

Attitudes towards smoking in Wellington

Report on the 2018 smokefree survey

WCC Research and Evaluation team

Contents

Executive summary	5
Aim	9
Method	9
Analysis	10
Sample.....	11
Findings	14
Awareness amongst population of current smokefree locations.....	14
Attitudes towards smoking.....	19
Smoking status preferences for different locations	24
Comments on additional areas preferred to be smokefree	29
Outdoor restaurant and bar areas.....	31
Nuisance smoking and vaping.....	33
Vaping sub-group	36
Those with dependent children	39
General comments.....	40
Conclusions	45
Appendix A: Survey items	46
Appendix B: Statistics.....	56

List of tables and figures

Table 1. Smoking status, gender and age group breakdown (post-weighted).....	11
Table 2. Vaping status.....	12
Table 3. Cross tabulation between smoking and vaping status	12
Table 4. Ethnicity, dependent children and area of residence breakdown.....	13
Table 5. Comparison of mean scores on attitude statements for current smoking status	21
Table 6. Comparison of mean scores on attitude statements by vaping status.....	37
Figure 1. Percentage of sample who believe various areas in Wellington City are currently smokefree (total sample).....	15
Figure 2. Percentage of sample who believe various areas in Wellington City are currently smokefree (split by current smoking status)	17
Figure 3. Percentage of each sample who believed various areas in Wellington City were currently smokefree (comparison between 2015 and 2018 surveys).....	19
Figure 4. General attitudes towards smoking, cigarette butt litter and vaping (total sample).....	20
Figure 5. 'Dropping cigarette butts on the ground causes harm to the environment' by current smoking status	21
Figure 6. 'I support Wellington City becoming increasingly smokefree' by current smoking status ...	22
Figure 7. 'Public events sponsored or run by Wellington City Council should be smokefree' by current smoking status	22
Figure 8. 'Vaping (i.e. using e-cigarettes) should not be allowed in smokefree areas' by current smoking status	22
Figure 9. 'I notice a lot of cigarette butt litter around the streets in Wellington City' by current smoking status	23
Figure 10. 'Having clearly visible smokefree signage is enough to prompt people not to smoke in smokefree areas' by current smoking status.....	23
Figure 11. 'Smoking is a personal choice and shouldn't have restrictions placed on it' by current smoking status	23
Figure 12. Preferences for the smoking status of various locations (total sample)	25
Figure 13. Overall preference for smokefree areas (broken down by current smoking status)	26
Figure 14. Proportion preferring each location to be smokefree (split by current smoking status)....	27
Figure 15. Proportion preferring each location to be smokefree (split by current smoking status and sorted by highest % difference in preference between two groups to lowest)	28
Figure 16. Proportion preferring each location be smokefree (comparison between 2015 and 2018 surveys)	29
Figure 17. Comments received regarding additional areas respondents would like to be made smokefree (N=590)	31
Figure 18. Frequency currently visit outdoor bar and restaurant areas (total sample)	31
Figure 19. Frequency currently visit outdoor restaurant areas (split by current smoking status)	32
Figure 20. Frequency currently visit outdoor bar areas (split by current smoking status)	32
Figure 21. Avoid outdoor bar and restaurant areas if... (split by smoking status)	33
Figure 22. Proportion bothered by smoke in a public place over previous month (split by smoking status)	33

Figure 23. Proportion bothered by vapour in a public place over previous month (split by smoking status)	34
Figure 24. Likelihood approach stranger smoking in a designated smokefree area to point this out (split by smoking status; responses grouped)	35
Figure 25. Impact of smokefree signage on likelihood of approaching a stranger smoking in a designated smokefree area (split by smoking status)	36
Figure 26. Frequency currently visit outdoor restaurant areas (split by current vaping status).....	38
Figure 27. Frequency currently visit outdoor bar areas (split by current vaping status)	38
Figure 28. Avoid outdoor bar and restaurant areas if... (split by vaping status)	38
Figure 29. Proportion bothered by smoke in a public place over previous month (split by vaping status)	39
Figure 30. Proportion bothered by vapour in a public place over previous month (split by vaping status)	39
Figure 31. General comments breakdown (N=895)	44

Executive summary

Background

An online survey was run to provide an evidence-base to inform the second iteration of the Smokefree Wellington Action Plan. The survey was largely a repeat of a similar survey run in 2015 and explored awareness of existing smokefree locations in the city amongst the public, support for various areas becoming smokefree and general attitudes towards smoking and vaping.

The sample of 2269 responses was weighted to match the wider population of Wellington region on age, gender and current smoking status. After this post-weighting, 10% of the sample were current smokers, 25% were ex-smokers and 66% non-smokers (never smoked). Just over half were females (52%).

Vaping status was also collected in the 2018 survey, with 5% of the sample being current vapers and 4% ex-vapers. Very few respondents (less than 1%) who had never smoked were vapers, with around one-third of current smokers reporting that they vaped currently. A small group of ex-smokers (7%) were current vapers. Over two-thirds of vapers reported using e-liquids containing nicotine at least some of the time¹.

For context, areas in Wellington City that were smokefree when the initial survey was run in 2015 include (before the Action Plan 2016-2017 was adopted):

- Children's playgrounds (including skate parks),
- Sports fields,
- Midland Park, and
- Cable car lane

Additional areas that are now smokefree (as set out in the Smokefree Wellington Action Plan 2016-2017) include:

- Botanic Gardens,
- Otari-Wilton's reserve,
- Te Ngākau (Civic square),
- Waitangi Park,
- Bus stops,
- City laneways, and
- Entrances to Council buildings accessed by the public.

Awareness of smokefree areas

While awareness of smokefree areas in the city did show slight improvement between 2015 and 2018, overall there was still not a high level of knowledge amongst the sample. Sixteen percent of the total sample believed that none of the areas listed in the survey were smokefree (down from more than a quarter in 2015) and just 1% correctly identified all of the smokefree areas listed (down from 7% in 2015). Areas with the highest level of awareness included:

¹ For an explanation of how vaping works see <https://www.healthnavigator.org.nz/healthy-living/smoking/e-cigarettes-and-vaping/>

- Entrances to Council buildings accessed by the public (62%)
- Children’s playgrounds (61%), and
- Train stations² (54%)

Encouragingly, new areas that were designated as smokefree after 2015 all had a higher proportion who believed they were smokefree in 2018 compared to 2015. The largest changes were for entrances to Council buildings access by the public (23% increase in awareness) and bus stops (17% increase in awareness).

Current smokers had a greater level of awareness of smokefree areas in the city compared to non-smokers; however there is still room for improvement in relation to awareness for both smokers and non-smokers.

Attitudes towards smoking and vaping in public places

Of the total sample, the majority (86%; compared to 84% in 2015) supported Wellington becoming increasingly smokefree, and around 77% disagreed with the statement “Smoking is a personal choice and shouldn’t have restrictions placed on it” (similar to 2015). Overall, smokers had less negative attitudes towards smoking in public places compared to non-smokers; however a higher proportion of current smokers supported Wellington becoming increasingly smokefree (46%; compared to 44% in 2015) than did not (31%; compared to 38% in 2015). This equates to a 15 percentage point difference between current smokers in support versus opposition in 2018, compared to a 6% difference in 2015.

Awareness of the negative impact of cigarette butt litter on the environment was very high among both non-smokers (94% agreement causes harm to the environment) and smokers (89% agreement). However smokers agreed that they noticed a lot of cigarette butt litter on the streets around Wellington at a lower rate (51%) compared to non-smokers (65%).

In relation to vaping, 70% of non-smokers agreed that vaping should not be allowed in smokefree areas, compared to 46% of smokers. Just twenty-two percent of vapers agreed, and 60% disagreed.

Support for smokefree initiatives

There was a general trend towards slightly higher support for the locations listed in the survey being smokefree in 2018 compared to 2015. Locations that are not already smokefree in Wellington City with high support amongst the sample for becoming smokefree include:

- Busy city beaches (Oriental Bay Beach 76%; Freyberg Beach 74%; Scorching Bay beach 71%),
- Frank Kitts Park (71%), and
- Outdoor restaurant dining areas (71%).

As was also the case in 2015, support for outdoor restaurant dining areas being smokefree was substantially higher (71%; compared to 68% in 2015) than for outdoor bar areas (50% in 2018 and in 2015). Non-smokers wanted all areas listed in the survey to be smokefree at significantly higher rates than smokers. The gaps between the two groups were particularly large for:

² Smoking on railway land is regulated under the NZ Railways Corporation (General) Regulations 1982 and under the Smoke-free Environments Act 1990. The Council collected information on Train stations in 2018 for comparison with other smokefree areas, and potentially to collaborate with railways on education campaigns.

- Outdoor public seating (45 percentage point difference in support between non-smokers and current smokers)
- Cuba Street (42 percentage point difference)
- Outdoor bar areas (42 percentage point difference)
- Outdoor restaurant dining areas (42 percentage point difference)
- The waterfront (41 percentage point difference)

There was 50% or higher support amongst smokers for playgrounds, entrances to Council buildings accessed by the public, train stations, bus stops, sports fields, Otari-Wilton's reserve, Botanic Gardens and Freyberg beach being smokefree. In addition, there was close to 50% smoker support for Oriental Bay beach and Scorching Bay beach being smokefree.

Outdoor restaurant and bar areas

Both smokers and vapers were significantly more likely to visit outdoor restaurant and bar areas more frequently than non-smokers and non-vapers. The survey findings suggest that this could at least in part be due to the fact that most outdoor bar and restaurant areas are currently not designated as smokefree, with two thirds of the total sample reporting avoiding these areas if smoking is permitted. Around three-quarters of non-smokers avoided these areas if smoking was permitted, compared to around 1 in 10 smokers. For vapers, the proportion was around 1 in 5.

These findings are consistent with those found in 2015 where estimated net gains in visitor numbers were highest for outdoor restaurant and bar areas if they were to be made smokefree.

Nuisance smoking and vaping

Over two-thirds of the total sample reported being bothered by smoke in a public place in the month prior to surveying, with just over half having been bothered by vapour. Current smokers were significantly less likely to report being bothered by either (around a quarter had been bothered by either one) than non-smokers (three-quarters reported being bothered by smoke and over half by vapour).

Nearly forty percent of vapers had been bothered by smoke in a public place in the city over the previous month (compared to 72% of non-vapers) and 6% had been bothered by vape (compared to 55% of non-vapers).

By far the most common location where respondents reported being bothered by smoke or vapour was on the street, including while walking, waiting at an intersection or while resting or waiting in seating areas. Bus stops and train stations were the next most commonly mentioned problem areas.

More than half of the total sample (55%) felt that they would be unlikely to approach someone they didn't know smoking in a smokefree area to bring this to their attention (just over a third felt they would be likely to). Smokers were significantly less likely to report that they would. Ensuring there is clearly visible smokefree signage in designated smokefree areas around the city appears to be a practical option to increase public self-monitoring of smoking in smokefree areas, with two-thirds of the total sample feeling that the presence of signage would make them more likely to approach someone smoking in a smokefree area. The anticipated impact of signage was significantly higher for non-smokers compared to smokers however.

Conclusions

The following conclusions can be drawn from the survey findings:

- 1. There is still a lack of awareness of current smokefree areas in Wellington City:** Further promotion of current smokefree outdoor areas is recommended, including a designated 'smokefree' page with accompanying map on the Wellington City Council website. A review of current smokefree signage is also recommended, particularly as the presence of smokefree signs appears to be a practical option to increase public self-monitoring of smokefree areas.
- 2. There is ongoing strong support for expanding smokefree areas in Wellington City:** Particularly so for busy city beaches, city parks such as Frank Kitts and outdoor restaurant dining areas. Support amongst the community has grown since 2015.
- 3. Smoking in public areas is having a large impact on Wellingtonians:** Large numbers of Wellingtonians are avoiding outdoor bar and restaurant areas due to the risk of exposure to second-hand smoke, and many are bothered by both smoke and vape when out and about in the city.
- 4. Attitudes and opinions towards vaping are mixed:** While many feel that vaping should be treated the same as smoking in Wellington through council policy, others emphasised the importance of supporting smokers to shift to vaping as a way of cutting down or quitting cigarettes. Council officers should seek out further advice from the Ministry of Health with regard to a recommended stance on vaping for the Council.

It is recommended that these findings are taken into account in conjunction with the findings of the observational work completed by the University of Otago in the development of the second iteration of the Smokefree Wellington Action Plan.

Aim

The aim of the 2018 survey was to provide evidence-based advice to inform the second iteration of the Smokefree Wellington Action Plan. The survey was largely a repeat of a similar survey run in 2015 and explored awareness of existing smokefree locations in the city amongst the public, support for various areas becoming smokefree and general attitudes towards smoking and vaping. Repeating key measures in the 2018 survey allows exploration of how attitudes and preferences are changing over time.

For context, areas in Wellington City that were smokefree when the initial survey was run in 2015 include (before the Action Plan 2016-2017 was adopted):

- Children's playgrounds (including skate parks),
- Sports fields,
- Midland Park, and
- Cable car lane

Additional areas that are now smokefree (as set out in the Smokefree Wellington Action Plan 2016-2017) include:

- Botanic Gardens,
- Otari-Wilton's reserve,
- Te Ngākau (Civic square),
- Waitangi Park,
- Bus stops,
- City laneways, and
- Entrances to Council buildings accessed by the public³.

Method

Using the 2015 survey as a basis, a short online survey was developed by the Wellington City Council Policy and Research & Evaluation teams. Feedback on the final draft was sought from key internal and external stakeholders. Appendix A provides a copy of the survey items.

The survey was sent via email invitation to members of a regional research panel managed by the Council Research & Evaluation team (N=7247) in October 2018. One reminder email was sent 10 days after the initial invitation and data collection was open for three weeks in total. The reminder email specifically asked current smokers, males and younger people to complete the survey, as these groups were underrepresented after the initial invitation.

A prize draw for three \$50 New World grocery vouchers was run to help incentivise a high response rate. In total, 2348 people responded to the survey, resulting in a response rate of 32%. Four

³ Note that in 2016 (after adoption of the Smokefree Wellington Action Plan 2016-2017) the Council agreed a discount 50% on lease fees for all bars and restaurant dining venues leasing pavement space, with an additional discount, to 100%, if they were smokefree. By late 2018 about a third (31 out of 94) of outdoor dining venues using pavement space were smokefree.

respondents were removed from the final sample as they had not visited Wellington City in the previous 12 months.

Analysis

The data was post-weighted to match the Wellington population on smoking status, gender and age group (as was also conducted in 2015). As the 2018 census data was not available at the time of the project, age and gender were weighted using figures from the 2013 Census. For smoking status, the 2013 Census figures were adjusted using the more recent data available from the Ministry of Health's 2017/2018 New Zealand Health Survey for the Wellington region. The post-weighting was performed to reduce potential biases in the data, therefore making the results as representative of the wider population as possible. The maximum individual weight applied was 1.9. After the post-weighting exercise, the total sample size was 2269.

Where appropriate, statistical tests were performed to test whether differences between groups were statistically significant. Where data was categorical, Pearson's Chi-squared test of independence was used. Where mean scores were being compared, independent samples *t* tests were used. Statistics are presented in footnotes throughout the report, with the exception of long lists of statistics which are reported in Appendix B (these are noted). Where results are broken down by current smoking status; current regular and occasional smokers are combined into the 'current smokers' category, and ex-smokers and non-smokers are combined into the 'non-smokers' category. Other breakdowns by key demographics (such as vaping status and age) were performed and are reported where relevant throughout the report.

Qualitative comments received were coded into themes and summaries of these are provided in the relevant sections of the report below. Where a comment fitted into more than one theme (e.g. the respondent raised multiple points), the comment was counted under each relevant theme.

Sample

Table 1 presents the weighted breakdown of smoking status, gender and age group for the sample. The post-weighting performed means that the sample matches the Wellington population in relation to the proportions falling into each category for these demographics. All further data presented in the report has this post-weighting variable applied.

Chi-squared analysis revealed that current smokers were significantly more likely to be younger (e.g. under 30 years of age)⁴ and identify as of Pacific descent⁵. Current smokers were significantly less likely to be 50 years or older or regularly care for children under the age of 16 years⁶. There were no differences between current smokers and non-smokers on gender⁷. These findings are largely consistent with findings from the 2015 survey and the characteristics of the current smokers in the sample appear to generally match the wider population of smokers in New Zealand, based on the data available from Statistics New Zealand⁸.

Table 1. Smoking status, gender and age group breakdown (post-weighted)

	Frequency	Percent
<i>Smoking status</i>		
Non-smoker (never smoked)	1489	65.6%
Ex-smoker	563	24.8%
Current smoker ⁹	218	9.6%
<i>Occasional smoker</i>	145	6.4%
<i>Regular smoker</i>	73	3.2%
Total	2269	100.0%
<i>Gender</i>		
Male	1067	47.0%
Female	1180	52.0%
Gender diverse	11	0.5%
Prefer not to say	11	0.5%
Total	2269	100.0%
<i>Age group</i>		
29 years or younger	644	28.4%
30 to 39 years	398	17.5%
40 to 49 years	417	18.4%
50 to 64 years	475	20.9%
65 years or older	335	14.8%
Total	2269	100.0%

⁴ $\chi^2(4, N = 2269) = 51.8, p < .001$

⁵ $\chi^2(1, N = 2268) = 10.7, p < .01$

⁶ $\chi^2(1, N = 2259) = 26.9, p < .001$

⁷ $p > .05$

⁸ See: http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/tobacco-smoking.aspx

⁹ In the survey participants were asked whether they were occasional or regular smokers, however this distinction is not available in the 2013 Census data or NZ Health Survey tables. The overall proportion of current smokers (e.g. regular smokers plus occasional smokers) was therefore weighted to match the proportion of current smokers in the wider population based on the data available.

In the 2018 survey, vaping¹⁰ status was additionally collected alongside smoking status. As can be seen in Table 2, vaping was less prevalent amongst the sample compared to smoking, with 5.4% of the sample identifying themselves as current vapers. Of those who currently vaped, 42.3% (N=52) reported using e-liquids that contained nicotine only, with a further 29.3% (N=36) reporting using a mix of e-liquids (i.e. some containing nicotine and some not containing nicotine). Therefore, 71.5% of current vapers used e-liquids containing nicotine at least some of the time. The remaining 28.5% reported exclusively using e-liquids that did not contain nicotine.

Table 2. Vaping status

	Frequency	Percent
Non-vaper (never vaped)	2054	90.5%
Ex-vaper	92	4.1%
Current vaper	123	5.4%
<i>Occasional vaper</i>	92	4.1%
<i>Regular vaper</i>	31	1.4%
Total	2269	100.0%

Table 3 breaks vaping status down by current smoking status. This data reveals that very few respondents who had never smoked were regular or occasional vapers (just under 1%). In contrast, around one-third of current smokers reported vaping regularly or occasionally. In addition, a small group of ex-smokers (7.1%) were current vapers. No follow up questions were asked of these respondents therefore it is not possible to ascertain whether vaping was being, or had been, successfully used to cut back or quit smoking.

Table 3. Cross tabulation between smoking and vaping status

	Non-vaper		Current vaper		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never smoker	1477	99.2%	12	0.8%	1489	100.0%
Ex-smoker	523	92.9%	40	7.1%	563	100.0%
Current smoker	147	67.4%	71	32.6%	218	100.0%

Further analysis revealed that current vapers were significantly more likely to be younger (i.e. under 30 years of age)¹¹ and identify as of Māori descent¹². They were significantly less likely to be aged 50 or over or regularly care for children aged 16 and under¹³. There were no differences between vapers and non-vapers on gender¹⁴.

¹⁰ In the survey, 'vaping' was described as "using e-cigarettes (i.e. vaping)". For an explanation of how vaping works see <https://www.healthnavigator.org.nz/healthy-living/smoking/e-cigarettes-and-vaping/>

¹¹ $\chi^2(4, N = 2269) = 50.2, p < .001$

¹² $\chi^2(1, N = 2270) = 11.4, p < .01$

¹³ $\chi^2(1, N = 2259) = 7.4, p < .01$

¹⁴ $p > .05$

Other demographic measures collected in the survey are presented in Table 4. As can be seen, the majority (79.2%) of the sample identified as NZ European/Pakeha, with approximately 5% of the sample identifying as of Māori descent, 7% identifying as of Asian descent and 2% identifying as of Pacific descent. When comparing to 2013 Census data, it is evident that those of Māori, Asian and Pacific descent are underrepresented in the sample¹⁵.

The majority of the sample were from the Wellington region (97.4%), with Wellington City residents making up 86% of the total sample. Those who lived outside of Wellington City were asked how frequently they visited the city over the previous 12 months. Of the 317 people who resided outside of Wellington City, 45.4% visited daily, 17.4% visited several times a week, 8.8% visited weekly, 11.4% visited several times a month, 7.6% visited monthly and 9.1% visited less than monthly. As previously stated, only 4 participants had not visited Wellington City in the previous 12 months, and these cases were removed from the analysis.

Table 4. Ethnicity, dependent children and area of residence breakdown

	Frequency	Percent
<i>Ethnicity</i> ¹⁶		
NZ European/Pakeha	1797	79.2%
Māori	123	5.4%
Pacific Islander	36	1.6%
Asian	147	6.5%
European (other)	203	8.9%
Other ¹⁷	129	5.7%
Total	2269	-
<i>Dependent children</i>		
Regularly care for children under 16 years of age	848	37.5%
Do not regularly care for children under 16 years of age	1411	62.5%
Missing	10	-
Total	2269	100.0%
<i>Area of residence</i>		
Wellington City	1952	86.0%
Porirua	70	3.1%
Kapiti	30	1.3%
Lower Hutt	116	5.1%
Upper Hutt	30	1.3%
Wairarapa	12	0.5%
Other ¹⁸	60	2.6%
Total	269	100.0%

¹⁵ See: http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-a-place.aspx?request_value=14322&tabname=Culturaldiversity.

¹⁶ Note that participants could select all that apply, meaning the percentages do not add to 100%.

¹⁷ 'Other' ethnicities specified included: African, American, Indian, Australian, British, Brazilian, Canadian, Chinese, Dutch, English, Ethiopian, Greek, Hispanic, Indian, Iranian, Kiwi, New Zealander, Irish, Italian, Latin American, Lebanese, Middle Eastern, Jewish, Malenesian, Middle Eastern, Romanian, South American, Scottish, South African, South Asian, and Sri Lankan.

¹⁸ 'Other' regions specified included: Auckland, Dunedin, Horowhenua, Gisborne, Manawatu, Picton, and Whanganui.

Findings

Awareness amongst population of current smokefree locations

Figure 1 presents the proportions of the total sample who thought the different locations listed in the survey around Wellington City were currently smokefree (ordered by highest proportion to lowest). For reference, areas of Wellington City that are currently designated as smokefree by the Council are textured. Areas marked with an asterisk are those which may or may not be smokefree, depending on the individual business owner's decision.

It is clear that there is a relatively low level of awareness of smokefree areas in Wellington City at present. Less than two-thirds of the sample correctly thought that children's playgrounds and entrances to Council buildings accessed by the public were smokefree. The majority of smokefree areas were correctly identified by a third of the sample or less. Areas currently designated as smokefree with particularly low levels of awareness amongst the sample include Te Ngākau (Civic Square) (21%), Midland park (17%), Waitangi Park (16%) and Eva Street (4%).

Sixteen percent of the total sample believed that none of the areas listed in the survey were smokefree and just 1% correctly identified all of the smokefree areas listed.

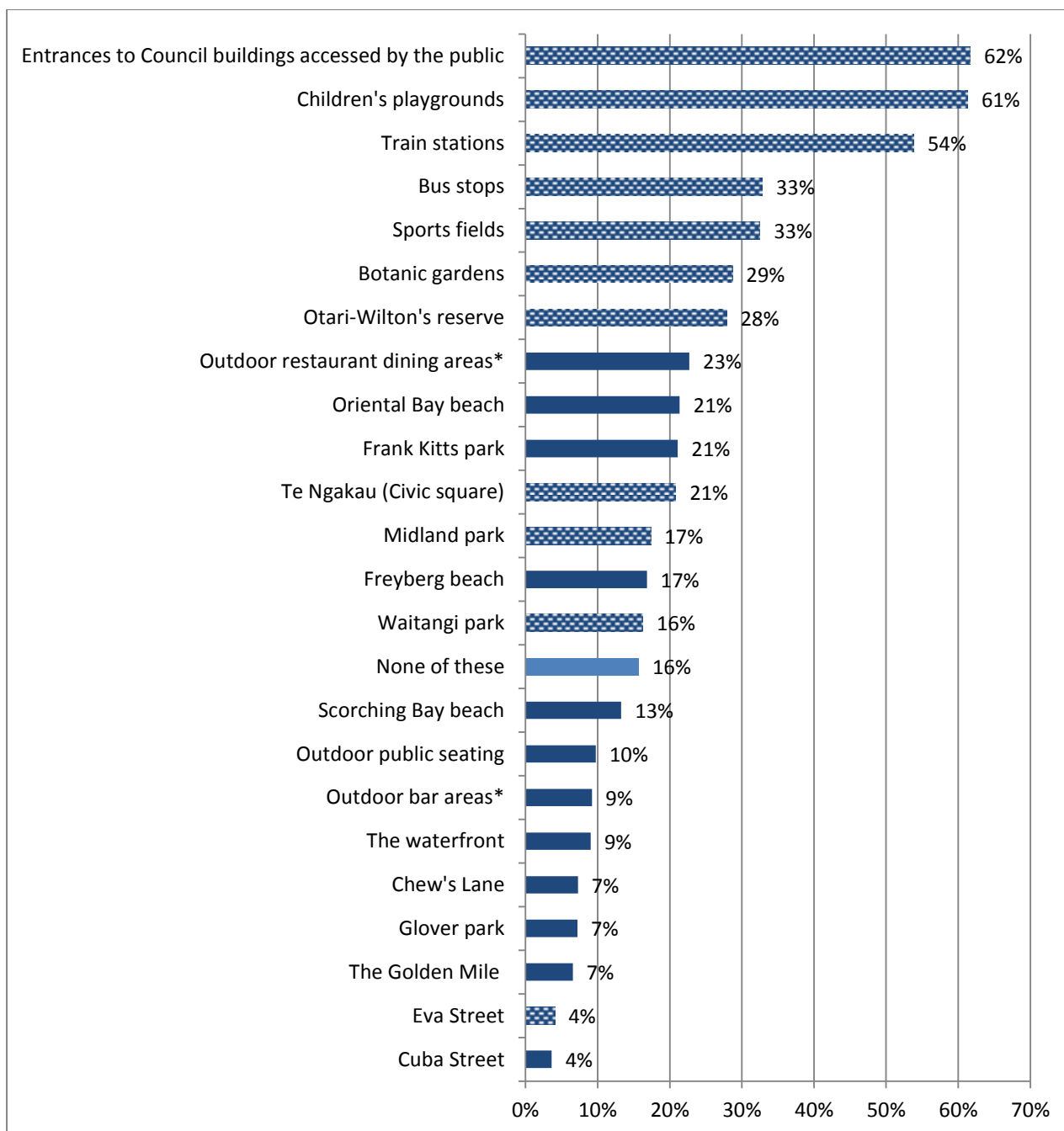


Figure 1. Percentage of sample who believe various areas in Wellington City are currently smokefree (total sample)¹⁹

Figure 2 presents this data broken down by current smoking status, with the total sample data presented for reference (those areas marked with a double asterisk are currently designated smokefree and those with a single asterisk may or may not be smokefree, as per the previous figure). Analysis revealed that current smokers were significantly more likely to correctly believe that the following areas were smokefree:

- Children's playgrounds²⁰

¹⁹ Textured areas are currently designated as smokefree. Those marked with an asterisk may or may not be smokefree

²⁰ $\chi^2(1, N = 2270) = 8.0, p < .01$

- Train stations²¹
- Sports fields²²
- The Botanic Gardens²³
- Midland park²⁴

Current smokers were additionally significantly less likely to (incorrectly) believe that none of the areas listed were currently smokefree²⁵ or that the following areas were currently smokefree:

- Outdoor public seating²⁶
- The Golden Mile (Lambton Quay, Willis St, Manners St and Courtenay Place)²⁷

These findings are largely in line with the results of the 2015 survey, where current smokers were significantly more likely to identify several areas as smokefree, as well as correctly identifying others as not being smokefree.

This comparison suggests that current smokers have a greater level of awareness of smokefree outdoor areas in Wellington City compared to non-smokers. While this is a positive finding, there is room for improvement in relation to awareness for both current smokers and non-smokers.

²¹ $\chi^2(1, N = 2270) = 6.4, p < .01$

²² $\chi^2(1, N = 2270) = 10.3, p < .01$

²³ $\chi^2(1, N = 2269) = 5.2, p < .05$

²⁴ $\chi^2(1, N = 2270) = 7.0, p < .05$

²⁵ $\chi^2(1, N = 2269) = 3.9, p < .05$

²⁶ $\chi^2(1, N = 2269) = 4.8, p < .05$

²⁷ $\chi^2(1, N = 2270) = 4.4, p < .05$

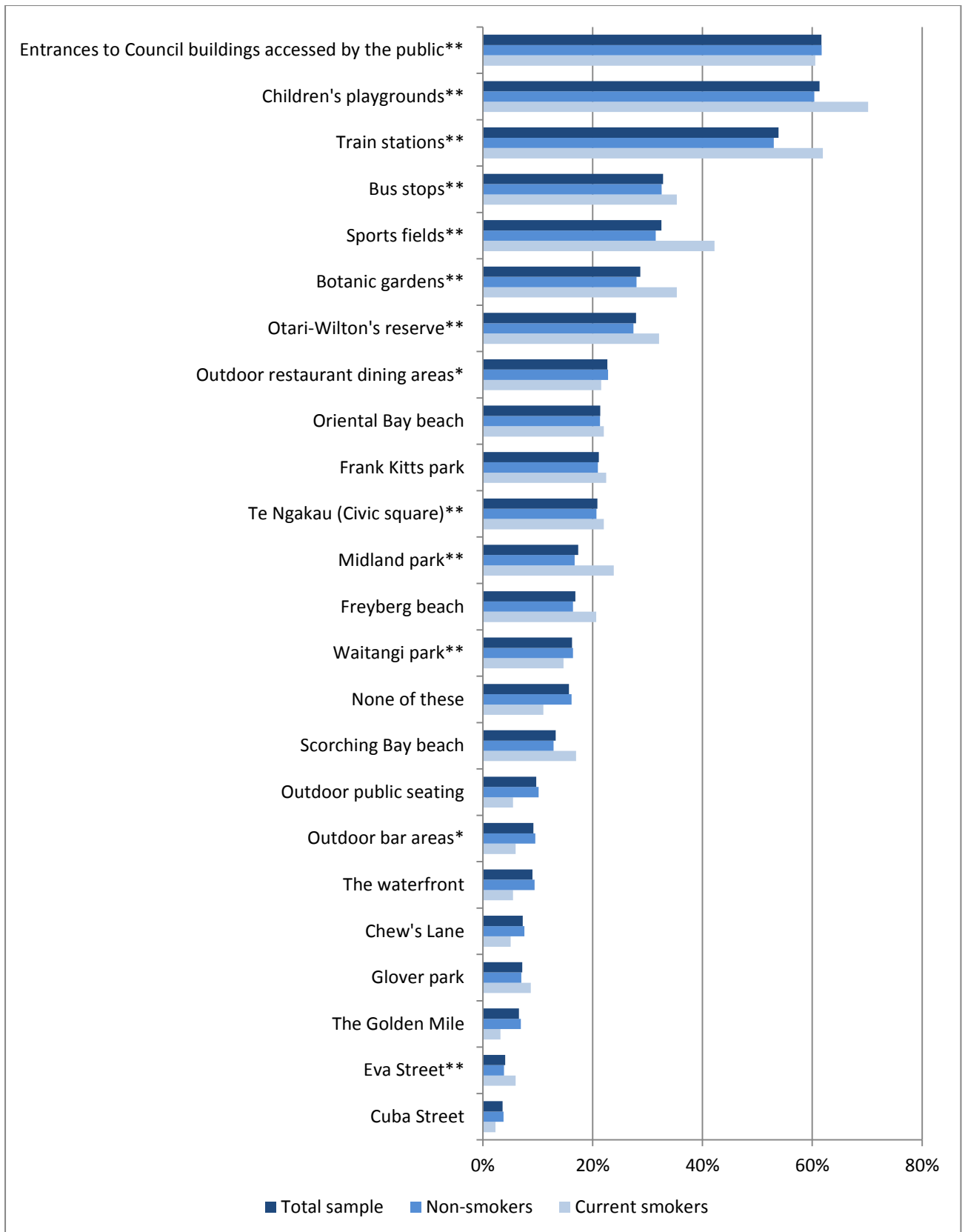


Figure 2. Percentage of sample who believe various areas in Wellington City are currently smokefree (split by current smoking status)²⁸

²⁸ ** area is currently designated as smokefree. * area may be designated as smokefree

Figure 3 presents a comparison of awareness of smokefree areas between the 2015 and 2018 surveys (for those areas listed in both surveys only). For context, areas in Wellington City that were smokefree when the initial survey was run in 2015 include:

- Children’s playgrounds (including skate parks),
- Sports fields,
- Midland Park, and
- Cable car lane

New areas that were designated as smokefree after 2015 include:

- Botanic Gardens,
- Otari-Wilton’s reserve,
- Te Ngākau (Civic square),
- Waitangi Park,
- Bus stops,
- City laneways, and
- Entrances to Council buildings accessed by the public.

As can be seen, there is a general trend between the two surveys of a greater proportion of respondents believing each area listed was smokefree in 2018 compared to 2015. In addition, a smaller proportion believed none of the areas listed in the surveys were smokefree in 2018 compared to in 2015 (10% decrease).

Encouragingly new areas that were designated as smokefree after 2015 all had a higher proportion who believed they were smokefree in 2018 compared to 2015. The largest changes were for entrances to Council buildings accessed by the public (23% increase) and bus stops (17% increase).

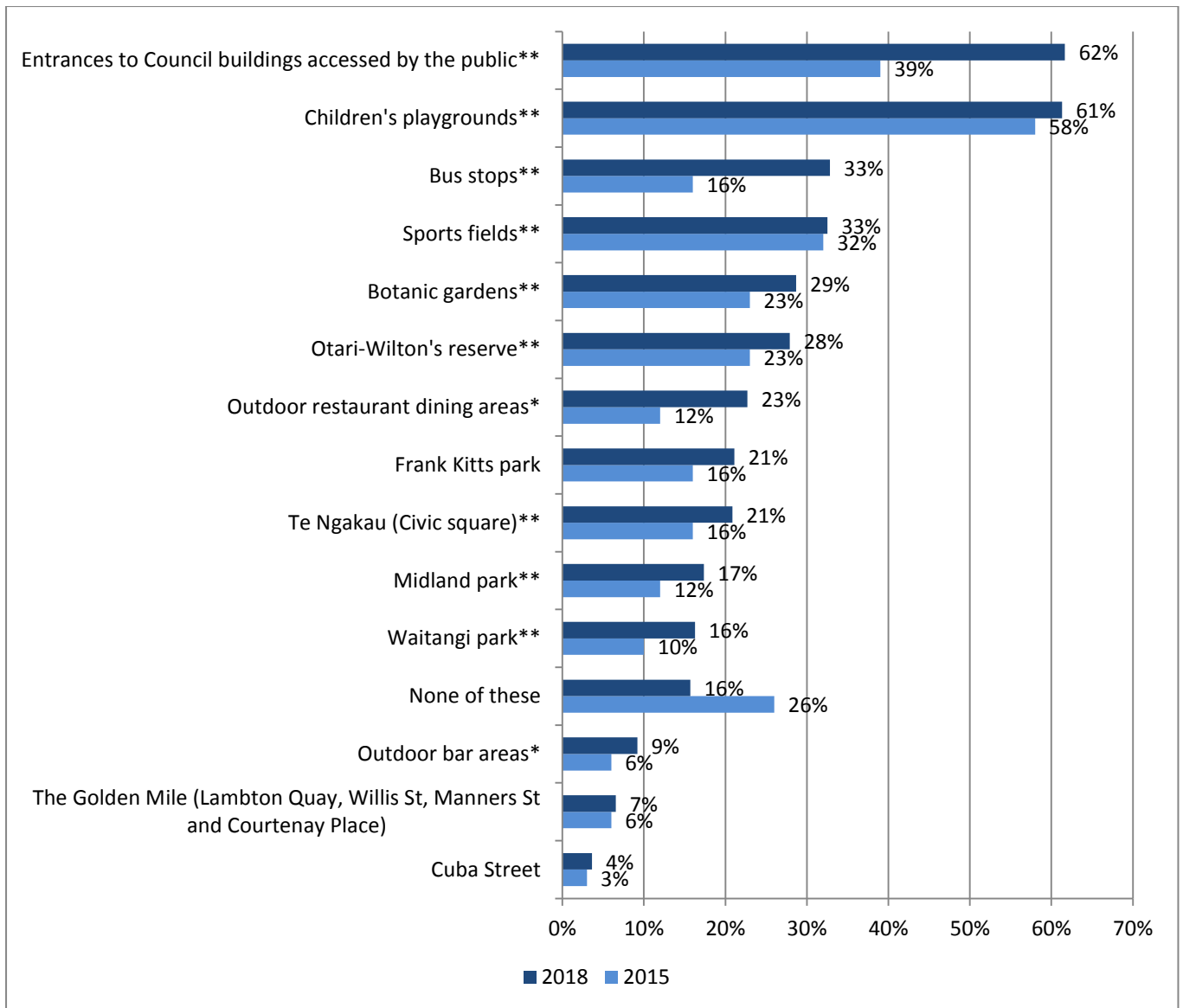


Figure 3. Percentage of each sample who believed various areas in Wellington City were currently smokefree (comparison between 2015 and 2018 surveys)²⁹

Attitudes towards smoking

A number of statement items were included in the survey to explore attitudes towards smoking and vaping. Figure 4 presents responses to these items for the total sample. This data reveals that respondents generally have negative attitudes towards smoking in public places and cigarette butt litter. The majority (86%) support Wellington becoming increasingly smokefree (this compares to 84% in the 2015 survey). Almost all agreed or strongly agreed (94%) that dropping cigarette butts on the ground causes harm to the environment. In 2018, 12% of the total sample agreed or strongly agreed that smoking is a personal choice and shouldn't have restrictions placed on it, compared to 15% in 2015.

²⁹ ** area is currently designated as smokefree. * area may be designated as smokefree

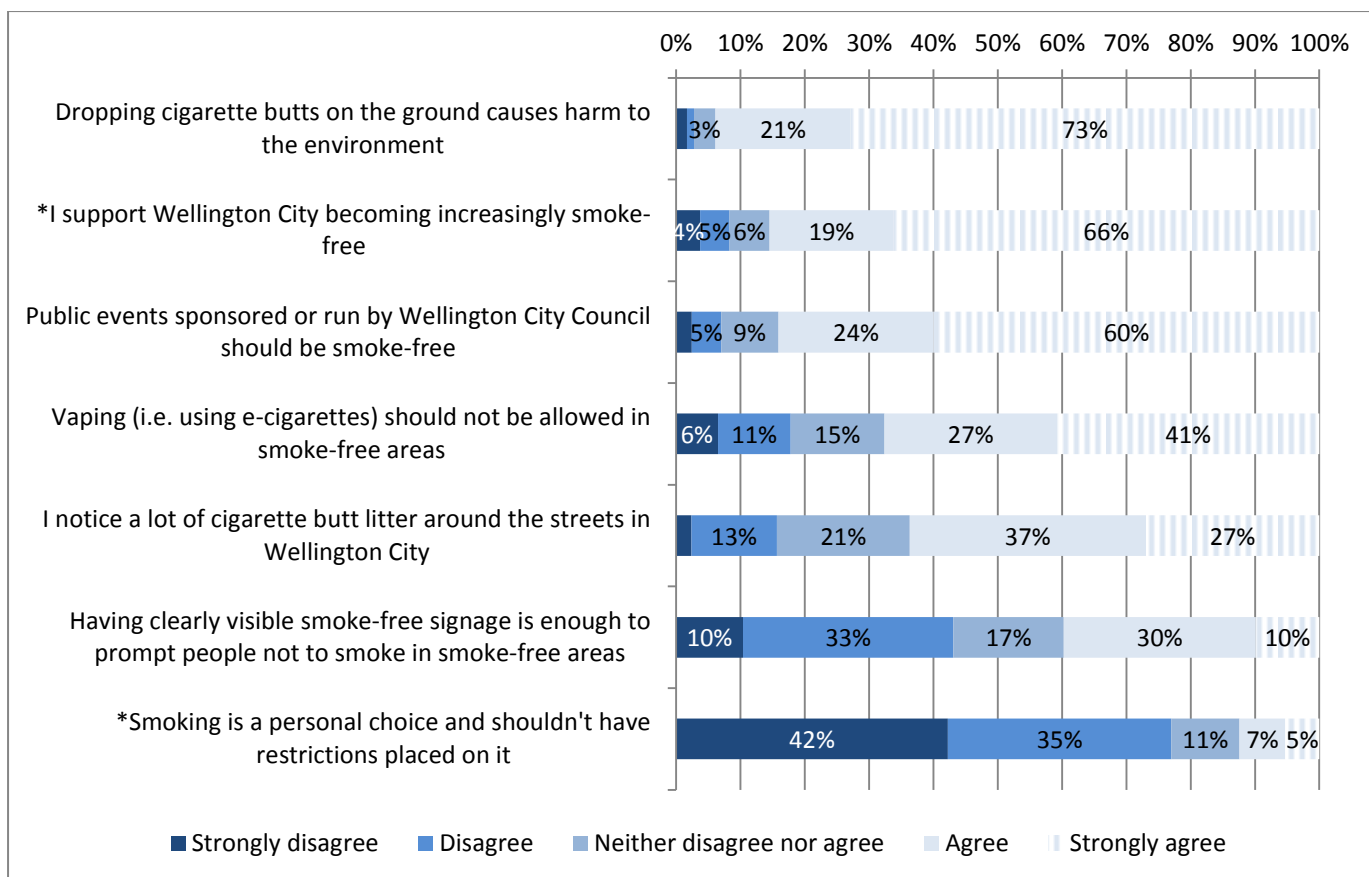


Figure 4. General attitudes towards smoking, cigarette butt litter and vaping (total sample)³⁰

Table 5 presents the results of independent samples *t* tests comparing mean scores for current smokers and non-smokers on the attitudes statements included in the survey. As can be seen, current smokers' mean scores were significantly lower than non-smokers on all items, with the exception of the final two items which were worded in the opposite way to the other items (e.g. gauged support for smoking as opposed to support for being smokefree). Overall, smokers had less negative attitudes towards smoking, vaping and cigarette butt litter compared to non-smokers.

Note that as these items are on a 5-point scale, a score of 3 is neutral, with a mean score below this mid-point representing disagreement with the item or statement on average, and a mean score above this mid-point representing agreement with the statement on average. Current smokers therefore scored close to neutral on the item gauging support for Wellington becoming increasingly smokefree (this is consistent with the findings of the 2015 survey).

³⁰ * item originally in 2015 survey and repeated in 2018 survey

Table 5. Comparison of mean scores on attitude statements for current smoking status

		N	Mean score	SD	Sig.
Dropping cigarette butts on the ground causes harm to the environment	Non-smokers	2033	4.6	0.8	***
	Current smokers	212	4.4	0.8	
I support Wellington becoming increasingly smokefree	Non-smokers	2040	4.5	0.9	***
	Current smokers	216	3.2	1.3	
Public events sponsored or run by Wellington City Council should be smokefree	Non-smokers	2015	4.4	0.9	***
	Current smokers	211	3.5	1.2	
Vaping (i.e. using e-cigarettes) should not be allowed in smokefree areas	Non-smokers	1923	3.9	1.2	***
	Current smokers	208	3.2	1.3	
I notice a lot of cigarette butt litter around the streets in Wellington City	Non-smokers	1983	3.8	1.1	***
	Current smokers	212	3.4	1.1	
Having clearly visible smokefree signage is enough to prompt people not to smoke in smokefree areas	Non-smoker	1944	2.9	1.2	**
	Current smokers	211	3.2	1.2	
Smoking is a personal choice and shouldn't have restrictions placed on it	Non-smokers	2039	1.8	1.0	***
	Current smokers	216	3.3	1.3	

*** p<.001

**p<.01

Figures 5-11 present a categorical breakdown for these attitude statements, comparing results for smokers and non-smokers.

Almost all non-smokers (94%) and current smokers (89%) agreed or strongly agreed that dropping cigarette butts on the ground causes harm to the environment. Just 3% of non-smokers disagreed or strongly disagreed (compared to 2% for current smokers).

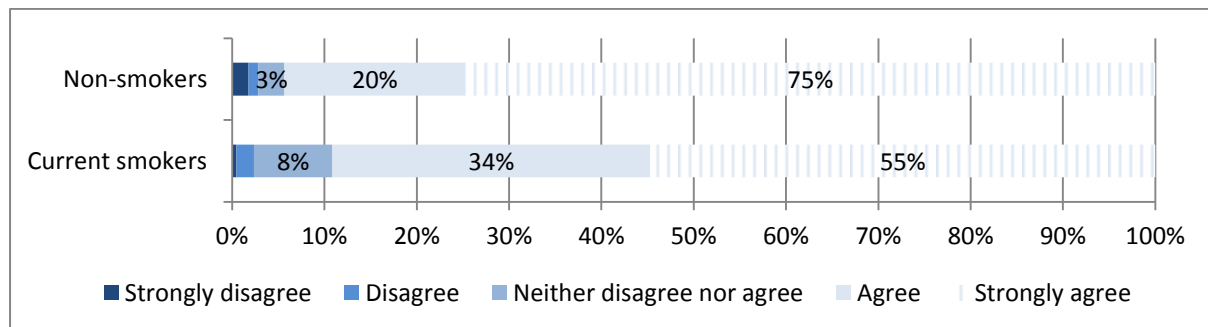


Figure 5. 'Dropping cigarette butts on the ground causes harm to the environment' by current smoking status

Nine out of ten non-smokers support Wellington becoming increasingly smokefree (compared to 89% in 2015). A higher proportion of current smokers (46%) supported Wellington becoming increasingly smokefree than did not (31%) (compared to 44% and 38% respectively in 2015).

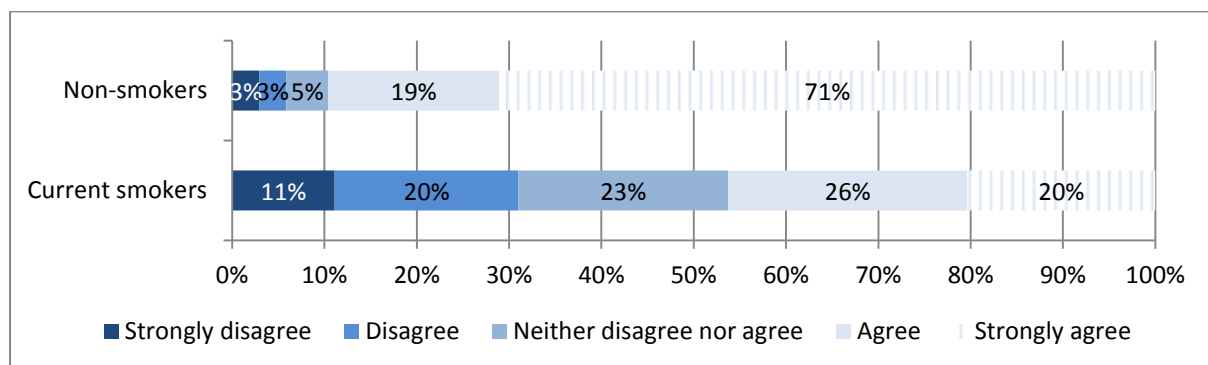


Figure 6. 'I support Wellington City becoming increasingly smokefree' by current smoking status

The vast majority (88%) of non-smokers agreed or strongly agreed that Council run or sponsored events should be smokefree, as well as 50% of current smokers.

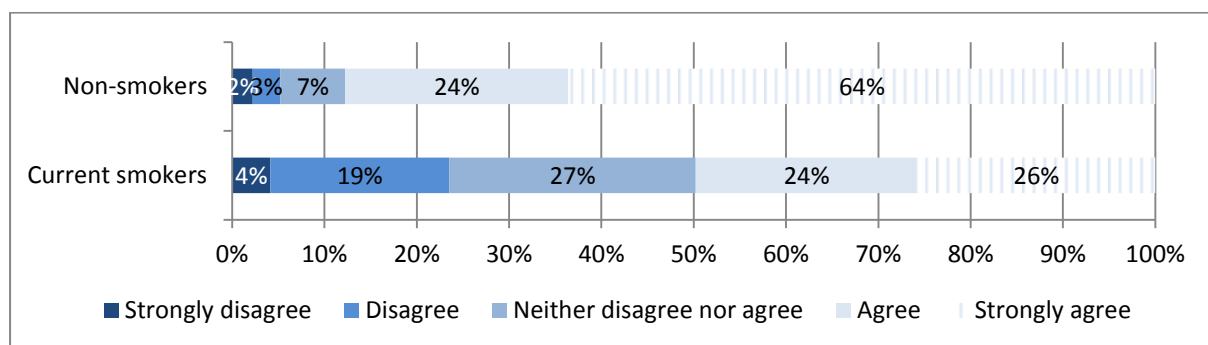


Figure 7. 'Public events sponsored or run by Wellington City Council should be smokefree' by current smoking status

Just over two-thirds of non-smokers (70%) agreed or strongly agreed that vaping should not be allowed in smokefree areas, with 16% disagreeing or strongly disagreeing. For smokers, 46% agreed or strongly agreed and 36% disagreed or strongly disagreed.

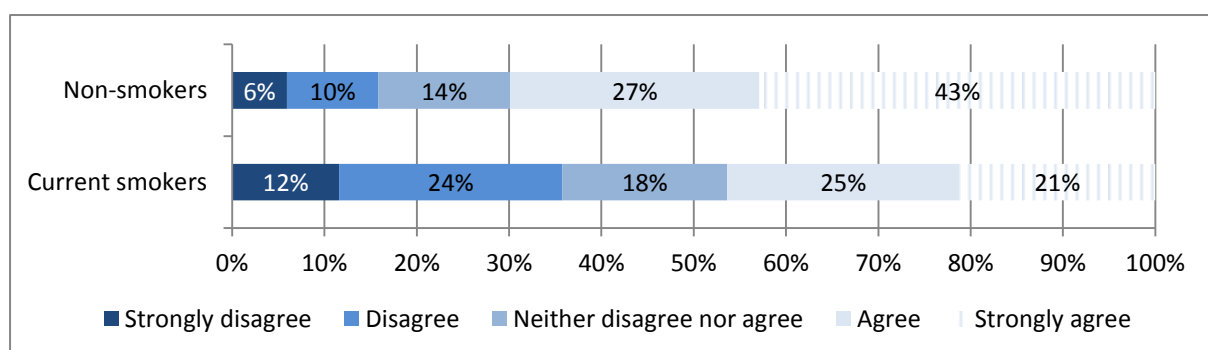


Figure 8. 'Vaping (i.e. using e-cigarettes) should not be allowed in smokefree areas' by current smoking status

Around two-thirds of non-smokers notice a lot of cigarette butt litter around the streets in Wellington City, compared to 51% of current smokers.

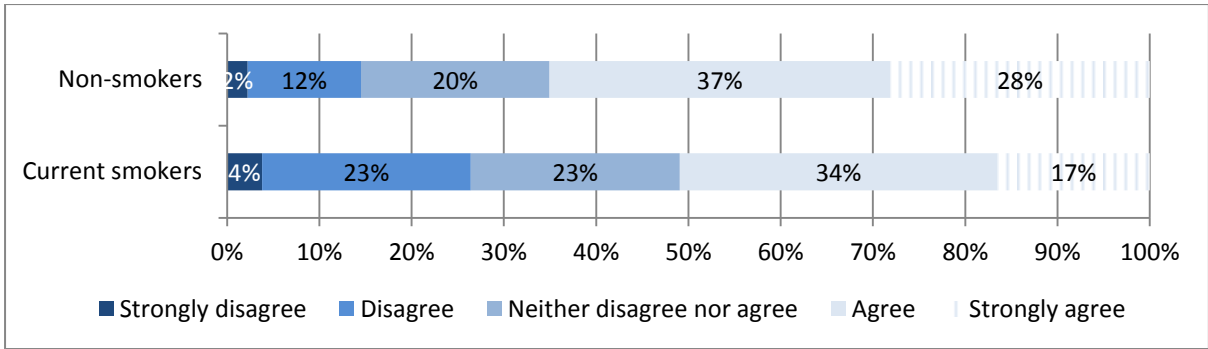


Figure 9. 'I notice a lot of cigarette butt litter around the streets in Wellington City' by current smoking status

Just over half of current smokers (52%) agreed or strongly agreed that having clearly visible smokefree signage is enough to prompt people not to smoke in smokefree areas, compared to 38% of non-smokers.

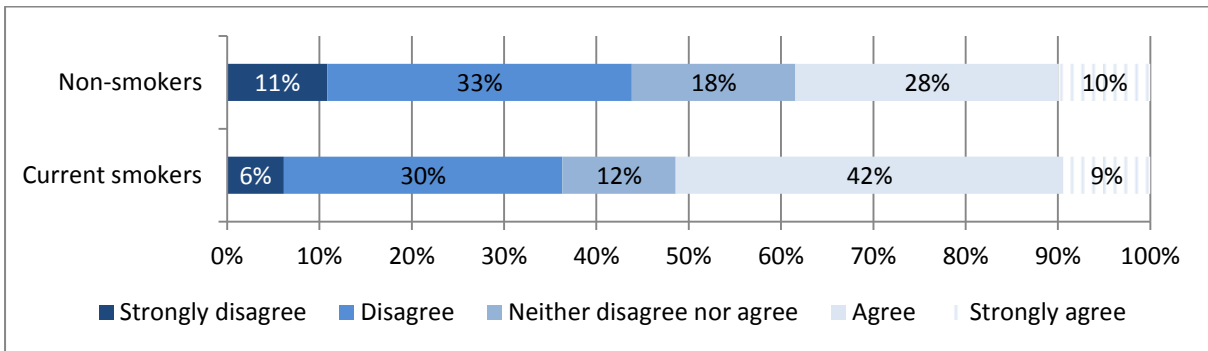


Figure 10. 'Having clearly visible smokefree signage is enough to prompt people not to smoke in smokefree areas' by current smoking status

Over 80% of non-smokers disagreed or strongly disagreed that smoking is a personal choice and shouldn't have restrictions placed on it (82% in 2018 compared to 80% in 2015). In contrast, 31% of current smokers disagreed or strongly disagreed (compared to 36% in 2015). Just under half of current smokers (46%) agreed or strongly agreed with the statement, compared to 53% in 2015.

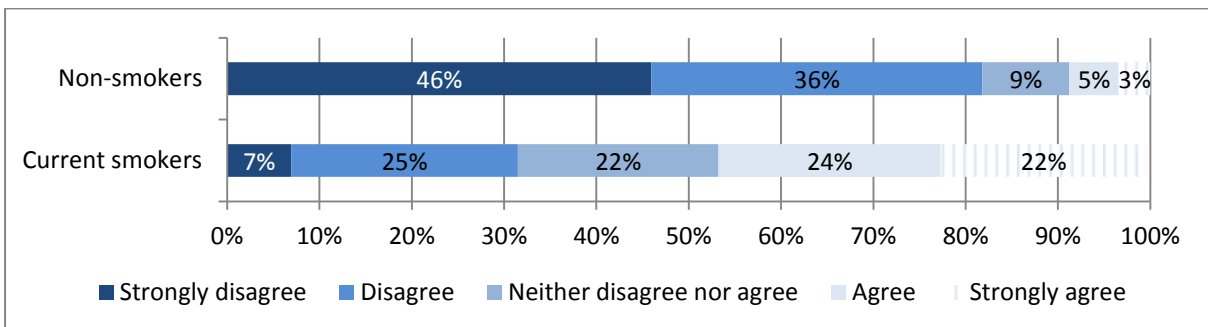


Figure 11. 'Smoking is a personal choice and shouldn't have restrictions placed on it' by current smoking status

Smoking status preferences for different locations

Figure 12 presents the preferences of the total sample for the smoking status of the various locations around Wellington City listed in the survey (ordered by highest proportion preferring the status to be smokefree to least; those areas that are already designated as smokefree are again indicated by a double asterisk). Children's playgrounds have support by 95% of the total sample for being smokefree; a designation that has been in place for several years (this compares to 96% support in 2015). Entrances to Council buildings accessed by the public also had very high support at 91%.

Locations that are not already smokefree in Wellington City with high support amongst the sample for being smokefree include:

- Busy city beaches (Oriental Bay Beach 76%; Freyberg Beach 74%; Scorching Bay beach 71%),
- Frank Kitts Park (71%), and
- Outdoor restaurant dining areas (71%).

Only two locations had support from less than half of the sample for being smokefree: Cuba and Eva Streets (Cuba is currently not designated as smokefree however Eva Street is as it falls under the Laneway designation set out in the Smokefree Wellington Action Plan 2016-2017). Support for outdoor restaurant dining areas being smokefree was higher (71% compared to 68% in 2015) than for outdoor bar areas (50%; the level of support was also 50% in 2015).

Overall this data suggests that WCC would have support from the wider population for increasing the number of smokefree areas, particularly for busy city beaches, local parks such as Frank Kitts and outdoor restaurant dining areas. There is also majority smoker support for Freyberg beach, and close to 50% support amongst smokers for the other beaches included in the survey list (Oriental Bay beach and Scorching Bay beach; see below for further details).

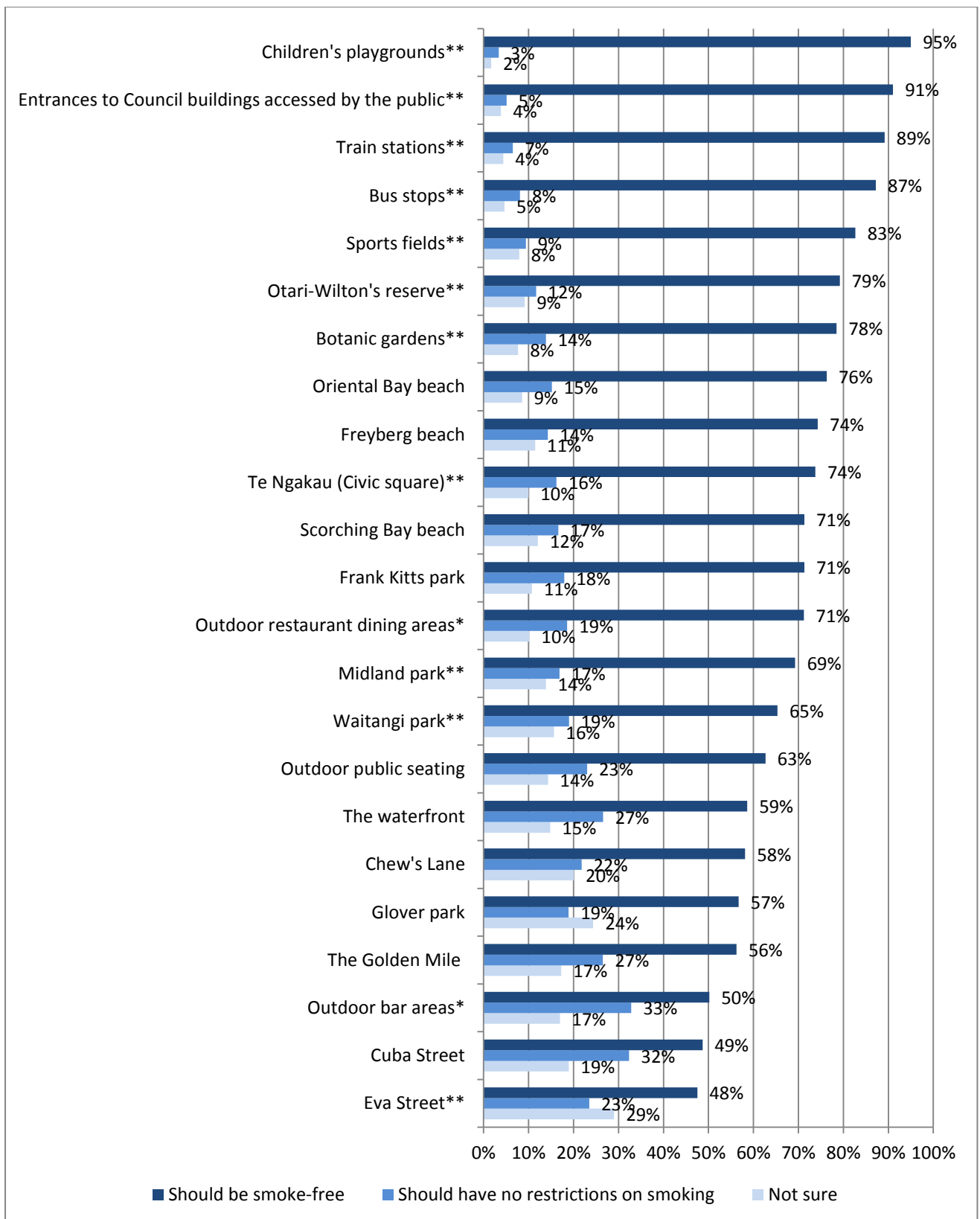


Figure 12. Preferences for the smoking status of various locations (total sample)³¹

³¹ ** area is currently designated as smokefree. * area may be designated as smokefree

In total, just 29 respondents (1%; also 1% in 2015) wanted none of the locations listed to be smokefree. In contrast, 675 (30%; 26% in 2015) respondents wanted all of the locations listed to be smokefree. Just 6 respondents were unsure about all of the locations (0.6%; 0.2% in 2015). The remaining 1560 respondents (69%; 73% in 2015) were mixed (i.e. wanted some locations to be smokefree but not others). Figure 13 presents a breakdown of these groupings by current smoking status³². As can be seen, around a third of non-smokers wanted all of the locations listed to be smokefree (in 2015 the proportion was 29%), compared to 7% of current smokers (in 2015 this was 2%). The vast majority of current smokers were mixed in their views (90%; in 2015 the proportion was 96%).

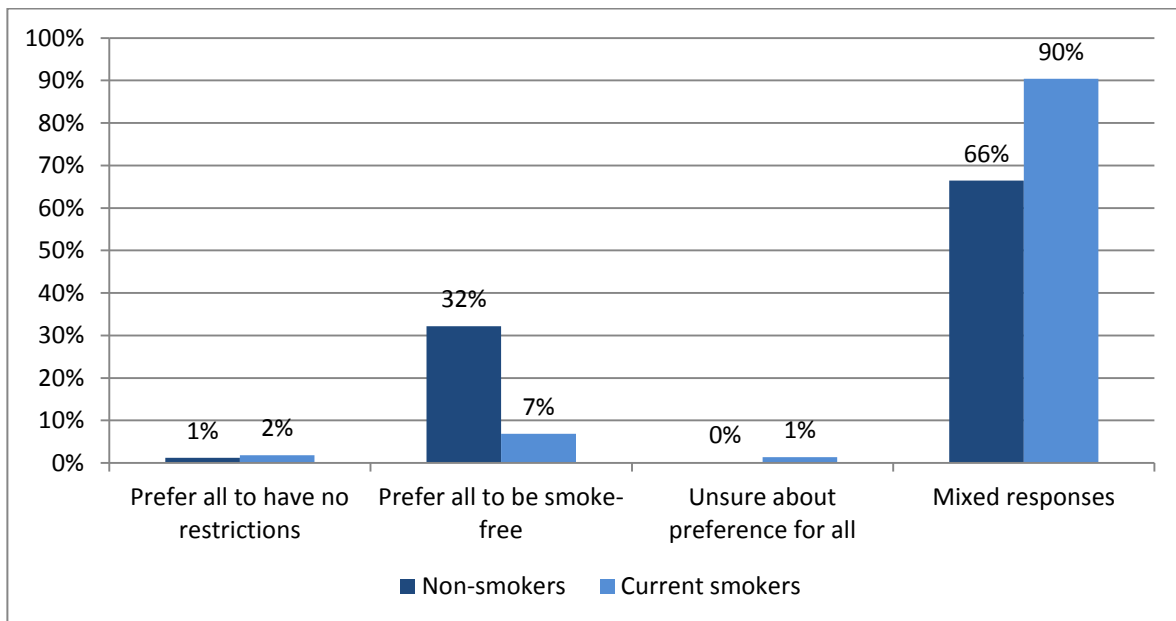


Figure 13. Overall preference for smokefree areas (broken down by current smoking status)

Figure 14 presents preferences for each location broken down by current smoking status (current smokefree areas indicated with a double asterisk). Analysis revealed that non-smokers were significantly more likely than current smokers to want each location to be smokefree³³. The discrepancy in views between the two groups was particularly large for (see Figure 15 for a full breakdown of the areas sorted by highest discrepancy to smallest):

- Outdoor public seating (45% difference in support between non-smokers and current smokers)
- Outdoor bar areas (42% difference)
- Outdoor restaurant dining areas (42% difference)
- Cuba Street (42% difference)
- The waterfront (42% difference)

These differences in preferences between smokers and non-smokers is largely consistent with what was found in the 2015 survey.

³² Note that Chi square analysis was not run on this data as the small sample sizes in some groups violated the assumption of cell counts being greater than 5.

³³ See Appendix B for these chi square statistics.

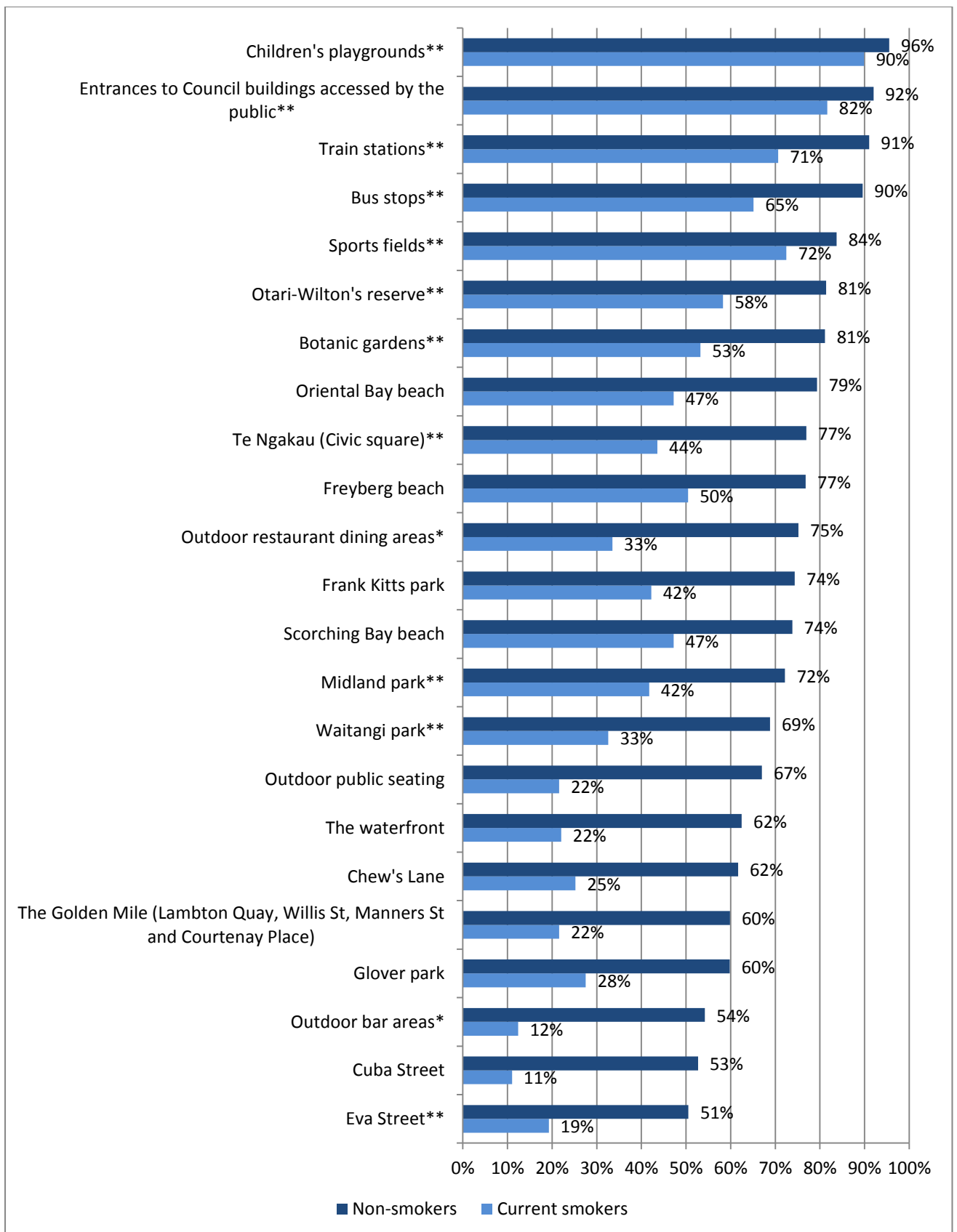


Figure 14. Proportion preferring each location to be smokefree (split by current smoking status)³⁴

³⁴ ** area is currently designated as smokefree. * area may be designated as either smokefree or not.

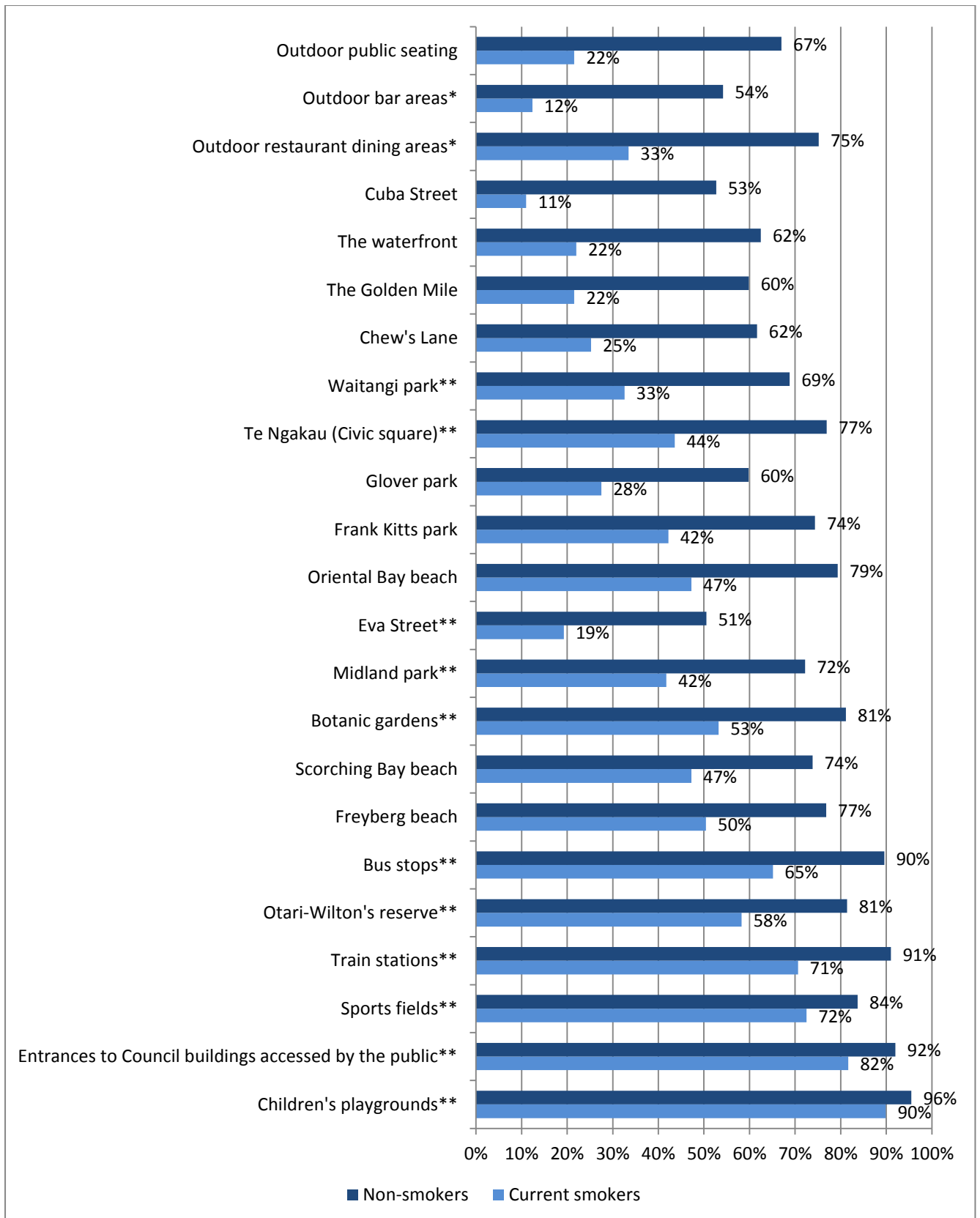


Figure 15. Proportion preferring each location to be smokefree (split by current smoking status and sorted by highest % difference in preference between two groups to lowest)³⁵

³⁵ ** area is currently designated as smokefree. * area may be designated as smokefree

Figure 16 presents the proportion of the total sample who reported a preference for each location to be smokefree in the 2015 and 2018 surveys. As can be seen, there is a general trend towards slightly higher support across the board.

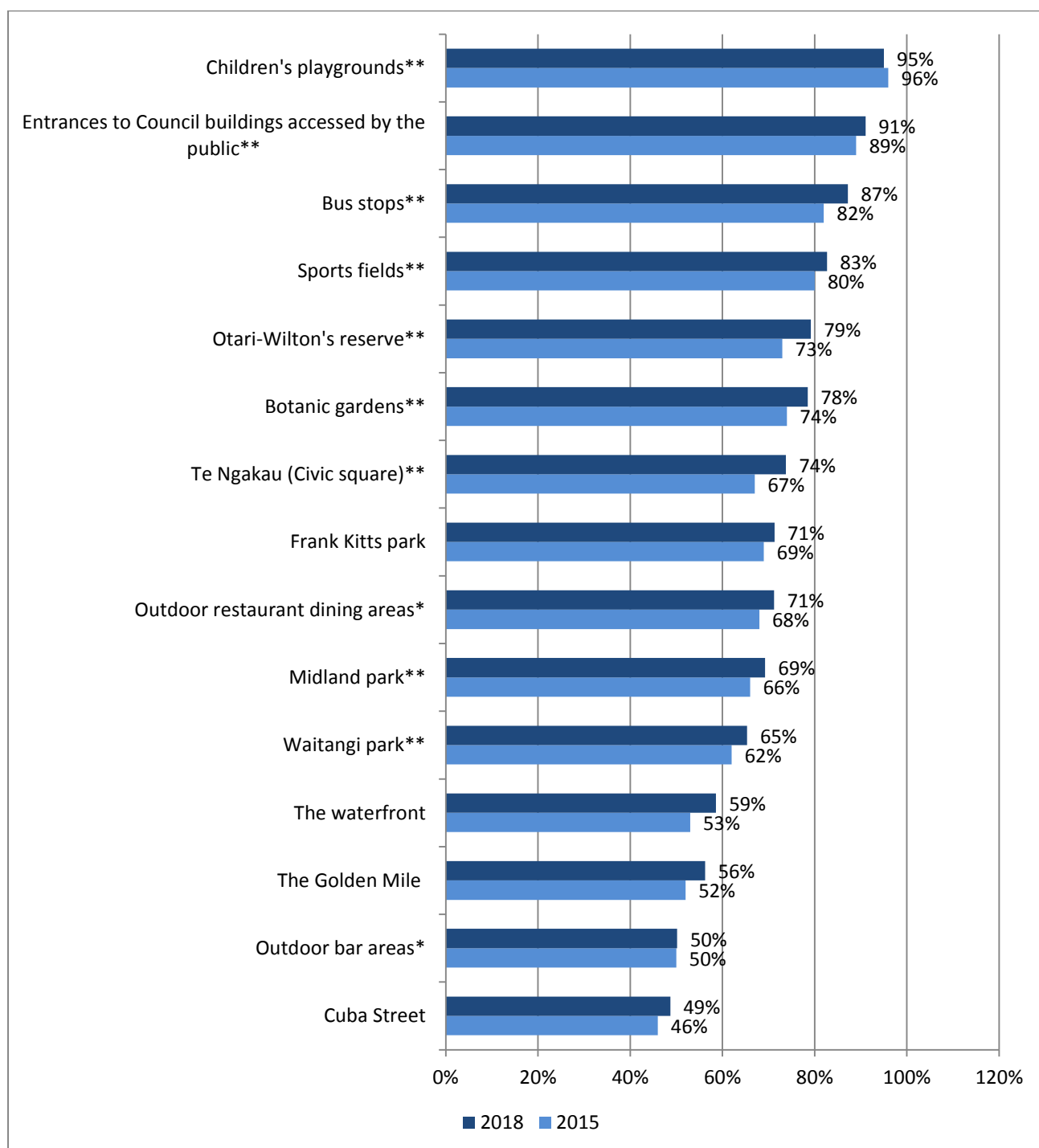


Figure 16. Proportion preferring each location be smokefree (comparison between 2015 and 2018 surveys)³⁶

Comments on additional areas preferred to be smokefree

In total, 590 relevant comments were received with regard to additional areas that respondents would like to be smokefree. These comments were coded into themes for summary purposes and

³⁶ ** area is currently designated as smokefree. * area may be designated as smokefree

Figure 17 below presents a breakdown of the number of comments received that fitted into each theme.

Most commonly those who commented wanted all public spaces in Wellington or all of New Zealand to be smokefree (N=236). Some suggested having limited designated rooms or areas for smokers however others were supportive of smoking being allowed on private property only or a total tobacco ban.

After this, building entrances and the surrounding areas were the next most commonly mentioned (N=189). A range of building types were mentioned, including places for children (such as early childhood centres and schools), medical facilities (such as the hospital and GP offices), Parliament and other government buildings, shops, recreation centres, restaurants and bars, and specific buildings such as Te Papa. Some who mentioned restaurants and bars specifically stated that they felt seating areas on the footpath should be smokefree.

Green spaces were also mentioned by a sizeable number of respondents (N=73). These comments suggested that parks, gardens, playgrounds, walkways, bush and forest areas, reserves, look outs, dog parks and/or the Town Belt should be designated as smokefree. The area surrounding the Cable Car was also specifically mentioned by several different participants.

Finally, beaches and waterfront areas were mentioned by 30 respondents, with most suggesting that all of these areas in the city should be smokefree.

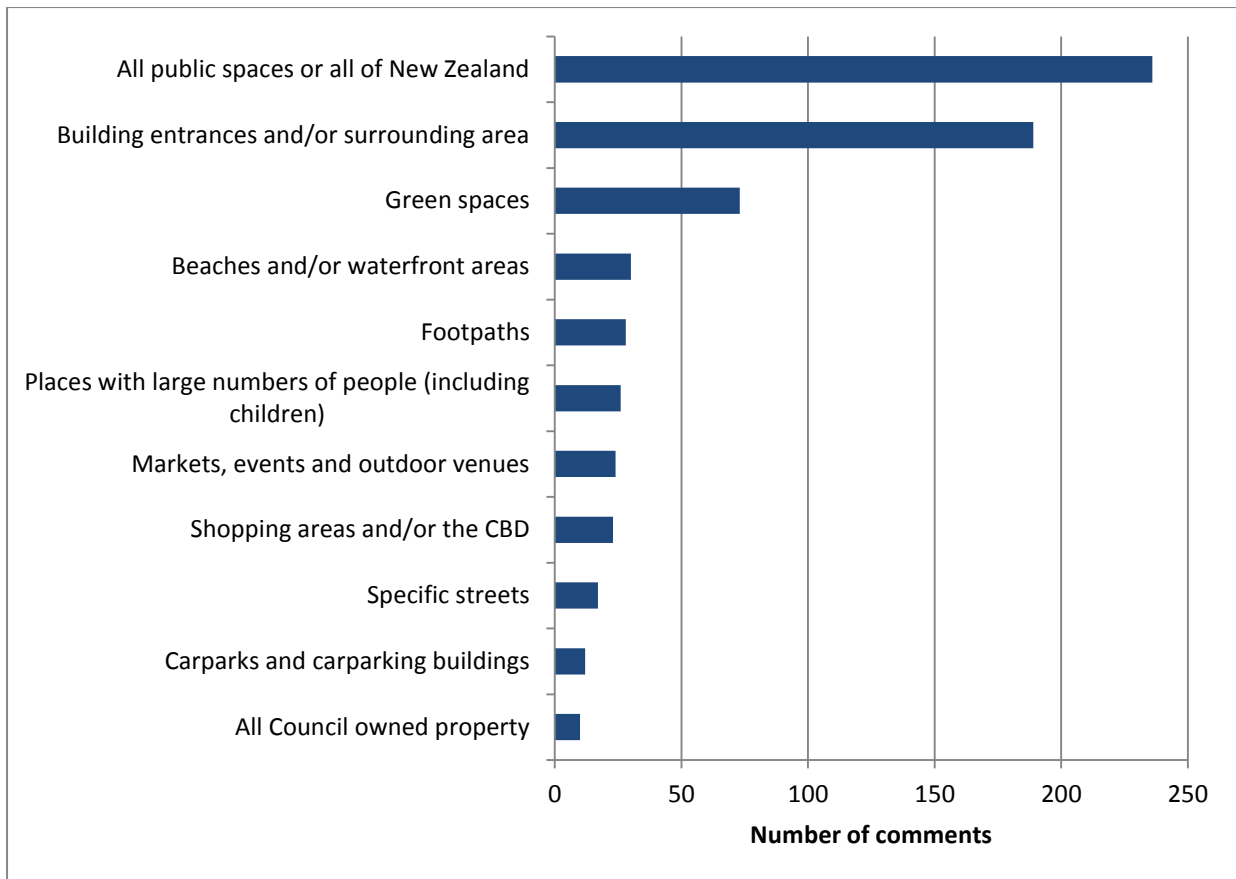


Figure 17. Comments received regarding additional areas respondents would like to be made smokefree (N=590)

Outdoor restaurant and bar areas

As shown in Figure 18, the majority of the sample visit both outdoor restaurant and bar areas at least occasionally (these proportions are almost identical to the 2015 sample).

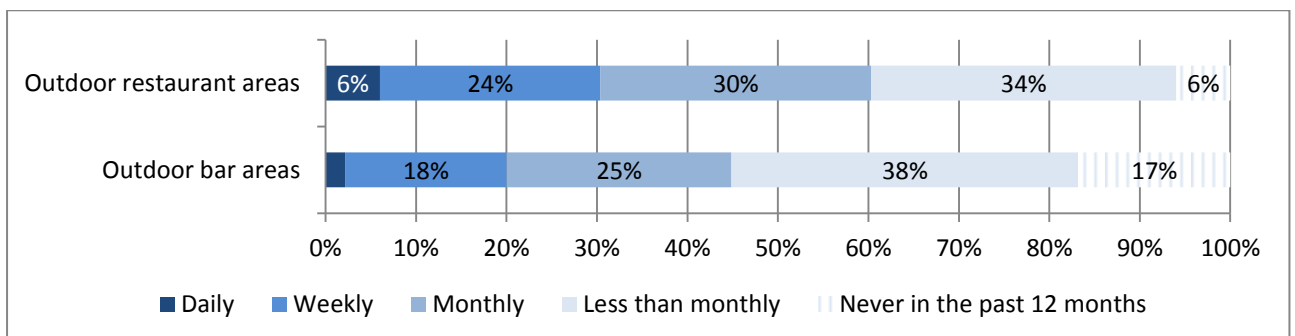


Figure 18. Frequency currently visit outdoor bar and restaurant areas (total sample)

This data is broken down by current smoking status in Figures 19 and 20 respectively. Analysis revealed that current smokers were significantly more likely to visit outdoor restaurant areas weekly, whereas non-smokers were more likely to visit less often (e.g. less than once a month or never in the last 12 months)³⁷. In line with this finding, current smokers were also more likely to visit outdoor bar

³⁷ $\chi^2(4, N = 2243) = 24.6, p < .001$

areas more frequently (e.g. daily, weekly or monthly), whereas non-smokers are more likely to visit less often (e.g. less than monthly or never in the past 12 months)³⁸.

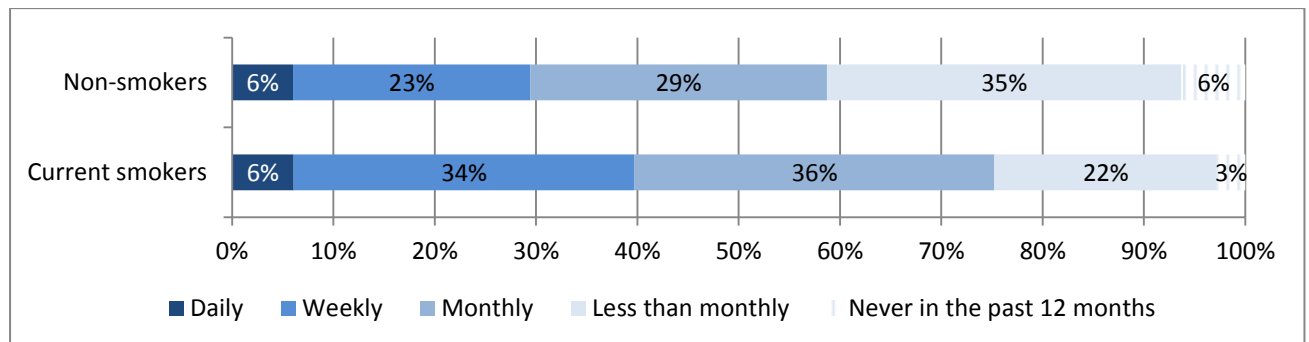


Figure 19. Frequency currently visit outdoor restaurant areas (split by current smoking status)

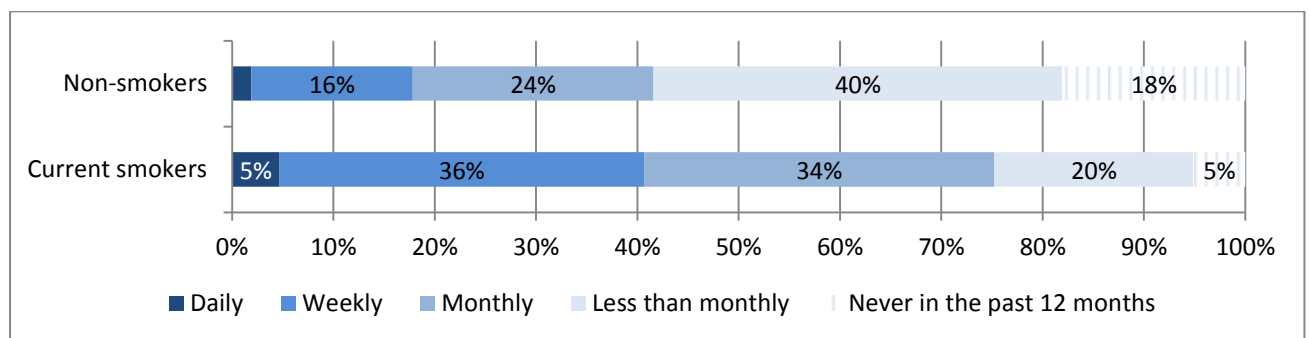


Figure 20. Frequency currently visit outdoor bar areas (split by current smoking status)

Figure 21 shows that two-thirds of the total sample avoid outdoor bar and restaurant areas if smoking is permitted, including 1 in 10 smokers. The majority of current smokers do not have a preference for the smoking status of these areas when they are visiting bars and restaurants (55%). Analysis revealed that smokers were significantly more likely to avoid these areas if they were smokefree or not have a preference either way; whereas non-smokers were significantly more likely to avoid these areas if smoking was permitted³⁹.

These findings are consistent with the 2015 survey, where the overall predicted increase in likelihood of visiting outdoor restaurant and bar areas if they were made smokefree ranged from 48% for bars to 54% for restaurants.

³⁸ $\chi^2(4, N = 2229) = 100.5, p < .001$

³⁹ $\chi^2(2, N = 2266) = 483.2, p < .001$

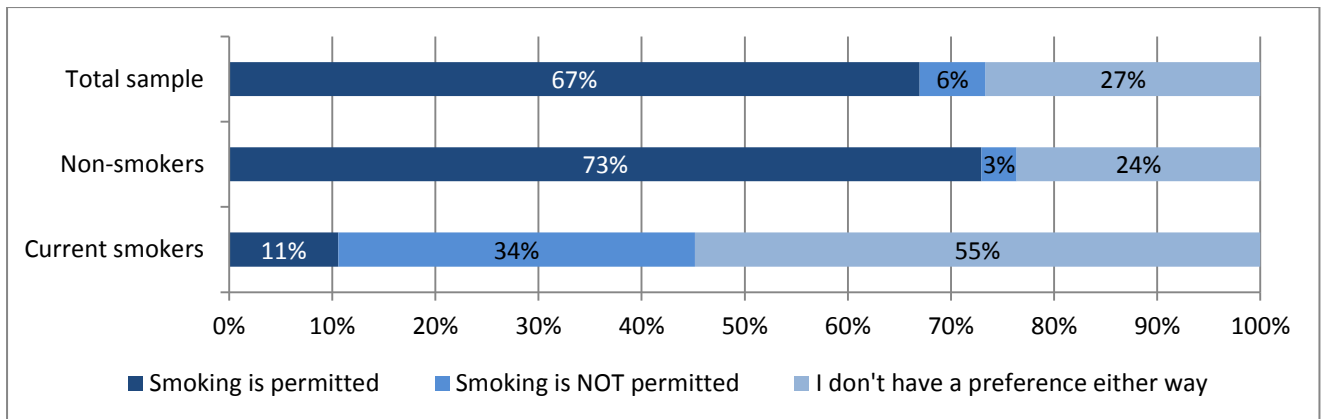


Figure 21. Avoid outdoor bar and restaurant areas if... (split by smoking status)

Nuisance smoking and vaping

Respondents were asked whether they had been bothered by smoke or vapour from someone smoking or vaping near them in the public place in Wellington City over the month prior to surveying. Figure 22 presents this data for smoke in a public place and Figure 23 presents that data for vapour. As can be seen, over two-thirds of respondents across the total sample reported being bothered by smoke in a public place over the previous month, and just over half had been bothered by vapour.

Current smokers were significantly less likely to report being bothered by smoke⁴⁰ and vapour⁴¹ compared to non-smokers, at around a quarter of smokers reporting being bothered by either compared to three-quarters of non-smokers for smoke and over half of non-smokers for vapour.

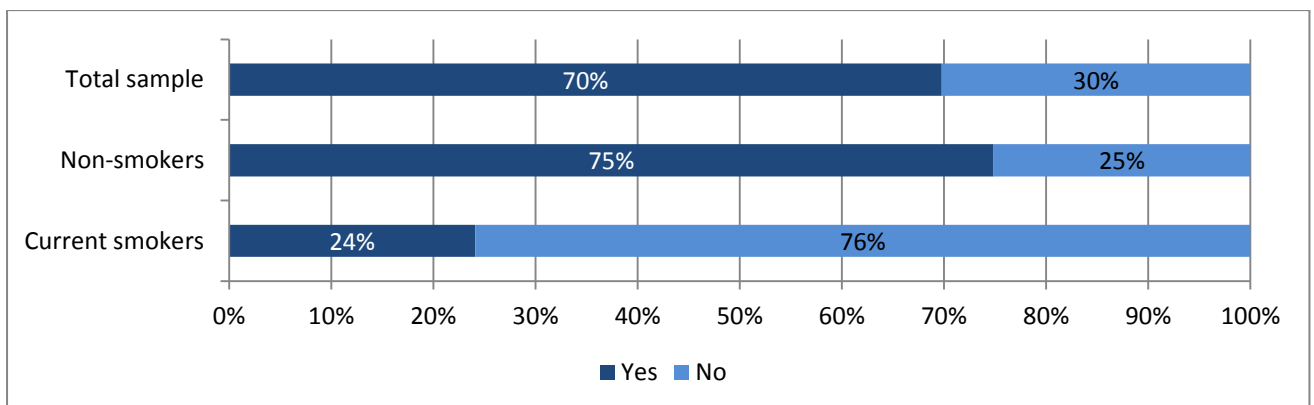


Figure 22. Proportion bothered by smoke in a public place over previous month (split by smoking status)

⁴⁰ $\chi^2(1, N = 1981) = 218.5, p < .001$

⁴¹ $\chi^2(1, N = 2035) = 59.4, p < .001$

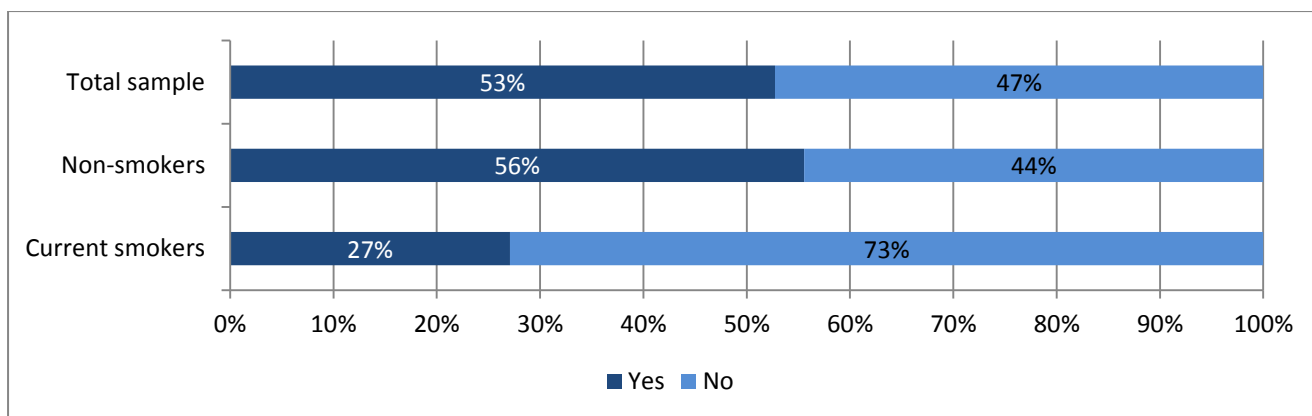


Figure 23. Proportion bothered by vapour in a public place over previous month (split by smoking status)

Those who reported being bothered by smoke and/or vapour in a public place were asked to describe where this had happened over the previous month. When describing where they had been bothered by smoke, by far the most common location was on the street; this included while walking, waiting at an intersection, and/or while resting or waiting at seating areas. Particular issues described included being forced to follow someone smoking due to the number of other pedestrians on the street and having to pass groups of smokers congregated in common smoking spots (including doorways). Lambton Quay was a particularly commonly mentioned street; however Cuba Street, Courtenay Place and the Golden Mile (in its entirety) were all mentioned frequently as well. The suburb of Newtown was also raised frequently by respondents as an issue area. Smaller numbers of people raised the following streets and areas as problem areas: Featherston Street, Grey Street, Molesworth Street, the Terrace, Kilbirnie, Strathmore, Karori and Chews Lane.

After city streets, bus stops and train stations were the next most commonly mentioned problem areas, with many reporting that they had been exposed to second-hand smoke while waiting for public transport. Many were particularly frustrated by this due to their inability to move away from the smoke. Following this, specific buildings, venues or amenities were the next most commonly mentioned. Issues described at these locations included having to walk through smokers to enter the location and/or smoke entering the building via doorways or windows. Specific locations mentioned included: Victoria University and its grounds; Council recreation centres; Parliament and its grounds; bars, restaurants and cafés; shopping malls; supermarkets; outdoor sports venues; events; Te Papa; the Hospital; Westpac Stadium; the Central Library; markets; the entrance to the Cable Car; public toilets, and ATMs.

Smaller numbers of people reported being bothered by smoke in a park or at playgrounds, sports fields or skate parks. Specific parks that were mentioned in the comments included the Botanic Gardens, Te Ngākau (Civic Square) and Midland Park. There were a similar number of comments received about being bothered by smoke at the beach or on the waterfront, and a very small number of reports of being bothered on scenic walkways or at look outs such as Mount Victoria.

Comments received regarding where respondents had been bothered by vapour revealed that they largely matched those described by those bothered by smoke. However further comments were received highlighting that some people were more bothered by vapour due to the size of the plume created, the sweet smell and a perceived lower regard for those around them by those vaping as opposed to those who smoked (some commented that they felt “vapers didn’t think the smokefree

rules applied to them”). Others felt that vapour was less invasive or off-putting than cigarette smoke. Many also commented that they felt vaping was becoming more pervasive every day and some questioned what the health implications of being exposed to second-hand vapour were. Some also expressed concern over the high visibility of vaping and the possible impact of this on children.

When asked how likely they would be to approach someone they didn’t know who was smoking in a designated smokefree area and point this out, more than half of the total sample (55%) reported that they would be unlikely to, with just over a third reporting that they would be likely to (see Figure 24). Analysis revealed that current smokers were significantly more likely to be ‘very unlikely’ to, whereas non-smokers were significantly more likely to be ‘somewhat likely’ to⁴².

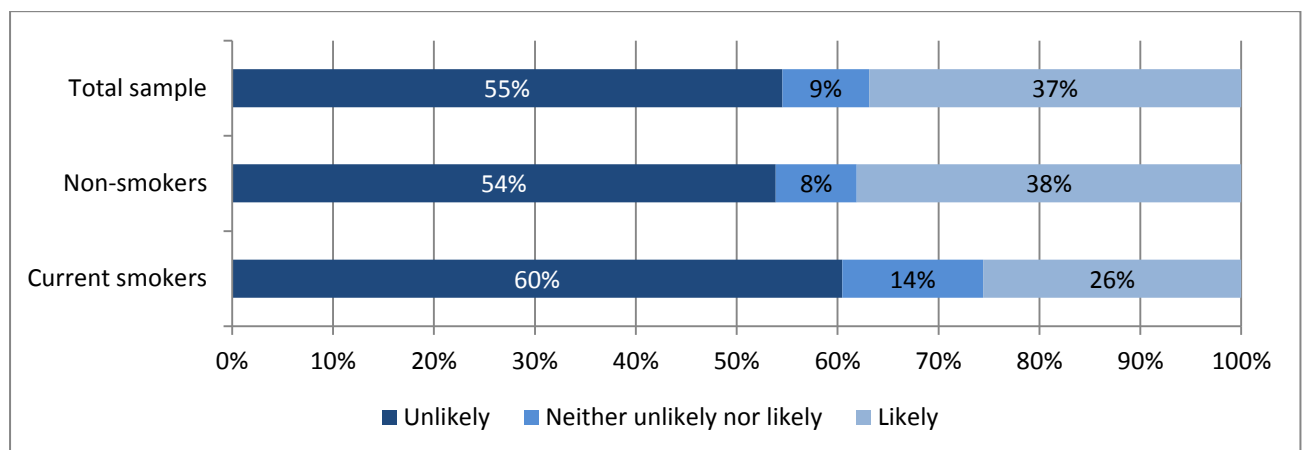


Figure 24. Likelihood approach stranger smoking in a designated smokefree area to point this out (split by smoking status; responses grouped)⁴³

Ensuring there is clearly visible smokefree signage in designated smokefree areas around the city appears to be a practical option to increase public self-monitoring of smoking in smokefree areas, with two-thirds of the total sample feeling that they would be more likely to approach someone smoking in a smokefree place if such signage was in place (see Figure 25). The potential impact of signage was found to be significantly higher for non-smokers compared to smokers⁴⁴; only 1 in 3 non-smokers felt signage would make no difference for them, whereas over half (54%) of current smokers reported the same.

⁴² $\chi^2(6, N = 2199) = 27.5, p < .001$

⁴³ Note: this data was originally collected on a seven-point scale from ‘very unlikely’ to ‘very likely’. Those who responded ‘not sure’ have been removed from the breakdown and responses to the bottom 3 categories (very unlikely, unlikely and somewhat unlikely) and the top 3 categories (somewhat likely, likely and very likely) have been combined into the ‘unlikely’ and ‘likely’ categories reported.

⁴⁴ $\chi^2(1, N = 1966) = 33.5, p < .001$

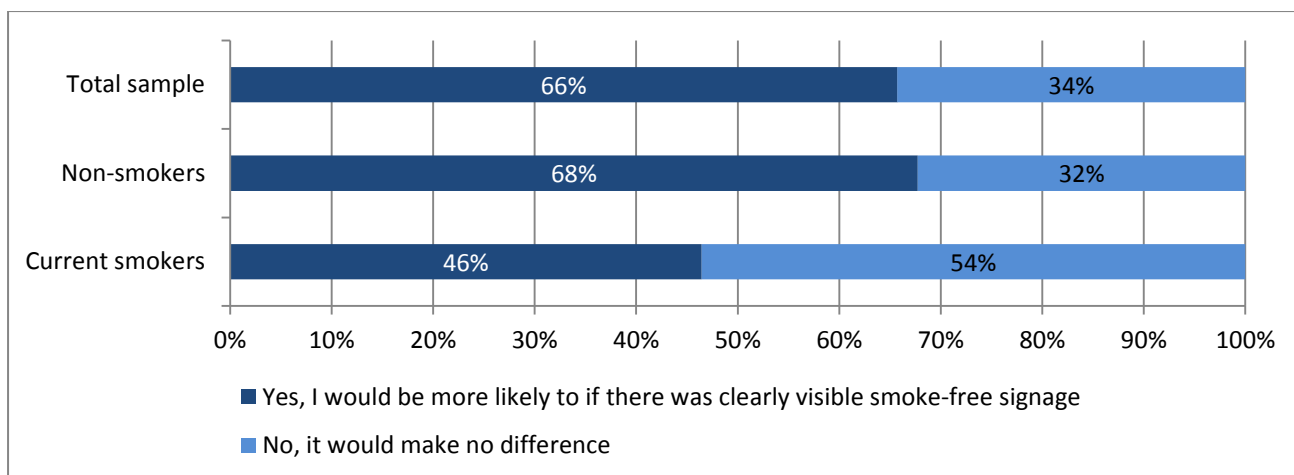


Figure 25. Impact of smokefree signage on likelihood of approaching a stranger smoking in a designated smokefree area (split by smoking status)

Vaping sub-group

Key survey measures were broken down by vaping status to explore the perspectives of this group. For context, as detailed in the 'Sample' section of this report, 5% of the total sample (N=123) were current vapers (with 4% being occasional vapers and 1% being regular vapers). Four percent reported being ex-vapers (N=92) and the remaining 91% of the sample reported having never vaped (N=2054). For the purposes of analysis, both ex-vapers and never vapers were combined into a 'non-vaper' group (95% of the total sample, N=2147) and occasional and regular vapers were combined into a 'current vaper' group (5% of the total sample, N=123). Vaping was therefore less prevalent amongst the sample compared to smoking.

Of those who currently vaped, 42% reported using e-liquids that contained nicotine only, with a further 29% reporting using a mix of e-liquids (i.e. some containing nicotine and some not containing nicotine). Therefore, 72% of current vapers used e-liquids containing nicotine at least some of the time. The remaining 29% exclusively used e-liquids that did not contain nicotine.

Very few respondents who had never smoked were regular or occasional vapers (just under 1%). In contrast, around one-third of current smokers reported vaping regularly or occasionally. In addition, a small group of ex-smokers were current vapers (7%; a full breakdown of this data is available in Table 3). No follow up questions were asked of these respondents therefore it is not possible to ascertain whether vaping was being, or had been, successfully used to cut back or quit smoking.

Analysis revealed that current vapers were significantly more likely to be younger (e.g. under 30 years of age) and identify as of Māori descent. They were significantly less likely to be aged 50 or over or regularly care for children aged 16 and under. There were no differences between vapers and non-vapers on gender. The demographic profile of the vapers in the sample therefore broadly matches that of the current smokers surveyed.

There were a number of significant differences on mean scores between those who currently vaped and those who did not on the statements exploring attitudes towards smoking, vaping and cigarette butt litter included in the survey (see Table 6); most notably:

- Current vapers scored significantly lower on the statement ‘Vaping (i.e. using e-cigarettes) should not be allowed in smokefree areas’, with their mean score representing disagreement with the statement on average, where as non-vapers agreed on average
- Current vapers scored significantly lower on the statement ‘Smoking is a personal choice and shouldn’t have restrictions placed on it’, with their mean score sitting in the middle of the scale, whereas non-vapers disagreed on average
- Current vapers scored significantly lower in their agreement with the statements ‘I support Wellington becoming increasingly smokefree’ and ‘Public events sponsored or run by Wellington City Council should be smokefree’

Table 6. Comparison of mean scores on attitude statements by vaping status

		N	Mean score ⁴⁵	SD	Sig.
Dropping cigarette butts on the ground causes harm to the environment	Non-vapers	2127	4.6	0.8	NS
	Current vapers	118	4.6	0.7	
I support Wellington becoming increasingly smokefree	Non-vapers	2133	4.5	1.0	***
	Current vapers	123	3.5	1.4	
Public events sponsored or run by Wellington City Council should be smokefree	Non-vapers	2111	4.4	1.0	***
	Current vapers	118	3.6	0.7	
Vaping (i.e. using e-cigarettes) should not be allowed in smokefree areas	Non-vapers	2015	3.9	1.2	***
	Current vapers	116	2.4	1.2	
I notice a lot of cigarette butt litter around the streets in Wellington City	Non-vapers	2076	3.7	1.1	*
	Current vapers	119	3.5	1.1	
Having clearly visible smokefree signage is enough to prompt people not to smoke in smokefree areas	Non-vapers	2037	3.0	1.2	NS
	Current vapers	118	3.1	1.2	
Smoking is a personal choice and shouldn't have restrictions placed on it	Non-vapers	2137	1.0	1.1	***
	Current vapers	118	3.0	1.3	

*** p<.001

*p<.05

As with smokers, vapers were significantly more likely to visit both outdoor restaurant dining areas⁴⁶ and outdoor bar areas⁴⁷ more frequently compared to non-vapers, who were more likely to visit less frequently (see Figures 26 and 27 for full breakdown).

⁴⁵ This mean score is on a scale where 1=strongly disagree and 5=strongly agree. A score of 3 is neutral. Therefore higher mean scores indicate a higher level of agreement with each statement and vice versa.

⁴⁶ $\chi^2(4, N = 2242) = 25.5, p < .001$

⁴⁷ $\chi^2(4, N = 2230) = 61.7, p < .001$

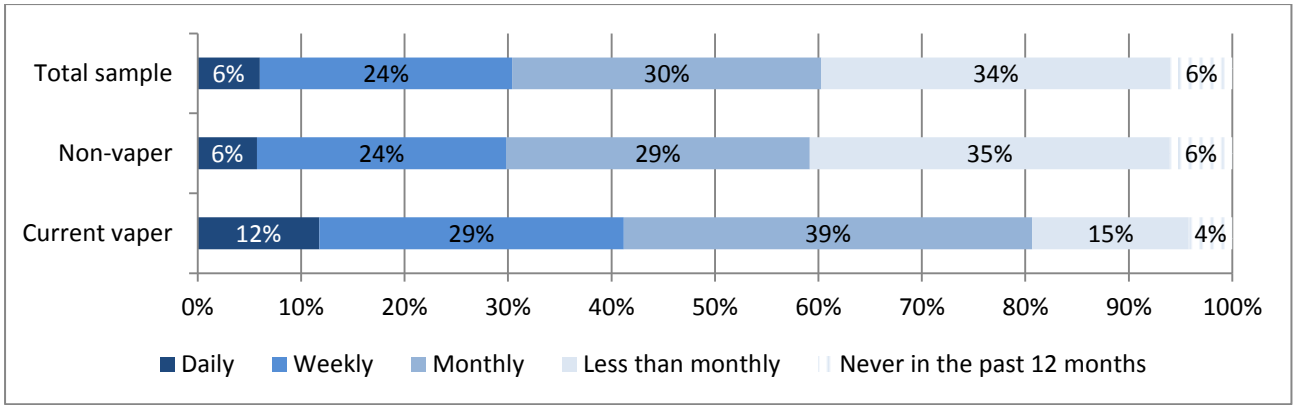


Figure 26. Frequency currently visit outdoor restaurant areas (split by current vaping status)

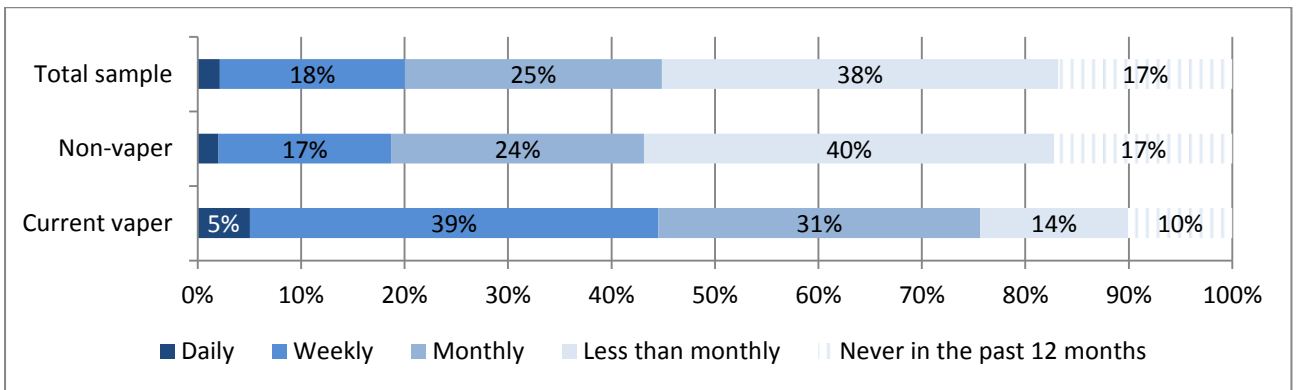


Figure 27. Frequency currently visit outdoor bar areas (split by current vaping status)

Current vapers were also significantly more likely to report that they avoided outdoor bar and restaurant areas if smoking was not permitted or not to have a preference either way, whereas non-vapers were more likely to report avoiding these areas if smoking was permitted⁴⁸ (see Figure 28).

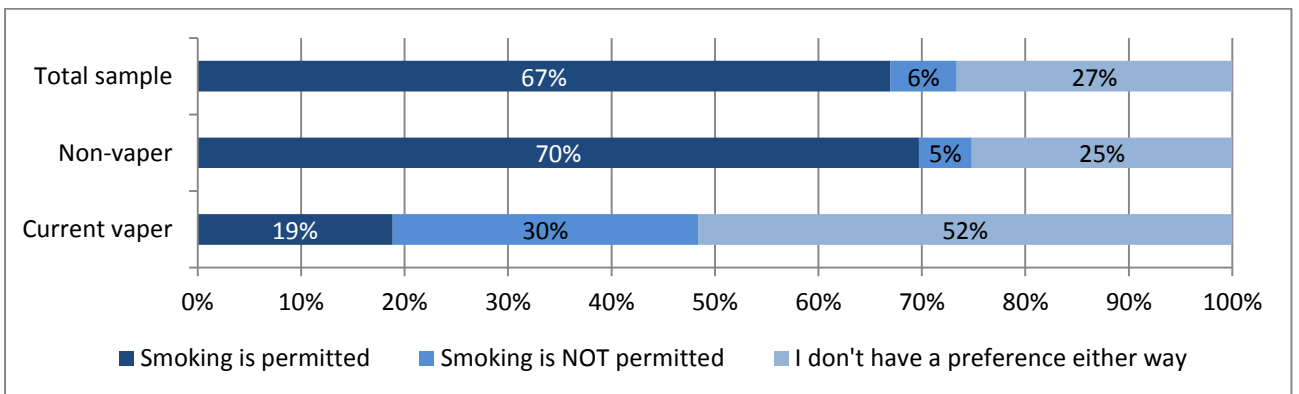


Figure 28. Avoid outdoor bar and restaurant areas if... (split by vaping status)

Current vapers were significantly less likely to report that they had been bothered by smoke from someone smoking near them in a public place in the city over the previous month compared to non-vapers⁴⁹ (see Figure 29).

⁴⁸ $\chi^2(2, N = 2266) = 182.6, p < .001$

⁴⁹ $\chi^2(1, N = 1980) = 59.1, p < .001$

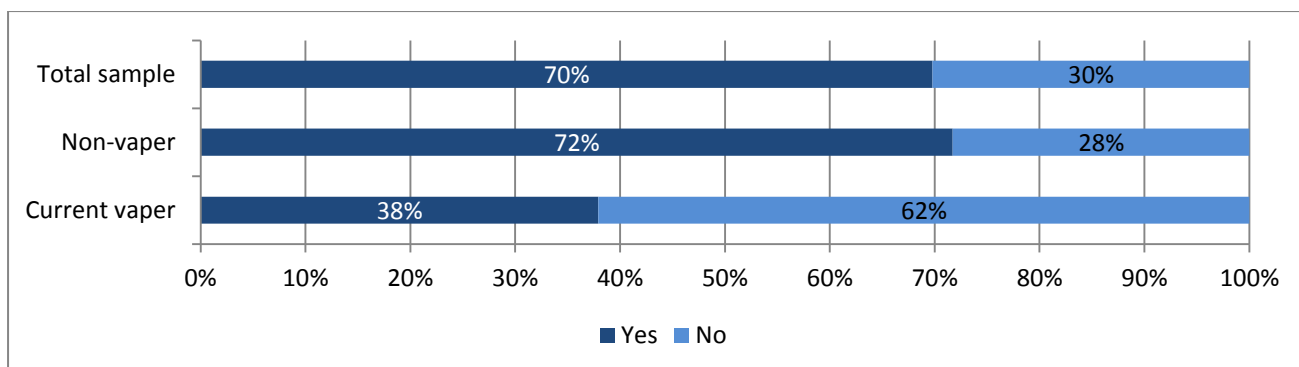


Figure 29. Proportion bothered by smoke in a public place over previous month (split by vaping status)

As may also be expected, current vapers were also significantly less likely to report that they had been bothered by vapour from someone vaping near them in a public place in the city over the previous month compared to non-vapers⁵⁰ (see Figure 30).

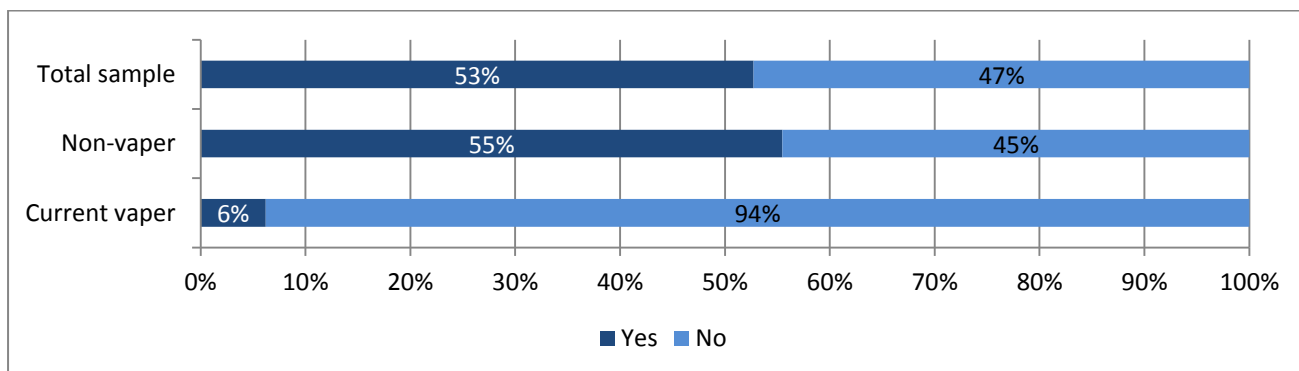


Figure 30. Proportion bothered by vapour in a public place over previous month (split by vaping status)

Those with dependent children

A number of analyses were conducted to assess whether those who regularly cared for children under the age of 16 years differed from those who did not with regard to their attitudes towards smoking in public. Those who did regularly care for children were significantly less likely both to currently smoke⁵¹ or vape⁵² and were more likely than those who did not regularly care for children to know that both children's playgrounds⁵³ and sports fields⁵⁴ are currently designated as smokefree in Wellington. Those who regularly cared for children were also significantly more likely to have a preference for sports fields to be smokefree⁵⁵ but were no more or less likely than those who didn't care for children to have a preference for children's playgrounds to be smokefree⁵⁶ (this is likely due to the high proportion of both groups with a preference for playgrounds to be smokefree, 96% and 94% respectively).

⁵⁰ $\chi^2(1, N = 2033) = 104.0, p < .001$

⁵¹ $\chi^2(1, N = 2259) = 26.9, p < .001$

⁵² $\chi^2(1, N = 2259) = 7.4, p < .01$

⁵³ $\chi^2(1, N = 2258) = 22.9, p < .001$

⁵⁴ $\chi^2(1, N = 2259) = 13.0, p < .001$

⁵⁵ $\chi^2(2, N = 2259) = 15.3, p < .001$

⁵⁶ $p > .05$

Those who regularly cared for children were no more or less likely than those who did not to report that they avoided outdoor bar and restaurant areas if smoking was permitted⁵⁷, or that they had been bothered by smoke or vapour⁵⁸ in a public place over the previous month. However they were significantly more likely to report that they would be 'somewhat likely' or 'very likely' to approach a stranger who was smoking in a smokefree area⁵⁹. The presence of smokefree signage was anticipated to have about the same level of impact on the likelihood of approaching a stranger smoking in a smokefree area for both those who cared for children and those who did not⁶⁰ (at 68% and 65% respectively).

Finally, those who regularly cared for children were significantly less likely to agree with the statement *'Smoking is a personal choice and shouldn't have restrictions placed on it'*⁶¹ and were significantly more likely to agree with the statement *'Vaping (i.e. using e-cigarettes) should not be allowed in smokefree areas'*⁶².

General comments

Comments relating to a range of different topics were received at the end of the survey (see Figure 31 for a full thematic breakdown). Of the 895 comments received, 285 suggested support for Wellington and/or New Zealand becoming increasingly smokefree. Some example comments include:

"It would be really cool if Wellington became the first smoke free capital city in the world." (current smoker)

"Wellington is such a beautiful, progressive city - it would be great to see it move towards being smokefree." (non-smoker)

"Please make Wellington smoke free as soon as possible." (non-smoker)

The next most common theme amongst the comments was a dislike for, or concern about, cigarette butt litter (N=145). Many respondents expressed a desire for the Council to start fining those who dropped their cigarette butt on the ground, with many emphasising their concern for the environment and marine life. Some suggested increasing the number of bins and ashtrays provided as a way to circumvent the problem.

"The litter caused by cigarettes is so bad in central Wellington. Butts are all over the street and around drains and I am really concerned about the look and the environmental impacts. I often see smokers walk past bins to flick butts into drains or on the pavement. Some are still alight and I worry about them being flicked onto other paper trash and being a fire hazard." (non-smoker)

"The problem in Wellington is the lack of ashtrays for smokers to put their butts in, if there were adequate places then they would get used." (current smoker)

⁵⁷ $p > .05$

⁵⁸ $p > .05$

⁵⁹ $\chi^2(6, N = 2188) = 20.2, p < .01$

⁶⁰ $p > .05$

⁶¹ $p < .001$

⁶² $p < .001$

"It is the littering that bothers me more than the smoking these days. I don't see too many people smoking (or I don't go where they smoke) but I notice butts just about everywhere!" (non-smoker)

A large number of people also made comments that suggested the current approach (including the use of smokefree signage) was not working; some suggested the use of more or different signs, while others emphasised the need for increased education and/or enforcement. Some also suggested that not only are some smokefree signs being ignored, some smokers have become aggressive when their presence has been pointed out to them.

"No smoking signs do not work; you will find people smoking in front of them all day every day." (non-smoker)

"If there was more signage and publicity of where it is ok to smoke/vape in the city, then there might be a decrease of people smoking/vaping in smoke free zones." (non-smoker)

"There should be harsh penalties for people who smoke in a clearly marked smoke free areas." (non-smoker)

"Signage alone is not enough. There needs to be enforcement." (non-smoker)

Many respondents expressed a dislike for smoking in their comments (N=123), particularly having their right to fresh air impacted by people smoking in public places. A number expressed frustration at the inability to move away from smoke at times (for example, when walking down a busy street or waiting at a bus stop).

"While I respect that smoking is a personal choice, it impinges on other people's choices of breathing fresh air when there is second-hand smoke, ergo, removing the right to smoke in public can be the only choice." (non-smoker)

"Smelling smoke while I'm eating is particularly bothersome. I also find it hard if I'm drinking to smell smoke as I'm more likely to relapse into smoking again while I'm drinking, but this never happens if the people around me aren't smoking. I don't like smelling smoke when I'm out of breath (running along Oriental bay) or when in enclosed areas (walking through Mt. Vic tunnel)" (non-smoker)

"I hate walking past or behind somebody who is smoking as I can smell the smoke on me for hours afterwards." (non-smoker)

The next most common theme related to support for balance and tolerance (N=96). Generally these respondents supported having a mix of smokefree areas and areas with no restrictions around the city. Many suggested they felt that being heavy-handed or imposing fines on people was not desirable, and expressed a desire to support people through dealing with their addiction over such an approach⁶³. Education and support was valued amongst these respondents, as was ensuring that

⁶³ It should be noted here that work undertaken by Wyllie (2014) revealed positive effects on quitting smoking from the changes to outdoor smokefree policy that Auckland Council made. Of those in their sample who had quit smoking in the previous two years, 23% agreed that outdoor smokefree places/events had helped them to stop smoking, and 22% agreed it had helped them to stay quit. Of those who had attempted to quit or cut

smokers don't feel excluded or shunned from society. Some of these respondents also suggested that they felt it would be too difficult to enforce wide-ranging smokefree polices.

"I support some areas being smoke free because it's not a nice smell for non-smokers and some people are inconsiderate about it. However, I don't support smokers being shunned, I think it is a personal choice and they should have areas they can smoke if they want to." (current smoker)

"While I'm not a smoker and never have been, I can be empathetic with how addictive it is and how hard it must be to give up." (non-smoker)

"Smoking is an addiction. I have not smoked in over 15 years, and I still often have the urge to have a drag of someone's. I don't because I know my husband and kids would hate it. But for people who have smoked for 20, 30 years or more, it is not easy to quit. Some people are becoming reclusive because they cannot smoke anywhere they go. This is not healthy either. We need to find ways to support our smokers if they want to quit." (non-smoker)

A sizeable number of comments were also received from people who dislike or are concerned about vaping. Commonly these respondents felt that vaping should be treated the same as smoking (N=72).

"Vaping seems to be more annoying than smoking; it produces larger visible clouds and smells horrible." (non-smoker)

"I have noticed that, within the public, there are groups who do not count vaping as 'real' smoking. It would be great to see Wellington Council clearly categorise it as smoking in non-smoking areas." (current smoker)

"Vaping is a much bigger issue now. People vaping don't think smoke free applies to them, even in places like inside shops etc." (non-smoker)

Many respondents also raised the issue of role-modelling for children, as well as protecting children from second-hand smoke (N=71):

"The choices I have made have reflected what I would like to see for the future of my children. The environment I want them to grow up in and the deterrents I wish I had had - so that I wasn't encouraged to smoke." (non-smoker)

"My biggest concern re smoking is the damage it has on my young children - even just lingering smoke on my clothes when I see them at the end of the day." (non-smoker)

"Having people walking around using cigarettes and vaping increases the normality for children to see this and want to. The conversations with my children go like this: 'Why is that person smoking? Is it because they are old and going to die soon anyway?' because they know smoking is bad for the health and is someone's choice." (non-smoker)

down, 28% agreed it had helped their attempts to quit or cut down, and 15% agreed that the policy was one of the reasons they decided to do so.

Sixty-four respondents had a preference for having designated smoking areas around the city. Some suggested installing enclosed spaces to protect others from second-hand smoke, such as those used in Japan and in airports internationally.

“I think it is ok to make smokefree areas, but people will always smoke, I think there needs to be areas for these people, or they will just end up smoking in smokefree places.”
(current smoker)

“Having smoke free areas in the city is fine; it gives the smokers somewhere to go rather [than being] in the wind and rain. We are not lepers. Have a look at how Tokyo does it. The streets are clean and smoke free, yet they have designated smoking areas with proper cigarette disposals. This would reduce the amount of cigarettes over the street and in the waterways.” (current smoker)

“There need to be more places for people to smoke that are away from everyone else, but accessible to those that do smoke.” (non-smoker)

Fewer comments were received on the following topics:

- Opposition to introducing additional smokefree policies or an ambivalence towards this (N=49)
- A concern over the health impacts of smoking, including second-hand smoke (N=42)
- Support for vaping or an assertion that they had nothing against vaping. Some did question the health impacts of vaping in their comments however, whilst others emphasised the importance of vaping as a way to reduce or quit smoking (N=37)
- An assertion that there are other issues that the Council should focus on (N=23)
- Support for a total tobacco and/or smoking ban (N=14)
- A concern about smoking outside buildings and/or businesses (N=8)

Figure 30 provides a breakdown of these comments. The comments received in 2018 were broadly similar to those received in the 2015 survey however issues such as vaping and cigarette butt litter gained prominence in 2018 compared to 2015.

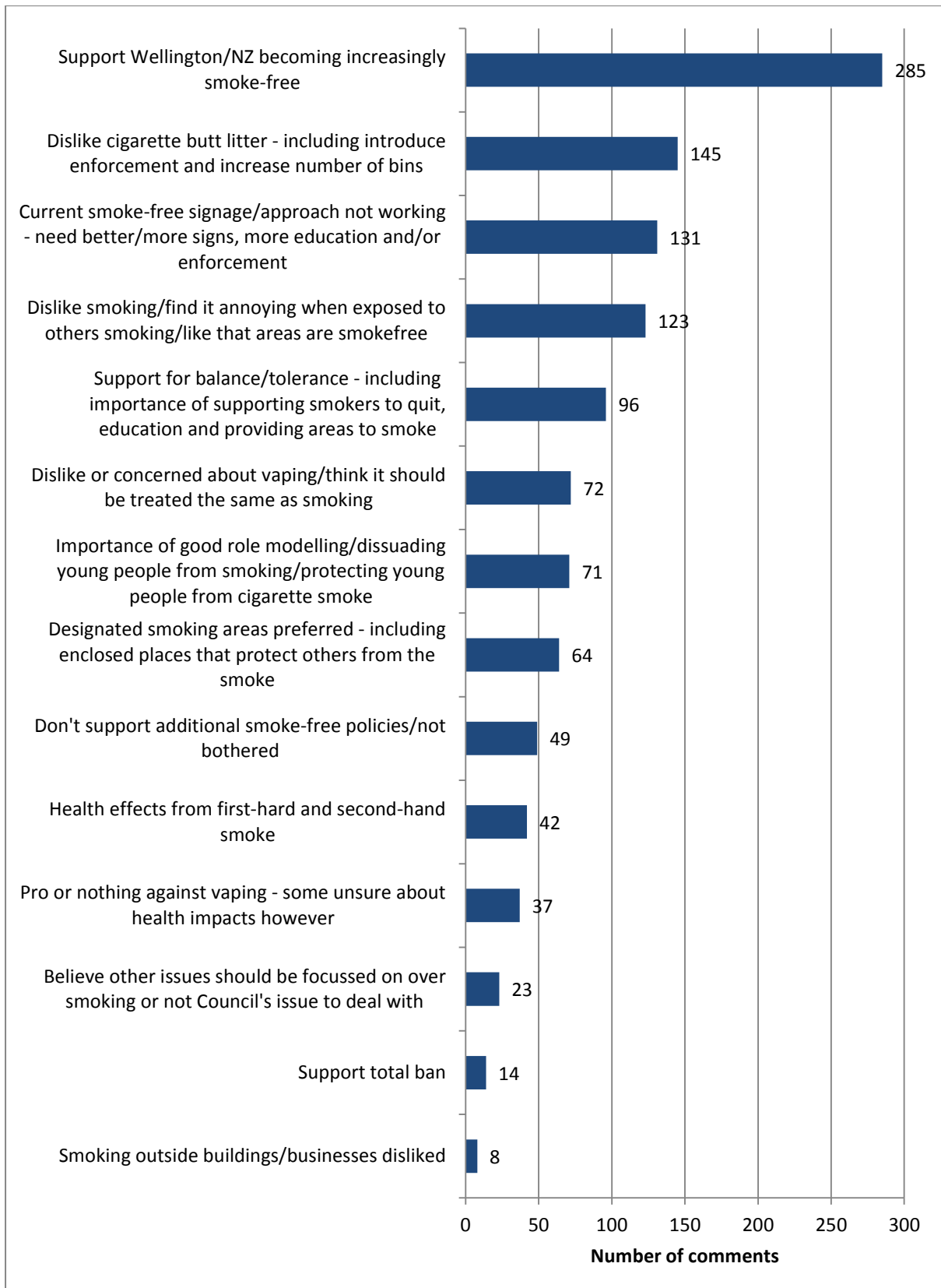


Figure 31. General comments breakdown (N=895)

Conclusions

The following conclusions can be drawn from the survey findings:

- 1. There is still a lack of awareness of current smokefree areas in Wellington City:** Further promotion of current smokefree outdoor areas is recommended, including a designated 'smokefree' page with accompanying map on the Wellington City Council website. A review of current smokefree signage is also recommended, particularly as the presence of smokefree signs appears to be a practical option to increase public self-monitoring of smokefree areas.
- 2. There is ongoing strong support for expanding smokefree areas in Wellington City:** Particularly so for busy city beaches, city parks such as Frank Kitts and outdoor restaurant dining areas. Support amongst the community has grown since 2015.
- 3. Smoking in public areas is having a large impact on Wellingtonians:** Large numbers of Wellingtonians are avoiding outdoor bar and restaurant areas due to the risk of exposure to second-hand smoke and in addition many are bothered by both smoke and vape when out and about in the city.
- 4. Attitudes and opinions towards vaping are mixed:** While many feel that vaping should be treated the same as smoking in Wellington, others emphasised the importance of supporting smokers to shift to vaping as a way of cutting down or quitting cigarettes. Council officers should seek out further advice from the Ministry of Health with regard to a recommended stance on vaping for the Council.

It is recommended that these findings are taken into account in conjunction with the findings of the observational work completed by the University of Otago in the development of the second iteration of the Smokefree Wellington Action Plan.

Appendix A: Survey items

Absolutely Positively
Wellington City Council
Te Heke Ki Poneke

Thank you for agreeing to complete this short survey. It should take you approximately 5-10 minutes to complete and we really appreciate your feedback. The survey will help inform Wellington City Council's ongoing smoke-free policy changes.

Complete this survey to go in the draw to win 1 of 3 \$50 New World grocery vouchers!

If you need to stop the survey part of the way through, simply click the 'save' button and then close your browser window. When you next click the survey link your answers will be automatically loaded.

Your answers to this survey are completely confidential. Your views will be grouped with others so that individual results cannot be identified. Prize draw winners will be drawn and contacted following completion of the data collection (the survey closes on Monday 22 October 2018). If you have any questions about this survey, please contact research@wcc.govt.nz.

To see a map of the specific locations listed below, please [click here](#)

1A Which of the following in Wellington City do you believe ***are currently smoke-free?***

Please select all that apply

- The waterfront
- Children's playgrounds
- Botanic gardens
- Otari-Wilton's reserve
- Sports fields
- Bus stops
- Train stations
- Frank Kitts park
- Te Ngākau (Civic square)
- Waitangi park
- Midland park
- Glover park
- Freyberg beach
- Oriental Bay beach
- Scorching Bay beach
- Chew's Lane
- Eva Street
- Outdoor restaurant dining areas
- Outdoor bar areas
- The Golden Mile (Lambton Quay, Willis St, Manners St and Courtenay Place)
- Cuba Street
- Entrances to Council buildings accessed by the public
- Outdoor public seating
- None of the above

- 2A What do you think **should** be the status of the following areas in Wellington City (regardless of whether or not they are currently smoke-free)? *

Please select one option per line

	Should have no restrictions on smoking	Should be smoke-free	Not sure
The waterfront	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's playgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Botanic gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otari-Wilton's reserve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus stops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frank Kitts park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Te Ngākau (Civic square)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waitangi park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Midland park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glover park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freyberg beach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oriental Bay beach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scorching Bay beach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew's Lane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eva Street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor restaurant dining areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor bar areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Golden Mile (Lambton Quay, Willis St, Manners St and Courtenay Place)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuba Street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entrances to Council buildings accessed by the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor public seating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2B Are there any additional areas not listed above that you believe should be smoke-free? Please list these below

Page 3

3A How often do you visit the following in Wellington City?

	Daily	Weekly	Monthly	Less than monthly	Never in the past 12 months
Outdoor restaurant dining areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor bar areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3B Do you avoid visiting outdoor areas at restaurants and/or bars if...?

- Smoking is permitted
- Smoking is NOT permitted
- I don't have a preference either way

4A Please rate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree	Not sure
I support Wellington City becoming increasingly smoke-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking is a personal choice and shouldn't have restrictions placed on it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping (i.e. using e-cigarettes) should not be allowed in smoke-free areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having clearly visible smoke-free signage is enough to prompt people not to smoke in smoke-free areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public events sponsored or run by Wellington City Council should be smoke-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropping cigarette butts on the ground causes harm to the environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice a lot of cigarette butt litter around the streets in Wellington City	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5A Have you been bothered by smoke from someone smoking near you in a public place in Wellington City over the past month? *

- Yes
- No
- Can't remember
- N/A - I haven't visited Wellington City in the past month

If your answer to question 5A.BotheredBySmoke is "Yes" then answer this question

5B Where has this happened?

5C Have you been bothered by vapour from someone vaping (i.e. using an e-cigarette) near you in a public place in Wellington City over the past month? *

- Yes
- No
- Can't remember
- N/A - I haven't visited Wellington City in the past month

If your answer to question 5C.BotheredByVaping is "Yes" then answer this question

5D Where has this happened?

6A If you saw someone you didn't know smoking in a smoke-free area, how likely would you be to point out to them that it was a smoke-free area? *

- Very likely
- Likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Unlikely
- Very unlikely
- Not sure

6B If there were clearly visible smoke-free signs in the area, would this increase the likelihood of you pointing out to someone that it was a smoke-free area? *

- Yes, I would be more likely to if there was clearly visible smoke-free signage
- No, it would make no difference
- Not sure

Page 7

Thanks for answering those! Now we just have a few questions about you to ensure that we've spoken to a wide range of different people.

7A Are you...? *

- Male
- Female
- Gender diverse
- Prefer not to say

7B Which of the following age groups do you fall into? *

- Under 18
- 18 to 29
- 30 to 39
- 40 to 49
- 50 to 64
- 65 years or older

7C Which ethnic group or groups do you belong to?

Please select all that apply

- NZ European/Pakeha
- Māori
- Pacific Islander
- Asian
- European (other)
- Other (please specify)

8A. Which of the following best describes you? *

- I have never smoked
- I used to smoke but don't anymore
- I smoke occasionally
- I smoke regularly

8B. And which of the following best describes you? *

- I have never used e-cigarettes (i.e. vaped)
- I used to use e-cigarettes (i.e. vape) but don't anymore
- I use e-cigarettes (i.e. vape) occasionally
- I use e-cigarettes (i.e. vape) regularly

If your answer to question 8B.VapingStatus is "I use e-cigarettes (i.e. vape) occasionally" or your answer to question 8B.VapingStatus is "I use e-cigarettes (i.e. vape) regularly" then answer this question

8C. Does the e-liquid that you vape...?

- Contain nicotine
- Not contain nicotine
- I use a mix of e-liquids (i.e. some that contain nicotine and some that do not contain nicotine)

8D. If which of the following areas do you currently reside? *

- Wellington City
- Porirua
- Kapiti
- Lower Hutt
- Upper Hutt
- Wairarapa
- Other (please specify)

8E Approximately how frequently do you visit Wellington City? *

- Daily
- Several times a week
- Weekly
- Several times a month
- Monthly
- Less than monthly
- Never in the past 12 months

8F Do you regularly care for children under 16 years of age?

- Yes
- No

Page 9

9A Are there any additional comments or suggestions you would like to add? If so, please enter these in the space provided below

Page 10

10A If you would like to go into the draw to win 1 of 3 \$50 New World grocery vouchers, please enter the email address you would like us to contact you on (should your name be drawn as a winner) below

Thanks for taking the time to complete this survey; we really appreciate your feedback. If you have any questions about the survey, please contact research@wcc.govt.nz.

If you would like help to quit smoking, please contact Quitline on 0800 778 778 or visit their website www.quit.org.nz. You can also text them on 4006.

Appendix B: Statistics

Comparison of smoking preferences by smoking status

	Chi square results
The waterfront	$\chi^2(2, N = 2270) = 180.2, p < .001$
Children's playgrounds	$\chi^2(2, N = 2270) = 13.0, p < .001$
Botanic gardens	$\chi^2(2, N = 2269) = 95.5, p < .001$
Otari-Wilton's reserve	$\chi^2(2, N = 2270) = 75.9, p < .001$
Sports fields	$\chi^2(2, N = 2270) = 25.7, p < .001$
Bus stops	$\chi^2(2, N = 2270) = 105.8, p < .001$
Train stations	$\chi^2(2, N = 2269) = 85.0, p < .001$
Frank Kitts park	$\chi^2(2, N = 2269) = 131.0, p < .001$
Te Ngakau (Civic square)	$\chi^2(2, N = 2269) = 140.0, p < .001$
Waitangi park	$\chi^2(2, N = 2269) = 147.0, p < .001$
Midland park	$\chi^2(2, N = 2269) = 136.0, p < .001$
Glover park	$\chi^2(2, N = 2269) = 152.5, p < .001$
Freyberg beach	$\chi^2(2, N = 2270) = 121.8, p < .001$
Oriental Bay beach	$\chi^2(2, N = 2269) = 144.1, p < .001$
Scorching Bay beach	$\chi^2(2, N = 2269) = 105.2, p < .001$
Chew's Lane	$\chi^2(2, N = 2270) = 131.1, p < .001$
Eva Street	$\chi^2(2, N = 2270) = 128.0, p < .001$
Outdoor restaurant dining areas	$\chi^2(2, N = 2270) = 238.4, p < .001$
Outdoor bar areas	$\chi^2(2, N = 2270) = 234.4, p < .001$
The Golden Mile (Lambton Quay, Willis St, Manners St and Courtenay Place)	$\chi^2(2, N = 2270) = 171.7, p < .001$
Cuba Street	$\chi^2(2, N = 2268) = 220.1, p < .001$
Entrances to Council buildings accessed by the public	$\chi^2(2, N = 2269) = 26.8, p < .001$
Outdoor public seating	$\chi^2(2, N = 2270) = 263.8, p < .001$