

Report to the Future Melbourne Committee

Agenda item 6.5

Draft Smoke-free Melbourne Policy

6 July 2021

Presenter: Russell Webster, Director Health and Wellbeing

Purpose and background

1. The purpose of this report is to present key findings from recent community engagement and seek endorsement for the draft Smoke-free Melbourne Policy (Attachment 2 of the report from management).
2. Since 2013, Council has implemented 12 smoke-free areas across the municipality under the Activities Local Law 2009 and the Activities Local Law 2019 (Local Law).
3. The draft policy has been developed as part of the 2020-21 Annual Plan Initiative 'Expand Smoke-free Melbourne' after a need was identified to develop a comprehensive and strategic framework to address smoking in the central city.

Key issues

4. A consultant was engaged to conduct community consultation from 25 November 2020 to 12 April 2021.
5. A total of 1,222 participants took part in the community consultation activities. Key findings are outlined in the community engagement report (Attachment 3) which include:
 - 5.1. Of all those who participated 77 per cent were in support of the policy vision, 5 per cent neutral, 16 per cent were not supportive and 2 per cent did not answer.
 - 5.2. A total of 69 businesses responded to the community engagement activities. Fifty eight per cent of businesses were in support of the policy vision, 6 per cent neutral and 32 per cent opposed
 - 5.3. A total of 158 participants identified as smokers, vapers or both. Twenty nine per cent of smokers, 25 per cent of vapers and 20 per cent of both smokers and vapers were in support of the policy vision.
6. The draft policy included the vision 'City of Melbourne will become a smoke-free city by 2025 with smoking restricted in the majority of public spaces and events'. After feedback received during the consultation, the vision has been updated to 'A smoke-free city where our community is protected from the harms of smoking'. It should be noted that the terms 'smoke-free Melbourne' and 'smoke-free city' in the draft policy does not imply that smoking will be banned everywhere across the municipality.
7. The draft policy presents a model for change that identifies four key domains:
 - 7.1. **Protect** our community from second-hand smoke and aerosol, discourage and de-normalise smoking by creating more smoke-free areas and events.
 - 7.2. **Educate** and raise awareness of the harms of smoking, promote behaviour change and the benefits of quitting.
 - 7.3. **Communicate**, promote and increase awareness of our policy with a focus on people who smoke, those from diverse backgrounds or with additional needs.
 - 7.4. **Regulate** smoking activities including the advertising and sale of tobacco and e-cigarette products.
8. Consideration will be given to the implementation of the policy and future smoke-free areas to ensure it supports the reactivation of the central city. Research and data from the establishment of previous smoke-free areas indicates that there is no impact to long term business profitability.
9. In accordance with the requirement of the Local Law and a resolution of the Future Melbourne Committee on 5 June 2012, any smoke-free area proposals require a separate engagement process to seek feedback from owners and occupiers abutting the proposed smoke-free area.

Recommendation from management

10. That the Future Melbourne Committee:
 - 10.1. Endorses the Smoke-free Melbourne policy (Attachment 2 of the report from management).
 - 10.2. Notes that any proposal to create a smoke-free area is still subject to the engagement process required by the Activities Local Law 2019.

Attachments:

1. Supporting Attachment (Page 2 of 110)
2. Draft Smoke-free Melbourne Policy (Page 3 of 110)
3. Community Engagement Report (Page 13 of 110)

Supporting Attachment

Legal

1. Clause 3A.3 of the Local Law allows Council to prescribe any other areas within the municipality to be a smoke-free area.
2. Council must follow the guidelines incorporated in Part B of Schedule 2 to the Local Law when deciding whether to prescribe an area as a smoke-free area under clause 3A.3.
3. On 5 June 2012, the Future Melbourne Committee resolved to require a public consultation with the community as a pre-condition to any future proposed extension of the smoke free areas under clause 3A.3 of the predecessor of the Local Law.
4. The definition of 'smoking' in the Local Law was extended in 2020 to include e-cigarettes (or vaping) meaning the use of an e-cigarette in existing and future smoke-free areas is not permitted.

Finance

5. This initiative is considered a key strategic priority within the Operational Plan of the Health and Wellbeing Branch and will be delivered within the existing operational and capital works budget.
6. The City of Melbourne is a member of the Partnerships for Healthy Cities program, a global network of cities supported by Bloomberg Philanthropies with the World Health Organisation and Vital Strategies. Involvement in this program included support of \$77,000 to assist with the development of the policy.

Conflict of interest

7. No member of Council staff, or other person engaged under a contract, involved in advising on or preparing this report has declared a material or general conflict of interest in relation to the matter of the report.

Health and Safety

8. Community health and safety is a key driver behind the development of the Smoke-free Melbourne policy. The aim of this policy is to create a smoke-free city where smoking is de-normalised, people are protected from the harms of passive smoke and supportive environments are created to assist those who are trying to quit smoking or who have recently quit.

Stakeholder consultation

9. City of Melbourne undertook extensive consultation on the Smoke-free Melbourne policy from 25 November 2020 to 12 April 2021. Conversation Caravan were engaged to support and deliver consultation activities and prepare a report outlining the findings (refer to Attachment 3). Engagement activities consisted of:
 - 9.1 An online survey and quick poll on Participate Melbourne.
 - 9.2 Seven pop up activations across the city.
 - 9.3 Two online workshops with youth, international students, residents and community members.
 - 9.4 A deliberative community panel hosted over two separate three hour sessions consisting of 21 community members from diverse backgrounds and experiences.
 - 9.5 Organic and targeted social media posts via Facebook, Twitter, LinkedIn and Instagram were used to further engage and direct individuals and businesses to the Participate Melbourne website.

Relation to Council policy

10. The Smoke-free Melbourne policy aligns with Council's commitment to support and encourage people to make healthy and sustainable lifestyle decisions as highlighted in the draft Council Plan 2021-25.

Environmental sustainability

11. Implementation of the Smoke-free Melbourne policy will assist in reducing smoking activity therefore decreasing the demand for tobacco products and reducing cigarette butt waste.

SMOKE-FREE MELBOURNE

A POLICY TO PROTECT OUR COMMUNITY
FROM THE HARMS OF SMOKING



CITY OF MELBOURNE

SMOKE-FREE MELBOURNE

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

The City of Melbourne respectfully acknowledges the Traditional Custodians of the land, the Bunurong Boon Wurrung and Wurundjeri Woi Wurrung peoples of the Eastern Kulin Nation and pays respect to their Elders past, present and emerging. We are committed to our reconciliation journey, because at its heart, reconciliation is about strengthening relationships between Aboriginal and non-Aboriginal peoples, for the benefit of all Victorians.

PURPOSE

The aim of this policy is to outline our vision to reduce the harmful effects of smoking in our community and how this will be achieved. This policy will guide the creation of more smoke-free areas in the central city of Melbourne, ways to reduce and de-normalise smoking as well as supporting people to quit.

For the purpose of this policy and City of Melbourne smoke-free areas, e-cigarette use or vaping is included in the definition of smoking.

The terms 'smoke-free Melbourne' and 'smoke-free city' in this policy do not imply that smoking will be banned everywhere.

INTRODUCTION

The City of Melbourne is committed to improving the health and wellbeing of our community through reducing the harmful effects of smoking, second-hand tobacco smoke and e-cigarette aerosols. Smoking is the biggest preventable cause of cancer, accounting for 13 per cent of cancer cases per year in Australia. There is no safe level of exposure to tobacco smoke including second-hand smoke.¹

City of Melbourne has implemented 12 smoke-free areas since the successful pilot of an open-air smoking ban in The Causeway laneway in Melbourne's central city in 2013.

Smoke-free areas help both smokers and non-smokers. Smoke-free areas protect non-smokers from the harmful effects of second-hand smoke and can be helpful for smokers wanting to quit or to reduce their smoking. They also create fewer opportunities to smoke and contribute to the de-normalisation of smoking and vaping.

While smoke-free areas are important, evidence from around the world suggests that a comprehensive and holistic approach to tobacco and smoking control is needed to reduce harm caused by tobacco and e-cigarette products in the community, including a combination of smoking bans and community education.

Cities are spaces where people live, work and travel in close proximity. Smoking in areas of high population density exposes more people to the harms of tobacco smoke. Therefore, we have identified the central city of

¹ [*The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA. U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, Coordinating Centre for Health Promotion, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.*](#)

SMOKE-FREE MELBOURNE

Melbourne as the focus of our policy due to the increased impact of second-hand smoke on people using the area.

Having the aim of a smoke-free city sets an ambitious target to help cities work holistically and with different levels of government and non-government organisations to address both the health and environmental impacts of smoking, as well as the underlying causes of smoking rates in our community.

Through extensive research and consultation with health and tobacco control experts, community and business, we have developed a vision and policy framework for a smoke-free Melbourne. The approach and actions outlined in this policy will ensure that efforts and resources are directed where they are needed and will have the most impact.

COVID-19 and smoking or vaping

While it's not clear if people who smoke are more likely to get SARS-CoV-2 (the virus that causes COVID-19), emerging evidence suggests that current smokers and vapers are more likely to develop serious illness if they do become infected with COVID-19.² Smokers have a higher risk of developing lung and chest infections in general, as well as other conditions like cardiovascular disease and cancer. Vaping has also been shown to increase inflammation in the lungs and thereby increase coughing and wheezing.³

In addition, the hand-to-mouth action of smoking and vaping means that smokers frequently bring their hands into close contact with their face, making them more vulnerable to the virus. Sharing cigarettes, water pipes or e-cigarettes also increases the risk of the virus spreading.

² <https://www.quit.org.au/articles/faqs-coronavirus-covid-19-and-smoking/>

³ <https://www.cancer.org.au/preventing-cancer/smoking-and-tobacco/e-cigarettes.html>

SMOKE-FREE MELBOURNE

CITY OF MELBOURNE'S ROLE

The City of Melbourne's role in reducing smoking and e-cigarette use is defined as follows:

Provider	Partner	Facilitator	Advocator
The City of Melbourne leads the delivery of work.	We partner with other strategic stakeholders and / or community groups to deliver the work.	We assist others to lead the delivery by bringing interested parties together.	We actively lobby and promote the community's interests to other responsible decision makers and delivery agents.
For example, we can:	For example, we can:	For example, we can:	For example, we can:
Create and enforce smoke-free areas under our <i>Activities Local Law 2019</i> (Local Law) ⁴ .	Partner with health promotion and behaviour change experts.	Support key stakeholders in tobacco control, business and non-government organisations to address smoking.	Advocate for more extensive State and Federal Government tobacco and e-cigarette regulations.
Adapt infrastructure, including signage and cigarette butt bins.	Work with internal and experts to research and investigate local health and wellbeing issues, including smoking rates and barriers to quitting smoking.	Share our knowledge with other cities and local governments.	Show leadership to other councils and governments through our policy development and implementation.

THE WAY WE WORK

The City of Melbourne's Municipal Public Health and Wellbeing Plan outlines how we as an organisation will work to achieve good outcomes for our community and our city. In order to address smoking in our community, we will:

- Work within the City of Melbourne's determinants of health model – taking into consideration the strong influence of societal trends, social inequities, living conditions and individual factors on people's health and wellbeing.
- Use integrated planning, strong engagement, partnerships and collaboration including within the City of Melbourne, with a broad range of stakeholders and the community.
- Uphold our commitment to health and social equity by developing initiatives that are inclusive and sensitive to the needs of more disadvantaged populations.
- Work with Aboriginal and Torres Strait Islander peoples in our city to ensure initiatives consider the importance of self-determination and cultural safety.

⁴ Under the *Activities Local Law 2019* (Local Law), the City of Melbourne can prescribe new smoke-free areas. Once prescribed it is illegal to smoke in a smoke-free area.

SMOKE-FREE MELBOURNE

VISION

A smoke-free city where our community is protected from the harms of smoking.

MODEL FOR CHANGE

The City of Melbourne recognises that in order to achieve a smoke-free city and reduce the harms of tobacco on the community, we will need to work with and alongside our partners as well as other key stakeholders in government, health, business and community. In order to achieve our vision, we have developed ambitions and possible actions under each of the four domains; protect, educate, communicate and regulate.



SMOKE-FREE MELBOURNE

Domain 1: Protect

We will protect our community from second-hand smoke and aerosol, and discourage and de-normalise smoking by creating more smoke-free areas and events.

Our ambition is to:

Increase the number of smoke-free areas in the central city where there is high pedestrian activity.

Actions could include:

- The inclusion of smoke-free areas at:
 - City of Melbourne premier and permitted events
 - entry points to major transport hubs
 - high density retail or tourist areas
 - public thoroughfares and pedestrianised spaces.
- Include smoking restrictions in major developments and upgrades.
- Develop a framework to assist entities to ban smoking on private land.

Domain 2: Educate

We will educate and raise awareness of the harms of smoking, promote behaviour change and the benefits of quitting.

Our ambitions are to:

- Support and promote existing behaviour change messaging to support people to quit or reduce smoking.
- Support groups with higher smoking rates such as Aboriginal communities, young people, international students, those working in the construction industry and people experiencing homelessness.
- Develop and maintain partnerships with key health promotion organisations to ensure coordinated and evidence-based messaging.

Actions could include:

- Work with Victorian State Government bodies to ensure signage from Tobacco Act 1987 legislation is adequate at transport stops, playgrounds, education centres etc.
- Implement clear, adequate and effective signage in new smoke-free areas.

SMOKE-FREE MELBOURNE

- Develop targeted campaigns to support population groups with higher smoking rates, e.g. partner with universities to address smoking rates in young people.
- Partner with key health promotion organisations such as Quit Victoria, Heart Foundation, VicHealth and Tobacco Free Portfolios to deliver behaviour change campaigns.

Domain 3: Communicate

We will communicate, promote and increase awareness of our policy with a focus on people who smoke, those from diverse backgrounds or with additional needs.

Our ambitions are to:

- Run a communications campaign to promote our smoke-free policy in the community.
- Build awareness of current smoking and tobacco laws and regulations.

Actions could include:

- Develop targeted communications campaigns in partnership with health organisations for population groups with higher smoking rates or those more adversely affected by smoke-free areas, such as Aboriginal communities and those experiencing homelessness.
- Ensure signage and communications are translated into different languages to ensure policies and laws are understood by culturally and linguistically diverse communities, such as international students.

Domain 4: Regulate

Regulate smoking activities including the advertising and sale of tobacco and e-cigarette products.

Our ambitions are to:

- Reduce access to tobacco or vaping products.
- Enforce smoke-free areas under the Melbourne City Council's *Activities Local Law 2019* (Local Law).
- Enforce smoking regulations under the Victorian Government Tobacco Act 1987.
- Support Australian Federal Government smoking controls.

Actions could include:

- Deliver a 'sales to minor' program to monitor underage sales of tobacco and e-cigarette products.

SMOKE-FREE MELBOURNE

- Identify all tobacco and e-cigarette retailers in the municipality to enable better enforcement to prevent the sale of tobacco to minors.
- Develop an agreed process with key stakeholders for communicating and enforcing smoke-free areas for vulnerable population groups, e.g. people experiencing homelessness.
- Advocate to the Victorian State Government for further tobacco control policy change, e.g. tobacco retail licensing.
- Include a ban on tobacco and e-cigarette product sales in City of Melbourne owned or managed sites.

IMPLEMENTATION AND EVALUATION

An implementation plan will be developed which outlines initiatives, timelines, resources required and responsibilities for delivery. Regular evaluation will assist in measuring the impact of actions from the policy. This will include monitoring of both Victorian Population Health data and City of Melbourne smoking data. Progress and outcomes of the policy will be reported back to the Council and community at regular intervals.

GLOSSARY

Smoke-free city	The term 'smoke-free city' in this policy does not imply that smoking will be banned everywhere. This would require intervention from both the Victorian and Australian Governments.
Smoking	For the purpose of this policy and City of Melbourne smoke-free areas, e-cigarette use or vaping is included in the definition of smoking.
Smoke	As per definition in Melbourne City Council's <i>Activities Local Law 2019</i> (Local Law) "smoke" means to: <ul style="list-style-type: none"> • smoke, hold or otherwise have control over an ignited tobacco product; • light a tobacco product; or • use an e-cigarette to generate or release an aerosol or vapour.⁵
Smoke-free	Smoke-free as used in this document encompasses the use of both tobacco and e-cigarette products and protection from their emissions.
Smoke-free area	A smoke-free area is an outdoor public space where smoking is banned within defined boundaries. Under the Melbourne City Council's <i>Activities Local Law 2019</i> (Local Law), the City of Melbourne can prescribe new smoke-free areas.

⁵ <https://www.melbourne.vic.gov.au/SiteCollectionDocuments/activities-environment-greening-vaping-misc-local-law-2020.pdf>

SMOKE-FREE MELBOURNE

E-cigarettes and vaping	Electronic cigarettes, or e-cigarettes, are battery operated devices that heat a liquid (called "e-liquid") to produce a vapour that users inhale. They are designed to deliver nicotine and/or other chemicals via vapour directly to the users lungs (also referred to as vape or e-liquid nicotine).
-------------------------	---

DRAFT



TOWARDS SMOKE-FREE MELBOURNE 2025

Outcomes Report

Prepared by Conversation Caravan
for the City of Melbourne

June 2021



Brought to you by the City of Melbourne in collaboration with the Partnership for Healthy Cities, supported by Bloomberg Philanthropies in partnership with the World Health Organization and Vital Strategies.



CONTENTS

1. Executive Summary	6
2. Introduction	16
3. Background	17
4. Methodology	18
4.1. Engagement process overview	18
4.2. Deliberating the draft policy	22
5. Participation	26
5.1. Participants	26
5.2. Recruitment of participants to the deliberative community panel	36
5.3. Barriers to participation	37
5.4. Supporting participation	39
6. Key Findings	43
6.1. Barriers to participation	43
6.2. Level of support for the policy	46
6.2.1. Smokers	46
6.2.2. Businesses	50
6.2.3. Young people	53
6.2.4. Residents feedback on vulnerable community members	57
6.2.5. Letters of support	59
6.3. Model for change by domain	60
6.3.1. Protect – new smoke-free areas	61
6.3.2. Educate	64
6.3.3. Communicate	66
6.3.4. Regulate	68
6.3.5. Other Areas of Priority	68
6.4. Deliberative community panel evaluation	69
7. Social media findings.....	71
8. Recommendations	73
9. Appendix	74
9.1. Participate Melbourne webpage survey	74
9.2. Frequently Asked Questions - deliberative community panel	77
9.3. Deliberative community panel agenda	80
9.4. Managing risks	83
9.5. Submissions from other organisations	84



What is Towards Smoke-free Melbourne 2025?

Our aim is to expand smoke-free areas over a period of five years so that smoking will eventually be banned in most public spaces in the central city, as well as in City of Melbourne non-leased premises.

The city is getting close to the landmark impact of banning indoor smoking on people using the area. Cities are places where people live, work and travel in high numbers.

Smoking in public places with high numbers of people exposes more people to the harms of tobacco smoke.



Take part in a deliberative community panel and help us consider a way forward.

We are looking for 35 community members to join a deliberative panel to consider community feedback on the Towards Smoke-free Melbourne 2025 draft policy and weigh up options to support its implementation.



SCAN ME

What does the draft policy say?

To achieve a smoke-free city and reduce the harms of tobacco smoke in the community, draft rules to be taken across New Australia.

- Protect** our community by ensuring smoke-free areas and spaces are safe and secure and enforceable.
- Educate** and raise awareness about the harms of smoking and the benefits of not smoking or quitting.
- Communicate** and engage with the community to ensure that the draft policy is clear and easy to understand.
- Regulate** tobacco use and sale of tobacco, including advertising.

Who are we talking to?

Please tell us about your views on the draft policy by using your mobile or our website.



SCAN ME

Other ways to have your say



SCAN ME

What are the facts about smoking and e-cigarette use?



TOWARDS SMOKE-FREE MELBOURNE 2025

Community engagement

From November 2020 to April 2021, the community were invited to have their say on the City of Melbourne's vision: The City of Melbourne will become a smoke-free city by 2025 with smoking restricted in the majority of public spaces and events.

Who we heard from 1222 total participants



16% of participants identified as regular or occasional smokers **7%** of participants identified as regular or occasional vapers **77%** of participants were aged 50 years or younger

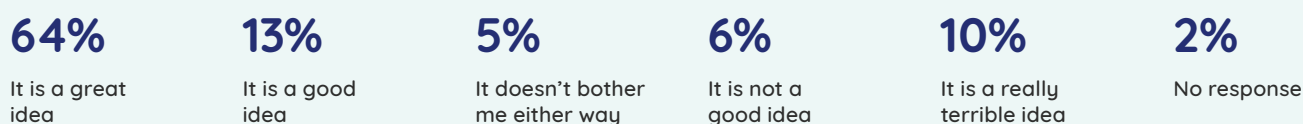
Connection to the City of Melbourne



What we heard

77% of participants support the City of Melbourne's vision.

What do you think of our vision to move towards a smoke-free city by 2025?



Sentiments of smokers / vapers



1. EXECUTIVE SUMMARY

Background

Conversation Caravan was engaged by the City of Melbourne to plan and deliver the engagement approach to seek feedback on the draft Towards Smoke-Free Melbourne 2025 policy (the Policy). The Policy describes the City of Melbourne's vision that "the City of Melbourne will become a smoke-free city by 2025 with smoking restricted in the majority of public spaces and events". The Policy outlines four domains where action needs to be taken in order to achieve the vision: protect, educate, communicate and regulate.

The engagement objectives were to:

- engage with a diverse population to understand the social impacts of this policy
- recruit a diverse panel that reflects the demographics of the City of Melbourne and identified stakeholder groups to deliberate on the scope and implementation of the policy
- understand the level of support for a smoke-free Melbourne across key stakeholder groups
- ensure that impacted individuals and businesses are heard and needs identified
- document the process, outcomes and learnings of this project to provide inspiration and a process for other local governments and organisations to follow.

Methodology

The engagement program utilised a variety of targeted methods to reach the community, including community pop-ups, online surveys and quick polls, online targeted workshops, and a deliberative community panel. A total of 1,222 people participated and provided feedback on the draft Policy (Table 1).

Table 1: Participation by engagement method

Engagement Method	Number of Participants
Participate Melbourne webpage survey	539
Participate Melbourne webpage quick poll	167
Community pop-ups (handwritten in-person and online Google Form participation)	471
Residents and community members online workshop	8
Survey for business operators	5
Young people and students' online workshop	4
Emailed feedback	1
Deliberative Community Panel	23
Letters of support from organisations	4
Total participants:	1,222

Overall engagement findings

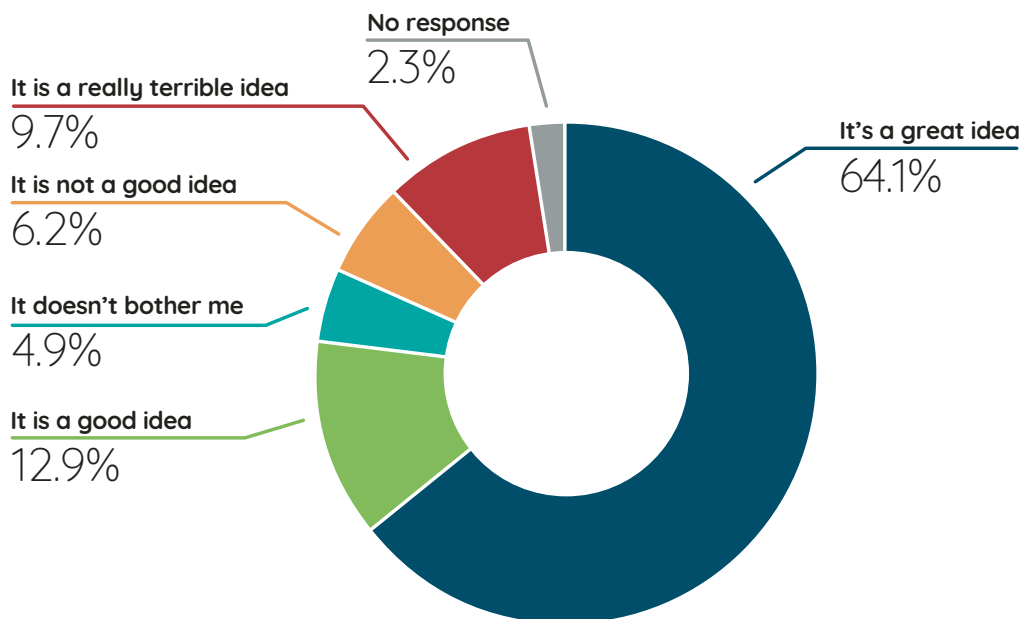
Across the community pop-ups and Participate Melbourne webpage engagements 77% of participants were in support of the draft policy, 64.1% (647) indicated that it was “a great idea”, while 12.9% (130) of the participants selected the option “this is a good idea”.

9.7% (98) of the participants indicated they are strongly against the policy (“this is a really terrible idea”), and 6.2% (63) of participants are somewhat against the policy, answering “this is not a good idea”. 4.9% (49) participants were indifferent towards the policy vision, selecting “it doesn’t bother me either way”. 2.3% (23) in the online survey and Participate Melbourne webpage survey did not respond.

In addition, all of the participants at the residents and community members’ workshop (8), young people and students’ workshop (4) and deliberative community panel (23) were in full support of the policy vision.

Figure 1: Participants’ level of support for the policy (face-to-face and Participate Melbourne webpage)

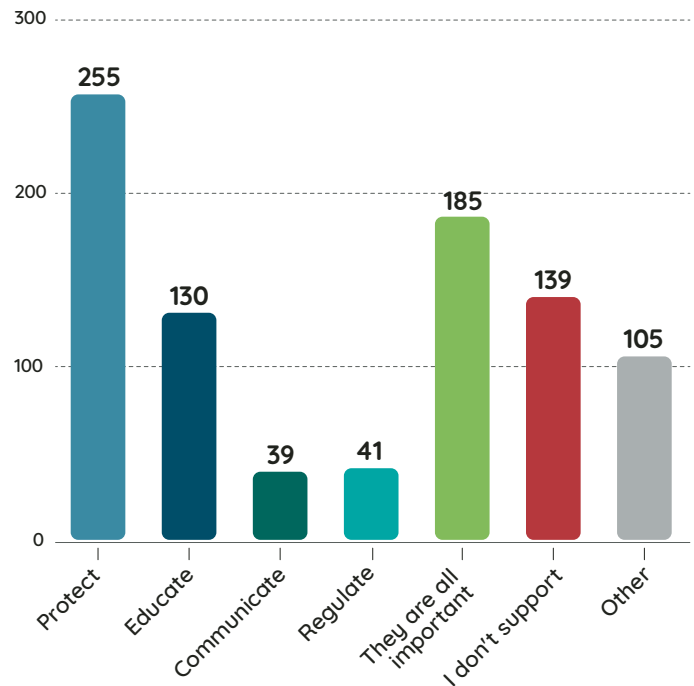
“What do you think of our vision to move towards a smoke-free city by 2025?”



Participants were asked about which domain they considered most important in the Policy, or which domain should be prioritised. In the Participate Melbourne webpage survey, priority was selected from multiple choices, while in the other engagement methods, priorities are recorded when discussed. Figure 2 shows the count of comments in which each domain is named as a priority. The Protect domain was considered the highest priority (255) followed by “they are all important” (185).

Figure 2: Priority of each domain

“Which of the four domains outlined in the Towards Smoke-free Melbourne 2025 Policy is the most important to you?”

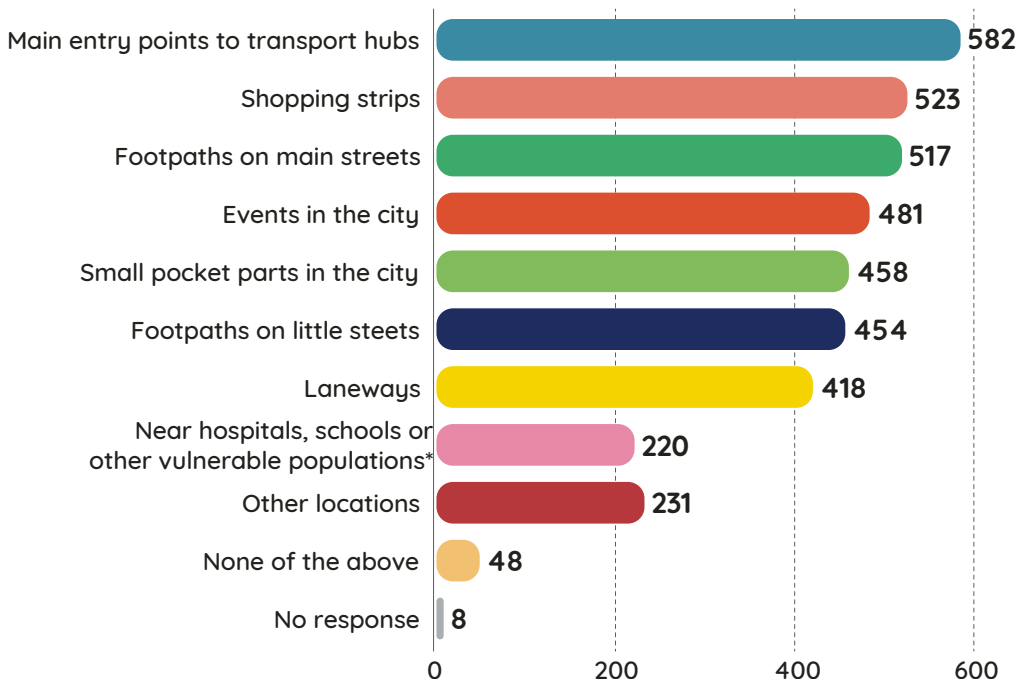


Participants from community pop-ups and Participate Melbourne webpage survey were asked to prioritise future smoke-free areas in the central city. Participants could respond by choosing one or more of the multiple-choice options and write their own. The most frequently selected option is “Main entry points to transport hubs” (582) as demonstrated in Figure 3.

The option “Near hospitals, schools or other vulnerable populations” was not provided in the Participate Melbourne webpage survey which explains why it was the least frequent choice, however this option was most frequently selected at community pop-ups (220).

Figure 3: Areas of the CBD participants would like to see become smoke-free

“What areas in the central city would you like to see become smoke-free in the future?”





Level of support from smokers and vapers

Altogether, 173 people that participated in community engagement activities identified as current smokers or vapers. Information on participants' smoking status was not able to be obtained from those that provided handwritten in-person feedback at the community pop-up events. Therefore, only the feedback received from 158 current smokers and vapers is able to be further explored to understand the levels of support for City of Melbourne's Policy vision to move towards a smoke-free city by 2025.

Listed below are the number of participants and smoking status of those that provided feedback on their level of support for the Policy vision:

- 48 regularly smoke, but never vape
- 52 occasionally smoke, but never vape
- 13 regularly vape, but never smoke
- 15 occasionally vape, but never smoke
- 30 both smoke and vape, either regularly or occasionally.

Further details of the smoking habits of these participants and which activities they participated in is detailed in Section 6.2.

Most participants that smoke, vape or both smoke and vape were not in support of the Policy vision. The breakdown of levels of support by smoking status is listed below and further reflected in Figure 4:

29.0% (29) of smokers, 25.0% (7) of vapers and 20.0% (6) of those who both smoke and vape were in support of the policy (either 'great idea' or 'good idea').

58.0% (58) of smokers, 46.4% (13) of vapers and 63.3% (19) of those who both smoke and vape are against the policy (either 'not a good idea' or 'really terrible idea').

9.0% (9) of smokers, 14.3% (4) of vapers, and 13.3% (4) of those who smoke and vape are neutral towards the policy ('it doesn't bother me either way').

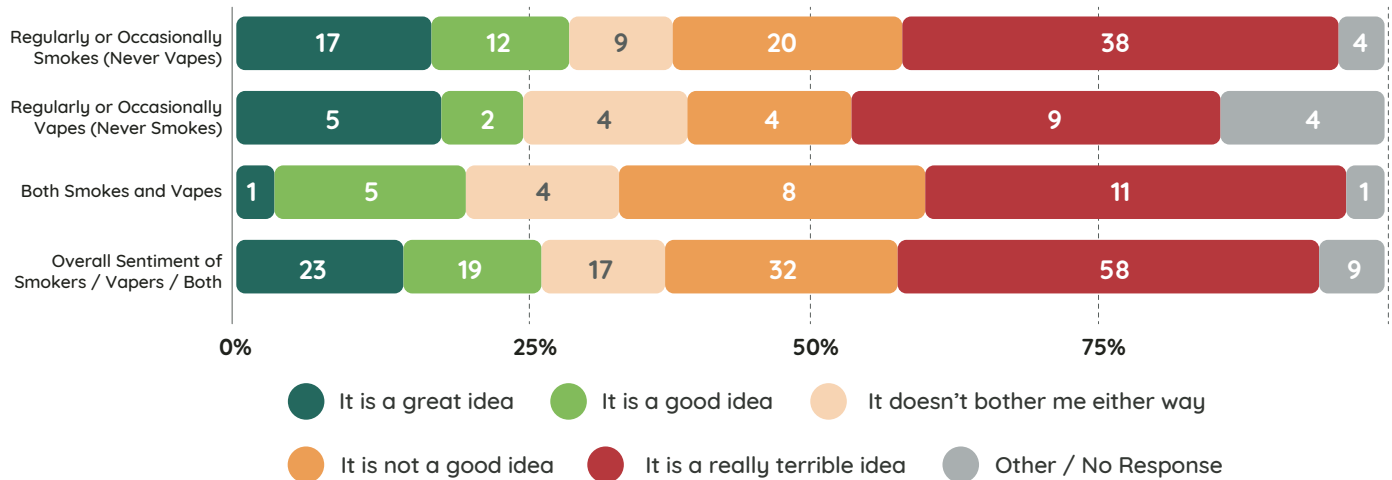
2.0% (2) of smokers did not respond to this question.

2.0% (2) of smokers, 14.3% (4) of vapers and 3.3% (1) of those who smoke and vape provided an alternative response that were in general not in support of the policy.

Altogether of 158 smokers, vapers and those who both smoke and vape, 26.6% (42) are in support of the policy, 57.0% (90) are against the policy, and 10.8% (17) are neutral. 4.4% (7) provided an extended response and 1.3% (2) provided no response.

Figure 4: Level of support for the Policy vision by smoking habit

“What do you think of our vision to move towards a smoke-free city by 2025”



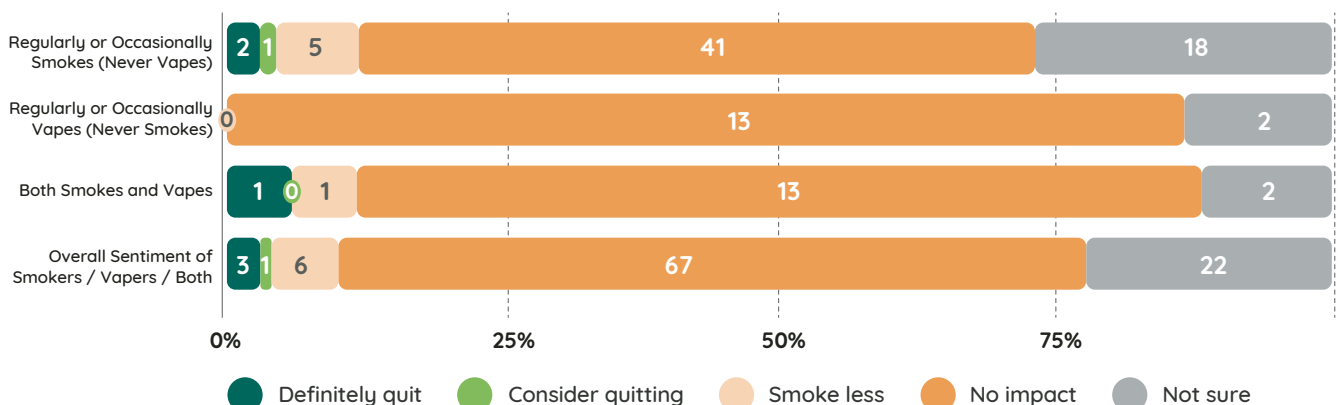
It should be noted that smokers were underrepresented at face-to-face engagement activities such as at the community pop-ups, targeted workshops and deliberative community panel. This is likely due to the lack of anonymity in these types of engagement activities and the stigma now associated with smoking habits.

The Participate Melbourne webpage survey asked community members: ‘How do you think having more smoke-free areas in the city would impact your smoking?’ Responses were received from 67 participants who either regularly or occasionally smoke, 15 participants who either regularly or occasionally vape, and 17 participants who identify as both smokers and vapers.

Participants that indicated that they currently smoke and vape have been included in the statistics within Figure 5 under ‘Regularly or Occasionally Smokes’ as well as ‘Regularly or Occasionally Vapes’. Figure 5 shows the reported potential impact of the policy on smoking habits. 4.8% (4) of 84 smokers reported they will definitely quit or consider quitting, 7.1% (6) of 84 smokers reported they will smoke less. 3.1% (1) of 32 vapers report they will definitely quit or consider quitting, while 3.1% (1) reported they will vape less. A large proportion of respondents reported that they will not change their smoking habits - this includes 64.3% (54) of smokers and 81.3% (26) of vapers.

Figure 5: Impact of the policy on smoking habits as reported by responses in Participate Melbourne webpage survey

“How do you think having more smoke-free areas in the city would impact your smoking?”



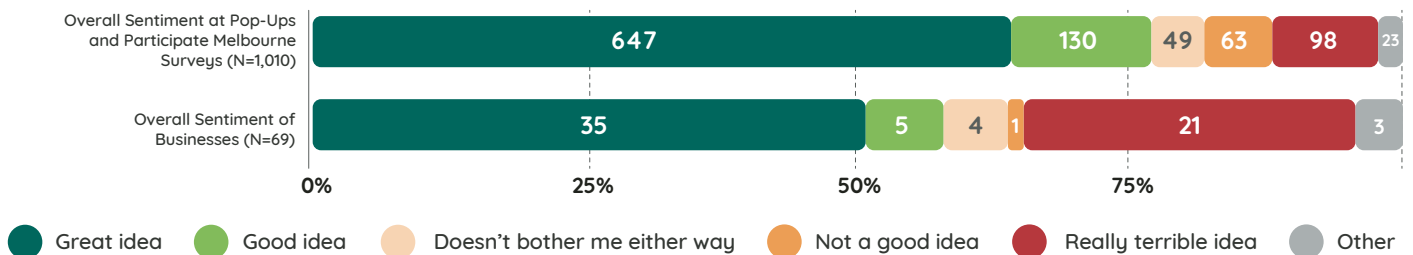
Level of support from businesses

39 business owner-operators, 17 non-owner operators and 4 business owners contributed to the Participate Melbourne webpage survey, and 9 business owners participated via the online Google Form at the community pop-ups (2 other business owners participated in-person at the pop-ups, but their responses cannot be linked to their singled-out from the overall in-person feedback).

The overall sentiment towards the policy is shown in Figure 6 with 58.0% (40) majority of business owners and operators in support of the policy vision ('great' or 'good' idea), while 31.9% (22) participants are not supportive of the policy vision ('not a good idea' or 'terrible idea'). 5.8% (4) business participants reported that they are neutral to the policy vision. Only 4.3% (3) of the business participants provided longer responses around the scope and approach of the policy and impact on tourism.

Figure 6: Overall sentiment of business operators at community pop-up events and Participate Melbourne webpage survey

"What do you think of our vision to move towards a smoke-free city by 2025"



It is important to note that the level of business engagement may have been impacted by the COVID-19 pandemic. With many businesses struggling to stay financially viable, the engagement program and draft Policy may not have been a high priority during this time.

Findings from Participate Melbourne webpage

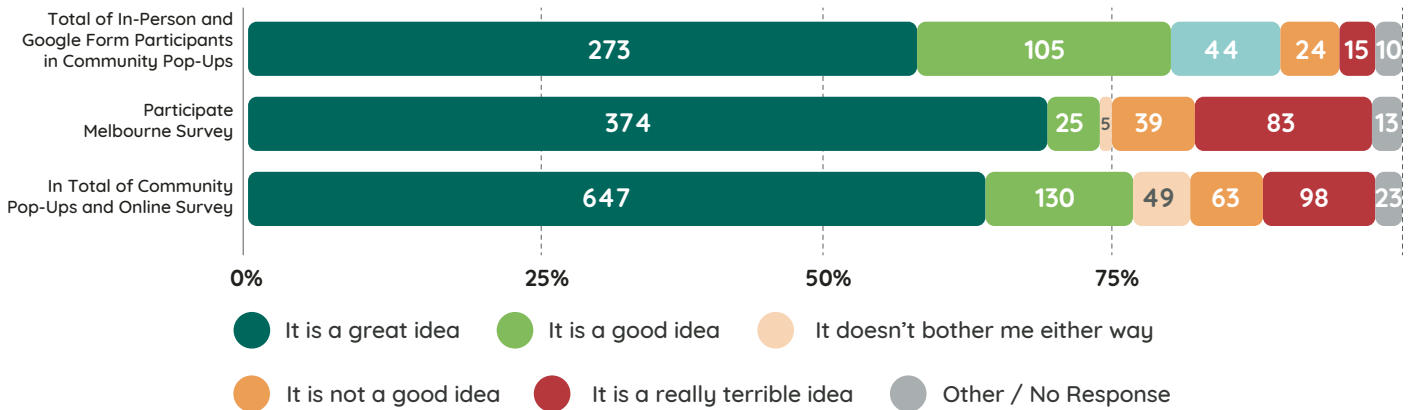
Participate Melbourne had the greatest reach with 539 participants completing the survey and a further 167 completing the quick-poll. The survey explored the level of support for the Policy vision, importance of the different Policy domains, potential smoke-free areas and the impact of increased smoke-free areas.

Figure 7 demonstrates that 74.0% (399) of the participants in the Participate Melbourne webpage survey expressed they are either strongly or somewhat in support of the Policy vision ('great idea' or 'good idea'), while 0.9% (5) of the same group are neutral ('it doesn't bother me either way') and 22.6% (122) are either strongly or somewhat opposed ('not a good idea' or 'terrible idea') to the Policy vision.

Sentiments drawn from the Participate Melbourne webpage survey (not inclusive of the Quick Poll) are more polarised with a significantly higher proportion of participants strongly against the policy. This is possibly due to the fact that the Community Pop-Ups are in person and participants are reluctant to express strong opinions. The Participate Melbourne webpage survey also had a higher representation of people who smoke or vape.

Figure 7: Level of Policy support by engagement method

"What do you think of our vision to move towards a smoke-free city by 2025"



Findings from the Community Pop-ups

The Community pop-ups took participants through a series of questions to help determine the level of support for the policy as well as identify support needed for the policy's implementation. The pop-ups had the second greatest reach with 471 participants (either in-person or via Google Form submission).

Figure 7 demonstrates that 80.3% (378) of the participants at the community pop-ups (either in-person or via Google Form submission) expressed they are either strongly or somewhat in support of the Policy ('great idea' or 'good idea'), while 9.3% (44) of the same group are neutral ('it doesn't bother me either way') and 8.3% (39) are either strongly or somewhat opposed to the Policy. 2.1% (10) pop-up participants provided no response to this question.



Findings from the Targeted Workshops

The targeted workshops had lower numbers than anticipated. The smokers and ex-smokers' workshop was cancelled due to low numbers and no participants attended the planned businesses workshop, despite 7 registrations and reminder emails and text messages being sent. Feedback from participants indicates that this was due to work and personal commitments impacting on their ability to attend. A survey specifically for businesses was conducted following the cancelled workshop, sent to the 7 workshop registrants, with 5 businesses completing the survey.

The residents and community members workshop had 8 participants. The young people and students workshop had 4 participants. Questions were developed for each specific stakeholder group, encouraging them to engage in small group discussions whilst exploring the policy implications for them and their peers. All participants across both workshops were in support of the policy.



Findings from the Deliberative Community Panel

Members of the deliberative community panel were predominantly in support of the Policy vision. Participants were provided with in-depth knowledge of the evidence supporting the policy and the community feedback received-to-date. Questions were developed to challenge participants' thinking, explore the policy from different viewpoints and prioritise actions within each domain. The deliberative community panel utilised small group discussions, expert presentations and online ranking tools. A prioritised list of key actions for the Educate and Communicate Domains were developed and are presented in Table 2.

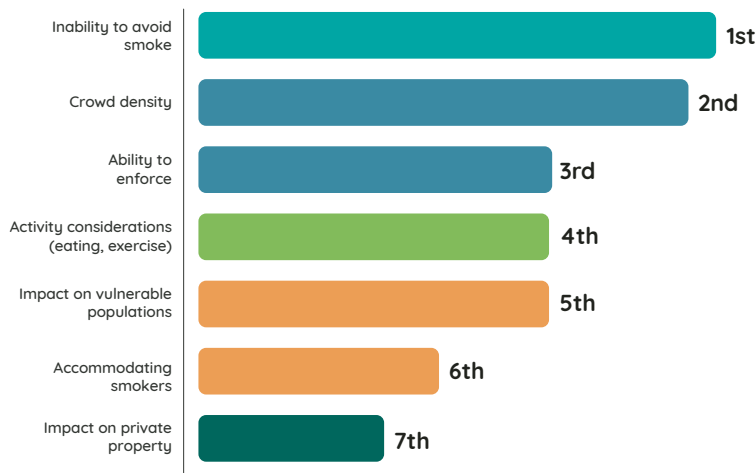
Table 2: Prioritised actions for the Communicate and Educate domain

Communicate Domain	Educate Domain
<ol style="list-style-type: none"> 1. Visible and clear signs with simple messaging 2. Large-scale awareness campaign (e.g. TV, radio, billboards) 3. Targeted campaigns to groups with higher rates of smoking 4. Advertise changes at tobacco shops and retailers 5. Information in different languages 6. QR codes with more information, including smoke-free areas 7. Countdown to policy changes 8. Tagline for smoke-free Melbourne 9. Partnership with news channels 10. Communication through service providers (eg. multicultural commission) 	<ol style="list-style-type: none"> 1. Education on health impacts of smoking/ second-hand smoke 2. Promote options to quit 3. Partner with other organisations (e.g. hospitals, peak health organisations, universities) 4. Education on addiction to smoking 5. Education on the positives of quitting (e.g. use podcasts) 6. Programs for young people 7. Education on the financial impacts of quitting (e.g. savings) 8. Peer support programs 9. Use champions to educate others (e.g. past smokers) 10. Programs for vulnerable groups 11. Group education- (e.g. support groups, use libraries) 12. Educate parents through working with children (e.g. child events)

Participants in the deliberative community panel also developed a prioritised list of criteria which the City of Melbourne may use to determine future smoke-free areas (Figure 8) and support the implementation of the Protect domain.

Figure 8: Prioritised criteria for smoke-free areas

“What’s the most important consideration?”



The enforcement of smoke-free areas was discussed within the deliberative community panel. While enforcement is governed by some state laws and outside the scope of the Policy, there was a clear view that enforcement needs to be consistent and visible to the general community.

Members of the deliberative community panel also discussed “how the City of Melbourne should regulate smoke-free areas with vulnerable groups”. There was a strong view that fines were not appropriate for community members who are experiencing homelessness and an education-first approach is preferred.

In addition, the deliberative community panel clearly articulated the importance of partnering with service providers that may work with people experiencing homelessness (e.g. housing services) to provide information on the policy and information on support available for smokers.

Key findings and implications

- Given the high level of support it is recommended that the Towards Smoke-free Melbourne 2025 Policy is considered for endorsement by Council.
- The research indicates that there are lower levels of support for the Policy with businesses. It is also recognised that businesses were under-represented in consultation. Further engagement with businesses would be appropriate, particularly as new smoke-free areas are developed and specific businesses are impacted, as well as when communication campaigns are implemented.
- The research indicates significantly lower levels of support for the policy with smokers and vapers. It would be critical to ensure communication and educational activities are targeted specifically for this group.
- The community panel has developed a series of prioritised actions across the policy domains. The City of Melbourne should consider developing a policy implementation plan that aligns with the community panel priorities.
- A criteria for determining smoke-free areas should be finalised, with consideration for the work undertaken by the community panel. This would allow a transparent process and increase community trust. It will also be important to indicate where smoking is permissible, not just the smoke-free areas.
- It is recommended that the City of Melbourne completes the targeted engagement with people experiencing homelessness and appropriate services and ensures feedback is considered in line with Policy changes.

2. INTRODUCTION

Conversation Caravan was engaged by the City of Melbourne to plan and deliver the engagement approach to seek feedback on the draft Towards Smoke-Free Melbourne 2025 policy (the Policy). The Policy sets out to create a smoke-free city where smoking is de-normalised, people are protected from the harms of passive smoke and supportive environments are created to assist those who are trying to quit smoking or who have recently quit.

The draft Policy's stated vision is:

The City of Melbourne will become a smoke-free city by 2025 with smoking restricted in the majority of public spaces and events.

During an extensive engagement period, held from November 2020 until April 2021, the City of Melbourne, with the support of Conversation Caravan, invited the community to have their say on the draft Policy. The engagement program determined the level of support for the Policy from a broad range of stakeholders that work, visit, live or study in the City of Melbourne. Feedback garnered also assisted to identify the impacts, negative and positive, on interested and affected stakeholders whilst also identifying possible actions to support the Policy's implementation.

The engagement program aimed to be inclusive, easily accessible for those that are harder to reach and provide enough information for the community to sensibly consider the project requirements.

The engagement objectives were to:



- engage with a diverse population to understand the social impacts of this policy
- recruit a diverse panel that reflects the demographics of the City of Melbourne and identified stakeholder groups to deliberate on the scope and implementation of the policy
- understand the level of support for a smoke-free Melbourne across key stakeholder groups
- ensure that impacted individuals and businesses are heard and needs identified
- document the process, outcomes and learnings of this project to provide inspiration and a process for other local governments and organisations to follow.

The feedback gathered, combined with the data and evidence that forms the basis of the Policy, will assist the City of Melbourne to decide on the endorsement of the Policy and potential actions for implementation.

3. BACKGROUND

Smoking is a major cause of preventable death in Victoria and a leading cause of avoidable chronic illness such as cancer and cardiovascular disease. The City of Melbourne recognises the role it has to protect the community from the impacts of passive smoking.

The City of Melbourne has been a leading Council in restricting smoking and has implemented 12 smoke-free areas under the Activities Local Law 2019 (Local Law) in the central city. There are a number of other smoke-free areas in the municipality which are the result of State Government legislation (Tobacco Act 1987). These areas include children's playgrounds, childcare centres, outdoor dining areas, public transport stops and certain building entrances. In addition, the City of Melbourne has further complemented Victorian smoking bans in outdoor dining areas by restricting outdoor seating permits to dining only, ensuring the ban applies to all on-street café seating in the municipality.

As part of the global Partnership for Healthy Cities network — an initiative of Bloomberg Philanthropies, the World Health Organization and Vital Strategies — City of Melbourne developed a discussion paper and a draft policy with the vision that “The City of Melbourne will become a smoke-free city by 2025 with smoking restricted in the majority of public spaces and events”. The policy was developed based on best-practice, recent evidence and through discussions held at an online workshop with 19 local and global health and tobacco-control experts.

The Policy further demonstrates Council's leadership in tobacco control and its desire to improve community health and wellbeing through the planning and delivery of more smoke-free areas and supporting people to quit and reduce smoking in the city.



4. METHODOLOGY

4.1. Engagement process overview

A comprehensive community engagement plan was developed by Conversation Caravan and the City of Melbourne to meet the project objectives. A suite of engagement activities were developed to best target the key stakeholders identified. These were implemented as two separate stages:

- **Stage 1:** Understanding the social impacts
- **Stage 2:** Deliberating on what is important

Stage 1: Understanding the social impacts

This stage was designed to generate community awareness of the draft policy and seek feedback from all sectors within the community. It involved the following activities:

online survey

online quick poll

community
pop-ups

targeted
workshops

Online Survey

The survey was provided online via City of Melbourne's Participate Melbourne webpage from 25 November 2020 to 12 April 2021. The survey focused on four key areas:

- the level of support for the Policy vision
- the importance of the different Policy domains
- potential areas in the central city to become smoke-free
- the impact of increased smoke-free areas.

Respondents were asked to provide demographic identifiers including gender, age, postcode, whether they are a business owner, whether they smoke or vape, what their connection with the City of Melbourne is and how they heard about the project.

Online Quick Poll

The Online Quick Poll was available via City of Melbourne's Participate Melbourne webpage. It aimed to allow for an easy and fast entry point to the engagement process and allow for a snapshot of public sentiment regarding City of Melbourne's approach to move towards a smoke-free city by 2025.

Targeted Workshops

90 minute online facilitated workshops targeting specific groups were held during March 2021. Questions were developed for each specific stakeholder group, encouraging them to engage in small group discussions whilst exploring the policy implications for them and their peers. Key target groups that might be impacted by the draft Policy identified at the engagement planning stage included businesses, smokers and vapers, vulnerable groups (including people experiencing homelessness) and young people.



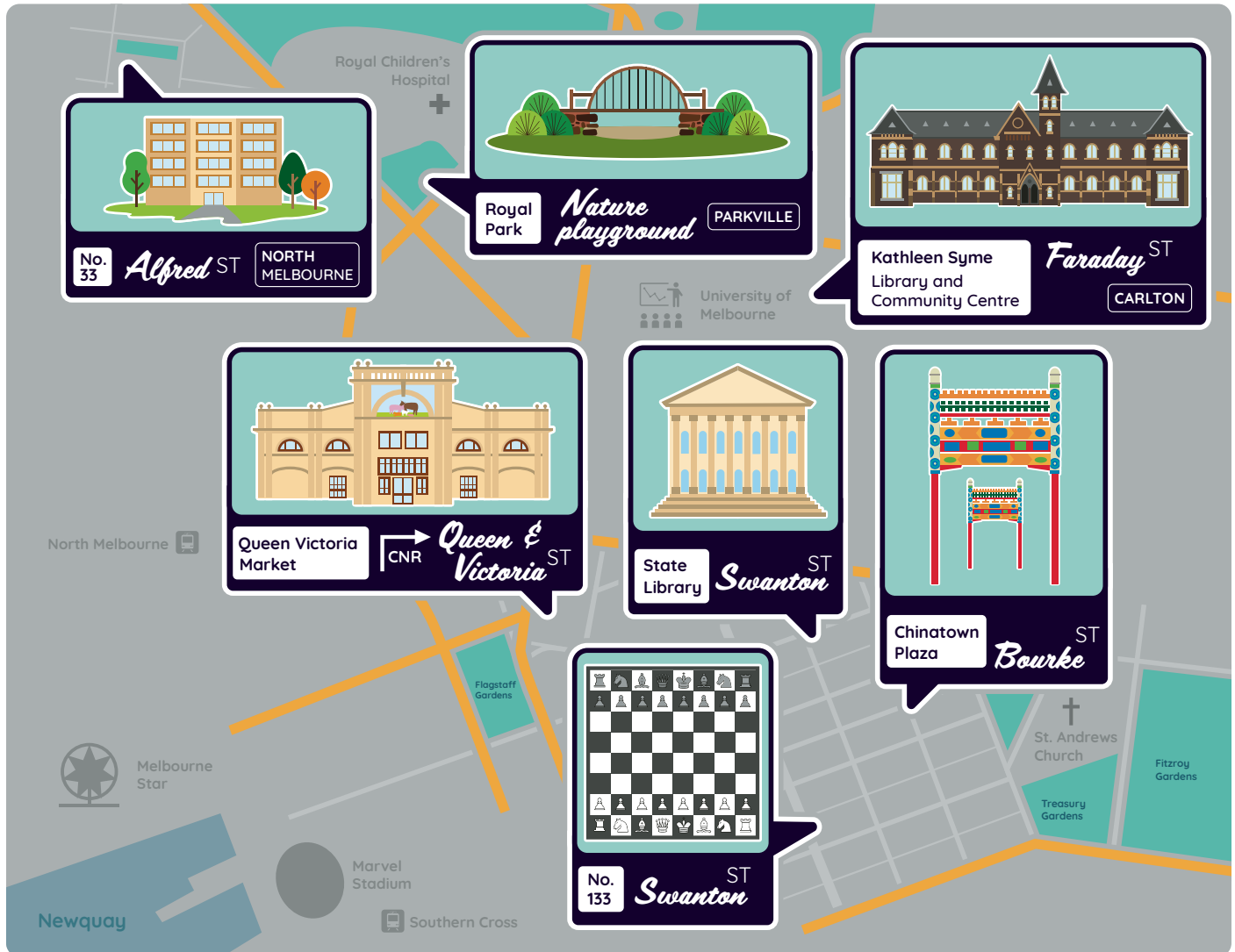
Community Pop-ups

The face-to-face pop-up activities were spread across the municipality with a focus on the Central Business District and areas with increased foot traffic. The locations of the community pop-up activities (7) are demonstrated in Table 3 and Figure 9.

Table 3: Community pop-up location and timing

Location	Date	Time
Royal Park Nature Playground 28 Gatehouse Street, Parkville	Friday 12th February 2021	10:30am- 11:30am
North Melbourne Public Housing Opposite 33 Alfred Street, North Melbourne	Sunday 21st February 2021	10:30am- 12:00pm
Chinatown Plaza Little Bourke Street, Melbourne	Tuesday 23rd February 2021	11:30am - 1:00pm
Kathleen Syme Library 251 Faraday Street, Carlton	Tuesday 23rd February 2021	3:30pm- 5:00pm
Chessboard site 133 Swanston Street, Melbourne	Thursday 25th February 2021	12:00pm- 1:30pm
State Library 328 Swanston Street, Melbourne	Thursday 25th February 2021	4:30pm- 6:00pm
Queen Victoria Market Corner Queen and Victoria Streets, Melbourne	Sunday 28th February 2021	11:30am- 1:00pm

Figure 9: Locations of community pop-up events



Participants were asked to respond to a series of questions to help determine the level of support for the policy as well as identify support needed for the policy's implementation. In line with COVID-19 safety advice, an option was provided to scan a QR code and complete an online Google Form survey, which reflected the same questions as were displayed on posters at the community pop-ups (Figure 10).

Feedback received at the community pop-up events was collected in two ways: via an online Google Form survey and via handwritten in-person notes. When feedback was obtained via handwritten in-person notes at community pop-up events, participants' sentiments could not be linked to their demographic information, including information on smoking or vaping habits, age or relationship to the municipality. Feedback obtained at community pop-up events has therefore been recorded in two separate ways and noted throughout this report as either Google Form feedback or handwritten in-person feedback.

Figure 10: Pop-up activity at 133 Swanston Street, Melbourne



Stage 2: Deliberating on what is important

The purpose of Stage 2 of the engagement process was to make sense of the learnings from Stage 1 and to further identify potential ideas for the implementation of the policy. This was done by recruiting a deliberative community panel consisting of a representative group of community members that met online and workshopped ideas over a total of 5 hours.

Participants were provided with in-depth knowledge of the evidence supporting the policy and the community feedback received-to-date. Questions were developed to challenge participants' thinking, explore the policy from different viewpoints and prioritise actions within each domain. The deliberative community panel utilised small group discussion, expert presentations, and online ranking tools. This was achieved over two longer online workshop sessions: Tuesday 23rd March 2021 from 6:30pm to 8:30pm and Saturday 10th April 2021 from 10am to 1:00pm.

4.2. Deliberating the draft policy

Overall approach

An open invitation was extended to all people that reside, visit, study, work or own property in the City of Melbourne. People self-nominated and 35 community representatives were appointed to the deliberative community panel. Ultimately, 23 people participated and deliberated on the draft policy and potential changes to the policy structure.

Panel members focused on:

- reviewing the data received from the broader community consultation
- making sense of the issues and community priorities
- the content of the draft Policy
- unpacking the draft Policy domains
- potential ideas for the implementation of the Policy, including the prioritisation of these ideas.

Appendix 9.2 defines the Frequently Asked Questions provided to all panel members, which outlines the structure and terms in which the deliberative community panel members worked.

Participants met for a total of 5 hours over two meetings, whereby participants debated and discussed the background information provided to them, issues raised by the community as well as their own aspirations for the status of smoking within the municipality.

Meeting one focused on setting the scene, unpacking the draft policy domains, analysing feedback received to date, and delving deeper into the Protect domain. In meeting two, participants took a closer look at the feedback received from smokers and business operators, analysed the other three domains – Educate, Communicate and Regulate – and discussed where people should be allowed to smoke and vape within Melbourne’s CBD. Copies of the deliberative community panel agendas are attached in Appendix 9.3.

An online approach

In recognition of the unpredictable nature of COVID-19 restrictions, an online approach to the implementation of the deliberative community panel was developed. The project team aimed to engage community members in discussions from the comfort of their homes using available technology.

Aware of the likely challenges for some with this virtual approach, the project team took the significant steps to ensure that those wanting to participate were able to be part of the process, regardless of the infrastructure or technology available to them. Strategies engaged are outlined in Section 5.4 of this report.

The deliberation process

By examining, considering and discussing the inclusion and exclusion of various aspects in the draft policy, the deliberative community panel undertook a rigorous deliberation process.

The group discussed the needs of various affected stakeholders, how they might be impacted by the policy and how provision might be made for them should the policy be implemented. Members of the deliberative community panel were presented with information at various intervals throughout the deliberation process to enable them to deliberate in an effective and informed manner.

Table 4 outlines the information provided to participants and the point in the program at which they were presented for discussion.

Table 4: Background information provided to deliberative community panel members

Information	Point in the process	Detail included within document
Draft policy and discussion paper	One week prior to first workshop	<ul style="list-style-type: none"> • Background to the policy development • Strategic direction guiding City of Melbourne's approach • Towards Smoke-Free Melbourne 2025 draft policy • Local and international examples.
Video presentation: The community engagement program and what we've heard so far	One week prior to first workshop	<ul style="list-style-type: none"> • Types and range of community activities undertaken to date • Number of participants, comments and type of feedback received • Key themes arising, including emerging priorities within each domain.
Interactive online dashboard	One week prior to first workshop	<ul style="list-style-type: none"> • Community responses to each question posed during the engagement process with the ability to filter findings by stakeholder group.
Presentation: Background to the policy development	First workshop	<ul style="list-style-type: none"> • Smoking statistics • Why we implement smoke-free areas • The story so far • Developing a policy to achieve smoke-free areas • City of Melbourne's Vision • The four domains • What you can expect from City of Melbourne.
Presentation: The Community engagement program	First workshop	<ul style="list-style-type: none"> • Outline of engagement activities undertaken and outcomes, including: • Negotiables and non-negotiables • Who we have spoken to • What we have heard.

Table 4 Continued

Information	Point in the process	Detail included within document
Research document: Provision for smokers/ vapers	One week prior to the second workshop	Document responding to questions posed by the deliberative community panel in the first workshop and based on what provisions could be made for smokers, including: <ul style="list-style-type: none"> • Provision of designated outdoor smoking areas • Legislative requirements • Approaches other countries and cities have taken.
Presentation: What we have heard from smokers and business operators	Second workshop	Acknowledging that the deliberative community panel had under-representation from smokers, vapers and business owners, a presentation was made to the group that summarised data received via other engagement methods.
4 x short presentations: Overview of policy domains	First and second workshop	Council Officers presented on the intent behind each policy domain and examples of how they may be implemented. Responding to questions raised by participants, more detail was provided within the Regulate domains, such as: <ul style="list-style-type: none"> • how the City of Melbourne currently regulates smoking • interactions with broader legislation • number of fines and warnings, for smoking and littering • education first approach vs fines • responding to vulnerable groups in the community.

Between meetings, deliberative community panel members were sent information (as outlined above), as well as tasks to complete so as to be prepared for group meetings. This included videos, background reading and idea generation.

Critical Thinking

A framework of critical thinking was employed throughout the deliberation program in recognition that this would help achieve more robust outcomes for the deliberation piece. This involved ensuring participants carefully evaluated information in an objective manner to arrive at an impartial decision.

They analysed engagement findings, studied the facts, debated ideas, checked biases and regularly critiqued their own work. The following tools were implemented in support of critical thinking:

- **Collaboration:** working together with other members of the group enables individuals to be exposed to new thoughts and ideas.
- **Acknowledging biases:** Participants took time to recognise their own backgrounds, biases, experiences and cultures. They were then presented with a range of cards with images and descriptions of individuals of diverse demographics. Participants reviewed these personas and together identified the possible needs, aspirations and impact such a policy might have on these people. Members were encouraged to carry these personas through the deliberation program with them. At the start of each meeting, and at various intervals throughout the proceedings, participants paused to reflect on the viewpoints of the persona they adopted and endeavoured to include additional perspectives.
- **Majority consensus:** Individuals accepted that their views might not always be right as decisions were made according to a majority ruling.
- **Questioning assumptions:** Facilitators used open-ended probing questions to ensure participants questioned any assumptions and tried to think of alternative solutions where possible.
- **Research:** Participants were presented with research and facts from a range of different sources in order to make reasoned judgements.
- **Regular reflection:** Decisions made at the first meeting were distributed to all participants, providing them with time and opportunity for reflecting. Decisions were brought back to the following meeting for further reflection and refinement as the project went along.



5. PARTICIPATION

5.1 Participants

A total of approximately 1,199 people participated in Stage 1 of this project. A further 23 people participated in the deliberative community panel, bringing the total number of participants to 1,222 for the entire engagement period.

The online survey via City of Melbourne's Participate Melbourne webpage garnered the most participation, with 539 people providing feedback. We have no means of tracking duplication in participation, that is where someone might have attended a pop up, completed the quick poll and then completed an online survey. Table 5 shows the breakdown of participation and reach across the engagement methods.

Table 5: Number of participants by engagement method

Engagement Method	Number of Participants
Participate Melbourne webpage survey	539
Participate Melbourne webpage quick poll	167
Estimated participation at community pop-ups (both handwritten in-person feedback and online Google Form feedback)	471
Residents and community members online workshop	8
Survey for business operators	5
Young people and students' online workshop	4
Emailed feedback	1
Deliberative Community Panel	23
Letters of support from organisations	4
Total participants:	1,222

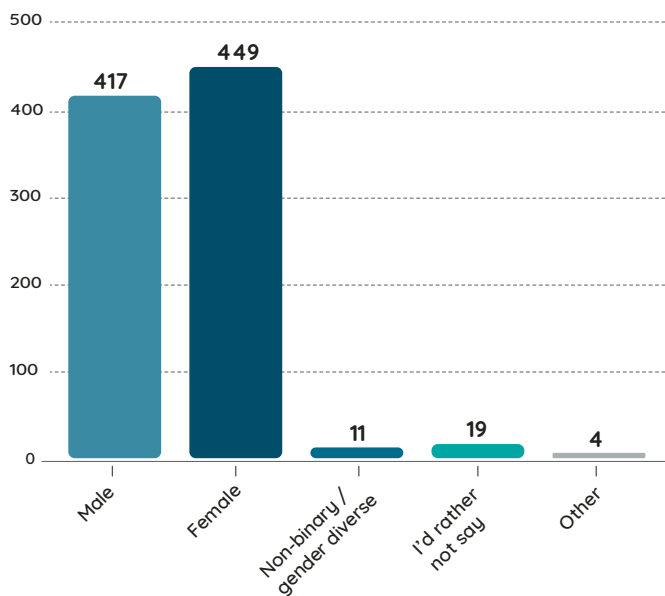
Table 6: Breakdown of participation across Pop-ups

 <p>Royal Park Nature Playground</p> <p>Estimated Participants: Handwritten in-person feedback 9</p> <p>Estimated Participants: Online Google Form 8</p>	 <p>North Melbourne Public Housing</p> <p>Estimated Participants: Handwritten in-person feedback 14</p> <p>Estimated Participants: Online Google Form 5</p>	 <p>Chinatown Plaza</p> <p>Estimated Participants: Handwritten in-person feedback 25</p> <p>Estimated Participants: Online Google Form 15</p>	 <p>Kathleen Syme Library</p> <p>Estimated Participants: Handwritten in-person feedback 9</p> <p>Estimated Participants: Online Google Form 26</p>
 <p>Chessboard Site</p> <p>Estimated Participants: Handwritten in-person feedback 19</p> <p>Estimated Participants: Online Google Form 89</p>	 <p>State Library of Victoria</p> <p>Estimated Participants: Handwritten in-person feedback 52</p> <p>Estimated Participants: Online Google Form 109</p>	 <p>Queen Victoria Market</p> <p>Estimated Participants: Handwritten in-person feedback 60</p> <p>Estimated Participants: Online Google Form 31</p>	<p>Total Participation of Pop-ups</p> <p>Estimated Participants: Handwritten in-person feedback 188</p> <p>Estimated Participants: Online Google Form 283</p>

Gender

Figure 11 shows the spread of gender identity across the participants where that information was collected. Demographic information was not able to be collected in all cases at the community pop-up events, nor via the online quick poll. There is a relatively even spread across males and females, with females having slightly higher representation (449 vs 417).

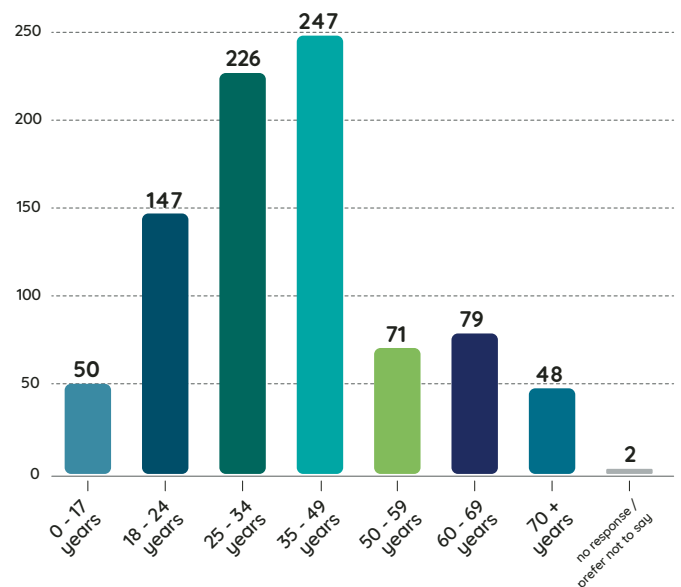
Figure 11: Participants' gender
"What is your gender?"



Age

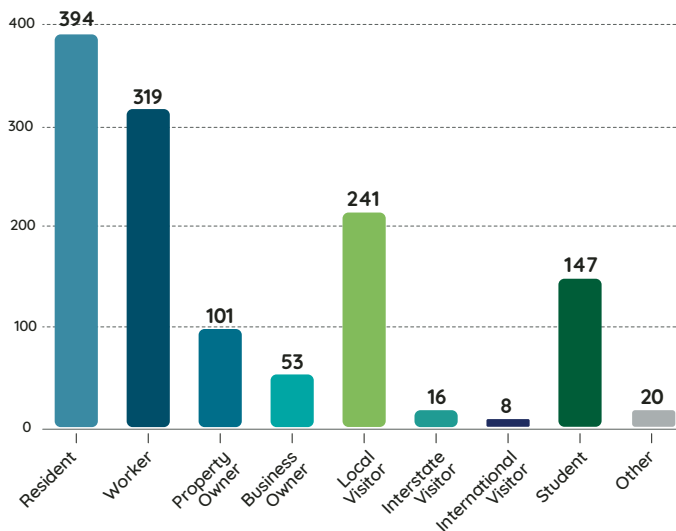
Figure 12 shows the age of participants where that information was able to be collected across engagement activities. There was significantly more feedback received from the 35-49 and 25-34 age range, with participation decreasing with increased age groups. This is likely due to older generations usually having lower rates of digital literacy and having less physical presence in the Central Business District during the face-to-face engagement activities and the impact of COVID-19.

Figure 12: Participants' Age
"What is your age group?"



As outlined in Figure 13, most participants were residents of the City of Melbourne (394). Workers (319) were the second most represented, then local visitors (214) and students (147). 101 property owners and 53 business owners also provided feedback. Few responses were received from interstate and international visitors, likely due to the impact of COVID-19 on interstate and international tourism.

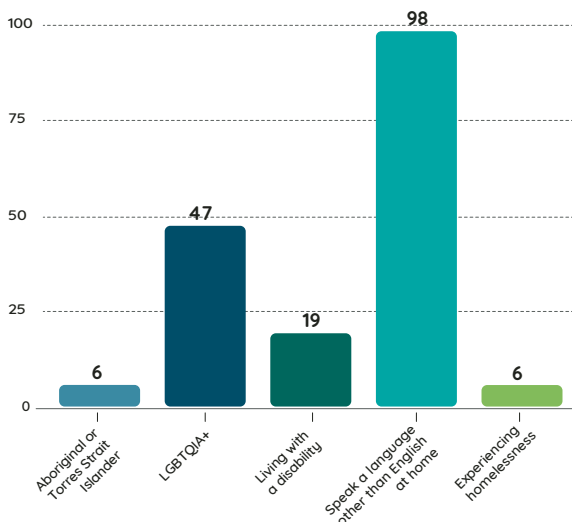
Figure 13: Participants' connection to the City of Melbourne
"What is your connection to the City of Melbourne?"



Additional Demographic Identifiers

Additional demographic identifiers were collected in person at community pop-up events, where possible. Indication of any identifiers was left as optional to remove any barriers to participation. Figure 14 shows a count of participants that indicated various demographic identifiers. Like the deliberative community panel, there appeared to be a high number of people from diverse cultural backgrounds.

Figure 14: Demographic identifiers of participants
"Do you identify with any of the following?"



Smoking Habits

Altogether, 173 people that engaged in community engagement activities identified as current smokers or vapers, or both. The breakdown of smoking status of all participants is listed below and further elaborated on in Figure 15 and Table 7:

- 55 regularly smoke, but never vape
- 56 occasionally smoke, but never vape
- 14 regularly vape, but never smoke
- 18 occasionally vape, but never smoke
- 30 both smoke and vape, either regularly or occasionally.

Figure 15: Number of participants of various engagement activities identified by smoking or vaping habits

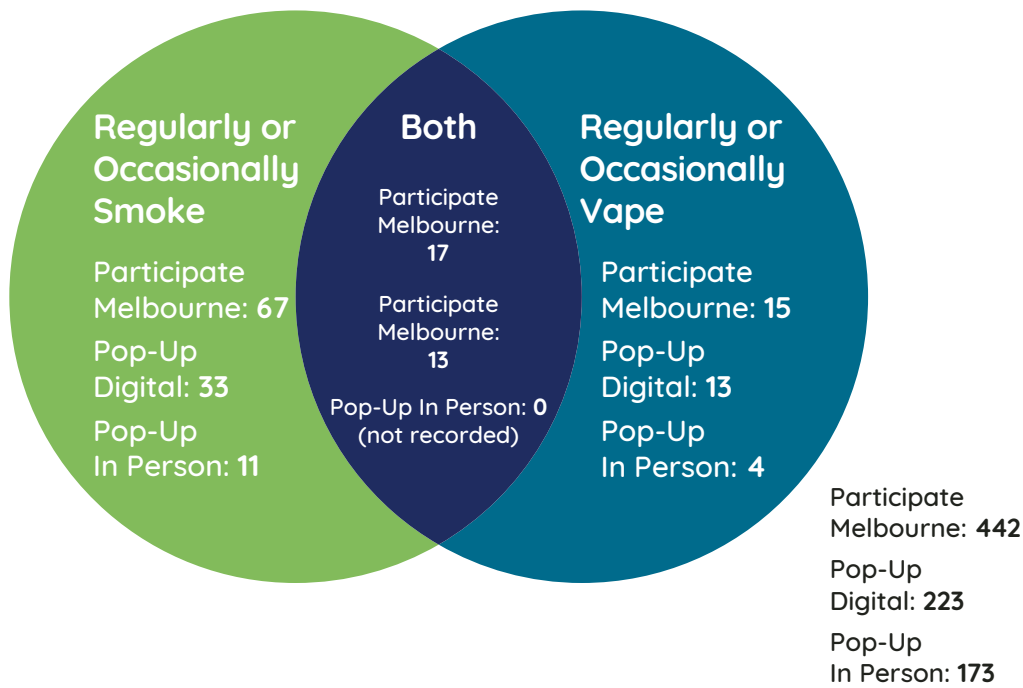


Table 7 shows the number of people that participated in community pop-up events as well as online via the Participate Melbourne webpage survey by their smoking and/or vaping status. Feedback received at the community pop-up events was collected in two ways: via an online Google Form survey and via handwritten in-person notes. When feedback was obtained via handwritten in-person notes at community pop-up events, participants’ sentiments could not be linked to their smoking/vaping status. It has therefore been recorded separately.

As shown in Table 7, 44 participants at the community pop-ups (the total of those that provided handwritten in-person feedback as well as those that completed the online Google Form) and 67 respondents of the Participate Melbourne webpage survey reported that they either regularly or occasionally smoke, but never vape. 17 participants of the community pop-ups and 15 participants of the Participate Melbourne webpage survey reported that they either regularly or occasionally vape, but not smoke. 17 participants of the Participate Melbourne webpage survey and 13 participants at community pop-up events stated that they both smoke and vape (either regularly or occasionally).

Table 7: Count of people who smoke and/or vape across the community pop-ups and Participate Melbourne webpage survey

	Regularly Smoke (Never Vape)	Occasionally Smoke (Never Vape)	Regularly Vape (Never Smoke)	Occasionally Vape (Never Smoke)	Both Regularly or Occasionally Smoke and Vape	Never Smoke, Never Vape
Participate Melbourne Webpage Survey	30	37	12	3	17	442
Pop-ups: Online Google Form	18	15	1	12	13	222
Pop-ups: Handwritten In-Person Feedback	7	4	1	3	Not recorded	93
Total	55	14	14	18	30	757

A lower proportion of participants who smoke or vape responded at the community pop-up events compared to the online survey on City of Melbourne’s Participate Melbourne webpage. This could be due to the anonymity that supports individuals who feel stigmatized to provide their opinions. The lack of in-person representation was consistent with the experience of the workshops and the deliberative community panel process.

Participants were asked two separate questions regarding their smoking habits:

Do you smoke?

Do you vape?

These questions relating to smoking and vaping habits were not able to be asked of all participants at the community pop-up events where they provided handwritten in-person feedback.

877 participants responded to the questions of ‘Do you smoke?’ and ‘Do you vape?’. As shown in Table 7, 6.3% (55) of these respondents identified as regular smokers (never vaping), 6.4% (56) identified as occasional smokers (never vaping) and 3.4% (30) identified as both smoking and vaping, which totals 141 smokers (16.1% of respondents). This is significantly higher than the 2017 Victorian Population Health Survey data which indicates that 9% of City of Melbourne residents are smokers.

Additionally, 1.6% (14) respondents identified as regular vapers (never smoking) and 2.1% (18) identified as occasional vapers (never smoking). As 3.4% (30) of respondents identified as both smokers and vapers, a total of 62 participants reported they either regularly or occasionally vaping.

Workshop Participants

Five targeted workshops were originally planned to further delve into key considerations for different populations (young people and students, general community and residents, current and ex-smokers, businesses and people experiencing homelessness).

Two workshops occurred (see Table 8), the young people and students' workshop (4 participants) and general community and residents' workshop (8 participants). The current and ex-smokers' workshop was cancelled due to low numbers (see Section 4.2 for potential barriers) and there were no attendees at the businesses workshop, despite 7 prior registrations and email and text message reminders being sent.

The workshops were promoted to the community at the pop-up events, via the City of Melbourne's social and print media, via internal City of Melbourne branches, through external stakeholders and project partners, as well as via the City of Melbourne's Participate Melbourne webpage. See Section 6 for information on social media promotions.

Table 8: Targeted Workshops

Workshop Target Audience	Date	Participants
Young people and students	2 March 2021	4
General community and residents	3 March 2021	8
Businesses	31 March 2021	0
Total		12

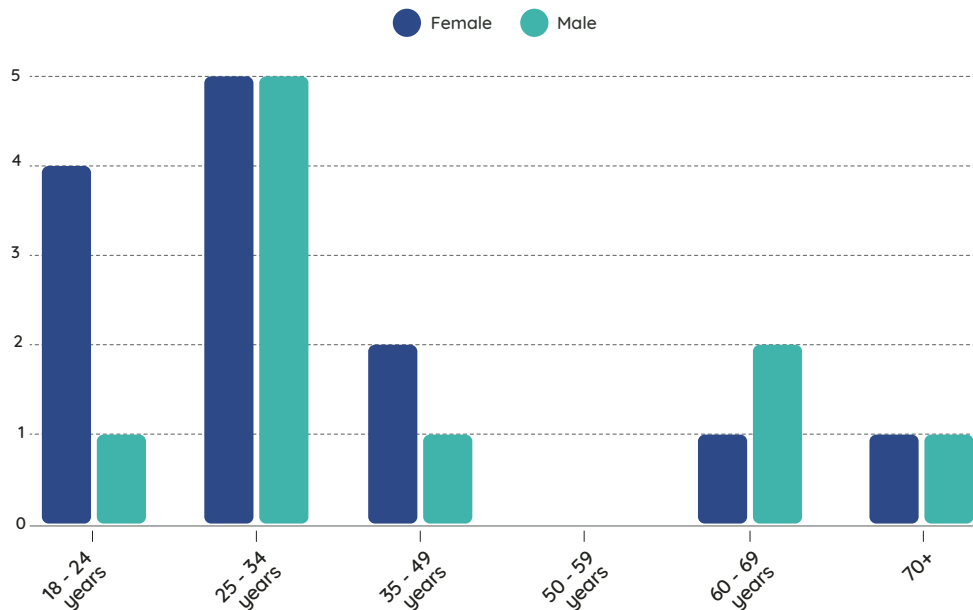
The planned workshop for people experiencing homelessness was changed to a targeted approach led by the City of Melbourne, as this was deemed to be more appropriate. Details of this event have therefore not been included in this report.

Deliberative Community Panel Participants

The deliberative community panel was made up of 23 individuals, 13 identified as female and 10 male, with the largest percentage being in the 18-34 year age range (see Figure 16). The majority of participants were residents (10), with a high number of students (8), 2 workers, 1 visitor and 2 who identified as volunteers. There was a high proportion of panel members (17) born in a country other than Australia.

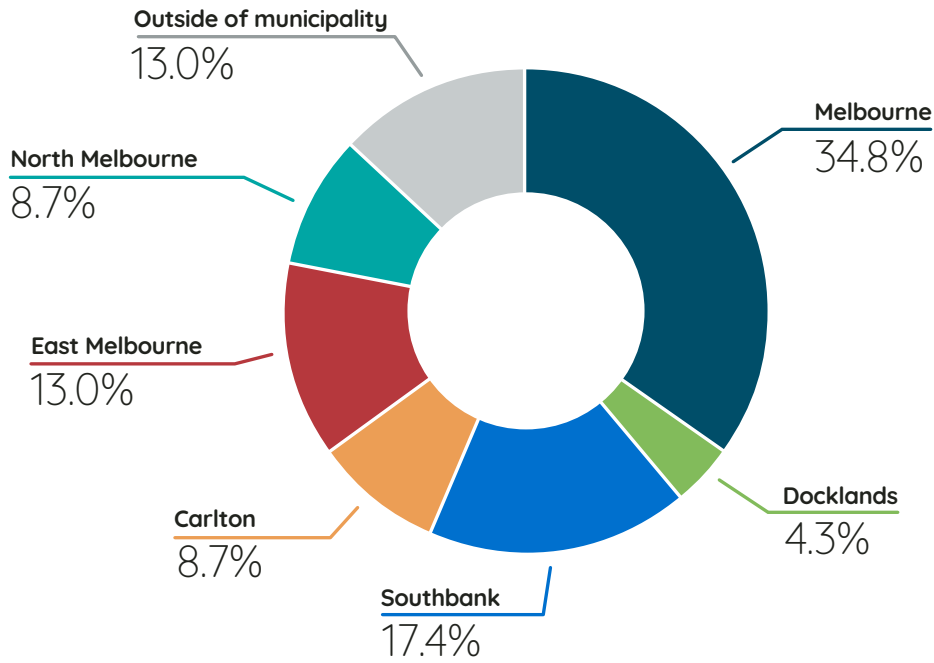
Figure 16: Age and gender spread of deliberative community panel participants

“What is your gender?” and “What is your age group?”



The suburb of residence is outlined in Figure 17 with 34.8% (8) of deliberative community panel members residing in Melbourne, followed by 17.4% (4) in Southbank, 13% (3) in East Melbourne and 13% (3) outside of Melbourne.

Figure 17: Suburb of residence for panel participants
“What is your suburb of residence or suburb of business?”



Additional information was sought from panel members to ensure diverse views were represented:

- 10 live in high-rise housing
- 4 live in social housing
- 1 has a lived experience of homelessness
- 5 were current or ex-smokers
- No participants identified as Aboriginal or Torres Strait Islander.

Figure 18: Photograph of Participants at Deliberative Community Panel - Workshop 2



5.2 Recruitment of participants to the deliberative community panel

The opportunity to participate in the deliberative community panel was promoted broadly through the community. This included face-to-face promotion at the community pop-up events, via the City of Melbourne's social and print media, via internal City of Melbourne branches, through external stakeholders and project partners, as well as via City of Melbourne's Participate Melbourne webpage. Community members were incentivised to participate with an offering of \$100 compensation in recognition of their time and contribution to the process.

55 individuals originally applied to join the deliberative community panel via the City of Melbourne's Participate Melbourne webpage. 35 individuals were selected by Conversation Caravan, based on the understood demographics of the people that live, work, study and visit the City of Melbourne municipality.

Efforts were made to recruit a diverse range of voices were heard and that the deliberative community panel was representative of the population, based on factors such as:

- gender
- age
- relationship to the City of Melbourne
- suburb of residence
- self-identification as a current or ex-smoker
- having been born in a country other than Australia
- living in high rise housing
- living in social housing
- having a lived experience of homelessness
- Aboriginal or Torres Strait Islander identification.

At the first deliberative community panel session 21 individuals attended and a further two were recruited for the second session, giving a total of 23 panel members. Due to the lower numbers of participants, the demographics of participants were different to originally planned. The deliberative community panel participant profile is explored in Section 4 of this document and demonstrates an appropriate diversity of participants and views.



5.3 Barriers to participation

Conflicting work and personal commitments

Following a lower-than-expected attendance rate at the first deliberative community panel workshop (21 out of 35), Conversation Caravan telephoned all registered participants who did not attend, to seek feedback. Most people who provided feedback indicated they had conflicting work or personal commitments (casual work shifts, university coursework to complete and church commitments). When asked if they would like to join the second session, the participants were non-committal and ultimately did not attend.

The workshop for business operators was cancelled due to no participants attending at the scheduled workshop. All registered participants (7) received a follow-up email providing them with an opportunity to give feedback via a business-specific survey. Of those business representatives who sent apologies, all had conflicting work commitments at the same time as the scheduled workshop. There also appeared to be some confusion on the focus of the workshop, some who had registered were people who worked in the city but did not own or operate a business.

Smokers and ex-smokers

There was a noticeable lack of representation within face-to-face community engagement activities for people who identified as smokers and ex-smokers. With the lower percentage of smokers within the community (9.1% in the City of Melbourne or 16.7% in Victoria) it may be possible that this group of people felt less comfortable attending community engagement activities where they would be asked to speak on a topic where others in attendance are likely to have opposing views.

There was a planned targeted workshop focused on current and ex-smokers. This workshop was cancelled due to low numbers. This may indicate that current and ex-smokers did not believe that they would be able to influence the policy or recognised the strong movement towards increased smoke-free areas. All (5) participants that were registered for the workshop were contacted via telephone and e-mail and were offered to join a general community and resident workshop, however, none of the participants joined. Requesting that the participants joined the general community and resident workshop may have been a further barrier for the potential participants.

It should be noted that there were deliberative community panel members who identified as ex-smokers (5), but none who identified as currently smoking.



COVID-19 Pandemic

Due to the COVID-19 pandemic and associated work-from-home orders some advertised community pop-ups had to be cancelled at short notice, this may have impacted on the ability for some individuals to attend. In addition, due to the pandemic there were significantly less people visiting and working in the Central Business District. This may have impacted on the community engagement program in several ways:

- Decreased number of potential participants at the planned pop-ups.
- Introduction of online workshops and panel meetings, to ensure social distancing, may have been a barrier to people less confident with technology or those who did not have access to the necessary technology.
- Increased stress and uncertainty for businesses. The impact of the pandemic on businesses cannot be dismissed. With many businesses struggling to stay financially viable, the engagement program and draft Policy may not have been a high priority during this time. With potential staffing restrictions in place and additional strain on businesses, it may have also resulted in business owners being less likely to attend workshops and join the deliberative community panel.



5.4 Supporting participation

Variety of engagement methods

A wide variety of engagement methods were utilised to engage the community in the draft Policy, this included: online survey; online quick-poll; social media posts; pop-up engagement activities (see Figure 19); deliberative community panel; targeted workshops; and business survey. The multiple methods encouraged community members with different time commitments, locations, and interest levels to provide feedback.

Figure 19: Pop up display in the City of Melbourne Town Hall



Location of activities

The majority of activities took place online, which facilitated participation from a large segment of the community as 90% of households in the City of Melbourne have access to the internet (Australian Bureau of Statistics Census of Population and Housing 2011 and 2016 Community Profiles). The community pop-ups were also spread across the municipality.

Communications campaign

Opportunities to provide feedback on the draft Policy as well as promotion of the various engagement methods (e.g. deliberative community panel, Participate Melbourne webpage, workshops, pop-ups) were promoted widely via City of Melbourne's and Conversation Caravan's social media platforms, as well as via direct email to project partners and City of Melbourne's contacts in various community and business organisation. The success of the social media campaign is discussed in further depth in Section 6.

Support for deliberative community panel participants

In recognition of the challenges of working in an online environment, the significant commitment required of panel members, and the three-week break between workshops, the following strategies were employed to ensure maximum engagement:

Personal phone calls to each participant:

Staff from Conversation called each of the 35 members of the deliberative community panel. During the phone calls they discussed participants' availability, any additional support needs they may have, ability to access the internet, as well as their preferred methods of communication moving through the program.

Virtual meetings:

Meetings were held virtually, with the option to attend via Zoom or via telephone.

Technical support:

Participants were offered individualised technical support should they need it. A practice Zoom meeting was offered should participants wish to familiarise themselves with the online system. Technical support, including a phone number and online support, was available for participants to access throughout the workshops.

Access to technology:

Deliberative community panel members were also offered the opportunity of accessing physical sites hosted by the City of Melbourne should they not have personal access to technological infrastructure and wish to participate.

Detailed post-meeting follow-ups:

Detailed minutes taken that were distributed to all Panel members shortly following each meeting, allowing for those not able to attend to catch up

Text message and email reminders:

Text message as well as email reminders were sent to each participant prior to each meeting and between meetings in order to encourage maximum participation. Sending text messages to private mobile phones acknowledges that not all participants have access to email, and of those that do, not all read them regularly.

Additional support:

Panel members were offered the opportunity to access additional non-technological support if they required, such as access to an interpreter.

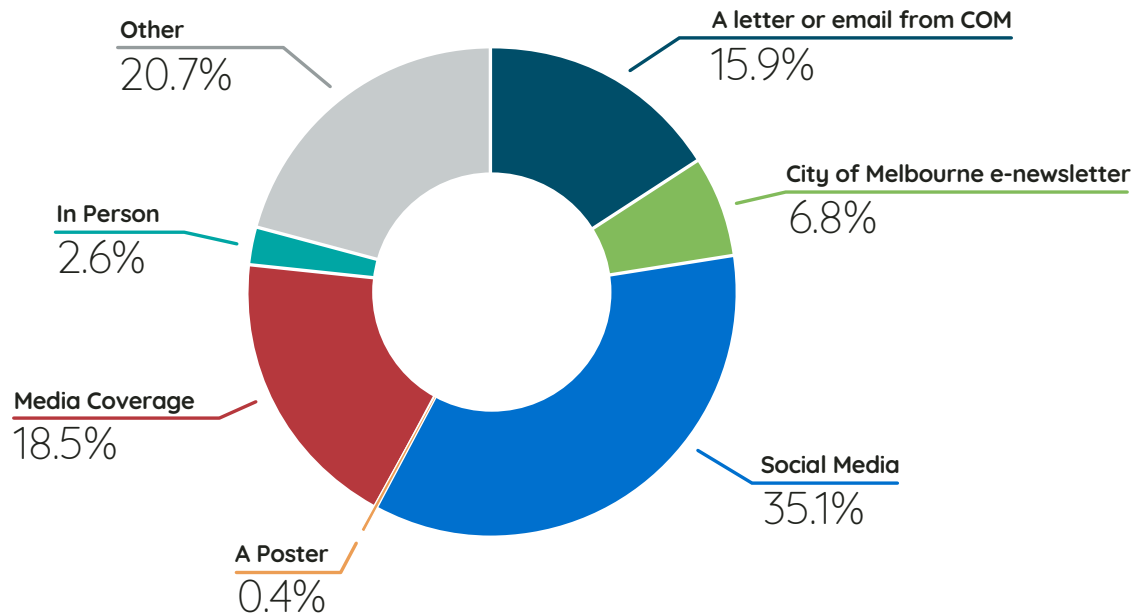
Figure 20: Images from social media



Figure 21 below shows the breakdown of responses to “How did you hear about this project?” from respondents of City of Melbourne’s Participate Melbourne webpage. The overwhelming majority of participants reporting that they found out via social media (44%) followed by direct communication from City of Melbourne (29%) or media coverage (23%)

Figure 21: How participants heard about project

“How did you hear about this project?”



Dedicated Project Page

A dedicated webpage was created on the Participate Melbourne webpage (City of Melbourne’s online community engagement platform). This was a consistent location for the community to access information and participate.

Incentivisation

The deliberative community panel received payment for their time (\$100 for attending both sessions). This recognised the time commitment for those involved and encouraged people to register.

6. KEY FINDINGS

6.1. Level of support for the policy

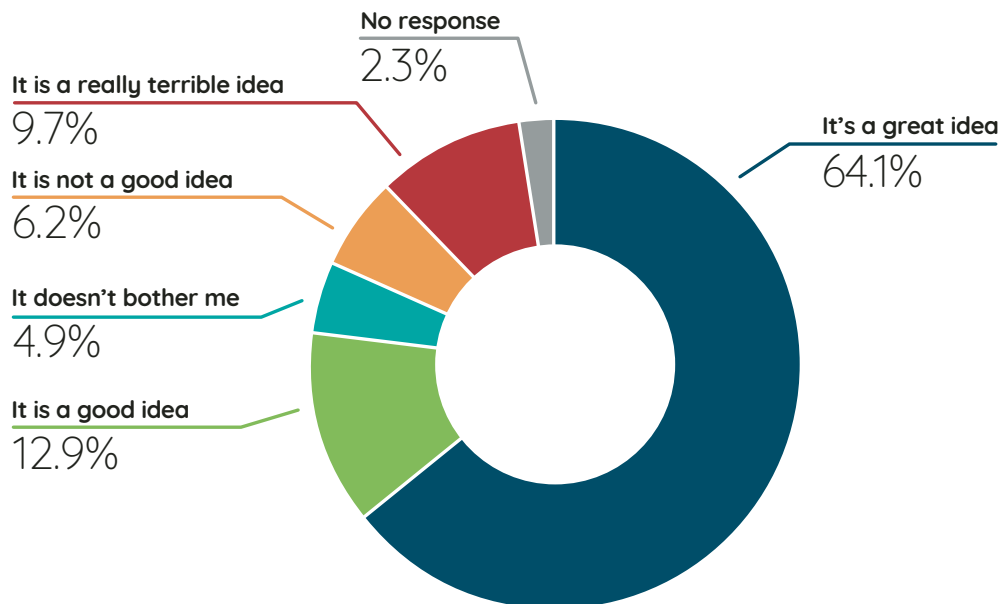
Participants were asked to indicate their level of support for the policy vision on a qualitative scale. Options range from “this is a terrible idea” to “this is a great idea”.

Across the face-to-face and Participate Melbourne webpage engagements 77% of participants were in support of the draft policy, 64% (647) indicated that it was “a great idea”, while 13% (130) of the participants selected the option “this is a good idea”.

10% (98) of the participants indicated they are strongly against the policy (“this is a terrible idea”), and 6% (63) of participants are somewhat against the policy, answering “this is not a good idea”. 4.9% (49) participants were indifferent towards the policy vision. 2.3% (23) did not respond. Figure 22 shows the count of each response.

Figure 22: Participants level of support for the policy

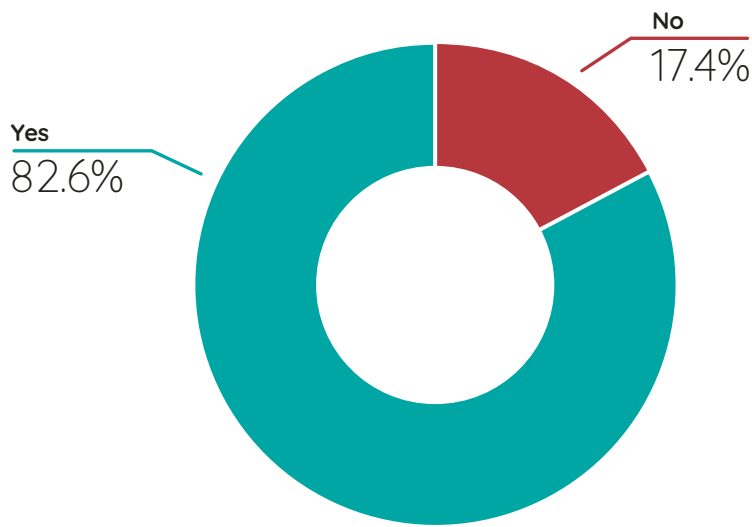
“What do you think of our vision to move towards a smoke-free city by 2025?”



The Quick Poll on City of Melbourne's Participate Melbourne webpage asked respondents "Do you support the City of Melbourne's approach to move towards a smoke-free city by 2025?". Figure 23 shows that the overwhelming majority of respondents were in support of the City of Melbourne's vision. It is important to note that no further information from participants of the quick poll was collected and participants were able to vote more than once from the same IP address. For these reasons, quick poll data can be used for indicative purposes only.

Figure 23: Quick Poll results:

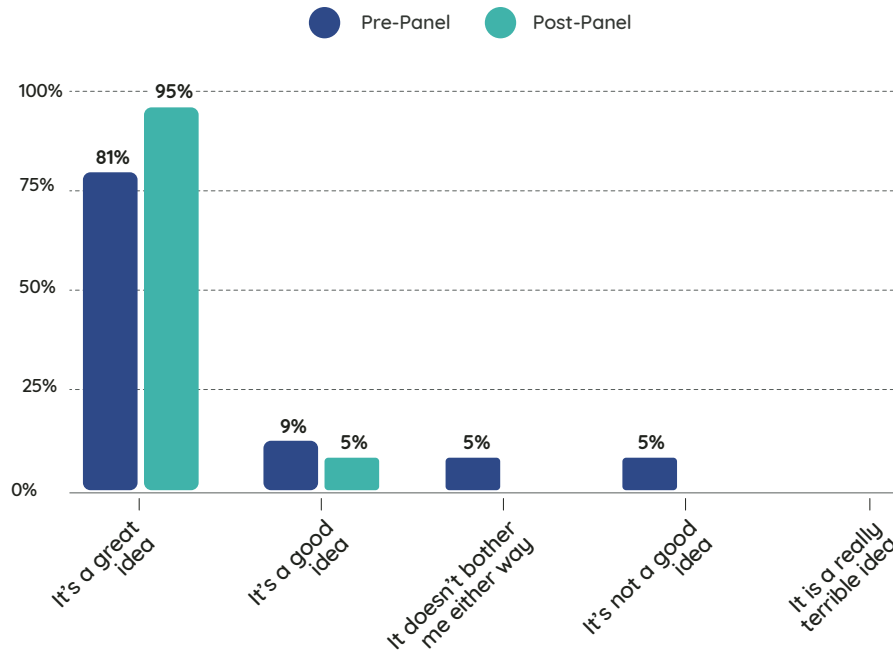
"Do you support the City of Melbourne's approach to a smoke-free city by 2025?"



The participants at the residents and community members' workshop, young people and students' workshop and deliberative community panel (35) were predominantly in support of the intent of the policy or expansion of smoke-free areas. It should be noted that there was a lack of representation from current smokers or vapers within these workshop sessions, apart from one regular smoker identifying themselves at the residents' and community members' workshop. Figure 24 demonstrates the level of support of deliberative community panel participants pre and post the panel.



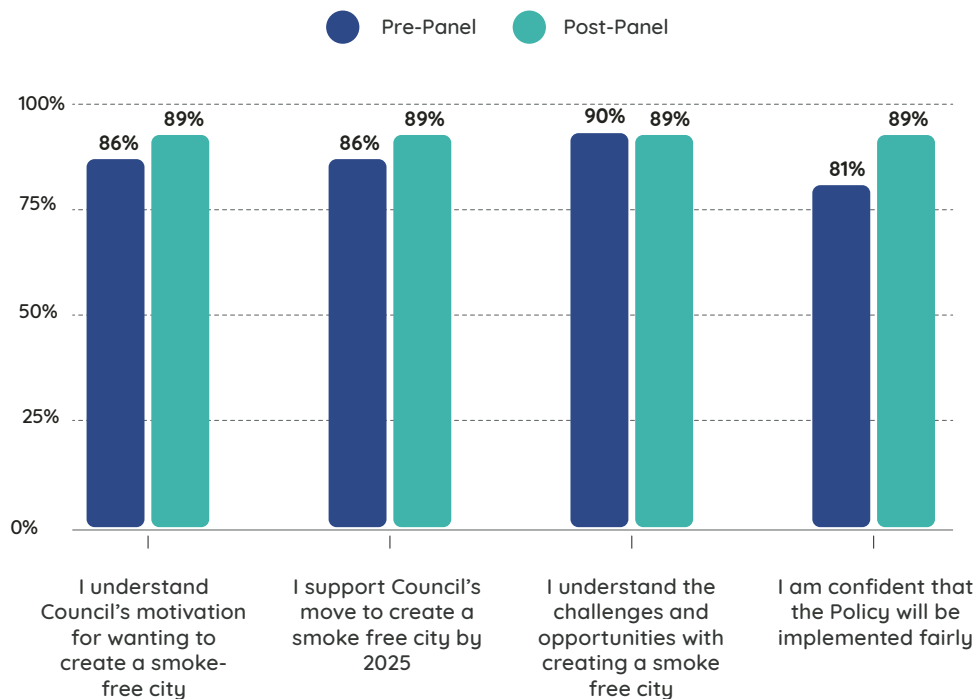
Figure 24: Level of support by deliberative community panel participants (23)
“What do you think of our vision to move towards a smoke-free city by 2025?”



There was also a slight increase in positive views regarding panel members' understanding of the Policy and its implementation, outlined in Figure 25.

Figure 25: Understanding and support for City of Melbourne's vision and implementation by deliberative community panel members (23)

“Please select the response that most reflects how you feel about the following statements”



6.2. Reflections from Key Stakeholders

6.2.1. Smokers

Of the 173 participants that identified as current smokers and/or vapers, 158 provided feedback on the City of Melbourne's Policy vision to move towards a smoke-free city by 2025. Information on participants' smoking status was not able to be obtained from those that provided handwritten in-person feedback at the community pop-up events, and has therefore not been included in this dataset.

Listed below are the number of participants and smoking status of those that provided feedback on their level of support for the Policy vision:

- 48 regularly smoke, but never vape.
- 52 occasionally smoke, but never vape.
- 13 regularly vape, but never smoke.
- 15 occasionally vape, but never smoke.
- 30 both smoke and vape, either regularly or occasionally.

The majority of participants that smoke, vape or both smoke and vape were not in support of the Policy vision. The breakdown of levels of support by smoking status is listed below and further reflected in Figure 26:

29.0% (29) of smokers, 25.0% (7) of vapers and 20.0% (6) of those who both smoke and vape were in support of the policy (either 'great idea' or 'good idea').

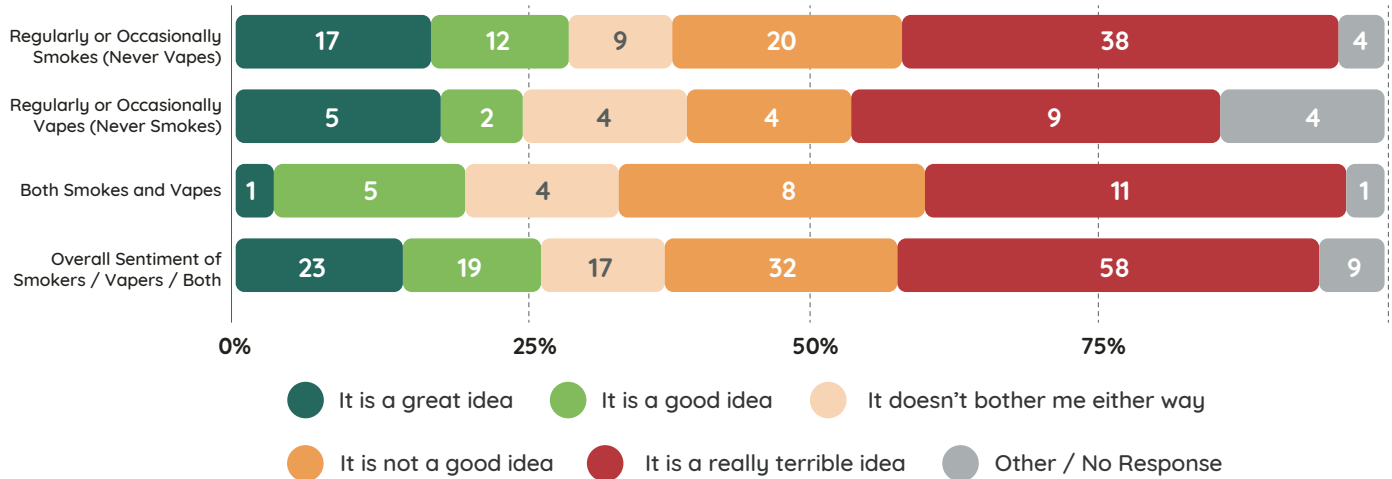
58.0% (58) of smokers, 46.4% (13) of vapers and 63.3% (19) of those who both smoke and vape are against the policy (either 'not a good idea' or 'really terrible idea').

9.0% (9) of smokers, 14.3% (4) of vapers, and 13.3% (4) of those who smoke and vape are neutral towards the policy ('it doesn't bother me either way').

2.0% (2) of smokers did not respond to this question.

2.0% (2) of smokers, 14.3% (4) of vapers and 3.3% (1) of those who smoke and vape provided an alternative response that were in general not in support of the policy.

Altogether of 158 smokers, vapers and those who both smoke and vape, 26.6% (42) are in support of the policy, 57.0% (90) are against the policy, and 10.8% (17) are neutral. 4.4% (7) provided an extended response and 1.3% (2) provided no response.

Figure 26: Policy support by smoking status*“What do you think of our vision to move towards a smoke-free city by 2025?”*

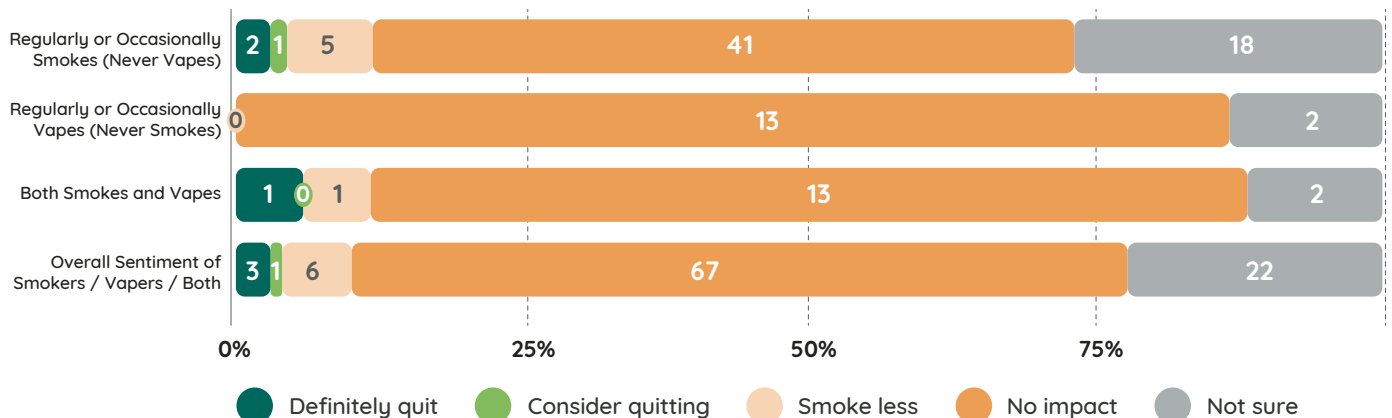
The Participate Melbourne webpage Survey also asked community members: ‘How do you think having more smoke-free areas in the city would impact your smoking?’ 198 Participants responded to this question of which 67 either regularly or occasionally smoke, 15 either regularly or occasionally vape, and 17 both smoke and vape.

Figure 27 shows the potential impact of the policy on smoking habits, focusing on the responses from those who smoke or vape.

Of those who answered this question, 4.5% (3) of smokers (those who either regularly or occasionally smoke but never vapes) reported they will definitely quit or consider quitting, and 3.3% (1) participants who both smoke and vape reported they will definitely quit.

7.5% (5) of smokers and 3.3% (1) of participants who both smoke and vape reported they will smoke less.

A large proportion of respondents reported that they will not change their smoking habits - this includes 61.2% (41) of smokers and 86.7% (13) of vapers, and 76.5% (13) of those who both smoke and vape.

Figure 27: Impact of the policy on smoking habits as reported by responses in Participate Melbourne webpage survey*“How do you think having more smoke-free areas in the city would impact your smoking?”*

The deliberative community panel were asked to consider the needs and experiences of a fictitious Melbourne community member and identify how that person may be impacted as the City of Melbourne rolls out smoke-free areas. One of the fictitious characters was Alison (Figure 28), who is a mother, current smoker and business owner. The deliberative community panel discussed that Alison may be positively impacted by the introduction of the Policy:

- Alison may be less likely to smoke (due to increased smoke-free areas close by and denormalisation of smoking)
- Alison's children would have positive role modelling
- Alison's children would be less likely to be impacted by second-hand smoke
- Alison's business may be positively impacted with more people visiting the city.

There may also be some negative impacts to consider:

- Alison's business may be negatively impacted with smokers inconvenienced
- Alison's staff that smoke may be affected negatively
- Alison and her staff may experience adverse reactions from those trying to quit (nicotine withdrawal)
- Alison may choose a private vehicle over active transport so she can smoke.

The deliberative community panel also identified potential supports that Alison or other smokers or business owners may need, including:

- An area to accommodate staff that smoke
- Support and assistance quitting e.g. nicotine patches.

Figure 28: Persona activity with the deliberative community panel (Alison)

Meet Alison



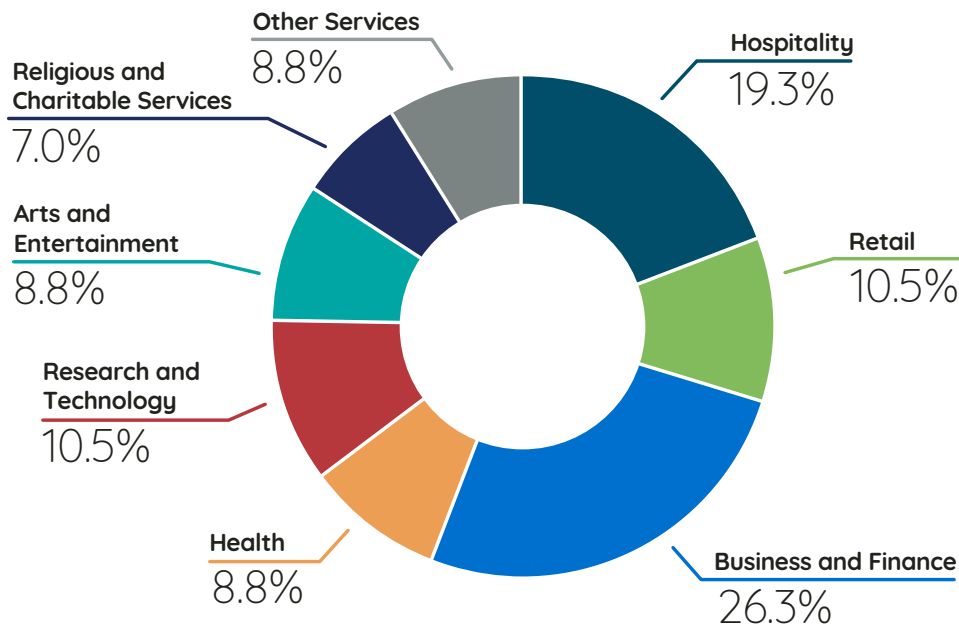
Alison was born in Australia and is 42 years old. She owns a business in the CBD along a major street (King Street) and employs 23 staff, some of whom vape or smoke. She lives in Carlton.

Alison is a smoker and has two children. A 4 year old who attends childcare in the CBD and a 7 year old who attends primary school in Carlton.

6.2.2. Businesses

39 business owner-operators, 17 non-owner operators and 4 business owners contributed to the Participate Melbourne webpage survey, and 9 business owners provided feedback via the online Google Form at the community pop-up events (2 other business owners participated in-person at the pop-ups, but their responses cannot be tied to their business operator status). Figure 29 shows the breakdown of types of 56 business operators that responded to the Participate Melbourne webpage survey and 5 business operators survey (business type was not collected in the community pop-ups). As shown in Figure 29, 19% (11) business respondents operate in the hospitality industry, 10.5% (6) business respondents operate in retail while 26.3% (15) businesses are businesses or finance professional services.

Figure 29: Types of businesses engaged in Participate Melbourne webpage survey
“What type of business do you operate?”



Overall, of the business participants, sentiment towards the policy vision is shown in Figure 30. 58.0% (40) majority of business owners and operators are in favour of the policy vision ('great' or 'good' idea), while 31.9% (22) participants are against the policy ('not a good idea' or 'terrible idea'). 5.8% (4) business participants reported that they are neutral to the policy proposal, while only 4.3% (3) of the business participants raised other concerns around the scope and approach of the policy and impact on tourism.

Figure 30: Overall sentiment of business operators at community pop-up events and Participate Melbourne Webpage Survey

“What do you think of our vision to move towards a smoke-free city by 2025?”

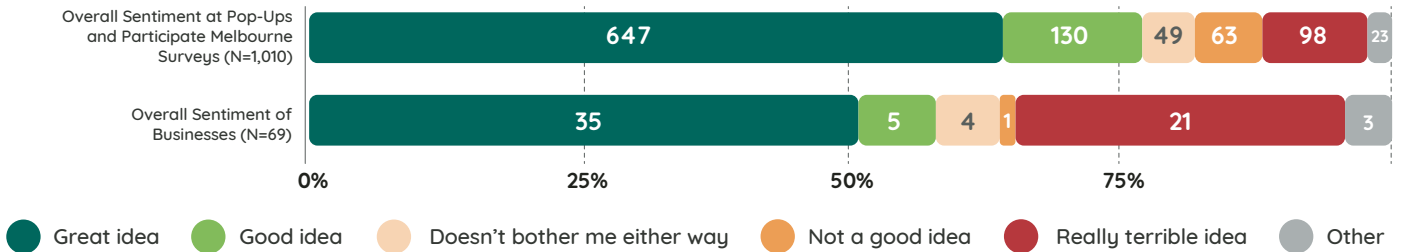
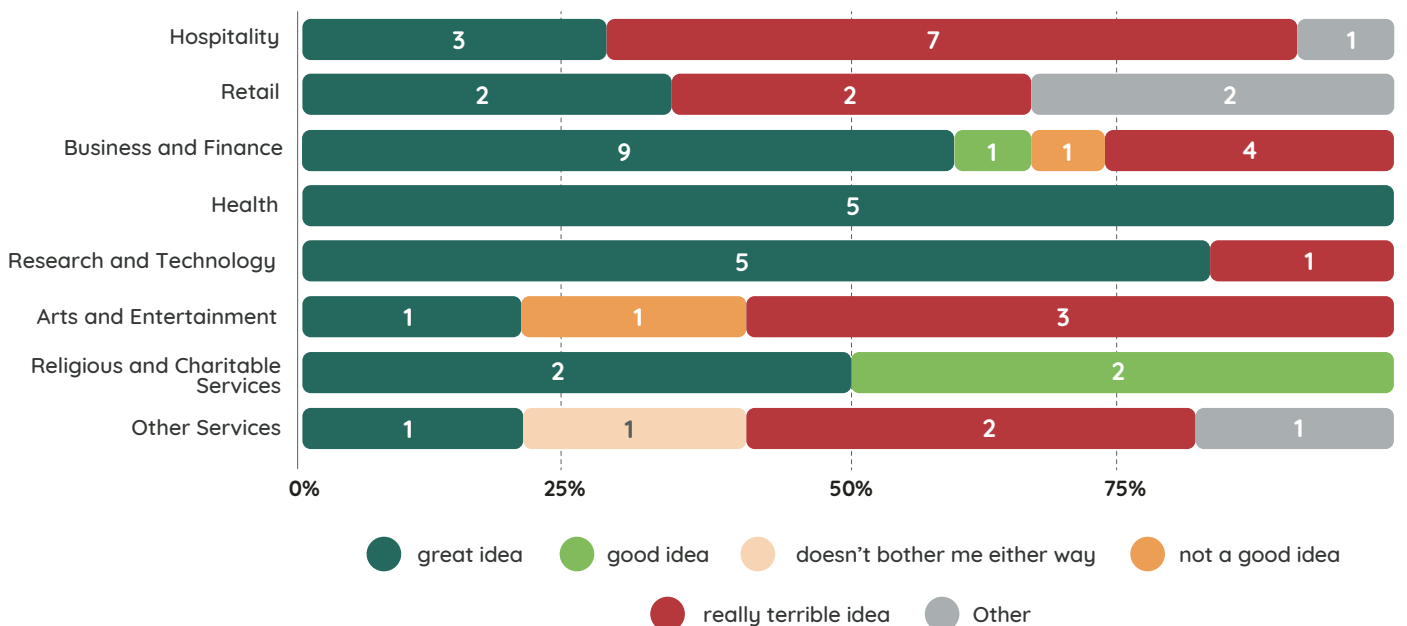


Figure 31 shows the level of support for the draft Policy by business type. Respondents were relatively polarised in their viewpoints, with most either believing the City of Melbourne’s vision is either a great idea or a really terrible idea. Those that are likely to have clients that are affected by the policy (such as those in the areas of hospitality, retail, and arts/entertainment) had a more negative view of the policy. Whereas business operators working in other sectors such as health, charitable services or technology were more likely to be in support of the City of Melbourne’s vision.

Figure 31: Policy support by type of business

“What do you think of our vision to move towards a smoke-free city by 2025?”



From general comments and in response to the question, 'Are there other areas that you think the City of Melbourne and its partners could focus on to reduce the harms of tobacco use and smoking in the city?' Topics of concern mentioned include:

- Rights of their workers to smoke;
- Impact on visitors to the City of Melbourne or foot traffic to their stores.

At the workshop for residents, there was discussion on the importance (and challenge) of working with big businesses to achieve meaningful change. The City of Melbourne should consider how it advocates to large businesses that operate within the City of Melbourne, e.g. Marvel Stadium.

“Extending responsibilities from businesses- banning smoking inside not just pushing outside onto the public”

- general community and resident workshop

As the businesses workshop was cancelled, due to low numbers a survey was sent to registered participants. 5 people responded to the survey with responses provided on:

- Perceived positive outcomes for local businesses when moving towards a smoke-free Melbourne:
 - An improved experience for visitors and workers in the city
 - Improved air quality.
- Perceived challenges for local businesses when moving towards a smoke-free Melbourne:
 - Supporting workers rights (who currently smoke)
 - Loss of people in the city impacting on business revenue.
 - Enforcement.
- Support that businesses may need as the city moves towards smoke-free:
 - The provision of smoking cessation education and support to workers who currently smoke
 - Alternative (suggested) areas smokers could go to smoke (not on the street/ front of office)
 - Free metered parking, incentives for people to come into the city.

6.2.3. Young people

Figure 32 depicts a high level of support for the Policy vision by the younger age groups (0-17 and 18-24) which account for 42.8% (373) of total participants, where the age of participants is known.

Details of participants' demographics can only be linked to their feedback where they participated at the community pop-up events via the online Google Form or submitted a survey response on the Participate Melbourne webpage.

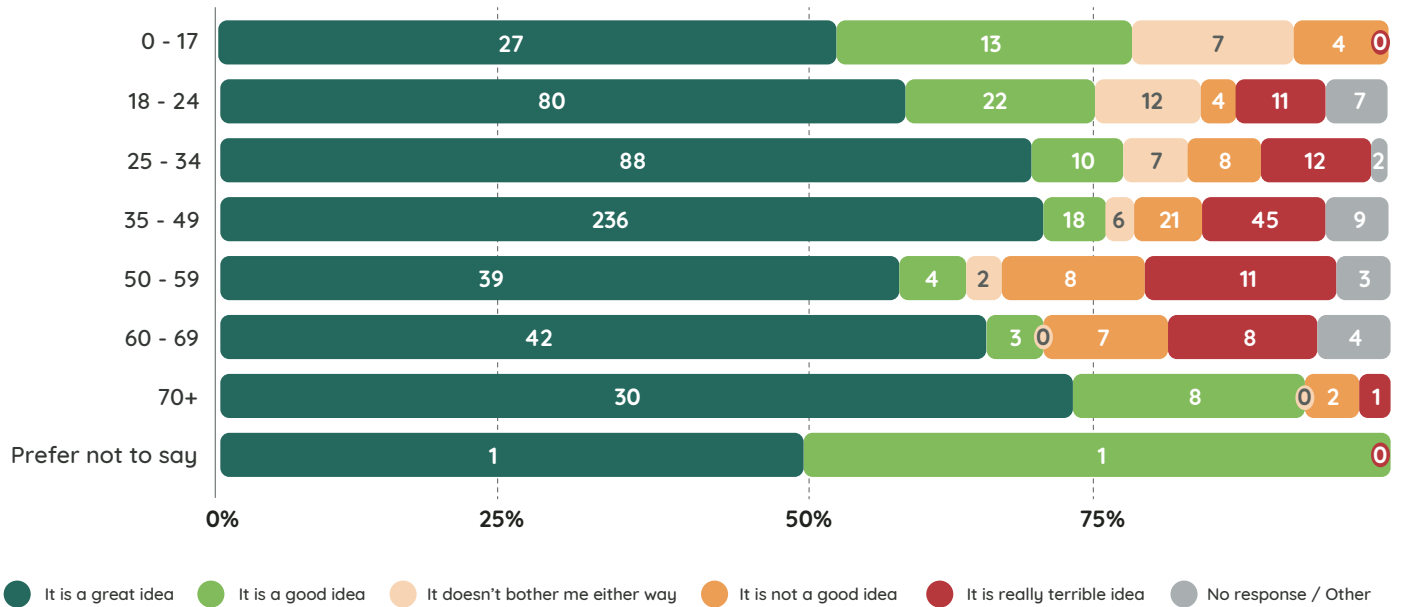
By collating feedback from participants of community pop-up events where they provided feedback via the online Google Form (283) as well as those that completed the Participate Melbourne webpage survey (539) we can analyse responses by age group. This equates to a total of 822 responses that can be analysed according to the age of participants.

- Of this group, 6.2% (51) are under the age of 18, in which 78.4% (40) are in support of the policy intent ('great idea' or 'good idea'), 13.7% (7) are neutral toward the policy ('doesn't bother me either way'), and 7.8% (4) are not in support of the policy ('not a good idea').
- Of those 16.5% (136) between the ages 18-24 in this group, 75.0% (102) are in support of the policy intent,, 8.8% (12) are neutral towards the policy and 11.0% (15) are against the policy.
- 15.4% (127) of this group are between the ages 25-34, of which 77.2% (98) are in support of the policy intent, 5.5% (7) are neutral toward the policy, and 15.8% (20) are not in support of the policy.
- 40.7% (335) of this group report they are aged between 35-49, of which 75.8% (254) are in support of the policy intent, 1.8%(6) are neutral toward the policy and 19.7% (66) are against the policy.
- 8.19% (67) of this group are between the ages 50-59, of which 64.2% (43) are in support of the policy intent, 3.0% (2) are neutral towards the policy and 28.4% (19) are not in support of the policy.
- 7.8% (64) of this group are between the ages 60-69. Within this age group, 70.3% (45) are in support of the policy, no participants reported they are neutral, and 23.44% (15) are against the policy.
- 5.0% (41) of these participants are above the age of 70, of which 92.7% (38) are in support of the policy and 7.3% (3) are against the policy.

The sentiment is relatively consistent with the overall findings.

Figure 32: Level of support for policy by age group

“What do you think of our vision to move towards a smoke-free city by 2025?”



During the workshop for young people, there were clearly articulated views on what the City of Melbourne needs to consider to achieve the Policy’s vision:

- Using events to promote and educate people
- Developing designated indoor smoking areas
- Investing in technology that filters the air and removes cigarette
- Creating a broader smoke free zone that covers a very clearly defined section of the city e.g. the ‘free tram zone’ etc
- Connecting small smoke-free zones along a particular route e.g. making “all of Swanston Street” smoke free, not just the tram stops.

Young people had specific views on the regulate domain:

“Making it hard to buy is probably the most effective method but it may be harder to implement”

-young people and students workshop

“Increasing the costs make it harder for young people to start smoking”

-young people and students workshop

There were suggestions relating to the Communicate and Educate domains, particularly around trying to denormalise smoking as it can still be viewed as “cool” within some social groups. Some young people were unaware of the current smoke-free areas.

“I’d expect the City of Melbourne to communicate with me about smoke free areas through my Uni”

- young people and students workshop


The deliberative community panel were asked to consider the needs and experiences of a fictitious Melbourne community member and identify how that person may be impacted as the City of Melbourne rolls out smoke-free areas. One of the fictitious characters was Amit (Figure 33), a young non-smoking international student living in high-rise housing. The deliberative community panel discussed that Amit may be positively impacted by the introduction of the Policy through experiencing less second-hand smoke and may encourage his friends to quit smoking.

The deliberative community panel also identified potential supports that Amit or other young people or international students may need, including:

- Policy for smoking around student housing
- Signage in multiple languages, or using imagery
- Map showing where is smoke-free and where people are able to smoke
- Promotion of available programs and support services
- Resources for international students and visitors on the Policy.

Figure 33: Persona activity with the deliberative community panel (Amit)

Meet Amit



Originally born in India, Amit is living in Melbourne to complete his university study.

Amit is 19 years old. While he can speak English, when he is at home, or speaking with family he speaks Hindi. He lives in an apartment complex in the city.

Amit is a non-smoker and has asthma.



6.2.4. Residents feedback on vulnerable community members

At the resident workshop, participants were asked “what impact will moving towards a smoke-free Melbourne have on the most vulnerable community?”. There was a general consensus that a smoke-free Melbourne would be beneficial for those experiencing homelessness in Melbourne. There were some specific comments on ways to support people experiencing homelessness:

“..upskilling outreach programs with smoking cessation and brief intervention skills may be a good approach”

- Resident and community members workshop

“Part of a package for complex needs (eg. homelessness)”

- Resident and community members workshop

The deliberative community panel were asked to consider the needs and experiences of a fictitious Melbourne community member and identify how that person may be impacted as the City of Melbourne rolls out smoke-free areas. One of the fictitious characters was Paul (Figure 34), who identified as someone experiencing homelessness and is a non-smoker. The deliberative community panel discussed that Paul may be positively impacted by the introduction of the Policy:

- Less impacted by second-hand smoke (currently he is frequently in the city and exposed)
- Less likely to start smoking
- Less litter on the streets.

There may also be some negative impacts to consider:

- The policy may cause aggression (including nicotine withdrawal) in the community which may impact on Paul’s physical safety
- People may try and find “secret spots” to smoke, which may impact on areas that people experiencing homelessness may frequent.

The deliberative community panel also identified potential supports that Paul or other people experiencing homelessness may need, including:

- Information for people experiencing homelessness, especially those that smoke:
 - Where to get help to quit
 - Why the City of Melbourne wants to go smoke-free
 - Where can people go to smoke
 - What the fine or punishment is for smoking
 - How to report people smoking in smoke-free areas.
- Ensuring information is available at crisis accommodation, food banks, charities or areas where people experiencing homelessness may get support
- Offer subsidies on smoking cessation products (patches, gums etc).

Figure 34: Persona activity with the deliberative community panel (Paul)

Meet Paul



Paul is 33 years old and has been experiencing homelessness for the past seven years.

Paul lives within the CBD. Paul sometimes stays at shelters or crisis accommodation, sometimes he couch-surfs with friends and at other times he sleeps rough on the street.

Paul is a non-smoker.

The City of Melbourne will lead a targeted approach to seek feedback from people experiencing homelessness and the organisations that service them. Due to the timing of this report, this information has not been included. It should be noted that one of the deliberative community panel participants has a lived experience of homelessness.



6.2.5. Letters of support

The City of Melbourne received four letters of support for the draft policy from health and advocacy organisations; Heart Foundation, Quit Victoria, Tobacco Free Portfolios, and VicHealth (full copies available in Appendix 9.5). There were overall statements of support across the Policy domains, particularly relating to the creation and expansion of smoke-free areas and the inclusion of e-cigarettes in the definition of smoking.

In addition, there were some key recommendation for the City of Melbourne to consider, including:

- Collaborating with other councils to advocate to the Victorian Government to introduce retailer licensing (Heart Foundation and Quit Victoria).
- Considering the Standards for Designated Outdoor Smoking Areas to any designated smoking area and discussing the standards with relevant building owners (Quit Victoria).
- Partnering with tobacco control stakeholders to identify options for supporting cessation for tobacco and e-cigarette products (Quit Victoria).
- Partnering with universities to address smoking habits in young people (VicHealth).
- Partnering with industry bodies that have high smoking rates e.g. construction industry (VicHealth).
- Introducing smoke-free events in the City of Melbourne (VicHealth).
- Identifying all tobacco and e-cigarette retailed in the City of Melbourne to enable better enforcement to prevent the sale of tobacco products to minors (VicHealth).

6.3. Model for change by domain

The Model for Change is divided into four domains:

Protect our community by creating smoke-free areas and events and denormalise smoking.

Educate and raise awareness about the harms of tobacco use and benefits of not smoking or quitting.

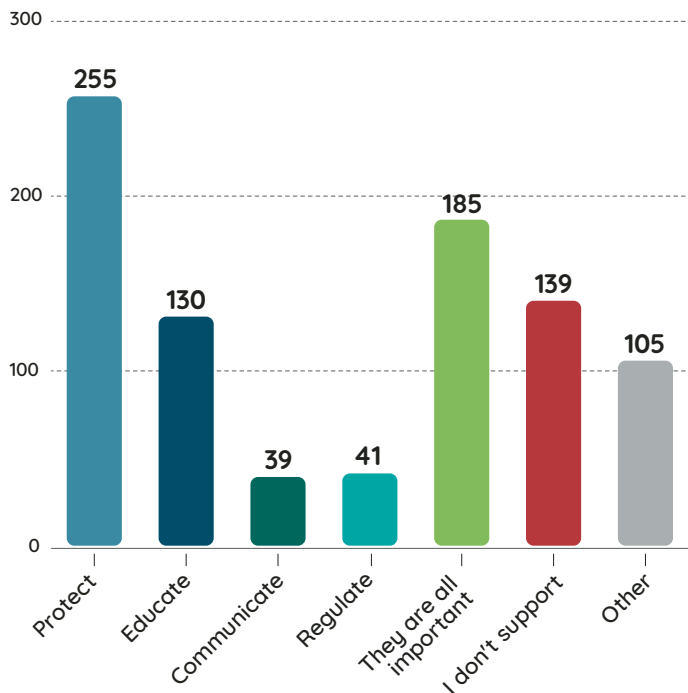
Communicate with our community about smoking rules.

Regulate tobacco use and the sale of tobacco.

Participants were asked about which domain they consider most important in the vision or which domain should be prioritised. In the Participate Melbourne webpage survey, priority was selected from multiple choices, while in the other engagement methods, priorities are recorded when discussed. Figure 35 below shows the count of comments in which each domain is named as a priority.

Figure 35: Priority of each domain

“Which of the four domains outlined in the Towards Smoke-free Melbourne 2025 Policy is the most important to you?”





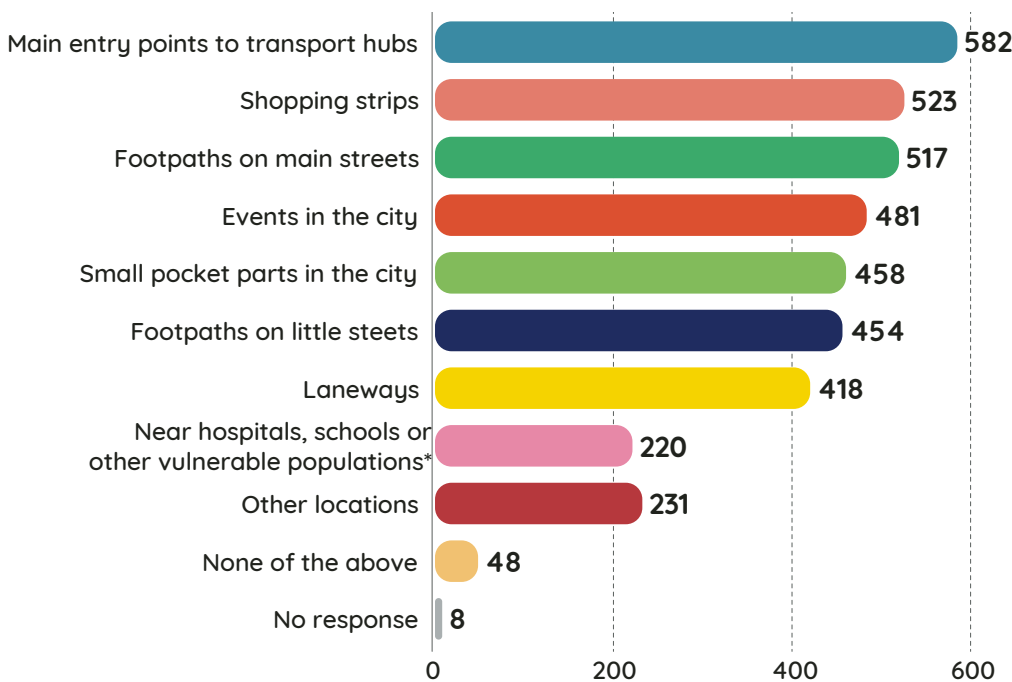
6.3.1. Protect – new smoke-free areas

From the in-person pop-ups and online surveys, 255 (21%) of the participants discussed the “protect” domain as a key policy domain.

Participants were asked ‘Which areas in the CBD would you like to see become smoke-free in the future? Why?’ Participants could respond by choosing one or more of the multiple-choice options and write their own. The most frequently selected option is “Main entry points to transport hubs” (selected by 582 participants). The option “Near hospitals, schools or other vulnerable populations” is not provided in the Participate Melbourne webpage survey which explains why it was the least frequent choice, however this option is the most frequently selected in-person and digitally throughout the face-to-face pop-ups (selected by 220 participants). Figure 36 represents the count of times each option is selected in the multiple-choice question.

Figure 36: Areas of the CBD participants would like to see become smoke-free

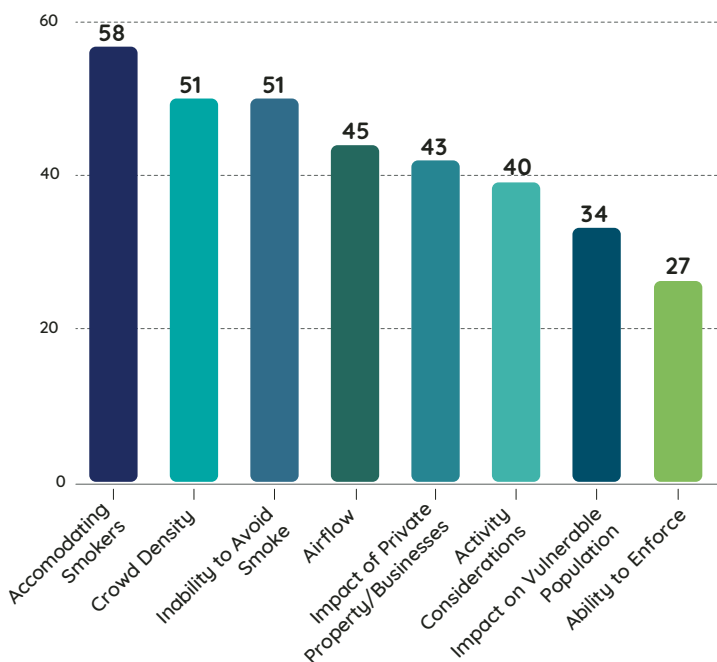
“What areas in the central city would you like to see become smoke-free in the future?”



Some respondents also provided their considerations for determining smoke-free zones. The aspects that are mentioned most frequently include “accommodating smokers” (58). This category is interpreted as both socially and structurally accommodating smokers as community members emphasized the requirements of designated smoking zones. This category also includes emphasis that designated smoke areas should be convenient, safe and accessible (10), the conditions and installation of these zones such as shelter and air-tight doors (12), and bins to ensure cleanliness and fire safety (15). Other comments also expressed concerns of being overly punitive and ostracising disadvantaged groups (10). Other frequently named considerations include “crowd density”(51) and “inability to avoid smoke”(51). Figure 37 below shows the number of times various considerations are mentioned in person or via online surveys.

Figure 37: Priorities for smoke-free zones by participant comments

Areas of concerns mentioned in response to either “Where do you think smoking could be allowed in the city? Why?” or “Which areas in the CBD would you like to see become smoke-free in the future? Why?”



“Smoke free-areas should include outside museums, where children are around, schools, wider areas around hospitals”

- Chinatown pop-up

“...I understand some areas will be smoke free- mostly I want to be able to sit at a cafe and have a coffee and a smoke either inside or on the footpath.”

- Online pop-up submission

“Out the front of all stores, if I am walking past a store and someone is smoking it causes me to instantly cough due to asthma”.

- Resident and community members workshop

“Enclosed spaces with measured distanced from the public; areas that do not demean smokers, but an emphasis on smokers keeping those smoking zones clean”

- State Library pop-up

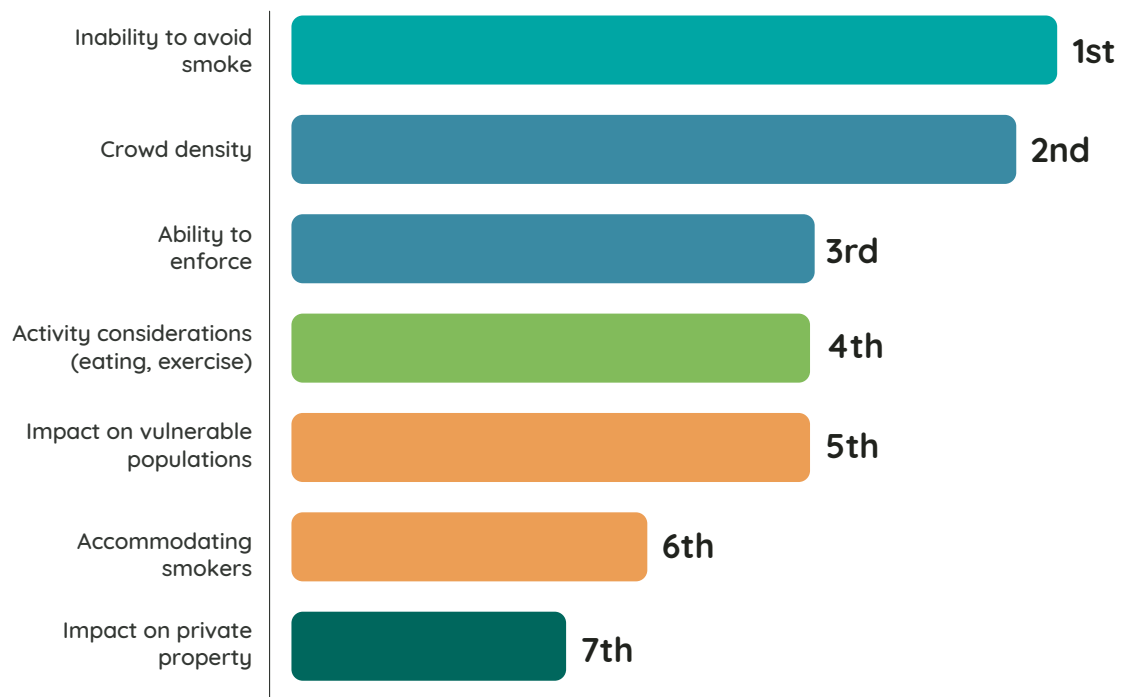
The deliberative community panel discussed different criteria to determine how to prioritise new smoke-free areas. Discussions highlighted areas that may need further consideration, key points raised include:

- ensuring a focus on vulnerable populations does not victimise certain groups of people
- ensuring areas where smoking is allowed is accessible for people with a disability
- recognising the complexity of influencing what people can/can't do on their private property (even when it may negatively impact neighbours)
- prioritising education and signage over enforcement, including signage for where people can smoke
- determining potential locations where people can smoke or vape.

After significant discussion from the deliberative community panel, a prioritising activity was undertaken to provide the City of Melbourne a clear recommendation of how to determine new smoke-free areas utilising prioritised criteria.

All 21 deliberative community panel participants ranked the criteria in order of importance (from most to least). The results are shown in Figure 38 with: Inability to avoid smoke (1st); Crowd density (2nd); Ability to enforce (3rd); Activity considerations e.g. eating, exercise (4th); Impact on vulnerable populations (5th); Accommodating smokers (6th); and impact on private property (7th).

Figure 38: Prioritised criteria for smoke-free areas
“What’s the most important consideration?”



The deliberative community panel was interested in discussing not only where smoke-free areas would be located but also where people would be able to smoke. One member suggestion from the deliberative community panel, which was widely supported, was instead of having multiple small smoke-free areas, having a large smoke-free zone that was consistent with the free city circle tram loop.

6.3.2. Educate

The face-to-face consultations and online surveys indicate strong interest to prioritise this domain as it is the second most frequently mentioned domain (130 comments). Many participants discussed the value of education in encouraging smoking cessation and preventing young people from taking up smoking. Beyond the health impacts of smoking, there are also discussions around educating the public about the impacts of inhaling second-hand smoke and promoting quit support programs.

The deliberative community panel discussed different ways that the City of Melbourne could achieve the goal of the “Educate” domain “We will raise awareness of the harms of tobacco use, promote existing behaviour change services and the benefits of quitting”. There were key themes highlighted from the discussion, including:

- partnering with other organisations (e.g. health, universities, other cities)
- learning from other large scale education campaigns
- linking education with wide-scale marketing (and ensuring consistency with the Communicate domain)
- working with children to target parents and reduce the likelihood of children commencing smoking
- utilising positive messaging (e.g. the amount of money a smoker could save by quitting)
- partnering with existing groups and events to educate
- recruiting champions with lived experience.

“Promote the impacts of smoking, educate the wider community about the effect of smoking/vaping both on the smoker and others who experience second hand smoking.”

- Community Panel

“[Provide] information and knowledge about the results of smoking on the body and environment.”

- Online pop-up submission

“Provide kits with educational material for community groups to use.”

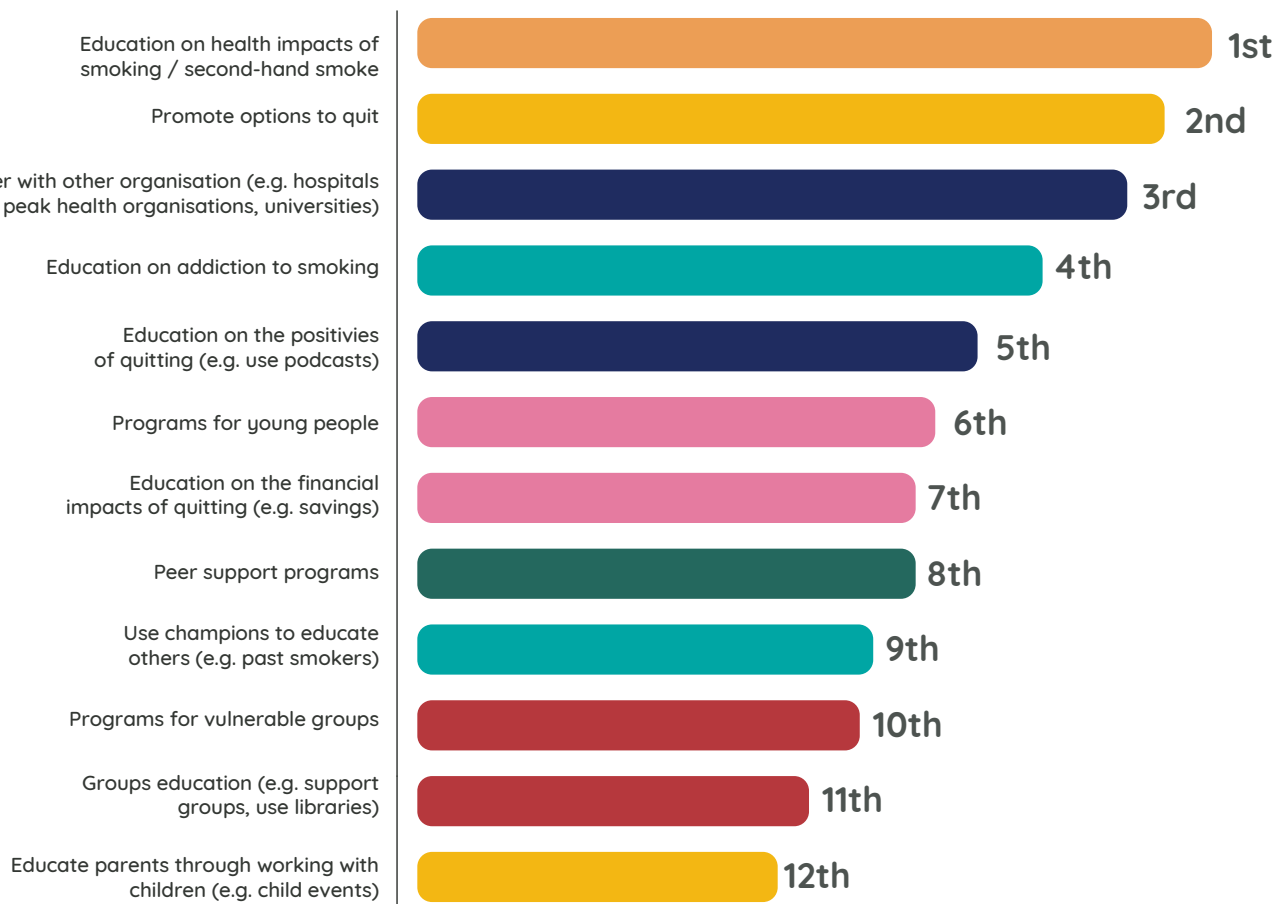
- Online pop-up submission

After significant discussion from the deliberative community panel and incorporating the discussion from the targeted workshops, all suggested actions under the Educate domain were refined into key themes. A prioritising activity was undertaken to provide the City of Melbourne clear recommendations on the most important areas for consideration regarding the Educate domain. The deliberative community panel ranked the criteria in order of importance (from most to least). The results are shown in Figure 39 with the top three: Education on health impacts of smoking/second-hand smoke (1st);

Promote options to quit (2nd); and Partner with other organisations e.g. hospitals, peak health organisations, universities (3rd).

It should be noted that following the prioritisation activity the deliberative community panel provided further feedback that the focus should be on education on the health impacts of second-hand smoke, as there was a view that most people are aware of the first-hand health implications for an individual smoking.

Figure 39: Prioritised actions for the Educate domain
“Educate- what’s the most important?”



6.3.3. Communicate

This is the least prioritised domain with 39 participants named or discussed “communication” as the highest priority. Participants discussed various considerations to support the policy such as multilingual signage (6 comments), fines (3 comments) and multicultural and multimedia communication (3 comments).

The deliberative community panel discussed different ways that the City of Melbourne could achieve the goal of the Communicate domain “We will promote and increase awareness of our policy with a focus on vulnerable people and those who smoke”. Discussions highlighted key themes, including:

- Ensuring messaging is simple, straightforward and avoids jargon
- Ensuring information is available in multiple languages and via video
- Utilising social media to reach young people and having targeted campaigns, consider a “count-down to smoke-free Melbourne”
- Utilising traditional media (e.g. tv, radio, billboards, posters)
- Partnering with services that vulnerable people may use
- Advertising on public transport
- Promoting information through existing the City of Melbourne events and activities
- Partnering with movie theatres and news channels
- Sharing messaging with neighbouring council areas
- Concentrating promotion on the borders of the city e.g you are now entering a smoke-free city.

“Promotional advertising with a positive spin e.g. Welcome to smoke free Melbourne!”

- Community Panel

“Put some \$\$ into ads, including different languages ‘this is the dream for 2025 and it will happen in different stages”

- Resident and community workshop

“Signage with access to resources (eg via a QR code) underneath any signage outlining that area is non-smoking.”

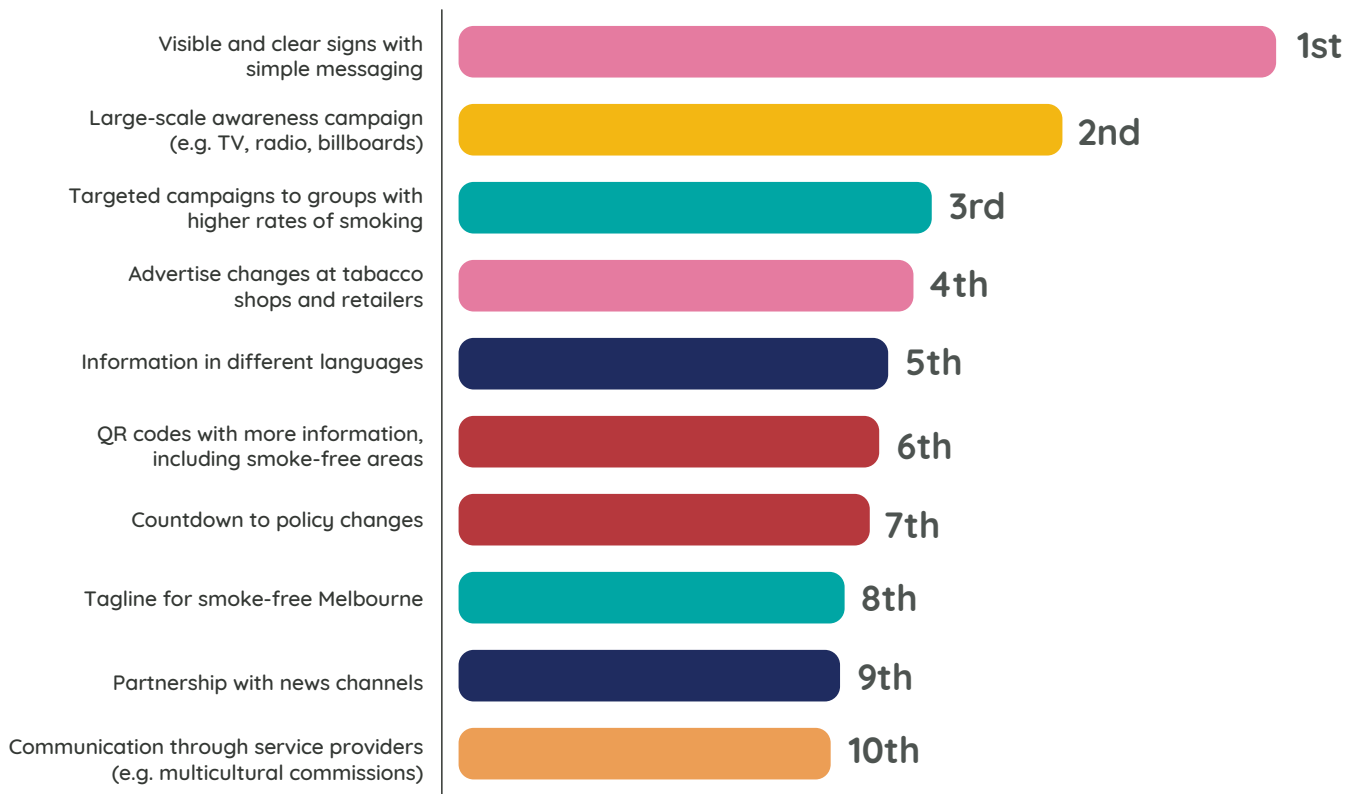
- On-line pop-up submission

“Visible signs will help enforcement. Strictly no smoking in Queen Victoria market but the signs are not loud enough and people ignore them!”

- Queen Victoria Market Pop-Up

After significant discussion from the deliberative community panel and incorporating the discussion from the targeted workshops, all suggested actions under the Communicate domain were refined into key themes. A prioritising activity was undertaken to provide City of Melbourne clear recommendations on the most important areas for consideration regarding the Communicate domain. The deliberative community panel ranked the criteria in order of importance (from most to least). The results are shown in Figure 41 with the top three: Visible and clear signs with simple messaging (1st); Large-scale awareness campaigns e.g. TV, radio, billboards (2nd); and Targeted campaigns to groups with higher rates of smoking (3rd).

Figure 40: Prioritised actions for the educate domain
“Communicate- what’s the most important?”



6.3.4. Regulate

“Regulate” was a less prioritised domain discussed by 41 participants as a priority in the in-person pop-ups and in the Participate Melbourne webpage survey. Participants discussed the City of Melbourne’s role in advocating for increased tobacco prices and reducing the sale of tobacco (11 comments). Concerns were raised around the enforceability of the existing and future smoke-free zones. Some participants expressed sentiment against banning vaping being an alternative to smoking (3 comments). There was some feedback also provided regarding strengthening the link between environmental implications (air quality and littering) and smoking that should be considered and could be mentioned within the Policy.

The enforcement of smoke-free areas was raised during the targeted workshops. While enforcement is governed by some local and state laws and outside the scope of the Policy, there was a clear view that enforcement needs to be consistent and visible to the general community. There was also a desire for more clarity on who to contact for enforcement issues as this may change based on the specific location of concern.

The deliberative community panel discussed “how we regulate smoke-free areas with vulnerable groups”. There was a strong view that fines were not appropriate for community members who are experiencing homelessness and an education-first approach is preferred. The deliberative community panel had other creative approaches that could be implemented instead of fines, this included:

- Attendance at a mandatory information session which encourages people to quit smoking
- Mandatory cigarette litter collection “Bucks for Butts” to pay off the fine
- Volunteering with the City of Melbourne to pay off the fine
- The City of Melbourne handing out nicotine patches or gum instead of fines.

In addition, the deliberative community panel clearly articulated the importance of partnering with service providers that may work with people experiencing homelessness (e.g. housing services, Melbourne City Mission etc) to provide information on the policy and information on support available for smokers.

“Consistency of enforcement over all smoke free areas. Without it, concern is it will be ignored and not taken seriously”

- Resident and community members workshop

“Raise the prices of cigarette”

- Community Panel Workshop

“[Smoke-free] events would be too hard to police but it would be a dream!”

- Chinatown Pop-Up

6.3.5. Other Areas of Priority

97 comments also mentioned promoting cessation support programs, nicotine patches and medical treatment. This stems from an understanding that smoking could be a coping mechanism for stress, homelessness, and a complex set of social needs. Participants recommend that the City of Melbourne plays a role in supporting smokers to improve their mental health rather than punishing smokers.



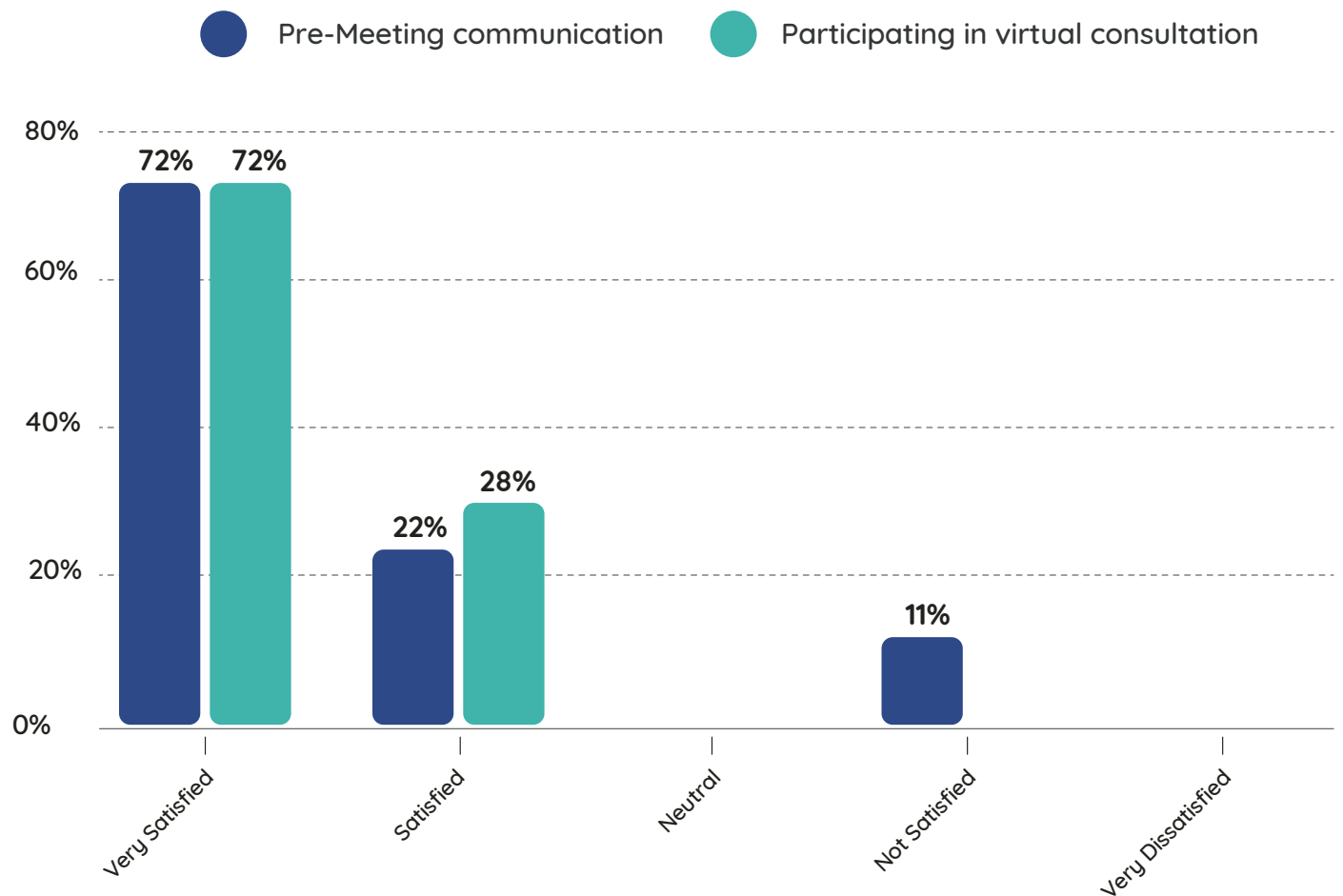
6.4. Deliberative community panel evaluation

The deliberative community panel was evaluated through a pre and post participant survey. Two key questions were asked in the post-panel survey to gain feedback on participant experience of the panel. “How satisfied were you with the pre-meeting communication that took place via email” and “How satisfied were you with participation in the virtual community consultation process via Zoom?” Figure 41 demonstrates high levels of satisfaction with these questions.

Figure 41: Deliberative community panel participant satisfaction

“How satisfied were you with pre-meeting communication that took place via email?”

“How satisfied were you with participating in a virtual community consultation process via Zoom?”



Really enjoyed listening to...the Health and Wellbeing side of Melbourne City Council's work. All presenters spoke very clearly.

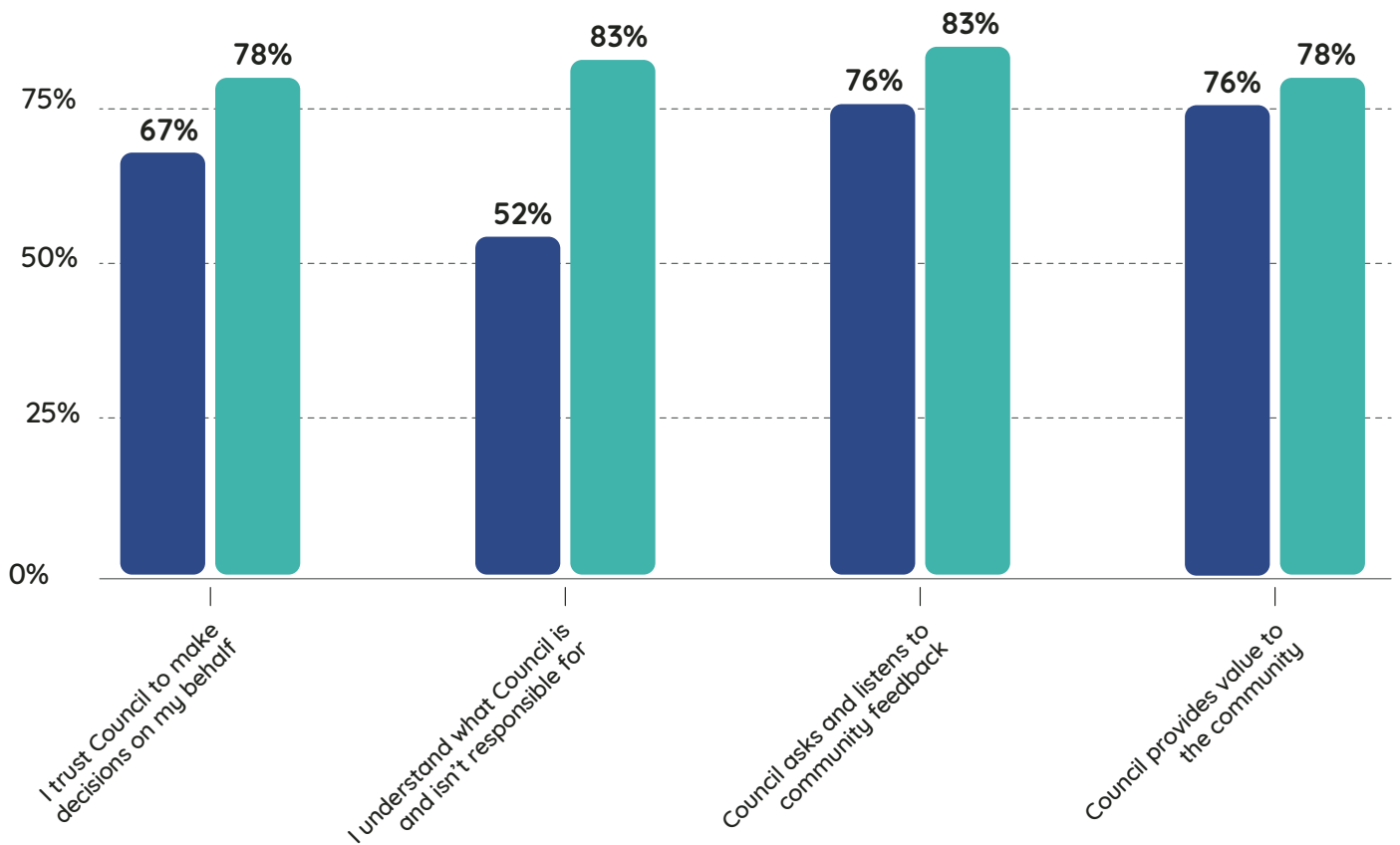
- Community Panel

“So good to have a chance for input in a formal path to Council”

- Community Panel

There were also changes in deliberative community panel participants perception and knowledge of Council, as demonstrated in Figure 42. There was a slight increase in all areas with the greatest increase relating to participants' level of understanding of what is and isn't Council's responsibility, this reflects the particular focus on explaining different authorities that have responsibilities in tobacco regulation.

Figure 42: Deliberative community Panel level of agreement with statements pre and post panel
"Please select the response that most reflects how you feel about the following statements..."



7. SOCIAL MEDIA FINDINGS

From 25 November 2020 to 16 March 2021, the City of Melbourne published a variety of social media posts to encourage feedback on the vision to make Melbourne a smoke-free city by 2025. This included organic posts on Facebook (x 1), LinkedIn (x 1) and Twitter (x 3) and Instagram Stories (x 4) featuring a video, images and polls and a link to the Participate Melbourne webpage. Each post tagged the project's funding partners: @VitalStrategies @WHO @BloombergDotOrg and the following hashtags: #cities4health #breatheeasy #smokefree. The overall performance across all City of Melbourne's social channels is outlined in Table 9, which demonstrated that the posts performed extremely well and the content was shown over 171,000 times.

Table 9 Performance across all CoM social channels:

Impressions (no. times content was shown to users)	Engagements (no. times content was liked, shared or commented on)	Link clicks	Video views	Votes	Sticker taps (profiles or hashtags)
171,677	5,680	1,530	26,060	17,151	195

As demonstrated in Table 10, the most successful engagement channel was Instagram Stories with 75,519 impressions. The overall sentiment was positive support for the Policy. In the Instagram polls, over 85 per cent of participants voted yes to a smoke-free city.

Table 10: Breakdown of each of the City of Melbourne's social media channels performance

Channels	Impressions	Engagements	Link clicks	Video views	Votes	Sticker taps (profiles or hashtags)
Facebook	17,947	1,701	76	5,436	N/A	N/A
Instagram stories	75,519	1,213	677	9,872	17,151	195
LinkedIn	32,623	1,312	665	8,005	N/A	N/A
Twitter	45,588	1,454	112	2,747	N/A	N/A

There were also paid posts through the agency Zenith on 22-26 March 2021 to target business owners within the City of Melbourne to attend a workshop to discuss the proposed plan. Table 11 demonstrates the reach of the paid posts. The paid campaign cost \$446.23 which resulted in a cost of \$12.62 per 1,000 impressions. The campaign had a click-through-rate of 1.5% which is higher than the average-to-date rate of 1.15%.

Table 11: Breakdown of performance for Zenith campaign

Impressions	Engagements	Comments	Reactions	Saves	Shares
35,351	6,712	20	101	2	36

During the Zenith campaign, video demonstrated more effective results in driving overall engagement, generating more reactions, shares and a high click-through-rate of 1.59% vs 0.92% when utilising only images. Additionally, the video utilised subtitles, which aligns with Facebook's best practices.

From a demographic perspective, strongest engagement was driven by those aged 45+ (45-54 - 1.41%, 55-64 - 1.63% & 65+ - 1.89%), however strong results all around compared to average benchmarks.

Further engagement was encouraged via other online channels:

- City of Melbourne's YouTube-video had exactly 500 views
- Articles and mentions in multiple online newsletters through the City of Melbourne including Business, Table Talk, Multicultural, International Students, A Great Place to Age, Healthy Ageing and Green Leaflet
- Mentioned in the Melbourne Magazine listicle posted online on 23 February 2021
- Featured on the carousel of the City of Melbourne's homepage for one week from 26 November 2020, and via a 'feature box' on the Smoking and tobacco webpage.

In addition to social media and online promotions, the project was also:

- Included in the Quit, VicHealth and Heart Foundation newsletters in January / February 2021
- Featured in the March Hyperlocal print papers for CBD, Docklands, Inner City, Southbank and North West News
- It was featured on Messages On Hold for the City of Melbourne from 1 to 28 February 2021, where anyone calling the main phone number would hear a message suggesting they complete the survey via the Participate Melbourne webpage.



8. RECOMMENDATIONS

Based on the consultation findings outlined in this report, Conversation Caravan makes the following recommendations:

- **8.1.** Given the high level of support it is recommended that the Towards Smoke-free Melbourne 2025 Policy is considered for endorsement by Council.
- **8.2.** That there are no major changes to the draft policy framework content. The only areas that could be strengthened is the relationship between smoking and the impact of smoke-free or “smoking” areas on the environment in terms of air quality and littering.
- **8.3.** That the City of Melbourne focuses on developing a plan to implement the policy and develop actions that are in line with the deliberative community panel priorities.
- **8.4.** That the City of Melbourne further refines the criteria for determining new smoke-free areas based on the prioritised criteria developed from the deliberative community panel and considers the implications of where people may be allowed to smoke.
- **8.5.** That the City of Melbourne prioritises main entry points to transport hubs as future smoke-free areas.
- **8.6.** That the City of Melbourne prioritises education activities that: highlight the health impacts of second-hand smoke; promote options to quit; and involves partnering with other organisations e.g. hospitals, peak health organisations, universities.
- **8.7.** That the City of Melbourne prioritises communication activities that are: visible and clear signage with simple messaging; large-scale awareness campaigns e.g. TV, radio, billboards; and targeted to groups with higher rates of smoking.
- **8.8.** That the City of Melbourne considers how to inform or communicate areas where people may smoke in the City of Melbourne.
- **8.9.** That the City of Melbourne continues to invest in social media to reach a wide audience, regarding the introduction of the Policy, whilst continuing to utilise some more traditional methods of engaging and informing.
- **8.10.** That the City of Melbourne has an integrated and considered approach across all domains, as all are interrelated. It is not recommended that the City of Melbourne focuses implementation efforts solely on one domain before implementing another.
- **8.11.** That the City of Melbourne continues an education-first approach with people experiencing homelessness and considers alternative creative solutions to pay off any additional fines (post-education).
- **8.12.** That the City of Melbourne continues to engage with businesses who were under-represented in consultation. This would be a particular priority as new smoke-free areas are developed, as well as when communication campaigns are implemented.
- **8.13.** That the City of Melbourne completes the targeted engagement with people experiencing homelessness and appropriate services and ensures feedback is considered in line with Policy changes.
- **8.14.** That the City of Melbourne develops communication and educational activities specifically for smokers, who may not be supportive of the policy.
- **8.15.** That the City of Melbourne reports back to the deliberative community panel on the ideas and recommendations prioritised by the deliberative community panel and their ability to be implemented.
- **8.16.** That the City of Melbourne makes this Outcomes Report publicly available.



9. APPENDIX

9.1 Participate Melbourne webpage survey

1. What do you think of our vision to move towards a smoke-free city by 2025?

It is a great idea

It is a good idea

It doesn't bother me either way

It is not a good idea

It is a really terrible idea

Other

2. Which of the four domains outlined in the Towards Smoke-free Melbourne 2025 Policy is the most important to you?

Protect our community by creating smoke-free areas and events and de-normalise smoking.

Educate and raise awareness about the harms of tobacco use and of not smoking or quitting.

Communicate with our community about smoking rules.

Regulate tobacco use and the sale of tobacco.

They are all really important.

I don't support the City of Melbourne working towards a smoke-free city.

3. What areas in the central city would you like to see become smoke-free in the future?

Small pocket parks in the city

Main entry points to transport hubs

Shopping strips

Footpaths on main streets (eg. Swanston Street, Lonsdale Street)

Footpaths on little streets (eg. Little Bourke Street, Flinders Lane)

Laneways

Events in the city

Other

4. Are there other areas that you think the City of Melbourne and its partners could focus on to reduce the harms of tobacco use and smoking in the city?

5. Do you operate a business in the City of Melbourne? (If no, skip to qn. 7)

Yes

No

6. What type of business do you operate?

Retail

Hospitality

Other

7. What is your connection to the City of Melbourne?

Resident

Worker

Property owner

Business owner

Local visitor

Interstate visitor

International visitor

Student

Other

8. Do you smoke?

Yes - regularly

Yes - occasionally

No

9. Do you vape?

Yes - regularly

Yes - occasionally

No

10. (If answered yes to qn 8 or 9)

How do you think having more smoke-free areas in the city would impact your smoking?

Smoke less

Consider quitting

Definitely quit

No impact

Not sure

11. What is your age group?

Under 12

12-17

18-25

26-30

31-40

41-50

51-60

61-70

71 or older

12. What is your gender?

Male

Female

Non-binary/gender diverse

I'd rather not say

Other

14. There will be further opportunities to get involved with this project.

Are you interested in hearing more about this work as it progresses?

Yes

No

13. How did you hear about this project?

A letter or email from
City of Melbourne

City of Melbourne e-newsletter

City of Melbourne social media

Melbourne magazine

A poster

Media coverage

In person

Other

9.2. Frequently Asked Questions- deliberative community panel

TOWARDS SMOKE-FREE MELBOURNE 2025

COMMUNITY PANEL - FREQUENTLY ASKED QUESTIONS

What is the project about?

The City of Melbourne has a vision to become a smoke-free city where everyone can breathe easy.

We know that smoking is still the biggest contributor to preventable disease and deaths in Australia and there is more work to be done.

As part of the global Partnership for Healthy Cities network — an initiative of Bloomberg Philanthropies, the World Health Organization and Vital Strategies — we have developed a discussion paper and a draft policy to help us achieve our vision. The draft policy will assist in the planning and delivery of more smoke-free areas and other activities to support people to quit and reduce smoking in our city.

What is a Community Panel?

A Community Panel brings together people from diverse backgrounds and experiences to discuss important issues — in this case the Towards Smoke-free Melbourne 2025 draft policy. As part of this Panel, participants will learn about the issues, take time to discuss them with one another, and then make recommendations about what should happen. Community Panels are used to help shape the work of governments and agencies.

What is this Community Panel about?

This Community Panel will discuss the Towards Smoke-free Melbourne 2025 draft policy and weigh up options to support its implementation. The Panel will build upon what we already know about our communities' needs, explore challenges and opportunities, and then recommend actions to implement the Towards Smoke Free Melbourne 2025 draft policy. The Panel will be given background information about the impacts of smoking and vaping, work done by the City of Melbourne to date, and findings from the broader stakeholder engagement programs. Panel members will then work through the available options, their implications for the community and Council, and identify ways in which the policy can be implemented.

How is the Towards Smoke-free Melbourne 2025 Panel being chosen?

To ensure the process is fair and unbiased, an independent external organisation, Conversation Caravan, has been appointed to undertake panel recruitment, selection and facilitation. Conversation Caravan is a company that specialises in social research and community engagement. It is responsible for recruiting a diverse and broadly representative group of approximately 35 people to take part in the Panel. See www.conversationcaravan.com.au for more information.

What will taking part involve? Do I need any prior knowledge or expertise?

You don't need any special knowledge to take part. You will be required to consider the information we will provide and discuss ideas openly with your fellow participants. During the Panel workshops, you will be asked to work co-operatively with the other participants to come up with recommendations and directions. We'll do everything we can to make sure you can contribute fully.



TOWARDS SMOKE-FREE MELBOURNE 2025

If you choose to take part, and are selected, you will have the opportunity to meet with people from all across the city, including residents, visitors, students, business owners and workers.

What will happen to the Panel's recommendations?

During the workshops, we will write and record the Panel's ideas and recommendations. We will then use this information to produce a report detailing these recommendations. The recommendation will be presented to Council to assist with decision making.

When and where will the Panels take place?

Two panel workshops will be held online, due to current COVID-19 restrictions. It is essential that you can commit to attending both meetings and to completing the reading we will provide before these workshops. We will provide as much technical support as possible to ensure you are able to participate fully in each workshop, including options to access technology and log onto workshops at a site provided by the City of Melbourne.

Workshop dates and times are:

- Tuesday 23 March, 6.30pm to 8.30pm.
- Saturday 10 April, 10am to 1pm.

Will I receive any recognition for my time?

For attending the two workshops you will receive \$100 to thank you for your time.

How will we ensure that the activities are accessible?

We will endeavour to provide any additional support services, such as technical support or interpreters, should participants require. If you are selected for the Panel, just let us know how we can help you participate, and we will investigate how we can provide support services for you.

Who can take part in the Community Panel?

Any person over the age of 16 that visits, lives, studies or works in the City of Melbourne can register their interest, but please note that only one person from any single household will be selected to participate for the Panel. There are exclusions for anyone elected to office, paid employees of any political party, or government employees in politically restricted roles.

After I register my interest, what happens next?

Once registration has closed, 35 people will be selected from those that have registered. This random Panel selection will be weighted to make sure that it is broadly representative of our city's population by age, gender, smoking status and relationship to the City of Melbourne. If you are selected, you will be contacted by phone and / or email in the week following **Monday 8 March**. We will then be back in touch to explain next steps, workshop arrangements and discuss any accessibility or specific support requirements you may have.

Where can I find out more information?

If you would like to talk to someone about the project before registering, please contact the Health and Wellbeing branch at the City of Melbourne on 9658 9658. More information about the event is also available on Council's website:

www.participate.melbourne.vic.gov.au/smoke-free-melbourne



TOWARDS SMOKE-FREE MELBOURNE 2025

Other ways of participating

We understand committing to the Panel may not be possible for you at this time. Other options to participate include:

- completing an online survey
- attending one of our online workshops
- joining us for a pop-up conversation
- answering a quick poll online.

For more information about ways that you can get involved or find out more about the project, visit: www.participate.melbourne.vic.gov.au/smoke-free-melbourne

What if I can't attend or need support?

If you're unable to attend a session, require additional support or information about the community panel, please contact:

Monique Cosgrove
Engagement Lead
Conversation Caravan
E: monique@conversationcaravan.com.au
P: 0412 434 418





AGENDA

Towards a Smoke-free Melbourne 2025 draft policy

Community Panel- Workshop 1

Date: Tuesday 23rd March 2021

Time: 6:30pm – 8:30pm

Zoom Link: Join Zoom Meeting: <https://zoom.us/j/96255077513?pwd=cVQ1UWJlIS0vcWpYxLQlRkGNPUt09>

Time	Activity
5 min	Welcome and Introductions
5 min	Agenda and purpose of panel
10 min	Ice breaker - what brought you here today?
10 min	Level of support for the policy
15 min	About the project, Towards a Smoke-free Melbourne <ul style="list-style-type: none"> o Presentation by City of Melbourne on vision and context o The engagement approach
15 min	Discussion on how the policy will impact different people
5 min	Break
10 min	Discussion on the protect domain <ul style="list-style-type: none"> o What's in the policy? o What have we heard so far?
35 min	How do we prioritise smoke-free areas? <ul style="list-style-type: none"> o What criteria should be considered? o What is most important?
10 min	Reflections + next steps <ul style="list-style-type: none"> o What have we heard? o Feedback on the workshop o What questions do you still have that you want answered? o How we can stay connected o Focus for next workshop



AGENDA

Towards a Smoke-free Melbourne 2025 draft policy

Community Panel- Workshop 2

Date: Sat 10 April 2021

Time: 10.00am – 1.00pm

Zoom Link:

Join Zoom Meeting

<https://zoom.us/j/98307939781?pwd=bEtBd1VvUWhlRWl0bUMwUTlvcjJLQT09>

Activities

1. Welcome and Introductions
2. Today's Agenda and recap of last session
 - a. Ways we would like to work together
 - b. Questions from last session answered
3. Ice breaker
 - a. What stood out about last session?
 - b. What do you hope is achieved this session?
4. Taking other perspectives into account
 - a. Personas – their needs
 - b. What we have heard from smokers
 - c. What we have heard from businesses
5. The Educate Domain
 - a. Intent of this domain
 - b. What we have we heard so far
 - c. What ideas do you have to support community education?
 - d. Is this reflected clearly in the policy? Are there any changes that need to be made to the policy?
6. The Communicate Domain
 - a. Intent of this domain
 - b. What we have we heard so far
 - c. What ideas do you have to help increase awareness of this policy?
 - d. Is this reflected clearly in the policy? Are there any changes that need to be made to the policy?
7. Break 20 mins

8. The regulate Domain

- a. Intent of this domain
- b. What we have we heard so far
- c. What ideas do you have to help regulate tobacco use?
- d. Is this reflected clearly in the policy? Are there any changes that need to be made to the policy?

9. Where should people be allowed to smoke and vape?

- a. Best practice around the globe current approach to smoking areas, [pros](#) and cons
- b. What we have heard so far (sentiments from smokers)
- c. How do we decide future smoking areas?

10. Recap of the Protect Domain

- a. What we decided as a group
- b. Does this still ring true? Are there any further reflections?

11. Final agreement of recommendations:

- a. What are our priorities for implementation?
- b. Voting on the ways in which the City of Melbourne should prioritise each idea within the domains
- c. Is this reflected clearly in the policy? Are there any changes that need to be made to the policy?

12. Reflections + next steps

- a. What have we heard?
- b. Group photo - please let us know if you do not want your photo taken (turn camera off)
- c. Feedback on the workshop
- d. What questions do you still have that you want answered?



9.4 Managing risks

Project risks were identified at the engagement planning stage, with mitigating activities developed (see Table 12).

Table 12: Identified Project risks and mitigating activities

Identified Risk	Mitigating activities
COVID-19 restrictions resulting in cancellation of engagement activities	<ul style="list-style-type: none"> Plan online engagement e.g. workshops and community panel. Ensure flexibility with dates for pop-ups, to move, if restrictions change.
COVID-19 transmission	<ul style="list-style-type: none"> Develop and implement COVID safety plan for all face to face activities.
Lack of technological skills limiting online participation	<ul style="list-style-type: none"> Offer technological support and online engagement. City of Melbourne staff available to receive feedback via the telephone.
Negative publicity about the project	Develop a strong communications plan to highlight the importance of the Project.
Lack of internal and external engagement on the project	<ul style="list-style-type: none"> Hosting a range of community engagement activities including face to face pop ups across the municipality, online survey, online workshops and a deliberative community panel. Engage City of Melbourne officers and Councillors through a pop-up installation in the Melbourne Town Hall foyer. Developing a targeted engagement approach for City of Melbourne officers facilitated by City of Melbourne (results not included within this report).
Lack of clarity regarding what community can and can't influence.	<ul style="list-style-type: none"> All engagement questions developed around the identified negotiables. Deliberative community panel briefed on the negotiable and non-negotiable aspects of each domain.
Lack of trust in government from community.	<ul style="list-style-type: none"> Independent organisation (Conversation Caravan) selected members for the deliberative community panel, delivered activities and developed the consultation report. City of Melbourne will report back on engagement findings and provide transparency of process.
Inability to reflect varying needs of community stakeholders.	<ul style="list-style-type: none"> Reaching out to impacting stakeholder groups in a variety of methods and via known existing relationships to City of Melbourne. The varying community needs have been documented in the engagement report.

9.5 Submissions from other organisations



National Heart Foundation
of Australia
ABN 98 008 419 761

Level 2,
850 Collins St
Docklands
VIC 3008
T: (03) 9329 8511

12 April 2021

Sally Capp
Lord Mayor of Melbourne
City of Melbourne
Council House 1, 200 Little Collins Street
Melbourne 3000

Via email: Sally.Capp@melbourne.vic.gov.au

Dear Lord Mayor

Re: *Towards Smoke-free Melbourne 2025* consultation

The Heart Foundation welcomes the opportunity to comment on the Smoke-free Melbourne consultation.

The Heart Foundation is a not-for-profit organisation dedicated to fighting the single biggest killer of Australians – heart disease. For 60 years, we have led the battle to save lives and improve the heart health of all Australians.

We support the submission prepared by Quit Victoria.

We would like to reinforce the importance of two themes in Quit's submission in particular.

1. Retail licensing

A missing piece in Victoria's tobacco control puzzle is tobacco licensing, where retailers must apply and pay a fee for a license to allow them to sell tobacco products.¹

Licensing can reduce the access and availability of cigarettes. High license fees are also a potentially effective method of reducing tobacco points of sale.²

Most states and territories have a licensing scheme.³ Around 83 per cent of Victorians support retail tobacco licenses.⁴

The CoM has a large concentration of tobacco retailers. Like Quit, we were encouraged to see tobacco product supply as one of six key 'domains of change' identified by an expert CoM-convened group as being key to reducing smoking and achieving a smoke-free City of Melbourne.

The discussion paper identifies 'Leadership and advocacy' as part of CoM's role in tobacco reduction. We support Quit's suggestion that CoM 'can take a lead role in collaborating with other councils to advocate that the Victorian Government introduce retailer licensing,' and that this complements the CoM's aim of a smoke-free Melbourne by 2025.

For heart health information
and support, call our
Helpline on **13 11 12** or visit
heartfoundation.org.au

2. Smoke-free areas

We applaud the CoM for its ongoing tobacco control leadership and the draft *Towards Smoke-free Melbourne 2025* vision.

Tobacco smoke is one of the main risk factors for heart disease and is responsible for 12% of the burden (death and illness) of cardiovascular disease in Australia.⁵

Exposure to second-hand smoke is associated with immediate and longer-term risks for heart disease. It increases the risk of heart disease by around 30%.⁶

Smoke-free areas can encourage others to walk as they know they will not inhale second-hand smoke, while also improving neighbourhood amenity.

We support the discussion paper's identification of 'creat[ing] smoke-free areas' as being part of its role in reducing tobacco and e-cigarette use.

We also support Quit's advice to include further expansion of smoke-free areas as one the CoM's priorities in the first one to two years. The designation of further smoke-free areas builds on CoM initiatives already in place and a staged (as opposed to rapid or instant) expansion is a feasible approach towards a smoke-free Melbourne.

The Heart Foundation remains willing to assist the CoM in its tobacco control work where it would be helpful for us to do so. We are strongly supportive of its *Towards Smoke-free Melbourne 2025* vision.

Thank you again for the opportunity to comment.

Yours sincerely


Kellie-Ann Jolly
 Chief Executive Officer, Victoria

Cc: Justin Hanney, CEO (Justin.Hanney@melbourne.vic.gov.au)

¹ Cancer Council Victoria 2021, <https://www.tobaccoinaustralia.org.au/chapter-11-advertising/11-9-retail-promotion-and-access>

² Cancer Council Victoria 2021, <https://www.tobaccoinaustralia.org.au/chapter-11-advertising/11-9-retail-promotion-and-access>

³ Cancer Council Victoria 2021, <https://www.tobaccoinaustralia.org.au/chapter-11-advertising/11-9-retail-promotion-and-access>

⁴ <https://www.quit.org.au/news/study-reveals-alarming-lack-government-regulation-tobacco-products-victoria/>

⁵ <https://www.heartfoundation.org.au/programs/advocacy-smoking-and-tobacco-regulation>

⁶ Barnoya J, Glantz SA. Cardiovascular effects of secondhand smoke: nearly as large as smoking. *Circulation*. 2005;111(20): 2684-98.

Quit Victoria Submission

Towards Smoke-free Melbourne 2025

April 2021

Introduction

Tobacco smoking remains the leading preventable cause of death and disease in Australia. Smokefree laws provide motivation for existing smokers to quit, while supporting former smokers to remain smoke-free, and have been shown to reduce the likelihood children will start to smoke.

Quit Victoria has long been a supporter of the City of Melbourne's (CoM) Smoke-free Areas Project and applauds CoM for their leadership amongst councils in Victoria, and indeed Australia, which has resulted in the CoM protecting the public from the dangers of secondhand smoke, supporting those who are trying to quit, improving the CoM's amenity and more recently ensuring that use of e-cigarettes is also captured in smoke-free by-laws.

Research has linked secondhand smoke exposure to many health conditions, including heart disease, chronic obstructive pulmonary disease (COPD), stroke and various forms of cancer. Secondhand smoke is particularly harmful to children and has been linked to sudden infant death syndrome (SIDS), asthma and various forms of childhood cancer. Research confirms there is no 'safe' level of exposure to secondhand smoke. E-cigarette aerosol is also inhaled passively by people near the user. Scientific research into the potential harm from secondhand aerosol is limited and far from settled, despite claims of zero or minimal risk by e-cigarette advocates, retailers and industry. Many respected medical bodies have warned of the risks of secondhand e-cigarette emissions, including the US Surgeon General and the National Academies of Science, Engineering and Medicine (NASEM).¹

Irrespective of the health risks, most people expect to be able to enjoy public spaces without being forced to inhale cigarette smoke or e-cigarette aerosol. Only one in 10 Victorian adults smokes every day and only one in 100 Victorians (aged 14 and over) use e-cigarettes every day. The amenity of our public spaces is reduced when people – particularly parents – feel they must move from, or within, a public space to avoid exposure to cigarette smoke or e-cigarette aerosols.

Finally, smoke-free areas in relation to the current pandemic should be noted. It is now accepted that coronavirus can spread by aerosols in the healthcare setting, which means there is a very small, but real, risk of coronavirus transmission by tobacco and e-cigarette use. Tobacco smoke and e-cigarette aerosol may transmit the virus in the air and as they settle on surfaces. And of course, in order to smoke or use an e-cigarette product, a person must remove their mask (if they are required to wear one) and exhale heavily.

Quit welcomes the consultation being undertaken by CoM on their *Towards Smoke-free Melbourne 2025 draft policy* and is pleased to see the CoM strategically expand their tobacco control leadership by developing a comprehensive policy that goes beyond smoke-free areas.

The policy provides a framework to protect residents, staff and visitors within the CoM from the harms of tobacco and e-cigarette use both now and in the future. There is very high level of support for tobacco control measures amongst the community and a strong expectation that they will be protected from the harms of tobacco and e-cigarette use and be able to enjoy smoke-free public spaces. Implementation of the policy will ensure that CoM meets the public's expectations, protects the vast majority of Victorians who do not use these products and supports those who do use them to stop.

Key points for discussion

The Discussion Paper identifies key points for consultation and Quit's response to these is detailed below.

1. Defining 'Smoke-free Melbourne'

CoM's stated aim is to expand smoke-free areas over a period of five years so that smoking will eventually be banned in the majority of public spaces in the central city, as well as in CoM run and permitted events. CoM have identified the central city as a priority area due to the increased impact of secondhand smoke on people using the area as cities are spaces where people live, work and travel in close proximity and smoking in public places with high population density exposes people to the harms of tobacco smoke.

Quit supports this aim, the 5-year timeframe and the rationale provided. We would suggest however that in addition to the underlying rationale based on the policy applying in situations where people are in close proximity to each other, further principles should apply when deciding where the policy should be implemented across the whole of the CoM, not just the central city. These might include, but not be limited to:

- all spaces and venues where sporting and recreational activities take place (including those undertaken by third parties who lease or hire CoM spaces or venues)
- all facilities that provide services to youth, families or at-risk populations
- any CoM operated health or community services.

2. Is our definition of smoke-free clear and achievable?

CoM's discussion paper suggests that e-cigarette use or vaping be included in the definition of smoking and therefore part of the policy to create a smoke-free Melbourne. The *Tobacco Act 1987* regulates e-cigarettes in same way as other tobacco products because of the potential risks of exposure to secondhand aerosol and the increased risk of young e-cigarette users transitioning to smoking cigarettes. Quit Victoria strongly supports the inclusion of e-cigarettes as well as other emerging nicotine delivery systems in the policy to ensure: consistency with state law; implementation of a policy that recognises and responds to emerging risks; the best possible health protection for the public, particularly youth; clarity for the public and venue operators; effective and efficient enforcement through a consistent approach; and the expectations of the public, who support spaces where tobacco use and e-cigarette use are banned, are met.

3. How will COVID-19 impact the delivery of smoke-free interventions in the City of Melbourne?

It is now accepted that coronavirus is spread by aerosols, which means there is a small, but real, risk of coronavirus transmission by both tobacco smoking and e-cigarette use. Tobacco smoke and e-cigarette aerosol may transmit the virus in the air and after aerosol settles on surfaces. Quit Victoria urges the CoM to apply smokefree policies to all new outdoor initiatives under a COVID-19 Reactivation or Recovery Plan to ensure the safest possible environment for the public and staff as Victoria reopens after the COVID-19 restrictions.

Given the global spread of the COVID-19 pandemic, the virus will possibly be circulating for years to come and we know from other recent virus outbreaks (such as SARS), that there are likely to be new virus threats in the coming years. Providing the best possible long-term protection against virus spread via tobacco and e-cigarette aerosol is an important secondary preventive health aim of the policy.

4. What provision will we make for smokers / vapers?

It would not be feasible to ban smoking in the entire central city area. There are well established tobacco control standards that should apply to any designated outdoor smoking areas and we advise CoM to adopt such standards. Standards for Designated Outdoor Smoking Areas (DOSAs) include:

- Out of sight of the general public as much as possible
- Well away from entrances and exits
- Well away from ventilation intakes
- Positioned so that smoke cannot drift from the DOSA into smokefree spaces or indoor spaces
- Not be enclosed by walls to ensure smoke can disperse
- Location of DOSAs communicated to smokers so they know where they are
- Butt and e-cigarette litter bins provided
- Signage for Quitline or other cessation support services

5. Smoking and the impact of smokefree areas on high density housing – will more people smoke inside?

Evidence shows that the introduction of smokefree public places encourages the adoption of smokefree homes. There is no evidence in tobacco control literature that suggests more people will smoke inside if the CoM adopts smokefree areas. The central city area of CoM does include pockets of high density housing, as well as high density office buildings and higher education facilities. The provision of DOSAs that comply with the standards outlined in point 4 above and are also convenient to these high density pockets will be necessary so that tobacco and e-cigarette users are able to comply with the policy. Targeted consultation with the individuals impacted in those pockets (both users and non-users) along with those that manage the buildings (owners, body corporates, university and higher education providers etc.) will be required to identify suitable locations for DOSAs. Providing cessation support as discussed later in this submission will also help to mitigate any potential non-compliance in these high density pockets.

6. Reducing supply of tobacco and e-cigarette products.

Despite the devastating harm that tobacco causes the Victorian population, tobacco is currently more readily available in retail stores than bread and milk. E-cigarette products are quickly becoming commonplace in convenience stores across the state and the number of exclusive e-cigarette retail outlets is increasing. Tobacco and e-cigarettes can be sold by anyone and anywhere in Victoria.

The central city area of CoM has a large concentration of retailers, hundreds of whom sell tobacco and e-cigarette products. A greater density of outlets is likely to contribute to relapse among smokers who are trying to quit and the availability of tobacco and e-cigarettes is in stark contrast to the intended denormalisation of tobacco and e-cigarette use by children and teens.

Quit is encouraged to see that reducing supply of tobacco products was identified as one of six key 'domains of change' that an expert group convened by CoM collectively identified as being key areas to reduce smoking and achieve a smoke-free City of Melbourne. We believe that reducing retail supply of e-cigarette products is also important, particularly as smokers wishing to use e-cigarettes as a smoking cessation aide will be able to access vapourised nicotine via prescription.

In Victoria, there is no requirement for general retailers, specialist tobacconists or specialist e-cigarette retailers to hold a license to sell tobacco or e-cigarette products, nor is there any requirement for retailers selling tobacco or e-cigarette products to notify the Victorian Government of their decision to sell these products. Although Victoria has robust tobacco control laws and has traditionally been considered a leader in the field, our state is falling well behind other jurisdictions in ensuring retailers comply with public health laws.

Local governments such as CoM are tasked with monitoring and enforcing Victoria's Tobacco Control Act 1987 (the Act), but there is no mechanism under the Act that provides councils with an accurate record of who is selling tobacco products and as such they have little assistance from the State government in identifying or deterring retailers who are selling tobacco products to children or retailers who are supporting the illicit tobacco trade.

Quit has for many years been strongly advocating that retailers of tobacco and e-cigarette products in Victoria be licensed in a similar fashion to retailers who sell alcohol. Licensing retailers under the Act has many benefits that would flow on to councils including:

- Enhanced monitoring and enforcement of existing regulatory controls on the sale and advertising of tobacco and e-cigarette products.
- Creating an improved framework for non-compliance with existing tobacco and e-cigarette laws, allowing for various enforcement options, both financial (e.g. fines) and non-financial (e.g. imposition of further license conditions, license revocation etc).
- Providing a source of funding for retailer education, monitoring and enforcement programs and associated tobacco control programs.
- Providing accurate information for the distribution of targeted information and education to retailers

The discussion paper identifies 'Leadership and advocacy' as a key role that CoM can play. By virtue of implementing extensive smokefree areas CoM has already shown leadership to other councils and government to do more to restrict tobacco use. CoM can take a lead role in collaborating with other councils to advocate that the Victorian Government introduce retailer licensing under the Act and this role and the desired outcome would complement other actions taken by CoM to achieve a smokefree Melbourne by 2025.

7. Education and behaviour change, how long will this take and what is CoM's role in this?

The CoM has a great deal of experience in educating the public on changes to smokefree (and other) laws, and will, no doubt, employ that experience very successfully. The time it will take to change behaviours will be dependent, to some extent, on the measures introduced. We note that there is strong public support for tobacco control and behaviour change associated with improving public health and amenity.

Quit supports the identified ambitions and actions relating to education in the draft policy, particularly the need for tailored public education messages for key population groups. We

encourage promotion of cessation services be a part of any CoM public education to ensure people who use tobacco and e-cigarette products are given information on where to access cessation support.

8. Targeted engagement and support for key population groups, including cessation support.

Engagement of, and support for, key population groups, including cessation support, is an area in which Quit can provide support. Our recommendation would be to engage with community and social service organisations that provide services to key population groups so that: i) education and behaviour change can be tailored to the needs of the groups (using co-design principles), and ii) staff can be supported to provide advice and encouragement to stop use of tobacco and e-cigarette products. Most people from priority populations that have high smoking rates (e.g. people with mental illness or substance use disorders, and people experiencing homelessness) want to stop smoking and try (frequently) to quit, but often lack the support to quit successfully.

We recommend that there is ample lead time for people working with key population groups to undertake smoking cessation care training, such as Quit's online training – available for a range of health and community professionals, to provide cessation support to key population groups. We would also recommend that for CoM operated health and community services, cessation care is embedded into routine practice, through the development of best practice cessation policies, clinical guidelines and staff training.

9. Clear communications about policy.

To build public support, inclusion of health messaging is vital when communicating changes relating to tobacco control policies. By educating the public about the link between tobacco use and non-communicable diseases, policy-makers gain increased support and facilitate favorable behaviour change among the community.

Quit has significant experience developing effective public education campaigns that result in population-level behaviour change and can provide support in this area. Quit understands that for health promotion messages to be effective, the focus needs to shift onto the external and environmental factors that support people to live healthier lives – rather than focus on the individual's choices and responsibility. It's also vital to appeal to people's deeply held values - not facts - to shift their attitudes. Furthermore, research shows people are more likely to respond to messages which offer an: (i) appealing vision (or outcome) for the future, (ii) an external barrier that undermines this vision, and (iii) an action that removes the barrier and brings the vision to life.

10. What are some opportunities to take action in the first one to two years of the policy?

Quit's advice is to focus on the following actions in the first one to two years based on previous success in implementation, public support and gathering of information to inform longer term actions.

- a. Further expansion of smokefree areas
- b. Identification of location and implementation of DOSAs
- c. Identification of the principles for when the smokefree policy should apply and locations that it should apply to (see point 1)

- d. Advocating to the Victorian Government for the introduction of tobacco and e-cigarette retailer licensing under the Act
- e. Development and implementation of a communication policy
- f. Begin work with tobacco control stakeholders to identify options for supporting cessation for users of tobacco and e-cigarette products

11. What should the timeline be for CoM to deliver on their policy? Within the next five years was suggested in the Discussion Paper.

Quit believes that it is possible to achieve the aim of a smokefree Melbourne within 5 years of the plan being adopted. The CoM has already had success in implementing smokefree areas and expansion of these can be rapidly achieved in the short-term. Phasing of other actions as per above and working in collaboration with key stakeholders will make a 5-year timeframe achievable.

12. What is City of Melbourne's role in achieving a smoke-free Melbourne and where can partners take action to support this policy?

City of Melbourne has identified the potential it has to play a role in reduction of tobacco and e-cigarette use in the following domains:

- Create smoke-free areas
- Health promotion and community education
- Enforcement and infrastructure management
- Leadership and advocacy
- Building and strengthening partnerships
- Research

Quit is Victoria's lead tobacco control organisation and we will use our expertise to strongly support CoM's work in the domains identified above and stand ready to partner with the CoM as appropriate (resources permitting) in order to achieve their Smokefree Melbourne 2025 vision.

¹ NASEM 2018 Summary Annex. Report Conclusions by level of evidence.p17 <https://www.nap.edu/read/24952/chapter/3>



8 April 2021

Health and Wellbeing Branch
City of Melbourne
Council House 1, 200 Little Collins Street
Melbourne 3000

Dear Lord Mayor

RE: Support for the Towards Smoke-Free Melbourne 2025 Policy

Tobacco Free Portfolios strongly supports the City of Melbourne's proposal to make the new park in Market Street tobacco-free. In fact, we strongly support all parks becoming tobacco-free.

Tobacco is the world's number one cause of preventable death, killing 21,000 Australians per year and over 8 million people globally. There is also the issue of second-hand smoke, which is particularly harmful to children. Research confirms there is no 'safe' level of exposure to second-hand smoke. Many Australians are not aware of the devastating numbers and the continued impact of tobacco on Australian society.

Our vision is for a world that is free from tobacco and therefore we welcome all initiatives that bring us closer to a tobacco-free future, such as tobacco-free public places. The proposed expansion of tobacco-free areas, including the Market St park, will improve the amenity of important public places, which have become so crucial to wellbeing during COVID-19.

Not only will children and families be protected from the harmful damage of second-hand smoke, but smokers themselves can benefit from such policies by providing motivation to quit.

Tobacco Free Portfolios Limited
ABN 95 608 430 440 | ACN 608 430 440
679 Boronia Road, Wantirna, Victoria, 3152, Australia | tobaccofreeportfolios.org

We hope that the Towards Smoke-Free Melbourne 2025 Policy is accepted and wish to support the implementation by championing the initiative within our networks.

We thank the City of Melbourne for demonstrating continued leadership on tobacco control, ensuring the health and wellbeing of Victorians is protected.

Yours faithfully



Dr. Bronwyn King AO, MBBS, FRANZCR
CEO Tobacco Free Portfolios
Radiation Oncologist

Tobacco Free Portfolios Limited
ABN 95 608 430 440 | ACN 608 430 440
679 Boronia Road, Wantirna, Victoria, 3152, Australia | tobaccofreeportfolios.org



25 February 2020

The Right Honourable The Lord Mayor of Melbourne, Sally Capp
City of Melbourne
GPO Box 1603
Melbourne Vic 3001

Dear Lord Mayor, *Sally*

Re: Towards Smoke-free Melbourne 2025 draft policy

Firstly, I would like to congratulate you on your leadership during a tough year for City of Melbourne (CoM), your innovation and commitment to supporting residents, businesses and communities has been crucial to the post-pandemic recovery we are currently seeing.

I am writing to you today as VicHealth strongly supports the CoM's draft policy framework for a smoke-free Melbourne. Given the significant health impacts of tobacco and e-cigarette products, the whole community stands to benefit from actions that denormalise smoking and prevent exposure to second-hand smoke. The implementation of the draft policy has the potential to reduce tobacco and e-cigarette use among marginalised population groups, including those employed in industries with higher than average rates of smoking and young people.

VicHealth strongly supports the inclusion of e-cigarettes in the definition of smoking. E-cigarette use is becoming more common, particularly among young adults, with 64% of current smokers and 20% of non-smokers aged 18–24 report having tried e-cigarettes. [1] Recent evidence also suggests that e-cigarettes can act as a gateway to cigarette smoking. [2,3] While the long-term health effects of e-cigarettes are yet to be revealed, they have been proven to have adverse health effects on the immune, respiratory, and cardiovascular systems. E-cigarette vapour can also be a health risk to bystanders as they contain a range of chemicals, solvents, and toxic metals. [4] This emerging evidence demonstrates the potential damaging impact of e-cigarettes and the need to treat them similarly to tobacco products, which is also endorsed by the public with two-thirds (68.9%) of Australians support restricting the use of e-cigarettes in public places. [5]

The universities that are in CoM provide an opportunity to address smoking habits in young people, especially international students and those experiencing mental illness as they are reported as having some of the highest smoking rates in Australia [6,7,8]. By partnering with universities to implement the smoke-free city policy, equitable and meaningful impact could be had on the smoking habits of these young people.

To ensure these equitable practices reaches those from other age groups, partnering with industries based in CoM that have employees with high smoking rates could be explored. The *Australian National Health Survey 2017-2018* found that construction industry workers, compared to those in other industries, have higher rates of smoking. [9] Partnering with this industry body would enable the utilisation of their communication channels to inform workers of the smoke-free policy and the support that is available to them to quit smoking.

Victorian Health Promotion Foundation

Ground Floor, 15–31 Pelham Street, Carlton VIC 3053
PO Box 154, Carlton South VIC 3053, Australia
T +61 3 9667 1333 F +61 3 9667 1375
E vichealth@vichealth.vic.gov.au W vichealth.vic.gov.au
ABN 20 734 406 352

Patrons

The Honourable Linda Dessau AC
Governor of Victoria (Patron-in-Chief)
Sir James Gobbo
Professor Emeritus
Sir Gustav Nossal AC CBE

As CoM hosts many public events annually, there is a unique opportunity to highlight that tobacco and e-cigarettes should not be part of community events. By introducing smoke-free events, CoM's leadership in this space will also provide a template for other councils across Victoria, with the impact reaching beyond the boundaries of CoM.

VicHealth also strongly supports 'regulating tobacco use and the sale of tobacco' as outlined in the draft policy. A recent study found that half of the tobacco retailers in a regional Victorian Local Government Area were unknown to the local council, operating with no formal government oversight. [10] A suggested initial step is to identify all tobacco and e-cigarette retailers in the CoM due to the current absence of a state-wide licensing system. Obtaining an accurate list of tobacco retailers in the CoM will enable better enforcement to prevent the sale of tobacco products to minors.

VicHealth commends the City of Melbourne for leading the way in making our city a smoke-free environment and thereby improving the health of Victorians. We hope other local councils will be inspired to follow in your footsteps.

If you would like any further information, please contact Sean O'Rourke, Principal Program Officer, Alcohol and Tobacco at sorourke@vichealth.vic.gov.au or 03 9667 1354.

Kind regards,



Dr. Sandro Demaio
Chief Executive Officer

References

- [1] Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW. Accessed on 17 February 2021 from [National Drug Strategy Household Survey 2019 \(aihw.gov.au\)](https://www.aihw.gov.au/national-drug-strategy-household-survey-2019)
- [2] Chan G, Stjepanović, D, Lim C, Sun T, Shanmuga Anandan A, Connor, JP, Gartner C, Hall, WD, and Leung, J. (2020) 'Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation.' *Addiction*. Accessed on 17 February 2021 from

Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation - Chan - - Addiction - Wiley Online Library

[3] Banks E, Beckwith K, Joshy G. Summary report on use of e-cigarettes and impact on tobacco smoking uptake and cessation, relevant to the Australian context. Commissioned Report for the Australian Government Department of Health, September 2020. Accessed on 17 February 2021 from <http://hdl.handle.net/1885/211618>

[4] Greenhalgh, EM, & Scollo, MM. InDepth 18B: Electronic cigarettes (e-cigarettes). In Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2018

[5] Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019 – 2 Tobacco smoking supplementary tables. Drug Statistics series no. 32. PHE 270. Canberra AIHW. Accessed on 17 February 2021 from <https://www.aihw.gov.au/getmedia/e83fc585-87e9-466b-8f63-6821a74b5528/aihw-phe-270-2-Tobacco-smoking-tables.xlsx.aspx>

[6] Skromanis S, Cooling N, Rodgers B, Purton T, Fan F, Bridgman H, Harris K, Presser J, Mond J (2018) 'Health and Well-Being of International University Students, and Comparison with Domestic Students', in Tasmania, Australia. *Int. J. Environ. Res. Public Health*, 15, 1147. <https://doi.org/10.3390/ijerph15061147>

[7] Wamamili B, Lawler S, Wallace-Bell M, et al. Cigarette smoking and e-cigarette use among university students in Queensland, Australia and New Zealand: results of two cross-sectional surveys. *BMJ Open* 2021;11:e041705. doi:10.1136/bmjopen-2020-041705

[8] Wamamili B, Wallace-Bell M, Richardson A, Grace RC and Coope, P (2021) 'Associations of history of mental illness with smoking and vaping among university students aged 18–24 years in New Zealand: Results of a 2018 national cross-sectional survey', *Addictive Behaviors*, Volume 112 <https://doi.org/10.1016/j.addbeh.2020.106635>

[9] WorkSafe Queensland (2019) 'National Health Survey construction industry data released' The State of Queensland, accessed on 17 February 2021 from [National Health Survey construction industry data released | WorkSafe.qld.gov.au](https://www.worksafe.qld.gov.au/national-health-survey-construction-industry-data-released)

[10] Baker J, Masood M, Rahman MA, et al (2021) Identifying tobacco retailers in the absence of a licensing system: lessons from Australia *Tobacco Control* Published Online First: 01 February 2021. [Identifying tobacco retailers in the absence of a licensing system: lessons from Australia | Tobacco Control \(bmj.com\)](https://doi.org/10.1136/tobaccocontrol-2020-002000)



Conversation

CARAVAN