

Nelson Marlborough  
District Health Board

# Feedback on Tasman District Council Queen Street Reinstatement Project

29 February 2016

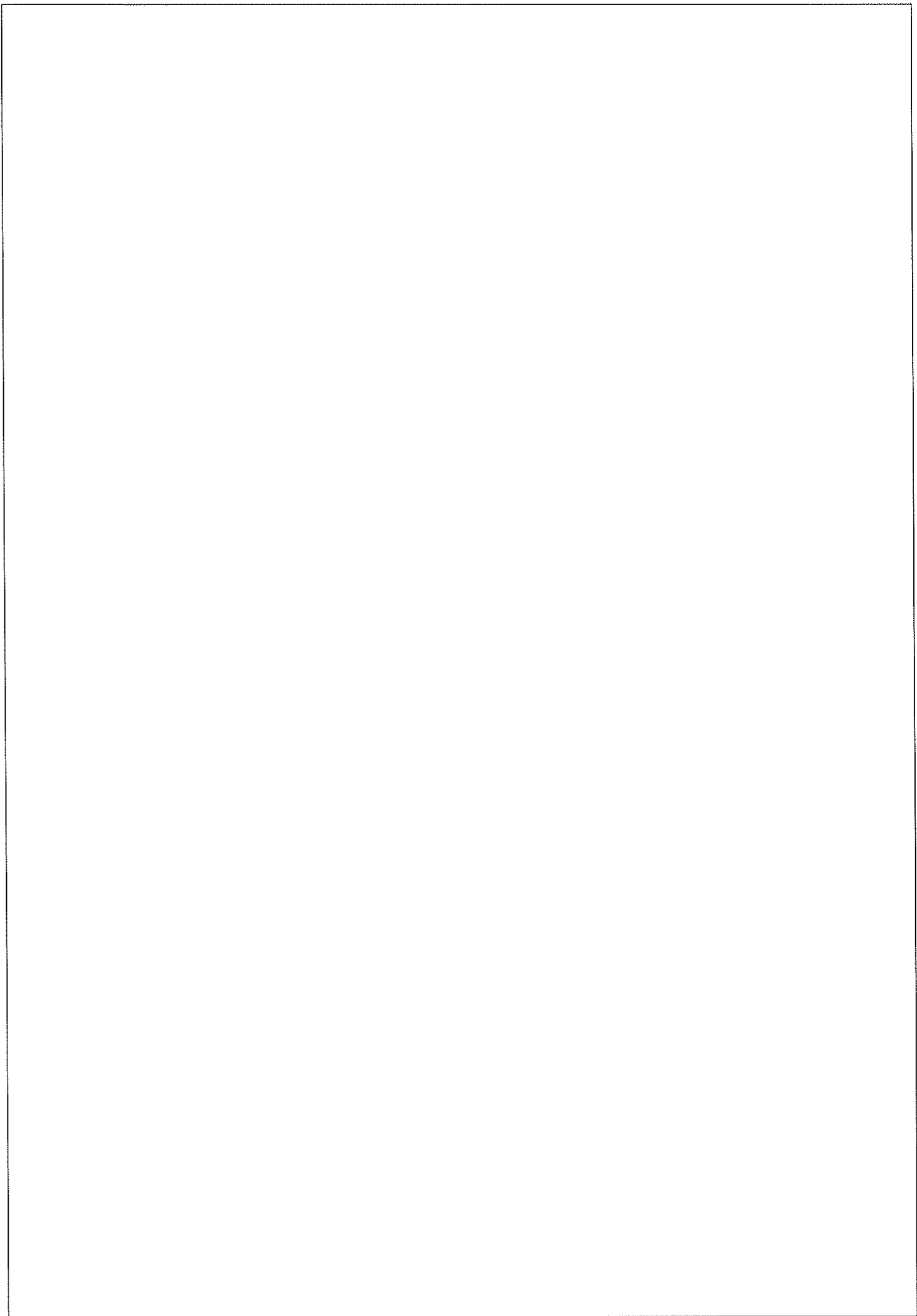
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## **Introduction**

1. Nelson Marlborough District Health Board (NMDHB) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMDHB appreciates the opportunity to comment from a public health perspective on the Tasman District Council (TDC) Queen Street Reinstatement Project.
2. The NMDHB provides this feedback in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. The NMDHB supports TDC viewing the required Queen Street stormwater upgrades as an opportunity to improve the safety, accessibility and functionality of the street.
4. As a part of the opportunity of improving public safety and enhancing amenity value, the NMDHB strongly urges TDC to re-consider making the streets and public spaces of the Richmond CBD, including central Queen Street, smokefree environments.
5. The NMDHB acknowledges that TDC has already undertaken some good work in this area including by introducing a smokefree policy into its sports grounds, reserves and parks. The NMDHB commends TDC for these initiatives in extending smokefree environments beyond what is currently required by legislation and notes that this provides a good base to build further work on.

## **Evidence to support smokefree environments**

### Social, economic and environmental factors

6. It is shown that extending smokefree areas does not harm business. A recent comprehensive study<sup>1</sup> found that smokefree regulations had either positive or no effects on the revenue or other economic indicators of restaurants and bars. The NMDHB acknowledges that cafes, restaurants and bars are located in the Richmond CBD, some of which have outdoor seating areas situated on Queen Street or in other public spaces. The NMDHB is aware that smokefree environment policies are implemented in the CBDs or service areas of Palmerston North, Napier, Hastings, and Horowhenua. Additionally, Wellington and Christchurch city councils have made a commitment in their long term plans to introduce such policy.
7. Extending smokefree policy in outdoor public places can reduce the impact of cigarette-related litter.<sup>2</sup> Discarded cigarette butts contribute to cleaning, maintenance and litter removal costs; pose a fire risk; decrease the amenity value of public areas; and cause environmental impacts.<sup>2</sup>

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<sup>1</sup> Loomis BR, Shafer PR, van Hasselt M. 2013. *The economic impact of smoke-free laws on restaurants and bars in 9 states*. Preventing Chronic Disease 10:120327

<sup>2</sup> Cancer Society of New Zealand and Health Sponsorship Council. 2008. *Smokefree councils implementation kit: A guide for local health promoters*. Wellington: Cancer Society of New Zealand and Health Sponsorship Council

Cigarette butts are the most common form of litter<sup>3</sup>, with the majority of smokers littering their cigarette butts.<sup>4</sup> Cigarette butts not only litter the sidewalks or parks where people discard them but of increasing environmental concern, they are also carried by stormwater drains to our rivers and oceans.<sup>5</sup> Discarded cigarette butts are non-biodegradable<sup>4</sup> and are highly toxic to freshwater and marine life.<sup>3</sup>

8. Extending smokefree areas to other public places beyond what is currently required by legislation is generally supported by the public. A 2012 nationwide survey<sup>6</sup> found that over one half of respondents agreed that smoking should not be allowed in public outdoor dining areas (54%), outside sports fields or courts (59%) or outdoor public places where children are likely to go (73%).

#### Public health and safety

9. Smoking is the leading cause of preventable death with over 5000 New Zealanders dying every year from tobacco related disease.<sup>7</sup> Half of all young people who start and continue to smoke will die as a result of smoking.<sup>8</sup> Furthermore, evidence shows that second-hand smoke exposure causes serious health effects in non-smokers including children.<sup>9</sup> More than 350 New Zealanders die each year as a result of second-hand smoke.<sup>10</sup> The World Health Organization states that there is no safe level of exposure to second-hand tobacco smoke.<sup>11</sup>
10. Most adult smokers started smoking when they were adolescents.<sup>7</sup> Young New Zealanders often first try cigarettes at a very young age - In 2014, 18% of year 10 students (aged 14-15 years) who had ever smoked first tried a cigarette before they were 10 years of age.<sup>12</sup> Although youth smoking rates continue to decline, 6% of year 10 students smoke regularly and Maori smoking

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<sup>3</sup> Slaughter E, Gersberg RM, Watanabe K, Rudolph J, Stransky C, Novotny TE. 2011. *Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish*. Tobacco Control 20(1):25-29

<sup>4</sup> Patel V, Thomson G, Wilson N. 2013. *Cigarette butt littering in city streets: A new methodology for studying and results*. Tobacco Control doi:10.1136

<sup>5</sup> Novotny TE, Lum K, Smith E, Wang V, Barnes R. 2009. *Cigarette butts and the case for an environmental policy on hazardous cigarette waste*. International Journal of Environmental Research and Public Health 6(5):1691-1705

<sup>6</sup> Health Promotion Agency. 2013. *Acceptability of extended smokefree areas and smokefree cars*. Wellington: Health Promotion Agency

<sup>7</sup> Ministry of Health. 2008. *Tobacco control and smoking: Health effects of smoking*. Wellington: Ministry of Health

<sup>8</sup> Mackay J, Eriksen M. 2002. *The tobacco atlas*. Brighton: Myriad Editions Limited and World Health Organization.

<sup>9</sup> Office on Smoking and Health. 2006. *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Atlanta: Centres for Disease Control and Prevention

<sup>10</sup> Health Promotion Agency. *Second-hand smoke* <http://smokefree.org.nz/second-hand-smoke>

<sup>11</sup> World Health Organization. 2015. *Tobacco*. Fact sheet No 339. Copenhagen: WHO Regional Office for Europe

<sup>12</sup> Health Promotion Agency. *Tobacco control data repository* [http://www.tcddata.org.nz/YIS%20data/YIS\\_01.aspx](http://www.tcddata.org.nz/YIS%20data/YIS_01.aspx)

rates still remain disproportionately high.<sup>13</sup> Evidence shows that the more children see smoking, the more likely they are to start.<sup>14</sup>

11. Extending the coverage of smokefree areas is shown to reduce the risk of adverse health effects from second-hand smoke exposure, reduce the exposure of children to smoking and associated signals that it is normal and acceptable behaviour,<sup>6</sup> and encourage smokers to quit.<sup>11</sup>

### **Tools to support smokefree environments**

12. A recent survey<sup>15</sup> of New Zealand district and city councils who had adopted a smokefree policy found that the costs of smokefree signage and staff time installing the signage were the biggest barriers to implementing the policy. The NMDHB notes that some of these councils received funding from other agencies to assist with these costs.<sup>15</sup> The NMDHB also notes that smokefree signage is now available free of charge through the Health Promotion Agency.
13. Another perceived barrier to councils implementing a smokefree policy is the issue of compliance. Of the councils surveyed<sup>15</sup>, all used voluntary compliance as a means for implementing their smokefree policies and none had used enforcement action. While signage is self-policing and no fines apply, experience indicates that it educative through promoting smokefree messages and is effective in achieving smokefree objectives. It can deter people from smoking, empowers members of the public to ask people to comply, and can support it becoming an accepted behaviour not to smoke in the designated areas over time. Three-quarters of the councils surveyed felt that their smokefree policy was successful.<sup>15</sup>

### **Conclusion**

14. The NMDHB thanks the TDC for the opportunity to comment on the Queen Street Reinstatement Project.
15. The NMDHB supports the aim of the Queen Street Reinstatement Project going beyond the required stormwater upgrades and urges TDC to re-consider making the Richmond CBD a smokefree environment in order to improve public safety and enhance amenity value of the area.
16. Evidence indicates that smokefree environments protect the health of non-smokers, are popular, do not harm business, encourage smokers to quit<sup>11</sup>, reduce litter impacts<sup>2</sup>, and de-normalises smoking, especially around children.<sup>6</sup>

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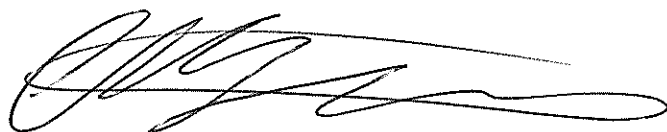
<sup>13</sup> ASH. 2014. *2014 factsheet 1 ASH year 10 snapshot survey: Topline results*. Auckland: ASH

<sup>14</sup> Racicot S, McGrath JJ, O'Loughlin J. 2011. *An investigation of social and pharmacological exposure to secondhand tobacco smoke as possible predictors of perceived nicotine dependence, smoking susceptibility, and smoking expectancies among never-smoking youth*. *Nicotine & Tobacco Research* 13(10):926-933

<sup>15</sup> Marsh L, Robertson LA, Kimber H, Witt M. 2014. *Smokefree outdoor areas in New Zealand: How far have we come?* *The New Zealand Medical Journal* 127:1389

17. The NMDHB sees it as very important for the TDC to continue to work in partnership with the NMDHB on smokefree environments and welcomes further discussion on this particular matter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chris Fleming', written in a cursive style.

Chris Fleming  
**Chief Executive**  
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