patrons felt the need for more pronounced signage to increase the awareness of the ban (Walker, 2014). On the other hand, a number of smokers disagreed with the ban, believing that it was “not fair for some”. As a result of this evaluation, Melbourne City Council approved The Causeway as a smokefree area in May 2014 (City of Melbourne, 2016).

2.4.2 Canada

In Canada, a comprehensive evaluation was conducted to evaluate the smokefree policy in Woodstock City (Kennedy, 2010). The evaluation was based on a longitudinal cohort survey and interviews with policy-makers and included the following measures: levels of support for the ban, smoking behaviour, social denormalisation of smoking and cigarette butts over a period of twelve months. Findings from the evaluation suggested a high level of support for the ban among the residents, both smokers (71%) and non-smokers (93%). In addition, 15% of smokers reported that the ban made them more likely to quit, while 30% reported a reduction in the number of cigarettes smoked. A number of smokers had successfully quit by the second data collection stage; half of them reported that the ban had helped in preventing relapse (Kennedy, 2010).
New Zealand

A study was conducted by Toledo Cortés and her colleagues (2014) to examine the effectiveness of the SFOA policy in Kapiti Coast’s parks, playgrounds and sports fields. The study used four different measures to evaluate the policy, three years after it was implemented in 2008. These measures included cigarette butt collections, observations of smoking, a survey of people who used the outdoor areas, and interviews with stakeholders. The cigarette butt data were collected in 2008, 2009 and 2011. The survey of users was also repeated over the same period to allow comparison. Data on smoking observation were only collected in 2008 and 2011. Stakeholders involved in, or impacted by the policy were interviewed to measure policy awareness and acceptance. Results from the study suggested that smoking had reduced at the areas covered by the policy after the introduction of the smokefree policy. The study also suggested that smoking observations and butt collection were the most effective methods to evaluate the policy (Toledo Cortés et al., 2014).

Another evaluation was conducted by Stevenson et al. (2008) to evaluate the Upper Hutt’s smokefree parks policy. The evaluation included a face-to-face survey and observational study among park users in two of the parks, on 4 days in September 2007. Main findings from the study suggested a generally high level of compliance. The vast majority (83%) of adult park users thought having a smokefree parks policy was a good idea. In addition to that, most smokers (73%) also agreed with the policy. However, findings from the observational study showed that some smoking in the parks was still occurring (Stevenson et al., 2008).

In Marsh et al.’s study (2014), one-quarter of councils in New Zealand had evaluated their SFOA policy using more than one method of evaluation. The evaluation was based on community comments; observation of the prevalence of smoking; analysis by staff; and community surveys. Findings from the study suggested that most respondents felt their SFOA policy was successful. The main reasons were: the policy promotes smokefree messages, smokers respecting no-smoking signs, and positive feedback to council. On the other hand, one-fifth of councils did not consider the policy to be successful because of the voluntary nature of these policies, reliance on self-regulation, lack of change in smoking
behavior, and lack of council commitment to the policy beyond signage (Marsh et al., 2014).

2.5 Issues with SFOA policies in New Zealand

2.5.1 Knowledge about existing policy
Educative policies implemented in New Zealand are largely dependent on media coverage and signs to achieve compliance. Therefore, a key issue is that there appears to be limited awareness of existing SFOA policies. A study was conducted in the Wellington region to explore the knowledge of, and attitudes to SFOA policies. The study found that 62% of councillors were unaware of existing SFOA policies in New Zealand and overseas (Tay & Thomson, 2008). Furthermore, 63% of the users of smokefree parks in Upper Hutt were aware of the policy including 17% of the current smokers surveyed (Stevenson et al., 2008). This shows a very low awareness among smokers compared to other users, and may contribute to lack of compliance with the policy. Awareness of existing SFOA policies in Auckland varied across different settings, and only 17% of those interviewed had accurate awareness of the smoking restrictions in parks and reserves (Wyllie, 2014). Halktte and Thomson (2008) suggested increasing the publicity around existing policies, as the experience of councils with SFOA policies may influence other councils’ to adopt similar policies.

2.5.2 Lack of evaluation
Another major issue with New Zealand’s SFOA policies is the lack of evaluation (Hyslop and Thomson, 2009; Marsh et al., 2014; Tay and Thomson, 2008). As at 2012, only 11 councils out of 43 had evaluated their policy. Lack of knowledge of whether SFOA policies are effective, has been identified as a main barrier for not introducing or extending SFOA policies by local councils (Marsh et al., 2014).
2.6 Arguments against SFOA policies in New Zealand

2.6.1 Threats to freedom and autonomy
A small number of studies have been conducted in New Zealand to explore the knowledge and attitudes of policy-makers in regards to SFOA policies. A study prior to the adoption of Smokefree 2025 found that majority of councillors in the Wellington region reported that SFOA policies represent a threat to personal freedom (Tay & Thomson, 2008). In addition, Upper Hutt’s parks users cited similar arguments to oppose SFOA policies: 50% of those interviewed agreed with the statement that “smoking outdoors is acceptable”, while 26% believed that "smokers should have the right to autonomy" (Stevenson et al., 2008). It is possible that the public’s and policy-makers’ attitudes towards SFOA policies have changed since the adoption of Smokefree 2025.

2.6.2 SFOA are not enforceable
The educative nature of SFOA policies in New Zealand has been another point of argument. Twelve percent of those interviewed in the Upper Hutt survey agreed with the statement "The policy won't work or cannot be enforced" (Stevenson et al., 2008). In addition to that, Marsh et al.’s study (2014) found that nine councils surveyed did not consider SFOA policies to be successful due to their voluntary nature. Yet Hyslop and Thomson (2009) argue that New Zealand’s SFOA policies are educative policies, which only encourage and remind smokers not to smoke without enforcing them. Even in countries where SFOA policies are backed by legislation, enforcement is rarely used (Thomson, 2015). This finding was also supported by Australian research, which suggested that 67 out of 148 councils in New South Wales have a self-regulatory SFOA policy and only four councils actively enforced the policy(Mark et al., 2014). Furthermore, interviews with policy-makers suggest that some prefer using educative approaches to enforcing policies, despite the implementation difficulties (Tay & Thomson, 2008).

2.6.3 SFOA policies have a negative impact on businesses
One of the main arguments against smokefree outdoor dining areas is the perceived economic impact of such policies on the hospitality industry (Chapman, 2005). Despite this, an early review concluded that indoor smokefree policies have either no economic impact or
a positive economic impact on businesses (International Agency for Research on Cancer, 2009; Scollo, Lal, Hyland, & Glantz, 2003). Smokefree outdoor dining has been implemented successfully in many countries, such as Australia. A 2011 survey found that 41% of respondents were more likely to visit The Causeway in Melbourne because of the smokefree environment (Walker, 2014). Interviews with business owners before and after the smoking ban found that business owners were more supportive towards the policy after it was implemented. The majority of them felt that the ban did not affect their business, and some reported a positive impact (Walker, 2014).

In 2011, a study was conducted in Wellington to investigate the attitudes of business owners toward a possible smokefree policy along a major shopping street. Findings showed that more than 80% of participants predicted either negligible or positive financial impacts of the policy on their business. However, 40% of food businesses with outdoor dining areas predicted negative impacts (Patel, Thomson, & Wilson, 2013).

A more recent survey conducted in Christchurch found that 52% of business owners thought that having smokefree outdoor dining areas would not have an impact on their business, while 38% reported that it could have a positive impact (Cancer Society and Community & Public Health, 2015). In a survey of Auckland’s general public, 91% of respondents said that they would be ‘more likely’ or ‘as likely’ to visit outdoor dining areas if they were smokefree. Smokefree outdoor dining was also supported by smokers; 83% of respondents who reported smoking said they were ‘as likely’ or ‘more likely’ to go to outdoor eating places if they were Smokefree (Wyllie, 2013).

With the adoption of Smokefree 2025, extending the current SFOA policies is becoming highly acceptable in the presence of high public support and the potential positive impacts of these policies on business. The following section will discuss the structure and the purpose of local government in New Zealand and its role in improving wellbeing, specifically focusing on local government’s ability to form and extend SFOA policies.
2.7 The role of local authorities in forming and extending SFOA policies

2.7.1 Purpose, structure and function
In New Zealand there are 61 Territorial Authorities (District Councils and City Councils), 11 Regional Councils and six Unitary Councils that combine both territorial and regional bodies. Territorial Authorities are responsible for a wide range of local services. These include: roads, water reticulation, sewerage and refuse collection, libraries, parks, recreation services, local regulations, community and economic development, and town planning. In contrast, regional councils are primarily concerned with environmental resource management, flood control, air and water quality, pest control, and, in specific cases, public transport, regional parks and bulk water supply (McKinlay, 2006).

2.7.2 Purpose of local government
The Local Government Act 2002, and its amendments, determines the purpose of the local government and its obligations. Prior to the last amendment in 2012, local authorities were mainly focusing on accountability with reference to social, economic, environmental and cultural wellbeing, however, this has since been replaced with more of a financial focus. According to the 2012 amendment to the Local Government Act, the main purpose of New Zealand’s Local Government is “to enable democratic local decision-making and action by, and on behalf of, communities; and 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” (Local Government Act 2002, Section 10). Local governments are now required to focus on a number of core services before undertaking any new services. These services are:

- Network infrastructure.
- Public transport services.
- Solid waste collection and disposal.
- The avoidance or mitigation of natural hazards.
- Libraries, museums, reserves, recreational facilities, and other community facilities (Local Government Act 2002, Section 11A).
Despite the recent changes to the Local Government Act 2002, there are several legislative statements, which ensure Local government’s continued contribution to public health. For example, Section 145 of the Local Government Act 2002 gave local governments the capacity to introduce bylaws for the purposes of: “(a) protecting the public from nuisance, (b) protecting, promoting, and maintaining public health and safety, and c) minimising the potential for offensive behaviour in public places.” In addition, the Health Act 1956 states, “It shall be the duty of every local authority to improve, promote, and protect public health within its district” (Health Act 1956, Section 23). Under this Section, local authorities are also empowered to appoint environmental health officers and to make bylaws for the protection of health.

2.7.3 Local authority long-term plans
Under the Section 93 of the Local Government Act 2002, all local authorities are required to have a long-term plan (LTP), which is a ten-year rolling plan that is reviewed every three years in consultation with the public. The LTP is the key planning tool for councils. The purposes of the LTP are to:

- Describe the local authority’s activities.
- Describe community outcomes.
- Provide integrated decision-making and co-ordination of resources.
- Provide a long-term focus for decision-making and activities.
- Provide a basis for accountability.
- Provide an opportunity for public participation in decision-making (Local Government Act 2002, Section 93 (6)).

2.7.3.1 Local authorities’ activities
Of the main purposes of the LTP is to describe all the council’s activities. The Act defines a council “activity” as a good or service provided by, or on behalf of, a local authority whether one or more related activities are defined as “group of activities”. This also includes identifying priorities and services provided by the councils, and specific funding and financial management policies and information for the next ten years.
2.7.3.2 Community outcomes

All councils are required by the Local Government Act 2002 and as a part of the LTP, to develop community outcomes, which are defined as “outcomes that a local authority aims to achieve in meeting the current and future needs of communities for good-quality local infrastructure, local public services and performance of regulatory functions” (Local Government Act, 2002). All councils’ activities, plans and projects should be based on community outcomes. Community outcomes are delivered via the LTP.

The process of developing these community outcomes has been changed due to the 2012 amendment to the Local Government Act. Councils now are able to develop these outcomes without community consultation (Kessaram, 2013).

2.8 Local government role in smoking denormalisation

Many tobacco control strategies require national-level legislation. However, local government can also play a role in supporting tobacco control strategies to achieve Smokefree 2025 (Palmer, Bullen, & Paynter, 2013). Local government has an important role to play in denormalising smoking in outdoor areas owned or managed by the councils. In their recent report of the realignment of tobacco control services, Edwards and his colleagues (2015) stated that some policies could be introduced at the local-level, including smokefree bylaws for outdoor public areas. There is limited evidence to suggest that councils are prepared to extend these policies out of the greenspaces, which include parks, sports fields and playgrounds, and into other community spaces such as outdoor dining areas (Marsh et al., 2014).

In their case study, Halkett and Thomson (2010) recommended that health advocacy groups approach councils during the planning and electoral cycles, including the consultation process of the Annual Plan or LTP. This would allow enough time for councils to plan the allocation of financial recourses and staff time. The 2015 LTP process is of particular significance in New Zealand, as it an opportunity to gauge the extent to which councils are willing to reflect their commitment to smokefree 2025 within their strategic planning, following the 2012 amendments to the Local Government Act. Changes to the LTP process resulting from these amendments makes this assessment especially relevant, given the
greater requirement for councils to focus on their core services and financial efficiency (Public Health Association of New Zealand, 2014).

### 2.9 Research objectives

As a result of advocacy by local smokefree coalitions in the Canterbury and West Coast (CWC) region between 2008 and 2012, all 13 councils had smokefree policies covering the greenspaces of parks and playgrounds (Marsh et al., 2014). Whilst good partnerships had been established, as of 2014, none of the councils had any strategic commitment to Smokefree 2025 documented. Little is therefore known about how councils see their long-term role in contributing to a ‘Smokefree Aotearoa’ by 2025.

The CWC region was chosen for this study because all councils had an existing policy covering smokefree outdoor areas. The region was also chosen for this sample as it has a number of characteristics, which lead itself well to a diverse sample including a mix of urban and rural areas and diverse council size.

**Primary objective:**

To measure the commitment of local councils in CWC region to the Smokefree 2025 goal.

**Secondary objectives:**

To explore:
- Councils’ intentions to extend smokefree community spaces;
- Councils’ role in promoting wellbeing subsequent to the 2012 changes in the Local Government Act 2002;
- The level of community involvement in decision-making subsequent to the 2012 changes in the Local Government Act 2002;

This study seeks to explore these objectives using the LTP process and the documents used in various stages of the LTP process. The following chapter details the methods used to explore these objectives.
CHAPTER THREE: RESEARCH METHODS

This section describes the research methods that have been used for this study. It includes a detailed description of the study design, research stages, project timeframe, and the collection and analysis of LTP data. The chapter then goes on describing the use of telephone interviews to interview councils about the Smokefree 2025 goal and the LTP process. The chapter is concluded by a summary.

3.1 Study design

Qualitative research methods have been used in this study to explore the commitment of 13 local councils in the CWC region to the national Smokefree 2025 goal. This occurred through five distinct stages. Stage one consisted of collecting data from councils’ 2015 draft LTPs. The main purpose of this stage was to determine if Smokefree 2025 or smokefree community spaces was included in any of the 2015 draft LTP documents as well as determining the funding allocation for the commitment to Smokefree 2025. In stage two, the main themes of smokefree-related submissions received from the public were identified. In the third stage, adopted 2015 LTPs were examined to compare the 2015 draft LTP documents with the 2015 adopted LTP to detect any changes that had been made following the public submissions. Stage four consisted of examining the 2012 LTP to determine the changes in the commitment to the Smokefree 2025 goal and any changes in terms of wellbeing, after the latest amendment to the Local Government Act 2002. In the fifth stage, the findings from the previous steps of the research were explored in more detail through telephone interviews with council representatives. This assessed council representatives’ perspectives as to whether community views on smoking were identified as a theme within submissions received from the public, and how those views were responded to. This research project is based on the LTP process, which is described in Table 1.

This study is based on the ‘qualitative description’ approach. This method was chosen because it provides a rich, straight description of data, organised in a way that stays close to the data (Neergaard, Olesen, Andersen, & Sondergaard, 2009). This approach was suitable for this study due to the varied and policy-oriented nature of data collected, which was
based on examination of documents and semi-structured open-ended interviews (Sandelowski, 2000). A more theoretical qualitative approach was not considered appropriate for the aims of this study. For the analysis, a qualitative content analysis was used. Qualitative content analysis is “a dynamic form of analysis of verbal and visual data that is oriented toward summarising the informational contents of that data” (Morgan, 1993). Qualitative content analysis was used to analyse the contents of the local government LTP documents (stage 1, 2, 3 and 4), and the data from semi-structured interviews, which were undertaken with council representatives (stage 5).

Table 1. Project timeframe

<table>
<thead>
<tr>
<th>LTP process*</th>
<th>Project Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>End of February</strong></td>
<td><strong>Applying for ethical approval - Category B</strong></td>
</tr>
<tr>
<td>Release of Draft documents (Draft LTP, Consultation document and supporting documents)</td>
<td>Data collection (Draft documents)</td>
</tr>
<tr>
<td>March</td>
<td>Data collection (Draft documents)</td>
</tr>
<tr>
<td>Release of consultation documents</td>
<td>Data analysis (Draft documents)</td>
</tr>
<tr>
<td>Public Consultation (Written Submissions)</td>
<td>Writing up (Results)</td>
</tr>
<tr>
<td>April</td>
<td>Data collection (submissions)</td>
</tr>
<tr>
<td>Public Consultation (Written Submissions &amp; oral hearings on submissions)</td>
<td>Literature review</td>
</tr>
<tr>
<td>May</td>
<td>Data collection (submissions)</td>
</tr>
<tr>
<td>Public Consultation (Written Submissions &amp; oral hearings on submissions)</td>
<td>Data analysis (submissions)</td>
</tr>
<tr>
<td>June</td>
<td>Writing up (Results)</td>
</tr>
<tr>
<td>Public Consultation (Oral hearings on submissions)</td>
<td>Data analysis (submissions)</td>
</tr>
<tr>
<td>Consideration of submissions</td>
<td>Writing up (Results)</td>
</tr>
<tr>
<td>July</td>
<td>Data analysis (submissions)</td>
</tr>
<tr>
<td>Final Plan adoption**</td>
<td>Data collection &amp; analysis (Adopted LTP)</td>
</tr>
<tr>
<td>August</td>
<td>Writing up (Results)</td>
</tr>
<tr>
<td></td>
<td>Literature review</td>
</tr>
<tr>
<td>September</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>Telephone interviews</td>
</tr>
<tr>
<td></td>
<td>Literature review</td>
</tr>
<tr>
<td>November</td>
<td>Telephone interviews</td>
</tr>
<tr>
<td></td>
<td>Interview transcription</td>
</tr>
<tr>
<td>December</td>
<td>Data analysis (Telephone interviews)</td>
</tr>
<tr>
<td></td>
<td>Writing up (Discussion)</td>
</tr>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissemination of results</td>
</tr>
</tbody>
</table>

* Varies across councils
** Adopted by 1st of July 2015
3.2 Stage one – 2015 LTP draft documents

3.2.1 Data collection

All local authorities are required by the Local Government Act 2002 to have a ten-year strategic planning document and review it every three years in consultation with the public.

In August 2014, an amendment was made to the Local Government Act 2002, requiring councils to prepare a consultation document to accompany the LTP, rather than consulting on a draft LTP document. According to the Local Government Act 2002, the purpose of the consultation document is to provide an effective basis for public participation in local authority decision-making processes relating to the content of a LTP. The Act requires a consultation document to achieve this by:

(a) Providing a fair representation of the matters that are proposed for inclusion in the long-term plan, and presenting these in a way that—

(i) Explains the overall objectives of the proposals, and how rates, debt, and levels of service might be affected; and

(ii) Can be readily understood by interested or affected people; and

(b) Identifying and explaining to the people of the district or region, significant and other important issues and choices facing the local authority and district or region, and the consequences of those choices; and

(c) Informing discussions between the local authority and its communities about the matters in paragraphs (a) and (b). (Local Government Act 2002, section 93B).

The consultation document in the theory provides the community of each region with an explanation of the significant issues and their effects on rates, debt and services provided by the council. Additional supporting documents are also available online, and these typically included draft policies and strategies, activity information, performance measures, and financial information. Hard copies of these documents are made available in libraries, service centres, and the civic centre.
The methods used in this study were largely depended on searchable digital document. An initial search was conducted in February 2015 by visiting council websites to identify the availability of the various documents for each council. Draft LTP documents were available for most, but not all, councils in the CWC region. Table 2 shows the document availability for each council in CWC region.

Table 2. Availability of documents

<table>
<thead>
<tr>
<th>Council</th>
<th>Consultation Document</th>
<th>Supporting Documents</th>
<th>Draft Long Term Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashburton District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Buller District Council</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Christchurch City Council</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Grey District Council</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Hurunui District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Kaikoura District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Mackenzie District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Selwyn District Council</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Timaru District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Waimakariri District Council</td>
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<td>Available</td>
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<tr>
<td>Waimate District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Waitaki District Council</td>
<td>Available</td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td>Westland District Council</td>
<td>Available</td>
<td>Available</td>
<td>Available</td>
</tr>
</tbody>
</table>

All available documents were downloaded from the council websites, and all councils were contacted to ensure that all the available draft documents were available online. If not, councils were e-mailed to request the unavailable documents.

3.2.2 Content analysis

A content analysis was carried out to examine the content of each document. This included all the draft documents, consultation documents and supporting documents. The main purpose of this was to determine whether Smokefree 2025 or smokefree community spaces had been included in any of the documents and identify the funding allocation for services
or activities related to community spaces. A keyword search was carried out for each document. These keywords included the following: “Smok-”, “tobacco”, “cigar*”, “outdoor(s)”, “open*space”, “green*space*”.

3.3 Stage two – public submissions

Once the draft documents were published by the CWC councils, the public consultation process was undertaken between March and May 2015. The first part of the consultation process involved formal public written submissions. Oral hearings on submissions followed at the end of the written submission period. During oral hearings, submitters were given an opportunity to speak in support of their submissions.

3.3.1 Data collection

All written and oral submissions received by the CWC councils were downloaded from council websites with the exception of one council which did not have their submissions available online. The submissions to this particular council were requested by e-mail (submissions to LTP are public documents, which can therefore be requested under the New Zealand Official Information Act 1982). In this case, the council chose to select, photocopy and send smoking-related submissions based on the summary index of submission created by the council.

3.3.2 Content analysis

For the 13 councils, the following tobacco-related keywords were used to search for smoking related items in the public submissions: “smoking”, “smokefree”, “tobacco”, “cigar*”. All submissions identified during the submission process were analysed. The analysis included collecting information about the total number of submissions received by each council, the total number of smoking-related submissions, sources of smoking-related submissions, what the submitters were asking for in terms of smoking or smokefree policies, and the reasons given to justify their requests. Smokefree related submissions were then analysed into themes. The frequency of each theme was recorded.
3.4 Stage three – 2015 adopted LTP

3.4.1 Data collection
Soon after the public consultation is completed, councils start to prepare their final LTPs. At the beginning of July 2015, all councils in the CWC region had their final adopted LTP available online. These were downloaded from each of the council’s website.

3.4.2 Content analysis
The main purpose of this step was to compare the draft LTP with the adopted LTP to detect any changes that had been made following public submission, specifically focusing on the smokefree goal or smokefree community spaces. The following tobacco-related keywords were used: “Smok-”, “tobacco”, “cigar*”, “outdoor/s”, “open*space”, “green*space*”. Following the keyword search, sentences mentioning smokefree were reviewed. Keyword searches for “well-being/wellbeing” were also used, to determine any changes after the 2012 Amendment to the Local Government Act 2002, which had removed the focus on wellbeing.

3.5 Stage four – 2012 LTP document
The 2012 LTP document for each council in the CWC region were examined to check if any council had included any commitment to the Smokefree 2025 goal in their previous LTP, particularly examining if it was adopted within the year after the 2025 goal had been set. Another purpose was to determine any changes in terms of wellbeing, after the latest amendment to the Local Government Act 2002.

3.5.1 Data collection
An initial web search was carried out by visiting council websites during July 2015. Available 2012 LTP documents were downloaded from council websites. Where this was not possible the council was contacted for a copy of their 2012 LTP. There was an exception to this for Christchurch City Council, due to the earthquake. Instead of having a 2012 LTP, the Council operated under a three-year plan 2013-2016 until the 2015 LTP was adopted.
3.5.2 Data analysis
A keyword search was carried out to identify whether any of the councils had identified their commitment to smokefree in their LTP. The keywords used were the same as those used to examine the adopted 2015 LTP. A keyword search for “well-being/wellbeing” was also used, to determine any changes after the 2012 amendment to the Local Government Act 2002.

3.6 Stage five – telephone interviews
After analysing the final LTP documents, which were adopted in July 2015, telephone interviews were arranged with policy officers who were responsible for the LTP consultation process within each council in the CWC region. The main aims of the interviews were to examine the degree to which there was support for smokefree policies in the council LTPs, to assess whether community views on smoking were identified as a theme within submissions received from the public, and how those views were responded to within the LTP.

3.6.1 Recruitment
On the 4th of September 2015, a personalised letter (Appendix 1) and information sheet were sent via e-mail to the lead policy officer responsible for LTP consultation process in each CWC council. The information sheet included details about the study and invited policy officers to participate in a telephone interview (Appendix 2). After one week, a further e-mail was sent to remind policy officers who had not responded to take part in the study (Appendix 3).

In some cases, the policy officer contacted nominated another staff member to participate in the interview. A consent form, including a cover letter was posted to the nominated staff member at each council in the CWC region. A postage paid envelope was included for the return of the consent form (See Appendix 4 and 5 for a copy of the letter and consent form). If the policy officer/nominated staff member agreed to participate, a phone call was made to make a time for the interview.

A follow up e-mail was sent to those who had not agreed to take part in the interview and an electronic copy of the consent form was sent to each participant. Once the consent forms
were received, participants were contacted to schedule a suitable time for the interview. Verbal consent for interviews was audio-taped prior to the undertaking the interviews.

3.6.2 Procedure

Interviews were conducted during October and November 2015. The interviews were in a semi-structured format, covering the following topics: beliefs about the Smokefree 2025 goal, council’s commitment to the goal, barriers that might limit the council’s commitment to Smokefree 2025, the policy officer’s personal opinion on the impact of smoking in outdoor public areas, the council’s current SFOA policy, views around extending the SFOA policy, perceptions about the role of local authorities in developing SFOA policies and the LTP consultation process. A copy of the interview guide can be found in Appendix 6.

The interviews were audio recorded and later transcribed using an online transcription service https://www.rev.com. All the interview transcriptions were then stored on the hard device of the researcher’s computer, with a backup copy on disc. The research was reviewed and approved by the University of Otago Human Ethics Committee.

3.6.3 Analysis of telephone interviews

Qualitative data analysis was conducted using the interview transcripts as the primary data resource (Morgan, 1993). This approach has been used previously in a similar study (Robertson & Marsh, 2015) and focuses on summarising the informational content of the data as opposed to an interpretive analytical process (Morgan, 1993). Data were initially analysed in a deductive manner, and inductive analysis was also used to capture and code additional themes that emerged from the data (Patton, 2002). After coding all the interview transcripts, the data were grouped into meaningful patterns so as to understand the themes that ran through the interviews.

3.7 Summary

This chapter has outlined the methods used in this study to collect and analyse the research data. The chapter began by describing the use of qualitative research methods and the main stages of the LTP process. Following this, the research methodology of each stage was described in detail. Draft 2015 LTP documents, consultation documents and supporting
documents for each council were downloaded from council websites and examined using a qualitative content analysis. Submissions on the draft 2015 LTP documents were downloaded from council websites; where this was not possible council were contacted to request them. Final adopted 2015 LTPs were obtained from council website and analysed using the same analysis used for the draft documents. 2012 LTP documents for each council in the CWC region were downloaded and analysed using a content analysis. Telephone interviews were conducted to collect in-depth data. Interviews were analysed using a deductive, and inductive approach to identify the main themes and any other additional themes that emerged from the data. The following chapter will present the results for each stage.
4 CHAPTER FOUR: RESULTS

This chapter presents the results of data obtained from the five stages described in Chapter Three: 2015 LTP draft documents, public submissions, the final adopted 2015 LTP, 2012 LTPs and telephone interviews.

4.1 Stage one – 2015 LTP draft documents

4.1.1 Availability of documents
Consultation and supporting documents were available for all the councils in the CWC region. Supporting documents included: draft financial and infrastructure strategies, revenue and financing policies, a significance and engagement policy, forecast financial statements, budget statements, funding impact statements, rating base information, and reserve funds and significant forecasting assumptions. Only six of the thirteen councils had their draft LTP document available for the public to view.

4.1.2 Inclusion of Smokefree 2025/SFOA policy
With regards to Smokefree 2025, none of the councils had included the national Smokefree 2025 goal in their 2015 draft LTP. In addition, smokefree community spaces were not mentioned or listed as a key issue in any draft documents for any council. However, four councils noted their region’s need for additional green spaces including Christchurch City Council, Westland District Council, Waitaki District Council and Selwyn District Council. However, community outcomes were available in all consultation documents and 2015 draft LTPs, and at least one health-related community outcome was identified for each council. This provided the public with an opportunity to submit on health-related topics, such as smokefree issues. In addition, all councils had at least one group of activities (one or more related activities) that was related to open spaces.

4.1.3 Funding allocation
The way that funding information was presented varied across the councils. A number of councils presented their funding information based on each group of activity that the council
provides. While others provided funding information for specific projects that the councils are proposing. Smokefree areas were not identified in any council project (neither was a reference to the Smokefree 2025 goal). Therefore, whether there was specific funding allocated to Smokefree 2025-related projects was not able to be determined for any of the councils (Appendix 7).

Due to the absence of any commitment to Smokefree 2025 and the absence of mentioning smokefree community spaces or any specific funding for Smokefree 2025, we have decided to look at the keys issues identified in each council as well as their community outcomes.

4.1.4 Key issues
Overall, most councils identified future funding as an important issue for the next ten years. Infrastructure issues such as demand to improve water supply, sewerage, and storm water drainage; flood protection and the provision of roads and footpaths were also commonly identified as key issues. A number of councils in the CWC region have also proposed the need to repair or rebuild earthquake-damaged facilities. Key issues identified for each council are included in Table 3.

4.1.5 Community outcomes
Community outcomes were available in all consultation documents and draft LTPs, with at least one health-related community outcome for each council in the CWC region. Community outcomes for each council in CWC region are provided in Table 3.
<table>
<thead>
<tr>
<th>Council</th>
<th>Key issues</th>
<th>Community outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashburton District Council</td>
<td>Affordability of services, environmental sustainability, continuing effect of Canterbury earthquake, population growth, changing the face of the district</td>
<td>A thriving and diverse local economy; sustainable natural and built environments; an enjoyable place to live; a safe and healthy community; an involved community with quality leadership</td>
</tr>
<tr>
<td>Buller District Council</td>
<td>Westport water upgrade, district diversification, council property earthquake strengthening, rates, housing for elderly.</td>
<td>Wellbeing: a vibrant, healthy and safe community with access to quality facilities and services. Learning: a district that values and supports learning with accessible relevant education and training opportunities. Who we are: a happening district with a strong community spirit and distinctive lifestyle. Sustainable environment: the distinctive character of the environment appreciated and retained. Prosperity: a thriving, resilient and innovative economy creating opportunities for growth and employment.</td>
</tr>
<tr>
<td>Christchurch City Council</td>
<td>Building sustainable transport networks (road repair, public transport, major cycleways), Strengthening our communities - facilities, heritage and housing (affordability to restore all earthquake-damaged facilities, council facilities which are under-used, maintaining additional green spaces, lack of money, lack of affordable houses), Restoring and renewing water networks (repair earthquake damage, renew ageing infrastructures, maintain drinking water), Protecting people and property (high risk of flooding, climate change, natural hazards).</td>
<td>Good governance; a liveable city; strong communities; a healthy environment; a prosperous economy.</td>
</tr>
<tr>
<td>Grey District Council</td>
<td>Ageing water and stormwater network, the financial sustainability of the Port, reduced funding for road repairing, extension of kerbside refuse/recycling collection.</td>
<td>Growing all aspects of the local economy creating opportunities for all; the district is seen as strong and resilient; providing affordable, quality essential services; building identity through diverse quality recreational and cultural facilities; access to quality educational facilities, and quality health facilities and regulation; personal and property safety, sustainable management of the environment.</td>
</tr>
<tr>
<td>Hurunui District Council</td>
<td>Managing debts, changing the sewerage &amp; water rating system.</td>
<td>A desirable and safe place to live; a place where our traditional rural values and heritage make Hurunui unique; a place with a thriving local economy; a place with essential infrastructure; a place that demonstrates environmental responsibility.</td>
</tr>
<tr>
<td>Kaikoura District Council</td>
<td>Road funding shortfall, future fund of replacing roads, pipes and pumps, heritage and culture, future fund, securing water supplies.</td>
<td>Sustainable development; quality water &amp; wastewater systems; safe, efficient transport network; a quality standard of housing; environmental protection &amp; enhancement; affordable access to quality community facilities; community involvement in planning the future and managing the present.</td>
</tr>
<tr>
<td>Mackenzie District Council</td>
<td>Sell some forestry land, road funding, payments for township water, sewerage and stormwater.</td>
<td>An attractive and highly valued natural environment; a thriving economy; a democracy that upholds the rights of the individual; a fit and healthy community; safe, effective and sustainable infrastructure; a supportive and contributing community.</td>
</tr>
<tr>
<td>Selwyn District Council</td>
<td>Demand for new community facilities due to population growth, need to replace local facilities that may have been damaged by the earthquake, inadequate supply of open spaces and parks.</td>
<td>A clean environment; a rural district; a healthy community; an educated community; a safe place in which to live, work and play; a prosperous community; an accessible district; a community which values its culture and heritage; a community which values its culture and heritage.</td>
</tr>
<tr>
<td>Council</td>
<td>Policy Changes</td>
<td>Environment</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Waimakariri District Council</td>
<td>Kerbside collection services, additional indoor sport facilities, flood</td>
<td>There is a safe environment for all; there is sufficient clean water to</td>
</tr>
<tr>
<td></td>
<td>mitigation and protection, restoration of red zone areas, Eastern District</td>
<td>meet the needs of communities and ecosystems; the air and land is healthy.</td>
</tr>
<tr>
<td></td>
<td>sewer upgrades, town centres public improvements.</td>
<td>Places and Spaces: There are areas of significant indigenous vegetation and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>habitats for indigenous fauna the community’s cultures, arts and heritage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>are conserved and celebrated; public spaces and facilities are</td>
</tr>
<tr>
<td></td>
<td></td>
<td>plentiful, accessible and high quality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waimate District Council</td>
<td>Revenue and financing policy changes (rates), rates remission policy changes,</td>
<td>Wealthy community; safe and healthy; sustainable district and environment</td>
</tr>
<tr>
<td></td>
<td>additional funding for roading, bridge replacements, Mill Road sewer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>extension, library extension, St Andrews Reserve.</td>
<td></td>
</tr>
<tr>
<td>Waitaki District Council</td>
<td>Rates affordability</td>
<td></td>
</tr>
<tr>
<td>Westland District Council</td>
<td>The new revenue &amp; financing policy, proposed rates increase.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.2 Stage two – public submissions

4.2.1 Analysis of submissions

A total of 5,926 written submissions were received by the 13 councils in the CWC region. Christchurch City Council had the highest number of submissions with 2,997 submissions, followed by Westland District Council with 686, while Grey District Council had the lowest number, with only 25 submissions received.

Only 54 submissions or 1% of the submissions, to all councils in the CWC region were related to “smokefree”. Christchurch City Council received nine of these submissions, followed by five submissions for both the Grey District Council and Hurunui District Council. Table 4 summarises the number of submissions received for each council in the CWC region.

Table 4. Number of smokefree submissions received by councils

<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>Smokefree-related submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashburton District Council</td>
<td>356</td>
<td>4</td>
</tr>
<tr>
<td>Buller District Council</td>
<td>122</td>
<td>4</td>
</tr>
<tr>
<td>Christchurch City Council</td>
<td>2,997</td>
<td>9</td>
</tr>
<tr>
<td>Grey District Council</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Hurunui District Council</td>
<td>252</td>
<td>5</td>
</tr>
<tr>
<td>Kaikoura District Council</td>
<td>32</td>
<td>3</td>
</tr>
<tr>
<td>Mackenzie District Council</td>
<td>193</td>
<td>3</td>
</tr>
<tr>
<td>Selwyn District Council</td>
<td>368</td>
<td>5</td>
</tr>
<tr>
<td>Timaru District Council</td>
<td>279</td>
<td>4</td>
</tr>
<tr>
<td>Waimakariri District Council</td>
<td>305</td>
<td>4</td>
</tr>
<tr>
<td>Waimate District Council</td>
<td>169</td>
<td>3</td>
</tr>
<tr>
<td>Waitaki District Council</td>
<td>142</td>
<td>1</td>
</tr>
<tr>
<td>Westland District Council</td>
<td>686</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>5,926</td>
<td>54</td>
</tr>
</tbody>
</table>
4.2.2 **Analysis of submitters**

The main submitters on smokefree issues included District Health Boards with 13 submissions, followed by the Cancer Society of New Zealand with 12 submissions (Table 5). The main submitters also included regional Smokefree Coalitions, and regional Cancer Society support groups. The National Heart Foundation submitted three joint submissions with the Cancer Society of New Zealand. There were four submissions that were received from individuals.

**Table 5. Submitters on smokefree issues**

<table>
<thead>
<tr>
<th>Submitter</th>
<th>Number of submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Health Boards &amp; Community and Public Health Units</td>
<td>13</td>
</tr>
<tr>
<td>Cancer Society of New Zealand</td>
<td>12</td>
</tr>
<tr>
<td>Regional Smokefree Coalitions</td>
<td>9</td>
</tr>
<tr>
<td>Individuals</td>
<td>4</td>
</tr>
<tr>
<td>Joint submissions by the Cancer Society &amp; South Canterbury</td>
<td>3</td>
</tr>
<tr>
<td>branch of the Heart Foundation</td>
<td></td>
</tr>
<tr>
<td>Canterbury and West Coast Branch of Public Health Association</td>
<td>2</td>
</tr>
<tr>
<td>West Coast Women’s Centre</td>
<td>1</td>
</tr>
<tr>
<td>Smokefree Youth Ambassador</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of submissions</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

4.2.3 **Theme of submissions**

Different themes were recorded during the analysis of these submissions. The main themes included: the extension of current SFOA policy to include further outdoor areas and other community spaces, endorsement of the Smokefree 2025 goal, the need to review the current SFOA policy, and consideration of the environmental impact of cigarettes. Table 6 presents the main themes of smokefree related submissions. A separate submission table for each council is provided in Appendix 8.
<table>
<thead>
<tr>
<th>Main themes</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extend smokefree policy to include outdoor areas and community spaces</td>
<td>48</td>
</tr>
<tr>
<td>Review existing smokefree policy</td>
<td>42</td>
</tr>
<tr>
<td>Endorsement of smokefree policy</td>
<td>40</td>
</tr>
<tr>
<td>Consider the environmental impact of cigarette or cigarette butts on water or green spaces</td>
<td>18</td>
</tr>
<tr>
<td>Include Smokefree 2025 goal or a commitment to Smokefree 2025 goal in the final LTP</td>
<td>17</td>
</tr>
<tr>
<td>Communication and promotion of all councils' events as being smokefree</td>
<td>17</td>
</tr>
<tr>
<td>Maintenance of signage and applications of this to new and emerging developments within the district</td>
<td>16</td>
</tr>
<tr>
<td>Include a reflection of the current SFOA policy in the LTP along with the government vision of Smokefree 2025</td>
<td>3</td>
</tr>
<tr>
<td>Smokefree policy to be embedded within the development of other strategies</td>
<td>1</td>
</tr>
<tr>
<td>Develop staff wellness programme within smokefree focus</td>
<td>1</td>
</tr>
<tr>
<td>Support workers to quit smoking</td>
<td>1</td>
</tr>
<tr>
<td>Develop an action plan</td>
<td>1</td>
</tr>
<tr>
<td>Support the strengthening partnership between councils and external agencies</td>
<td>1</td>
</tr>
<tr>
<td>Include promotion of councils SFOA to the promotional material requirement produced for residents and visitors</td>
<td>1</td>
</tr>
</tbody>
</table>
4.3 Stage three – 2015 adopted LTP

Five out of the thirteen councils appeared to take into account the smokefree-related submissions they received, and made some brief changes to their final LTP. These changes do not seem to have been based solely on the number of smokefree-related submissions they had received. Three out of these five councils had received three smokefree-related submissions, while the remaining two councils each received four smokefree-related submissions. The specific changes that were made by these five councils as a result of public smokefree-related submissions are summarised below.

Waimate District Council received three smokefree-related submissions and they included their intention to develop a smokefree policy, with the aim to extend this into more smokefree spaces. Mackenzie District Council stated that they would continue to work towards extending their smokefree public spaces. Mackenzie District Council is also aiming to re-develop a smokefree policy and strategy by year three of their LTP. Kaikoura District Council mentioned in their adopted LTP that they are aiming to provide quality community facilities that are affordable, accessible and smokefree. Buller District Council included reducing the harm of smoking as one approach to achieving wellbeing in their community. Timaru District Council mentioned that they would continue to promote a healthy and active lifestyle and support a smokefree New Zealand by working collaboratively with stakeholders. The remaining eight councils did not include any reference to Smokefree 2025 or smokefree areas or policies in their adopted LTP.
4.4 Stage four – 2012 LTP document

Results from the keyword search showed five councils in the CWC region had included a brief statement about their SFOA policy in their 2012 LTPs. None of the councils had cited the Smokefree 2025 goal in their plans (Table 7).

Table 7. Inclusion of Smokefree 2025 and Smokefree policy in 2012 LTP

<table>
<thead>
<tr>
<th>Council</th>
<th>Smokefree 2025</th>
<th>SFOA policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashburton</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Buller</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Christchurch</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grey</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hurunui</td>
<td>-</td>
<td>Included</td>
</tr>
<tr>
<td>Kaikoura</td>
<td>-</td>
<td>Included</td>
</tr>
<tr>
<td>Mackenzie</td>
<td>-</td>
<td>Included</td>
</tr>
<tr>
<td>Selwyn</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Timaru</td>
<td>-</td>
<td>Included</td>
</tr>
<tr>
<td>Waimakariri</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Waimate</td>
<td>-</td>
<td>Included</td>
</tr>
<tr>
<td>Waitaki</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Westland</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
On a word count, “smokefree” and its variations were included 21 times in total in 2012 LTP, compared to 17 times in the 2015 LTP (Figure 2).

With regards to wellbeing, this term was mentioned more often in the previous LTP documents compared to the current LTP documents (Figure 3). For most councils, wellbeing had been included as one of the community outcomes in the previous LTP. However, some of the councils had removed it in the later documents.
4.5 Stage five – telephone interviews

4.5.1 Interview participants
Nine of the thirteen councils agreed to participate in a telephone interview; giving a response rate of 69%. Eight interviews were conducted with representatives from councils in the Canterbury region, and one participant was from the West Coast region (Table 8).

Five of the participants were employed in the area of policy and planning, and four were employed in the area of community development and public services. Three of the participants had been employed in their current role for more than ten years, and over half had been in their current role for 1 to 5 years (Table 8).

Table 8. Council and Participant Characteristics

<table>
<thead>
<tr>
<th>Council Characteristics</th>
<th>Number of councils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of councils</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>1</td>
</tr>
<tr>
<td>District</td>
<td>8</td>
</tr>
<tr>
<td>Region</td>
<td></td>
</tr>
<tr>
<td>Canterbury</td>
<td>8</td>
</tr>
<tr>
<td>West Coast</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>New Zealand European</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
</tr>
<tr>
<td>Smoking status</td>
<td></td>
</tr>
<tr>
<td>Ex-smoker</td>
<td>3</td>
</tr>
<tr>
<td>Never smoked</td>
<td>6</td>
</tr>
<tr>
<td>Year in role</td>
<td></td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td>3</td>
</tr>
<tr>
<td>6 – 10 years</td>
<td>1</td>
</tr>
<tr>
<td>1-5 years</td>
<td>5</td>
</tr>
</tbody>
</table>

4.5.2 Key themes from the interviews
The results from the interviews are framed around the following themes: the council’s role in promoting wellbeing, knowledge of the Smokefree 2025 goal, the role of local government in forming SFOA policies, barriers and challenges in committing to the goal, current SFOA policies, attitudes towards extending the SFOA policies, incorporation of smokefree-related submissions into adopted LTPs, and future intentions toward Smokefree 2025. These themes emerged through a combination of deductive and inductive content analysis of the interview transcripts.
4.5.2.1 Council’s role in promoting wellbeing

The majority of the participants reported that councils are promoting wellbeing in the form of services they provide to the public, including recreational areas and community facilities. For some councils, priority is given to particular issues; one participant mentioned that improving infrastructure services to meet the national standards is a main concern when it comes to promoting wellbeing:

“Things that we are doing to promote wellbeing in the community would be more through the provision of the infrastructure services, so we are working towards meeting the New Zealand drinking water standards by 2024. That is a huge deal in the district.” (Participant 6)

Several participants discussed having “community boards” where community issues can be discussed, including wellbeing issues. Some of the issues that have been discussed in the past were family violence, safety and policy education.

One participant mentioned that their social wellbeing strategy had been replaced by a Community Response Forum in 2014:

“In the past they used to have a [social] wellbeing strategy that had a lifetime up to 2014, now Community Response Forum – centred around wellbeing and people’s perceptions of connectedness, safety and diversity.” (Participant 7)

In addition to this, some participants mentioned having a youth council where youth issues can be discussed, including wellbeing issues:

“We have our youth council, who provides a youthful voice and so then they can, you know, if there is any issues of wellbeing that come up through that channel.” (Participant 7)

4.5.2.2 Knowledge of Smokefree 2025

The majority of participants were aware of the Smokefree 2025 goal. Three participants specifically mentioned that the aim of the goal is to lower smoking prevalence to less
than 5%. Several felt this was a difficult but achievable goal. One participant justified the difficulty by arguing about personal freedom associated with smoking.

“People do it as a part of their personal freedom. So they do choose to do that.” (Participant 2)

One participant mentioned the need for a collaborative effort to achieve the goal:

“If all organisations will be helping each other, working together, I think it can be achieved.” (Participant 8)

Several participants believed it was important to continue to educate the public about the harms of smoking:

“People that have smoked for years are not going to change their habits overnight, but just a continued education of the dangers of smoking is really going to wake people up and hopefully change their habits.” (Participant 5)

4.5.2.3 The role of local government in forming SFOA policies

Most participants interviewed were aware of the role of local councils in forming SFOA policies. One participant reported that central government has provided a pathway for local councils to form SFOA policies through national smokefree legislation:

“I think councils have definitely got a place ... We do have some clear legislation around places of employment, so the central government has obviously made some clear rules around there which means all buildings are smokefree. They've also made some rules around smoking areas and licensed establishments, but... some of the areas have been leased to local government so currently as it stands, there's definitely a role for local government to play a part in that.” (Participant 7)

Another participant reported that forming SFOA policy is considered as one of the council’s responsibilities to make recreational lands safer and desirable places:

“Most of recreational land is managed by the council then it is our role to make those places safe and desirable places to be.” (Participant 3)
Another participant added that their role in forming SFOA policies also includes helping other councils in forming and implementing SFOA policies:

“I guess, you know, a council role is basically to have that policy, but to make sure that it’s actually being implemented. And then, I guess, providing support to other councils who may be looking at having the policy, and providing them with information around, you know, how to do it, and how to implement it.” (Participant 1)

One participant believed that local government’s role in regard to SFOA policies is focused around education and supporting external agencies:

“I think personally, it’s around encouragement, education, providing support to those agencies that work more directly with it.” (Participant 2)

Other participants felt that the process of implementing SFOA policy could be more effective if the Government would legislate for it nationally:

“I think if New Zealand were serious about smokefree by 2025, they could legislate for it. They don’t have to wait for each individual council to make their own policies.” (Participant 9)

4.5.2.4 Barriers and challenges in committing to the goal

Based on participants’ views, it appears that Smokefree 2025 tends not to be considered a top priority for some local councils, especially with lack of funds and a focus on financial expenditure. One participant mentioned:

“There are a lot of issues and not a lot of money ... I mean they haven't said they don't see it as a top priority but I can see through what we're doing that it's clearly not a top priority.” (Participant 6)

“We're just very careful about what we spend money on, and where money is spent. Um, all those things are really important that, you know, money isn't wasted on frivolous things. Not that I'm saying smokefree policy is frivolous at all.” (Participant 5)
Overall, cost was not an issue for most of the councils, however a few participants mentioned it:

“I guess there’s always you know, costs” (Participant 2)

“They are happy to do what they can do without costing any money.” (Participant 6)

Generally, a council’s commitment to the smokefree goal was seen as restricted to the adoption and implementation of SFOA policies. A range of perceived barriers to supporting the 2025 goal were identified. There was significant concern about the enforcement of SFOA policies. In addition, several participants mentioned the lack of resources and staff when it comes to reviewing policies:

“Well, I guess we have got a number of policies and so they do come up for review. I suppose if we had a lot more resources to have more policy advisors.” (Participant 7)

Two participants specifically discussed the issue around cost of signage implementation, even when signage was provided by external agencies:

“Definitely there is a cost…Okay, the Ministry of Health provides us free metal signs, but the installation is not [free]… And I think in fairness, the Canterbury District Health Board has been helping us, I mean, securing 150 metal signs of smokefree signs.” (Participant 8)

One participant discussed how they are concerned with not offending smokers:

“They also want to be really careful that they don’t offend people because it’s not an illegal activity and people have the right to smoke.” (Participant 6)

With regards to extending SFOA policies, one participant discussed how the lack of enforcement and evaluation could limit the extension of SFOA policies:

“Well, it's the cost of actually erecting signs and when you actually haven't got any means of enforcement. You can write the policy, but if you don't have the signage then you don't have some sort of enforcement programme, then it's a bit of a waste of time. So you really need to assess whether the 15 or 20 parks that we've got the
policy operating, has been effective and we haven’t had any monitoring of that at this point.” (Participant 9)

Another participant expressed his council’s concern about the possible effects that extending smokefree policies would have on businesses with outdoor dining areas:

“Some concern was expressed at the effect promoting a smokefree zone could have on businesses, particularly cafes with outdoor seating. Then it was suggested that seating in public areas such as outside the public library and piazza would be suitable smokefree zones but further investigation should be done on the business side as to the support for discouraging smoking on the main street of the Central Business District.” (Participant 2)

4.5.2.5 Impact of outdoor public smoking on the community

When asked to identify the impact of outdoor public smoking on the community, most participants were fully aware of the impact. Some expressed their personal opinion about smoking and their attitude toward smokers smoking at public events:

“I think generally, people don’t feel comfortable in the presence of people that are smoking. … when I get into a vehicle with people that have been smoking, it really smells strongly of smoke. I’m probably like a lot of other people. I don’t feel comfortable standing around people that are smoking. I’d move away from them if I was watching a game or if I was doing something else. I don’t even talk to them probably…” (Participant 5)

Several participants had specifically reported the impact of smoking on children:

“I hate smoking. I’d be very happy to see a completely non-smoking world and non-smoking environment and now I think it’s sad when people smoke around children and then children are subjected to smoking…I’d love to see that not to be the case.” (Participant 6)

“It’s obviously not very good for children. It’s not really good for anybody.” (Participant 7)

Another participant mentioned that smoking in outdoor areas could act as an influencing factor for smoking initiation among adolescents:

“I guess there’s an influencing factor, you know, the places like rugby clubs and in those sorts of things yes, it's probably sort of quite
ingrained in acts of culture to a degree. Drinking and smoking, it
doesn't impact significantly on the younger ones, but sort of the
teenage era, I think that's potentially where those impacts or
influences begin really.” (Participant 4)

Another participant reported that smoking is becoming less acceptable within society:

“I guess it's not seen as socially acceptable as it used to be. People
do recognise that there's an impact of it. But there's that personal
choice element.” (Participant 2)

One participant felt that the impact of people smoking in public outdoor areas is not an
important issue:

“Oh, I think it’s negligible, I don’t see many people smoke these
days.” (Participant 9)

4.5.2.6 Current SFOA policies
All participants reported having a SFOA policy, which cover a combination of areas
such as children’s playgrounds, sport grounds, council run events, and entrances to
council buildings.

4.5.2.7 Attitude toward extending the policy and future smokefree areas
A number of participants reported their council’s intention to extend the current SFOA
policies. For instance, some councils have had discussions around extending SFOA to
other outdoor settings by working with external organisations:

“We have had discussions around extending it to community spaces,
but there is no sort of formal result of those discussions and reports
that have gone to committees and so on. But, there is a commitment to
working with partners to try and work towards that goal.”
(Participant 2)

Another council’s discussion included an intention to adopt an implementation plan
which includes educating people about the existing policy and changing the location of
signs, before reviewing the policy to decide whether to extend it.
A number of participants mentioned that their current policy will be reviewed in order to decide if an extension is needed:

“The Council is reviewing its policy in 2016. This will include consideration as to whether or not to extend the policy, including the scope of locations where smoking is not permitted. The review will also include public consultation.” (Participant 7)

One council already decided to extend their current SFOA from January 2016 to cover a range of outdoor settings:

“Just recently, in June 25th this year, the council resolved to have a smokefree policy in principal entrances and exits of council-owned buildings like civic office, service centres, local board offices, libraries, community facilities, community halls, museums, leisure centres, recreation centres, and art centres, effective January 1 of next year. And also, the bus passenger shelters.” (Participant 8)

On the other hand, some councils were a bit hesitant about extending SFOA policies, due to several factors. One participant mentioned:

“I guess our point of view [is], if the policy is working okay - and we are not sure whether it is or not because of all these other factors like, there’s just less people smoking anyway - I’m not sure if there is anything that needs to be changed in the next few years” (Participant 1)

4.5.2.8 Incorporation of submissions into the adopted LTP and future intentions

Generally, all the participants were aware of the smokefree-related submissions received by their councils and the major requests by the submitters, which mainly asked councils to endorse the Government’s smokefree goal and extend their current SFOA policies to other community spaces.

Most of the smokefree-related submissions were not incorporated in the LTP. Several reasons were given for this by participants. For instance, one participant justified this by discussing how those submissions were not relevant to the LTP process:

“Well, they weren't incorporated in the LTP at all because they were irrelevant, but we did write back to the submitters and said "Thank you for submitting on the LTP." Tried to explain to them as best we
could that it's inappropriate for policy development to go through LTP submissions”. (Participant 9)

Another reason for not incorporating submissions was the large amount of information that should be included in the LTP:

“There’s no mention of smokefree policy. But then having said that, there is no mention of any of the other policies which have been adopted in recent years by council. The only policy is a financial policy. There's a whole section on existing policies, which is just missing in the long term plan altogether. And I don't know whether that's intentional. I don't think so. I think it's just because there was so much other things which were considered priorities in putting the long-term thing together” (Participant 5)

Even when these submissions were considered irrelevant, some councils decided to review their current SFOA policies in order to decide whether an extension was needed:

“Most of the policies aren’t included in the LTP, they live outside of the long term plan but in our response to the individual agencies, the council commented that they appreciated the work that had been done towards Smokefree 2025 and also reinstated the commitment to review its smokefree policy in 2016. So that will include looking at the areas of community space and whether there should be an extension there”. (Participant 7)

On the other hand, participants reported that discussion around smokefree-related requests made by submitters was not a top priority:

“There was no discussion about it, because discussion revolved around more serious issues that council was facing. Well what people considered were more serious issues, which tend not to be health issues.”(Participant 5)

Some councils reported that they incorporated smokefree-related submission requests, by including a statement in their adopted LTP and their intention:

“Council did approve, did include a statement in their LTP around smokefree policy. As well as, you know, endorsing what they were already doing. Um, so that statement was that council has been an active leader in the promotion of healthy active lifestyles and part of it has been support for a smokefree policy, and council intends to
work collaboratively with all stakeholders towards a smokefree New Zealand.” (Participant 2)

Most participants were unsure about their councils’ future intentions toward Smokefree 2025:

“As far as I’m aware, it’s really just around continuing to work with stakeholders towards the goals for this now, sort of, active programme if you like, around it. But certainly endorsing what we already do and working with different council departments, working with agencies to work towards it.” (Participant 6)

“I would like to think that they would endorse the move to make outside eating areas smokefree. ... I think that will come. It's a matter of just continually educating people that no smoking is allowed at any public buildings. And parks, and sports fields, and playgrounds. Swimming pools. And so, that's just a logical move to outdoor eating areas, making them smokefree. And I think council will move that way because Community and Public Health, they're giving us signage... so that we can put signs up in those places to remind people that these are smokefree places.” (Participant 5)

4.6 Summary

Councils’ top priorities are based around improving infrastructure services and this is considered by councils as a way of improving wellbeing. None of the councils had mentioned Smokefree 2025 or smokefree community spaces in any LTP draft document. During the consultation process, the councils in CWC received a total of 5,926 submissions. Only 54 of them were smokefree-related submissions. The main submitters on smokefree issues were District Health Boards and the Cancer Society of New Zealand. The most common themes were asking councils to endorse Smokefree 2025 and extend current SFOA policies to include a larger range of outdoor spaces.

Five councils had included a brief statement about Smokefree 2025/Smokefree community spaces in their adopted LTP, after receiving a number of smokefree-related submissions during the consultation process. Comparison between 2015-2025 LTPs and the previous 2012-2022 LTPs showed a small decrease in including Smokefree 2025 and smokefree policy in the LTPs over time.
Nine telephone interviews were conducted with key informants. Based on participants’ views, the adoption of a SFOA policy was identified as the only commitment to Smokefree 2025. All the councils interviewed had a SFOA policy, however areas covered under these policies varied between councils. The main issues associated with the limited commitment to Smokefree 2025 were the perceived difficulties with the enforcement of SFOA policies, lack of resources and cost.

The following chapter will summarise the main findings from the research and discusses these in terms of the research objectives and literature. Limitations and strengths are discussed, followed by implications, recommendations and future research.
5 CHAPTER FIVE: DISCUSSION

The results of the study have been presented in chapter four. This chapter is structured around the objectives of the research. It begins with a summary of the main results from the research’s stages. The chapter then goes on to discuss these results in term of the research objectives and literature outlined in Chapter Two. Strengths and limitations are discussed, followed by implications, recommendations, future research and conclusions.

5.1 Summary of results
Results from stage one and three showed that Smokefree 2025 is not a top priority for councils in CWC region. Most councils were not considering extending SFOA policies to cover areas other than parks, playgrounds and sportsgrounds, with the exception of one council that had already planned to extend their SFOA policy. In regards to wellbeing, councils’ promotion of wellbeing is now predominantly based on providing infrastructure services. The effect of changes to the Local Government Act 2002 on wellbeing and community involvement in decision-making was evident through a number of ways. “Wellbeing” was included less often in the 2015 LTP compared to the 2012 LTP. In addition, some councils have removed wellbeing from their community outcomes altogether.

5.2 Objective one: To measure the commitment of local councils in the CWC region to Smokefree 2025
Local governments have a significant role to play in the public health of their communities. With the adoption of Smokefree 2025 at a national-level, further commitment from local governments is becoming increasingly important due to the lack of action by central government and the time pressure to ensure that the 2025 vision is achieved.

Analysis of councils’ 2015 LTP documents showed that none of the councils in the CWC region had any specific commitment to achieving this goal in their draft LTP
documents. Endorsing and acknowledging the Smokefree 2025 goal in LTPs were the main two requests received during the consultation process in regards to Smokefree 2025. In their final adopted LTPs, five councils responded to these requests by including brief statements regarding Smokefree 2025.

The interviews revealed a range of knowledge of, and opinion about, Smokefree 2025. Knowledge about Smokefree 2025 was generally high among key informant working for the councils. Most of the participants agreed on the difficulty of the goal, however, they thought that it was achievable.

When asked about their councils’ commitment to Smokefree 2025, all interview participants mentioned the adoption of SFOA policies, but most were unclear about their councils’ future intention toward Smokefree 2025. Almost all acknowledged the role of the external health agencies in assisting councils committing to Smokefree 2025, by helping with the adoption and implementation of SFOA policies. The role of external health agencies in helping councils has also been evident in other New Zealand studies (Halkett & Thomson, 2010; Hyslop & Thomson, 2009; Marsh et al., 2014; Tay & Thomson, 2008). Councils did not see supporting Smokefree 2025 as their core business, yet many did report being part of activities that support the 2025 vision, in collaboration with local agencies.

In Australia, a SFOA Working Party was formed by the New South Wales Tobacco Control Network to encourage and support councils to introduce SFOA policies. This group included members from non-governmental agencies (NGOs) (Mark et al., 2014). One of the main purposes of this party was to develop a resource kit which included fact sheets about the rationale for SFOA policies, examples and ways to address barriers associated with SFOA policies (Mark et al., 2014). A similar approach was created in 2008 by the New Zealand Cancer Society and was on a website where people could access it, but this was taken down a few years ago (Cancer Society of New Zealand and Health Sponsorship Council, 2008).
Participants also identified barriers to commitment to Smokefree 2025, which were essentially the same barriers to extending SFOA policies such as lack of resources, enforcement issues and cost. These are discussed later in this chapter.

With regards to the 2012 LTP, national research conducted by Marsh et al. (2014) found five councils interviewed had cited Smokefree 2025 in their 2012 plans. None of those councils were in the CWC region, however, we found that five CWC councils included a statement of their SFOA policy in the 2015 LTP. This suggests that CWC councils became more likely to include Smokefree 2025/ SFOA policy in their LTP documents.

5.3 **Objective two: To explore councils’ intention to extend smokefree community spaces**

Prior to this study, all of the 13 councils in CWC had a SFOA policy (Marsh et al., 2014). The nature of these policies varied between the councils. The majority of councils had a SFOA policy that covers all council playgrounds. In addition to that, some councils had SFOA policies that cover specific parks and sportsgrounds and which is similar to the listing approach applied in California, which only prohibits smoking in specific places. (American Lung Association in California, 2015). While other councils adopted a SFOA policy that covers all of their outdoor playgrounds, sportsgrounds and parks.

5.3.1 **Councils’ intentions to extend SFOA policies**

During the consultation process, the most common theme of the smokefree-related submissions that were received was asking councils to extend their current SFOA policies to other community spaces such outdoor dining areas. However, extending smokefree community spaces was not identified as a priority for any of the councils in CWC. Three councils referred to a need for additional greenspaces, but they did not specify if these should be smokefree.

Areas covered by SFOA policies in New Zealand were found to be similar to those areas mostly covered in New South Wales, Australia (Mark et al., 2014). As the
literature suggested earlier, this could be because of the high presence of children in these areas. However, Mark and his colleagues (2014) argued that outdoor dining areas are also frequented by children and elderly therefore they should also be covered under SFOA policies. In Mark et al.’s study, 29 of the 85 councils had smokefree outdoor dining areas. To date, outdoor dining areas are not covered under any SFOA policy adopted by any local council in CWC. Auckland City Council and Palmerston North City Council both have a plan to make outdoor dining areas smokefree in the next few years. A small number of restaurants and cafes that have made their outdoor dining areas smokefree voluntarily (Thomson & Edwards, 2015).

The reluctance of councils to introduce SFOA policy in outdoor dining areas was explained by perceived concerns of the community or business opposition. This is consistent with other New Zealand and international research (Mark et al., 2014; Satterlund et al., 2011). However, a review of 97 international studies concluded that smokefree policies have either no economic impact or a positive economic impact on businesses (Scollo et al., 2003). In addition to that, a number of New Zealand and international surveys have indicated a strong public support for smokefree outdoor dining areas (Cancer Society and Community & Public Health, 2015; Patel et al., 2013; Wyllie, 2013).

5.3.2 Participants’ knowledge and councils’ role toward SFOA policies
In this study it was important to explore the knowledge of the participants working in the council about the impact of smoking in outdoor areas, especially since some of them stated that their role entailed providing their council with research evidence on proposed or new policies. While most participants were aware of the negative health impact of smoking in general only one participant talked about the potential “influencing” role of smoking on children and adolescents, and none discussed the key purpose of SFOA policies as the denormalisation of smoking. Furthermore, others pointed out that smoking has been reduced significantly in outdoor areas and one or two stated that smoking was relatively rare nowadays, which may reflect a sense that addressing the issue is not a priority. A small number of participants also expressed arguments about personal freedom. This was a finding reported in a number of other
New Zealand (Hyslop & Thomson, 2009; Tay & Thomson, 2008) and international studies (Satterlund et al., 2011).

Most participants acknowledged that local governments are responsible for forming SFOA policies. A comparison with an earlier New Zealand study (Tay & Thomson, 2008) suggests that councils are now more aware of their role in forming SFOA. This could be because of the national Smokefree 2025 goal, which was created after the study by Tay & Thomson (2008).

In regards to extending SFOA policies, results from the interviews and the analysis of the adopted LTP suggest that most of the councils did not consider any of the smokefree-related submissions in their adopted LTP. However, a number of councils interviewed had decided to review their SFOA policy. Others mentioned having discussions around the possibility of reviewing the policy while one council had already established a plan for extending the policy in 2016 to include a range of outdoor public spaces.

5.3.3 Barriers and challenges
In regards to the barriers preventing the extension of SFOA policies beyond parks, playgrounds and sportsgrounds, most participants cited a lack of resources and issues with enforcement. Data from the interviews suggests that lack of resource could be because of the competing priorities. Priority of SFOA policy seemed to be lower the compared to priorities such as improving infrastructure services. Low prioritisation could be due to restricting the impact of smoking on only health whereas smoking in outdoor areas can also impact on the environment (litter, air pollution and city image). In addition to that, one participant mentioned that councils are required to meet national standards of infrastructure services.

This is a finding similar to Marsh et al.’s study in 2014. Research in California suggested barriers facing councils adopting and implementing SFOA policies included: lack of resources, issues with enforcement and lack of policymaker support (Satterlund et al., 2011). Research in New South Wales (Australia) suggested that lack of resources
was the most frequently mentioned barrier for local councils as well as enforcement (Mark et al., 2014).

A number of participants mentioned the cost associated with implementing SFOA policies. Cost was also an issue for councils that participated in Marsh et al.’s study. However, earlier study by Hyslop and Thomson’s study (2009) did not identify cost as a barrier. The implementation of SFOA policies in New Zealand tends to rely on signage and media information (Marsh et al., 2014; Tay & Thomson, 2008; Toledo Cortés et al., 2014). Most local councils work in partnership with other external agencies, which have provided them with free signage (Marsh et al., 2014). While councils’ scarce funding was cited as a concern by several interview participants, the cost of implementing SFOA policies appears to be low compared to the level of funding the councils are spending on other services. In New Zealand the implementation cost for SFOA policies ranged from $2000 to $15,000 (Halkett & Thomson, 2010; Marsh et al., 2014)

One of the reasons given in this study by the participants for not extending the policies was due to the lack of knowledge as to their effectiveness. A lack of evaluation was also identified as a barrier to developing SFOA policies in other studies (Hyslop & Thomson, 2009; Marsh et al., 2014; Tay & Thomson, 2008). Marsh et al.’s study found that only 11 councils out of 43 had had their policy evaluated. In Australia, using a one-year trial is a common approach of testing the compliance to the new smoking restrictions before legislating for it (City of Melbourne, 2016; City of Sydney, 2015). Comprehensive evaluations are also common. This approach has been evident in many Australian cities including Melbourne and Sydney (City of Sydney, 2015; Walker, 2014).

Finding from this study suggests that smokers are compliant with the current SFOA policies. In this study a number of participants mentioned that less smokers were seen to be smoking in outdoor areas, however this finding does not indicate the level of compliance.
In early 2016, a review was undertaken on local councils’ SFOA policies which showed that six councils in CWC region now have a SFOA policy that covers all playgrounds, parks, sportsgrounds and some additional areas, and that four councils had a policy which covers playgrounds, sportsgrounds, and parks. The remaining three CWC councils have a SFOA policy that only covers playgrounds and sportsgrounds (MidCentral District Health Board, 2016). This review shows some progress since the interviews of this study were undertaken.

5.4 Objective three: To explore councils’ role in promoting wellbeing subsequent to the 2012 changes in the Local Government Act 2002

Local governments have a significant role to play in the public health of their communities. Tobacco impacts negatively on health and wellbeing. However, findings from the interviews in this research suggest that councils’ immediate priorities are mainly focused on improving infrastructure services and their financial prudence. This is also evident through the funding for these services compared to other services. Most of the participants reported that councils are promoting wellbeing mainly through the provision of infrastructure services and other services.

It is likely that this focus on infrastructure assets is due to the amendments of Local Government Act 2002 in 2010 and 2012 (Public Health Association of New Zealand, 2013). The 2010 amendment refocused local government’s activities into “core services”. The 2012 amendment has resulted in the removal of councils’ focus on wellbeing as part of their responsibilities.

It has been argued that changes to the Local Government Act 2002 can assist councils that do not wish to engage in activities beyond the core services by providing them with legislative support. In addition to that, these amendments can act as a barrier for other councils wanting to offer additional services to justify their decision (Kessaram, 2013).

A comparison between the councils 2012 LTP and the 2015 LTP showed that wellbeing was included more often in the 2012 LTP. In addition to that, some councils
had removed wellbeing from their community outcomes. A reason for this could be the 2012 amendments that allowed councils the ability to determine community outcomes without consulting their communities (Kessaram, 2013).

The alignment of smokefree spaces with desired community outcomes was one of the arguments used to argue for the development of the SFOA policy in the Kapiti Coast District (Halkett & Thomson, 2010). In addition to that, it has been mentioned as one of the motivating factors in a number of other studies, which were conducted prior to the changes to the Local Government Act in 2012 (Halkett & Thomson, 2010; Hyslop & Thomson, 2009). In this research, submitters cited community outcomes related to health to justify the development of smokefree outdoor spaces.

5.5 **Objective Four: To explore the level of community involvement in decision-making subsequent to the 2012 changes in the Local Government Act 2002.**

Previous research has suggested that smokefree-related submissions were a major motivational factor for councils to introduce SFOA policies in New Zealand (Marsh et al., 2014). This finding was also supported by Australian research, which suggested that direct advocacy letters from NGOs were the most effective strategy to encourage councils to introduce a SFOA policy (Mark et al., 2014). Yet, this does not seem to be the case in this research, where smokefree-related submissions only resulted in brief statements being added into the final LTP document.

Interviews with key informants showed that all councils were aware of the submissions they received on smokefree issues, and the main themes of these submissions. However, most of the councils decided not to incorporate these requests in their final LTP. A reason for that could be the low number of smokefree submissions in comparison to the total number of submissions received. During the consultation process of the LTP, only 54 smokefree-related submissions were received by the councils in CWC region.
Furthermore these submissions were mainly from health and advocacy groups within the CWC region. Councils might be more likely to consider submissions submitted by the local community. Therefore it is important for health advocacy groups to encourage local people in their communities to submit on smokefree topics, in addition to completing their own submissions. Wider community involvement could be achieved by raising awareness of the environmental impact of outdoor smoking on the city image as well as it is impact on tourism.

A number of submitters used the councils’ vision and specific group of activity (one or more related activities) to argue for additional smokefree community spaces (outdoor dining areas, entrances to building, new and merging developments and zones within the central business districts). Others used health-related community outcomes for more convincing arguments for extending SFOA policies. Another reason for not considering these submissions could be that most of the submitters used a group of activities (parks and open spaces, governance and leadership) that might not be associated with the key issues that councils have set in their draft documents. Councils might have other projects planned toward improving these groups of activity and it seems that smokefree community spaces is not one of them.

Councils’ hesitation regarding extending SFOA policies could be due to a lack of awareness about the high support found nationally and internationally for smokefree restrictions in outdoor areas especially in children playgrounds. Lack of awareness among councils about public support for smokefree spaces has been identified in a number of studies.

5.6 Strengths and limitations of the study
The present study has several strengths and limitations. Among the limitations is that the research focused on submissions to council LTPs, which is only one avenue for health advocacy for smokefree outdoor areas. Another limitation is that four of the thirteen CWC councils did not agree to participate in the telephone interviews. It is possible that the remaining councils may differ to those who agreed to participate, however, 69% is a response rate similar to other New Zealand policy studies using
telephone interviews (Robertson & Marsh, 2015). This study only focused on local councils in CWC; therefore the findings from this study may not be transferable to other local councils in New Zealand. The research may have also been limited by the knowledge and experience of the person being interviewed. In addition, participant’s responses may have been influenced by social desirability bias, in the sense that they may have wanted to appear supportive of SFOA policies to the interviewer.

One of the main strengths of this study is the use of different sources of information to meet the research objectives. The study included the use of document analysis, informant interviews and historical analysis of earlier documents. The use of document analysis helped in gathering specific information about Smokefree 2025 from the various stages of the LTP process. It also helped in providing an overview of councils’ plans over the next ten year. Interviews with key informants were helpful in supporting finding from previous stages and exploring more details. Historical analysis of earlier documents allowed determining changes over time.

Another strength is that all submissions received by CWC councils were analysed, not just a sample of them. The availability of council’s documents online allowed easy access to information at any time and place. In addition, this research focused in-depth on the CWC region, which provides important local case studies to build up a national picture of this policy area.

5.7 Implications and recommendations

There are several tobacco control initiatives implemented in New Zealand. Evidence from Chapter 1 showed that most of these initiatives needs to be improved in order to achieve Smokefree 2025. These include cessation services and tobacco control mass media. Other initiatives such as taxation need to be updated whereas some initiatives need to be reinforced such as restrictions on tobacco sale and content. Evidence also showed the importance of advocacy for new initiatives such as implementing standardised packaging.

Another initiative is the creation of SFOA policies, which is important part of achieving the Smokefree 2025 goal (National Smokefree Working Group, 2015). This
research found that most of councils were not currently planning to extend their SFOA policies. If local governments are not willing to extend their policies into further areas then the smokefree environments part of the National Smokefree Working Group’s Action Plan model will not be achieved, and this may impact on New Zealand reaching its goal of becoming smokefree by 2025.

5.7.1 Implications for local action

*Raise awareness*

Support for smokefree outdoor areas is high especially for areas where children are likely to be present. Local councils may not be aware of the current public support. This study found that most of the councils interviewed are working in partnership with health external agencies in CWC region. Therefore, these agencies could increase local councils’ awareness of public support for smokefree areas through providing them with regional data on public support and include these data in all submissions to the council. Data on public support should be collected for different outdoor settings so the council can assess which areas the public consider as priorities.

In addition, previous studies showed that the experience of one council could impact on other councils (Hyslop & Thomson, 2009). However, knowledge about existing policies is found to be low among policy-makers (Tay & Thomson, 2008). Therefore, it is crucial to increase the awareness of existing policies in the region and around New Zealand. A way of doing that could be regular presentations to councils by regional health external agencies as well as presenting to councils during the New Zealand Local Government Conference. Findings from this study also showed a lack of recognition of the importance of denormalising smoking among the participants. Health groups could also educate councils about the influence of SFOA policies in terms of denormalising smoking.

Increasing awareness of SFOA policies could be achieved through updating the Cancer Society’s resource kit with current research and information and make it available for health advocacy groups to use.
Increase advocacy around smokefree outdoor areas

Findings from the interviews also indicate that “community boards” and “community response forums” are now the new avenues for wellbeing advocacy subsequent to the 2012 changes in the Local Government Act 2002. Therefore, advocacy for smokefree outdoor areas should be directed to these groups.

Increase the number smokefree related submissions

This study showed that the number of smokefree-related submissions was low compared to the total number of submissions received by the local councils in the CWC region, and were mostly from health advocacy groups. Health advocacy groups can increase the number of smokefree-related submissions by planning a campaign to help the local community advocate for additional smokefree areas. In addition, an advocacy information sheet could be developed prior to submission time, to encourage individuals and other health organisations to submit on this topic. This approach had been used previously by Richards and her colleagues (2011) in order to increase submissions about active transport during the consultation process of the 2009/2010 annual plan for 16 city councils in New Zealand. The researchers developed an information advocacy sheet, which included information about how to make submissions to councils as well as information about the importance of physical activity.

5.7.2 Changes at the national level

Evidence from New South Wales showed that action at local government level could influence higher levels of government’s decision in introducing smokefree policies (Mark et al., 2014). There are a number of ways that national government can undertake to help with SFOA policies. These include changes to Local Government Act 2002 to re-introduce the promotion of wellbeing as a role of local governments.

National government can assist local councils by providing specific powers to introduce smokefree bylaws similar to power given to them to introduce local alcohol policies. Another way of helping local councils is providing them with a policy template.
Local councils can be given the power to apply to have an outdoor area or event declared smokefree. This approach exists in South Australia where councils can simply choose to remain within the ambit of the smokefree areas designated by the legislation, or it can apply to declare other areas or events smokefree (SA Health, 2016).

The government could also extend the current smokefree legislation to cover additional outdoor areas such as outdoor dining areas. A local government remit on smokefree outdoor dining areas was proposed in 2015 and was strongly supported by the local councils in New Zealand.

5.8 Future research

This study highlights the need for additional research. For example, a similar study could be conducted with all local councils in New Zealand in order to understand the causes of variation in areas covered under SFOA policies between the councils, and why some councils are more willing to extend SFOA policies (e.g. Auckland City Council) while some appear reluctant to do so.

In addition, comprehensive evaluations of SFOA policies are critically important to assess the effectiveness of SFOA policies. A lack of evaluation has been mentioned as a barrier in all studies conducted on SFOA policies in New Zealand. Future evaluations should be conducted pre- and post-implementation of smoking restrictions, in order to assess the effectiveness of these policies. Evaluations could include more than one evaluative method, similar to the methods used in Kennedy’s study (2010).

Regular public support surveys would also helpful to provide councils with recent information on public support. Regionally specific data is particularly important and can be used to argue for additional smokefree environments.

Furthermore, more research should be undertaken on the impact of recent changes of the Local Government Act 2002 on local governments role in promoting wellbeing. The implications of these changes should be examined on a variety of wellbeing issues including physical activity, and social and mental wellbeing. If promoting community
wellbeing is not likely to be part of the role of Local Government New Zealand, then there is a need to examine the opportunity of the private sector (e.g. workplaces, cafes, bars, restaurants, apartment buildings) in developing SFOA policies voluntarily, and in collaboration with NGOs and regional smokefree coalitions.

5.9 Conclusion
Local councils in the CWC region have made a contribution towards Smokefree 2025 by adopting a SFOA policy, but there are opportunities for health groups to work with councils to try and enhance their overall commitment to Smokefree 2025 and thereby promoting wellbeing. At a local level, health groups can help raise councils’ awareness of existing SFOA policies, public support for SFOA policies and role of SFOA policies in smoking denormalisation. While at national level, the government could introduce national legislation for smokefree areas. Health advocacy groups can assist local councils in proposing national legislation for smokefree areas by providing them with accurate information about public support for SFOA policies.
6 REFERENCES


7 APPENDICES
Appendix 1: Participation invitation letter

4th September 2015

<First name> <surname>
Policy Officer
<Council>
<Address>

Dear <title> <surname>

Local Government Commitment to Smokefree 2025

I’m writing to invite you to participate in a research project being conducted at the Cancer Society Social and Behavioural Research Unit at the university of Otago. The aim of the project is to measure the commitment of local councils in the Canterbury and West Coast (CWC) region to smokefree 2025 goal using the Long Term Plan (LTP), and specifically the process of community consultation, which is an essential part of the LTP.

As a part of the research, I’m planning on undertaking a telephone interview with the lead policy officers responsible for LTP consultation process in each council in the CWC Region. This will help us to understand the council’s commitment toward smokefree 2025 goal, and the barriers that might limit councils’ commitment to the goal.

Enclosed is an information sheet outlining the project. If you prefer not to participate, please contact me by e-mail. I will contact you in a week or so to confirm your interest in being interviewed.

Thank you for considering this request.

Yours sincerely,

Manal Murad
Cancer Society Social and Behavioural Research Unit
University of Otago
Appendix 2: Information sheet for participants

Local Authority Long Term Plans and Smokefree 2025: How committed are councils to the goal?

Key Informant Interviews

INFORMATION SHEET FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

What is the Aim of the Project?

The aim of the interviews is to gather information about the commitment of local councils in the Canterbury and West Coast (CWC) region to the Smokefree 2025 goal using the Long Term Plan (LTP) as a measure. Interviews are being conducted with lead policy officers responsible for the LTP consultation process in each council in the CWC region. This project is undertaken as a part of the requirement for Miss Murad’s Master of Public Health study.

What Types of Participants are being sought?

The lead policy officers who are responsible for the LTP consultation process in each council in the CWC region.

What will Participants be asked to do?

Should you agree to take part in this project, you will be asked to participate in a telephone interview with the researcher. The interview should take a maximum of 40 minutes and will be audio recorded so that it can be later transcribed.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself.

What Data or Information will be collected and what use will be made of it?

During the interview you will be asked your thoughts on the Smokefree 2025 goal, your council’s commitment toward the goal, as well as any barriers that may limit your council’s commitment to the goal.
You will be asked about the community views on smokefree spaces within the consultation process of the LTP, your council’s response to the submissions, and changes your council plans to implement following the LTP process.

We will also ask you about your age, sex, ethnicity, occupation, and smoking status. This data will only be used to characterise the people who have participated in the interviews, and will only be seen by the lead researcher. Specific details that might identify you will not be published.

The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has only been able to review the general nature of questions.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

Recordings of the interviews will be used for the purposes of the research; you will not be identified by name. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve your anonymity.

The interview will be recorded and later transcribed. Those who will have access to the data include Manal Murad (Master of Public Health student), her supervisors Dr Louise Marsh and Professor Rob McGee, and the person or organisation transcribing the audio files.

The data files and transcripts will be securely stored in such a way that only those mentioned above will be able to gain access to it. Data obtained as a result of the research will be retained for at least 5 years in secure storage. Any personal information held on the participants may be destroyed at the completion of the research even though the data derived from the research will, in most cases, be kept for much longer or possibly indefinitely.

Everyone who agrees to take part will be provided with a summary of the results of the study after it has been completed.

Can Participants change their mind and withdraw from the project?
You may withdraw from participation in the project at any time and without any disadvantage to yourself.

What if Participants have any Questions?
If you have any questions about our project, either now or in the future, please feel free to contact either:

Manal Murad          Dr Louise Marsh          Professor Rob McGee
University of Otago  University of Otago  University of Otago
Department of Preventive & Social Medicine  Department of Preventive & Social Medicine  Department of Preventive & Social Medicine
Office-(03) 4797238  Office- (03) 4797225  Office- (03) 4797215
murma801@student.otago.ac.nz  louise.marsh@otago.ac.nz  Rob.mcgee@otago.ac.nz

This study has been approved by the Department stated above. However, if you have any concerns about the ethical conduct of the research you may contact the University of Otago Human Ethics Committee through the Human Ethics Committee Administrator (ph 03 479- 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Appendix 3: First follow up e-mail

15 September 2015

<First name> <surname>
Policy Officer
<Council>
<Address>

Dear <title> <surname>

On the 4th of September I sent you an email regarding an interview on the local government commitment to Smokefree 2025, which I’m completing with the Cancer Society Social and Behavioural Research Unit at the university of Otago.

I hope you had a chance to read my pervious email and the information sheet attached. I’m will be sending the consent form for the interview by post and it should be arrived to you by next week. It would be much appreciated if you would complete the consent form and return it as soon as possible.

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Manal Murad
University of Otago
Department of Preventive & Social Medicine
Office- (03) 4797238
murma801@student.otago.ac.nz

Dr Louise Marsh
University of Otago
Department of Preventive Social Medicine
Office- (03) 4797225
louise.marsh@otago.ac.nz

Professor Rob McGee
University of Otago
Department of Preventive Social Medicine
Office- (03) 4797215
Rob.mcgee@otago.ac.nz

This project has been reviewed and approved by the Department of Preventive and Social Medicine. University of Otago

Yours Sincerely,

Manal Murad
Cancer Society Social and Behavioural Research Unit
University of Otago

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Appendix 4: Cover letter for telephone interview

16\textsuperscript{th} September 15

<First name> <surname>
<Council>
<Address>

Dear <title> <surname>

On the 4\textsuperscript{th} of September I sent you an e-mail regarding a study on the local government commitment to Smokefree 2025, which I am completing with the Cancer Society Social and Behavioural Research Unit at the university of Otago.

As a part of the study, you are invited to participate in a telephone interview. An information sheet has been e-mailed to you on the 4\textsuperscript{th} of September. Please complete and return the consent form in the postage paid envelope as soon as possible.

If you require another copy of the information sheet please phone or email:

Manal Murad
Phone: (03) 4797238
Email: murma801@student.otago.ac.nz

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Manal Murad
University of Otago
Department of Preventive & Social Medicine
Office - (03) 4797238
murma801@student.otago.ac.nz

Dr Louise Marsh
University of Otago
Department of Preventive & Social Medicine
Office - (03) 4797225
louise.marsh@otago.ac.nz

Professor Rob McGee
University of Otago
Department of Preventive & Social Medicine
Office - (03) 4797215
Rob.mcgee@otago.ac.nz

This project has been reviewed and approved by the Department of Preventive and Social Medicine. University of Otago

Yours Sincerely,

Manal Murad
Cancer Society Social and Behavioural Research Unit
University of Otago
Appendix 5: Consent sheet for participants

Local Authority Long Term Plans and Smokefree 2025: How committed are councils to the goal?

CONSENT FORM FOR PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-
1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. Personal identifying information will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;

4. This project involves an open-questioning technique. The general line of questioning includes the commitment of local councils to the Smokefree 2025 goal and the community views on smokefree public spaces within the consultation process of the Long Term Plan (LTP). The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. The Cancer Society of New Zealand, Canterbury West Coast Division is supporting this research.

6. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

........................................................... ...........................................................
(Signature of participant) (Date)

............................................................................
(Printed Name)
Appendix 6: Interview guide

Introductory questions:
- What is your position in the council?
- How long have you held this position?
- What does this position entail?
- What is your council doing to promote wellbeing in your community?

Questions about the Smokefree 2025 goal:
- What is your knowledge of the Smokefree 2025 goal? What does this mean to you?
- What commitment does your council have towards the Smokefree 2025 goal?
- Are there any barriers, which might limit your council’s commitment to this goal?

Questions about Smokefree outdoor spaces:
- In your opinion, what are the impacts of outdoor public smoking on your community?
- Does your council have outdoor smoke free policies?
- What are these policies?
- Does your council support extending these outdoor smoke free policies? Yes/No, Why? Why/not?
- In your opinion, what role do local councils play in forming outdoor smokefree policies?

Questions about the LTP consultation process:
- During the consultation process for the draft LTP did you receive written submissions relating to smoking or smokefree areas?
- How were these incorporated into the adopted LTP?
- During the hearing process for the draft LTP did you receive submissions relating to smoking or smokefree areas?
- How were these incorporated into the adopted LTP?
- Following the LTP process, will your council be doing anything differently to help achieve the Smokefree 2025 goal?

Personal questions:
Demographic questions – age, sex and ethnicity.
- Are you Male or Female?
- In what year were you born?
- Which ethnic group or groups do you belong to?
- Have you ever used tobacco products yourself? How frequently?
Appendix 7: Content of draft LTP documents

<table>
<thead>
<tr>
<th>Council</th>
<th>Consultation Document</th>
<th>Supporting documents</th>
<th>Draft LTP</th>
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<tbody>
<tr>
<td>Ashburton (ADC)</td>
<td>Key issues: Affordability of services, environmental sustainability, continuing effect of Canterbury Earthquake, population growth, change the face of the district</td>
<td>-About the Long Term Plan 2015 – 25: includes general information about the long-term plan and the supporting documents.</td>
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<td>Other issues: The impacts of a new wheelie bin collection, Construction of the Second Urban River Bridge, Operating the new EA Networks Centre</td>
<td>-Council Structure: identifies council’s mayor, councilors and council representatives on other Organisations.</td>
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<td></td>
<td>Key options: Overall rate increase, Investments in roading, Reviewing stockwater, Contribution to the Rakaia Sports Facility, The new Civic Administration Building and Ashburton Library</td>
<td>-Ashburton District Profile: includes summary on population, key issues, community outcomes.</td>
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<td></td>
<td>Community outcomes: -Thriving and diverse local economy -Sustainable natural and built environments -An enjoyable place to live -A safe and healthy community -An involved community with quality leadership</td>
<td>-Strategic direction: includes the key issues and council’s strategic vision for the next ten years including the community outcomes and council’s financial strategy.</td>
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<td></td>
<td>Funding allocation: Total spend for 2015-2025 for park and open space is 36,786,000</td>
<td>-Infrastructure Strategy: identifies significant infrastructure issues and outlines options for managing them over the next 30 years.</td>
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<td></td>
<td>Notes: -Population: As 2014 is 32,600, Expected population by 2026 is 35,285 -Key policy changes: Council is proposing changes to two key policies: the Revenue and Financing Policy and</td>
<td>-Financial Strategy: includes the district's current financial situation, considers council's other priorities over the coming 10 years and the impact of its work programs and expenditure. It also provides direction and context for decision-making in the allocation, management and use of financial resources.</td>
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<td></td>
<td>-Fees and charges: includes a schedule of council's fees and charges for the 2015/16-year.</td>
<td>-Upcoming projects: includes detail the major projects council over the next 10 years.</td>
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</tbody>
</table>

-Transportation
-Drinking water
-Wastewater
-Stormwater
-Rubbish and recycling
-Recreation and leisure
-Community facilities
-Economic development
-Parks and open spaces
-Democracy and governance
-Regulatory services
-Miscellaneous
- **The consultation document also includes key points from the some Supporting documents including:** Infrastructure strategy & infrastructure strategy

- **Financial policies and disclosures**: contains funding and financial statements for the coming 10 years, including details of rates and other funding sources. These are:
  - Significant Forecasting Assumptions
  - Treasury Management Policy
  - Statement of Accounting Policies
  - Prospective Statement of Comprehensive Revenue and Expense
  - Prospective Statement of Changes in Net Assets/Equity
  - Prospective Statement of Financial Position
  - Prospective Statement of Cash Flows
  - Funding Impact Statements
  - Reserve Funds
  - Financial Regulations Benchmarks

- **Key Council policies**: This contains the key council policies that guide council’s decision-making processes and the source of funding for activities. These are:
  - Draft Revenue and Financing Policy
  - Draft Development Contributions Policy
  - Significance and Engagement Policy
  - Council-Controlled Organisations
<table>
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<tr>
<th>Council</th>
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<th>Supporting documents</th>
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</table>
| Buller (BDC) | Key issues: Westport Water Upgrade, District diversification, Council Property & Earthquake Strengthening, Rates, Housing for elderly  
Other issues: Impact of Holcim Cement Plant Closure, Karamea special purpose road. | - Fees and charges: Covers the period from 1/7/15 to 30/06/16 Fees and charges to all services provided by the council.  
- Karamea Urban Design Concept plan: Illustrates the two stages, which were undertaken to design Karamea special purpose road | Vision: To grow and become a thriving community where families enjoy a great quality of life and the distinctive natural, cultural and historical environment are treasured.  
Community Outcomes:  
- Wellbeing – a vibrant, healthy and safe community with access to quality facilities and services  
- Learning – a district that values and supports learning with accessible relevant education and training opportunities  
- Who we are – a happening district with a strong community spirit and distinctive lifestyle  
- Sustainable environment – the distinctive character of the environment appreciated and retained  
- Prosperity – a thriving, resilient and innovative economy creating opportunities for growth and employment | |
|         | Funding allocation:  
Specific fund for park, reserves and sport field is not available  
- Park, reserves and sport field were listed under a group of activities (property management, amenities and reserves)- fund provided based on projects | - Related policies:  
• Rates Remission Policies  
• Policy on Partnerships with the Private Sector  
• Policy for Development and Financial Contributions  
• Treasury Management Policy  
• Statement of Accounting Policies  
• Significance and Engagement Policy  
• Revenue and Financing Policy | The draft also include details about the key issues council is planning to address over the next 10 years, the services council plans to provide and to what level. It also includes key projects the council planning to undertake and when they are planned to occur. | |
| Notes: | - Population: As 2015 is 10,000 expected to decline 9,500 and then increase to reach 10,500 in 2025  
- Key changes to policies: New significance and engagement policy, Treasury Management Policy Changes to allow for participation in the Local Government Funding Agency. | | |
<p>| The consultation document also includes key points from the some Supporting documents including: Financial Strategy &amp; Infrastructure Strategy. | | | |</p>
<table>
<thead>
<tr>
<th>Key issues:</th>
<th>Supporting documents</th>
<th>Draft LTP</th>
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<tbody>
<tr>
<td>1. Building sustainable transport networks (road repair, public transport, major cycleways)</td>
<td>- Activity Management Plans&lt;br&gt;Arts and culture, economic development, flood protection, heritage protection, housing, natural environment, internal services, parks and open spaces, refuse, regulation and enforcement, resilient communities, roads and footpath, sewerage, sport and recreation, stormwater drainage, strategic governance, strategic management, strategic planning, transport, water supply.&lt;br&gt;Each of the above documents includes a description of the activity, key issues associated with the specific activity, proposed changes to the activity, performance measures, improvement plan, risk management and cost effectiveness of the activity.</td>
<td>2 volumes</td>
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<td>2. Strengthening our communities-facilities, heritage and housing (affordability to restore all earthquake-damaged facilities, council facilities are under-use, maintaining additional green spaces, lack of money, lack of affordable houses)</td>
<td>- Assessment of services&lt;br&gt;• Stromwater&lt;br&gt;• Wastewater&lt;br&gt;• Water supply&lt;br&gt;- Strategies&lt;br&gt;• Akaroa Harbour water and wastewater planning&lt;br&gt;• Arts Policy and Strategy 2001&lt;br&gt;• Biodiversity strategy 2008&lt;br&gt;• Christchurch City Council and Crown Earthquake Cost Sharing&lt;br&gt;• Christchurch Economic Development Strategy 2014.&lt;br&gt;• Climate Smart Strategy 2010&lt;br&gt;• Events Strategy 2007&lt;br&gt;• Physical Recreation and Sport Strategy 2002&lt;br&gt;• Public open space strategy 2010&lt;br&gt;• Safer Christchurch Strategy 2005&lt;br&gt;• Skateboarding, Inline Skating and BMX Cycling Strategy 2004&lt;br&gt;• Social Housing Strategy 2007.&lt;br&gt;• Strategy for Sister Cities 2000&lt;br&gt;• Strengthening Communities Strategy 2007&lt;br&gt;• Surface Water Strategy 2009&lt;br&gt;• Sustainable Energy Strategy 2008&lt;br&gt;• Transport Strategic Plan 2012&lt;br&gt;• Waste Management and Minimisation Plan 2013&lt;br&gt;• Wastewater Strategy 2013&lt;br&gt;• Water Supply Strategy (drinking water) 2009&lt;br&gt;• Waterways and Wetlands Natural Asset Management Strategy</td>
<td>Community outcomes: &lt;br&gt;- Good Governance&lt;br&gt;- Liveable city&lt;br&gt;- Strong communities&lt;br&gt;- Healthy Environment&lt;br&gt;- Prosperous economy&lt;br&gt;Volume 1 includes the financial strategy, other financial documents, infrastructure strategy, community outcomes, council’s group of activities and services&lt;br&gt;Volume 2 includes the key policies such as: Significance and Engagement Policy Revenue, Financing and Rating Policies Treasury Risk Management Policy Council Controlled Organizations.&lt;br&gt;It also includes the fees and charges, Development of Maori capacity to contribute to Council Decision Making Processes</td>
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<td>Council</td>
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<td>Grey (GDC)</td>
<td><strong>Key issues:</strong> Ageing water and stormwater network, Financial sustainability of the Port, Reduced funding for roading, Extension of kerbside refuse/recycling collection. <strong>Funding allocation:</strong> 18.6% of total expenditure proposed for 2015-2025 is allocated for community facilities, which include parks, and open spaces. <strong>Notes:</strong> - Population: increases to 13,650 in 2026 and then decrease to 13,350 in 2031. - Rate increase: 4.3% rate increase for 2015/2016. - The consultation document also includes key points from the some Supporting documents including: Infrastructure strategy&amp; infrastructure strategy</td>
<td><strong>Financial Strategy:</strong> includes the district's current financial situation, considers council's other priorities over the coming 10 years and the impact on expenditure. <strong>Infrastructure Strategy:</strong> identifies significant infrastructure issues over the period covered by the strategy; and identify the principal options for managing those issues and the implications of those options <strong>Community economic development:</strong> designed to improve quality of life and attract people to live, work, play and invest in the Grey District. <strong>Proposed rates &amp; fees:</strong> includes council’s fees and charges.</td>
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<td>Council</td>
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<td>Hurunui (HDC)</td>
<td>Key issues: managing debts, Changing the Sewerage &amp; Water Rating System</td>
<td>- Infrastructure Strategy: includes the following group of activity: water, stormwater, sewerage, roads and footpaths</td>
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<td>- Financial Strategy: includes the district's current financial situation, considers council's other priorities over the coming 10 years and the impact of its work programs and expenditure. It also provides direction and context for decision-making in the allocation, management and use of financial resources.</td>
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<td>- Public services budget: include separate document for each of the following activities: Community services, emergency services, libraries, property, reserves, waste minimisation.</td>
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<td>- Development contribution strategy: includes the main council’s projects and funding resources for each of those projects.</td>
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<td>- Funding impact statement: includes funding sources for council’s activities.</td>
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<td>- Forecasting assumptions: includes the effect of price changes that is expected to occur over the coming 10 years.</td>
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<td>- Proposed new fees and charges: includes council’s new fees and charges.</td>
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<td>- Rate system: details about council’s rate system.</td>
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<td>- HSTPS activity</td>
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<td>- HSTPS budget</td>
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<td>Policies:</td>
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<td>Rates penalties policy: includes information about the penalties for rates payments received past the instalment due date.</td>
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<td>Rates remission policies</td>
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<td>Rates postponement policy</td>
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<td>Treasury Risk Management Policy</td>
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<td>Reserve funding policy: includes the funding for both district reserves and amenity reserves as well as the limitation associated with those two type of reserves.</td>
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<td>Revenue and Financing Policy: includes details about the council’s activities and their contributions to the council’s community outcomes. The council’s activities included in this document include: water supply, sewerage, stormwater and drainage, roads and footpaths, public services (local halls, reserve, township maintenance, youth programme, medical centre, social housing, residential housing, cemeteries, public toilets, libraries, civil defence, rural fire, waste minimisation, district promotion), regulatory service and governance.</td>
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- Road seal extension policy: includes the process for seal extension.
- Internal financial policy

-Other documents:
  - Regulatory services activity: includes compliance and regulatory functions (such as resource management, building controls, public health and liquor licencing, and animal control).
  - Population assessment: includes projection and future trend of Hurunui District population.
  - Public services activity: includes the library, waste minimisation, property (this includes township maintenance and physical buildings such as public toilets, halls, social housing, swimming pools and medical centres), reserves (including parks and playgrounds) and emergency services.

-Documents on specific council’s activity:
  - Roads and footpaths activity and roads and footpaths budget: includes the various functions for this activity such as street lighting, bridges and road safety as well as local streets and footpaths and the contribution of this activity to the community outcomes.
  - Sewerage activity and sewerage budget: includes the sewerage group of activities includes the various functions of the seven sewerage schemes in the District and their contribution to the community outcomes.
  - Stormwater and drainage activity and stormwater and drainage budget: includes the Stormwater and Drainage activity, includes the various functions of the land drainage schemes and resultant flood protection and their contribution to the community outcomes.
  - Water activity and water budget: includes the Water Supply group of activities includes the various functions of rural and township water supplies and their contribution to the community outcomes.
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<th>Draft LTP</th>
</tr>
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<tbody>
<tr>
<td>Kaikoura</td>
<td><strong>Key issues</strong>: Road Funding shortfall, future fund of replacing roads, pips and pumps. Heritage and culture, future fund, securing water supplies <strong>Other issues</strong>: Infrastructure strategy, Earthquake shake-up, economic development and future funding. <strong>Notes</strong>: -population: a minor increase is expected in resident population.</td>
<td>- <strong>Financial Strategy</strong>: Outlines the key financial parameters and limits that the council will operate within over the coming 10 years. - <strong>Infrastructure Strategy 2015-2045</strong>: includes significant infrastructure issues - Water - Sewerage - stormwater - Roading - Building and reserves - Harbour facilities - Investment properties - <strong>Policies</strong>: - Draft Development Contributions Policy: ensures that the provision of appropriate infrastructure to meet the needs of growth. - Revenue &amp; Financing Policy: provides funding mechanisms to ensure the distribution of costs to those who benefit, and provide for the financial sustainability of the activities undertaken. - Liability Management Policy: ensures that all current and term liabilities of K.D.C are managed prudently and effectively. - Investment Policy: ensures that all council’s investments are managed effectively and provide a revenue stream to be returned to the community over time. - Draft Development Contributions Policy: identifies how much growth is anticipated and how much changes should be made to meet the demands of growth in the coming 10 years.</td>
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<td>Supporting documents</td>
<td>Draft LTP</td>
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| Mackenzie (MDC) | **Key issues:** Sell Some Forestry Land, road funding, payments for township water, sewerage and stormwater  
**Community outcomes:**  
- An attractive and highly valued natural environment  
- A thriving economy  
- A democracy that upholds the rights of the individual  
- A fit and healthy community  
- Safe, effective and sustainable infrastructure  
- A supportive and contributing community  
**Funding allocation:**  
2% of the total capital expenditure proposed for 2015-2025 is allocated for community facilities, which includes parks and open spaces. | **-Infrastructure Strategy:** includes the planning and management of infrastructure assets. It sets out what issues are currently and likely to impact on those assets and the costs associated with maintaining, operating, renewing and developing the asset for the following assets: stormwater disposal, foul sewer disposal, water supply, roads and footpaths  
**-Financial Strategy:** includes the district’s current financial situation, considers council’s priorities over the coming 10 years and the impact of its work programme and expenditure.  
**-Significant Forecasting Assumptions:** includes the effect of price changes that is expected to occur over the coming 10 years.  
**-Mackenzie District Projections Report:** presents population and household projections for the period 2013-2063. The projections are based on the 2013-Census based Estimated Resident Population (ERP),  
**-Policies:**  
- Rates Remissions and Postponement Policies  
- Liability Policy  
- Investment Policy  
- Significance and Engagement Policy- provide current asset condition, what issues are currently and likely to impact on the asset and the costs associated with maintaining, operating, renewing, developing and disposing of the asset  
Each of the activity management plan include a group of specific activities and the community outcomes associated with each group of activities  
**-Activity management plan for Community Facilities:** includes pensioner housing, medical centres, public toilets, cemeteries, grants, swimming pools, halls and community centres, (parks, reserves and amenity areas) libraries, solid waste.  
**-Activity management plan for Governance and Corporate Services**  
- The governance activity is made up of three sub-activities: District council, community boards, elections.  
- Corporate services are made up of the following sub-activities: Administration, finance, council offices, chief executive department, information technology department, community facilities department, engineering department.  
**-Activity management plan for Regulatory Services:** includes the issues facing the district and then manages the effects of those issues by setting objectives, policies and rules to achieve the purpose of the Resource Management Act, enabling sustainable management of the district’s natural and physical resources. | - |
<table>
<thead>
<tr>
<th>Activity management plan for Sewerage:</th>
<th>provides current asset condition, what issues are currently and likely to impact on the asset and the costs associated with maintaining, operating, renewing, developing and disposing of the asset.</th>
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<tr>
<td>Activity management plan for Stormwater:</td>
<td>provides current asset condition, what issues are currently and likely to impact on the asset and the costs associated with maintaining, operating, renewing, developing and disposing of the asset.</td>
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<tr>
<td>Activity management plan for Tourism and Commercial activities:</td>
<td>covers the tourism, economic development and commercial activities of Council.</td>
</tr>
<tr>
<td>Activity management plan for Transportation:</td>
<td>provides current asset condition, what issues are currently and likely to impact on the asset and the costs associated with maintaining, operating, renewing, developing and disposing of the asset.</td>
</tr>
<tr>
<td>Activity management plan for Water Supply:</td>
<td>provides current asset condition, what issues are currently and likely to impact on the asset and the costs associated with maintaining, operating, renewing, developing and disposing of the asset.</td>
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<td>Council</td>
<td>Consultation Document</td>
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| Selwyn (SDC) | Key issues: demand for new community facilities due to population growth, need to replace local facilities that may have been damaged by the earthquake. Inadequate supply of open spaces and parks. | - Financial strategy: includes the district's current financial situation; council's other priorities over the coming 10 years and the impact of its work programs and expenditure.  
- Infrastructure strategy: includes council's 30 year plan for key infrastructure.  
- Development Contributions Policy: determines how much land developers should pay towards the cost of providing the additional community facilities (including roads, water systems, waste water systems and reserves) required to meet the demands of a growing population.  
- Revenue and Financing Policy: Sets the overall approach to fund council activities in terms of who pays for what, and sets out the reasoning behind the choices the council has made in relation to funding. | Community Outcomes:  
- A clean environment  
- A rural district  
- A healthy community  
- An educated community  
- A safe place in which to live, work and play  
- A prosperous community  
- An accessible district  
- A community which values its culture and heritage  
- A community which values its culture and heritage  
Financial strategy & infrastructure strategy |

Notes:  
- Population: As 2015 is 50,000, expected population by 2025 is 67,000.  
- Rate increase: the council is forecasting average rate rises per ratepayer of less than 5% over the next ten years.
<table>
<thead>
<tr>
<th>Council</th>
<th>Consultation Document</th>
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<th>Draft LTP</th>
</tr>
</thead>
</table>
| Timaru (TDC) | Key issues: Road Funding shortfall, future fund of replacing roads, pips and pumps. Heritage and culture, future fund, securing water supplies | - Introduction: Overview of what is included in the supporting information.  
- Infrastructure Strategy: Council's 30 year plan for key infrastructure assets in roading, water supply sewer and stormwater, including issues, planned projects and financial information.  
- Activity Statements: A summary of council's activities including a description of what is provided, why its provide, the services provided, how does the council measure the performance, planned projects over the next ten years and financial information.  
- Significant Forecasting Assumptions: Key general and financial assumptions on which the LTP is based.  
- Council Controlled Organisations  
  - Others (policies and proposed fees):  
    - Introduction - Overview of proposed policies and fees.  
    - Revenue and Financing Policy - This policy sets out the council's funding and how the Council will fund each of activities and explains why.  
    - Rates Remission and Postponement Policy - These policies define the circumstances in which the Council may remit or postpone rates.  
    - Rates Discount Policy - This policy allows for a discount for the early payment of total rates for a rating year.  
    - Proposed Fees and Charges 2015/16 - These set out the proposed fees and charges for council activities for 2015/16.  
    - Financial Contributions Policy | - |
<table>
<thead>
<tr>
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<th>Draft LTP</th>
</tr>
</thead>
</table>
| Waimakariri (WDC) | **Key issues** kerbside collection services, indoor court facility, flood mitigation and protection, restoration of red zone areas, eastern district sewer upgrades, town centres public improvements | **- 30 year infrastructure strategy 2015-2045**: describes the core assets, significant infrastructure issues and factors influencing asset demand over the next 30 years, identifies the Council’s priorities and management strategies for infrastructure, provides 30-year financial estimates for core infrastructure expenditure.  
**- Treasury policy**: provides the policy framework for all of Council’s borrowing and investment (treasury) activities and defines key responsibilities and operating parameters within which borrowing and investment is to be carried out.  
**- Development contribution policy**: sets out the rationale for and details by type and location the contributions to be levied from developers to recover the costs of providing infrastructure for new development in the District.  
**- Risk assessment and financing strategy relating to major natural disasters**: considers the likelihood and severity of major natural disasters, assesses how they could impact on the Council’s operations and its financial capacity and position. It provides the basis for including borrowing headroom for future disaster recovery within the Council’s Financial Strategy.  
**- Depreciation funding of infrastructure and long term council assets**: sets out the reasoning and details of changes to the Council’s depreciation funding policy included in the draft LTP.  
**Specific documents related to each of the key issues:**  
- Kerbside collection services- three reports  
- Indoor court facility- two reports  
- Flood mitigation and protection two reports  
- Sewer upgrades- Presentation  
- Town centres public improvements- two reports  
- Rural seal extension- one report  
- Growth projections- open paper  
<p>|                                                               |                                                                                                                                                                                                 | It include a statement of outcomes that guide the council and the key risks and assumptions on which the LTP is based, plans for each of the 12 main activities, information on 3 council controlled organisations and the overall financial strategy, detailed financial information especially on proposed rating and key financial policies. |</p>
<table>
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<th>Draft LTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitmate (WDC)</td>
<td><strong>Key issues:</strong> - Revenue and Financing Policy Changes (Your Rates), Rates Remission Policy Changes, Additional Funding for Roading, Bridge Replacements, Mill Road Sewer Extension, Library Extension, St Andrews Reserve</td>
<td>- <strong>Financial Strategy:</strong> includes the district’s current situation, considers council’s other priorities over the coming 10 years and the impact of that on expenditure.</td>
<td></td>
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<tr>
<td></td>
<td><strong>Other Issues:</strong> Urban Water Main, Public Toilets, Hunter Downs Irrigation Scheme Investment and Stormwater Upgrade</td>
<td>- <strong>Infrastructure Strategy:</strong> covers Council’s core infrastructure activities of roading, footpaths and 3waters (water, wastewater and stormwater).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Community outcomes:</strong> - Wealthy community - Safe and health - Sustainable district and environment</td>
<td>- <strong>Significant Forecasting Assumptions:</strong> includes the effect of price changes that is expected to occur over the coming 10 years.</td>
<td></td>
</tr>
</tbody>
</table>
|               | **Notes** 7.9% of total rates go to park and recreation which id estimated to be $653,269. 66% of this cost comes from direct rate paid and 34% comes from other source such as fees and charges. | - **Financial Management:**  
  - Financial Overview: summaries the amount of expenditure council anticipates it will incur in funding its activities.  
  - Balanced Budget Statement  
  - Prospective Financial Statements  
  - Prospective Ten Year Capital Expenditure  
  - Prospective Group Funding Impact Statements  
  - Reserve Funds  
  - Funding Impact Statement and Rating Information  
  - Proposed Rates - Sample Properties  
  - Disclosure Statements Prudential Reporting  |
<p>|               | <strong>Council Policies:</strong> - Revenue and Financing Policy - Financial Contributions Policy - Rates Remission Policy - Significance and Engagement Policy - Statement of Accounting Policies - Funding Policy  | - <strong>Fees and Charges:</strong> includes a schedule of council fees and charges.  |
|               | <strong>Funding Needs Analysis:</strong> explain how each activity of council will be funded. | - |</p>
<table>
<thead>
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<th>Draft LTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitaki (WDC)</td>
<td>Key issue: rate affordability</td>
<td>-Infrastructure Strategy: includes the planning and management of infrastructure assets. It sets out what issues are currently and likely to impact on those assets and the costs associated with maintaining, operating, renewing and developing the infrastructure assets.</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Other issues: growing the economy, improve rural roads, ALPS20CEAN cycle trail, narrow rural roads, improve web-based services, improve internet access for rural townships and visitors, improvement to Palmerston’s town, redevelop the cultural facilities such as Forrester Gallery, the North Otago Museum, improve roads around Oamaru harbour roads, develop green space or town square in lower themes street, seal and install parking in Humber street, provide some seed funding for a new coastal cycleway, under 8 free pool entry, sports fields upgrades, council property sales, sewer pipe ownership, toilet improvement, solid waste, assess earthquake-prone buildings , waitaki biodiversity fund, waitaki biodiversity activities, fix the Craig fountam, review community crime prevention activities, consider the Emergency management centre especially that its earthquake prone, holmes wharf, environmental health fees</td>
<td>-Financial Strategy: includes the district’s current financial situation, considers council’s priorities over the coming 10 years and the impact of its work programme and expenditure.</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Community outcomes:</td>
<td>-Council Financial Disclosures: contains funding and financial statements for the coming 10 years.</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>-Keep district affordable</td>
<td>-Development of Maori capacity: includes information about Maori contribution to the decision making process</td>
<td>-Draft 2015-2025 LTP assumptions</td>
</tr>
<tr>
<td></td>
<td>-Enable opportunities for new and existing business</td>
<td>-Cultural facilities redevelopment: outlines key options considered to improve cultural facilities in the district.</td>
<td>-Policies:</td>
</tr>
<tr>
<td></td>
<td>-Provide and enable services and facilities so people want to stay and move</td>
<td></td>
<td>• Revenue and financing policy: include the funding sources for each of the council’s activities</td>
</tr>
<tr>
<td></td>
<td>-Understand the diverse need of the community</td>
<td></td>
<td>• Forecasting of price level change adjustment</td>
</tr>
<tr>
<td></td>
<td>-Environment is valued and protected</td>
<td></td>
<td>• Funding impact statement</td>
</tr>
<tr>
<td></td>
<td>-Maintain safety</td>
<td></td>
<td>• Liability management and investment policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Significance and engagement policy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Statement of accounting policies</td>
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<td></td>
<td></td>
<td></td>
<td>-Others:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Rate schedule</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>• Growth projections to 2045</td>
</tr>
</tbody>
</table>
Council: Westland (WDC)  

**Consultation Document**

- **Key issues:**
  - The new Revenue & Financing Policy, proposed rates increase
  - Council’s vision
    - Develop communities
    - Deliver sound infrastructure
    - Deliver sound policy
    - Deliver sound regulation
    - Involve the community and stakeholders
    - Deliver core services that meet community expectation and demonstrate value and quality
    - Proudly promote, protect & leverage our historic, environmental & natural resources base to enhance lifestyle and opportunity for future generations


- **Draft Funding Needs Analysis:** explains how each activity of Council will be funded (Parks & Reserves - most fund from targeted rates and minimal cost comes from Reserve funds, Financial contributions & User charges)

- **Related policies:**
  - Draft Investment Policy
  - Draft Liability management policy
  - Draft Rates Remission Policy
  - Draft Rating Policy - supports the Funding Impact Statement by setting out detailed rating policies applied by council in order to determine the rates liability of a property.
  - Draft Revenue and Financing Policy - provides predictability and certainty about sources and levels of funding for council.
  - Revenue and Financing Policy

---

**Supporting documents**

**Draft LTP**

- **Council’s activities:**
  - Leadership:
  - Democracy
  - Corporate Services
  - Council Controlled Organisations
  - Planning & Regulatory Services:
  - Inspections & Compliance
  - Resource Management
  - Emergency Management
  - Animal Control
  - Community Services:
  - Community Development and Assistance
  - Community Halls
  - Township Development Fund
  - Leisure Services & Facilities:
    - Westland District Library
    - Hokitika Museum
    - Swimming Pools
    - i-SITE
    - Parks & Reserves
  - For 2015/16 this activity will make up 1.7% of the Councils yearly expenditure.

- **Financial Strategy**
  - Financial data on rates and borrowing

- **Infrastructure Strategy**
  - Focused on significant infrastructure issues such as water, wastewater, stormwater, roads and footpaths
## Appendix 8: Smokefree related submissions to each council in CWC region

<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of Smokefree 2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
</table>
| Ashburton (ADC) | 356 | 4 | Ashburton Cancer Support Group | Not specified | - Council endorses Smokefree 2025  
- Extend smokefree policy to include all the new buildings and the areas surrounding them, and car parks in the district | - Health effects of smoking |
| Cancer Society of New Zealand (Canterbury West Coast division) | Consultation Document  
Council’s vision & Community outcomes  
Supporting documents  
Infrastructure Strategy 2015-2045  
Regulatory Services  
Democracy and Governance  
Community Facilities and Support  
Parks and open space | - Council endorses Smokefree 2025  
- A.D.C includes a commitment to Smokefree 2025 within its LTP as it consistent with identified community outcomes.  
- Council commits to work with Cancer Society and Smokefree Mid Canterbury in consideration of options to extend the current SFOA policy. This could be achieved through a review of the existing smokefree policy and should consider the key anchor projects for the district.  
- Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments within Ashburton such as the EA Networks Centre and the Ashburton Art Gallery and Heritage Centre and Rakaia sports facility.  
- Communication and promotion of all ADC events held on council owned public space as being smokefree.  
- Chemicals introduced to water systems via cigarettes are included in the ADC Water Activity Management Plans to reduce the spread of contaminants into the ground and water  
- Smokefree policy is embedded within development of the Sports Event Strategy. | - Smokefree goal  
- Public acceptability of smokefree areas  
- Consistent with promoting public health and wellbeing  
- Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems. |
| Canterbury District Health Board | Supporting documents  
Recreation and Leisure  
Parks and Open Space | - The current SFOA policy should be acknowledged in the LTP.  
- The plan should include a comprehensive Smokefree outdoor policy to encompass all public areas and buildings, outdoor (al fresco) dining areas, swimming pools, sport areas, parks, and reserves throughout the district.  
- The budget should include sufficient funding for the provision of smokefree logos/signs to support the above extensions of smokefree | - Promote the reduction of adverse environmental effects on the health of people and communities  
- Improve, promote and protect their health pursuant to the New Zealand Public Health Act 2003 and the Health Act 1956. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Community services</td>
<td></td>
<td>-Council endorses Smokefree 2025.</td>
</tr>
<tr>
<td>Libraries and museums</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

outdoor areas and promotion of these policies.
- Council endorses Smokefree 2025.

Smokefree Mid Canterbury welcomes the opportunity to work in partnership with Ashburton District Council on developing a strategy to promote more smokefree community spaces in our district over the next few years.

Council build on existing positive Smokefree policy initiative to extend Smokefree policy to include other community spaces such as:
- Entrances or building perimeters for Libraries and Museums.
- EA Networks Centre and parking perimeter.
- Art Gallery and Heritage Centre and parking perimeter.
- Any new development of land for parks and reserves.
- Council supported events are always Smokefree events.
- Outdoor dining areas.
- Where a development opportunity, rebuild or refurbishment arise.

The Council recognize the impact of cigarette butts on the environment and consider this aspect of environmental harm in discussions regarding the green spaces in Ashburton District.

Summary of themes
4 out of 4 submissions asked the council to endorse Smokefree 2025 goal.
4 out of 4 submissions asked the council to extend their current smokefree policy to other outdoor areas and community spaces.
2 out of 4 submissions asked the council to consider the environmental harm of cigarette and cigarette butt on water and green spaces.
2 out of 4 submissions asked the council to maintain smokefree signage and apply signage to all new and emerging development within the district.
1 out of 4 submissions asked the council to include their current smokefree Outdoor Area policy to their LTP.
1 out of 4 submissions asked the council Include Smokefree 2025 goal or a commitment to Smokefree 2025 in the final LTP.
1 out of 4 submissions asked for a smokefree council’s events.
1 out of 4 submissions asked the council to embedded smokefree policy within the development of other strategies.

- Important step to achieving Smokefree 2025
- Denormalise smoking
<table>
<thead>
<tr>
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<th>No. of smokefree submissions</th>
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<th>What they were asking in term of Smokefree 2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buller (BDC)</td>
<td>122</td>
<td>4</td>
<td>West Coast Tobacco Coalition</td>
<td>Draft LTP</td>
<td>-Council endorses Smokefree 2025.</td>
<td>-Health effects of smoking and SHS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Make pensioner housing unit smokefree.</td>
<td>-Denormalise smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Council extends the current SFOA policy to include all outdoor dining areas on councils owned land including the new town square/ Central hub and associated public open spaces.</td>
<td>-Smokefree 2025.</td>
</tr>
<tr>
<td>Cancer Society of New Zealand (Canterbury West Coast division)</td>
<td></td>
<td></td>
<td>Draft LTP &amp; Consultation Document</td>
<td></td>
<td>-Council endorses Smokefree 2025.</td>
<td>-Health effects of smoking and SHS.</td>
</tr>
<tr>
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<td></td>
<td>-B.D.C includes a commitment to Smokefree 2025 within its LTP as it consistent with identified community outcomes.</td>
<td>-Denormalise smoking.</td>
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<td></td>
<td></td>
<td>-Council commits to work with external organisations to extend the current SFOA policy to other outdoor areas.</td>
<td>-Smokefree 2025.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>-Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments within the region.</td>
<td>-Public acceptability of smokefree areas.</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>-Chemicals introduced to water systems via cigarettes are included in the BDC Water Activity Management Plans to reduce the spread of contaminants into the ground and water.</td>
<td>-Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems.</td>
</tr>
<tr>
<td>Community and Public Health West Coast</td>
<td></td>
<td></td>
<td>Draft LTP</td>
<td></td>
<td>-Council endorses Smokefree 2025.</td>
<td>-High prevalence of smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Make pensioner housing unit smokefree.</td>
<td>-Health effect of smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Council extends the current SFOA policy to include all outdoor dining areas on councils owned land including the new town square/ Central hub and associated public open spaces.</td>
<td></td>
</tr>
<tr>
<td>Active West Coast</td>
<td></td>
<td></td>
<td>Draft LTP</td>
<td></td>
<td>-Make pensioner housing unit smokefree.</td>
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</tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>-Council extends the current SFOA policy to include all outdoor dining areas on councils owned land including the new town square/ Central hub and associated public open spaces.</td>
<td>-Health effect of smoking.</td>
</tr>
</tbody>
</table>
Summary of themes
3 out of 4 submissions asked the council to endorse Smokefree 2025 goal.
4 out of 4 submissions asked the council to extend their current smokefree policy to other outdoor areas and community spaces.
1 out of 4 submissions asked the council to consider the environmental harm of cigarette and cigarette butt on water and green spaces.
1 out of 4 submissions asked the council to maintain smokefree signage and apply signage to all new and emerging development within the district.
1 out of 4 submissions asked the council to include Smokefree 2025 goal or a commitment to Smokefree 2025 in the final LTP.
<table>
<thead>
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<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grey (GDC)</td>
<td>23</td>
<td>5</td>
<td>Community &amp; Public Health West Coast</td>
<td>Draft LTP</td>
<td>Council endorses Smokefree New Zealand by 2025.</td>
<td>Assist to achieve smokefree goal.</td>
</tr>
<tr>
<td>West Coast Tobacco Free Coalition</td>
<td>25</td>
<td>5</td>
<td>Draft LTP &amp; Consultation Document</td>
<td>Council’s vision &amp; community outcomes</td>
<td>Council endorses Smokefree 2025 goal.</td>
<td>- Avoid the harm of second-hand smoke.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Council extends the smokefree environment area to include outdoor dining on council owned land &amp; Central Business District redevelopment plan.</td>
<td>- Denormalise smoking.</td>
</tr>
<tr>
<td>Cancer Society of New Zealand (Canterbury West Coast division)</td>
<td>20</td>
<td>4</td>
<td>Draft LTP</td>
<td>Council’s vision</td>
<td>Council endorses Smokefree 2025 goal.</td>
<td>Smokefree goal.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Council includes a commitment to Smokefree 2025 within the long term plan.</td>
<td>- Public acceptability of smokefree areas.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Council commits to work with other organisations on the consideration to extend current smokefree policy relating to outdoor areas.</td>
<td>- Consistent with promoting public health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Maintenance of existing smokefree policy and supportive signage and promotion and application to this to new and emerging development within the region.</td>
<td></td>
</tr>
<tr>
<td>West Coast Well women Centre Inc.</td>
<td>15</td>
<td>1</td>
<td>Draft LTP</td>
<td>Council’s vision</td>
<td>Extend the smokefree outdoor areas policy to include outdoor dining areas on council owned land.</td>
<td>Health effect of smoking.</td>
</tr>
<tr>
<td>Active West Coast</td>
<td>20</td>
<td>1</td>
<td>Draft LTP</td>
<td>Council’s vision &amp; Community outcomes</td>
<td>Extend the smokefree outdoor areas policy to include outdoor dining areas on council owned land.</td>
<td>Health effect of smoking.</td>
</tr>
</tbody>
</table>

**Summary of themes**
3 out of 5 submissions asked the council to endorse Smokefree 2025 goal.
4 out of 5 submissions asked the council to extend their current smokefree policy to other outdoor areas and community spaces.
1 out of 5 submissions asked the council to maintain smokefree signage and apply signage to all new and emerging development within the district.
1 out of 5 submissions asked the council to include Smokefree 2025 goal or a commitment to Smokefree 2025 in the final LTP.
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<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christchurch (CCC)</td>
<td>2997</td>
<td>9</td>
<td>Public submitter</td>
<td>Not specified</td>
<td>Smokefree 2025 was it mentioned but the submitter attached a booklet that suggests improving the New Brighton Market by making it smokefree.</td>
<td>-SHS smoke affecting non-smoker staff and visitors.</td>
</tr>
<tr>
<td>Public submitter</td>
<td>Not specified</td>
<td>Smokefree 2025 was it mentioned but the submitter attached a booklet that talks about exercise and mentioned the health effect of smoking few times.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Public submitter</td>
<td>Not specified</td>
<td>Smokefree 2025 wasn’t it mentioned. It was basically a complain about carcinogenic smoke when they visit 53 Hereford Street, service centres and libraries, and public swimming pools. The submitter requested smokefree council facilities, adding adequate signage at all CCC sites where the public has access, an action plan should be developed, advertised in the media for implementation by Christmas 2015.</td>
<td></td>
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</tr>
<tr>
<td>Cancer Society of New Zealand (Canterbury West division)</td>
<td></td>
<td></td>
<td></td>
<td>Draft LTP, Consultation Document and Supporting Documents Community outcomes Infrastructure Strategy</td>
<td>-Council endorses Smokefree 2025. -C.C.C.includes a commitment to Smokefree 2025 within the LTP. -Council commits to work with other organisations on the consideration to extend current smokefree policy relating to outdoor areas. This can be achieved trough reviewing the current smokefree policy. -Maintenance of existing smokefree policy and supportive signage and promotion and application to this to new and emerging development within the region such as Anchor Projects through the city. -Communication and promotion of all C.C.C events hold on council owned public spaces as being smokefree. -Chemicals introduced to water systems via cigarettes are given due consideration in C.C.C water management plans.</td>
<td>-Health effects of smoking and SHS. -Denormalise smoking. -Smokefree goal. -Public acceptability of smokefree areas. -Beneficial to water systems by reducing the amount of chemical entering the water system.</td>
</tr>
<tr>
<td>Canterbury and West Coast Branch of Public Health Association</td>
<td></td>
<td></td>
<td></td>
<td>Draft LTP</td>
<td>-Council endorses Smokefree 2025. -Council extends smokefree policies to include entrances to libraries and museums, bus shelters and stops, al fresco dining and events, social housing, and the anchor projects. -Fully endorse the submission made to the LTP by Smokefree Canterbury.</td>
<td>-Reduce the visibility of smoking and denormalise smoking behaviour.</td>
</tr>
<tr>
<td>Smokefree Canterbury</td>
<td>Community outcomes &amp; Group of activities (parks and open spaces, libraries and museums)</td>
<td>-Council endorses Smokefree 2025. -Encourage smokefree council’s events. -Extend the current smokefree policy to include outdoor areas and community spaces. -Recognise the environmental harm of cigarette/ cigarette butts on water or green spaces.</td>
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</tr>
<tr>
<td>Public submitter</td>
<td>Not specified</td>
<td>-Extend smoke free policy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Society Diamond Harbour Group</td>
<td>Draft LTP</td>
<td>-Council endorses Smokefree 2025. -Extend the current smokefree policy to include other outdoor areas and community spaces.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community and public health unit (District health board)</td>
<td>Consultation Document</td>
<td>-Council endorses Smokefree 2025. -Council build on existing positive smokefree initiatives to other Community spaces, such as:  - Bus shelters and bus stops.  - Entrances to its Libraries and Museums.  - Any new development of land for parks and reserves  - Anchor Projects. -Promotion of the council’s smokefree policy is added to the promotional material requirement produced for residents and visitors.</td>
<td></td>
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</tr>
</tbody>
</table>

**Summary of themes**

5 out of 9 submissions asked the council to endorse Smokefree 2025 goal.
8 out of 9 submissions asked the council to extend their current smokefree policy to other outdoor areas and community spaces.
2 out of 9 submissions asked the council to consider the environmental harm of cigarette and cigarette butt on water and green spaces.
1 out of 9 submissions asked the council to maintain smokefree signage and apply signage to all new and emerging development within the district.
1 out of 9 submissions asked the council to include their current SFOA policy to the promotional material requirement produced for residents and visitors.
1 out of 9 submissions asked the council to include Smokefree 2025 goal or a commitment to Smokefree 2025 in the final LTP.
2 out of 9 submissions asked for a smokefree council’s events.
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smoking-related submission</th>
<th>Document used</th>
<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurunui (HDC)</td>
<td>253</td>
<td>5</td>
<td>Canterbury District Health Board</td>
<td>Not specified</td>
<td>-Council endorses Smokefree 2025.</td>
<td>-Denormalise smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>“General comments”</td>
<td>-Council builds on existing positive smokefree initiatives to other public places, such as:</td>
<td>-Reach Smokefree 2025.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Entrances to libraries and council buildings.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Any new development of land for parks and reserves.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• A pilot project of a smokefree main street or similar.</td>
<td></td>
</tr>
<tr>
<td>Smokefree Canterbury</td>
<td></td>
<td></td>
<td></td>
<td>Not specified</td>
<td>-Council endorses Smokefree 2025.</td>
<td>-Smokefree environments are a significant part of the strategy to help reach Smokefree 2025.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>But mainly from Consultation document and Supporting documents</td>
<td>-Council builds on existing positive smokefree policy initiatives to extend smokefree policy to include other community spaces such as:</td>
<td>-Denormalise smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Key issues</td>
<td>• Entrances or building perimeters for Libraries and Museums.</td>
<td>-Reduce exposure to second-hand smoke</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Public Services</td>
<td>• Any new development of land for parks and reserves.</td>
<td>-Impact of cigarette butts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hanmer Springs Thermal pools and Spa</td>
<td>-Council recognizes the impact of cigarette butts on the environment and considers the environmental harm in discussions regarding the extension of the current Smokefree Outdoor Strategy and consider other community spaces in the region.</td>
<td></td>
</tr>
</tbody>
</table>
### Cancer Society of New Zealand
(Canterbury West Coast division)

#### Supporting documents
- 30 Year Infrastructure Strategy 2015 – 2045
- Public services activity
- Provision of safe public water supply and Water Safety Plans (WSP)
- Stormwater & Drainage (P3 and 5 Summary of Services and Projects 2015-2025)
- Water (P14) Hurunui District Council

- Council endorses Smokefree 2025
- Includes a commitment to Smokefree 2025 within its LTP, as it is consistent with identified community outcomes.
- Council commits to work with external agencies on the consideration option to extend the current smokefree policy relating to the outdoor areas. This can be achieved through reviewing the current smokefree policy.
- Maintenance of existing smokefree policy and supporting signage and promotion and application of this for new and emerging development within Hurunui such as Hanmer Spring Sports Stadium upgrade and the rebuild of Amberley swimming pool.
- Communication and promotion of all HDC events on council owned public space as being smokefree.
- Chemicals introduced to water systems via cigarettes are included in the HDC Water Safety Plans to reduce the spread of contaminants into the ground and water.

### Cancer Society Hurunui Group

#### Supporting Document
- 30 Year Infrastructure Strategy 2015 – 2045
- “Council’s vision”

- Council endorses Smokefree 2025.
- Promote more community spaces as Smokefree, in particular around HDC buildings such as libraries / service centres; around bus stops and in outdoor dining venues.

### Cancer Society Amberley Group

#### Supporting Document
- 30 Year Infrastructure Strategy 2015 – 2045
- “Council’s vision”

- Council endorses Smokefree 2025.
- Promote more community spaces as Smokefree, in particular around HDC buildings such as libraries / service centres; around bus stops and in outdoor dining venues.

### Summary of themes
- 5 out of 5 submissions asked the council to endorse Smokefree 2025.
- 5 out of 5 submissions asked the council to extend their current smokefree policy to other outdoor areas and community spaces.
- 2 out of 5 submissions asked the council to consider the environmental harm caused by cigarettes or cigarette butts on water or green spaces.
- 1 out of 5 submissions asked the council to include Smokefree 2025 goal or a commitment to Smokefree 2025 in the final LTP.
- 1 out of 5 submissions asked the council for smokefree council’s events.
- 1 out of 5 submissions asked the council to maintain and promote smokefree signage to all new and emerging developments within the district.
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
</table>
| Kaikoura (KDC)          | 52                          | 3                           | Smokefree Canterbury           | Supporting document Infrastructure Strategy       | -Council endorses smokefree goal 2025.  
- Council builds up on existing positive Smokefree policy initiatives to extend Smokefree policy to include other community spaces such as:  
  - Entrances or building perimeters for Council owned buildings such as the new Civic Centre, which includes the Library and Museum.  
  - Any new development of land for parks and reserves, beautification spaces or civic squares.  
  - The new marina/harbour facility or other civic space where a development opportunity, rebuild or refurbishment arises offers potential to pilot extensions to the current policy.  
- Council recognizes the impact of cigarette butts on the environment and consider this aspect of environmental harm in discussions regarding the extension of the current Smokefree policy. | -Harmful effect of tobacco and second-hand smoking.  
- Denormalise smoking.  
- Environmental harm caused by leaching cigarette butts entering the storm water system. |
| Cancer Society of New Zealand (Canterbury West Coast division) | Consultation Document  
Community Outcomes  
Supporting Document  
Infrastructure Strategy | Extend current Smokefree policy creating more Smokefree community spaces. This can be achieved through a review of the existing smokefree policy.  
- Maintenance of existing Smokefree policy and supportive signage and promotion and the application of this for new and emerging developments within Kaikoura such as the development of the Kaikoura integrated family health centre.  
- Communication and promotion of all KDC events held on council owned public space as being Smokefree.  
- Council includes its commitment to Smokefree 2025 in its LTP. | -Harmful effect of tobacco and second-hand smoking.  
- Denormalise smoking.  
- Environmental harm caused by leaching cigarette butts entering the storm water system. |
Council extend existing positive smokefree initiatives to other public places, such as:
- Entrances to libraries, council buildings and new or upgraded recreation facilities.
- Any new development of land for parks and reserves.
- A pilot project of a smokefree main street or similar.

### Summary of themes

<p>| Theme                                                                 | Frequency |
|                                                                     |          |
| 3 out of 3 submissions asked to council to extend the current SFOA to cover outdoors and other community spaces. |          |
| 1 out of 3 submissions asked the council to consider the environmental harm of cigarette / cigarette butts on water and greenspaces. |          |
| 1 out of 3 submissions asked the council to endorse Smokefree goal 2025. |          |
| 1 out of 3 submissions asked council to maintain smokefree signage and apply smokefree signage to all new and emerging development within the district. |          |
| 1 out of 3 submissions asked for smokefree council’s events. |          |
| 1 out of 3 submissions asked the council to include a commitment to Smokefree goal in the LTP. |          |</p>
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of Smokefree 2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
</table>
| Mackenzie (MDC) | 193 | 3 | Cancer Society of New Zealand (Canterbury-West Coast division) | Consultation Document “Community Outcomes” | -Council endorses smokefree goal 2025.  
-M.D.C includes a commitment to smokefree goal.  
-Council commits to work with other external agencies in consideration of option to extend current smokefree policy related to outdoor areas. This could be achieved through a review of the existing smokefree policy.  
-Consider the key development projects for the district such as the Tekapo Lakefront Development.  
-Maintenance of existing smokefree policy and supportive signage and promotion of this new and emerging development within Mackenzie.  
-Communication and promotion of all MDC events held on council owned public space as being smokefree.  
-Reduce the spread of contaminants via chemical introduced to water systems via cigarette should be considered as an objective of the MDC Water Supply Activity Plan. | -Health effect of smoking  
-Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems |
| South Canterbury Cancer Society & south Canterbury branch of the Heart Foundation | | | | Consultation Document “Community outcomes” Supporting Documents Activity Management plan for governance and cooperate services Activity Management plan for community and township Services Activity Management plan for tourism and economic development | -Council endorses smokefree goal 2025.  
-Develop and promote a comprehensive smokefree environment policy.  
-Council commits to work with the key stakeholders to consult with the community on options for extensions to smokefree policy and create a long term strategy reflecting council’s commitment.  
-Develop a 10 years strategy to extend smokefree outdoor spaces policy which include the following:  
  - Entrance to council owned facilities and public places (libraries, halls, community centres and sports halls.  
  - Parks and reserves.  
  - Outdoor dinning /eating areas.  
  - Village greens, market squares and hubs where people gather.  
  - Future developments (Market square twizel, tekapo waterfront.  
-The council funded events or activities are promoted as smokefree. | -Health effect of smoking and second hand smoking  
-Important to achieve smokefree 2025 |
| South Canterbury district health board Papered by community and public health division |
| Consulation Document Community outcomes |
| Supporting Documents Activity management plan |

- The council recognises the impact of cigarette butts on the unique environment.
- The long term plan should specify council’s commitment to smokefree 2025 and progressing smokefree public areas across the district.
- The current smoke free outdoor areas policy should be reflected in the long term plan along with the government’s vision of smokefree 2025.
- Ensure all council’s events as being smoke free.

**Summary of themes**

- 3 out of 3 submissions asked for smokefree council’s events.
- 2 out of 3 submissions asked the council to endorse Smokefree goal 2025.
- 2 out of 3 submissions asked the council to extend their current smokefree outdoor areas policy to include other outdoor areas and greenspaces.
- 2 out of 3 submissions asked the council to include their commitment to Smokefree goal 2025 in their long-term plan.
- 2 out of 3 submissions asked the council to consider the environmental harm of cigarettes and cigarettes butt on water or greenspaces.
- 1 out of 3 submissions asked the council to review their current smokefree outdoor areas policy.
- 1 out of 3 submissions asked the council to maintain smokefree signage and apply them to all new and emerging developments within the district.
- 1 out of 3 submissions asked the council to reflect on the current smokefree outdoor areas policy along with the government vision of Smokefree 2025.
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selwyn (SDC)</td>
<td>368</td>
<td>5</td>
<td>Cancer Society Ellesmere Support Group</td>
<td>Not specified</td>
<td>-Council endorses Smokefree 2025. -Promote more community spaces as Smokefree, in particular around SDC, buildings such as libraries / service centres; around bus stops and in outdoor dining venues.</td>
<td>-Positive environments for younger people to grow up in</td>
</tr>
<tr>
<td>Smokefree Canterbury</td>
<td></td>
<td></td>
<td>Draft LTP “Community Outcomes”</td>
<td></td>
<td>-Council endorses Smokefree 2025. -Build on existing positive smokefree policy initiatives to extend smokefree policy to include other community spaces such as: - Entrances or building perimeters of SDC buildings - Any new development of land for parks and reserves - A pilot project for Smokefree dining in Rolleston. -Council recognizes the impact of cigarette butts on the environment and consider this aspect of environmental harm in discussions regarding the extension of the current smokefree greenspace policy and consider other community spaces in the region</td>
<td>-Important step to achieving Smokefree 2025. -Lowering the smoking rate by reducing the visibility and normalcy of smoking in public places. -Reinforce health messages for children and young people. -Denormalisation of smoking</td>
</tr>
<tr>
<td>Canterbury &amp; West Coast Branch of Public Health Association</td>
<td></td>
<td></td>
<td>Draft LTP “Community Outcomes”</td>
<td></td>
<td>-Council endorses the Smokefree 2025 goal and show continued Leadership in this area. -Council recognizes that the Council’s strong partnership with Smokefree Canterbury and fully endorse the submission made to the LTP by Smokefree Canterbury.</td>
<td>-Local authority role in promoting wellbeing -Reduce the visibility of smoking -Denormalise smoking behavior.</td>
</tr>
<tr>
<td>Cancer Society of New Zealand (Canterbury West Coast division)</td>
<td></td>
<td></td>
<td>Draft LTP</td>
<td></td>
<td>-Council endorses Smokefree 2025. -S.D.C includes a commitment to Smokefree 2025 within its LTP as it is consistent with identified community outcomes. -Council commits to work with Cancer Society and Smokefree Canterbury on the consideration of options to extend current smokefree policy relating to outdoor areas. -Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments such as:</td>
<td>-Health effect of smoking. -Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems</td>
</tr>
</tbody>
</table>
| Canterbury District Health Board | Draft LTP Parks and public spaces | - Council formally supports Smokefree 2025.  
- Council build on existing positive smokefree initiatives to other Public places, such as:  
  • Entrances to library and council buildings.  
  • Any new development of land for parks, playgrounds and reserves.  
  • A pilot project of a smokefree main street, town square or similar. | - Help denormalise smoking.  
- Reach the Smokefree 2025 goal. |

**Summary of themes**

5 out of 5 submissions asked the council to endorse Smokefree 2025 goal.
3 out of 5 submissions asked the council to extend their current smokefree policy to include other outdoor areas and community spaces.
1 out of 5 submissions asked the council to consider the environmental harm of cigarettes/ cigarette butts on water/ green spaces.
1 out of 5 submissions asked the council to maintain smokefree signage and apply them to new and emerging developments within the district.
1 out of 5 submissions asked the council to include its commitment to Smokefree 2025 goal.
1 out of 5 submissions asked for smokefree council’s events.
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
</table>
| Timaru (TDC)    | 279                        | 4                            | Cancer Society, Canterbury- West Coast Division Inc                                             | Consultation Document “Community Outcomes & vision”                           | - Council endorses Smokefree 2025.  
- T.D.C includes a commitment to Smokefree 2025 within its LTP, as it is consistent with identified community outcomes.  
- Council commits to work with Cancer Society and other key agencies on the consideration of options to extend current smokefree policy relating to outdoor areas. This can be achieved through a review of the existing smokefree policy.  
- Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments within timaru.  
- Communication and promotion of all T.D.C events held on council owned public space as being smokefree.  
- Chemical introduced to water systems via cigarettes are included in the T.D.C Water Supply Risk Management Plans to reduce the spread of contaminants into ground and water.  
- Health effect of smoking and SHS  
- Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems |                                                                                                                                  |
| joint submissions from the South Canterbury Cancer Society & South Canterbury Branch of the Heart Foundation | Consultation Document “Community Outcomes & vision”                           | - Endorses smokefree 2025 goal.  
- Extend the smokefree policy to include entrance/grounds of all council owned facilities.  
- Council’s events or activities that are fund through the Community Loans Scheme or similar are deemed smokefree.  
- Council continues to develop a strategy in consultation with the community and collaboration with key partners to extend smokefree policy to other community spaces in the region such as public spaces (libraries, museums and recreational facilities), Central business districts, outdoor dining/ eating areas.  
- Council recognize the impact of cigarette butts on the environment  
- Council extends smokefree policy to include public libraries, SC museum and caroline Bay and its surrounding facilities, and all events held in these areas.  
- Health effect of smoking and SHS  
- Smokefree community spaces is important step to achieve smokefree 2025 |                                                                                                                                  |
| **Smokefree Youth Ambassador** | **Consultation Document** | **Community Outcomes & vision** | - Include a commitment to Smokefree 2025 within its LTP.  
- Extend smoke free outdoors to include stafford street, other public places and caroline Bay.  
- Include a commitment to Smokefree 2025 within its LTP, as it is consistent with identified community outcomes.  
- The current smokefree outdoor areas policy for parks, playgrounds and council events should be reflected in the plan along with the government’s vision of smokefree 2025.  
- Funds are designated each year to promote council’s greenspaces and events are being smokefree.  
- The council signage manual reflects that smokefree signage is mandatory on all parks and sports grounds.  
- Councils staff/building and contractors policies reflects smokefree environments and support for workers to quit smoking i.e primaeport, C Bay outdoor cafetria.  
- Changing lifestyles and encouraging physical activity. |

| **South Canterbury District Health Board** | **Supporting Document** | “Activity Statements - council’s activities” | - Include a commitment to Smokefree 2025 within its LTP, as it is consistent with identified community outcomes.  
- Health effect of smoking/SHS  
- Public support to SF outdoors policy.  
- Important step to achieve smokefree 2025. |

**Summary of themes**

- 4 out of 4 submissions asked the council to extend current smokefree policy to include other outdoor areas and community spaces.
- 3 out of 4 submissions asked to include a commitment to Smokefree 2025 within its LTP, as it is consistent with identified community outcomes.
- 3 out of 4 submissions asked to ensure all council’s event to be smokefree.
- 2 out of 4 submissions asked for endorsement of Smokefree 2025 goal.
- 2 out of 4 submissions asked for signage and promotion for new and emerging developments within the district.
- 2 out of 4 submissions asked the council to consider the environmental harm caused by cigarette/cigarette butts on water or greenspaces.
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
</table>
| Waimakariri (WDC)            | 305                        | 4                            | Cancer Society of New Zealand (Canterbury- West Coast Division)                                  | Draft LTP “Community outcomes & Activities”       | - Council endorses Smokefree 2025.  
- W.D.C includes a commitment to Smokefree 2025 within its LTP as it is consistent with identified community outcomes.  
- Council commits to work with Cancer Society as an active member of Smokefree Canterbury on the consideration of options to extend current smokefree policy relating to outdoor areas.  
- Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments within waimakariri.  
- Chemical introduced to water systems via cigarette butts included in the W.D.C response to reducing the spread contaminants into ground and water.                                                                 | - Health effect of smoking  
- Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems                                                                                                                                 |
| Cancer Society Rangiora Group|                             |                              | Draft LTP “Community outcomes”                                                                 |                                                   | - Council endorses Smokefree 2025  
- Promote more community spaces as Smokefree, in particular around the new town centres of Rangiora and Kaiapoi.                                                                                                                                                                                                 | - Improve health and wellbeing of the community                                                                                                                                               |
| Canterbury District Health Board |                          |                              | Draft LTP “Key issues & Council’s activities”                                                |                                                   | - Council formally supports Smokefree 2025  
- Council builds on existing positive smokefree initiatives to other Public places, such as:  
  - Entrances to library and museum.  
  - Any new development of land for parks, playgrounds and reserves  
  - A pilot project of a smokefree High Street of similar                                                                                                                                   | - Local authority role in promoting wellbeing.  
- Reduce the visibility of smoking.  
- Denormalise smoking behavior                                                                                                                                                                    |
| Smokefree Canterbury         |                             |                              | Draft LTP “Key issues & Council’s activities”                                                |                                                   | - Council formally supports Smokefree 2025  
- Council builds on existing positive smokefree policy to extend smokefree policy to include other community spaces such as  
  - Entrances or building perimeters for libraries and museums.  
  - Any new development of lands for parks and reserves.  
  - A pilot project of a smokefree High street or other civic space where a development opportunity, rebuild or refurbishment arises.                                                                 | - Health effect of smoking and SHS.  
- Denormalise smoking.  
- Lower smoking rates.  
- Strategy to help reach smokefree 2025.  
- Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems                                                                                                                                 |
|                          | current smokefree green space policy and consider other community spaces in the region such as the new High Street development | systems by reducing the amount of chemicals from cigarettes entering the water systems. |

**Summary of themes**

- 4 out of 4 submissions asked the council to endorse Smoke free goal
- 4 out of 4 submissions asked the council to extend their current smokefree policy to include other outdoor areas and community spaces
- 2 out of 4 submissions asked the council to consider the environmental impact of cigarette and cigarette butts on water and green space
- 1 out of 4 submissions asked the council to include a commitment to smokefree goal
- 1 out of 4 submissions asked the council to maintain smokefree signage and apply them to all new and emerging development within the district.
<table>
<thead>
<tr>
<th>Council</th>
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<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
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<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waimate (WDC)</td>
<td>169</td>
<td>3</td>
<td>Cancer Society Canterbury of New Zealand (West Coast Division)</td>
<td>Supporting documents Community Outcome Previous long term plan 2012-2022</td>
<td>-Council endorses Smokefree 2025. -W.D.C includes a commitment to Smokefree 2025 within the LTP. -Council commits to work with external agencies on the consideration of options to extend current smokefree policy relating to outdoor areas. -Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments such as the waimate District Community Complex project, developments within St Andrew Reserve and the library extension. -Council support the communication and promotion of all W.D.C events held on council owned public space as being smokefree. -Chemicals introduced to water system via cigarettes are part of the W.D.C Water Activity Management Plans to reduce the spread of contaminant into the ground and water.</td>
<td>-High prevalence of smoking. -Health effect of smoking and second-hand smoking. -Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems.</td>
</tr>
<tr>
<td>Joint submission from the South Canterbury Cancer Society &amp; South Canterbury Branch of the Heart Foundation</td>
<td>Not specified</td>
<td></td>
<td></td>
<td>-Council endorses Smokefree 2025. -Council reviews current smokefree policy, gauging the support and awareness in the community of the current policy during this process. -Council extends the smokefree policy beyond sports grounds and playgrounds as indicated in the key policy areas to include the parks and facilities in which these sports grounds reside. -All events or activities funded by the council or held on council-owned land are promoted as smokefree. i.e. Urban reserves and parks. -Council recognises the impact of cigarette butts on the environment and considers this in discussions regarding the extension of the current smokefree policy. -Council develops a long term plan strategy in consultation with the community and collaboration with key partners -to extend smokefree policy to council owned public spaces and community facilities which are frequented by children, and which are not already included in the smokefree Policy: • Zones within central business district.</td>
<td>-Effects on health caused by smoking and second-hand smoking. -Drain on the economy, increasing health inequalities, and the social and cultural losses resultant from premature death. -Environmental harm caused by leaching cigarette butts entering the storm water system.</td>
<td></td>
</tr>
</tbody>
</table>
- Outdoor eating places.
- Entrances of new and existing community facilities: i.e. Waimate District Community Complex.

South Canterbury District Health Board

Not specified

Key activity

“Parks and Recreation”

General comment on smokefree

-The plan specifies council’s commitment to Smokefree 2025 and progressing smokefree public areas across the District.

-The current SFOA should be reflected in the Plan along with the Government's vision of Smokefree 2025.

-Funds are designated each year to promote council's greenspaces and events as being smokefree. This would be low cost and utilise Council's existing networks, publications and communications processes.

-Council’s signage manual reflects that Smokefree signage is mandatory on all new parks and sports ground.

-Council staff/buildings and contractors policies reflect Smokefree environments and support for workers to quit smoking.

-Improve health & wellbeing.

-Smokefree goal 2025.

Summary of themes

3 out of 3 submissions asked the council to extend their current SFOA to include other community spaces and greenspaces.

3 out of 3 submissions asked for smokefree council’s events.

2 out of 3 submissions asked the council to endorse Smokefree 2025.

2 out of 3 submissions asked the council to include a commitment to Smokfree 2025 & smoke free goal within the long-term plan.

2 out of 3 submissions asked the council to maintain and apply smokefree signage to all new and emerging development within the district.

2 out of 3 submissions asked the council to consider the environmental harm of cigarettes/cigarette butt on water or green spaces.

1 out of 3 submissions asked the council to review their current smokefree outdoor policy.

1 out of 3 submissions asked the council to include their current smokefree outdoor policy in their long-term plan.

1 out of 3 submissions asked the council to ensure that all buildings and staff reflects smokefree environments and support worker to quit smoking.
<table>
<thead>
<tr>
<th>Council</th>
<th>Total number of submissions</th>
<th>No. of smokefree submissions</th>
<th>Sources of smokefree submission</th>
<th>Document used</th>
<th>What they were asking in term of smokefree-2025</th>
<th>Reasons given for asking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitaki (WDC)</td>
<td>142</td>
<td>1</td>
<td>Southern District Health Board</td>
<td>General comments on Activity groups</td>
<td>- Didn’t specifically mentioned Smokefree 2025 however pointed to the inclusion of smokefree reserves.</td>
<td>- Normalise smokefree messages.</td>
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<td>- Support council to consider further ways to embed smokefree messages.</td>
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<td>- Encourage the council to consider the development of a staff wellness programme with smokefree work as an initial focus.</td>
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<tr>
<td>Council</td>
<td>Total number of submissions</td>
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<tr>
<td>Westland (WDC)</td>
<td>686</td>
<td>4</td>
<td>West Coast Tobacco Free Coalition</td>
<td>Draft LTP</td>
<td>- Council endorses Smokefree 2025.</td>
<td>- Health effects of smoking and SHS.</td>
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<td></td>
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<td></td>
<td>Council’s activities &amp; Community Services</td>
<td>- Extend current Smokefree Environments policy to include all outdoor dining areas on Council-owned land.</td>
<td>- Denormalise smoking.</td>
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<td></td>
<td>- Smokefree 2025.</td>
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<tr>
<td>Active West Coast</td>
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<td></td>
<td>Draft LTP</td>
<td>Council’s vision</td>
<td>- Council endorses Smokefree 2025.</td>
<td>- Denormalise smoking.</td>
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<td>- Extend current SFOA policy to include outdoor dining areas on Council-owned land.</td>
<td>- Smokefree 2025.</td>
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<td>- Designate elderly housing to be Smokefree.</td>
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<tr>
<td>Cancer Society of New Zealand (Canterbury-West Coast Division)</td>
<td>Draft LTP</td>
<td>Council’s activities &amp; Community Services</td>
<td>Consultation document</td>
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<td>- Council endorses Smokefree 2025.</td>
<td>- High prevalence of smoking.</td>
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<td>- W.D.C includes a commitment to Smokefree 2025 within the LTP.</td>
<td>- Health effect of smoking and SHS.</td>
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<td>- Council commits to work with other external agencies on the consideration of options to extend current smokefree policy relating to outdoor areas including outdoor dining facilities.</td>
<td>- Beneficial to water systems by reducing the amount of chemicals from cigarettes entering the water systems.</td>
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<td>- Maintenance of existing smokefree policy and supportive signage and promotion and the application of this for new and emerging developments within Westland such as The new Recreation and Community Centre, Franz Josef 'revitalisation plan, beach front and reserve developments in the area.</td>
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<td>- Council support the communication and promotion of all W.D.C events held on council owned public space as being smokefree.</td>
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<td></td>
<td>- Chemicals introduced to water systems via cigarettes are included in the W.D.C Water Activity Management Plans to reduce the spread of contaminants into the ground and water</td>
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<tr>
<td>Canterbury District Health Board (Community &amp; public health West Coast)</td>
<td>Draft LTP</td>
<td>“Council’s activity- Leisure Services &amp; Facilities</td>
<td></td>
<td>- Council endorses Smokefree 2025.</td>
<td>- Extend the current smokefree environments policy to include all outdoor dining areas on councils owned lands.</td>
<td>- High smoking rates in the west coast region.</td>
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<td>- Designate elderly housing to be smokefree.</td>
<td>- Harmful effects of smoking and SHS.</td>
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<td>- A Strategy to achieve Smokefree 2025.</td>
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</tbody>
</table>
Summary of themes
4 out of 4 submissions asked the council to endorse Smokefree 2025.
4 out of 4 submissions asked the council to extend their current SFOA policy to include other outdoor areas and other community spaces.
2 out of 4 submissions asked the council to designate elderly housing to be smokefree.
1 out of 4 submissions asked the council to include a commitment to Smokefree 2025 in their LTP.
1 out of 4 submissions asked the council to maintain smokefree signage and apply them to all new and emerging development within the district.
1 out of 4 submissions asked for smokefree council’s event.
1 out of 4 submissions asked the council to consider the environmental harm of cigarette and cigarette butts on water and green spaces.