

Evidence of the impact of tobacco retail policy initiatives

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Executive Summary

Tobacco retailing laws in Australia primarily address three issues: prohibitions on selling tobacco products to minors, display of required health warnings at point of sale, and a complete ban on the retail display of tobacco products. From an international perspective the WHO Framework Convention on Tobacco Control has a limited focus on supply-side measures, but is supportive of licensing schemes and any measures that assist in preventing sales to minors.

Globally, preventing tobacco sales to minors has been the major focus area of most tobacco retailing laws. In order to maximise the effect of sales to minor legislation, there is a need for a systematic and comprehensive retailer enforcement and compliance program, this must include monitoring and reporting and make use of underage undercover shoppers. Enforcement programmes that significantly disrupt the commercial distribution of tobacco to minors can be expected to reduce the number of youth who use tobacco.

While research on sales to minors has a long history, that on other supply-side factors – such as licensing, the role of the retailer in tobacco sales and promotion, the number of retail outlets where tobacco is sold, and how and where tobacco is sold – is far less developed. Accordingly, little is known about the effect of reducing the number and type of tobacco retail outlets on tobacco consumption and prevalence rates. Equally, it is worth investigating the possibility of assisting retailers to move away from tobacco sales.

In light of the available evidence, a best practice approach to tobacco retail regulation includes licensing implemented together with strong enforcement and retailer education. This approach appears to be particularly useful in decreasing sales to minors and can serve as a means of permanently removing noncompliant retailers from the market. The greatest strength of a tobacco licensing system is that it provides a more effective way to ensure retailer compliance with existing tobacco control laws. There is no published evidence available that licensing contributes to reducing smoking rates.

Background and introduction

This NSW Ministry of Health commissioned this review of the evidence associated with the regulation of tobacco retailing. It seeks to answer the following questions:

1. What impact does regulation of the tobacco retail environment have on tobacco availability and sale to members of the public, particularly young people?
2. What approaches to regulation of the tobacco retail environment have proven unsuccessful, or lack evidence about their effectiveness?
3. Based on the evidence, what are the best practice approaches to regulation of the tobacco retail environment which may result in reduced smoking rates (including point of sale, sales to minors, licensing schemes)?

The evidence from this review will inform ongoing policy development in the area of tobacco retail regulation.

Summary of existing evidence of the impact of tobacco retail policy and its applicability in the NSW context

As in most nations, tobacco retailing laws in Australia primarily address three issues: prohibitions on selling tobacco products to minors, display of required health warnings at point of sale, and a complete ban on the retail display of tobacco products.

While research on sales to minors has a long history, that on other supply-side factors – such as licensing, the role of the retailer in tobacco sales and promotion, the number of retail outlets where tobacco is sold, and how and where tobacco is sold – is far less developed. However a small body of work addressing these other tobacco control supply-side issues has begun to emerge. As few supply-side controls have been enacted, much of the research completed in this area is either descriptive, qualitative, or if longitudinal, relatively short term. However, main findings have been replicated across different jurisdictions and time periods, lending greater confidence to results.

Point-of-sale

Tobacco product displays

NSW and all other Australian states and territories have now banned retail displays of tobacco products. Visible tobacco displays contribute to unplanned purchase, (1-3) make quitting more difficult(4) especially for those smokers who most notice displays,(5) and according to one smoker diary-style survey study, they may also increase the amount of smoking and likelihood of purchasing.(6) Full display bans are easy to enforce and achieve high compliance(7, 8) whereas partial bans or complicated restrictions are not well enforced nor do they serve to protect youth from exposure.(9) A 2009 systematic review concluded that point of sale display bans are justifiable on the grounds that advertising has been clearly proven to influence children to initiate smoking, and that packs are an important form of promotion.(10)

In a qualitative study with New Zealand smokers, the mere sight of a tobacco retailer prompted thoughts about smoking and in some cases lead to the unintended purchase of cigarettes.(11) It is unknown if in the absence of all point of sale marketing and displays if the sheer ubiquity of retail outlets selling tobacco product may still prompt tobacco purchases and sabotage quit attempts. NSW smokers live in a similar tobacco retail environment to those in the New Zealand study, but no local study has been conducted in NSW. Evidence examining limiting the number of tobacco outlets is presented further below.

Tobacco product price boards

Research conducted in Melbourne, showed that tobacco companies are likely to be using price boards to communicate brand reputation and popularity. Of the 281 retail outlets audited, 179 (64%) displayed price boards that were legible to customers. Only 11% of price boards listed brands in alphabetical order and 2% by price, but the remaining 87% had price boards designed to draw attention to particular products. Premium (more expensive and profitable) brands were noted as occupying prominent price board positions in petrol stations and newsagents, while value brands were mostly more prominent in small locally owned, family shops. Prominent positions were noted to be higher for premium brands in mid- and high-SES areas, whereas low-SES areas had a higher percentage of value brands in

the prominent position on price boards.(12) Given the similarity in regulations, it is likely that similar findings would be duplicated in a NSW study.

Graphic health warnings at point-of-sale

Displaying a graphic health warning at tobacco retail outlets may have a positive effect on consumer knowledge about tobacco health risks. In a New York study, where a graphic health warning sign displayed at retail had to compete with highly visible displays and tobacco marketing materials, resulted in increased awareness of health risks of smoking and stimulated thoughts about quitting smoking.(13) While there are no longer tobacco product displays in NSW, there may be potential benefit in requiring tobacco retailers to display graphic health warning signage.

Retail density, distance, location and type

Despite “place” being a key part of the tobacco marketing mix, there has been relatively little regulatory action in this area in comparison to controlling promotions, packaging, and price (through the application of excise taxes) of tobacco products. A notable exception is that tobacco products have long been voluntarily removed for sale from all Australian pharmacies. In her 2012 review of comprehensive marketing restrictions, Henriksen briefly summarised the evidence of “place” as a marketing strategy. The following is an edited extract from the paper, including the cited references(14):

- Evidence from Australia and international jurisdictions, primarily US, shows that low socio-economic status [SES] neighbourhoods and individuals have greater access to tobacco retailers.(15-20)
- Higher tobacco retailer density promotes smoking by making cigarettes more accessible and available and by increasing environmental cues to smoke and or purchase tobacco products.(18) A study from Ontario, Canada, found that the more tobacco outlets surrounding a high school, the greater the likelihood that underage smokers purchased their own cigarettes.(21)
- Higher tobacco outlet density is associated with smoking by both adolescents and adults, with evidence-derived predominately from cross-sectional studies conducted in the USA.(16, 18, 22-24)

Because there has been so little regulatory action globally to limit where tobacco is sold, there is not yet a body of evidence that can be drawn on to show whether such legislation effects tobacco consumption. The existing evidence consists largely of analysis of associations between outlet density, distance and type of outlet on smoking rates and tobacco purchase patterns. Regulating these aspects of tobacco retailing is a potential next step in nations, such as Australia, that have enacted comprehensive bans on tobacco advertising, promotion and sponsorship. The content below, in addition to the Henriksen review cited above, briefly summarises the key findings of this body of research.

Increased density of tobacco retailers in low SES and remote communities

The literature suggests that even after adjusting for higher smoking prevalence there is a greater concentration of tobacco outlets in lower SES communities than in higher SES areas. Based on data released by the New South Wales government through an access to information request of the tobacco retailer registrar, tobacco outlet density in NSW is 21.72 outlets per 100 000 people. Tobacco outlets are concentrated in areas of higher disadvantage, and those at a greater risk of poor health outcomes. This significant

association was evident even after controlling for smoking prevalence. There was also a strong positive association between tobacco outlet density and living in a remote community.(25)

Similarly, a national US study concluded that race, ethnicity and socio-economic status are positively associated with tobacco retail outlet density. Living in areas of high disadvantage confers a risk for higher retail tobacco outlet density regardless of whether the community is urban or rural. The study was unable to distinguish whether tobacco retailers targeted poor communities or respond to higher demand due areas of lower socioeconomic status.(26) Another US study found that for every \$10,000(US) increase in median household income there was a 0.9 unit decrease in tobacco outlet density, indicating that tobacco companies may attempt to promote availability of tobacco products in communities with low SES.(27)

Density and distance of retail outlets near schools and other effects on youth

The literature suggests that both density of retailers and proximity of retailers to schools influence smoking behaviour and tobacco purchasing by youth. US research showed that high density of tobacco retailers was associated with a greater belief that smoking makes youth look “cool” and helped them fit in.(28) A Canadian study found that the more tobacco retailers there were near a school, the more likely it was that underage youth were purchasing their own cigarettes. Higher levels of smoking prevalence were also observed in schools surrounded by more tobacco retailers.(21) Physical proximity to tobacco retail outlets in urbanised areas increases the ability of adolescents to purchase tobacco products.(29) Another US study concluded that after adjusting for school demographics and neighbourhood characteristics, the prevalence of current smoking was 3.2% higher among youth in schools in communities with more than five tobacco outlets than in communities with no outlets. Again, a higher concentration of tobacco outlets was found near schools with the most economically disadvantaged students.(18) In NSW, there are no limits of tobacco retailers near schools nor is it known if tobacco outlets are concentrated near schools in lower SES communities.

Distance to retailer and smoking cessation attempt

While very little has been published on the association between proximity and density of retail outlets and smoking cessation attempts, there is some evidence suggesting that living close to a tobacco retailer negatively affects cessation efforts. In a study measuring six-month continuous abstinence following a quit smoking attempt, participants living within a short walking distance, measured as less than 500m, to a tobacco retail outlet were less likely to succeed in quitting. Results remained significant after controlling for key demographic characteristics such as race and level of smoking.(30) In the same study however, tobacco outlet density was not associated with a successful quit attempt. A study from Finland found that, living in close proximity to a store selling tobacco products and having one or more tobacco stores within 0.50 km from home were associated with a decreased likelihood of smoking cessation among men who were moderate or heavy smokers at baseline. However the same was not true for female smokers, or among men who were light smokers, tobacco availability seemed to be associated with increased likelihood of quitting. The authors speculated that these gender differences could be due to the fact that women are more likely to be employed in smoke-free workplaces and that this may be a more important factor in influencing cessation. The results emphasise that it remains unclear whether the availability of tobacco affects the likelihood of smoking cessation.(31)

Type of outlet

Australian research suggests that supermarkets and tobacconists (which discount tobacco products more than other tobacco retailers) encourage larger purchases, meaning they are likely to contribute to higher levels of consumption by the most price sensitive smokers. Venues such as bars, pubs and clubs and convenience stores are favoured much more by lighter smokers, suggesting these types of outlets may contribute to impulse purchasing and smoking and that social opportunities involving the consumption of alcohol lead to increased tobacco purchases. Supermarkets were used for purchasing equally across light and heavy smokers.(32) While it is largely unknown how limiting the types of outlet that sell tobacco would impact on smoking rates, it is well understood that consuming alcohol, especially in social setting like bars and pubs, increases the amount of smoking, increases the likelihood of non-daily smokers smoking and undermines quit attempts.(33, 34) In NSW survey data, having cigarettes sold on the premises affected reported tobacco consumption in locations such as licensed clubs, hotels and bars, with 22.4% of smokers indicating they smoked a lot more, 17.2% smoking a little more, 50.1% smoking the same amount, and only 4.2% reporting that they smoked less.(19)

Sales to minors

The research findings are clear in this area, in order to maximise the effect of sales to minors legislation, there is a need for a comprehensive retailer enforcement and compliance program, this must include monitoring and reporting of violations and make use of underage undercover shoppers. Training retailers how to recognise fake identification may also assist in improving compliance.(35) There is no evidence to support that retailer education alone is sufficient in reducing sales to minors.

The most comprehensive and recent systematic review (2012) on sales to minors legislation shows that:

“every intervention that has successfully disrupted the sale of tobacco to minors has been associated with an observed reduction in tobacco use by youth. In this regard, the literature is unambiguous. Among the 424 papers reviewed, there was not a single study that demonstrated a significant reduction in commercial distribution without its having had a favourable impact on youth smoking. There is no evidence to support strategies that do not disrupt commercial distribution, such as enacting laws without enforcing them, or relying entirely on merchant education. Enforcement programmes that disrupt the commercial distribution of tobacco to minors can be expected to improve public health by reducing the number of youth who use tobacco. All successful enforcement programmes employ routine inspections involving test purchases by minors.”(36)

Significant decreases in adolescent smoking rates on the Central Coast of NSW, in comparison to state and national level data, are thought to be at least partially attributed to the positive effect of strict law enforcement of sales to minors legislation. Retailer education, enforcement and publicity are named as the key components in achieving this success.(37, 38) It is important to consider that these findings may not be directly transferable to other NSW communities, particularly urban settings. Additionally, social sources of tobacco from older siblings, friends and family members would only be minimally affected by sales to minors laws. Interventions other than sales to minors laws are required to ensure youth smoking continues to decrease.(39)

A US national study demonstrates that this approach to retailer compliance can be effective across an area encompassing wide geographical and demographic variety. Between 1997 and 2003, higher average state compliance was associated with lower levels of current daily smoking among adolescents. The odds ratio for adolescent daily smoking was reduced by 2% for each 1% increase in retailer compliance. After controlling for price changes, media campaigns and smoking restrictions, a 20.8% reduction in the odds of smoking among 10th graders in 2003 was attributed to the observed improvement in retailer compliance. There was no impact on trying tobacco; enforcement is about being able to prevent regular tobacco purchases amongst minors.(40) Prior to this study, in 1996, the U.S. federal government enacted the Synar Amendment that required states to enact and enforce laws prohibiting the sale of tobacco to minors. Mandatory annual state progress reports documented marked improvement in compliance in 49 states between 1997 and 2003. This study found that Synar Amendment with its threat of financial penalties for states was the primary motivator for most states to enforce tobacco sales to minors laws.

Licensing

Part IV of the WHO Framework Convention on Tobacco Control [FCTC], briefly outlines measures relating to the reduction of the supply of tobacco.¹ Specifically, parties to the treaty are encouraged to “endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.” In addition to restricting sale of tobacco products to adults only, countries should also “implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.” In NSW, minors are permitted to sell tobacco products in retail outlets.

Tobacco retailer licensing is premised on the concept that retailers selling tobacco products must comply with all relevant laws or have their licensed right to sell tobacco products withdrawn.(41) Due to the profitable nature of tobacco retailing, small monetary fines and the low probability of detection for selling to minors are unlikely to impact on retailer behaviour. With the significant financial threat of loss of licence, licensing supported by compliance monitoring provides a potentially more effective way to control the illegal sale of tobacco products to minors. This was the case in Singapore, where in apparent frustration that fining retailers for selling tobacco products to minors was not resulting in high levels of compliance, from December 2010 the Singapore Health Sciences Authority (HSA), began suspending and completely revoking tobacco retailer licences for infractions. If caught selling to minors, retailers will:

- On first offence, receive a six-month suspension of their tobacco retail licence
- On second offence, have their licence revoked
- If found to have sold tobacco products to underage youth in school uniform or those below 12 years of age, have their licence immediately revoked, even at the first offence.(42)

The HSA also publishes a publicly accessible online listing of all tobacco retailers that have had their licence suspended or revoked.² As of December 2013, seven retailers have had

¹ http://www.who.int/fctc/text_download/en/index.html

² List is available here:
http://www.hsa.gov.sg/publish/hsaportal/en/health_products_regulation/tobacco/Suspended_Licences.html

their licence completely revoked and more than 30 had their licence suspended for six months in the past two years.

In 2002, a report was prepared for Australia's Commonwealth Department of Health and Ageing on the desirability and best practice arrangements for licensing of Australian tobacco retailers. It endorsed the value of consistency in licensing of tobacco retailers but did not consider a national approach likely, suggesting that licensing at the state level appeared a more likely course of action.(43)

Victoria and Queensland do not require retailers to be licensed, while NSW, ACT, Tasmania, Northern Territory, Western Australia, and South Australia have each implemented different types of licensing schemes. (Table 1 in the Appendix summarises the different state-level licensing schemes.) There are few provisions to limit the ability of any potential retailer to obtain a licence. In states that require a licence, provided the appropriate form is completed and any fees paid, the licence is generally granted. A primary purpose of licensing in Australia is to track the number of tobacco outlets in order to assist with implementing compliance programs. WA is the only state that currently publishes a searchable public register of all tobacco retail licences. There is no evidence that any Australian tobacco retailer has ever had their tobacco license suspended or revoked, despite reports of violations to sales conditions.

Licensing of tobacco retailers globally is varied, but in general, even in the small number of jurisdictions that require a licence there are few barriers to obtaining a licence, granting virtually any business the opportunity to sell tobacco products. In some US states the requirement for tobacco retailers to be licensed has a primary purpose of preventing the sale of products to minors, although it is also suggested licensing holds the potential to limit the number/density, location and type of tobacco outlets.(44) (The Appendix contains further details of the provisions included in some of the California and New York licensing schemes.)

An evaluation of the effectiveness of licensing laws in California demonstrated that local tobacco retailer licensing ordinances with strong enforcement provisions are highly successful in reducing sales to minors. Rates of tobacco sales to minors decreased, often significantly, in all municipalities with a strong tobacco retailer licensing ordinance where there was before and after implementation data available. Importantly, a licensing ordinance by itself did not automatically decrease sales rates; education and enforcement were also essential.(45)

In light of the available evidence, a best practice approach to tobacco retail regulation includes licensing together with enforcement and education. This approach appears to be particularly useful in decreasing sales to minors and permanently removing rogue retailers, who fail to comply with existing tobacco control laws, from the market. There is no published evidence available that licensing contributes to reducing smoking rates. Licensing also ensures that an accurate database of existing retailers is maintained which further enhances compliance and enforcement programs, which have been proven as essential components in the effective implementation of all tobacco retailing laws.

The role of the retailer

Research analysing tobacco industry documents has revealed the longstanding importance of the retailer's role in communicating with new and current consumers.(46) As restrictions on tobacco marketing in Australia have increased, the value of this crucial relationship has

only increased. According to internal documents and retail trade publications, the tobacco industry targets retail outlets through five distinct methods: sales incentives, trade promotional expenditure, in-store marketing assistance, alliance building, brand advertising in the trade press, and provision of an electronic retail distribution system.(47)

There are several recent examples of the tobacco industry targeting retail outlets. In December 2008, Imperial launched a sales initiative to stock Peter Stuyvesant cigarettes in fashion outlets in Adelaide.(48) The sales program included cash incentives of up to \$2000 a year to stores agreeing to sell cigarettes, leaflets given to fashion outlets promoted smoking as safe and cool, free cigarettes were given to stockists, lunches and a boat cruise were held for businesses which sold the brand. Due to the resulting public and political outrage, Imperial announced that it would withdraw all cigarettes from the fashion outlets by 31 January 2009.

The tobacco industry also places advertisements about new products or changes to current products in key trade and retail publications. For example, a double-page ad for Marlboro appeared in the March 2010 issue of *Bartender* magazine. Tobacco industry employees also attend and present at retailer conferences and meetings. The delegates at the 2010 Australian Liquor Stores Association conference heard a representative from British American Tobacco Australia, discuss “potential opportunities for profit within the category while complying with the new display ban regulations.”(49)

Despite this strong relationship with the tobacco manufacturing industry, there is some evidence that retailers are ambivalent about selling tobacco products.(50) Interviews with a small number of tobacco retailers in New Zealand (n=18) revealed that selling tobacco was something they disliked, but felt that they had to do – that selling tobacco was simply part and parcel of being a retailer.(51) The majority of those interviewed felt that because their retail competitors sell tobacco, they also needed to sell it. Retailers described tobacco as a high-turnover but lower-profit product, but said removing it from sale would mean missing out on sales of more profitable items such as cold beverages and confectionary often also purchased by smokers coming in to buy tobacco products.³ The majority of these retailers supported the concept of tobacco retailer licensing; they often “compared it to alcohol, stating that they are similar products (in terms of harm to the community), and therefore should be treated in a similar manner.”(51) However, retailers were concerned that a licensing system would be costly and involve complicated forms and training. Retailers also supported playing a role in providing cessation materials to customers, including being required to sell nicotine replacement therapies if they were tobacco retailers.

Interviews with Californian grocery store managers who had decided to stop selling tobacco products revealed opportunities for businesses to benefit from no longer being tobacco retailers.(34) Store management saw the decision to end tobacco sales as image enhancing and consistent with being positioned as selling healthy foods. Focus groups conducted with store customers showed that while they were largely unaware that these retailers had stopped selling tobacco, they all supported the decision and said it made them more likely to shop there.

³ It is important to remember though, that in the Australian context, the total tobacco sales value is very high, so even a small percentage profit is likely to be of significance to most retailers.

In the NSW context, there are a number of retail outlets that could sell tobacco products but voluntarily choose not to do so; little is currently known about what influences this choice, as there is no published data available.

Public opinion

Public opinion supports stronger measures to restrict the availability of tobacco products. New South Wales survey data from 2004(52) show that the majority of respondents felt that tobacco products were too easy to buy and that the majority supported policies designed to reduce the easy availability of tobacco products, including:

- Licensing of retailers
- Phasing out of vending machines in licensed premises to reduce minors' access
- Reducing the number and type of tobacco outlets
- Prohibition of tobacco sales within 10 years.

The 2009 New South Wales Smoking and Health Survey found very strong community support (91%) for legislation to ensure that tobacco retailers were licenced to sell tobacco products, similar to the laws applying to the retailing of alcohol and that retailers should be required to check proof of age for all customers who appeared to be under 25 years (81% support). While non-smokers were more likely to support these measures, there was majority support for the measures (from 77% upwards), even among current smokers.(53)

Focus group research with NSW smokers in 2006 explored their views on future regulatory options, including a ban on cigarette sales from supermarkets and convenience stores, with sales only allowed at licensed tobacconists.(54) Participants felt this option would make little difference to smoking rates, but might work in conjunction with other policies. A variety of arguments both for and against this policy were discussed: some smokers argued that inconveniencing smokers through limiting sales outlets would reduce consumption, while others felt this was just inconvenient “punishment” for older smokers, those without transport, and people living in low-density housing and rural areas. Some of the smokers said such restrictions would reduce their own consumption, but others said they would simply stockpile instead. It was acknowledged that alcohol retailers are licensed in Australia, so it made sense that tobacco retailers should also be required to be licensed. Some argued that licensed outlets would reduce underage sales, making it easier to catch offending retailers; others were more resigned to underage smoking, saying that children would always find a way to get cigarettes.

Recommendations and Conclusions

Overall, reflected on the evidence reviewed, it is evident that a combination of licensing, enforcement and education, further restrictions at point-of-sale and a well-funded sales to minors compliance programs have potential to further denormalise tobacco products and perhaps to further reduce use. Developing a policy and associated research and evaluation strategy will require partnerships across governments and non-government organisations. Building partnerships with retailers could also be beneficial in securing any reforms.

The recommendations and conclusions summarised below are separated by key area of tobacco retailing.

Monitoring, compliance and enforcement

No tobacco control policy or regulation can reach its maximum effectiveness if there is not adequate monitoring, compliance and enforcement. The evidence reviewed showed that:

1. Accurate knowledge about the number, type and location of tobacco outlets is essential to monitoring tobacco industry activity and enforcing tobacco retail restrictions. Current best practice makes this type of information available through a publicly searchable online database.
2. Enforcement programs are most effective when they are well funded and include regular compliance checks of retailers.
3. Penalty infringement notices (on the spot fines) are a useful enforcement tool. (37)

Licensing

Based on the available evidence, a tobacco retail licensing scheme is likely to be a valuable part of comprehensive tobacco control. The evidence supports the following conditions:

1. The licensing scheme follows best practice and includes active, annual reporting requirements, strong enforcement and retailer education.(44, 55)
2. Best practice in tobacco retail law enforcement includes the loss of a tobacco retail licence as a genuine consequence when violating licensing conditions.(14)
3. Training of all retailers and staff on tobacco licensing laws increases compliance. Revocation of a tobacco license serves as an incentive for adherence to regulatory measures.(56)In the US, community level control of tobacco retailing has led to stricter provisions on tobacco retailing.

Initial evidence suggests that there are potentially additional aspects of tobacco retailing that could be reformed through a tobacco retail-licensing scheme. Possible measures include:

1. The convenient supply of tobacco may be reduced by restricting the number of tobacco outlets through a system of limiting new licences.
2. Reducing the density and limiting the proximity of tobacco outlets near schools and other places frequented by children(57) through local zoning ordinances may reduce youth smoking.
3. Limiting the proximity of all tobacco retailers to each other and introducing a moratorium on new licenses until a target density has been reached(58) may have a positive effect on reducing smoking.

However, there is cause for caution and careful consultation due to potential unintended consequences of concentrating tobacco sales in fewer, larger retailers – such as potentially lower tobacco prices and/or smokers stockpiling large purchases.

Role of the retailer

Considering the role of the retailer not just in selling tobacco, but also as an ally in tobacco control is a potentially innovative strategy. Possible actions include:

1. Reductions in retailer density could be achieved through providing incentives to retailers to stop selling tobacco products. (58) As occurred in sport and the farming sector, committing a proportion of public monies to support the movement of small

businesses, particularly those near schools, away from dependence on tobacco seems a possible strategy.(47)

2. Requiring all tobacco retailers to provide cessation materials and/or sell nicotine replacement therapies may assist smokers to quit and appears to be supported by retailers.(51)

Point-of-sale

While NSW has banned all point-of-sale tobacco advertising and the visible display of tobacco products, tobacco brands and prices can still be advertised in at retail point-of-sale.

1. Current tobacco price boards, even in the absence of point of sale displays, continue to promote tobacco brands.(12)

Best practice tobacco retailing

In order to ensure that youth are protected from all tobacco promotions and to minimise the probability that minors will be able to purchase tobacco products, the WHO FCTC recommends that:

1. Tobacco products should not be sold by people under age 18.(59)

Sales to minors

Following on from implementing an adequate enforcement program, there is also evidence that compliance with sales to minors laws can be further enhanced by targeting specific retailers.

1. Selective and more regular enforcement of youth access laws in retail outlets in close proximity to schools might help to prevent underage youth from smoking.(21)

Gaps in tobacco control retail knowledge where additional research and information is required

While the following conclusions cannot be stated definitively, based on the research reviewed, there is sufficient merit to warrant further investigation in how tobacco retailing could be further regulated.

Limiting where tobacco is sold

Because no jurisdiction has yet implemented and evaluated the effect of reducing the number and/or type of tobacco retail outlets it is not possible to determine how this aspect of tobacco retailing can or should be regulated. There are a number of research questions that need to be addressed:

1. Research is necessary to determine if eliminating the sale of tobacco products in establishments where smoking is already prohibited, such as airports and hospitality venues, complements smoke-free laws and reinforces social norms against smoking.(14)

2. Investigation of how licensed premises promote impulsive tobacco purchases and smoking(11) with the aim of assessing if eliminating tobacco sales at venues where alcohol is sold is warranted and feasible.(32)
3. Researching the health, sociological, and behavioural effects due to the ubiquitous retail availability of tobacco product in the absence of displays and adoption of plain packs is needed.(60)
4. It remains unclear whether more severe restrictions on the number of tobacco outlets would significantly influence consumption rates, especially if people had to travel longer distances to purchase tobacco. Further analyses involving different travel time thresholds are required.(19)
5. Given that many people purchase tobacco from non-neighbourhood outlets (eg near workplaces), then the access effects could also be mitigated by restrictions on locating outlets selling cigarettes within important employment nodes (eg city centres), more investigation is needed.(19)
6. Greater local restrictions on tobacco retailing in more deprived areas need to be assessed to determine if it is appropriate policy.(61)
7. Longitudinal studies are needed to assess associations between tobacco outlet density and smoking uptake and cessation.(25)
8. Including income inequality as an important variable when studying geographic associations between outlet density, demographics, and health-related variables is necessary.(23)
9. Gauging support for banning or restricting the location of tobacco-only stores in a community may be useful.(18)

Role of the retailer

From a public health perspective, little is known about the important relationship between tobacco retailers and the tobacco industry. It may prove value to tobacco control efforts to learn more about how this relationship impacts on the sale of tobacco products to consumers.

1. Gathering more detailed knowledge of tobacco company contracts with retailers, and a better understanding of what motivates retailers to refuse or abandon the sale of tobacco products, could improve policy development.
2. The tobacco industry currently has much closer relationships with retailers than the tobacco control sector. Understanding the relationship between retailers and the tobacco industry may assist the tobacco control sector to formulate regulatory solutions that work to both reduce tobacco use and assist retailers to move away from selling tobacco products.(47)

Licensing

While the best available evidence supports implementing a tobacco licensing scheme, there remains limited knowledge of some areas of how best to design and implement such a scheme. Further research may be needed in order to:

1. Model if licensing fees should be proportional to tobacco sales revenue for an individual retailer.
2. Assess the possibility of using zoning laws to restrict the licensing of tobacco retail outlets around residential areas in order to potentially reduce consumption and prevalence.(30)

Monitoring, compliance and enforcement

Local level data reporting of smoking rates is now available in NSW. To complement this prevalence monitoring it may also be beneficial to monitor tobacco sales data at a local level.

1. Accurate collection and reporting of local level sales data may assist in tobacco control planning and evaluation.

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