Majority support among the public, youth and smokers for retail-level controls to help end tobacco use in New Zealand

The New Zealand Government has recently committed to the goal of making New Zealand (NZ) smokefree by 2025.¹ There are growing discussions about the type and mix of measures needed to achieve the 2025 goal. Specific interventions have been suggested by: the Māori Affairs Select Committee (MASC) Report,² a commentary on the report,³ a ‘Next Steps’ document from the National Tobacco Control Working Group,⁴ and a Ministry of Health internal briefing document released through an Official Information Act request.⁵

Many of these suggestions reflect the need to target the retail availability and promotion of tobacco products, part of the increasing interest in the supply side of tobacco control.⁶,⁷ For example, the MASC Report recommended banning all retail displays of tobacco products, mandating the sale of nicotine replacement therapies (NRT) wherever tobacco is sold, increasing penalties and enforcement of bans on sales to minors, requiring all retail staff selling tobacco to be over 18 years, banning tobacco vending machines, and investigating giving Local Authorities powers to restrict the number and location of tobacco retailers in order to reduce children’s exposure to tobacco products.² It also discussed making retail premises where tobacco is sold accessible only to adults aged over 18 years, but did not make a specific recommendation to this effect. The ‘Next Steps’ document further recommended mandatory registration of all tobacco retailers as an initial step towards controls on retailers, and the consideration of banning duty free sales of tobacco.⁴

While the Government’s response to the MASC Report accepted the ‘aspirational’ goal of “reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smoke-free nation by 2025”,¹ it accepted only one retail environment recommendation in full. The Smoke-free Environments (Controls and Enforcement) Amendment Act 2011 will result in the removal of point-of-sale (POS) tobacco displays from 23 July 2012.

Other recommendations were accepted partially, deferred for further investigation or rejected. The Government will consider requiring tobacco retailers to be aged over 18 years if additional evidence of likely impact emerges. It will investigate reducing duty free sales allowances for travel with major tourism partners and giving Local Authorities powers to restrict the numbers and location of retailers, but rejected banning vending machines and mandating sales of NRT where tobacco is sold.¹ Overall, the Government’s response has so far resulted in only a minor increase in enforcement monitoring illegal sales to minors.

We have reviewed and synthesised support for the long-term goal of reducing tobacco availability as well as specific tobacco control interventions in the retail sector (Table 1). We excluded the removal of point-of-sale displays as this intervention comes into effect in July 2012, though we note the strong support for this measure from both the public and some retailers.⁸–¹⁰
Table 1. Summary of the results of New Zealand studies that consider attitudes to retail-level tobacco control interventions in New Zealand

<table>
<thead>
<tr>
<th>Survey results/ date published</th>
<th>Participants</th>
<th>Reducing the number of places that can sell tobacco</th>
<th>Other retail tobacco control interventions</th>
<th>Banning sales in 10 years’ time</th>
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<tbody>
<tr>
<td>International Tobacco Control Survey, NZ arm (2009/2010)(^{11-13})</td>
<td>Smokers: A national sample of adult smokers with boosted sampling of Māori, Pacific and Asian New Zealanders. N=1376 (Wave 1) N=923 (Wave 2)</td>
<td>Most (55.2%) agreed (while 38.8% disagreed), that the number of places allowed to sell tobacco products should be reduced gradually to make them less easy to buy (Wave 2). Support was highest among Māori (61.6%) and Pacific (75.1%) smokers.</td>
<td>Most (61.9%) agreed (34.1% disagreed), with restricting tobacco sales to dedicated outlets where children are not allowed to go (Wave 2). Support was highest among Māori (66.6%) and Pacific (83.4%) smokers.</td>
<td>Similar proportions agreed (46%) and disagreed (47%), that if effective nicotine substitutes became available, the Government should ban cigarette sales in 10 years’ time (Wave 1). The highest support was among Pacific smokers (62.3%).</td>
</tr>
<tr>
<td>Health Sponsorship Council – 2008 Year 10 In-depth survey (2009)(^{15})</td>
<td>14 and 15 year old smokers and non-smokers: N=3036 (420 current smokers)</td>
<td>Not applicable.</td>
<td>Around half (53.1%) of students agreed with the statement that tobacco companies should not be allowed to sell their products in the dairy at the checkout. Agreement was higher for non-Māori than for Māori (39.3% vs 29.7%) and for never smokers compared to current smokers (63.3% vs 22.0%).</td>
<td>Not applicable.</td>
</tr>
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| Health Sponsorship Council – National 2008 Health and Lifestyle Survey (2010)\(^\text{16,17}\) | Adult smokers and non-smokers: N=1608 (n=422 smokers) | Around two-thirds (65.6%) agreed that the number of places selling cigarettes and tobacco should be reduced to make these products less easily available. | Not applicable | Around half 49.8% agreed that cigarettes and tobacco should not be sold in NZ in 10 years’ time, while 30.3% disagreed.  
47.9% Māori agreed, 34.9% disagreed.  
59.7% Pacific peoples agreed, 19.7% disagreed.  
26.2% of smokers agreed, 55.3% disagreed. |
| Health Sponsorship Council- National 2010 Health and Lifestyle Survey (2011)\(^\text{17,18}\) | Adult smokers and non-smokers:  
N=1740  
866 European/Other  
460 Māori  
301 Pacific peoples  
113 Asian | Around two-hirds (67%)\(^*\) agreed that the number of places selling cigarettes and tobacco should be reduced to make them less easily available (29% strongly agreed, 38% agreed)\(^*\).  
Never-smokers, people living in low deprivation status neighbourhoods, women and people with a university qualification were more likely to agree. | Not applicable | A minority (43%)\(^*\) agreed that cigarettes and tobacco should not be sold in NZ in 10 years’ time  
Never-smokers, Pacific peoples and women were more likely to agree with this statement.  
A minority (42% overall)\(^*\) either agreed (27%) or strongly agreed (16%), that cigarettes and tobacco are too dangerous to be sold at all. |
| Action on Smoking and Health (ASH) Annual Year 10 | 14 and 15 year old smokers and non-smokers: | Two-thirds (66.6%) agreed that the number of places selling cigarettes and tobacco should be reduced to | Not applicable | Not applicable |
| Snapshot Survey 2009 (2012) | N=24,495 (2599 current smokers) | make them less easily available. (17.6% disagreed, 15.7% didn’t know) Students who did not have a parent who smoked were more likely to agree. |

*Results only reported to 0 decimal places.
The results shown in the table indicate that there is strong majority support among smokers, the general adult population, and 14 to 15-year-olds for reducing the number of tobacco retailers. There was also majority support among smokers for restricting places that sell tobacco to premises that exclude children and that make cessation products available. We did not find any data on the level of support for other measures such as licensing tobacco retailers, restricting duty-free sales, and requiring that tobacco retailers are over 18 years of age. There were no quantitative data on the level of support for tobacco control interventions in the retail sector among retailers.

There was substantial levels of support for ending sales of tobacco products altogether within 10 years, though among smokers this was when the caveat was added to the question that effective nicotine substitutes became available. Support for tobacco control measures in the retail setting and for ending the sales of tobacco products were higher among Pacific peoples, with mixed findings for Māori compared to non-Māori.

Public support for proposed policy options often influences politicians’ willingness to introduce new tobacco control measures, and so it can be useful for researchers to study these issues. This may be particularly true for health issues like tobacco control policies, where policy introduction and implementation is often highly contested by the tobacco industry and their commercial allies; and where some politicians can be ideologically trapped by their opposition to the regulation of markets. The evidence presented above from recent New Zealand surveys has shown that smokers, non-smokers and youth support many of the MASC recommendations to reduce tobacco supply and retail availability.

These levels of support are high given that the surveys occurred before there had been substantial public debate about retail-focused tobacco control measures other than removal of point-of-sale displays. The usual pattern observed is that support for tobacco control measures increases greatly following such debate and policy implementation. For example, this was observed with smokefree bars and restaurants with the introduction of the 2003 Smoke-free Environments Amendment Act.\(^{20}\)

Achieving the goal of a smokefree New Zealand by 2025 will require radical action.\(^{5}\) Despite the logic of supply-focused interventions, reducing the availability of tobacco products is an underdeveloped facet of tobacco control worldwide.\(^{6,7}\) This is also the case in New Zealand in the Government’s current approach to achieving the “Smokefree Nation 2025” goal. The findings of this study suggest that public opinion is running far ahead of the policy process, and that urgent consideration should be given to implementing the MASC report’s and National Tobacco Control Working Group’s recommendations on tobacco control interventions in the retail setting.

Richard Edwards\(^1\)*; Jo Peace\(^1\); Janet Hoek\(^2\); Nick Wilson\(^1\); George Thomson\(^1\); Louise Marsh\(^3\)

\(^1\) Department of Public Health, University of Otago, Wellington  
\(^2\) Department of Marketing, University of Otago, Dunedin  
\(^3\) Department of Preventive and Social Medicine, University of Otago, Dunedin  
* Correspondence: Professor Richard Edwards, Email: Richard.edwards@otago.ac.nz
References:


