



ELSEVIER

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

Regulating the sale of tobacco in New Zealand: A qualitative analysis of retailers' views and implications for advocacy

Lindsay Robertson^{a,*}, Louise Marsh^a, Janet Hoek^b, Rob McGee^a, Richard Egan^a^a Cancer Society Social & Behavioural Research Unit, Department of Preventive and Social Medicine, University of Otago, Dunedin 9054, New Zealand^b Department of Marketing, University of Otago, Dunedin 9054, New Zealand

ARTICLE INFO

Article history:

Received 2 April 2015

Received in revised form 11 August 2015

Accepted 17 August 2015

Keywords:

Tobacco control

Public policy

Tobacco retail licensing

Stakeholder acceptability

ABSTRACT

Background: In contrast to the sale of alcohol and other psychoactive substances, the retail availability of tobacco in New Zealand (NZ) is relatively unregulated. Tobacco is almost universally available, and the absence of a licensing scheme for tobacco retailers makes enforcement of retail-level legislation challenging. As a key stakeholder group, the views of tobacco retailers are likely to influence the tobacco retail policies that gain political support. We explored NZ tobacco retailers' views towards mandatory licensing of tobacco retailers, and how they perceived policies that would reduce tobacco availability.

Methods: We conducted face-to-face interviews with tobacco retail store owners and managers throughout NZ ($n = 21$). A semi-structured interview guide was used, and interviews explored participants' views of existing tobacco retail policies, the NZ government's goal of becoming a smokefree country by 2025, possible future policies, such as licensing of tobacco retailers, and perceptions of selling tobacco. Qualitative content analysis was conducted using the interview transcripts as the data source.

Results: The tobacco retailers interviewed expressed varying views on how tobacco sales should be regulated. Around half of the study participants were positive or indifferent about mandatory retailer licensing, and several believed licensing would not have a large impact on them. The idea of restricting the sale of tobacco within 500 m of a school was generally well received by participants, and had more support than policies that would prohibit certain outlet types from selling tobacco.

Conclusion: In contrast to claims made by industry-related organisations, a proposed licensing policy is unlikely to be met with blanket opposition from tobacco retailers. Advocacy efforts may garner more support for tobacco retail policies if the purpose of policies was framed in terms of protecting young people from smoking.

© 2015 Elsevier B.V. All rights reserved.

Introduction

As with many developed countries, tobacco control policy in New Zealand (NZ) has traditionally focused on demand-side interventions, such as media campaigns to deter smoking, health warnings on packaging, restrictions on tobacco advertising and sponsorship, and provision of smoking cessation interventions (Edwards, Russell, Thomson, Wilson, & Gifford, 2011). In comparison to the regulation of the sale of alcohol and other psychoactive substances, NZ has enacted relatively few policies to modify the tobacco retail environment.

The *Smokefree Environments Amendment Act 2011*, which prohibits tobacco product displays at the point-of-sale, was

therefore an important milestone. All forms of tobacco promotion are now prohibited in retail stores in NZ; tobacco products are stored in closed cupboards or drawers, and standardised price lists are the only information available about brands. However, there remain some significant inadequacies regarding the regulation of tobacco sales. The NZ government has committed to a goal of making NZ a smokefree country by the year 2025; this goal is widely understood as reducing the smoking prevalence among all population groups to no more than five percent. To help achieve this goal, tobacco control advocates have suggested that policies should be broadened to reduce the supply and availability of tobacco products (Edwards et al., 2011). Some jurisdictions in Australia and the U.S., for example, have enacted tobacco retail licensing or zoning regulations (e.g. Bowden, Dono, John, & Miller, 2014; Centers for Disease Control and Prevention, 2012; Coxe et al., 2014; Henriksen, 2012).

Since no licence is required to sell tobacco in NZ, no register or accurate database of tobacco retailers exists to support

* Corresponding author. Tel.: +64 3 479 7225; fax: +64 3 479 7298.
E-mail address: l.robertson@otago.ac.nz (L. Robertson).

enforcement of current smokefree legislation (Marsh, Doscher, & Robertson, 2013). Existing legislation prohibits the sale of tobacco to people under 18 years old, yet a small proportion of minors report retail stores as their usual source of supply (Gendall, Hoek, Marsh, Edwards, & Healey, 2014). Legislative enforcement is conducted by approximately 40 Smokefree Enforcement Officers (SEOs) (Brendon Baker, email to author, March 3, 2015), the majority of whom work part-time. Consequently, capacity for policing under-age sales among the estimated 7800 premises that sell tobacco (Euromonitor, 2014) is very limited. The absence of tobacco retail licensing also means that anyone may sell tobacco, anywhere, and at any time; as a result, tobacco is available ubiquitously (Marsh et al., 2013). Researchers have argued that the widespread availability of tobacco is a primary form of tobacco promotion in countries where there are strong restrictions on tobacco marketing (Paul et al., 2010). The lack of tobacco supply regulation is considered to be inconsistent with public health messages about the dangers of using tobacco and with the NZ government's goal of becoming a smokefree nation by 2025 (Maubach et al., 2013). Furthermore, the ease with which people may access tobacco influences smoking patterns. A greater density of tobacco retail outlets is associated with higher rates of smoking among both adults and youth (Chuang, Cubbin, Ahn, & Winkleby, 2005; Novak, Reardon, Raudenbush, & Buka, 2006). This association may be explained by greater exposure to cigarette advertising in jurisdictions that do not have a point-of-sale display ban (Henriksen, Schleicher, Feighery, & Fortmann, 2010), greater likelihood of impulse purchasing among attempting quitters (Burton, Hoek, Nesbit, & Khan, 2015), and the creation of more competitive local markets, which may lead to lower cigarette prices (McCarthy, Scully, & Wakefield, 2011) and sales to minors (Leatherdale & Strath, 2007). Higher numbers of tobacco outlets around a school may also be associated with smoking initiation among students (Henriksen et al., 2008).

Consequently, tobacco control advocates have called for mandatory licensing of tobacco retailers, a measure that could support stronger restrictions on where tobacco can be sold and by whom (Jaine, Russell, Edwards, & Thomson, 2014; New Zealand Smokefree Coalition, 2012). These propositions have strong support from non-smokers and smokers alike (Edwards et al., 2012; Thomson, Wilson, & Edwards, 2010; Whyte, Gendall, & Hoek, 2013). For jurisdictions considering strategies to reduce the availability of tobacco, evidence of how the public views these policies can support advocacy for greater tobacco control efforts. The views of key stakeholder groups, such as tobacco retailers, may also influence adoption of policies such as tobacco retailer licensing. A NZ study conducted in 2012 found that many tobacco retailers were ambivalent about selling tobacco and that several supported the idea of tobacco retail licensing. However, an in-depth analysis of views on licensing was not reported, and the study did not investigate retailers' views on different policy options to reduce tobacco availability (Jaine et al., 2014). Overall, retailers' opinions have so far received relatively little attention among tobacco control researchers. By contrast, the tobacco industry has often claimed to represent tobacco retailers' views, most recently when opposing plain packaging policies (Deloitte, 2011; Roy Morgan Research, 2013; Savell, Gilmore, & Fooks, 2014). Similarly, national retailer organisations such as the NZ Association of Convenience Stores (NZACS) frequently make submissions on proposed tobacco control policy. Yet given the presence of tobacco industry executives on the NZACS Board (New Zealand Association of Convenience Stores, 2015), their submissions are highly likely to represent industry interests, which may not mirror those that individual retailers hold (Hoek, Vaudrey, Gendall, Edwards, & Thomson, 2011). We explored tobacco retailers' views

of mandatory licensing and other policies that could reduce the availability of tobacco products. We probed factors underlying retailers' views, as their perceptions may be amenable to change through media advocacy or education. As a secondary aim we explored retailers' relationships with the tobacco industry, as very little NZ research has examined this area.

Methods

Sample

Known tobacco retailers in NZ were drawn from a NZ database developed in a previous study, which identified 5008 outlets (Marsh et al., 2013). While reasonably comprehensive, the database likely underestimates the actual number of retailers in NZ: British American Tobacco report having 7800 retail customers throughout NZ (Euromonitor, 2014). A purposeful sampling strategy was used (Patton, 2002), with retailers stratified by outlet type, neighbourhood-level socioeconomic status (SES), and urban vs. rural location; approximately equal numbers of retailers were drawn from the North and South Islands of NZ. This procedure ensured we obtained broad representation of retailers in NZ. The following types of retail outlet were included in the sample: *dairies* (e.g. small corner stores); *small supermarkets* (typically a larger premises than a dairy with a wider range of products, often including alcohol, sometimes referred to as convenience stores or mini-marts); and *supermarkets*, *service stations* and *liquor stores*. These categories represent the main types of outlets selling tobacco in NZ and, collectively, they comprise approximately three-quarters of the known tobacco retail outlets (Marsh et al., 2013). We anticipated that saturation of themes would occur at around 22–25 interviews, therefore quotas of 4–5 retailers were set for each category of retailer. An address was defined as being “urban” if it was located within a “main urban area” according to Statistics New Zealand maps (Statistics New Zealand 2001); all other addresses were categorised as “rural”. Data on the SES of the neighbourhood of the outlet were obtained in a previous study using 2006 census data and GIS software (Marsh et al., 2013).

Qualitative approach

The approach used in this research was qualitative description, a highly pragmatic qualitative research method with an emphasis on obtaining information for practical application (Neergaard, Olesen, Andersen, & Sondergaard, 2009). The purpose of qualitative description is to provide “a rich, straight description” of the data, as opposed to a highly interpretive meaning of an experience, or theory development (Neergaard et al., 2009). Qualitative description uses generic qualitative methods, such as participant recruitment, interviews, reflection on the interviews, coding data into themes and analysis (Caelli, Ray, & Mill, 2003). A semi-structured interview was used, whereby the discussion topics were specified in advance, though flexibility in wording and sequencing of questions was retained by the researcher to ensure the interview remained natural and conversational (Patton, 2002). The interview guide consisted of general introductory questions about the most popular tobacco brands retailers sold. Following this introduction, the interview explored participants' views on existing tobacco control policies (including the point-of-sale display ban and the government annual tax increases of 10%); the 2025 goal; selling tobacco, and possible future policies, such as tobacco retailer licensing.

Procedure

Retail stores in the sampling frame were approached in person by the lead researcher (LR), who asked to speak with the owner of the store or the manager. If neither the owner nor manager were

available, a suitable time to return to the store was arranged, where possible. Once participants had read the information sheet, a suitable time for an interview was arranged at the store premise. Before the interview was carried out, written consent was obtained from each participant. Where possible, interviews were conducted in a store office, however around one quarter of the interviews took place on the shop floor and interviews were paused when customers entered and made purchases. Each interview was audio recorded and subsequently transcribed. Data collection was conducted between May and November 2014 and all interviews were conducted by LR. Data analysis was carried out by LR and began while interviews were being carried out. Interviews continued until the point of saturation, where no new themes emerged. Ethical approval was obtained from the University of Otago's Human Ethics Committee (Ref 13/147).

Analysis

Interview transcripts were checked for accuracy against audio files, and qualitative content analysis was undertaken using transcripts as the data source. The focus of qualitative content analysis is on summarising the informational content of the data (Morgan, 1993). Data were initially analysed in a deductive manner using the interview guide as a framework, and inductive analysis was also used as patterns emerged from the data themselves (Patton, 2002). After coding all the interview notes, the data were sorted to identify themes. Commonalities and differences among the data were identified and extracted for further consideration. The second author (LM) coded three randomly selected interviews. The initial themes were compared between LR and LM who subsequently reviewed and finalised themes through discussion.

Results

Participants

Contact was made with a total of 50 retail outlets; of these, 48 sold tobacco, and 21 agreed to take part in the study. Among the 27 retailers who did not participate, most declined because the owner or manager was not available ($n = 15$). Twelve retailers refused to take part; six were too busy, two were uninterested, and four said they would need permission from Head Office and did not make further contact with the lead researcher. The latter four retailers were from three different chain stores, though two of these chains were represented in the final sample (and these participants did not report requiring pre-approval from Head Office). Response rates for each category were as follows: supermarkets (36%; $n = 4/11$); small supermarkets (50%; $n = 4/8$); service stations (40%; $n = 4/10$); liquor stores (40%, $n = 4/10$) and dairies (56%; $n = 5/9$). As shown in Table 1, the final sample comprised a range of store types and was varied in terms of SES and rurality. Twelve interviews were conducted in the North Island of NZ and nine in the South Island. Approximately half of the participants owned their retail store, the remainder were managers; the majority had held their role for at least 3 years. Participants were from varied ethnic groups and comprised both smokers and non-smokers. With the exception of one interview that lasted only 11 min, interviews ranged from 14 to 40 min in duration, lasting a mean of 24 min.

Interviews

The results of the interviews are framed around participants' views on: (i) current tobacco control policies, (ii) the 2025 smoke-free goal, (iii) mandatory licensing of tobacco retailers, (iv)

reducing the retail availability of tobacco generally, (v) specific policies to reduce the availability of tobacco, (vi) promoting smoking cessation, and (vi) the tobacco industry. Retailers' views tended not to differ with store type or by smoking status, but exceptions are noted below.

Current tobacco control policies

Participants were asked for their views on existing retail-level tobacco control measures (e.g. annual tax increases and the point-of-sale display ban), to explore whether they had uniform views towards regulation in general, or if their attitudes depended on the specific policy under discussion. Participants tended to support the annual tax increases, which they believed had the greatest impact of all tobacco control policies on smoking cessation and tobacco consumption. However, participants also expressed concern about the impact of price increases on children whose caregivers smoke, and saw tobacco addiction as a contributing factor to poverty:

"But the people who haven't got a job, they still smoke and they get poor... Some family got a problem, you know, the family they got kids not enough food. They not have clothes, good enough clothes. Because I think they spend more money on the, the cigarettes so they got not enough money for the kids." (RE20; Dairy Owner)

"there's people whose kids are going without, so mum can have a cigarette." (RE14; Service Station Manager)

Some participants believed that the government was to blame for the poverty arising from the increasing price of tobacco, as opposed to the addictive nature of the product or the industry itself:

"What you're actually effectively doing by the government putting up the price, is transferring that down to the children in the family. That's what effectively you're doing smokes go up \$3, ok well we won't get that extra two litre of milk this week we won't um, be putting as much petrol in the car so therefore the kids have gotta walk. Oh, ok, so cigarettes are \$30 a packet of 40 god those kids need new shoes. Oh, I need my cigarettes. You know, that's the, the social economic, um, hit on the community. That's where it gets hit." (RE9; Supermarket Manager)

Discussion regarding the point-of-sale display ban revealed that some participants supported this measure because they believed it would help prevent young people from smoking, or for reasons of self-interest such as enhanced security. However, several participants viewed the display ban as ineffective because they had not seen an immediate change in tobacco sales:

"We have noticed no decrease in sales of cigarettes. So it hasn't really achieved what the aim was I suppose." (RE15; Small Supermarket Owner)

In addition to investigating opinions on tobacco tax increases and the point-of-sale display ban, we explored participants' views on the 2025 goal, since knowledge of and perceptions about the goal may affect how future retail policies are viewed.

2025 goal

Participants were asked whether they had heard of the government's 2025 smokefree goal, what they thought this meant, and how they felt about it. Almost all participants had heard about the goal, though only a minority could describe it accurately. Many were positive about the concept of a smokefree nation, regardless of whether they were smokers or non-smokers themselves:

"I, I think it would be a great idea...I think it's absolutely fantastic." (RE18; Liquor Store Owner)

Table 1
Participant demographics and store characteristics.

ID	Outlet type	Urban/Rural	Outlet SES	Participant's role	Length of time in position	Age, (years)	Ethnicity	Sex (M/F)	Smoking status and frequency
RE1	Supermarket	Urban	Mid	Manager	<1 yr (in business 8 yrs)	24	Maori	F	Smoker, 12–15 per day
RE2	Dairy	Urban	Low	Owner operator	7 yrs	48	Indian	M	Non-smoker
RE3	Liquor store	Urban	Low	Manager	8 yrs	30	Indian	M	Non-smoker
RE4	Dairy	Urban	Low	Owner operator	4 yrs	44	Indian	M	Former smoker
RE5	Service Station	Urban	High	Manager	3 yrs	37	NZ European	M	Non-smoker
RE6	Liquor store	Urban	Low	Manager	3 yrs	27	Indian	M	Non-smoker
RE7	Dairy	Urban	Low	Owner operator	<1 yr	26	Chinese	M	Non-smoker
RE8	Dairy	Rural	Mid	Owner operator	6 yrs	58	Pacific Island	M	Smoker, 5–6 per day
RE9	Supermarket	Rural	High	Manager	15 yrs	43	NZ European	F	Smoker, 5–6 per day
RE10	Small supermarket	Rural	High	Manager	11 yrs	64	NZ European	F	Smoker, "occasional"
RE11	Service station	Rural	High	Manager	<1 yr	24	Indian	M	Non-smoker
RE12	Small supermarket	Rural	High	Owner operator	3 yrs	53	Pacific Island	M	Non-smoker
RE13	Supermarket	Urban	Mid	Owner operator	3 yrs	35	NZ European	M	Non-smoker
RE14	Service station	Rural	Mid	Manager	4 yrs	38	NZ European	F	Smoker, 15 per day, using NRT
RE15	Small supermarket	Rural	High	Owner operator	3 yrs	33	NZ European	M	Non-smoker
RE16	Small supermarket	Rural	High	Owner operator	<1 yr (in business 18 yrs)	57	NZ European	F	Non-smoker
RE17	Supermarket	Rural	Mid	Owner operator	3 yrs	44	NZ European	M	Non-smoker
RE18	Liquor store	Rural	Mid	Owner operator	2 yrs	64	NZ European	M	Non-smoker
RE19	Liquor store	Urban	High	Manager	1 yr	38	NZ European	F	Smoker, "heavy"
RE20	Dairy	Urban	High	Owner operator	4 yrs	49	Chinese	M	Non-smoker
RE21	Service station	Urban	Mid	Manager	5 yrs	51	NZ European	M	Non-smoker

However, others doubted whether the 2025 vision was achievable: some misunderstood the goal while others thought negative consequences, such as a loss of tourism revenue and increases in illegal activity or other unintended effects, would force the government to revise the goal:

"In theory this looks very good. But I think ah, New Zealand can't be like that. One main reason, our biggest income is from tourism and they are chain smokers. You can't say that 'ok you coming here, you can't smoke'. They say 'oh, I am not going there.'" (RE4; Dairy Owner)

"Say they took smokes out entirely, people are gonna start growing a black market type thing. It's not gonna erase smoking. And you'll end up getting people buying it from overseas." (RE1; Supermarket Manager)

Only a very small minority of participants explicitly opposed the 2025 concept, and their lack of support arose from concerns for smokers' rights and individual freedom of choice:

"Who are those people to say the whole country has to be smokefree?... Where's the people's rights to smoke?" (RE19; Liquor Store Manager)

Participants' comments thus reflected ideas that varied from philosophical positions to commercial and pragmatic concerns about the goal. Nonetheless, it was clear some saw great merit in the 2025 vision and it is plausible that others would support the goal more strongly if they clearly understood its intention.

Mandatory licensing of tobacco retailers

Participants were asked to consider a scenario where shops wanting to sell tobacco had to have a licence. They were asked what they thought this policy meant (to check they understood the concept), how they felt about it, and the impact they felt it would have on their business. Participants had varied views on a potential retailer licensing scheme; around half felt either positive or

indifferent towards the idea. One liquor store manager said he would "definitely" support a licensing scheme, while several others expressed more neutral views and thought such a requirement would not "bother them". The remainder did not support the idea; several drew comparisons with the alcohol licensing system and were unhappy about the prospect of paperwork and the burden of an application process:

"If we compare it to the liquor, um, it's quite an in-depth process they've got to do a full check of the store and check our space that we sell tobacco in and all of that and then we'd have to get paperwork and then obviously we'd have to keep getting it updated yet another thing to add to the checklists." (RE1; Supermarket Manager)

Participants also expressed concern about the possibility they may no longer be able to sell tobacco, either because they might not meet licensing conditions or because they could not afford the fee:

"I don't, ah like this one. I think that if every shop checked, informant officer come over there, have a see that everything good, training should be done, they are doing right. And that is fine. Licence is harder, you know, then you've got so many shops that won't be able to sell the smokes you know?" (RE11; Service Station Manager)

"I don't think the tobacco company's, going to pay for it so basically it's going to be paid by the retailers, which will just cut our margins." (RE12; Small Supermarket Owner)

Many participants reported that they would be likely to apply for a licence regardless of having to pay a fee, in order to remain competitive in the marketplace:

"Yeah you've really gotta do it so you can compete. Otherwise consumers will go to the store that does so unless no store sells it you'd have to do it really, you don't have a choice." (RE15; Small Supermarket Owner)

Participants were also asked how likely they would be to apply for a licence if the fee was \$100 a year, and again, if the fee was \$500 a year. Those from large, branded businesses such as service stations and supermarkets were less concerned about a fee, whereas smaller independent retailers (who tended to report that tobacco made up a significant proportion of their revenue) reported that a sizeable fee could make the sale of tobacco unprofitable:

“It wouldn’t impact [us] if we had to pay \$500 a year to sell tobacco, we’d pay \$500 a year to sell tobacco.” (RE13; Supermarket Owner)

“If it’s only \$100 it would be ok. But if it goes higher maybe, most will decline \$500 may be ok. But if it was maybe \$1000, no.” (RE7; Dairy Owner)

“\$100 a year ah, that’s pretty reasonable I think. Yeah. [If it was \$500] we’ll probably think twice.” (RE3; Liquor Store Manager)

Participants also opposed a licensing system because they saw it as a government money-making scheme that would not bring a societal benefit:

“It’s probably gonna cost the owners money, which I think is just government’s way of trying to make more money.” (RE19; Liquor Store Manager)

“That, to me, would just be a money-grabbing tax. For nothing. For no real purpose.” (RE9; Supermarket Manager)

Retailers who showed some support for licensing often showed an awareness of the public health rationale behind the policy:

“As long as it’s not money gathering. Yeah, so long as there’s good reason for doing it, I mean I don’t really have an issue. But if it’s another, you know, fee. You know, as long as it’s minimal, it’s ok. And there’s good intention, reason behind it I mean it’s much like a liquor licence I suppose so if you compare it to that, it’s probably no reason why they shouldn’t do it in theory that’s showing a responsible retailer.” (RE17; Supermarket Owner)

Retailers’ comments reflected their mixed concerns for the viability of their businesses as well as some acknowledgement of broader public health goals. This tension between personal and societal wellbeing was evident throughout their responses to potential policy initiatives.

Reducing the retail availability of tobacco

Participants were asked their views on the general idea of reducing the availability of tobacco in society. There were varied views on whether the availability of tobacco in society should be reduced. Some agreed and drew parallels with alcohol:

“Yeah, I believe it could, it could be tidied up um, and limited as to where you can perhaps purchase it. Likethe um, liquor reform.” (RE13; Supermarket Owner)

Those who supported reducing the retail availability of tobacco often expressed regret about their own or a loved one’s smoking, or held negative attitudes towards smoking in general:

“I detest the stuff. I hate the smell get the damn stuff the hell outta here that’s my view on smoking.” (RE18; Liquor Store Owner)

“It is not good for you my mum died of lung cancer due to smoking like a train, and just the amount of people who, who do get cancer” (RE14; Service Station Manager)

Those who did not support reducing the retail availability of tobacco tended to express a fatalistic attitude towards smoking, and were more likely to think that nothing could prevent addicted smokers from buying tobacco:

“Just because people have to drive an extra 2 km to get their tobacco they will still buy it if you’re a smoker and you want a cigarette, you’re gonna walk that distance, aren’t you?” (RE9; Supermarket Manager)

Some also thought purchasing tobacco was about individual responsibility and viewed smoking as a ‘choice’:

“People have got to be able to make their own choices and they’ve gotta be able to make good choices and bad choices. So, if everyone takes all those choices away whether it be tobacco, whether it be alcohol, whether it be the right food to eat, I mean people aren’t learning themselves, are they?” (RE16; Small Supermarket Owner)

“If I choose to smoke, that’s on me, it’s not up to the government. Somewhere along the line, New Zealanders have to take personal responsibility not allow the government to dictate what they believe their personal responsibility is.” (RE9; Supermarket Manager)

Participants affected by tobacco-related illnesses showed greater support for the idea of reducing tobacco availability, while those who opposed it outlined arguments often advanced by the tobacco industry, particularly in respect of individual responsibility.

Policy options to reduce availability of tobacco

Participants were asked their views on specific policies, such as prohibiting the sale of tobacco around schools, at their type of outlet, at other outlet types, and wherever alcohol is sold. Support for these ideas varied depending on the specific policy intervention under discussion. Most supported or felt indifferent to prohibiting the retail sale of tobacco within 500 m of secondary schools. Those with positive or neutral views recognised the need to prevent young people from smoking:

“Yeah I’d be happy with that, ‘cos I think the government should be focusing on new smokers, not existing that would be a good idea.” (RE9; Supermarket Manager)

Participants also appeared to hold more favourable views on this policy if they saw it as a measure that would first be introduced to new businesses, rather than as an immediate policy that would affect existing stores:

“I understand why they’re doing it. Yeah, to stop the youth getting into it but what I’m saying is don’t bring it in on the current people who are already there. If it’s a new business, ok.” (RE17; Supermarket Owner)

Participants who did not support sales restrictions around schools saw no need for such a policy, and believed that nothing can stop young people who want to try smoking:

“I don’t really see what impact that would have. It would only disadvantage the retailer we’ve got a school up the road, we don’t have school kids coming in here trying to buy tobacco.” (RE15; Small Supermarket Owner)

“What’s it going to do? kids walk past here everyday, we’re not 500 m from a school putting all those things in place is not going to stop them If they want to smoke, they will still find a way of trying to get it.” (RE16; Small Supermarket Owner)

Participants did not support prohibiting the sale of tobacco at a particular type of outlet, such as at dairies or at supermarkets, or

prohibiting tobacco sales at locations where alcohol is also sold. They saw the first suggestion as victimising owners of those outlets who would not be able to sell tobacco and firmly believed that any reduction in the retail availability of tobacco had to be done in a way that was fair to all retailers:

“As long as they slowly phase it out...like to suddenly take something off someone, I don't think is fair why wouldn't we have the right to sell versus a dairy, or a liquor store, or a pub As long as it's fair across the board.” (RE17; Supermarket Owner)

The main reasons for opposing the sale of tobacco where alcohol was sold were that participants could not understand the policy rationale and thought it would be unlikely to reduce smoking:

“I wouldn't see any benefit or potentially what they would gain out of it at the end of the day, people that drink, smoke they're going to go and get their alcohol whether they have to stop here or next door.” (RE13; Supermarket Owner)

However, three participants gave unprompted responses that if they had to make a choice between selling alcohol or tobacco, they would choose to sell alcohol:

“if that were to happen, we would keep liquor tobacco would have to go I actually make more money off liquor, so I would cut the tobacco.” (RE1; Supermarket Manager)

When contemplating the likely effects of these potential measures, several participants reported that not being able to sell tobacco would have a negative impact on their business. In particular, dairy owners reported that tobacco sales made up a substantial part of their sales (between 30% and 60%) although the profit margin was said to be less than 10%. However, participants from other outlets were more ambivalent about selling tobacco; some preferred not to sell it or could see advantages in not selling it:

“We just stock them because there's a demand I would prefer not to have them to be quite honest.” (RE18; Liquor Store Owner)

“If they said to us 'you're not selling cigarettes', no skin off my nose. Really. Um, one less thing to stocktake. Um, less hassle of having to deal with younger people coming in and saying 'have you got ID?' and them having a tantrum 'cos they're actually like 30. That sort of thing I mean if they, if they just set up like specialised sites where you could go and buy it, it doesn't bother me.” (RE14; Service Station Manager)

“I could sell the space on checkoutsto the suppliers, probably make more money possibly So where our tobacco units are on the checkout, I could sell that 'cos that's prime real estate So I could sell that space and probably make some good money.” (RE17; Supermarket Owner)

One participant said that the company he worked for was in the process of scaling down their tobacco sales, with a view to no longer selling tobacco in the future:

“[Brand name] are trying to move themselves out of having to sell tobacco. 'Cos we've already shrunk the size Every year they are shrinking it Because we, as a company move, ah, want to move away from selling petrol and selling smokes. That's our business motto we want to make money out of the coffee.” (RE5; Service Station Manager)

Retailers' responses suggest tobacco is not an unambiguous product for them to stock; their comments reflect concerns that policy-makers apply equitable regulations and recognise the

adjustment retailers would need to make to accommodate new initiatives.

Promotion of smoking cessation

Participants were asked whether they stocked nicotine replacement therapy (NRT) products, reasons for not stocking these products, and about their perceptions of the popularity of NRT. Most participants did not currently stock NRT, mainly because when they had stocked them previously they did not sell well. However, some participants expressed a willingness to support people to quit smoking:

“Look anything that we can ah, essentially um, you know, do to help people stop smoking um, all well and good, yeah we might profit out of it in one hand, but on the other hand it doesn't do anything for society. So any educational stuff or things we can do to help get people off smoking, the better.” (RE13; Supermarket Owner)

Participants did not think policies requiring them to promote smoking cessation to people purchasing tobacco, either by providing information such as leaflets, or handing out Quit Cards with each purchase, would be effective:

“Oh, waste of time. Umhow long do you do it for? You keep doing it to every customer every time they come in every week? existing smokers have been smoking so long generally they know it's probably not good for them.” (RE17; Supermarket Owner)

While retailers were supportive of assisting people to quit smoking in theory, they tended to place more emphasis on preventing youth uptake and many were cynical of policies aimed at promoting cessation products and services.

Tobacco industry

Participants were asked about the nature of contact they had with industry representatives (reps) and how they decided which brands to stock. The majority reported having frequent contact with tobacco industry reps, via weekly telephone calls or monthly visits when reps checked that products were positioned correctly in cabinets, replaced expired stock and promoted new products to the retailers. When asked what they had heard about plain packaging, several participants reported that reps discussed this policy during their visits; participants' views on plain packaging of tobacco products strongly suggested that they had received incorrect information about the policy impact in Australia:

“I know that the government are looking at it, we've, we hear thatfrom media and also through the tobacco companies' reps. From all accounts in Australia, it hasn't made one iota of difference. So, it's been trialled in a country that's close to New Zealand and from all accounts, according to the tobacco companies which will be the same, I imagine they're worldwide tobacco companies, um, yeah, it didn't make a scrap of difference. Going dark hasn't made a scrap of difference.” (RE13; Supermarket Owner)

Most participants reported that they had a rebate agreement with the industry where they earned more profit for stocking particular brands and placing them in certain positions within the display cupboard, even in the presence of the point-of-sale display ban. They also described tobacco industry activities in relation to the pricing of tobacco: several participants reported that the industry regularly introduced supplier price increases several times a year, while another participant noted:

“When they introduced the tax increase on the 1st of JanuaryI ran it though the system and... all the cheaper brands hadn't

gone up. They hadn't picked up the tax increase the cigarette companiestook the hit on the tax increase on the cheaper brands but gave all the tax increase to their branded products." (RE9; Supermarket Manager)

Discussion

Tobacco retailer licensing has been identified as part of New Zealand's smokefree roadmap, the framework of interventions considered necessary to achieve the 2025 goal (New Zealand Smokefree Coalition, 2012). Political decisions on tobacco control policy are subject to many influences, including stakeholder opinions (Bulmer, Coates, Dominican, & Duncan, 2007). As a key stakeholder group, retailers' views may influence both the introduction and the form of a licensing policy, therefore, understanding their perspectives on policies that impact on them is important. Our research builds on previous work (Jaime et al., 2014) and offers a more in-depth analysis of retailers' views on licensing and policy options that could reduce the retail availability of tobacco.

Our findings indicate that tobacco retailers have varying views on how the sale of tobacco should be regulated. Our study suggests retailers would be unlikely to strongly oppose a licensing scheme, as many thought they would be relatively unaffected by such a policy. A mandatory licensing scheme for tobacco retailers would provide accurate and up-to-date information about who sells tobacco in NZ, thus enabling SEOs to enforce current retail legislation more efficiently and effectively. Such a scheme would allow regulators to remove licences from retailers who breached legislation and it could enable introduction of other restrictions on tobacco sales, such as prohibiting sales from outlets near schools. A licensing system may also help reduce the number of tobacco outlets. In California, a mandatory tobacco retail permit scheme led to an immediate reduction in the number of tobacco outlets, because many retailers did not complete the application process (Coxe et al., 2014). In a similar vein, when the cost of a tobacco retail licence fee in Australia increased from around \$12 AUD (approximately \$10 USD) to \$200 AUD (\$150 USD), the total number of tobacco retail licences decreased by 24% over two years (Bowden et al., 2014). This finding strongly suggests that licensing, and particularly a licensing fee, may play a useful role in managing tobacco outlet density. Our results go some way to supporting this possibility, since many participants found the prospect of an application process unattractive and their decision to apply for a licence to sell tobacco would depend on the fee set.

Participants generally supported reducing the retail availability of tobacco, and some held strong anti-tobacco views. Consistent with previous research (Whyte et al., 2013), there was considerable support for restricting the sale of tobacco around school zones to protect children from starting smoking, though participants did not support policies that would restrict the sale of tobacco at certain types of outlet. As well as considering stakeholders' views, policy-makers must also consider wider evidence. Research from the U.S. suggests that a higher density of tobacco retail outlets around a school is associated with smoking initiation (Henriksen et al., 2008) and greater ease of purchasing cigarettes (Leatherdale & Strath, 2007) among students. However, recent UK research suggests it is more important to reduce the overall density of tobacco outlets, rather than concentrate on schools or youth zones (Shortt, Tisch, Pearce, Richardson, & Mitchell, 2014). Because restricting tobacco sales around schools appears to be more acceptable to stakeholders and has strong public support (Whyte et al., 2013), adopting this measure could reduce tobacco retailer density but would need to be managed to ensure outlet density did

not increase in other areas. One management tool could be to use a 'sinking lid' policy for tobacco retail licences, based on a quota system (Wilson, Thomson, Edwards, & Blakely, 2013). Under such a scheme, licences held by retailers who stop selling tobacco (or by businesses that cease trading or move premises) would lapse and not be available to other traders, thus gradually reducing the number of licences available (Kyle Perrin, personal communication to author, 6 November 2014).

A strength of the in-depth interview approach is that it provides detailed insights into retailers' attitudes, and the factors underpinning those attitudes. This information has important implications for how policies are framed and communicated. While some retailers' views were consistent with a "market-justice" ideology, characterised by self-interest, individual responsibility, and freedom from intervention (Beauchamp, 1976), others expressed values that align with public health goals. Framing policy options on the basis of these shared values may elicit greater support from groups that may feel disadvantaged by those measures (Dorfman, Wallack, & Woodruff, 2005). Participants showed a high level of concern for the wellbeing of children; therefore, framing policies in terms of protecting young people from tobacco may foster greater support and help counter perceptions that government intervention is simply a revenue raising exercise.

The fact that the point-of-sale display ban was seen as ineffective suggests there is scope for education of tobacco retailers around tobacco control policy aims and the effectiveness of recently introduced measures. Participants believed that the intended impact of the display ban was a short-term change in smoking prevalence; emphasising the long-term goal of denormalising tobacco might promote wider understanding of public health objectives. Other perceptions that could be countered by retailer education (an activity regularly carried out by SEOs throughout NZ) include views framing smoking as a 'choice', and the widespread misunderstanding of the 2025 goal. Participants' beliefs that the 2025 goal meant a complete ban on smoking is consistent with previous research (Gendall, Hoek, & Edwards, 2013) and is likely to account for the common view that the goal was not viable. The 2025 smokefree goal is widely understood by those working in tobacco control in NZ to mean a reduction in the prevalence of smoking to less than 5% across all population groups (Gendall et al., 2013). Clarifying these perceptions is important as retailers may be less likely to support policies they think aim to ban tobacco in NZ. The general public show stronger support for the 2025 goal when given an accurate explanation of the goal (Gendall et al., 2013). A mass media campaign to promote understanding and support for the 2025 vision (Edwards, Hoek, & van der Deen, 2014), could influence stakeholders' views on tobacco retailing policies as well as improving understanding of the goal itself.

Retailers' ambivalence towards selling tobacco suggests health promoters and community members have an opportunity to support local retailers to become tobacco-free. Encouraging retailers to stop selling tobacco is an initiative that is gaining momentum both overseas (McDaniel & Malone, 2014) and in NZ (Rowse & Callaghan, 2014), offering a promising alternative to regulation; one of our participants reported that their business was currently in the process of gradually moving out of tobacco sales. Previous research has suggested that tobacco retailers may be willing to play a role in promoting smoking cessation (Jaime et al., 2014). However, our participants did not think providing information on quitting would be effective, nor did they have positive experiences of trying to sell NRT in their outlets. However, making NRT available at lower prices than tobacco has not been tested and merits attention.

Lastly, although it was not the focus of our research, our findings also provide insights into relationships between the

tobacco industry and tobacco retailers. Industry reps reportedly paid regular visits to participants, and participants' comments suggested they had not received complete information about the impact of plain packaging legislation in Australia. The time and resources that reps are able to invest in maintaining relationships with tobacco retailers are in direct contrast to the resources CEOs and other public health professionals can invest. Yet, while retailers' opinions will be strongly shaped by industry communications, it is crucial that they have access to accurate information about the intentions and public health benefits of proposed policies.

Our study has some limitations. The sample may have comprised people particularly motivated to talk about tobacco regulation. However, since many participants expressed indifference towards regulation we do not feel that the sample was especially opinionated in this regard. Owners and managers of small independent businesses were more likely to agree to take part in the study than large chain stores, though the category-based quotas ensured we obtained a broad range of participants. A limitation with all qualitative research is that the views and beliefs of the researchers invariably influence the study process, from conceptualisation, interaction with participants, and data interpretation (Kuper, Reeves, & Levinson, 2008).

To conclude, in contrast to claims made by industry-backed organisations such as NZACS, the tobacco retailers in our study held varied views on regulating the sale of tobacco. Given our efforts to recruit diverse participants, the differing views elicited suggests blanket opposition towards licensing among retailers is unlikely. Those involved in tobacco control advocacy and retailer education should consider emphasising the long-term benefits of licensing in terms of protecting children and young people from smoking, as this approach is likely to elicit greater policy support.

Conflict of interest statement

We wish to confirm that there are no known conflicts of interest associated with this publication.

Acknowledgements

L.R. is supported by a scholarship from NZ Lottery Health Research and additional project funding from the NZ Asthma and Respiratory Foundation. L.M. is supported by the Cancer Society of New Zealand. We wish to thank the retailers who kindly agreed to participate in this study. Thank you also to Professor Phil Gendall and Dr Richard Jaine for advice and feedback during the planning stages.

References

- Beauchamp, D. E. (1976). *Public health as social justice*. *Inquiry*, 3–14.
- Bowden, J. A., Dono, J., John, D. L., & Miller, C. L. (2014). What happens when the price of a tobacco retailer licence increases? *Tobacco Control*, 23, 178–180.
- Bulmer, M., Coates, E., Dominian, L., & Duncan, S. (2007). *Evidence-based policy making*. In H. Bochel & S. Duncan (Eds.), *Making policy in theory and practice* (pp. 87–103). Bristol, UK: Policy Press.
- Burton, S., Hoek, J., Nesbit, P., & Khan, A. (2015). Smoking is bad, it's not cool yet I'm still doing it": Cues for tobacco consumption in a 'dark' market. *Journal of Business Research*. <http://dx.doi.org/10.1016/j.jbusres.2015.03.004>
- Caelli, K., Ray, L., & Mill, J. (2003). Clear as mud: Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2, 1–24.
- Centers for Disease Control and Prevention (2012). *Tobacco Control State Highlights 2012 State Map*. Retrieved from http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2012/map/index.htm (30.05.15).
- Chuang, Y. C., Cubbin, C., Ahn, D., & Winkleby, M. A. (2005). Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking. *Journal of Epidemiology & Community Health*, 59, 568–573.
- Coxe, N., Webber, W., Burkhardt, J., Broderick, B., Yeager, K., Jones, L., et al. (2014). Use of tobacco retail permitting to reduce youth access and exposure to tobacco in Santa Clara County, California. *Preventive Medicine*, 67, 546–550.
- Deloitte (2011). *Alliance of Australian retailers: Potential impact on retailers from the introduction of plain packaging*. Retrieved from https://www.australianretailers.com.au/downloads/pdf/deloitte/2011_01_31_AAR_Plain_Packaging2.pdf (30.05.15).
- Dorfman, L., Wallack, L., & Woodruff, K. (2005). More than a message: Framing public health advocacy to change corporate practices. *Health Education & Behavior*, 32, 320–336.
- Edwards, R., Hoek, J., & van der Deen, F. (2014). Smokefree 2025 – Use of mass media in New Zealand lacks alignment with evidence and needs. *Australian and New Zealand Journal of Public Health*, 38, 395–396.
- Edwards, R., Peace, J., Hoek, J., Wilson, N., Thomson, G., & Marsh, L. (2012). Majority support among the public, youth and smokers for retail-level controls to help end tobacco use in New Zealand. *New Zealand Medical Journal*, 125, 169–174.
- Edwards, R., Russell, M., Thomson, G., Wilson, N., & Gifford, H. (2011). Daring to dream: Reactions to tobacco endgame ideas among policy-makers, media and public health practitioners. *BMC Public Health*, 11, 80.
- Euromonitor (2014). *British American Tobacco (New Zealand) Ltd: Company Profile. Euromonitor Passport GMID*. Retrieved from <http://www.portal.euromonitor.com/portal/analysis/relatedtab> (13.03.15).
- Gendall, P., Hoek, J., & Edwards, R. (2013). What does the 2025 Smokefree Goal mean to the New Zealand public? *New Zealand Medical Journal*, 127, 101–103.
- Gendall, P., Hoek, J., Marsh, L., Edwards, R., & Healey, B. (2014). Youth tobacco access: Trends and policy implications. *BMJ Open*, 4, e004631. <http://dx.doi.org/10.1136/bmjopen-2013-004631>
- Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventive Medicine*, 47, 210–214.
- Henriksen, L., Schleicher, N. C., Feighery, E. C., & Fortmann, S. P. (2010). A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics*, 126, 232–238.
- Henriksen, L. (2012). Comprehensive tobacco marketing restrictions: Promotion, packaging, price and place. *Tobacco Control*, 21, 147–153.
- Hoek, J., Vaudrey, R., Gendall, P., Edwards, R., & Thomson, G. (2011). Tobacco retail displays: A comparison of industry arguments and retailers' experiences. *Tobacco Control*, 21(5), 497–501. <http://dx.doi.org/10.1136/tc2011.043687>
- Jaine, R., Russell, M., Edwards, R., & Thomson, G. (2014). New Zealand tobacco retailers' attitudes to selling tobacco, point-of-sale display bans and other tobacco control measures: A qualitative analysis. *New Zealand Medical Journal*, 127, 53–66.
- Kuper, A., Reeves, S., & Levinson, W. (2008). Qualitative research: An introduction to reading and appraising qualitative research. *British Medical Journal*, 337, 404–407.
- Leatherdale, S. T., & Strath, J. M. (2007). Tobacco retailer density surrounding schools and cigarette access behaviors among underage smoking students. *Annals of Behavioral Medicine*, 33, 105–111.
- Marsh, L., Doscher, C., & Robertson, L. (2013). Characteristics of tobacco retailers in New Zealand. *Health & Place*, 23, 165–170.
- Maubach, N., Hoek, J. A., Edwards, R., Gifford, H., Erick, S., & Newcombe, R. (2013). 'The times are changing': New Zealand smokers' perceptions of the tobacco endgame. *Tobacco Control*, 22, 395–400.
- McCarthy, M., Scully, M., & Wakefield, M. (2011). Price discounting of cigarettes in milk bars near secondary schools occurs more frequently in areas with greater socioeconomic disadvantage. *Australian & New Zealand Journal of Public Health*, 35, 71–74.
- McDaniel, P. A., & Malone, R. E. (2014). "People over profits": Retailers who voluntarily ended tobacco sales. *PLOS ONE*, 9, e85751. <http://dx.doi.org/10.1371/journal.pone.0085751>
- Morgan, D. L. (1993). Qualitative content analysis: A guide to paths not taken. *Qualitative Health Research*, 3, 112–121.
- Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description – The poor cousin of health research? *BMC Medical Research Methodology*, 9, 52.
- New Zealand Association of Convenience Stores (2015). *2012/13 NZACS Managing Committee*. Retrieved from <http://www.nzacs.com/nzacs-board/> (27.02.15).
- New Zealand Smokefree Coalition (2012). *The roadmap to a smokefree Aotearoa New Zealand 2025*. Retrieved from <http://www.sfc.org.nz/documents/the-roadmap.pdf> (26.03.15).
- Novak, S. P., Reardon, S. F., Raudenbush, S. W., & Buka, S. L. (2006). Retail tobacco outlet density and youth cigarette smoking: A propensity-modeling approach. *American Journal of Public Health*, 96, 670–676.
- Patton, M. (2002). *Qualitative research and evaluation methods*. Thousand Oaks: Sage Publications.
- Paul, C. L., Mee, K. J., Judd, T. M., Walsh, R. A., Tang, A., Penman, A., et al. (2010). Anywhere, anytime: Retail access to tobacco in New South Wales and its potential impact on consumption and quitting. *Social Science & Medicine*, 71, 799–806.
- Rowse, B., & Callaghan, J. (2014). *Tobacco-free retailers toolkit: A guide for local health promoters and community members*. Available from <http://www.smokefreesshops.co.nz/tobacco-free-retailers-toolkit> (26.03.15).
- Roy Morgan Research (2013). *Impact of plain packaging on small retailers – Wave 2: Final revised report prepared for Philip Morris Ltd.*. Retrieved from <http://www.aacs.org.au/wp-content/uploads/2013/10/Impact-of-PP-on-Small-Retailers-W2-Final-Revised-Report.pdf> (30.05.15).
- Savell, E., Gilmore, A. B., & Fooks, G. (2014). How does the tobacco industry attempt to influence marketing regulations? A systematic review. *PLOS ONE*, 9, e87389.

- Shortt, N., Tisch, C., Pearce, J., Richardson, E., & Mitchell, R. (2014). *The density of tobacco retailers in home and school environments and relationship with adolescent smoking behaviours in Scotland*. *Tobacco Control* <http://dx.doi.org/10.1136/tobaccocontrol-2013-051473> Published Online First 4 November 2014.
- Thomson, G., Wilson, N., & Edwards, R. (2010). *Kiwi support for the end of tobacco sales: New Zealand governments lag behind public support for advanced tobacco control policies*. *New Zealand Medical Journal*, 123, 106–111.
- Whyte, G., Gendall, P., & Hoek, J. (2013). *Advancing the retail endgame: Public perceptions of retail policy interventions*. *Tobacco Control*, 23, 160–166.
- Wilson, N., Thomson, G. W., Edwards, R., & Blakely, T. (2013). *Potential advantages and disadvantages of an endgame strategy: A 'sinking lid' on tobacco supply*. *Tobacco Control*, 22, i18–i21.