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| **Clear the air in Auckland’s open areas: Addressing inequities through “Upfront” enforcement of smokefree laws** |
| **Setting/problem** New Zealand aims to become smokefree (SF) by 2025. While this goal is bold, there has been insufficient actions and progress towards achieving it. Smoking prevalence trends show the goal may be missed and more substantially for priority populations such as Māori and Pacific peoples. In Auckland, the most populous region, smoking prevalence have plateaued (from 9.9% in 2011/12 to 9.2% in 2016/17) with persistent ethnic (Māori=27.7,Pacific=20.8%), and socioeconomic deprivation(quintile1=6.2% vs quintile5=15.1%) inequities. Among other things, the SF environments act 1990 was enacted to reduce exposure to harmful effects of second-hand smoking and to discourage uptake of smoking. Smokefree enforcement officers are appointed under this act to enforce compliance by responding to complaints on possible breaches of the act. However, a five year analysis of regional complaints data revealed disparities in the number of complaints investigated; local boards with high smoking prevalence reported fewer complaints. Thus, the goal of this project was to contribute to reducing existing inequities through proactive compliance checks and normalisation of smokefree outdoor spaces. **Intervention**The pilot intervention was conducted at Papakura, one of Auckland’s 21 local boards with the second highest proportion of regular smokers, using a multipronged approach that involved community engagement, licensees’ education and law enforcement. All on-licensed premises were visited by two Smoke-free Enforcement Officers from February to March 2018. In the pre-intervention phase, media releases were published, letters were sent out to all licensees and educational resource packs developed. At each visit officers assessed the premises, educated licensees about their responsibilities under the act, provided additional resources, and administered questionnaires. **Outcomes**The 31premises checked for compliance included 14 restaurants, 11 clubs, 5 taverns and 1 cinema. Three of the 31 premises (9.7%) were non-compliant. There was a high non-compliance among taverns (40%, 2 out of 5). Licensees reported increased knowledge about their responsibilities under section12 of the Act.**Implications**The findings from the project revealed limitations of the passive enforcement approach, which relies on complaints from the public. The presentation will highlight the notions of ‘power’, ‘voice’, and ‘resources’, especially for disadvantaged communities (Solar & Irwin, 2010) and their wider implications for equity-focused health promotion action, and share learnings on how to engage and partner with priority groups. **Preferred presentation format**Oral |