

## A review of effects of retailer education on cigarette sales to minors in the greater Wellington region

Under the Smokefree Environments Act 1990 (SFEA) it is illegal to sell cigarettes or tobacco to a person under the age of 18. It has been established that the majority of smokers take up smoking during their teenage years; therefore the act provides a degree of health protection and prevention.<sup>1,2</sup>

In the greater Wellington region Regional Public Health supports the SFEA with two regulatory approaches designed to combat the sale of cigarettes to minors. These are: retailer education and regulatory enforcement. Retailers are educated on a one-to-one basis and their compliance is tested by means of controlled purchase operations (CPOs). There is some evidence suggesting retailer education may be a better method than CPO alone for achieving retailer compliance.<sup>3,4</sup>

Following a suggestion from Smokefree Officers in Wellington, I reviewed their data relating to this aspect of their work. The Smokefree Officers had hypothesised that their education visits to retailers would result in better compliance than CPO alone. During the normal course of their work, they had put this hypothesis to the test by measuring the two approaches. Across the region they divided 240 retailers into two equal groups. Group A (*N* 120) received an education visit followed by a CPO. Group B (*N* 120), a control, received only a CPO. A second phase of visits were conducted 15 months later (on average), during which CPOs alone were conducted on both groups.

The education visit consisted of a face-to-face discussion with the sales person or store manager. The discussion centred on the retailer's knowledge and obligations of the SFEA. Brochures on the legal requirements for the sale of tobacco were provided to retailers who needed them.

The CPO consisted of a visit by a minor who attempts to purchase cigarettes from the retailer under the supervision of a Smokefree Officer.

The reviewed data suggests that education visits (without CPOs) may have a slight advantage over CPO alone; there were more sales in the Group B (see table 1), but research design and protocols were not established and therefore limit a full discussion of the data. However, there were two interesting incidental findings from this study.

**Table 1. Number of cigarettes sales to minors across 240 retailers**

Retailer response	Number of sales Phase 1	% of compliance	Number of sales Phase 2	% of compliance
Education Group A ( <i>N</i> 120)	2	98%	2	98%
CPO Group B ( <i>N</i> 120)	14	88%	3	97.5%
Combined	16	93%	5	98%

The first incidental finding from this review was that compliance with the SFEA among cigarette retailers in the Wellington region is generally very high. The combined results showed that 93% of the 240 retailers tested were not selling to minors during the first phase of visits, and 98% of retailers were not selling to minors in the second phase. Research had suggested retail compliance regarding the sale of cigarettes to minors was relatively poor and could be improved with education.

The second finding was that there may be clusters of retailers who sell cigarettes to minors. Fourteen retailers failed the (Group B) CPO by selling cigarettes to minors. Of these, eight were situated in neighbouring suburbs in South Wellington. Of these, three were small convenience stores located in close proximity on the same main arterial road and two more stores were opposite each other on another main arterial road. Why these sales happened in such close proximity is not clear, but one suggestion is that if one retailer sells cigarettes to minors, then other retailers could be copying the behaviour, possibly in competition for the sales.

Another interesting note is that the five closely clustered retailers who sold to minors were located in relatively affluent suburbs. The New Zealand deprivation index, scales suburbs from 1 to 10, a score of 1 being least deprived and 10 the most deprived. These clusters of sales were in suburbs that usually score 2–3 on this scale. This runs against the conventional logic, that areas of low deprivation are where smoking rates are generally higher and therefore where you might expect to find more sales to minors.

This review suggests that the perhaps best practice for Smokefree Officers is a targeted approach. For example, where there have been complaints received about a retailer selling to minors, Smokefree Officers should target that retailer, and a cluster of neighbouring retailers, using educational visits and follow-up CPOs.

Although aspects of this review may be encouraging it does not suggest that underage smokers have difficulty obtaining cigarettes or change their smoking behaviour as a result of the high compliance among retailers. The threshold for smoking initiation may be affected by other factors, such as price, familial and peer smoking, and mass media campaigns.

Future research contrasting deprivation, sales to minors and smoking prevalence might provide insights regarding youth smoking initiation.

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