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Building Support for Smoke-free Festivals and Events

A DOCUMENTATION OF PRACTICE REPORT
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The Program Training and Consultation Centre conducts applied research in partnership with the Propel Centre for Population Health Impact at the University of Waterloo.

SUGGESTED CITATION

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PROGRAM TRAINING AND CONSULTATION CENTRE

The Program Training and Consultation Centre (PTCC), founded in 1993, is a resource centre of the Government of Ontario's Smoke-Free Ontario Strategy (SFO). PTCC acts as a knowledge broker between local public health departments, the research community, and government. Its strategic priorities are to:

• Build the capacity of Ontario's 36 public health departments to plan and implement evidence-based tobacco control programs
• Support moving evidence into action
• Strengthen program development and applied research efforts
• Build system capacity to support the Smoke-Free Ontario Strategy renewal

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ACKNOWLEDGEMENTS

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1.0 About the Study

This document describes common strategies used by four health units to build support for smoke-free outdoor festivals and events as part of the Program Training and Consultation Centre's Documentation of Practice Project (DoP). For the purposes of this DoP study, the terms festival and event are used synonymously and support for smoke-free events is defined as:

- municipalities, event organizers and/or the public developing attitudes that support smoke-free events; and/or
- event organizers setting a priority and/or developing policies and procedures to make their events smoke-free.

This report provides a brief rationale for why smoke-free events are important and presents cross-case findings[1] about what worked to build support for smoke-free events, for whom, and in what contexts.

1.1 INTRODUCTION AND RATIONALE

Smoke-free policy is an important element of a successful and sustainable comprehensive tobacco control strategy, which includes efforts to prevent the use of tobacco products (prevention), control second-hand smoke exposure (protection), and help people to quit (cessation):

- within prevention, smoke-free policies are important for their influence on young people's smoking behaviours and the prevalence of smoking behaviours in general;
- within protection, while policies exist, people continue to be exposed to second-hand smoke and local policy provides evidence and precedence for stronger provincial policy; and,
- within cessation, smoke-free policies support cessation by motivating smokers to quit, encouraging quit attempts, and reducing consumption (Smoke Free Ontario Scientific Advisory Committee [SFO SAC], 2010).

A landmark study of Woodstock's smoke-free outdoor by-law found that, after by-law implementation, the majority of smokers (73%) and non-smokers (92%) supported the by-law and one third (33%) of smokers perceived the by-law as helping them to reduce their cigarette consumption (Kennedy, 2010). Chaiton et al (2014) also found that reducing exposure to second-hand smoke on restaurant and bar patios was positively associated with quit attempts and supported relapse prevention. Moreover, concerns and claims from the hospitality industry that smoking bans will produce negative economic impacts for their businesses have been refuted by a review of the evidence of smoke-free policy impacts (Scollo, Lal, Hyland & Gantz, 2003). Data from the 2013 CAMH Monitor survey suggests that 63% of Ontarians support banning smoking at outdoor events, a statistic that has not changed significantly since 2010 (Ontario Tobacco Research Unit [OTRU], 2016a). Although support for outdoor smoke-free event policies are no longer measured directly, data from the 2015 CAMH Monitor survey indicate support for smoke-free policies at event venues:

- Outdoor recreation facilities: 86% of non-smokers, 82% of former smokers, and 60% of current smokers are supportive.
- Parks and beaches: 77% of non-smokers, 64% of former smokers, and 37% of current smokers are supportive (OTRU, 2017).

Public support is important as it can influence the adoption of more stringent policy, compliance with existing policy, social norm change related to smoking at outdoor events, and garner additional support from event organizers and other decision-makers.

Recent amendments (January 1, 2015) to the *Smoke-Free Ontario Act (SFOA)* have expanded the outdoor spaces with a smoking ban in Ontario. However, the SFOA does not specifically refer to smoke-free outdoor festivals and events. A recent evaluation of the 2015 SFOA amendments suggests that exposure remains relatively high at park festivals and fairs (OTRU, 2016b).

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[1] To access detailed descriptions about each case as well as reports from other DoP studies, please visit the documentation of practice section of PTCC's website at https://www.ptcc-cfc.on.ca/knowledge_exchange/DoPs/
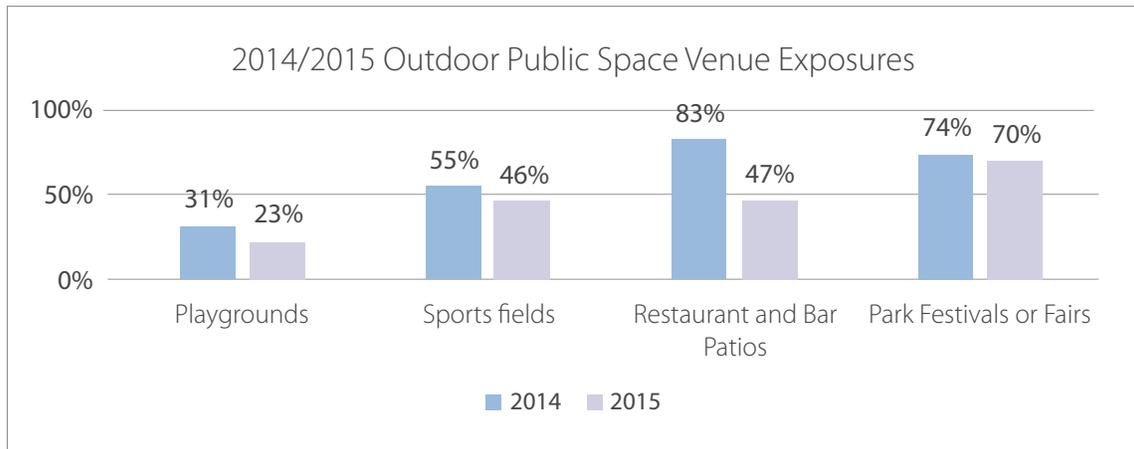
Figure 1: Self-reported exposure to tobacco smoke at various venues before and after the SFOA amendment implemented on January 2015 (OTRU, 2016b).

Public health units have also played an important role in helping some Ontario municipalities create smoke-free events by:

- developing by-laws to create specific smoke-free events (e.g., parades, outdoor concerts, sports tournaments, sidewalk sales, Canada Day celebrations, and Cowapalooza in Woodstock, Ontario);
- developing by-laws to prohibit smoking at event venues (e.g., parks and recreation areas);
- placing a condition within event permits / business licenses that requires event organizers to make their event smoke-free; and
- making sure that event venues included in the SFOA (e.g., restaurant and bar patios, sporting areas, etc.) are known and that the smoking bans on those premises are enforced.

Little is known about what practices (policies, programs, approaches) have been used to build support for and create smoke-free events and how these practices work for different populations and in different contexts. This documentation of practice helps fill this knowledge gap by documenting some of the innovative practices that Ontario health units have used in an effort to make events smoke-free and what seems to be at play in the building of support for smoke-free festivals and events.

1.2 RESEARCH QUESTIONS

The overarching research questions that guided this study include:

1. What practices do health units use to increase public support for smoke-free festivals and events in their local jurisdictions?
2. What are the main contextual factors and mechanisms that are associated with building support for smoke-free events?
3. What are the characteristics and roles of actors (i.e., individuals, groups, organizations) that enable or challenge this work?
4. What are key lessons learned by health units as a result of their efforts to build support for smoke-free events?

1.3 METHODS

This DoP study applies principles and concepts of a realist approach (Pawson & Tilley, 2011) and a multiple case study design (Yin, 2009). A realist approach is an interpretive, theory-driven approach to combining evidence from quantitative, qualitative, and mixed methods research (Pawson, Greenhalgh, Harvey & Walshe, 2005). In realist approach (e.g., realist reviews, realist evaluations) theories, rather than programs, are the basic units of analysis (Wong, Westhorp, Pawson & Greenhalgh, 2013). This approach is typically used to assess complex phenomena to understand the adoption and implementation of policies, programs and services. As such, it is appropriate for addressing our research questions.

Causation in the realist approach is most commonly expressed in the context + mechanism = outcome (CMO) configuration (Pawson and Tilley, 1997; Pawson et al., 2005). Mechanisms are the underlying processes that generate outcomes. **Mechanisms** are usually hidden, sensitive to variations in context, and can be found at different levels (structural, social, individual). **Context** is broadly understood as any condition that triggers and/or modifies the behaviour of a mechanism. Examples of context include the intervention itself, as well as cultural norms, program infrastructure and the demographics of a community where an intervention takes place. Thus, the aim of a realist approach is to understand the contextual factors that trigger particular mechanisms, which in turn, generate outcomes of an intervention (i.e., CMO configuration; Pawson et al., 2005; Wong et al., 2013).

1.3.1 CASE SELECTION AND DATA COLLECTION

The following criteria were used to select cases:

1. All cases must be from Ontario, have health unit involvement, and demonstrated success with building support for smoke-free events.
2. Selected cases should include a mix of practices (policy, permits, licensing, campaigns, etc.) to ensure different avenues of influence on building support are captured.
3. Where possible, at least one case will reflect rural, urban and/or a tobacco growing community to capture different environmental factors that may influence support for smoke-free events.

The study conducted semi-structured interviews (primary data source) and reviewed documents (secondary data source) to document each case. Across the cases, 11 key informants from the four health units were interviewed. Documents reviewed included municipal websites, by-laws, health unit presentations, various health unit communications including Tumblr posts, emails, brochures, signage, event guidelines, event permit process outlines, and evaluation reports.

1.3.2 ABOUT THE SELECTED CASES

The practices used to build support for smoke-free events by Ottawa Public Health (OPH); Leeds, Grenville and Lanark District Health Unit (LGLDHU); City of Hamilton Public Health Services (HPHS); and Windsor-Essex County Health Unit (WECHU) were the focus of this DoP.

		Ottawa	Leeds, Grenville and Lanark	Hamilton	Windsor-Essex
Population served[1]		883,391	164,970	519,949	388,780
Tobacco use prevalence[2]		14.1%[3]	22.5%	18.8%	17.0%
Health unit peer group[4]		Urban Centres (B)	Mainly Rural (E)	Urban/Rural Mix (A)	Urban Centres (B)
Tobacco Control Area Network (TCAN)		East	East	Central West	South West
Number of Municipalities	Single Tier	1	4	1	2
	Upper Tier	–	2	–	1
	Lower Tier	–	18	–	6

[1] According to Statistics Canada census profiles using 2011 census data.
[2] Current smoking defined by past 30-day use and 100 cigarettes in lifetime, Canadian Community Health Survey, 2013/2014 (OTRU, 2016).
[3] It is important to note that Ottawa Public Health uses the Rapid Risk Factor Surveillance System as their data-source, which estimates that 9% of people over 19 years of age in Ottawa are current smokers (2015).
[4] Ministry of Health and Long-Term Care peer group classifications.

City of Hamilton Public Health Services (HPHS):
Working closely with municipal partners, the health unit in Hamilton used an innovative by-law to remove smoking from all events held on municipal property in 2012 and later expanded to include events held on private property when the *SFOA* was amended in 2015. The health unit has had to address tobacco industry presence at their events as well as enforce an increasing number of events and smoke-free spaces without a corresponding increase in resources.

Ottawa Public Health (OPH):
Working with a variety of community partners, the health unit in Ottawa used an innovative by-law to remove smoking from all events held on municipal property in 2012 and has worked to create an even playing field among all events by creating aligned policies for other venues. The health unit has had the of support of local tobacco control advocates and were able to build momentum from a few large festivals that voluntarily went smoke-free, but has also had to work through the challenge of creating aligned policies for federally-owned event venues.

1. Ottawa
2. Leeds, Grenville, Lanark
3. Hamilton
4. Windsor-Essex

Windsor-Essex County Health Unit (WECHU):
Capitalizing on existing policy, the health unit in Windsor-Essex began removing smoking from all events in 2015 when the *SFOA* was amended to include all spaces that fall within the legal definition of an outdoor restaurant and bar patio (e.g., outdoor events with food or beverage service). They also leverage the provincial prohibition to get municipalities to create by-laws with broader restrictions. The health unit works directly with each event organizer, providing a pre-event consultation and tobacco enforcement check-ins or presence at events. Local media in Windsor-Essex often highlighted opposing views to the change in regulation. While negative media is often problematic, it created an opportunity for the health unit to have dialogue and use earned media opportunities for the purposes of education on the new amendments.

Leeds, Grenville and Lanark District Health Unit (LGLDHU):
Focusing on creating broad ownership for smoke-free events, the health unit in Leeds, Grenville and Lanark began removing smoking from all events when the *SFOA* was amended in 2015. They focused on how restaurant and bar patios and sporting areas are defined within *SFOA*, the application to their local events, and proprietor obligations to hold municipalities and event organizers accountable for making smoke-free events. The health unit has had successes in persuading event organizers to adopt voluntary smoke-free policies, but has faced challenges in developing smoke-free by-laws to support their work.
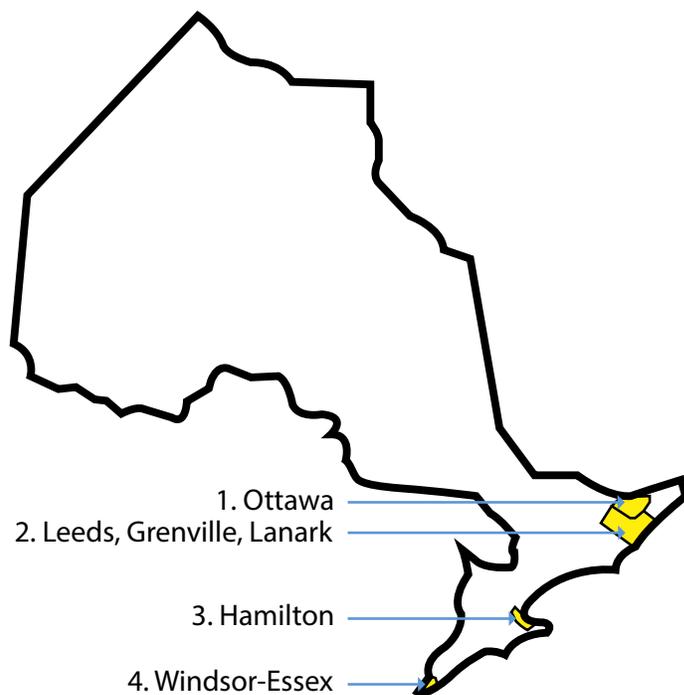
2.0 Results

2.1   OUTCOMES: SUPPORT FOR SMOKE-FREE EVENTS

2.1.1 SUPPORT FROM MUNICIPALITIES

Most municipalities were on board with supporting smoke-free events after the *SFOA* was amended. At a minimum, municipalities posted or provided a link to *SFOA* regulations and/or embedded a clause requiring event organizers to follow smoke-free regulations within event permit and venue rental agreements. In some instances, *SFOA* proprietor obligations were cited to ensure municipalities put these supports in place, but for the most part, municipalities put supports into place after being made aware of the changes to the *SFOA*.

Support for local by-laws that exceeded the *SFOA* varied. Two municipalities were innovators having developed by-laws that prohibited smoking within parks and/or on patios prior to changes within the *SFOA*. Since the *SFOA* was amended, a growing number of municipalities have passed by-laws that completely ban smoking from municipal properties. Some of these newer by-laws also introduced prohibitions of e-cigarettes, hoo-kah pipe products, and cannabis; and prohibited use in additional spaces such as beaches. However, not all municipalities were ready for these types of broad and progressive prohibitions. Smoke-free by-laws in these areas were either non-existent, reiterated the *SFOA* restrictions, or included some flexibility by allowing designated smoking areas (DSAs). Within the documented cases, municipalities that did not have a by-law or progressive conditions tended to be smaller and more isolated rural communities.

	Ottawa	Leeds, Grenville and Lanark	Hamilton	Windsor-Essex
% Municipalities with by-laws restricting or prohibiting smoking on municipally-owned event venues	100% (1 of 1)	8% (3 of 24)	100% (1 of 1)	89% (8 of 9)
% Municipalities with by-laws that allow designated smoking areas at events	0% (0 of 1)	4% (1 of 24)	0% (0 of 1)	44% (4 of 9)

2.1.2   SUPPORT FROM EVENT ORGANIZERS

The highest level of readiness and support for smoke-free events seemed to be among those that host family and child-oriented events. While it was uncommon for event organizers to go smoke-free voluntarily, this happened in a few isolated instances. After legislation changed, event organizers were typically willing to comply and most used the supports made available to them (e.g., canned messaging, additional signage, etc.). While there was initial resistance and concern when events were first tasked with going smoke-free, after a couple of seasons of applying the restrictions, resistance and concerns began to fade. However, new event organizers tended to have concerns. Additionally, a select few event organizers continued to show some resistance, such as those not generally in favour of any restrictive policy, those that wanted to promote an event image that included liberty and other unhealthy behaviours, and/or those that were working with the tobacco industry.

2.1.3   SUPPORT FROM THE PUBLIC

While the public did not form coalitions to advocate for smoke-free event by-laws, people tended to support smoke-free events, were more willing to attend events that were smoke-free, and were using the complaint systems to advocate for better protection when they were exposed to second-hand smoke. However, there is still non-compliance at many events. For example, at large events in one case, it was common for a tobacco enforcement officer (TEO) to issue between two and 12 warnings per night at a single event in the 2016 event season.

2.2   KEY CONTEXTUAL FACTORS THAT ENABLED GROWING SUPPORT

2.2.1   TOBACCO CONTROL CLIMATE

Tobacco control is not new and a culture that is supportive or at least tolerant of tobacco control is becoming more pervasive. Through past tobacco control work, there is an existing awareness of the harms of smoking and second-hand smoke in indoor spaces. As tobacco control work expanded into outdoor spaces, awareness of the harms of second-hand smoke in outdoor spaces increased. People also tended to have strong views about protecting children and youth from tobacco smoke exposure. Hamilton and Ottawa have both done pioneering work for smoke-free outdoor spaces with innovative by-laws introduced in 2012.

It was also common for health units to note that many municipal councils are less resistant to expanding tobacco use prohibitions than they were when health units initially tried to introduce indoor space smoking prohibitions. However, some informants expressed that as smoke-free policy expands, there may be concerns about the overall scope of restrictions and the ability to enforce them.

2.2.2   POLICY INTERVENTIONS

Additionally, health units were mandated to enforce smoke-free legislation and thus had the power to enforce it. For instance, enforcement of the *SFOA* as it applied to outdoor events helped remove smoking from most areas within an event space. The *SFOA* amendment specified that restaurant and bar patios, as defined below, be smoke-free:

"A restaurant or bar patio is an area that is not an enclosed public place or an enclosed workplace and that meets all the criteria set out in the following para-graphs:

1. frequented by employees during the course of their employment, whether or not they are acting in the course of their employment at the time.

2. Food or drink is served or sold or offered for consumption in the area, or the area is part of or operated in conjunction with an area where food or drink is served or sold or offered.

3. The area is not primarily a private dwelling."

O. Reg. 48/06. 13(2)

	Ottawa	Leeds, Grenville and Lanark	Hamilton	Windsor-Essex
Developed innovative municipal policy to set precedence for provincial policy	✓		✓	
Enforce *SFOA* as it applies to outdoor events	✓	✓	✓	✓

This created smoking restrictions within events that include food and beverage services.

The *SFOA* could also be leveraged to help motivate municipalities and event organizers to choose to create 100% smoke-free events for additional protection or simplicity (e.g., to allow the free flow of food and beverage within the event space). The power to enforce legislation was important because using warnings and fines was identified as a strong tool to motivate change.

2.2.3 OTHER ENFORCEMENT SYSTEMS AND PARTNERS

Health units also engaged various community partners to help make events smoke-free:

- **Municipal event teams:** Municipal event teams had established relationships with event organizers and knew the ins-and-outs of the local events (e.g., who to contact, how the event could be run, what existing communication channels exist and how best to use them, etc.). These teams could also influence what events or organizations are prioritized when deciding use of municipal properties. Health units drew on knowledge, connections, and event permit and land use agreement processes to help make events smoke-free.

- **The Alcohol and Gaming Commission of Ontario (AGCO):** The AGCO controls liquor licenses, which were very valuable to event organizers, and AGCO is also mandated to ensure that all provincial laws are followed. Health units established relationships with the AGCO to help prioritize *SFOA* restrictions (i.e., making sure that areas licensed for alcohol use did not permit smoking) and to coordinate enforcement activities at events, where possible. Working with the AGCO and making the working relationship known at events also gave TEOs more influence at events.

	Ottawa	Leeds, Grenville and Lanark	Hamilton	Windsor-Essex
Collaborate/integrate with existing municipal event managment teams and/or those involved with enforcement	✓	✓	✓	✓

- **Local police:** Local police were often hired for security at events. Police were aware of smoke-free legislation and typically had the ability to ticket. Health units often worked with local police to help establish enforcement support at events when TEOs were not on site.

- **Event security:** Event security staff were in a position of power at events and could help enforce smoking restrictions. The same security staff worked many events in a given area. Health units trained event security, made sure event organizers were instructing security to enforce smoking restrictions, and worked with local security companies to garner their support to help bolster enforcement efforts at events. Event volunteers were also recruited to help patrol for people smoking where prohibited.

- **Local advocates:** Local advocates had influence and advocacy expertise. Public health benefited from having their voice to support smoke-free events because it provided additional influence for garnering support for smoke-free events.

Overall, working with a range of partners allowed health units to expand their influence by tapping into their existing networks/relationships and expertise, leveraging their personnel, and linking smoke-free requirements into existing accountability structures. It is important to note that the various health units used different partners to different extents.

2.2.4   PROGRESSIVE BEHAVIOUR CHANGE APPROACH

Progressive behaviour change strategies were used with various stakeholders (e.g., municipalities, community partners, event organizers, the public/event patrons, etc.) to both support policy adoption and implementation. This approach generally favoured being supportive rather than controlling and included setting smoke-free events as a goal or mandate, helping people fulfill their role in making events smoke-free, monitoring progress to ensure people were on the right track, and intervening to ensure support, if needed.

	Ottawa	Leeds, Grenville and Lanark	Hamilton	Windsor-Essex
Reward and publicize voluntary smoke-free event policies	✓			
Directly support event-level planning (e.g., site plans, communications, enforcement strategies etc.)		✓	✓	✓
Conduct educational campaign about harms of outdoor second-hand smoke exposure and smoke-free legislation.	✓	✓	✓	✓
Use progressive enforcement (mandated for *SFOA* enforcement)	✓	✓	✓	✓

2.2.4.1   USING EDUCATION AND AWARENESS TO MAKE SMOKE-FREE EVENTS AS A GOAL

Education and awareness raising helped identify and guide champions to develop and adopt smoke-free by-laws and voluntary event-level policies. For all decisions, it was key to present the importance of creating smoke-free spaces and to address concerns of event organizers. The following messaging insights were gleaned from the cases:

- Use second-hand smoke protection as the primary message using real-life examples (e.g., walking through a crowd of smoke and desire to protect children and youth). De-normalization is also important, but be aware that few will fully understand it.
- When presented with arguments about the rights of people who smokes mention the rights of people who don't, focus on the facts, and try to avoid feeding into discussions about controlling behaviours.
- When enforceability is a concern give examples of enforcement of other laws and talk about using progressive enforcement to change behaviours incrementally at the population-level over time.
- To address revenue and participation concerns, cite local data indicating receptiveness to smoke-free events and remind people that bars and restaurants are successfully smoke-free and remain profitable.

Awareness-raising campaigns were used to inform people about the intentions and implications of the legislation to support policy implementation (e.g., a new or amended by-law or SFOA amendment). Health units used a clear and consistent stance when communicating legislative requirements. Health units were able to generate earned media and use paid media, social media, event booths, promotional items, stakeholder meetings, and emails in their campaigns. Some novel activities included:

- Using negative media coverage about new SFOA patio restrictions as an opportunity to open discussion and raise awareness about smoking prohibitions and the need for smoke-free spaces.
- Hosting an activity at events that allowed children to colour-in life-sized smoke-free heroes and have their picture taken. This helped lure people over and create a teachable moment for children and their parents.
- Setting up a booth at event main entrances and handing out swag (e.g., Tiffany blue reusable shopping bags) to lure people over and improve their reach.

When raising awareness, health units often reassured stakeholders that a progressive enforcement approach would be used and that event organizers would be supported during the transition. Education and awareness campaigns began before implementation of new legislation. It continued three months to a year after implementation, before tickets were introduced.

2.2.4.2   HELPING PEOPLE FULFILL THEIR ROLE IN MAKING EVENTS SMOKE-FREE

Although health units allowed their stakeholders the flexibility to choose how they would make their event smoke-free, health units and/or other community partners offered the following supports:

- Pre-season meetings that brought various event organizers and/or enforcement bodies together to present and discuss requirements. These were typically hosted by a municipal events team or other organization that provides support to event organizers.
- Materials such as signage and messages to promote smoke-free events and compliance. Some signage was customized for Pride events, winter events, and events held within or outside by-law jurisdictions.
- Event planning and management recommendations such as smoking location and smoking location management, use of announcements and other communications, staff and volunteer enforcement protocols and trainings, etc.
- Enforcement support through on-site TEO presence, either at all events or determined by risk factors such as hotspot venues, event size/history/culture, and weather.

2.2.4.3   MONITORING PROGRESS TO ENSURE PEOPLE ARE ON THE RIGHT TRACK

Monitoring change and intervening where change didn't occur was important because not everyone was fully supportive of smoke-free events (e.g., those that do not like legislative controls, those that seek un-inhibited event images or experiences, those that feel that going smoke-free is out of their control or not their responsibility, etc.). Monitoring could be done through inspections, attending meetings, and developing effective working relationships with ongoing communication.

2.2.4.4   INTERVENING TO ENSURE PEOPLE ARE SUPPORTING SMOKE-FREE EVENTS, NEEDED

Although health unit staff presence at meetings and at events, smoke-free messaging, and reminders about legislation (e.g., annual emails and updates as needed) were most commonly used to help ensure people were supporting smoke-free events, other interventions included:

- Discussing and working through event specific challenges such as counter-acting tobacco or other industry sponsors, addressing butt litter, and addressing non-compliant event staff, vendors and/or patrons.

- Giving awards to celebrate successes and inspire others such as a smoke-free champions' award.
- Having call-to-action letters from advocates.
- Issuing warnings and tickets to address non-compliance.

2.3   KEY MECHANISMS THAT BUILT SUPPORT

2.3.1   ACCOUNTABILITY

Stakeholders were held accountable for supporting smoke-free events in a variety of ways:

- Embedding smoke-free requirements within event permit processes and land-use agreements held event organizers accountable for restricting smoking. Event organizers typically accepted these smoke-free requirements as a condition of reaping the rewards associated with the event venue (e.g., waterfront location, promotions support, etc.).
- Using pre-event consultations to create smoke-free plans and holding event organizers accountable to their plans during event inspections.
- Sending call-to-action letters to event organizers to show support and to reiterate the rationale for being smoke-free. These letters were posted publically with a call-to-action to decision-makers such as the mayor, medical officer of health, the board of health, and other politicians. This helped hold accountable all stakeholders with a role to play in smoke-free events.
- Embedding smoke-free requirements and proprietor obligations into law, and threatening to and issuing tickets helped hold people accountable to support smoke-free events.

Accountability

Accountability occurs "when a principal exercises authority over an agent's actions, the authority being embodied in a judgement of whether responsibilities have been met, assessed against objective and externally specified standards" (Tilley, 2016)

A progressive enforcement approach for dispensing warnings and fines to people who smoke who violate smoking prohibitions at events was highly influential in promoting compliance. The progressive approach focused on educating and issuing verbal warnings, written warnings, and fines in certain circumstances as outlined below:

Tickets were often <u>not issued</u> when:

- people are making a reasonable effort to leave the smoke-free area;
- people are at or near the periphery of the property or smoke-free area;
- if people are agreeable and respond politely and courteously when informed and asked to smoke outside of the restricted area; or
- if the officer feels that providing education and a warning will be effective.

Tickets tended to be <u>issued</u> when:

- people have made no effort to adhere to the smoking ban;
- people respond belligerently or combatively when informed and instructed to comply; or
- people have already been educated and warned and it was not effective.

Having a strong enforcement presence, one that included TEOs, AGCO, event security and/or local police at a given event, fostered accountability among people smoking at events and their compliance with smoke-free and other rules.

It is important to note that while proprietor obligations could be used to bring event organizers onboard with supporting smoke-free events, knowing that vendors and patrons could be ticketed was often influential enough on its own. Many event organizers were persuaded to create aligned policies and protocols to limit the potential ticketing, which they viewed as being disruptive to the event experience, and helped ensure that their event ran smoothly.

Warnings and fines for proprietor obligations were typically not a primary tool used to influence event organizers, and event organizers were rarely ticketed. Warnings and fines for land-owners such as municipalities were even less common. Warnings and fines were often not a focus for this group of stakeholders because these tools did not always align with the health units' progressive behavior change strategies, which favoured supporting over controlling and included appreciation for incremental change.

With municipalities and event organizers, health units typically relied on an ongoing presence at various meetings and continued communication to help them understand that smoking at events is a concern, that the legislation is real, and that the legislation would be enforced. These efforts contributed to making smoke-free spaces, including events, a priority.

Having ongoing presence and, where possible, face-to-face interactions with decision-makers helped build rapport that motivated compliance. For example, in Ottawa, a long history of working with various municipal departments meant that the departments were more than willing to pick up the messages from the health unit and pass them on to event organizers. Similarly, when working with event organizers, it was a lot easier to get them to comply "when they know what you look like and they can put a face to a name."

2.3.2   REDUCING FEARS AND CONCERNS OF EVENT ORGANIZERS

Going smoke-free was a big change for event organizers and they had fears about how the legislation would impact their events. Some concerns included:

- making people who smoke feel unwelcome or otherwise unwilling to attend (e.g., not being able to smoke while drinking);
- ruining patrons' and vendors' experiences by giving them tickets;
- creating extra and/or costly enforcement work for event organizers; and
- having unrealistic expectations for change at events.

These fears seem to subside after seeing how the health units were supportive and used a progressive behaviour change strategy with them and their patrons, and how their events could be successful without smoking.

As event organizers' fears and concerns subsided this also helped build support for smoke-free spaces within municipalities because there was less opposition to health units' arguments.

2.3.3   VALUES AND NORMS ALIGNMENT

Some people were motivated to support smoke-free events based on the harms and/or nuisance of second-hand smoke. For events that include children and youth (i.e., events targeting children and youth, families or the entire community), alignment with underlying values of protecting children and youth from second-hand smoke typically provided enough motivation for event organizers and patrons to support making the events smoke-free. There was also a strong enough link to second-hand smoke protection at events such as races and running events to motivate organizers and patrons to support a smoke-free event

Recognition among event organizers that most people don't smoke has also prompted them, or at least has made them more receptive, to begin promoting their events in ways that appeal to a broader (non-smoking) audience. However, for adult-only events, events that valued uninhibited behaviours, and events in which smoking was a norm, people were less motivated. In these cases, using progressive enforcement to change norms was often an important first step for building support.

Health units also discussed their experiences with addressing cessation at events. Overall, informants felt cessation messaging got lost at events because patrons were generally not looking to go to an event to quit smoking. For this reason, cessation messaging and links to cessation supports were primarily used in broader campaigns, but were not emphasized in communications or activities during events.

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2.3.4 HELPING PEOPLE WHO SMOKE TO UNDERSTAND THAT THE EVENT IS SMOKE-FREE AND TO FIND AN APPROPRIATE LOCATION TO SMOKE

It was important to clearly communicate both where people can and cannot smoke because most events do attract people who smoke.

Health units made the public aware of smoking restrictions through awareness raising campaigns before events. Event organizers were also encouraged to include smoke-free requirements in their advertisements (social media, posters, flyers, on event tickets, etc.), on the event website, and on event tickets to help communicate smoking restrictions. Communications were also sent through sports associations and clubs to make their members aware of the smoking restrictions. Using similar set-ups across events also helps people know where they can and cannot smoke. During events, communications occurred through PA announcements, no-smoking signs in key locations (e.g., entrances, exits, food and drink outlets, washrooms, and anywhere people typically gathered and sat), and reminders from event volunteers and staff, local police, and TEOs.

Signage was particularly important and all health units provided organizers with additional signage specifically for events. These included adding permanent signage at event venues and providing large signs posted on fences or barricades for temporary use during events. In one case, a variety of signs were developed to address venues in different policy jurisdictions (e.g., by-laws were typically only applicable to events held on municipal property), as well as different event themes (e.g., Pride and winter events).

To communicate where smoking could occur, having an appropriate smoking location for each event venue was also important, but often difficult to find. Creating a DSA at the event was one way of creating a smoking location. However, when asked, health units felt that DSAs did not align with second-hand smoke exposure reduction and smoking de-normalization goals of their smoke-free events work. Because DSAs did not align well with the goals of smoke-free events work and were not permitted at many venues (e.g., areas with more progressive by-laws), use of DSAs within events was not promoted.

Site audits and GIS maps were used in some cases to identify smoking locations at various event venues. The following smoking location suggestions were used:

- Try to avoid allowing smoking locations near entrances because there are bottle-necks of people coming in and out of the venue; but if needed, choose an area near a less busy rear entrance.
- Try to avoid promoting the use of parking lots as smoking areas.
- Try to avoid people smoking in residential areas.
- If within the venue, try to find a segregated area or at least a low traffic area (e.g., outside a vendor area, outside of the main area of the concert, a secluded area behind a beer garden where alcohol is not permitted, etc.).

For events with a liquor license, a corral or stamp system works well. However, stamp systems were not always acceptable and if used, it was important for security to re-screen people before they re-entered the event.

Health units and event organizers shared and applied these event layout and communication insights to support continuous improvement in the development and management of smoke-free events. Health units were also able to carry forward learnings from work with event organizers as legislation changes increased the scope of events with smoking restrictions (e.g., when a smoke-free by-law was adopted or amended and when the *SFOA* was amended). Additionally, most event organizers shared their experiences with other organizers and used the same set-up as other events, which helped support continuous improvement and scaling.

2.4   KEY CHALLENGES AND CONSTRAINTS

Working with multiple public health messages:
Working with noise, alcohol, and smoking messages at events earned one health unit a temporary 'party pooper' moniker. However, the health unit maintained credibility and people were still seeking their advice and taking them seriously.

Addressing tobacco industry presence:
Difficulties were also experienced with event organizers that allowed marketing companies acting on behalf of the tobacco industry to be a part of events. Event organizers, tobacco companies and marketing companies were forewarned about their legislative requirements relating to smoke-free spaces, retail licensing, and advertising restrictions. This has helped reduce non-compliance. However, compliance issues at the patron level tend to be worsened at these types of events because patrons tend to be less informed about the smoke-free status of the event.

Overcoming event organizer revenue loss concerns:
Revenue loss was a concern raised at municipal tables and by event organizers. Having access to evaluation data that includes specific measures for events gave one health unit strong evidence when engaging in the discussions about revenue loss concerns. However, some event organizers did not accept evidence that supported the notion that events would likely not experience revenue and participation losses by going smoke-free.

Addressing non-compliant smoking at certain events:
Health units also identified several types of events that tended to attract more people who smoke than others and/or have an event image that supports non-compliance:

- adult baseball and softball tournaments;
- rural agricultural events;
- classic car events;
- events that serve alcohol where co-use of tobacco and alcohol was a norm;
- events held in neighborhoods with a high smoking prevalence; and
- events held on city streets or private properties (parking lots, fairgrounds, etc.).

It is important to note that some events with a culture of non-compliance can become a drain on municipal and health unit resources when trying to enforce smoke-free legislation and other laws.

Managing budgets and addressing rising demands:
In one municipality, an ever-increasing number of events hosted in the downtown area has increased demand for services from municipal departments. The health unit's food inspection group was the first to propose a cost recovery model, but influential event volunteer organizations persuaded council to reject the additional fees. The need for cost recovery remains, but it seems as though a fee-based cost-recovery system for events is off the table in that municipality for the time being.

Addressing use of DSAs:
There are reasonable arguments both for and against the use of DSAs at events. Currently, DSAs can serve as a reasonable solution to address people who want to smoke and can align with harm reduction; however, DSAs may not adequately fulfill the de-normalization and protection intentions of smoke-free policy interventions.

Working with existing legislation:
The *SFOA* creates smoking prohibitions that can apply to events depending on where and how events are held. However, the *SFOA* does not explicitly ban smoking from all spaces at all outdoor events. Although health units have worked to communicate and enforce the *SFOA* as it applies to outdoor events, the context-dependent applicability of the legislation within the event context poses a communication and enforcement challenge.

3.0 Discussion and implications for practice

This study used a realist-informed approach to better understand how health units are developing support for smoke-free events. All four cases reported growing support for smoke-free events despite having met some initial resistance and experiencing ongoing challenges:

- Many but not all municipalities have embedded smoke-free requirements into by-laws as well as event permits and land-use agreements.
- The majority of event organizers are aware of and accept smoke-free requirements, and are using the available supports and recommendations to help promote smoke-free compliance.
- While smoke-free compliance remains an issue at events, there is growing awareness and acceptance of smoke-free requirements and people are beginning to change their smoking behaviours while attending events.

All health units are satisfied with the outcomes in their jurisdictions; trends are tracking in favour of growing support for smoke-free events.

The cases shared key contextual factors that appeared to foster some common causal mechanisms, which, in turn, enabled health units to build support for smoke-free events:

- a supportive tobacco control climate established from past work and growing awareness and acceptance of the harms of second-hand smoke and the need for protection;
- the ability to influence policy decisions at the local level and the power to enforce policies that restrict/prohibit smoking at events;
- the ability to coordinate and work with other enforcement systems and partners; and
- strategies that emphasize progressive behaviour change to support stakeholders through the process of gradually developing smoke-free events.

Accountability was identified as an essential causal mechanism that helped build support for smoke-free events. Accountability structures such as smoke-free legislation with enforcement protocols, smoke-free requirements in event permit processes and land use agreements, agreed-upon event-level smoke-free plans, and publically posting roles of decision-makers helped define roles and ensure people were fulfilling them. These accountability structures were necessary controls, but typically worked best when used within a progressive behaviour change strategy that focused on being supportive not controlling. For example, warnings and fines were necessary to enforce compliance, but progressive enforcement resonated well with people because everyone could be dealt with in a way that addressed their readiness and allowed health units to support incremental change.

Reducing fears and concerns of event organizers was another mechanism that helped change perceptions and build support for smoke-free events. Seeing how health units were using a progressive behaviour change strategy and learning and experiencing successes related to hosting a smoke-free event were both key to reducing organizer fears and concerns. As subsided, there was less resistance during discussion with the municipalities, which in turn, made it easier to gain municipal support.

Helping people who smoke to understand that events are smoke-free and helping them find an appropriate location to smoke was another important mechanism for building support because it acknowledged the reality of smoking at events while promoting compliance and helping reduce negative perceptions smoke-free events. Health units, community partners, and event organizers themselves helped develop and promote event set-ups and communication strategies that worked well.

Alignment with values and norms was a mechanism that led to support for smoke-free events. When messaging and strategies did not align with personal values or normative behaviours it was more difficult to build support. In these instances, prioritizing strategies that seemed to have the best alignment and using progressive enforcement to change norms was often a necessary step for building support.

The findings of this study as a whole could be explained by the notion of motivation crowding. Findings suggest that protection of children and maintaining health and fitness goals may provide people with the intrinsic motivation to support smoke-free events. When external motivators are used (e.g., tickets, fines, other forms of accountability), people can either become more accepting or less accepting of the desired behaviour depending on what context and how the external motivators are applied (Frey and Jegen, 2001).

When external motivators do not build acceptance, it is referred to as crowding-out of intrinsic motivation, and when external motivators do build acceptance, it is referred to as crowding-in. The findings of this study suggest that educational campaigns and the growing acceptance of tobacco control have created a context that provides justification for the laws and fines and may promote eventual crowding-in of intrinsic motivation to support smoke-free events rather than obedience with the letter of the law to avoid a ticket.

However, even when accountability measures are justifiable, it is important to pay attention to how they are applied. According to Frey and Jegen (2001), the notion of supporting rather than controlling is important for building acceptance as it can impact a person's self-esteem and self-determination to get on board. Frey and Jegen note that self-esteem can be impaired when external motivators, such as accountability measures, do not acknowledge intrinsic motivation. There is a need to appreciate stakeholders' involvement and competence or their effort can be reduced. Frey and Jegen also note that self-determination can be impaired when stakeholders feel they are not in control of how they act (2001). The findings of this study map onto these notions well. For example, findings suggest that it may be important to support incremental change to maintain event organizers' self-esteem. For example, if an event organizer works to remove smoking from their event but creates only minor change and there is still non-compliant smoking, giving the event organizer a warning or ticket may tell them their efforts are not appreciated. Additionally, findings suggest that people who smoke may need help complying to maintain self-determination. Educating people who smoke and identifying a location where they can smoke (may help them feel they have not lost control over their own decision-making.

Within the context of the DoP findings, this way of understanding smoke-free events work emphasizes the importance of creating accountability and helping people who smoke to understand that events are smoke-free, helping them find an appropriate location to smoke, and reducing fears and concerns of event organizers. An important strategy that cases used to make this happen was progressive behaviour change. This strategy appeared to work by taking into account stakeholder readiness to help move each stakeholder towards the end goal of creating smoke-free events along their own contextually relevant pathway.

3.1   RECOMMENDATIONS

Use accountability structures and supportive partnerships:

- **By-laws:** Include smoking restrictions in outdoor spaces and/or parks and facilities by-laws that include a broad definition of smoking and clearly prohibits smoking at event venues and/or events.
- **SFOA:** Enforce the *SFOA* as it applies to events in your jurisdiction (event spaces that fit the *SFOA* definition of a restaurant and bar patio, sporting areas, etc.).
- **Land use agreements:** Include legislated proprietor obligations as a condition of the agreement.
- **Municipal event permit processes:** List smoke-free requirements on application forms, educate the review team and/or become a member, and have review team flag events where they suspect tobacco related issues (e.g., insufficient communication to patrons, illegal tobacco promotions, illegal DSAs, etc.) will occur.
- **Municipal event management teams:** Educate the team about smoke-free requirements and appropriate messaging, use the team's communication channels, have the team flag events where they suspect tobacco related issues will arise, and have the team promote events that target broader audiences.
- **Local event organizer associations, committees and groups:** Use meetings and other communication channels to share smoke-free information, promote event images that target broader audiences, and promote smoke-free planning practice sharing.
- **Local law enforcement:** Create a joint inspection/enforcement group, discuss smoking legislation, coordinate inspections to create a strong enforcement presence, promote a culture of compliance, and maximize use of trained officers hired for event security.
- **Alcohol Gaming Commission of Ontario (AGCO):** Ensure smoking is not permitted in licenced areas listed within liquor licenses, reinforce the obligation of liquor license holders to follow all provincial laws (e.g., *SFOA*), coordinate inspections to emphasis the connection between *SFOA* compliance and liquor licenses.
- **Local advocates:** Work with local advocates to create call-to-action letters, and post letters publically to hold the listed decision-makers accountable for their role(s) in creating smoke-free events.

Use a progressive behaviour change strategy with all stakeholders: Use education and awareness activities to make smoke-free events a goal, help people fulfill their role in making events smoke-free, monitor progress to ensure people are on the right track, and intervene to ensure people are supporting smoke-free events if needed.

Align to values and norms: Build on child and youth protection or health and fitness values where possible, focus on messages that align with the event experience, and promote inclusive event experiences with broad market appeal.

Support event organizers: Work directly or indirectly with event organizers to create smoke-free event plans, help them navigate challenges, conduct evaluations and share findings that help ease their concerns.

Help people who smoke comply: Acknowledge the reality of smoking at events by encouraging organizers to identify a feasible but appropriate smoking location and provide clear information before and during the event about where people can and cannot smoke.

4.0 Conclusion

When trying to build support for smoke-free outdoor events, public health units would benefit from using practices that create accountability, reduce fears and concerns of event organizers, align to values and norms of stakeholders, and help people who smoke comply. In this study, working within the existing supportive tobacco control climate, using policy interventions, partnering and creating linkages to other structures , and using a progressive behaviour change strategy with all stakeholders helped establish accountability, reduce event organizer concerns, align to value and norms, and help smokers comply. Findings from this study may be of interest to others who are working to build support for smoke-free events in their jurisdiction.

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