Do you wish to speak in support of your submission at the hearing?:	No
Do you agree with our proposal to introduce tiered site requirements for different areas within the district?:	Yes
Additional Comment:	
Do you agree with our proposal to update the smoke free clauses?:	Yes
Additional Comment:	With the percentage of people smoking dropping significantly in New Zealand, https://www.smokefree.org.nz/smoking-its-effects/facts-figures Daily smoking rates in Aotearoa 2020-2021 are- 9.4% 43 (down from 18% in 2006/07 39 and 11.6% in 2019/20 48) This gives a clear message that smoking is on the decline, however vaping is on the increase. It is important that good policy is in place that protects our community, adults, children young people, that they have a choice to dine free from tobacco and vaping and that policy is well promoted so everyone is aware.
Do you agree with our proposal to introduce a section on the ownership of structures?:	Yes
Additional Comment:	
Do you have any other comments on the draft policy?:	Local Government- Ashburton District Council, is one of the most important influences on our community health and wellbeing. Endorsing the Smokefree Aotearoa 2025 goal and incorporating this in all policy, Ashburton is a leading example of how smokefree policies can be adopted and managed voluntarily and easily. We have seen already how popular smoke free and vape free outdoor dining is in Mid Canterbury. By providing smoke free and vape free environments, this gives a clear message to everyone but importantly children and young people , that smoking and vaping is not the norm in our community and that it is possible to have a smoke free/vape free generation for our future tamariki.
Your Details	
Name:	Mandy Casey
Organisation:	Cancer Society

Smokefree and vapefree streets: high levels of support from tourists, residents and businesses, implications for tourist-destination communities in New Zealand

David Brinson, Charlotte Ward, Cheryl Ford, Annabel Begg

ABSTRACT

AIMS: To (a) evaluate the attitudes of local businesses, residents, and visitors regarding the trial of a voluntary smokefree and vapefree zone covering the central business streets of a popular tourist town in the South Island of New Zealand, and (b) observe smoking and vaping prevalence before and during the trial, to inform national and local smokefree environment advocacy work.

METHODS: The six-month smokefree and vapefree trial included an embedded mixed methods project evaluation to capture a range of stakeholder groups' views about the smokefree and vapefree zone. Data collection methods included face-to-face interviews, non-random pen and paper and online surveys, and observational scans. Qualitative data were analysed using a systematic iterative thematic approach, and simple descriptive quantitative analyses were applied to the survey data.

RESULTS: The analysis synthesised information from almost 1,000 respondents. A large majority of respondents supported smokefree and vapefree within the zone (visitors 84%; residents 67%; businesses 63%). A majority of responding visitors indicated that the same rules should apply to both smoking and vaping and that they would be either *more likely* or *as likely* to visit other tourist destinations in New Zealand if they had smokefree and vapefree zones. Implementing the initiative was associated with a reduction in the number of people visibly smoking and vaping within the zone.

CONCLUSION: The weight of evidence from the project evaluation points towards a net benefit both for individuals and for the community from implementing voluntary smokefree and vapefree zones in tourist destinations in New Zealand.

Tobacco smoking remains a major cause of death and disability around the world, as well as a major contributor to health inequities.[1] Many countries have progressively implemented strong tobacco control policies and legislation to protect present and future generations from the considerable health, economic, social, and environmental impacts of tobacco.[1] In New Zealand, the Smokefree Environments Act 1990 was passed to "reduce the exposure of people who do not themselves smoke to any detrimental effect on their health caused by smoking by others"[2] and to regulate and control the marketing, advertising, and promotion of tobacco products. Legally-designated smokefree indoor spaces now have wide public and political support in New Zealand.[3,4] There is also growing interest and support for social denormalisation strategies, including the adoption of smokefree outdoor spaces; such as parks, playgrounds, and other public spaces.[4] Denormalisation strategies are designed to influence social norms and modify addictive nicotine-use behaviours (including vaping).[4,5] Denormalisation involves changing tobacco/nicotine use from acceptable and desirable to unacceptable and undesirable, across a broad range of settings.[3] Decreasing the social acceptability of smoking has been shown to be a highly effective policy tool in reducing consumption.[5]

However, the effectiveness of denormalisation strategies has been challenged in recent years by the emergence of increasingly sophisticated electronic nicotine delivery systems (ENDS) — most commonly, e-cigarettes.[5] There has been protracted debate about the regulation of vaping in spaces where conventional cigarettes are currently prohibited. Vaping legislation was not introduced in New Zealand until 2020, prohibiting vaping on aircraft, and inside workplaces, schools, early childhood centres, and some other indoor public spaces (the legislation does not cover outdoor spaces).[6] In addition, progress in

translating smokefree and vapefree outdoor rules into national policy has been limited, leaving sub-national jurisdictions to enact rules or bylaws on a case-by-case basis.[7,8]

Whilst many councils across New Zealand have implemented smokefree outdoor spaces to some degree, the extension of these policies into business areas and the adoption of vapefree outdoor spaces is still limited.[7,8] Most examples of these initiatives have employed facilitative and promotional approaches and these initiatives primarily rely on signage and communication to build public support and promote compliance.[7] Despite the voluntary nature of New Zealand's outdoor smokefree strategies, this approach can still arouse concern and resistance from some stakeholders. For example, some business owners may have concerns about economic harms, despite studies of smoking bans in the hospitality sector showing no overall substantial economic gains or losses[9–11] and such bans have been found to be popular with customers.[12]

Hospitality and tourism are important sectors for New Zealand and insufficient work has been done to investigate how acceptable smokefree and vapefree outdoor policies are to our domestic and international visitors. The aim of this mixed methods evaluation study was to obtain current information on the attitudes and level of support from visitors, residents, and businesses, for a smokefree and vapefree zone covering the central business streets of a New Zealand tourist town. The study also aimed to see if there were changes in observable smoking and vaping behaviours over the trial period (the study did not aim to demonstrate a change in the proportion of regular smokers/vapers within any group or over time).

To our knowledge, this is the first formal evaluation of a smokefree and vapefree zone simultaneously applied to the entire central business area of a tourist town in New Zealand (i.e., where there were no policies prior). The study also evaluated any reported impacts on stakeholders, including the hospitality and tourism-focused businesses that engaged with the evaluation interviews. This information may be helpful to local government authorities when considering whether public spaces adjacent to retail and other business premises can and should be both vapefree and smokefree.

Methods

This evaluation study used mixed methods to assess stakeholders' experiences, perspectives, and attitudes towards the smokefree and vapefree zone trial. Broadly, the methods included online surveys, phone surveys, scheduled face-to-face interviews, public intercept surveys, pen and paper feedback cards, and field observations of smoking and vaping behaviours.

Intervention

Breathe easy in Hanmer Springs was a six-month trial of a smokefree and vapefree zone implemented across key public spaces, including the street frontage of the retail/business area of the village. The setting was Hanmer Springs, a popular tourist town in the South Island of New Zealand (population 960 in 2018; regular smokers 12.6%, 2018; 216,311 guest nights in the wider Hurunui District, with 33% international, 2018–2019 year).[13,14] The voluntary initiative was supported by signage and a communication plan. The aim of the communication plan was to raise public awareness of the initiative and to help empower the public to provide positive social reinforcement if smoking behaviours were observed in the zone. The majority of promotions were initiated at the launch of the trial (14 February 2019). A limited amount of reporting on the impending trial was seen in local and national print, online, and radio media in the months preceding the trial. The signage (placed just prior to the start of the trial) included one main display board/map and a range of metal and self-adhesive signs and posters, attached to all public picnic furniture, selected curbside poles, public toilet cubicles, council owned rubbish bins, and other public fixtures as suitable within the trial zone. Businesses were not required or requested to actively implement the no smoking/no vaping policy or messaging (although some may have done so to varying degrees).

Sample

Potential respondents were selected from three stakeholder groups within a specific geographical setting (a convenience sample). The three stakeholder groups were the local businesses (owners/managers), residents (or property owners/rate payers), and visitors to the township (both domestic and international). The recruitment of business owners/managers was via email and phone using contact information that had been compiled by a health promoter over the two years prior. Owners'/managers' contact details were collated from lists provided by the local Business Association, and listings in local advertising and business directories, or displayed on premises within the village (if not identified via previous

methods). The characteristics/classification of the recruited business respondents were: accommodation (n=15); hospitality (n=9, representing 13 businesses); retail (n=18, representing 21 businesses); tourism/outdoor activity (n=6); trade/service provider (n=6). Visitors were sampled via two methods: (1) random in-person point-intercept interviews on the streets within the zone; and (2) feedback cards placed at accommodation providers around the village. In total, 22 out of 38 identified accommodation providers agreed to include feedback cards in their guest room compendiums including motels, hotels, rental homes, backpackers, camping grounds and B&Bs (unlisted B&B and Airbnb were excluded). Residents were sampled via two methods: (1) random in-person point-intercept interviews on the streets within the zone; and (2) via invitations to engage online, including a URL link posted to a closed village social media group, QR codes on posters/signs within the zone, and via URL links posted in the local school and village newsletters.

Measures were put in place to reduce the possibility of multiple written responses (ballot stuffing) and multiple/duplicate online submissions (acknowledging that, with effort, these measures could have been circumvented). Firstly, manual scans were used to detect obvious duplication of tourist responses within each batch of handwritten response cards retrieved from each accommodation provider (one instance was detected, and copies removed). Secondly, the online survey platform collector settings used IP address to limit responses to one response per device.

Procedure

A base questionnaire (see Appendix) was drafted by the project team and peer reviewed by a public health physician. The base questionnaire included a core set of policy-relevant questions to be asked of all respondents. The central question assessed respondents' level of support for the zone being specifically smokefree *and* vapefree (i.e., a vote in principle for vaping and smoking to be treated the same/differently with respect to outdoor public areas). The questionnaire also included questions on awareness of the zone and support for the zone becoming permanent (as implemented in the specific context of Hanmer Springs). In the interest of brevity, these secondary questions are not reported here. The base questionnaire did not include demographics, as the evaluation study was not intended to have enough statistical power to perform sub-group analyses (including smoking/vaping vs non-smoking/non-vaping).

The base questionnaire was then tailored to the different stakeholder groups by adding supplementary questions that explored different stakeholder perspectives and experiences (e.g., any impacts on business, tourists' likelihood to visit other smokefree and vapefree tourist destinations, and residents' perspectives). The questionnaire format was also optimised for use online, for pen and paper completion, and to suit a semi-structured face-to-face interview format.

The semi-structured interview schedules for use with the business representatives (see Appendix) were the most in-depth questionnaires. The interview schedule was developed using an applied qualitative research approach[15] whereby the questions were shaped by the information requirements of the stakeholders, as apparent from a prior scoping/consultation one year earlier.[16] The two interviewers (a Public Health Analyst and a Health Promoter, both from Community & Public Health, Canterbury DHB) used role play to practice and refine the interview schedule and feedback was provided by a third assessor (another Public Health Analyst, also from Community & Public Health, Canterbury DHB). The interviews with business representatives typically lasted 30 minutes and included open-ended questions and probes. The questions asked for detailed information about any effects of the zone on businesses' operations and staff. All respondents were also given the opportunity to provide one open response on any aspect of the smokefree and vapefree trial. The business interview settings included retail and hospitality premises, accommodation providers, and other recreational and outdoor adventure providers.

The face-to-face interviews with members of the public were facilitated by a Health Promotion Advisor from the Cancer Society, Canterbury West Coast Division, and three volunteer research assistants also provided by the Cancer Society (the volunteers undertook a site orientation and training session on the day). These interviews were conducted on public streets within the trial zone. All interviews and surveys were undertaken between 14 February and 18 July 2019.

The observations employed multiple four-minute scanning cycles, based on the methods developed by Thomson and colleagues.[17] Specifically, observations of the smoking and vaping behaviours of those who appeared to be over 12 years old (and who are inclined to smoke/vape in public on the street) were made across four defined 10–20m^2 sites within the smokefree and vapefree zone. Note that age 12 is a methodological classifi-

cation not a legal classification, as used in Thomson and colleagues' established observation protocol.[17] The observations were undertaken by two observers (from the Cancer Society, Canterbury West Coast Division, having undertaken specific training/field trials focused on minimising inter-observer bias). The observations were conducted over five weekend days, in two periods (daytime only, as the policy is in large part about denormalisation and modelling smokefree and vapefree to young people). The pre-intervention observations were conducted just prior to the introduction of the trial on February 14th (Valentine's Day). Hanmer Springs visitor numbers peak noticeably on weekends and school holidays and the "family friendly" attractions in Hanmer Springs draw large numbers of families. The high proportion of children typically present in the village during the school holidays and during the weekends may influence adults' smoking and vaping behaviours (downwards),[18–22] therefore, all of the observation times were scheduled to provide a similar context (school holidays–weekends) for all observations. Additional observations comprised set walking loops and between site observations for the general monitoring of tobacco litter, any observed displacement of smokers/vapers to out-of-zone areas, and/or any other unanticipated effects.

Analysis

Qualitative data were analysed using a systematic iterative thematic approach to identify recurring patterns, following the method described by Pope and Mays and others.[15] The multi-choice and three-point Likert scale questionnaire (Appendix) responses were extracted from the different iterations of the surveys/interviews and the proportion of respondents in agreement with the various statements were calculated for each stakeholder group. Some respondents did not answer all questions and percentages were calculated excluding missing responses. The observational data (smoking and vaping behaviours) were analysed by means of Chi-squared tests (using SAS version 9.4, SAS Institute Inc., Cary, NC) to determine any differences in the observed smoking and vaping behaviours between baseline and follow-up.

Ethics

It was determined that this evaluation did not meet the criteria triggering a need for Health and Disability Ethics Committee review. The evaluation was considered low risk as it did not involve the collection of health information, age, gender, or ethnicity, and the responses were confidential and anonymous. Those invited could decline to participate, or choose not to answer any particular question, if they wished.

Results

Participants

In total, 956 individuals provided responses to the surveys, comprising 680 visitors, 222 residents, and 54 business representatives (Table 1). Of the 956 responses, 548 were completed via pen and paper feedback cards, 211 were completed face-to-face, and 197 were completed online. Most of the visitors' responses were collected via the pen-and-paper feedback cards (n=548 out of 680 visitor responses) with an additional 132 visitors having provided information via face-to-face interviews on the street. Most of the residents' responses were collected online (n=166) with an additional 56 residents interviewed on the streets within the smokefree and vapefree zone (total n=222 residents).

The response rate for businesses was approximately 36.5% (54 of 148 identified eligible businesses invited to participate). The response rates for the face-to-face interviews on the street, the residents' online surveys, and the visitor feedback cards could not be calculated as the denominators were not known.

Key findings

Visitors

Overall, 84% (n=568) of responding visitors indicated that they supported the zone being both smokefree and vapefree (83%, n=118 International and 84%, n=450 Domestic visitors). A further 8% (n=53) of responding visitors indicated vaping should be allowed in the zone (but supported smokefree) and 9% (n=59) indicated both vaping and smoking should be allowed in the zone (i.e., didn't support the zone) (Figure 1). Further, 54% of responding visitors (n=297) indicated that they would be more likely to visit other places with smokefree and vapefree zones, 40% (n=220) indicated no preference, and 6% (n=30) indicated that they would be less likely to visit other places with smokefree and vapefree zones. Overall, 95% of responding visitors said they would be more likely or as likely to visit other places in New Zealand that have no smoking/no vaping zones (97%, n=111 International and 94%, n=406 Domestic

visitors). International visitors tended to indicate similar levels of support for the zone compared with domestic visitors. Approximately 150 visitors also provided either written or verbal comments regarding their experiences and opinions on voluntary smokefree and vapefree outdoor spaces (summarised in Table 2).

Residents

Overall, 67% (n=138) of the resident respondents indicated that they supported the zone being both smokefree and vapefree. A further 6% (n=12) indicated vaping should be allowed in the zone (but supported smokefree) and 27% (n=55) indicated both vaping and smoking should be allowed in the zone (i.e., didn't support the zone) (Figure 1). In addition, the respondents provided 115 comments about their level of support for the zone or about different aspects of smokefree and vapefree regulation generally (summarised in Table 2).

Businesses

Overall, 63% (n=34) of 54 respondents from businesses indicated that they supported the zone being both smokefree and vapefree. A further 4% of responding businesses (n=2) indicated vaping should be allowed in the zone (while supporting smokefree) and 32% (n=17) indicated both vaping and smoking should be allowed in the zone (i.e., didn't support the zone) (Figure 1). One respondent was undecided. Most respondents from this group reported that the trial had no overall effect on their business, including no notable effects on customer numbers, spending patterns, or customer feedback (*no change*, 70%, n=37; *a positive effect*, 13%, n=7; *a negative effect*, 17%, n=9). Most respondents from this group also reported that the trial had no notable negative effects on staff (*no effect* 87%, n=45; *yes an effect* 14%, n=7). The business owners and managers were also asked for their general opinion of the smokefree and vapefree zone and for any final comments on the zone's effects or relevance to their business. In total, 80 responses were evaluated, including 53 general opinions and 27 business-related comments (summarised in Table 2).

Observations

The implementation of the smokefree and vapefree zone was associated with a quantifiable reduction in smoking and vaping behaviours within the designated area. The baseline observations showed a combined observed smoking/vaping point prevalence of 1.9% (of 3,355 people over 12 years old observed for up to four minutes, there were 3,292 non-smoking/vaping; 58 who were smoking; five who were vaping). This declined to 0.4% (of 3,740 people over 12 years old observed for up to four minutes, there were 3,725 non-smoking/vaping; 13 who were smoking; two who were vaping) post-implementation ($p<0.001$). Across the two observation periods, there were 10 hours and 46 minutes of field observations and a total count of 7,095 people over 12 years old. Approximately 20% of all passers-by were children (those judged to be 12 years or under). No obvious displacement effects (i.e., smokers/vapers simply moving somewhere else) or socially disruptive behaviours were observed.

Discussion

The evaluation findings provide information on the feasibility of implementing smokefree and vapefree outdoor area policies in tourist-destination communities. This study indicates that smokefree and vapefree zones such as this can be implemented and are acceptable to most stakeholders. Given the voluntary nature of the policy, acceptability would appear to be important for successful implementation/up-scaling. This study, and others,[18,19,22] indicate that zones such as this can change people's behaviour so that there is less observable smoking and vaping within a defined outdoor public area (although we do not claim to have established causality, only that the observed point estimate at baseline was statistically different to the observed point estimate at follow-up). There was also no observed displacement of smokers or vapers to out-of-zone areas, or anti-social behaviours, or other unanticipated effects noted.

This evaluation indicates support for smokefree and vapefree outdoor areas, particularly from tourists (including international tourists) and residents. Overall, a clear majority of the nearly 1,000 non-random respondents supported the implementation of the smokefree and vapefree zone as applied to the central business streets of a small tourist town (including, that the same rules be applied to smoking and vaping). The results indicate a supportive majority in each of the three stakeholder groups studied: businesses, residents, and notably, visitors. Understandably, some business owners and residents in tourist towns may be concerned that smokefree and vapefree outdoor areas will pose a deterrent to visitors. However, these evaluation findings suggest the opposite. Most respondents from the business

Table 1: Number or respondents by stakeholder group and data collection method.

Group	Survey method	Number of respondents
Visitors	**Feedback cards***	**548**
	Face-to-face on the street	132†
		680‡
Residents	**Face-to-face on the street**	**56**
	Online, linked via social media group	145
	Online, linked via community newsletters	21
		222
Businesses	**Face-to-face interview**	**23**
	Online, via personalised email link	31
		54
Total	548 pen-and-paper + 211 face-to-face + 197 online	956
Observations	Conducted over four sites and two time-points (January and April 2019)	10hrs 45min

* Visitor responses collected via feedback cards placed in the receptions and compendiums of 22 participating accommodation providers within the village (including hotel, motel, bed & breakfast, backpacker, and camping).
† 104 domestic and 28 international visitors were interviewed face-to-face on the streets.
‡ 537 domestic + 143 international visitors.

Figure 1: Respondents' support for the zone being both smokefree and vapefree, smokefree only, or neither smokefree or vapefree, by stakeholder group.

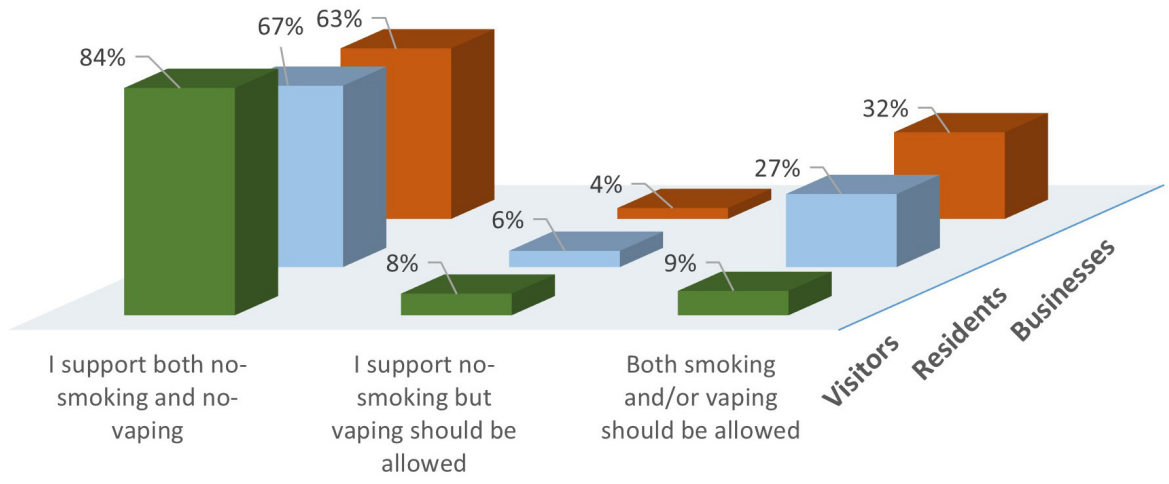

Table 2: Summary of qualitative findings, by stakeholder group.

	Supportive responses	**Unsupportive responses**
Visitors	Overall, most of the visitors' comments were supportive of the smokefree and vapefree zone, including that smoking and vaping should be regulated in the same way with respect to public outdoor spaces. Respondents noted the health risks related to second-hand smoke, and the annoyance caused by smoking and vaping. Respondents also commented on the potential for vaping to model addictive behaviours to children.	A small number of visitors' comments were unsupportive, and these generally referenced issues of individuals' rights and freedoms.
e.g.	Vaping is "interfering with others' space"; "intrusive to others"; [regarding vaping] "Kids copy what adults do ..."	"nana state"; "totalitarian state"; … [vapers should] "just be respectful to others."
Residents	Overall, most of the comments were supportive of the smokefree and vapefree zone and typically focused on the collective good, rather than on individuals. Residents placed value on the concept of smokefree and vapefree as a marketable point-of-difference for the village. Applying the same rules to both activities was seen to simplify the policy and guard against vaping "taking off".	A small number of residents submitted strongly oppositional responses, characterised by declarations about individual freedoms and the curtailment of individual rights and liberty.
e.g.	"It is what is best for the community not the smokers"; "being seen as a smokefree destination"; [the idea of] "clean, fresh, mountain air".	"If it's not illegal, it shouldn't be banned." "Freedom of choice."
Businesses	Most of the business representatives considered the zone to be a net-positive for the village. Respondents also commented that non-smokers should be able to enjoy the outdoor public spaces and not be exposed to the by-products of smoking and vaping. Business respondents also emphasised the desire for ongoing strengthening of smokefree and vapefree policy in the village.	There was concern expressed by some business representatives that local businesses might be disadvantaged by the zone, compared with businesses in tourist destinations that do not have similar smoking and vaping restrictions.
e.g.	"Good concept. Need to be realistic about timeframes to become 'normal', stick with it! Long-term"; "I think it's fantastic." "People should be able to enjoy our outdoor spaces with fresh air."	"We now have serious competition from other areas in the South Island and cannot afford to be picky on who comes here"; "dictating to people"; "restricting individual choice".

group reported that the trial had no overall effect on their business, including no notable effects on customer numbers, spending patterns, or customer feedback. The support for the trial, in turn, led the Council to adopt the policy as an ongoing initiative, and hence the streets within the central district of the village now model the denormalisation of tobacco products.

Decreasing the social acceptability of smoking (denormalisation) has been shown to be an effective policy tool in reducing consumption.[4,5] These favourable results should provide reassurance to other local authorities that implementing smokefree/vapefree policies is feasible and is generally viewed favourably by most stakeholders. As with many policy decisions, the argument for smoking and vaping restrictions requires a weighing of the pros and cons and consideration of how the effects impact on different individuals.[23–25] Several themes relating to the ethics of denormalisation strategies, smokers' preferences, and issues of freedom and autonomy, have been discussed at length in the literature[26–28] and are not discussed in detail here. However, it is important to acknowledge that while some groups may experience a wellbeing gain from the implementation of a smokefree/vapefree zone (e.g., by averting substantial health losses), others' wellbeing might be negatively affected (e.g., loss of enjoyment, stigmatisation). Individuals and groups may weigh the benefits and potential costs of restrictions differently.

This evaluation suggests that the introduction of smokefree and vapefree outdoor policies in tourist areas in New Zealand can reduce how often young people see smoking behaviours. This can contribute to denormalisation (and by extension reduce initiation) and help provide a more supportive environment for those trying to quit. Considering the low-cost nature of policies such as these,[1] the high support among different stakeholder groups, and no reported impacts on the hospitality/tourism providers, we conclude net positive effects are possible, over the long term, which will support New Zealand's smokefree 2025 goal and ultimately benefit public health.

This study is based on survey responses from business owners/managers, visitors and residents of a small tourist village in the South Island of New Zealand who agreed to participate in the evaluation. It is possible that some differences in views exist between those who chose to provide feedback and those who did not. The question of representativeness is relevant because this paper aims to provide reassurance to other local authorities that implementing smokefree/vapefree policies is feasible and is generally viewed favourably by most stakeholders. Considerable effort was directed towards accurately measuring support for the initiative in Hanmer Springs by seeking opinions from a broad range of stakeholder groups via a variety of survey methods. While the potential for response bias and/or mode effects cannot be discounted, the sampling and survey methods provided several accessible anonymous channels for individuals to provide feedback. Without any evidence to the contrary, we suggest that those opposed to the initiative or in support of the initiative were, on average, similarly able to speak up. Furthermore, our estimates of support for a smokefree and vapefree zone are high, consequently, any non-response bias would have to be very substantial to change the conclusions and implications of our study. Some differences in the characteristics of the language used across some response modes were noted (e.g., notable aggression in some survey responses linked via social media) but these differences could not be quantified, and no allowances were made in the analysis. Future initiatives may need to be adjusted/scaled for towns and cities with varied CBD size, layout, and amenity characteristics, and these factors should be considered when tailoring future intervention designs.

Conclusion

This study provides affirming information on the feasibility of implementing smokefree and vapefree outdoor area policies in tourist-destination communities. Smokefree and vapefree zones across key public spaces in retail/business areas can be implemented and are likely to be acceptable to most stakeholders. We conclude that net positive effects are possible over the long-term, that will support New Zealand's smokefree 2025 goal.

COMPETING INTERESTS
Nil.

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Appendix

Core questions [i.e., common across stakeholder groups]

Q1: Which option below applies to you?

- Resident
- Visitor from NZ
- Visitor from overseas
- Other (please specify)

Q2: Are you aware of the Smokefree and Vapefree zone in Hanmer Springs?

- Yes
- No

If yes, how did you become aware of the zone?

Q3: The next question is asking your opinion on the Zone, that is, whether you think that the Zone should be Smokefree and Vapefree (or neither).

- I support the zone being both smokefree and vapefree
- I support smokefree but vaping should be allowed in the Zone
- Both smoking and vaping should be allowed in the Zone.

Comments (if any):

Q4: Should the Smokefree and Vapefree Zone in Hanmer Springs become permanent?

- Yes
- No
- Comment (why/why not/other):

Q5: Do you smoke? YES/NO

Q6: Do you vape? YES/NO

Additional questions specific to Visitors [those providing written or verbal responses]

New Zealand is working towards making many more key public spaces and tourist spots no smoking /no vaping zones. Would you be more or less likely to visit other places in New Zealand that have no smoking/no vaping zones?

- Less likely to visit
- No difference
- More likely to visit

Additional comments welcome:
Are you:

- An international visitor
- A domestic visitor

Business Survey

Name of business:
Type of business:
Q1: What is your role here?

- Owner
- Manager
- Owner/manager
- Staff member

Q2: What do you think about the Smokefree and Vapefree Zone in Hanmer Springs?

2b: The next part is asking your opinion on the Zone, specifically, whether you think that the Zone should be Smokefree and Vapefree (or neither). We are especially interested to know which of these responses best fits your view.

- I support the zone being both smokefree and vapefree
- I support smokefree but vaping should be allowed in the Zone
- Both smoking and vaping should be allowed in the Zone

Q3: What feedback have you received from customers about the Smokefree and Vapefree Zone?

Q4: We're also interested if the Smokefree and Vapefree Zone has meant anything different for your (this) specific business, or for staff? This question has three parts to it, so we'll work our way through it.

(a) – Has the trial of the Smokefree and Vapefree zone influenced how you conduct your business? We've listed some obvious choices, but you'll also have a chance to tell us any we haven't thought of.

Has the trail encouraged you (the business/ business owners) to:

- go fully smokefree YES NO N/A
- extend outdoor seating YES NO N/A
- extend designated smoking areas to further accommodate guests YES NO N/A
- do anything else differently YES NO N/A

(b) – Has the Trial had effects on staff (again this specific business)? e.g., have staff received (or had

to deal with) any comments or complaints, or challenges from customers?

- Yes
- No

If yes, what were some of the effects?
(c) – Are there any staff who smoke or vape?

- Yes
- No

If yes, has the zone changed where or when they smoke (or anything else)?

Q5: If you consider your own (this) specific business now – what difference do you think the Smokefree and Vapefree Zone has had on your customer numbers and/or behaviours? (if any)
(a) – any influence on customer numbers"?

- Yes
- No

And note any evidence or strength of evidence, i.e., are written records produced, and/or are other explanations provided?
Comments:

(b) – any effect on customer behaviours? [e.g., stay longer/shorter, indoors/outdoors, spend more/less].

- Yes
- No

Comment (note any evidence provided, if any):

(c) OVERALL (considering your customer numbers and behaviours together), how would you describe any difference (effects/changes to the business) since the start of the Trial?

- No change
- Positive effect
- Negative effect

Q6: Since the trial has started, have you noticed any difference in the number of people smoking and/or vaping in the street outside this business (i.e., from what you can see from here)… or anything else about where and when people smoke?

Q7: In this final question, we are interested to gauge the level of support for the Zone to becoming permanent… so for our evaluation, we are asking this from a business perspective in this case… so… should the Smokefree and Vapefree Zone in Hanmer Springs become permanent?

- Yes
- No
- Comment (why/why not/other)

Do you have any last comments?