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ABSTRACT

Four tobacco retail surveys were conducted in Northland by Ngā Tai Ora Public Health Unit Northland of the District Health Board in 2020/2021. The first was to investigate to what extent convenience stores, dairies and petrol stations were dependent on sales tobacco and tobacco products, and what the managers' attitudes were towards selling these products and towards smoking. The second survey investigated the same among managers of alcohol outlets that sold tobacco. The third survey asked customers exiting stores about their spending, and to what extent this included tobacco and tobacco products. The findings largely supported a move towards tobacco-free retailing in Northland. The fourth was a telephone survey of retailers who were already tobacco-free, throughout New Zealand. This report also includes a survey of Northland's Tobacco-free Retailers (TFRs) conducted by the Cancer Society Auckland-Northland Division. In essence there was no evidence to suggest that tobacco sales benefit stores financially – which is what the tobacco industry wants us to believe. The outcome supports legislation towards Smokefree2025, aiming to reduce smoking to less than 5 percent of the population, and reducing the number of tobacco-outlets to 1 per 10,000 population - that would be only 17 outlets throughout Northland compared to about 200 at present.

Acronyms used and their meaning

| | |
|----------|--|
| ASAP | Achieving Smokefree Aotearoa by 2025 Plan |
| COPD | Chronic Obstructive Pulmonary Disease |
| COVID-19 | Coronavirus disease 2019 |
| CSAN | Cancer Society Auckland-Northland Division |
| MASC | Māori Affairs Select Committee |
| NDHB | Northland District Health Board |
| RLA | Research Locality Assessment |
| TFR | Tobacco-free Retailers |

1. INTRODUCTION

1.1 Overview

Tobacco use continues to be the leading cause of preventable death in Aotearoa New Zealand¹, including around a quarter of cancer deaths². In Aotearoa, there are around 5,000 preventable deaths each year attributed to tobacco-related illnesses^{1,3,4}. Māori and Pacific peoples are inequitably affected by smoking-related deaths^{1-3,5}. Smoking is indicated in the incidence of diseases such as Chronic Obstructive Pulmonary Disease (COPD), which has a prevalence rate two times higher for Māori population than for non-Māori⁶.

In recognition of the health inequities relating to smoking for Māori, in 2010 the Māori Affairs Select Committee (MASC) held an Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Maori⁷, noting that “Tobacco smoking delivers a major insult to whānau ora” (p. 10). Suggesting that MASC reflected, rather than ran contrary to, public opinion, Blakely et al.⁸ highlighted five factors in the MASC Report:

- 1) the goal of a smokefree New Zealand by 2025;
- 2) an innovative suite of methods by which to achieve that goal;
- 3) targeting the tobacco industry rather than smokers;
- 4) a widened focus on stop smoking support to include reducing supply; and
- 5) a strong and supportive focus on the inequitable burden of the “tobacco epidemic” for Māori (p. 7).

The Select Committee therefore recommended robust Māori participation and leadership, as well as kaupapa Māori approaches, to achieve significant reduction in smoking for Māori. This would thereby substantively improve Māori health and reduce health inequities.

One of the 42 measures recommended by MASC was to reduce the supply of tobacco, this being key to ending the tobacco epidemic⁹. Having tobacco easily accessible in communities normalises the practice of smoking and increases environmental cues¹⁰ that support smoking. Concentrations of tobacco retail outlets in certain areas means those living in these areas are more likely to smoke or try smoking, than those living in areas with fewer tobacco outlets¹¹⁻¹³.

Further, people living in the most socio-economically deprived areas are 3.6 times more likely to be smokers than those in less deprived areas¹⁴. Māori are more likely to live in areas of high deprivation¹⁵; and these areas are more likely to have concentrations of tobacco retail

outlets. A proliferation of tobacco retail outlets near schools can encourage smoking experimentation¹⁶, while close proximity to an outlet can hamper cessation attempts¹⁷⁻¹⁹.

1.2 Smokefree Aotearoa 2025

In response to the Māori Affairs Select Committee report of 2010⁷, the Government was determined to “reduce the horrendous burden of death and disease caused by smoking”²⁰.

Hence, it implemented the goal of *Smokefree 2025* in March of 2011, which included:

- decreasing tobacco marketing and promotion
- reducing the supply of, and demand for tobacco
- providing the best possible support for quitting
- decreasing daily smoking prevalence to 10 percent²¹ of the population
- and halving Māori and Pacific rates of smoking from 2011 levels²⁰.

The Health Promotion Agency²² noted that the government’s Smokefree 2025 vision is “not about banning smoking. It’s about taking action against tobacco so that by 2025, hardly anyone will smoke”²², thus “protecting future generations from the harms of tobacco”²³. The MASCS sought “to remove tobacco from our country’s future in order to preserve Māori culture for younger generations” (p. 11), acknowledging the huge and ongoing impact smoking has on Māori people and culture - factors such as:

- Māori women having one of the highest rates of lung cancer in the world;
- the health impacts of smoking on unborn and young children; and
- the premature loss of kaumatua and kuia, and therefore the knowledge holders of Te Ao Māori^{7,22}.

Since 2010, government policy has seen a 10% annual increase in tobacco excise tax as a method of tobacco control. While this led to a significant decline in young people who have ever smoked or are daily smokers, significant inequities for Māori and Pacific populations remained, “necessitating a targeted approach for these populations”²⁴.

Other initiatives comprise increasing local as well as national regulations around smokefree environments, and the promotion of vaping as an alternative to smoking tobacco. While vaping could be considered a viable alternative, Ministry of Health noted that it was ‘not harmless’, not for young people, and if [you] aren’t already smoking, then don’t start vaping²⁵.

1.3 The Achieve Smokefree Aotearoa by 2025 Plan (ASAP)

By August 2017, there had been little government action around the MASC recommendations and there was no government strategy to achieve Smokefree2025. Instead, more than 30 experts from New Zealand and overseas, together with around 100 health and community stakeholders, developed an evidence-based, comprehensive plan that sets out the actions needed to reach the Smokefree Aotearoa 2025 goal.

The “Achieving Smokefree Aotearoa by 2025 plan (ASAP)” recommended measures to be introduced over the next five years to greatly reduce the affordability, availability, appeal and addictiveness of smoked tobacco products³.

The ASAP notes that the inequitable burden borne by Māori people in relation to smoking-related harms persists, and the stated goal of being smokefree (or less than 5%)²¹ will not be reached for Māori until after 2060³. Some of the factors contributing to this lack of achievement in stop smoking goals include the “low political priority”³ (p. 2) held by the government with regard to developing a comprehensive action plan. There is a common misperception that smoking is “done” – that smoking is in rapid decline, that relatively few people smoke, and that other causes of ill-health and disease are now much more important. The truth is very different³ (p. 3).

Funding for health promotion, mass media campaigns and national tobacco control were decreased in the period 2006-2019, with an increasing funding focus on individual stop-smoking services and medications. For example, while there is increasing legislation regulating where people can and cannot smoke (e.g., 2004 legislation requires all licensed premises, and workplaces, to be smokefree indoors), there is currently none relating to where tobacco may be sold. Hence the following sections focus on an alternative approach, by targeting retailers rather than smokers.

1.4 The Smokefree 2025 Action Plan

In April 2021, the government released the *Proposals for a Smokefree Aotearoa 2025 Action Plan: Discussion Document*⁹. Submissions on the Action Plan were invited from the public. The purpose of the consultation was to inform the Action Plan that the government would develop.

In December 2021, the New Zealand government launched its The Smokefree Aotearoa 2025 Action Plan²⁶, outlining six focus areas:

- 1. Making sure there is Māori leadership and decision-making across all levels of the action plan. As part of this focus area, we're standing up a taskforce to make sure the action plan is on track to achieve the smokefree goal for Māori.*
- 2. Funding more health promotion and community activities to motivate and mobilise people across the country to get behind the smokefree goal and to sign-post support for people on their quit journey.*
- 3. Giving people the wrap-around support they need on their quit journey by investing in more tailored help such as a stop smoking service for Pacific communities.*
- 4. Making it easier to quit and harder to become addicted by only having low-level nicotine smoked tobacco products for sale and restricting product design features that increase their appeal and addictiveness.*
- 5. Making smoked tobacco products harder to buy by reducing the number of shops selling them and kickstarting a smokefree generation.*
- 6. Making sure the tobacco industry and retailers follow the law.*

The research projects in this report were undertaken to provide evidence to support the implementation of focus area 5 - Making smoked tobacco products harder to buy by reducing the number of shops selling them.

1.5 Te Tai Tokerau/Northland

Figure 1 shows a steady decline in overall New Zealand smoking rates since the 2011/12 year, to 2019/20¹⁴, but not so in Northland. Ministry of Health data show fluctuating smoking prevalence over the years (Figure 2). Smoking rates remained inequitably high for Māori and Pacific adults in particular. It has been stated²⁷ (p. 5) that “Smoking is responsible for around 10 percent of the gap in health disparities between Māori and non-Māori”.

According to the Ministry of Health website²⁸, “The current smoking rate of New Zealand adults is 13.4 percent in 2019/2020, which has decreased from 16.6 percent in 2014/15 and from 18.2 percent in 2011/12. The current Māori smoking rate is 31.4% in 2019/20, which has decreased from 38.1% in 2015/15, and 40.2 percent in 2011/12.”

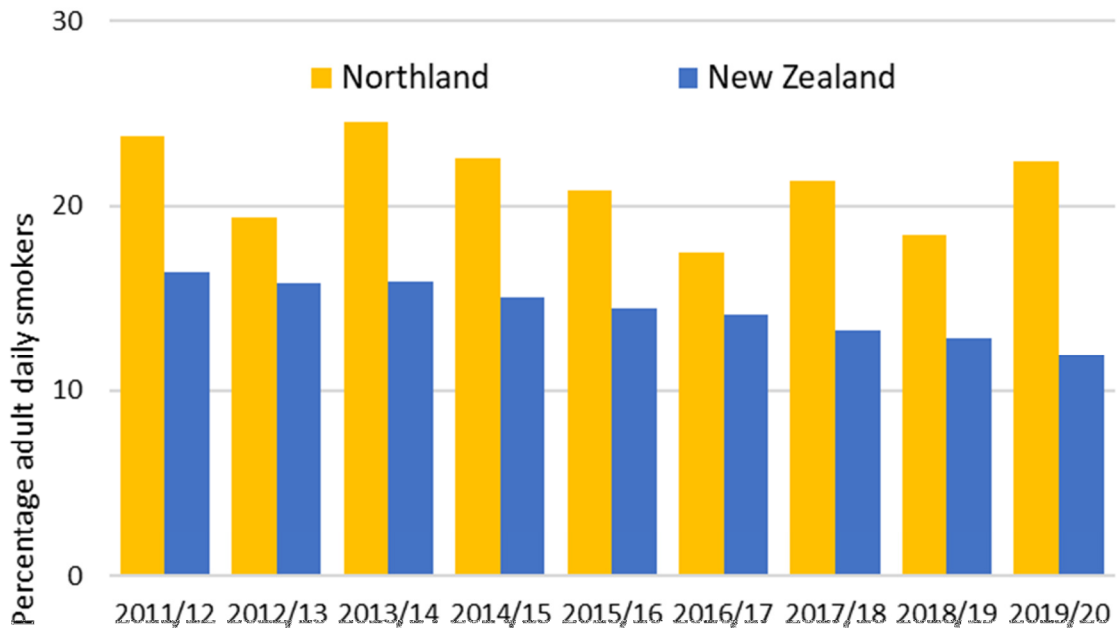


Figure 1: Percentage of adult daily smokers, 2011/12-2019/20.
 Data source: https://minhealthnz.shinyapps.io/nz-health-survey-2017-20-regional-update/w_3848f522/#/compare-indicators

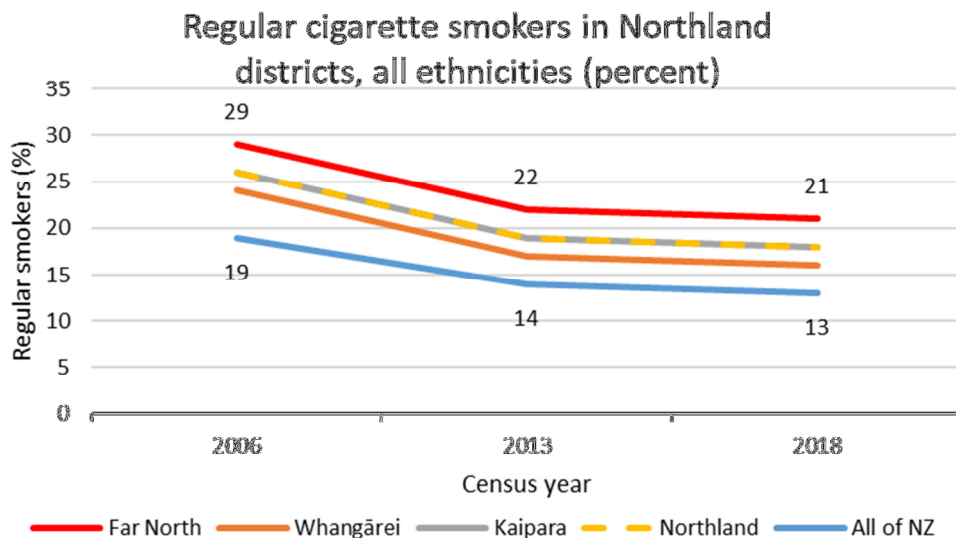


Figure 2: Decline of regular (=daily) smoking in the three districts of Northland by Census year. The values for Kaipara and All of Northland coincide (the lines overlap). All are well above the average rates for New Zealand. Source StatisticsNZ: <https://nzdotstat.stats.govt.nz/>

1.6 Northland tobacco consumption

Public Health Northland’s Intelligence Team undertook research on tobacco retailers in Northland, building on previous research undertaken in New Zealand and in Australia²⁹⁻³⁴.

While national initiatives can have some success in Northland, our unique features need to be taken into account. A key characteristic is the high population of Māori in Te Tai Tokerau.

The inequitably high rates of smoking amongst Māori, the high rates of smoking in Northland, and all the diseases related to smoking (of which Māori are inequitably impacted) cost millions of health dollars each year. Hence these projects are vitally relevant to help elevating health outcomes of Northland people.

Northland comprises a land area of 13,286 km², with a population of around 188,700; of these people, 64,458 are Māori (34.2%; about twice that of the national figure), and 7,542 (4%) are Pasifika³⁵. However, ethnicity data is outside the scope of the current research project, however.

There are 192 tobacco retail outlets in the Northland region and each was given a deprivation score according to the area in which it is located, using the NZ Deprivation Index for 2018³⁶. This confirmed that the Northland region is an area of significantly high deprivation, with 78 percent of the areas in which the total pool of tobacco retail outlets are located having deprivation scores of 7-10. Only 3 percent of tobacco retail outlets are in areas of low deprivation (scores 1-4), with 18 percent in areas of medium deprivation (scores 5-6).

It is noted in several recent studies³⁰⁻³² that Northland is achieving good results in encouraging retailers to go tobacco-free; this was promoted nationally with the release of the *Tobacco-Free Retailers Toolkit*²⁷. The Northland District Health Board (NDHB) has smoking cessation as one of its core services provided across Tai Tokerau, including initiatives that aim to reduce smoking prevalence and its harms, and increase smokefree environments³⁷ Toki Rau Stop Smoking Services Northland provides stop smoking advice and face-to-face support, as well as nicotine replacement therapy (NRT)^{38,39}. DHB and Toki Rau Stop Smoking Services Northland also provide focused services for pregnant women given the multiple adverse health effects on babies with mothers who smoke during and after pregnancy⁴⁰⁻⁴². The NDHB also released a Tupeka Kore-Auahi Kore Te Tai Tokerau 2025 Strategic Plan 2015-18⁴³, that is currently being updated for 2022-2025.

Census data show that the rate of decline was similar for all three districts in Northland for all ethnicities combined. There are considerable differences between districts, however, all of whose values are well above those for New Zealand as a whole (Figure 2).

Northland in 2021 had 25 retailers who had voluntarily become tobacco-free – mainly dairies, service stations, mini-marts, and takeaways: “small businesses that sell primarily food, beverages and a limited range of household goods” (pp. 1-2), which do not sell alcohol²⁹, and which can collectively be known as “convenience stores”. Such stores, along with grocery stores, are the most common tobacco retail outlets in New Zealand, and purportedly count on tobacco sales to ensure economic viability³⁰. This is one of the ideas put to the test in the surveys that follow.

2. TOBACCO SUPPLY RESEARCH WITH RETAILERS

2.1 Overview

Reducing supply of tobacco, making smoked tobacco products harder to buy by reducing the number of shops selling them, is one of the measures highlighted by the MASC. The Smokefree Aotearoa 2025 Action Plan sees it as important to supporting cessation and achieving a smokefree Aotearoa⁷. It is argued by some²⁹⁻³⁴ that reducing the supply of tobacco is a viable initiative to decrease smoking prevalence, and so to denormalise the use of tobacco. An absence of legislation to limit retail outlets, however, means that in the interim we must rely on retailers to voluntarily cease tobacco sales. While this approach is gaining some traction in places such as Northland³⁰⁻³², an ongoing belief in the necessity of tobacco sales for these small businesses hampers voluntary retail withdrawal. It is claimed by some retailers and retail associations that tobacco comprises 33-66 percent of sales and brings customers into stores where they invariably purchase more than tobacco²⁹. Further, tobacco manufacturers provide incentives to stock and promote tobacco, and make advertised claims such as “Smokers don’t just buy tobacco products. Their basket spend is more than twice as much as the average convenience shopper”^{cited in 29}. These claims can lead small retailers to overvalue the importance of tobacco sales to their business: unjustifiably so, as we shall see.

Badu and Fowler³² note that the ASAP plan regarding reducing supply, advocates for two stages that involves legislative change: 1) a requirement for all tobacco retailers to stop selling tobacco by 2021, and 2) to allow only a small number of registered tobacco retailers from 2022 onwards. Given that “tobacco remains an everyday item in local dairies ... how and where tobacco is sold represents a significant emerging area for research, future policy debate, and development of practical solutions”³¹ (p. iv).

2.2 Prior studies

Three recent New Zealand studies (2015-2017)²⁹⁻³³ examined how tobacco sales could affect the profitability of small stores. Reducing the number of outlets for tobacco seems a sensible way in which to manage supply reduction, and the economic impact on the livelihoods of convenience store owners was perceived by some to be considerable. Yet findings of these recent studies dispel this belief somewhat.

2.2.1 Research with New Zealand Dairy Owners/Managers

2.2.1.1 Canterbury tobacco retailers (2016)

Cancer Society and Canterbury DHB’s³¹ project was undertaken in Christchurch and sought to “obtain current information on the views of Christchurch dairy owner/managers regarding

smoking, smokefree policy, tobacco retailing, and becoming a tobacco-free retailer” (p. 2). The dairies were located primarily in moderate to high deprivation areas with higher rates of smoking. Sixty-two owner/managers (55% of the eligible sample) completed standardised face-to-face questionnaires in February and March 2016, with first contact made in December 2015 via a ‘postcard’. Questions included awareness of the Smokefree Aotearoa goal; perceptions of tobacco sales and how they felt about selling tobacco; most common age of tobacco purchasers; number of purchases; importance of tobacco sales to their business; security issues regarding tobacco products; thoughts around restricting tobacco sales; and interest in becoming a tobacco-free retailer. With regard to the latter, some respondents identified benefits to being a tobacco-free retailer, such as increasing community health and supporting smoking cessation, economic benefits for customers, with health and economic benefits particularly important for children and the elderly.

However, there was also considerable concern regarding the economic impact on their businesses with over 80 percent seeing tobacco sales as ‘somewhat’ to ‘very important’ to their business. Paradoxically, 75 percent of respondents considered tobacco sales contributed ‘less than 10 percent’ or ‘10-15 percent’ (10% of respondents) to their profits, while nearly half (48%) of respondents considered that between 24 percent and 50 percent of customers purchased tobacco. Nevertheless, it is the foot traffic of tobacco purchasers who may then purchase other items that respondents saw as the profitability of selling tobacco. As the authors state, however, notwithstanding the important role dairies and other retailers have in tobacco supply, “Combined with the low profit margins...and growing smokefree attitudes within society, retailers cannot remain insulated from changes in the tobacco market”³¹.



Participants also noted the high prices of tobacco contributed to security issues with the threat and reality of break-ins; a heightened sense of fear and extra safety measures provided an indirect cost of tobacco sales. Over 60 percent of respondents in the Christchurch study had concerns relating to security; 32 percent (20 dairies) had been broken into the previous year at least once, with some experiencing three or more break-ins³¹. Even if participants had not experienced break-ins directly, it seemed the threat was ever present, and they were aware that tobacco products made them a target.

2.2.1.2 Auckland (2018)

Badu and Fowler^{32,33} also conducted research with Auckland dairy owners, interviewing 19 owners randomly selected from six of Auckland's 21 local boards. The researchers "sought to explore the profitability of selling tobacco and retailers' perceptions about alternative business models that could replace selling tobacco" (p. 6)³³. One of the key findings noted by the researchers was the seeming indifference to the lack of profitability in tobacco sales.

As with the Christchurch participants, the Auckland cohort saw tobacco sales as less important in themselves, but important as a way in which to boost sales of other products. Tobacco was thus seen as "bait" to lure customers into their premises³³.

Overall, Auckland participants felt it was up to the government to regulate tobacco supply through "ultimate responsibility"³³ (p. 13), and while expressing concerns, the inevitability of the move seemed certain. It was unlikely that many of them would stop selling tobacco voluntarily, however, many continue to consider tobacco important to overall store sales. They noted it would work more in their favour if other convenience and larger stores such as supermarkets stopped selling tobacco, as they could lose customers who would go to other stores and spend there instead of coming to a store that did not have tobacco.

Specialty stores that sold only tobacco and tobacco related products seemed to be favoured, as such stores would not be in competition for their services and would "provide an even playing field"³³.

2.2.2 Overseas Research with Retailers

One of the recommendations to emerge from the Christchurch study³¹ was to widen the survey to include other tobacco retailers such as supermarkets and service stations. A study in New South Wales sought to investigate tobacco retailers who also sell alcohol, given that they constitute the largest group of tobacco retailers (34%) there, yet comprise only 1.4

percent of all tobacco sales³⁴. This contrast between availability and consumption seems to contradict the idea that alcohol outlets attract social smokers who buy tobacco with their alcohol on impulse. While alcohol has been linked to increased rates of smoking, alcohol outlets are clearly not a big source of cigarettes.

The authors note a previous study found alcohol-licensed outlets are “disproportionately likely to stop selling tobacco, with managers citing low profits and the ‘hassle’ of selling tobacco as major contributing factors”³⁴ (p. 2). Their project was therefore designed to:

1. Identify factors associated with the probability of selling and stopping selling tobacco,
2. Determine if selling tobacco is the norm for alcohol-licensed premises,
3. Provide insight into the reported importance of tobacco sales for different types of licensed premises, and
4. Identify retailers’ attitudes to stopping tobacco sales. (p. 2).

A sample of 1,042 outlets was surveyed in 2016, from diverse businesses including pubs, hotels, bottle-shops, clubs, and supermarkets. Only 63.6 percent (663/1,042) sold cigarettes³⁴, however. Of these, there was a greater importance with regard to cigarette sales if retailers were located further away from each other (most were within 1 km from other retailers)³⁴.

The authors note that New South Wales has a “negative licensing scheme”, meaning that retailers are only prohibited from selling tobacco because of repeated violation of regulations; otherwise there are no limitations or license fee for sellers³⁴. Therefore, retailers voluntarily stopping tobacco sales, as with New Zealand, is the only current mechanism for reducing tobacco supply and availability. Yet as with dairy owners in the New Zealand studies, many of these retailers believed that tobacco sales were vital to their profitability as they thought tobacco customers made other purchases in-store.

Burton et al.³⁴, as well as researchers in the Christchurch study³⁰, reference the findings of a study in Philadelphia, Pennsylvania, which “challenges the prevailing assumption that tobacco sales are associated with sales of other products”³⁴ (p.7). The Pennsylvania study surveyed 120 urban convenience stores over a six-month period and reported that only 5 percent of purchases had both tobacco and non-tobacco merchandise³⁰.

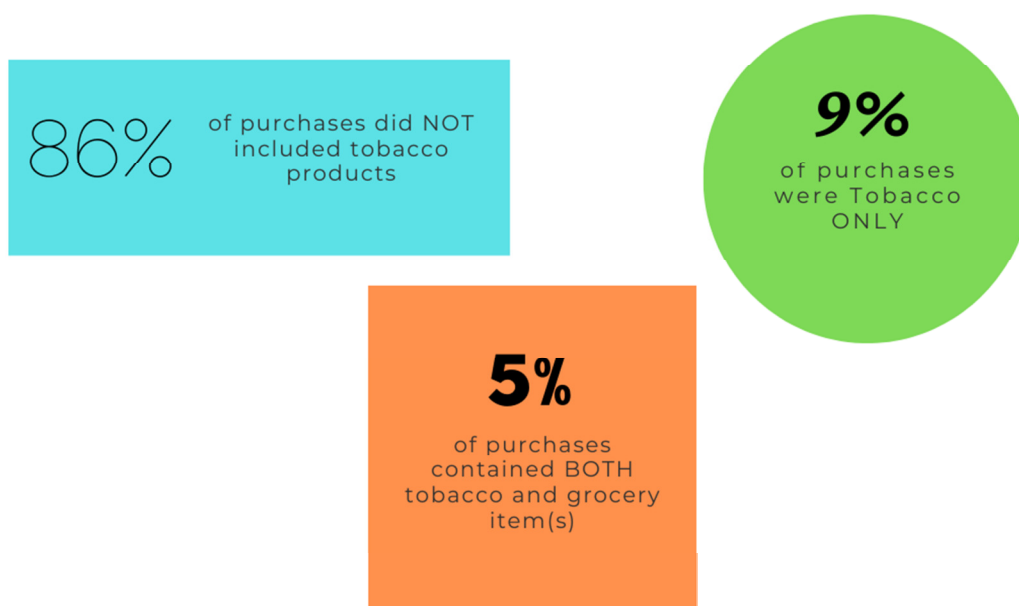
Over one week in the UK in 2015, an investigation of electronic data from 1,416 convenience stores showed that only 13 percent of purchases included tobacco and non-tobacco products, while in both studies, 8 percent were solely tobacco purchases. Further analysis showed that

tobacco purchasers did not spend significantly more (after removal of the cost of tobacco) than non-tobacco purchasers³⁰.

2.2.3 Dunedin Post-Purchase Surveys (2017)

Given that international studies do not necessarily reflect the New Zealand situation, Robertson et.al.²⁹ conducted a study in 2017 at convenience stores in Dunedin with a 'post-purchase intercept survey'; i.e., they surveyed customers exiting convenience stores to ascertain what they had just purchased and if it included tobacco. They drew on the methods of the Pennsylvania study mentioned above and included 20 convenience stores from high-deprivation to mid-to-low deprivation to reflect the region²⁹. Each store was visited at one of three 60-minute intervals (7.30am to 8.30am; 11.30am to 12.30pm; and 3pm to 4pm) over four weeks. Customers were asked a series of questions including amount spent; purchase details; and cost of tobacco²⁹.

Of 679 transactions, only 95 (14%) contained tobacco, and 61 of these were tobacco-only purchases, with 34 purchases containing both tobacco and grocery items. That is, 86 percent of purchases did not include tobacco, and 9 percent of all purchases were tobacco only, meaning that only 5 percent of purchases contained both tobacco and grocery products. This finding does question the claim – often promulgated by the tobacco industry⁽²⁹⁾ - that one-third to one-half of purchases include tobacco, indicating a lower importance of tobacco to business efficacy than previously assumed.



After excluding the cost of tobacco, people who purchased tobacco and grocery items spent on average \$5.11 on grocery item(s), whereas people who purchased only grocery items spent on average \$6.85.

The following sections discuss how similar research was conducted in Northland and New Zealand in 2020/2021; and presents results from the sets of four surveys by the Northland DHB's Public Health Unit, while drawing on another done by the Cancer Society Auckland-Northland (CSAN) in 2020.

3. SURVEY PROJECTS OVERVIEW

This report covers four *Te Ara Tupeka Kore ki Te Tai Tokerau* smokefree research projects undertaken by the Ngā Tai Ora, Public Health Northland. Data for our four projects (A-D) was collected between November 2020 and April 2021.

The team was also fortunate to gain data collected by the Health Promotion Team of Cancer Society Auckland-Northland (CSAN), on Tobacco-free Retailers in Northland, conducted in February 2020 (project E).

The surveys were conducted among:

- A. Store owners/managers of convenience and grocery stores
- B. Store owners/managers of alcohol-licensed retail stores
- C. Customers of convenience stores
- D. Tobacco-free Retailers throughout New Zealand (discussed elsewhere)
- E. Tobacco-free Retailers in Northland by CSAN.

These projects provided us with a wealth of information and enable comparisons with previous research^{e.g.29-34}; the findings also contribute to the evidence base for reducing tobacco supply and achieving a Smokefree Tai Tokerau/Northland.⁴³ (Note that Māori / non-Māori equity issues are not a direct subject of our research.)

3.1 Ethical Considerations

Our four research projects can be deemed 'low risk' in terms of ethics because of the subject matter and the short duration of contact with participants; although some of the stores will be in areas of high deprivation, associated vulnerabilities will be not an issue in the immediacy of contact with participants. The projects therefore do not fit the criteria for ethics review by the Health & Disability Ethics Review committees; they did however have to undergo the Northland DHB's *Research Locality Assessment* (RLA) process. While this does not constitute an ethics review, *per se*, Dr George (Project Lead) has experience in serving on research ethics committees, as does Dr Joy Panoho who assessed the RLAs on behalf of the Northland District Health Board's Māori Directorate, Te Poutokomanawa.

3.2 General Research Design

This study emulated to a large degree that undertaken by Cancer Society and Canterbury District Health Board³¹, Witt et al.²⁰, and draws from Badu and Fowler²², and Fowler and Badu²³. As noted by Witt et.al.³⁰(p. 35):

“the current ‘business-as-usual’ approach is likely to be insufficient to meet the Smokefree Aotearoa 2025 goal, particularly for Māori.... further strategies to support government action on tobacco control include reducing the number of tobacco retail outlets... to limit the supply of tobacco in the community.”

4. PROJECTS ON THE IMPORTANCE OF TOBACCO SALES

4.1 Project A: Convenience and grocery stores: store owners'/managers' perceptions

4.1.1 Aims

The study canvassed the views of *convenience and grocery store owners/managers* regarding the importance of tobacco to their business efficacy.

4.1.2 Objectives

- To determine the perception of the importance of tobacco purchases by owners/managers of convenience and grocery stores.
- To ascertain if owners/managers consider tobacco sales to pose a security risk.
- To determine how owners/managers feel about selling tobacco products.
- To ascertain owners'/managers' views on being a tobacco-free retailer and their knowledge of Smokefree Aotearoa 2025.
- To contribute to discussion regarding the role tobacco sales play in the viability of convenience and grocery stores.

4.1.3 Research Questions

The primary research question is - ***How do owners/managers perceive the importance of tobacco sales for the business efficacy of convenience and grocery stores?*** This question was determined by seeking answers to the following sub-questions:

1. What is the age range of people who most often buy tobacco products from convenience and grocery stores, and what percentage of customers purchases tobacco products?
2. What percentage of sales and profit come from tobacco products?
3. Do selling tobacco products constitute a security risk?
4. What are owners'/managers' views on becoming a tobacco-free retailer?
5. What do owners/managers know about smoking harms and Smokefree Aotearoa 2025?

4.1.4 Methods

Recruitment

We retrieved a list of 192 tobacco retailers in Northland from the Healthscape database; two more were added via an internet search. Five retailers were excluded because they are specialist tobacco and/or vaping stores, and 17 were excluded because they do not fit the definition of 'convenience stores' as "small businesses that sell primarily food, beverages and a limited range of household goods"²⁰, pp. 1-2. Forty more stores were excluded because they are supermarkets (including 'Four Squares'), and therefore not convenience stores; four more were excluded because they are now closed. This left a participant pool of 126 stores.

Recruitment began with a letter to all in the participant pool, introducing the study and indicating they would be contacted by phone to ascertain their willingness to participate. Phone calls were made the following week. Of the 126 possible participants, 66 (52%) agreed to participate.

Surveys

The survey instrument developed by Cancer Society and Canterbury District Health Board²¹ in their Christchurch study was modified and used for this project (see Appendix 1). Given the geographical area of the retailers, survey questions were asked either by Survey Monkey on a tablet or using a hardcopy questionnaire, which was later entered into Survey Monkey. Surveys were undertaken between December 2020 and January 2021.

Analysis

Statistical analysis was undertaken from the data in Survey Monkey for the quantitative component of the survey. For the qualitative questions, a simple thematic analysis was undertaken to highlight the qualitative perceptions of the participants.

4.1.5 Findings Project A

4.1.5.1 Quantitative data

Of the pool of 126 available retailers, 66 participated. Their questionnaire results are presented verbally and in graphic form below, and key results are compared in tabular form in the Discussion.

Of the 66 participants, 55% were owners and 45% were managers of the stores involved; 80.3% of the stores were independently owned, 12.1% were local franchises, and 7.6% were regional or national chains (Figure 3).

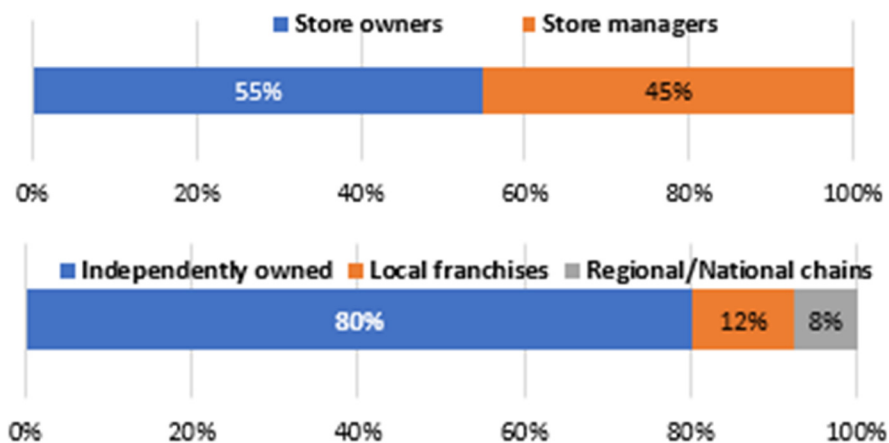


Figure 3: Ownership of the participating retailers (N=66).

When asked how many customers buy tobacco products, 55% of respondents considered one-quarter to one-half of their customers did so. Of those who most often buy tobacco products, 18% were under 30 years old, 56% were 30-50 years old, and 12% over 50 years.

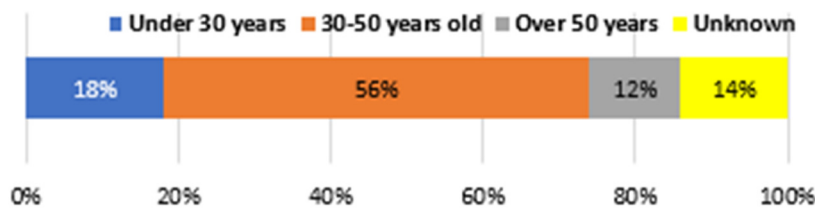


In addition (see also Figure 4):

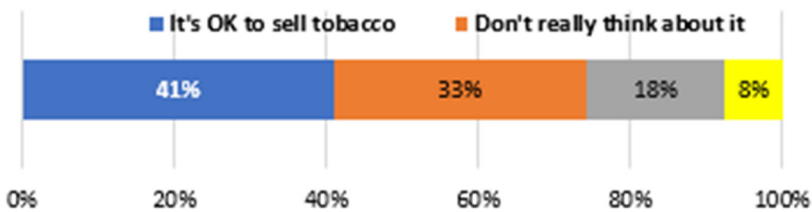
- While the majority (92%) agreed that smoking and second-hand smoke was harmful to children and adults, 41% of respondents 'felt ok' about selling tobacco, 33% 'didn't really think about it', and only 18% would 'prefer not to sell'.
- Only 9% of owners/managers considered that selling tobacco was 'not important', with 35% seeing it as 'somewhat important', and 21% thought selling tobacco was

'important', while 27% thought selling tobacco was 'very important' to their business (8% chose not to answer).

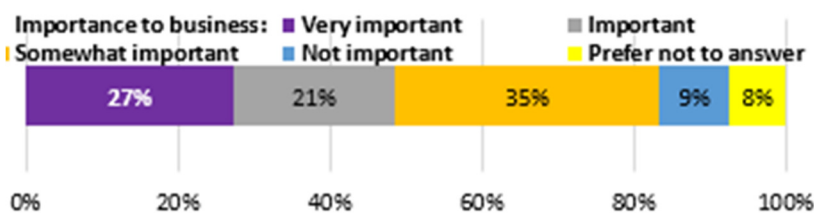
- 17% thought that 'less than 10%' of sales came from tobacco, 35% believed this figure was '10-30%' of their sales, while 28% thought this constituted '31-50%' of their sales, and only 10.8% of respondents considered sales came from 'more than 50%' of sales.
- However, regarding percentage of profit, 15% considered profit from tobacco sales was 'less than 5%' or '10-15%'; 46% thought sales brought in '5-10%' of their profits.
- The majority (55%) of respondents had 'some concerns' about their safety regarding tobacco sales, while 14% had 'a lot of concerns'. This was despite 74% noting they had not been broken into in the past year, whereas 23% had been.
- Awareness of the SmokeFree2025 goal was high, with only 10% stating they were not aware of it and 90% stating they were.
- Asked if they sold e-cigarettes or vaping products. 82% said Yes and 18% said No: of the latter 12 managers only 1 intended to do so in future.



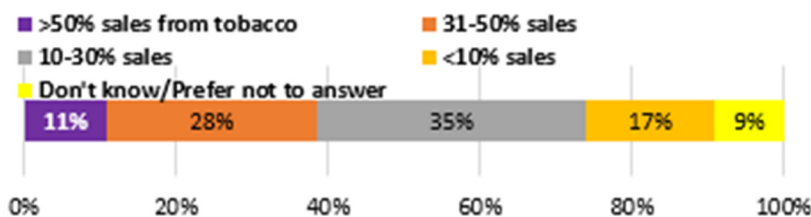
A. Estimated age of customers.



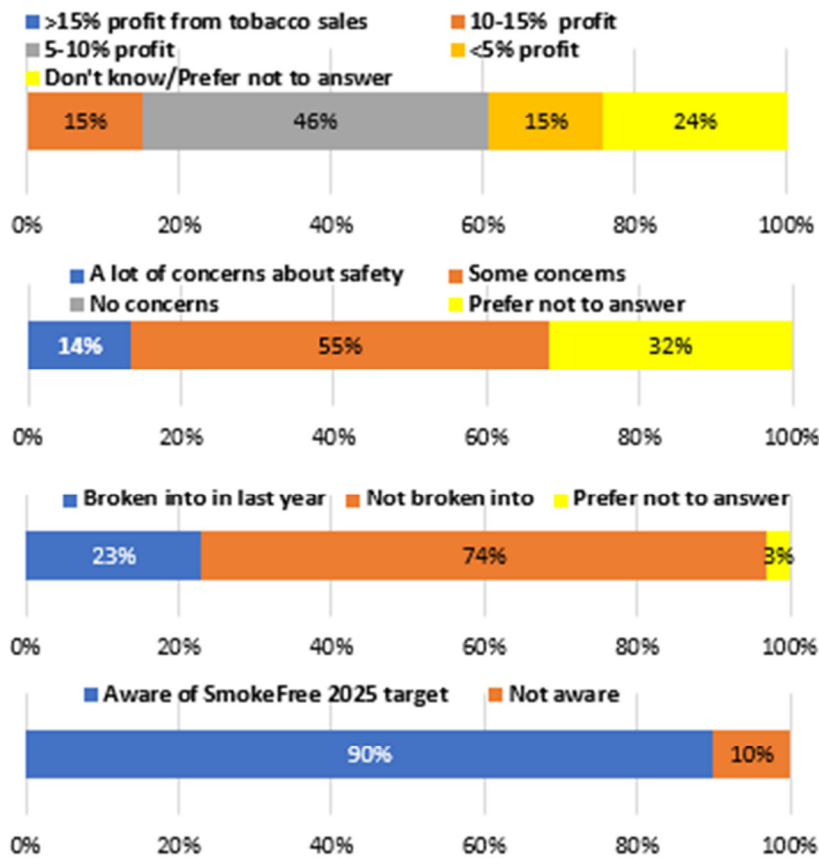
B. How do you feel about selling tobacco products?



C. How important to your business is selling tobacco products?



D. What percentage of your sales comes from tobacco products?



- E. What percentage of profit comes directly from the sale of tobacco products?
- F. Do you have any concerns about selling tobacco products being a security risk?
- G. Has your business been broken into in the past year?
- H. Are you aware of the New Zealand government goal to achieve Smokefree NZ by 2025?

Figure 4: Project A questionnaire responses, convenience store managers (N=66).

The following factors would encourage respondents to become tobacco-free retailers (TFR): multiple responses were possible.

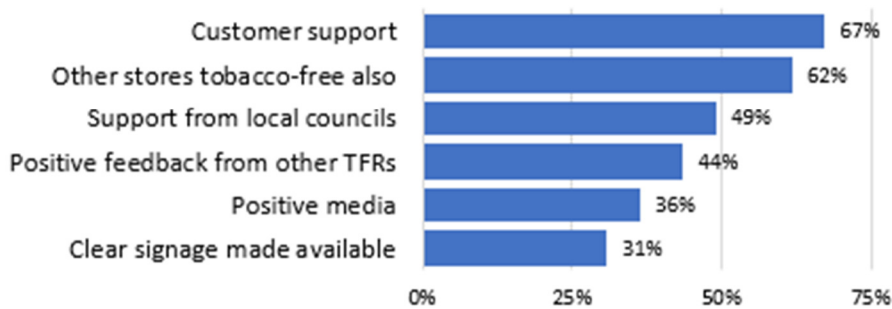


Figure 5: Convenience stores managers' thoughts on encouragements to become TFR (N=66).

4.1.5.2 Qualitative data

The qualitative data underwent simple thematic analysis and direct quotations are arranged as bullet points under various common themes.

Current Smokefree Initiatives

Comments on existing initiatives to stop smoking and how some policies exacerbated issues such as poverty:

- “I think [increasing] taxes is wrong because it affects lower income families most, which is wrong as they suffer.”
- “Tobacco price [is] too high, kids no food. People can’t give up....the government gives them money and people spend money on tobacco so no money left. This also increases criminal activities.”
- “The people who buy tobacco are hooked on it and it is part of their life, and they can’t give it up even with the price increase”.
- “Sale of single cigarettes was good for those giving up. Government shouldn’t have stopped that just because some people were abusing it.”

Future Licensing

The idea of licensing tobacco sales had mixed responses. While most respondents supported licensing, many also considered that imposing licenses would make little difference as a stop smoking initiative but would only increase disadvantage and loss for shop owners and customers:

- “Happy to have a licence; it keeps us safe and sets clear rules”.
- “Good idea to regulate how to sell; like to sell food you need a license.”
- [In relation to specialty stores and other licensed premises,] “That is good – they will know how to sell and who to sell to.”
- “I hadn’t really thought about it”, but it “could be a good thing.”
- “Depends on how much it is and how we will mitigate the extra costs”.
- “If I have to then I will. But prefer not to. Anyone can sell [cigarettes] at the moment, but if license fee is too much then won’t sell tobacco.”
- “It’s up to the government; if they say we have to [have a license] we have to. We have no choice.”
- “I would just get a license because it is a part of my core business.”

Respondents unsupportive of licensing:

- “Not worth it for such a small margin”.
- “...another money-making game”.
- “That’s just the government getting more money off you; it’s dumb.”

- “Haven’t thought about it, but I don’t like it....requires a lot of work to maintain a license.”
- [Not a stop smoking initiative because] “I can still sell tobacco and then the government makes more money.”

Attitudes Towards Selling Tobacco Products

Some considered selling tobacco products is a choice that their customers or employers make, and that they should have the right to:

- “It’s a choice, their choice. It’s not healthy but if people are smoking for a long time, they will [still] smoke”
- “I think people should be allowed to smoke, so I will supply.”
- “The boss says it provides a service” even if “personally I think we should give up selling”,

Regarding selling tobacco to underage customers:

- “We don’t even sell paper and filter to children because they might start buying tobacco”.
- “We see the school kids smoking in the corner who might have stolen tobacco from their parents so we don’t sell papers to them....but the parents get angry when we don’t sell tobacco to the kids. If we find out parents are buying for the kids, we stop selling tobacco to the parents who will give it to the kids.”
- “...confronted by some parents who sometimes...insist tobacco [can be] sold to the child if consent is given.”
- “We get lots of people underage, but we always ask for ID. We follow procedures. Most of the customers are regulars; we know them.”

Some would prefer not to sell tobacco for multiple reasons such as health and safety risks, but find it difficult to forego selling tobacco in the current circumstances.

- “I don’t like selling them because a) I don’t like the smoking factor; b) it’s a security risk. But I sell them because I see it as a community service. I sell what the community wants.”
- “Stopping all over the country is good. Good for the new generation”.

Benefits of Being Tobacco-free

Most respondents felt becoming tobacco-free would lessen the security risk considerably, and have public health, environmental and social benefits:

- “For the whole country, it would be good; families will have more money.”
- “It will be good for the environment and public health.”
- “Health benefits – no cancer, no lung issues, nor any other physical disorder [from smoking].”
- “Yes, will feel good that you don’t give poisons to people.”
- “The medical system – there’s a big cost from smoking. It’s a big issue. I’m a victim of second-hand smoke. Used to work in a place where most people smoked, and I was sick a lot.”
- “In the greater scheme [of things], we wouldn’t have to worry about all issues associated with tobacco.”

Loss of sales

Despite the benefits accrued from the country being smokefree, many participants felt they had to continue selling for their business viability. Not necessarily in terms of profit, but because of the footfall custom – i.e., customers coming to buy tobacco also purchase other items.

- “If you want to stop tobacco in dairies, start making tobacco stores that only sell tobacco” as loss of profit from customers going to other local stores for their tobacco and food products was a concern for many respondents.
- “Tobacco is a draw card so that’s why I sell them, otherwise they’ll just get them from [elsewhere]; that’s what the old owners experienced.”
- “We are dependent on it; most of our customers are old and smoke”.
- “I really don’t want to sell it but it helps my other business”.
- “...will lose profit but will follow government direction.”

Barriers to Tobacco-free Retailing

- The main challenges respondents saw in becoming a tobacco-free retailer, was the loss of customers and therefore profit, and angry customers:
 - “We lose our sales as well as customers going to be disappointed.”
 - “May put off some people coming in for petrol.”
 - “If we become tobacco-free, would not have any shop sales. Maybe we would just become self-service fuel. Four to five people would lose their jobs.”
 - “No customers. No money. Aggressive customers.”
 - “It may reduce and affect [the] shop’s overall sales if retailers don’t sell tobacco items.”

- “It will drive away sales. I know we don’t get a large margin, but they buy other stuff. So I would be concerned about the other stuff that goes with it.”
- “Loss of business; we can’t be dairies without cigarettes.”
- “I won’t be selling the other stuff so I don’t know how long the other business will last. I’ve heard stories of businesses going tobacco-free, but they had to shut down. We see tobacco as a flow of customers; they come in and buy a drink and other stuff.”
- “Lose customers. People who buy cigarettes buy other products together. If we can’t sell cigarettes, we will lose customers. I thought about it [going smokefree] last year – asked customers, but they were not keen.”
- “Lots of angry customers.”

Losing tobacco sales could create an inability to compete with shops selling tobacco:

- “If others went tobacco-free then I would. Otherwise too much competition. If tobacco shop in town and we all stopped then that’s fine.”
- “People who want cigarettes will buy them and their other purchases in one place.”
- [in our isolated area, the] “...majority of people are on low incomes, and they will go into town to buy cigarettes and will buy everything there. So [it’s] not good for my business.”
- “[It is a] customer choice for me to sell tobacco at the moment. Otherwise, they will have to go 45-50 kms to the next town.” [inconvenience factor]
- “Tobacco is what convenience stores are known for; by taking that away we are essentially not convenient anymore. It is part of the culture engrained in New Zealand.”
- “Selling tobacco is vital to our business – it is convenient for customers at the moment. We are not making much from smokes, but it is still vital.”

Some respondents considered there were no benefits to going tobacco-free.

- “No benefits, no customers [to] buy other products. We have old people who come to get smokes and also bread and milk.”
- “No benefits. People will still smoke. If customers still come that’s fine but it’s not likely.”
- “Nothing. Customers would go elsewhere.”

4.2 Project B: Alcohol-licensed retailers: store managers' perceptions

4.2.1 Research Design

This Project B used practically the same Survey Questionnaire 1 (Appendix 1) as Project A, with the same aims and objectives with different target stores. The project drew on that of Burton et al.'s 2016 study²⁴ conducted in New South Wales, Australia, on tobacco retailers who are licensed to sell alcohol, and aimed to assess whether "tobacco retailers contribute to smoking by creating environmental cues⁹ to smoke and by making cigarettes accessible" (p.1).

They focused on tobacco retailers who sell alcohol for three main reasons:

1. They constitute the largest category of tobacco retailers.
2. Alcohol consumption has often been linked with increased rates of smoking; and
3. A previous study has found that alcohol-licensed retailers are disproportionately likely to stop selling tobacco because of low profits and 'hassle' as major factors¹.

4.2.2 Aims and Objectives

Aim

The study canvassed the views of *alcohol-licensed retailers* regarding the importance of tobacco to their business financial viability.

Objectives

- To determine the perception of the importance of tobacco purchases by owners/managers of alcohol-licensed retailers.
- To determine how owners/managers feel or attitudes about selling tobacco products.
- To ascertain owners'/managers' views on being a tobacco-free retailer and their knowledge of Smokefree Aotearoa 2025.
- To contribute to discussion on the necessity of tobacco sales for the business efficacy of alcohol-licensed retailers.

4.2.3 Research Questions

The primary research question is - ***How do owners/managers perceive the importance of tobacco sales for the viability of their business as alcohol-licensed retailers?*** This was addressed by seeking answers to the following questions:

1. What is the age range of people who most often buy tobacco products from alcohol retailers, and what percentage of customers purchases tobacco products?

2. What percentage of sales and profit come from tobacco products?
3. Does selling tobacco products constitute a security risk?
4. What are owners/managers views on being a tobacco-free retailer?
5. What do owners/managers know about smoking harms and Smokefree Aotearoa 2025?

4.2.4 Methods

Recruitment

In this study we had a total pool of 56 off-licence alcohol retailers that also sell tobacco in Northland (retrieved from the Healthscape database as well as local knowledge). All retailers were phoned to ascertain if they sell tobacco – some were determined to no longer be in operation or did not respond to our phone calls. If they did not sell tobacco, they were excluded from this study. A pool of only 26 stores remained, with only 12 retailers agreeing to participate in the survey (46%).

Surveys

Essentially the same survey used in Project A (adapted from Cancer Society & CDHB³¹). Data collection was carried out in April 2021.

Analysis

As for Project A, analysis was undertaken from the data in Survey Monkey for the quantitative component of the survey. For the qualitative questions, a simple thematic analysis highlighted the qualitative perceptions of the participants.

4.2.5 Findings Project B

While the findings may not be representative given the low numbers (n = 12), the indicative findings shown below in graphical form will be useful:

4.2.5.1 Quantitative data

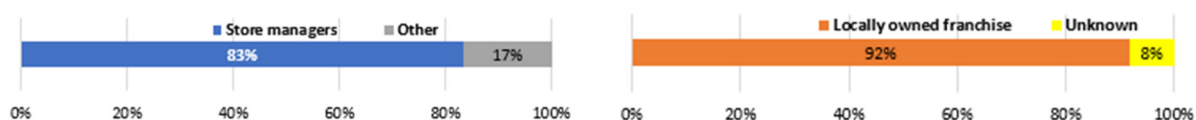


Figure 6: Ownership of alcohol outlets (N=12).

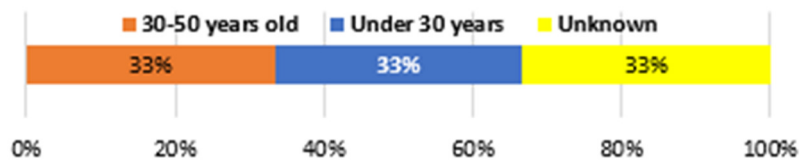
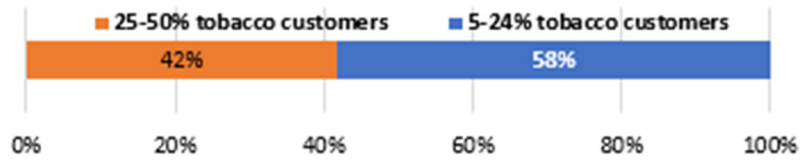
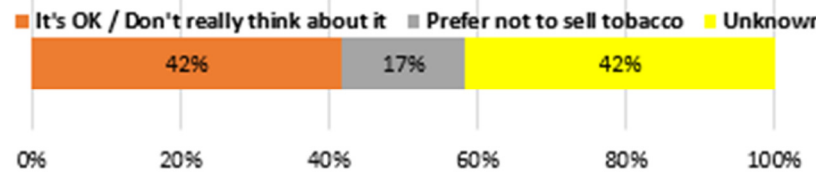


Figure 7: Project B questionnaire responses from alcohol outlet managers (N=12).

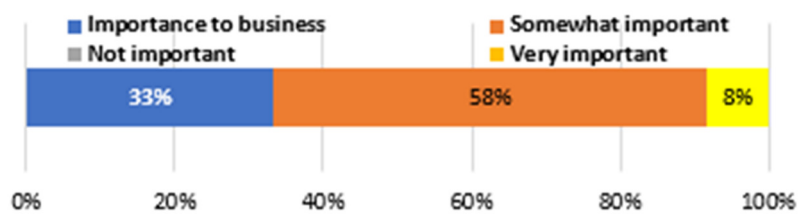
A. (top) Estimated age of customers.



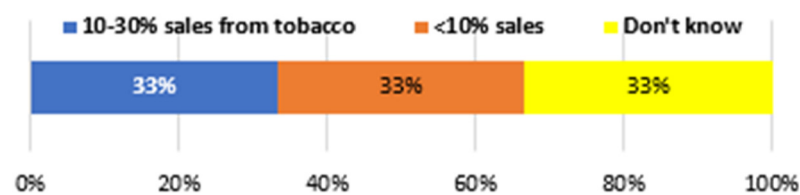
B. What percentage of your sales comes from tobacco products?



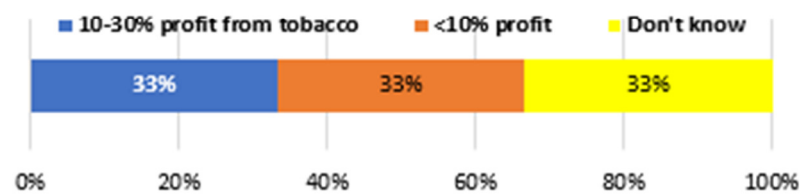
C. How do you feel about selling tobacco products?



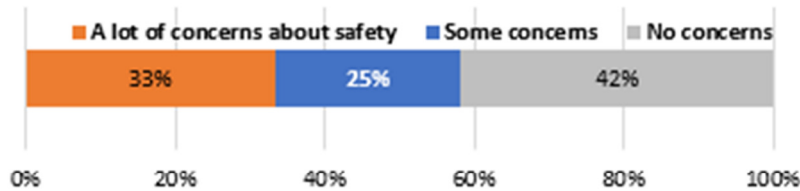
D. How important to your business is selling tobacco products?



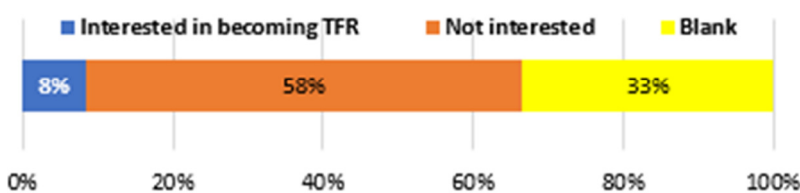
E. What percentage of sales comes directly from tobacco products?



F. What percentage of profit comes directly from the sale of tobacco products?



G. Do you have any concerns about selling tobacco products being a security risk?



H. Are you interested in becoming a Tobacco-free Retailer?

The following factors would encourage alcohol stores to become tobacco-free retailers: multiple responses were possible.

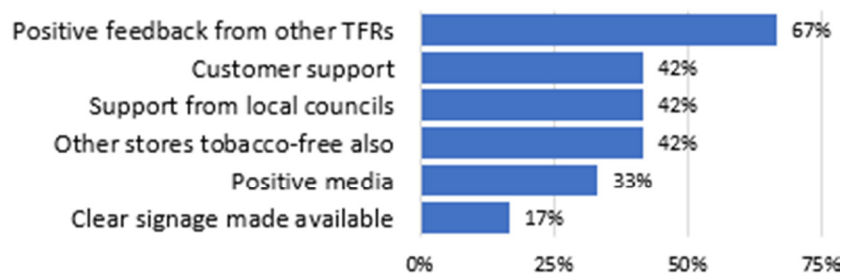


Figure 8: Alcohol outlet managers' thoughts on encouragements to become TFR (N=12).

None of the alcohol retailers that sold tobacco had been broken into in the past year.

Eight of them (67%) had sold electronic cigarettes or vaping supplies, 4 hadn't ((33%)

4.2.5.2 Qualitative data:

The qualitative data underwent simple thematic analysis; direct quotations are arranged as bullet points under various common themes here also.

Future Licensing

This group of respondents was generally supportive of the idea of licensing, possibly reflecting familiarity with licences as alcohol retailers:

- "...think it's a great idea. Would be good to have licensed premises for tobacco products and tobacco specialist shops".
- "...no difference, it's sweet as."
- "Wouldn't bother me. Should be easy enough to get my hands on [a license]."

However, there was no consensus:

- "We wouldn't bother to sell [tobacco]; too much to have another licence."
- "...would rather have tobacco shops – take it away from the dairies. Only reason I have it, is that people will go down the road otherwise. Ban dairies from selling cigs. Combine with alcohol and marijuana – one store to sell the lot."

Loss of Sales

Some expressed concerns of losing business – and profit – to others if they alone weren't able to sell tobacco products. Banning all stores from selling tobacco products would negate that issue:

- “If government says all of NZ retailers are banned from selling tobacco, then I will fully support it.”
- “Management and ownership would prefer not to sell [tobacco products] in general as it doesn’t bring much income and is bad for health. The biggest reason to sell is it makes you competitive in a market where most places sell – it’s a reason for people to come in.”
- “It’s just part of the service we offer, like fuel stations and dairy. Customers expect us to also have tobacco for sale.”

4.3 Project C: Convenience stores: customers post-purchase survey

4.3.1 Research Design

This project follows the post-purchase survey undertaken by Robertson et.al.²⁹ who conducted an intercept survey of convenience store customers in Dunedin. These authors state that:

Although trade associations argue tobacco sales represent up to two-thirds of convenience store sales and drive foot traffic, few studies have examined these claims. We examine the prevalence and characteristics of tobacco purchases at convenience stores to determine if purchases that include tobacco differ in value (when tobacco cost is removed) to that of non-tobacco purchases.

4.3.2 Aims and Objectives

Aim

Our study examined the prevalence and characteristics of tobacco purchases at convenience and grocery stores in Te Tai Tokerau/Northland.

Objectives:

- To determine the prevalence of tobacco purchases at convenience stores.
- To ascertain the importance of footfall custom from tobacco purchases to convenience stores.
- To determine if purchases that include tobacco differ in value (when tobacco cost is removed) to that of non-tobacco purchases.
- To contribute to discussion on the importance of tobacco sales to the financial viability of convenience stores.

Research Questions

The primary research question is - ***How important are tobacco sales for the business financial viability of convenience stores?*** This was determined by seeking answers to the following questions:

1. What proportion of transactions made at convenience stores includes a tobacco product?
2. Of the transactions that include a tobacco product, what proportion are tobacco-only, and what proportion include tobacco and at least one additional product?

3. Do transactions that include a tobacco product differ from transactions that do not include a tobacco product in terms of:
- The total number of products purchased (excluding the tobacco itself)?
 - The number of products in each of the three most profitable product categories (i.e., bottled water, carbonated soft drinks, snack foods)?
 - The sale value (excluding the tobacco purchase)?

4.3.3 Methods

Recruitment

The total participant pool was the same as that of Project A: an initial pool of 194 tobacco retailers in Northland left a pool of 126 stores after various exclusions. However, rather than re-contact all 126 stores and risk annoying busy retailers, we included a question at the end of the survey for Project A as to whether they would be willing for us to survey customers outside their stores. Of the 66 Project A respondents, 44 (67%) agreed to participate. On re-contact, only 22 stores agreed to participate, and at these remaining stores we gathered 284 responses from customers exiting after purchasing items.

Unlike the study done by Robertson, et.al.²⁹, however, data collection staff spent only one hour at each store: given the geographical spread of the stores, it was not convenient to return three times to each store. That would also have strained the patience of store owners who were being generous with their time in their busy schedules – while they were not involved directly in the surveys, most owners or managers felt it necessary to oversee the process. We followed the recommendation²⁹ to include customers of petrol stations in this survey.

Surveys

Throughout February 2021, customers were asked a quick series of six questions on exit from the stores regarding their purchases, if they would like a copy of the survey findings and the opportunity to enter a prize draw for one of five \$40 petrol vouchers.

Analysis

Statistical analysis was undertaken from the data in Survey Monkey for the quantitative component of the survey.

4.3.4 Findings Project C

As noted, 285 responses were gathered post-purchase from customers exiting 22 stores in Northland. Quantitative data are summarised here and also shown in the graphs below.



On average, people who bought tobacco bought three items (of which at least one was a tobacco product); those who didn't buy tobacco bought an average of 2.4 items.

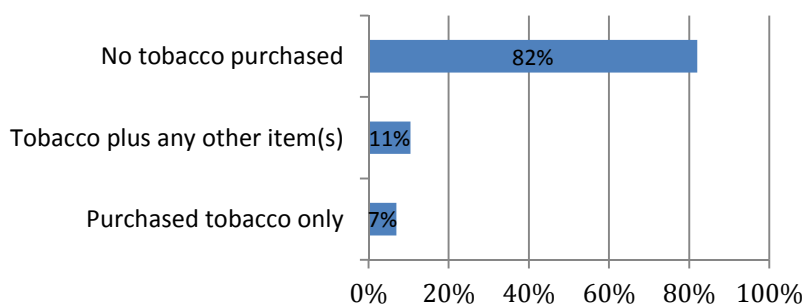


Figure 9 A-B Customers of convenience stores buying tobacco or tobacco products.

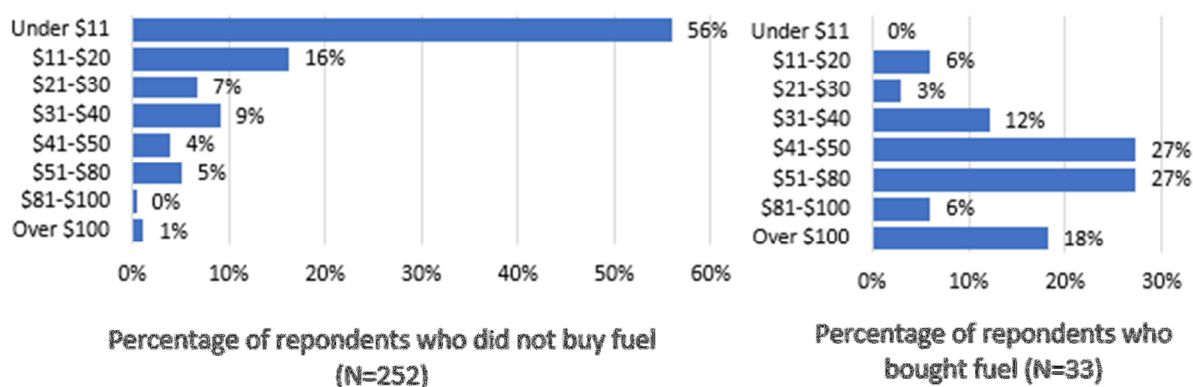


Figure 10: Overall spending per purchase of those who did not and those who did buy fuel.

Overall spending is illustrated in Figure 10. Additional observations are:

- The average spend for those who did not buy tobacco was \$17 (N=230); if we exclude fuel their average spend was \$11 (N=202).
- Those who bought tobacco as well as grocery item(s) but no fuel (N=26, or less than 10%) spent on average \$60.
- The average spend for those who bought tobacco only was \$38 (N=16), so that could have been little more than just a packet of cigarettes.

After excluding the cost of tobacco, people who purchased tobacco and grocery item(s) spent on average \$5.80 on grocery items, whereas people who purchased only grocery items spent on average \$11.07.

These results negate the commonly held perception of tobacco retailers that tobacco sales are very important to the business activity of convenience stores, dairies, petrol stations and alcohol retailers who sell tobacco products.

5. SURVEYS OF TOBACCO-FREE RETAILERS

5.1 Project D: National Survey of Tobacco-free Retailers

5.1.1 Research Design

We conducted this survey in February 2020 among Tobacco-free retailers in New Zealand. As such this project complements our three projects A-C and the results are summarised for comparison. The full qualitative responses are given in Appendix 5.

5.1.2 Aims and Objectives

Aim

To conduct a national phone survey of current tobacco-free retailers (TFRs), to assess where they are at with regard to being tobacco-free and the impact (positive and negative) on their business.

Objectives

- To determine whether tobacco-free retailers have remained tobacco-free, and if not, why not;
- To ascertain the reasons why tobacco-free retailers have remained tobacco-free;
- To determine the reactions of tobacco companies, and customers, to the stores becoming tobacco-free;
- To ascertain the financial impact, if any, on the owners/managers of the stores.

Research Questions

The primary research question is – *What have been the impacts of becoming tobacco-free for convenience store owners?* This was determined by seeking answers to the following questions:

1. When did the store become tobacco-free, and was it their decision, or that of a previous owner?
2. What were the reasons for them/previous owner becoming tobacco-free?
3. What was their relationship like with tobacco companies and did that play a part in their decision to become tobacco-free?
4. What was the reaction of the local community/customers to becoming a tobacco-free retailer?
5. Has there been an adverse financial impact from becoming a tobacco-free retailer?

5.1.3 Methods

Recruitment

Current tobacco-free retailers (n = 53) were identified through the Smokefree Shops website⁴⁵, and the stores were phoned using the recorded phone numbers. We were unable to contact 10 stores, and a further 12 declined to be surveyed. The remaining 31 were surveyed for this project.

Survey

This current project utilised the survey in the *Tobacco-free Retailers Toolkit*, and available from the Smokefree Shops website⁴⁶. The survey was reviewed and small adjustments were made to the questions. The questions were then entered into Survey Monkey and retailers responses were entered during the phone surveys.

Analysis

Statistical analysis of the data was undertaken using Survey Monkey, and a simple thematic analysis was undertaken for the qualitative component of the survey.

5.1.4 Findings Project D

5.1.4.1 Quantitative data

The types of participating store are as follows:

- The majority of stores were convenience stores 32%; others were petrol stations and takeaways (19% each), cafes (13%), restaurants (10%), stationers and a pharmacy (3% each).
- 90 percent had chosen to become tobacco-free more than two years previously, with one store becoming tobacco-free retailer within the last six months.
- 97 percent of the owners/managers had themselves made the decision to become tobacco-free retailer; only one store owner (3%) had bought a store that was already tobacco-free retailer.

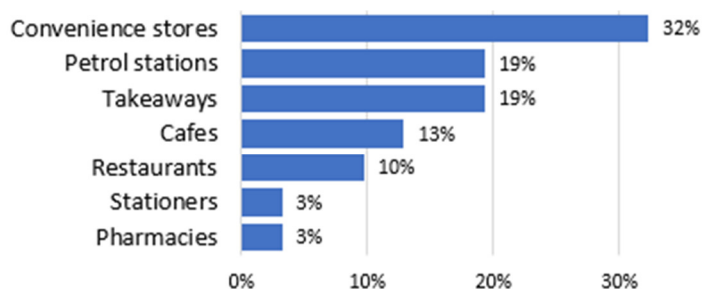


Figure 11: Types of stores participating in the national telephone survey

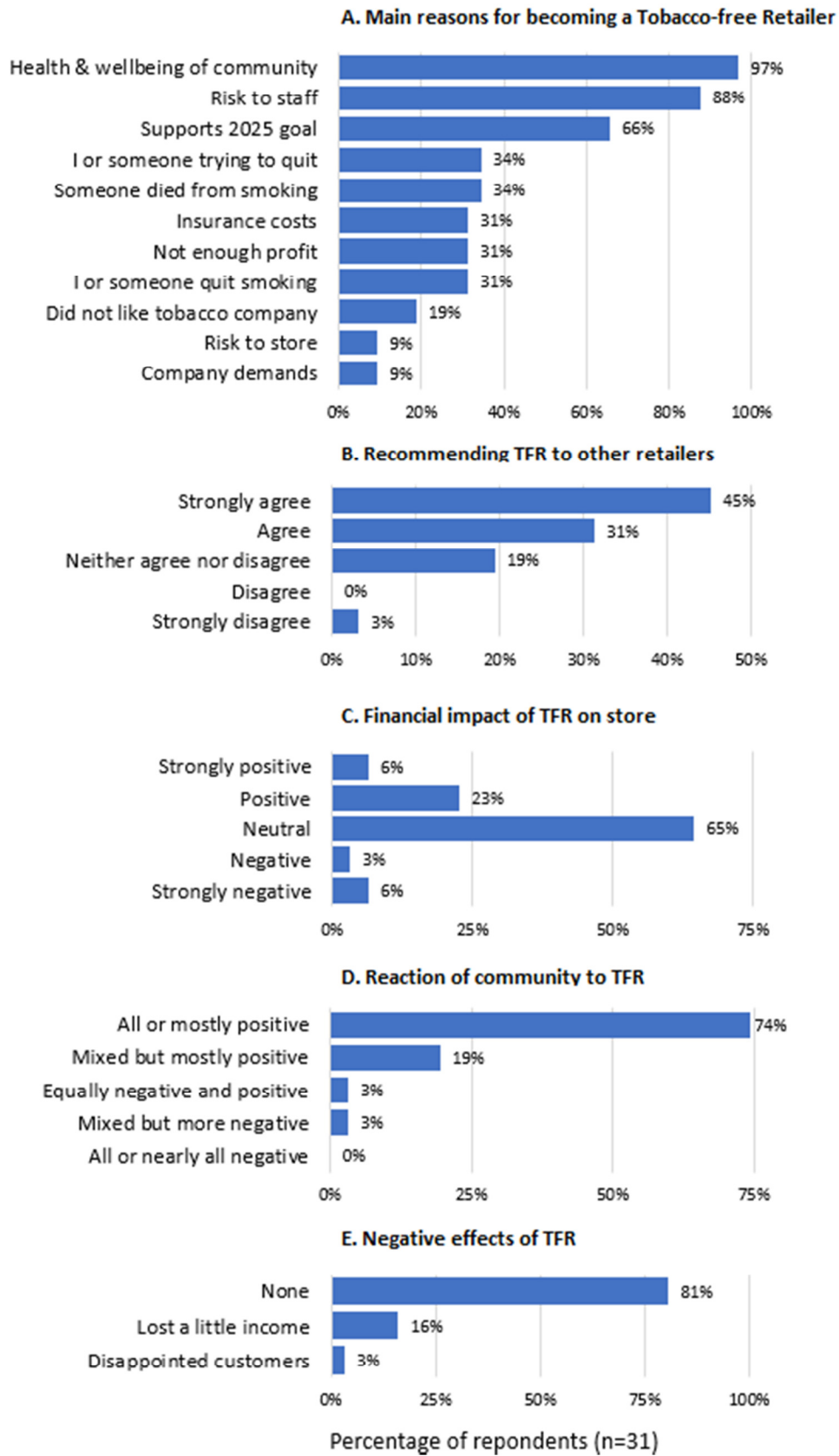


Figure 12 A-F: National survey of tobacco-free retailers

5.1.4.2 Qualitative data

The qualitative data underwent a simple thematic analysis and was therefore arranged under various themes for each question. Only the themes are reproduced below: the detailed responses (and the data collector's interpretation) are accumulated in Appendix 5.

Main reasons given for becoming tobacco-free retailer (multiple responses possible: see graph on previous page also):

- Health (21 different items)
- Security risks (9 different items)
- Lack of profit/not worth hassle (3 different items)
- Risk of fines (6 different items)
- Supporting Smokefree2025 (10 different items)
- Ethical or moral reasons (7 different items):
- Reaction of customers (reported by 31 respondents):
- Little reaction (1 item)
- Some disappointment (2 different items)
- Some disappointment then generally accepting (12 different items)
- Generally accepting but lost some customers (2 different items)
- Understanding and noted can go elsewhere (5 different items)
- Understanding of wider issue (1 item)
- Frustrated and angry (6 different items)
- Unsure (1 item)
- Reaction of smoking customers (5 different items)
- Reaction of non-smoking customers (4 different items)
- Positive effects of being TFR (31 responses, 9 different items)
- Negative effects of being TFR (31 responses, 6 different items)

Please refer to the Appendix 5 for the valuable detailed comments made by the respondents to this National telephone survey.

5.2 Project E: Northland Survey of Tobacco-free Retailers by CSAN

In February 2020 Cancer Society Northland Auckland Division (CSAN) undertook a qualitative survey of 16 tobacco-free retailers, whose details were drawn from the Smokefree Shop's TFR map⁴⁵. The purpose of the survey was to understand the factors contributing to the retailers' decision regarding selling tobacco products, and to gauge their support for upcoming tobacco supply legislation and regulations. Of the 16 tobacco-free retailers interviewed, three retailers had returned to selling tobacco under new ownership. One retailer had changed the type of business occupying that premise; they were therefore not surveyed^{1*}.

There were separate surveys for retailers who had continued to be tobacco-free (n = 12), and those who had started selling tobacco products again, under new management (n = 3). Despite the small numbers, the responses by Northland retailers are very relevant to this report; these findings below are separated into tobacco-free retailers and tobacco retailers.

5.2.1 Tobacco-free Retailers

5.2.1.1 Quantitative data

Pressure to sell

Only three participants noted that they felt pressured to begin tobacco sales again, either by customers or tobacco companies; generally however, the pressure was not onerous.

As shown in the graph below, the majority of tobacco-free retailers either agreed or strongly agreed in recommending going tobacco-free to other retailers.

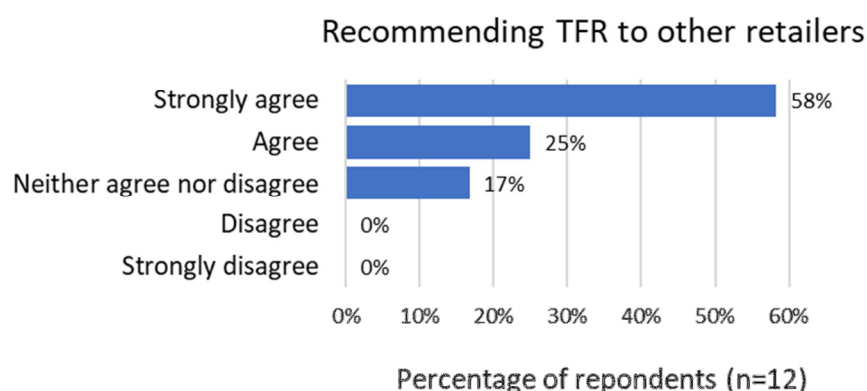


Figure 13. Whether Tobacco-free retailers in Northland would recommend becoming TFR to others.

^{1*} They are still a tobacco-free retailer as they made a decision not to sell when they bought the business. Their data contrasts with other new owners who had re-introduced tobacco.

Figure 14 shows the future legislation (as per the government's Smokefree 2025 Action Plan) that participants would or would not support. The strongest support is for limiting sales to R18 stores, licensing all tobacco retailers, and fees for licences.

Some commented:

- Don't agree with any of these;
- They shouldn't sell cigs or alcohol;
- They shouldn't be able to;
- If you want to be smokefree, why have it anywhere. Just a blanket ban everywhere. Not just selling it here and there - have it nowhere; Just don't sell them and that's it.

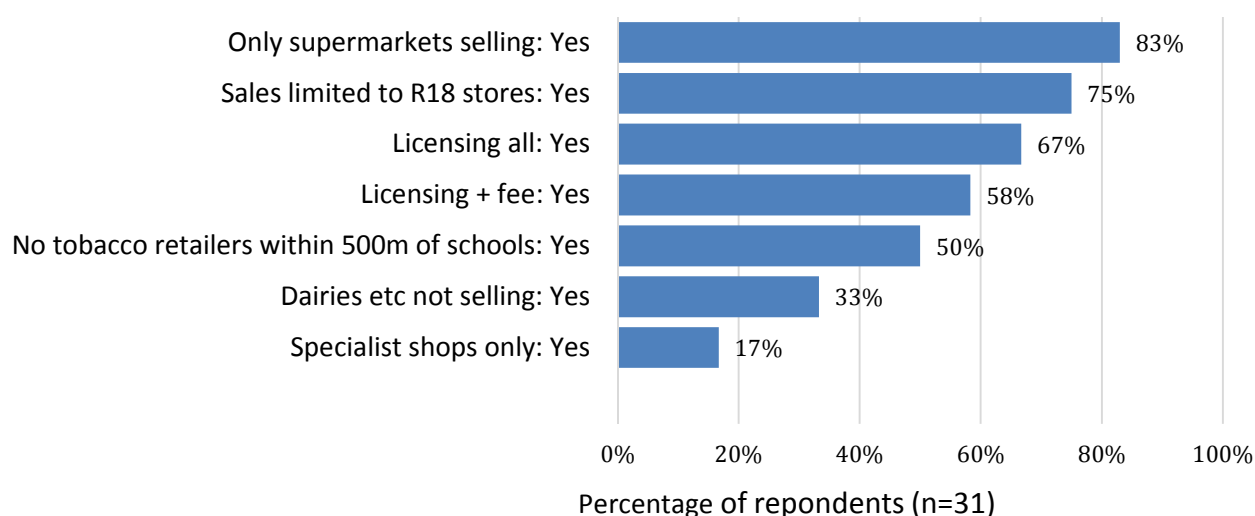


Figure 14. Percentage of TFRs in Northland who would support the SmokeFree2025 Action Plan initiatives (multiple items could be selected)

5.2.1.2 Qualitative data

As for the National survey (Project D), only the categories of Northland TFR responses in project E are reported here: readers are referred to Appendix 6 for the full detail. In summary:

Reasons for stopping tobacco sales

The main reasons (themes) are security, lack of profit, health and wellbeing, demands of tobacco companies, concerns for children, and support of Smokefree2025. (14 responses)

Main reasons for remaining a TFR

Again, the main themes are security, lack of profit, health and wellbeing, demands of tobacco companies, concerns for children, and support of Smokefree NZ 2025. (14 responses)

Reaction of Customers/Community

Some of the reactions noted were negative but overall participants felt reactions were positive. (10 responses)

Benefits of being TFR

The main benefits of being TFR reflect the reasons given for giving up selling of tobacco products - security, lack of profit, health and wellbeing, demands of tobacco companies, concerns for children, and support of Smokefree NZ 2025. (12 responses)

Challenges of being TFR

Eight of 12 participants stated 'none' in relation to challenges of being TFR (2 participants did not respond). The final two participants made these comments:

- Close community - all whānau, people just accept it - dairy with no cigarettes.
- Desperate people who want cigs can be disappointed....One lady bought a drink and asked for cigs - put purchases back on shelf and walked out [when told no cigs].

Financial Impact of being TFR

Three participants just answered 'no' to this question and one didn't answer. The rest made the eight different comments.

What support do they need to continue as TFR

Three participants did not respond to this question. On the whole, the other participants seemed happy to continue as TFR's. (9 responses)

5.2.2 Tobacco Retailers

The three participants were new owners of the businesses and had taken over the stores six months to two years previously. Despite the small number, their responses are of interest:

5.2.2.1 Quantitative data

The main reasons for selling tobacco again was customer demand for all three respondents, and profit for two of them; competition from nearby retailers was not an issue for two of the three, nor were recommendations from the tobacco company.

In contrast to the TFRs, one participant supported only four of the Smokefree 2025 Action Plan initiatives (licensing and fees, and no retailers within certain distances of schools and marae), while another said yes to limiting sales to R18 stores only. The third participant said no to all.

5.2.2.2 Qualitative data

Main reasons for starting to sell tobacco products

- Customers asked for them.
- People approached the boss, just customer demand - fill up with gas and buy smokes.
- Thinking of the locals – would have to go all the way to [town]. It's a money maker.

Is business more profitable with tobacco sales?

- Two of the three participants said 'a little' and one stated 'a lot'.

Pressure to sell tobacco products?

- One responded no, another yes, while the third participant said it was "just a business decision."

What would encourage you to become TFR again?

- Nothing
- Don't know - it's a big selling product for us.
- No – [unless] if we get robbed.

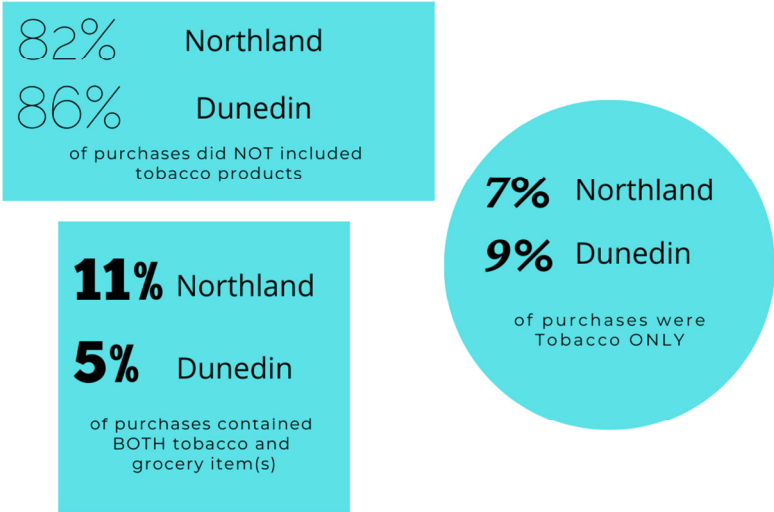
6. DISCUSSION

The aim of our first three research projects (A-C) was to get a handle on tobacco retailers and customer habits, with a view of reducing the availability of tobacco throughout Northland. We obtained completed questionnaires from 66 convenience stores (Project A) and 12 alcohol outlets (Project B). We also conducted a post-purchase survey among 284 customers of 22 participating stores. Our research also included a national survey of 31 tobacco-free retailers (Project D) and uses CSAN data of a Northland subset of those stores (Project E: 16 stores), including 4 who had returned to retailing tobacco. Quantitative data and qualitative comments are summarised in the Results section of this report, whereas data from tobacco-free stores are shown in Appendix 5 and 6.

6.1 Review of Quantitative Data

6.1.1 Thoughts on Sales

While there are some differences in findings between projects A and B on the supply side, overall they come to the same conclusions: our findings show that 55 percent of convenience store owners and managers thought that 25 to 50 percent of customers purchased tobacco products. It was 42 percent of alcohol outlet managers who thought 25-50 percent of customers purchased tobacco products; and 58 percent thought tobacco was 5 to 24 percent of all purchases in alcohol outlets. These perceptions varied remarkably from actual purchase data collected.



On the demand side, we have data for about half of the convenience stores: 82 percent of their 284 customers reported not to have purchased any tobacco products at all – which is consistent with the result of a similar study in Dunedin¹⁹ reporting that 86 percent of 679

respondents did not purchase tobacco. This is in strong contrast to claims by the tobacco industry, that one-third to one-half of purchases include tobacco; and that it is these purchases that also bring in extra custom for the stores: the so-called “footfall traffic” appear to be a fallacy in Northland and Dunedin.

On average, people who didn’t buy tobacco bought an average of 2.4 items, those who bought tobacco bought 2 items plus the tobacco.

Our data also show that about 50 percent of convenience store customers spent less than \$10, and 72 percent less than \$30 – this cannot include cigarettes as a packet of 20 now retails at \$37.90. Smoking products clearly do not bring in the most customers (Figure 10).



The attitude towards selling tobacco varied somewhat between managers of convenience stores (n=66) and of alcohol outlets (n=12). Over 40 percent of both groups thought it was OK to sell tobacco, or didn’t really think about it; but 18 and 17 percent, respectively, preferred not to sell it.

The vast majority (convenience stores: 83%; alcohol outlets: 91%) thought that selling tobacco was somewhat to very important to their business. The Christchurch study²¹ similarly reports over 80 percent. Whatever “Importance” means, it was not borne out by level of tobacco sales.

Whereas 39 percent of convenience stores managers thought tobacco comprised more than 30 percent of their sales, none thought so in alcohol outlets. One-third of managers in both types of stores thought to have 10-30 percent of sales from tobacco. This is not borne out by customer data, as we have seen above.

In terms of profit from tobacco sales, 15 and 33 percent of managers of convenience stores and alcohol outlets, respectively thought their profit from tobacco sales was greater than 10 percent; 61 and 33 percent respectively, thought that they made less than 10 percent profit from tobacco (Table 1).

Table 1: Retailers' assessment of profit from tobacco sales in our Northland study compared to Christchurch³¹.

| | 66 Northland convenience stores | 12 Northland alcohol outlets | 62 Christchurch convenience stores | |
|----------------|---------------------------------|------------------------------|------------------------------------|-----------------|
| >15% profit | 0% | 33% | 50% | (24-50% profit) |
| 10-15% profit | 15% | | 10% | (10-15% profit) |
| 5-10% profit | 46% | 33% | 75% | (<10% profit) |
| <5% profit | 15% | | | |
| Did not answer | 24% | 33% | | |

The managers of the 66 convenience stores plus 12 alcohol outlets consider the importance of, and profits from, tobacco sales to be much greater than what 284 customers actually purchased in the 22 participating convenience stores.

Similarly by 679 customers in the 62 Dunedin stores²⁹. One might wonder whether the tobacco industry's propaganda is playing a part here.

6.1.2 Attitudes towards being Tobacco-free Retailers

Many managers expressed concern about safety when selling tobacco: 69 percent (convenience stores) and 58 percent (alcohol outlets) had concerns ranging from "Some concern" to "A lot". Surprisingly, 42 percent of alcohol outlets reported "No concerns" while no convenience stores did, although 32 percent in Survey A preferred not to answer (Figure 4F). This lack of concern could be because none of the surveyed alcohol retailers reported having been broken into in the previous year, compared to 16 percent of convenience stores who reported being broken into. The media focus over the past few years on convenience store robberies may have contributed to store owners' concerns.

In comparison, 60 percent of the 62 convenience stores in the Christchurch study³¹ reported “Some concerns”: 20 of these 62 stores had been broken into at least once in the preceding year. In Northland, 74 percent reported not to have been broken in to; we have no such data for alcohol outlets.

62 percent and 42 percent of respondents in Projects A and B said they would go tobacco-free if others did.

- 67 percent and 42 percent said they would go tobacco-free if they felt they had the customer support. While 74 percent of tobacco-free said they have had all of mostly positive reaction from community. Nationally 81 percent reported no negative effects to going tobacco-free.
- 44 percent and 67 percent would consider going tobacco-free if they had positive feedback from other tobacco-free retailers (Figs 5 and 8). 76 percent of national tobacco-free retailers and 83 percent of Northland tobacco-free retailers agreed or strongly agreed to recommend others go tobacco-free (Figure 12B).
- Interestingly respondents said they would consider becoming tobacco-free if they had councils support (49% and 42%).



6.1.3 Attitudes of Tobacco-free Retailers

Of the 31 participating tobacco-free retailers in National Project D, all but one reported they had become TFRs for the health and wellbeing of the community (97%), followed by risk to staff or store (88%+9%) and supporting the Smokefree 2025 goal (66%). About a third mentioned the following reasons also: “I or someone trying to quit, or has already quit (34%+31%), Someone died from smoking (34%), Insurance costs (31%), or Not enough profit (31%).” Tobacco companies were the reason for 19%+9% of store managers to choose to become TFRs (Figure 8B).

Of the 16 Northland original TFRs, 12 had remained tobacco-free and were likely to remain so. The main benefits of giving up selling of tobacco products they cited were “Increased security, health and wellbeing; Avoiding demands from tobacco companies for little extra profit; or Concerns for children, and Support of Smokefree NZ 2025.

The vast majority of National (76%) and Northland (83%) retailers agreed or strongly agreed they would recommend the TFR option to other retailers; 19 and 17 percent neither agreed nor disagreed, and only 3 percent in the National study disagreed strongly.

The reaction of their community to becoming TFR had been overwhelmingly positive and nationally, 81 percent reported no negative effects, although 16 percent felt they had lost a little income, or disappointed customers (3%).

Support for the requirement of tobacco retailers to be licensed or limited to R18 was also very strong (Figure 14).

So from our quantitative data could be concluded that the majority of managers of convenience stores and alcohol outlets has a supportive attitude towards becoming tobacco-free retailers; and that those who have made the switch have few regrets of doing so.

While tobacco retailers may have some concerns about reduction of income, this is not borne out by analysis of the data collected from customers. Indeed the purchase of tobacco products is only a small fraction even of smoking customers, and the vast majority of customers in both the study we carried out (82%) and the one we cite (86%), do not buy tobacco products at all. Such income concerns are likely to be less in a level playing-field, where no other retailers can sell tobacco-products either.

6.1.4 Attitudes towards reducing supply of tobacco

There is support among tobacco retailers for a form of supply reduction be it going tobacco-free with some support and encouragement as well as support for some retailer restrictions like R18 stores (75 percent) or Supermarket only sales (83 percent) as long as the restrictions were perceived to be a level playing field.

6.2 Some Comments on Qualitative Data

Our surveys demonstrate a wide range of opinions expressed by tobacco retailers (Projects A and B: see Results section) and tobacco-free retailers (projects D and E, summarised in Results section and in full in Appendices 5 and 6). We cannot tell whether the opinions expressed are truly representative of the groups we sampled.

Nevertheless the common themes suggest there is willingness among many retailers to become or stay tobacco-free so long as this is on a level playing field: when they stop selling tobacco so should others unless there are regulations in place. There was some concern about customers being inconvenienced, and some loss of income was expressed verbally.

29 percent of tobacco-free retailers had had a positive financial impact, and for 65 percent there had been no financial impact.

Tobacco retailers were concerned about security (alcohol outlets less so) and recognized that becoming TFR would lessen the risk, and have public health, environmental and social benefits.

In summary, many of the cited phrases do support a transition to a community where the sale of tobacco products is less widespread, and limited to licensed (R18?) premises only, for the benefit of community and individual health. So why wouldn't retailers want to go tobacco-free?

Overall, our research debunks assurances from the tobacco industry that tobacco sales are a significant source of income to retailers, and that tobacco purchases would bring in "footfall traffic" that make the consumer spend considerably more in store on non-tobacco items. And remember, 82 percent of convenience stores customers did not buy tobacco products at all.

Clearly, the purposes of reducing the number of tobacco outlets is, to get people off smoked tobacco and into stop smoking services. People who smoke have said that if they can't access cigarettes easily, they wouldn't smoke, smoke less or switch to a 'less harmful' alternative like

a vape. Reducing access also supports those trying to stop smoking to remain smokefree, as they are not seeing tobacco every time they go to buy bread, milk or petrol. Less access to tobacco and visibility of smoking will also help reduce our youth uptake as smoking won't be seen as a "normal" consumer product, while clearly it is not beneficial to one's health.

It is hoped that the collated data from our report could be used to show support for the amendment Bill proposed by the Government's 2025 Action Plan, in submissions in June/July 2022.

6.3 Limitations

We are aware that our research has some limitations.

Firstly, all participants were self-selected and do not represent a random sample of tobacco-outlets, their customers, or tobacco-free retailers. Therefore, we cannot tell whether the data and opinions expressed are truly representative of the groups we sampled. There is however a wide range of opinions expressed, which suggest a good spread through the population.

Our studies were undertaken together over a short time frame in 2020/2021 among managers and customers of a limited number of stores in Northland/New Zealand. The surveys were conducted during the busy December/January holiday period, which meant store managers had generally little time to spend with the surveyors' team during in-store projects A and B, and the telephone-conducted projects D and E. Nevertheless, some store managers wanted to oversee the survey of their customers (project C) which may also have affected customers' willingness to participate.

Surveying staff could spend only one hour at each store collecting customer data: given the geographical spread of the stores, it was not convenient to return multiple times to each store, as was done in the Dunedin study²⁹.

The surveys stretched the interviewers' abilities to finish their work over the Christmas holidays when Ngā Tai Ora Public Health Northland's office was closed. Training and cooperation of the volunteers might have been less intense than would have been the case outside the holiday period, when greater opportunity for interactions might have existed.

Survey results were initially analysed and tentatively written up early in 2021 but completion of the report was shelved for over a year as a result of the global COVID-19 pandemic. The present report was completed mid-2022 by an analyst who had not been directly involved with execution of the projects about a year-and-a-half earlier. It is nevertheless hoped that the report strikes a balance of accuracy and representativeness of views from participating stores.

6.4 Outcome for Discussion: Redrawing the Map

The Government Smokefree 2025 Action Plan^{9a}, released in December 2021, states the aim to “Reduce the availability of smoked tobacco products”, which requires legislative change; hence it proposes Key action 5.1 (p.25) to:

“Introduce an amendment Bill to only allow smoked tobacco products to be sold by authorised retailers, to:

- a. significantly reduce the current number of retailers*
- b. ensure retail supply is not concentrated in New Zealand's most deprived neighbourhoods.”*

In anticipation of submissions for this opening in June/July 2022, we hope to use the collated data from all five projects discussed in this report, to show support for this amendment Bill.

What would the objective “Reduce the availability of smoked tobacco products” (SF2025 FA.4) look like for Northland/Te Tai Tokerau?

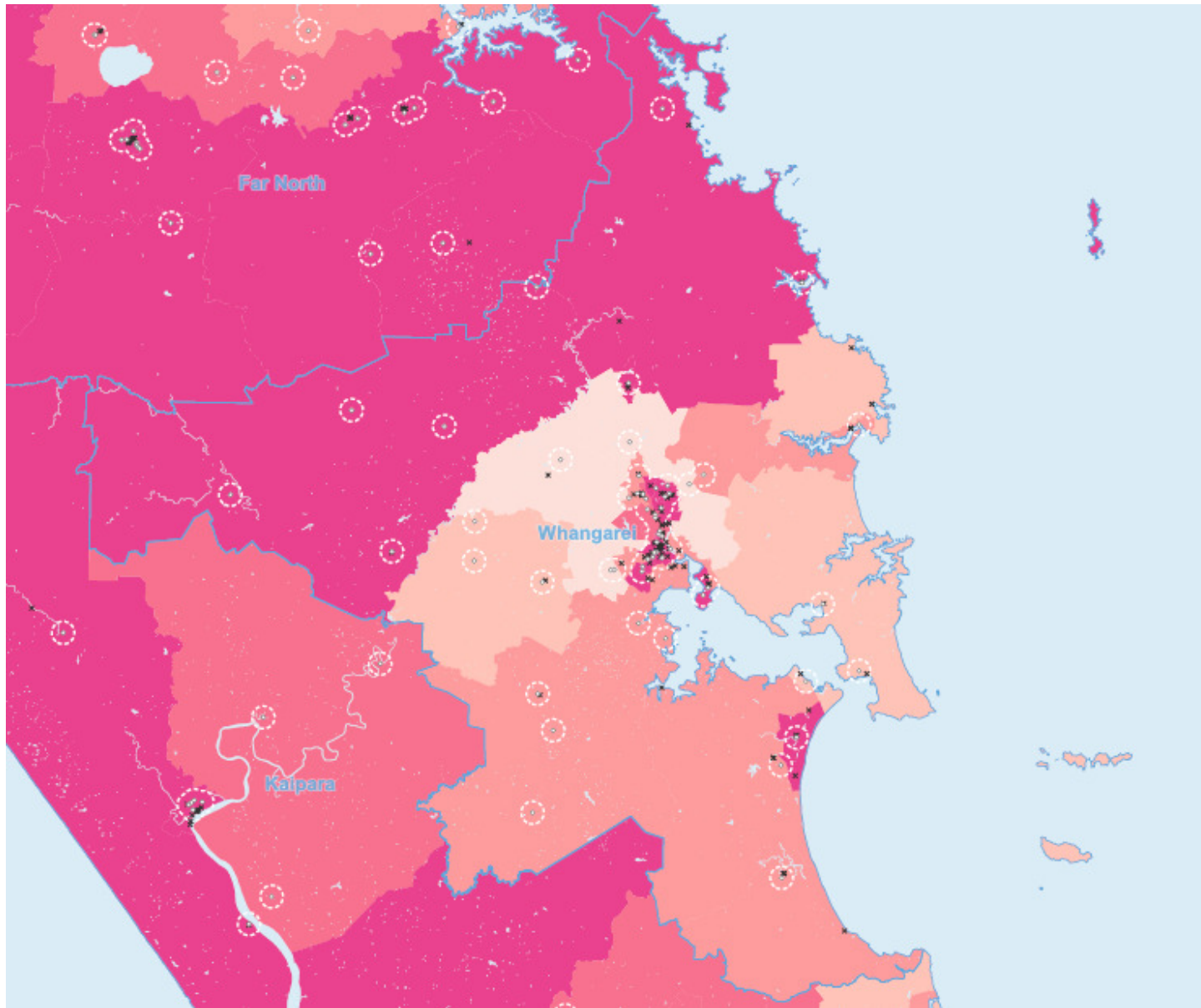
If we were to:

- significantly reduce the number of smoked tobacco product retailers based on populations size and density;
- restrict sale of smoked tobacco products to a limited number of specific store types in Northland to the proposed 3 percent nationally as suggested by the Smokefree 2025 Action Plan;
- base our calculation on population size and density, such as the StatisticsNZ population projection for 2025 (aged 15 years and over) of about 165,720 people in Northland, including 47,080 in urban Whangārei;
- introduce a cap of no more than one tobacco retailer in an area of 10,000 residents;
- not permit any tobacco retailer within 1 km of a school and no retailer within a 4 km radius of another specialist tobacco retailer;

We would then see a reduction of tobacco retailers in Northland to 17 (including 5 in Whangārei) from almost 200 operating in 2020/21 (that is to about 9% in Northland).

The following maps show the proximity and density of Northland's nearly 200 tobacco retailers in relation to our schools within a 1 kilometre radius and the density of tobacco retailers in relation to the deprivation index and Northland smoking rates.

If we were to prohibit the sale of tobacco within 1 km of schools we would reduce the number of tobacco retailers from almost 200 retailers to 41.



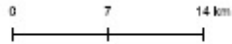
Whangarei District

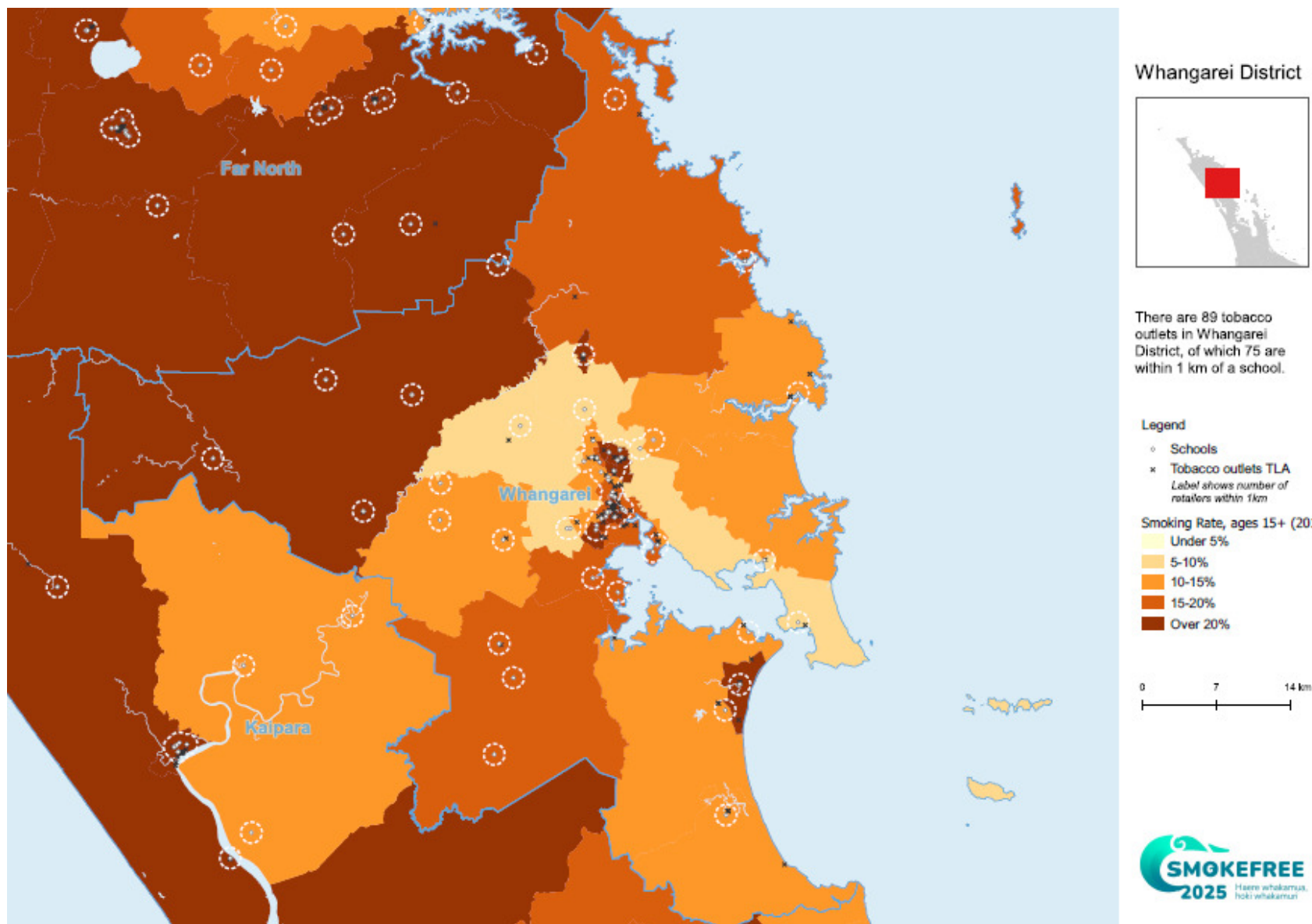


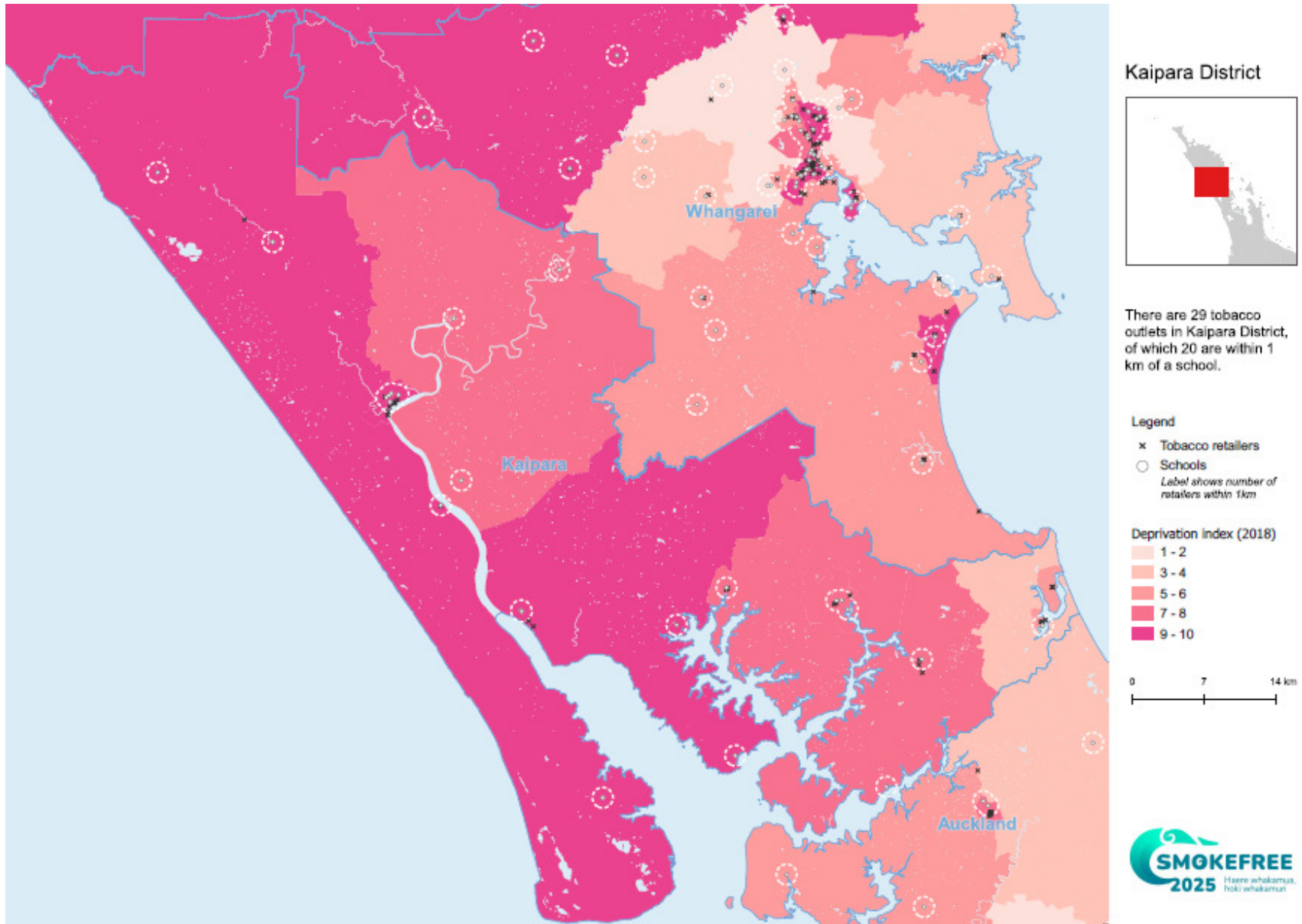
There are 89 tobacco outlets in Whangarei District, of which 75 are within 1 km of a school.

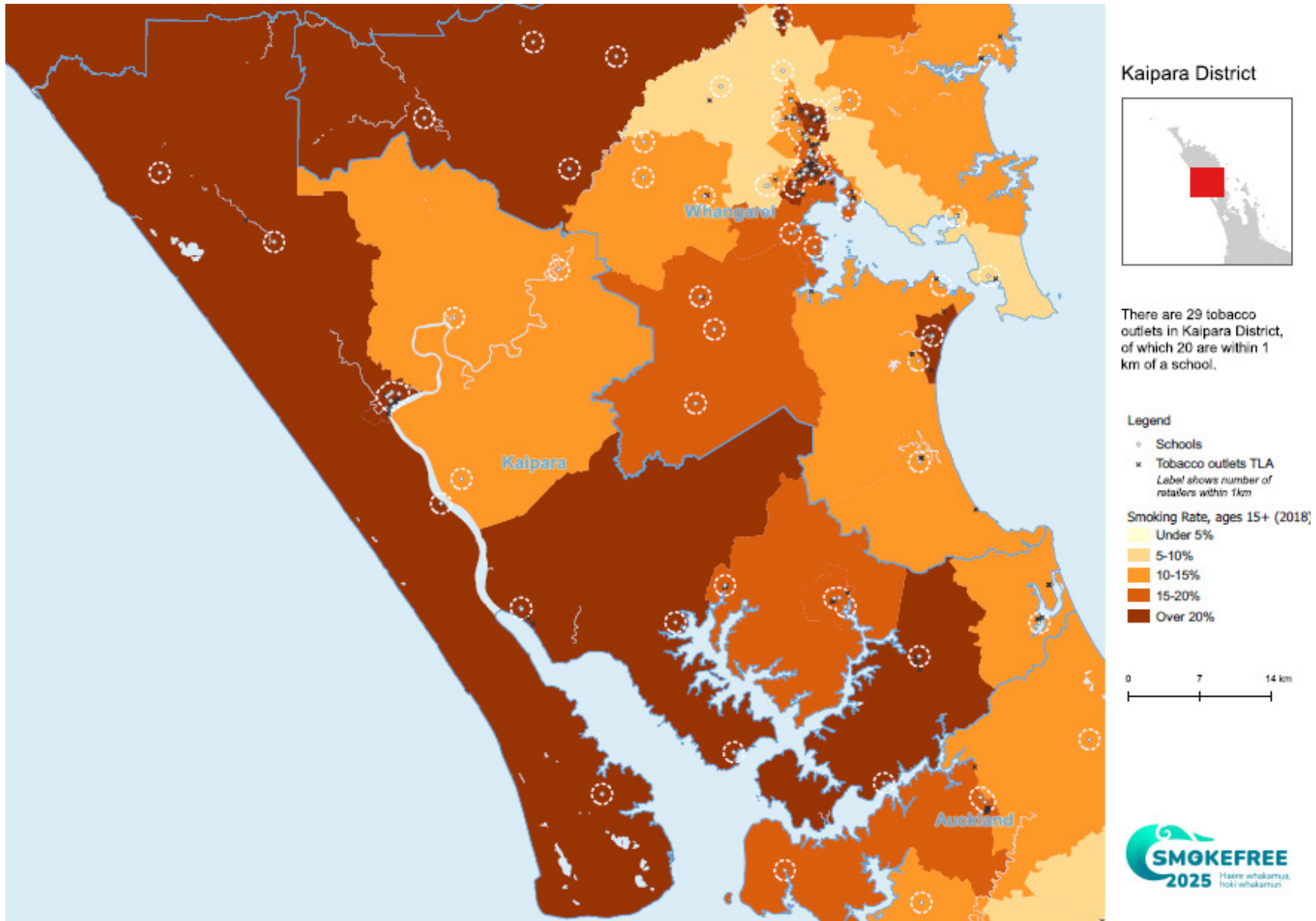
- Legend**
- x Tobacco retailers
 - Schools
- Label shows number of retailers within 1km*

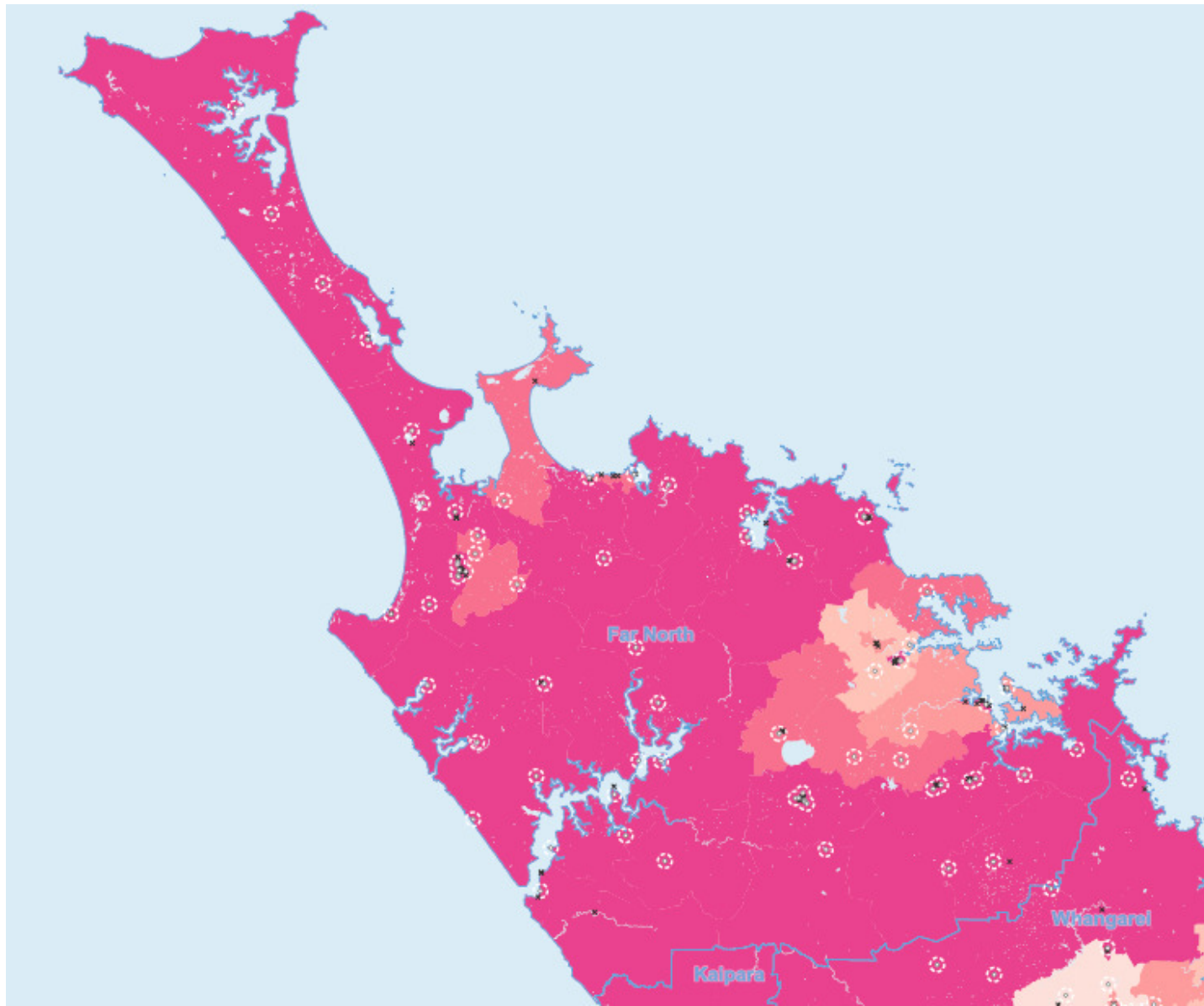
- Deprivation index (2018)**
- 1 - 2
 - 3 - 4
 - 5 - 6
 - 7 - 8
 - 9 - 10











Far North District



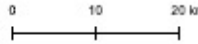
There are 74 tobacco outlets in Far North District, of which 56 are within 1 km of a school.

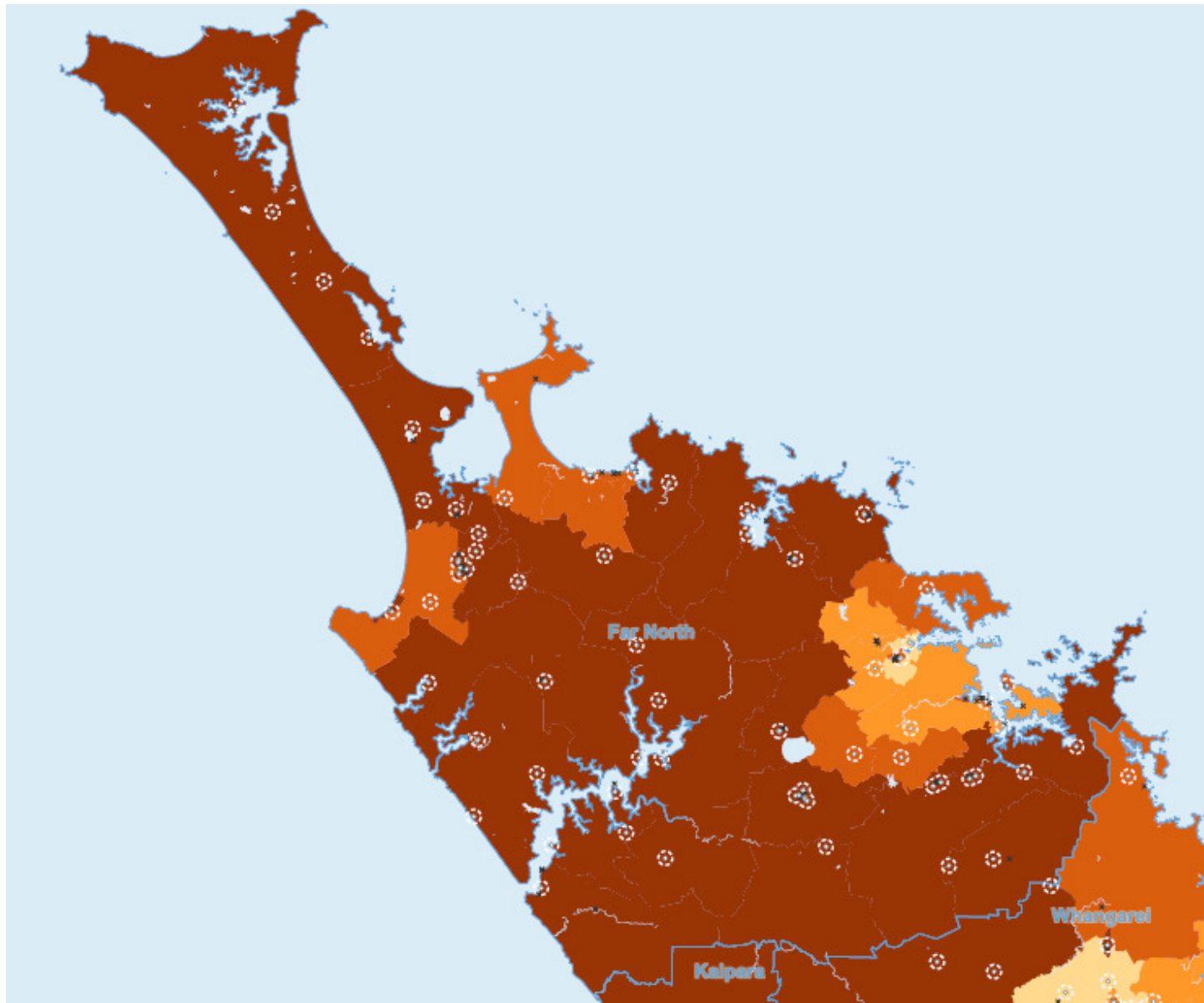
Legend

- x Tobacco retailers
- Schools
Label shows number of retailers within 1km

Deprivation index (2018)

- 1 - 2
- 3 - 4
- 5 - 6
- 7 - 8
- 9 - 10



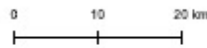


Far North District



There are 74 tobacco outlets in Far North District, of which 56 are within 1 km of a school.

- Legend**
- o Schools
 - x Tobacco outlets TLA
Label shows number of retailers within 1km
- Smoking Rate, ages 15+ (2018)**
- Under 5%
 - 5-10%
 - 10-15%
 - 15-20%
 - Over 20%



7. CONCLUSION and RECOMMENDATIONS

In essence there was no evidence to suggest that tobacco sales benefit stores financially – which is what the tobacco industry wants us to believe. Indeed our data point in the opposite direction and highlight attitudes with potential benefits to the community and public health.

Once the proposed legislative changes outlined in the SF2025 Action Plan are implemented, and regulations are in place, there will be fewer tobacco retailers. This will provide a level playing field for all retailers, so that customers of tobacco-free retailers will not simply go to competing convenience stores and alcohol outlets to purchase tobacco.

The authors of this report support legislation towards Smokefree2025, aiming to reduce smoking to less than 5 percent of the population. The number of tobacco-outlets as proposed, i.e. 1 per 10,000 population, would provide for only 17 outlets (6 of which within urban Whangārei) throughout Northland, compared to about 200 at present. Regulated access will reduce current smoking, youth uptake, and take away the common view that tobacco is a “normal” consumer product whereas clearly it is not.

8. ACKNOWLEDGEMENTS

This report covers four *Te Ara Tupeka Kore ki Te Tai Tokerau/ Aotearoa* smokefree research projects undertaken by the Public Health Intelligence Team (Te Tai Mahere) of Public Health Northland (Ngā Tai Ora), with the assistance of the Community Development Team (Te Tai Hapori). Smokefree & Community Development Advisor, Bridget Rowse approached Public Health Intel to undertake research on tobacco retailers in Northland, building on previous research undertaken here and in Australia¹⁹⁻²⁴. This would thereby provide findings specific to the situation in Northland. To supplement this data, a national phone survey of Tobacco-free retailers was also conducted.

The research team for the four projects was led by Dr Lily George, Policy Analyst in Ngā Tai Ora, supported by: Sunitha Gowda (Lead - Public Health Intelligence Team); Bridget Rowse (Smokefree & Community Development Advisor); Dr Vladimir Obolonkin (Public Health Statistician); and Khan Buchwald-Mackintosh (Consultant Statistician, assisted with Survey Monkey results analysis). Auckland University Master's student, Liurun Gong, a summer intern with Ngā Tai Ora was vital to the design and operationalisation, collecting data for Projects A and B. Members of the Te Tai Hapori assisted with some of the data collection for the first three projects. Fifth-year medical students Vanamali Joseph and Allie Bradley, also interns, supported data collection for Projects B and C, with Allie providing some preliminary analysis of the qualitative sections of Projects A and C also. Data collection for Project D was undertaken primarily by Allie Bradley. As such, this project draws on a wealth of experience in health available in Northland/Te Tai Tokerau.

The global pandemic caused by Coronavirus disease 2019 (COVID-19) put many projects on hold during 2021 and 2022, and completing this report was no exception. A thorough review by Bridget Rowse and revision was completed by Dr Jaap Jasperse: he restructured the draft report, prepared the graphs and finalised the report for publication: first as Public Health Statistician, then as Health Equity Analyst with Te Poutokomanawa, the Māori Health Directorate of the Northland DHB; Dr Joy Panoho released him partly from his new duties so that the deadlines for submissions on the pending SmokeFree2025 legislation could be met.

We thank Professor Janet Hoek of Otago University for reviewing an earlier draft of this report.

9. REFERENCES

1. Ministry of Health. (2012). *Annual Report for the Year ended 2012 including the Director-General of Health's Annual report on the State of Public Health*. Wellington, NZ: Ministry of Health.
2. Cancer Society. (2005). *Smoke-free for a cleaner and healthier community*. Wellington, NZ: Cancer Society.
3. Achieving Smokefree Aotearoa Project (ASAP) Team. (2017). *Smokefree Aotearoa 2025 – Progress Report 2017*. Dunedin, NZ: ASAP.
4. Cancer Society. (2020). Smoking and cancer. Facts: The link between smoking and cancer. Auckland, NZ: Cancer Society. Retrieved from <https://auckland-northland.cancernz.org.nz/reducing-cancer-risk/what-you-can-do/smoking-and-cancer/smoking-and-cancer/>
5. Cowie, N., Glover, M., Scragg, R., Bullen, C., Nosa, V., McCool, J., & Gentles, D. (2013). Awareness and perceived effectiveness of smoking cessation treatments and services among New Zealand parents resident in highly deprived suburbs. *NZMJ*, 126 (1378), 48-59.
6. Johnson, C., Connolly, M.J., Clover, S., Campbell, L., Goonan, R., Salmon, E., Hopley, M., Phillips, M., & Sood, J. (2013). Audit of acute exacerbations of chronic obstructive pulmonary disease at Waitemata District Health Board, New Zealand. *NZMJ*, 126 (1378); 15-25.
7. New Zealand Parliament. (2010). *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Maori, Report of the Maori Affairs Committee*. Wellington, NZ: New Zealand Parliament.
8. Blakely, T., Thomson, G., Wilson, N., Edwards, R., & Gifford, H. (2010). The Maori Affairs Select Committee Inquiry and the road to a smokefree Aotearoa. *NZMJ*, 123 (1326); 7-17. URL: <https://journal.nzma.org.nz/journal-articles/the-maori-affairs-select-committee-inquiry-and-the-road-to-a-smokefree-aotearoa>
9. Ministry of Health. (2021c, April). *Proposals for a Smokefree Aotearoa 2025 Action Plan: Discussion document*. Wellington, NZ: Ministry of Health.
- 9a. Ministry of Health. (2021d, December). *Smokefree Aotearoa 2025 Action Plan*. Wellington, NZ: Ministry of Health.
10. Henriksen, L. (2012). Comprehensive tobacco marketing restrictions: Promotion, packaging, price and place. *Tobacco Control*, 21(2); 147-53.
11. 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.
12. Lipperman-Kreda, S., Grube, J., & Friend, K. (2012). Local tobacco policy and tobacco outlet density: Associations with youth smoking. *Journal of Adolescent Health*, 50; 547-552.
13. Lipperman-Kreda, S., Mair, C., Grube, J.W., Friend, K.B., Jackson, P., & Watson, D. (2014). Density and proximity of tobacco outlets to homes and schools: Relations with youth cigarette smoking. *Prev Sci*, 15; 738-744.
14. Ministry of Health. (2019, November). Key indicators. *New Zealand Health Survey – Annual Data Explorer*. Retrieved from <https://minhealthnz.shinyapps.io/nz-health-survey-2017-20-regional-update/ w 3848f522/#!/compare-indicators>
15. Ministry of Health. (2018). *Neighbourhood deprivation*. Wellington, NZ: MOH. Retrieved from <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-awe-o-te-hauora-socioeconomic-determinants-health/neighbourhood-deprivation>

16. Adams, M., Jason, L., Pokorny, S., & Hunt, Y. (2013). Exploration of the link between tobacco retailers in school neighborhoods and student smoking. *Journal of School Health, 83*; 112-118.
17. Reitzel, L.R., Cromley, E.K., Li, Y., Cao, Y., Dela Mater, R., Mazas, C.A., Cofta-Woerpel, L., Cinciripini, P.M., & Wetter, D.W. (2011). The effect of tobacco outlet density and proximity on smoking cessation. *Am J Public Health, 101*; 315-320.
18. Halonen, J., Kivimäki, M., Kouvonen, A., Pentti, J., Kawachi, I., Subramanian, S.V., & Vahtera, J. (2014). Proximity to a tobacco store and smoking cessation: A cohort study. *Tobacco Control, 23* (2); 146-151.
19. Pulakka, A., Halonen, J.I., Kawachi, I., Pentti, J., Stenholm, S., Jokela, M., Kaate, I., Koskenvuo, M., Vahtera, J., & Kivimäki, M. (2016). Association between distance from home to tobacco outlet and smoking cessation and relapse. *JAMA Internal Medicine, 176* (10); 1512-1519. DOI: 10.1001/jamainternmed.2016.4535
20. Ministry of Health. (2021a). Smokefree Aotearoa 2025. Wellington, NZ: MoH. Retrieved from <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-aotearoa-2025>
21. Although initially the target was set at 10%, this later became under 5%. See HPA²² below.
22. Health Promotion Agency/Te Hiringa Hauora. (2021). Smokefree Aotearoa 2025. Retrieved from <https://www.smokefree.org.nz/smokefree-in-action/smokefree-aotearoa-2025>
23. Marsh, L., Doscher, C., Robertson, L.A. (2013). Characteristics of tobacco retailers in New Zealand. *Health Place, 23*,165-70. DOI: 10.1016/j.healthplace.2013.07.003
24. Ernst & Young Ltd. (2018, 27 Nov.). *Evaluation of the tobacco excise increases as a contributor to Smokefree 2025*. Wellington, NZ: MoH. Retrieved from <https://www.health.govt.nz/system/files/documents/pages/evaluation-tobacco-excise-increases-final-27-nov2018.pdf>
25. Ministry of Health. (2021b). Vaping facts. Wellington, NZ: MoH. Retrieved from <https://vapingfacts.health.nz/>
26. Northland DHB (2015?) Tupeka Kore-Auahi Kore Te Tai Tokerau 2025 Strategic Plan 2015-18. 44 p. https://www.hapai.co.nz/sites/default/files/te_tai_tokerau_tobacco_control_plan.pdf
27. Smokefree Shops. (2018). *Tobacco-free Retailers Tool Kit: A guide for local health promoters and community members*. Retrieved from <https://static1.squarespace.com/static/58e57f0086e6c007e41bbfaf/t/5bbbfb627817f783059677ee/1539046245604/Tobacco-free+Retailers+TOOL+KIT+-+Updated+October+2018.pdf>
28. MoH website as at 20 December 2021 - <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-aotearoa-2025-action-plan/history-smokefree-aotearoa-2025#:~:text=The%20current%20smoking%20rate%20of,40.2%20percent%20in%202011%2F12>
29. Robertson, L., Cameron, C., Hoek, J., Sullivan, T., Marsh, L., Peterson, E., & Gendall, P. (2018). Prevalence and characteristics of tobacco purchases in convenience stores: Results of a postpurchase intercept survey in Dunedin, New Zealand. *Tobacco Control, 28* (6); 1-5.
30. Witt, M., Dodd, A., Kimber, H., Mulrine, H.M., Lewis, C.K., & Box, E. (2018). How important to dairies is selling tobacco? Views of dairy owners and managers on tobacco retailing. *NZMJ, 131* (1479); 35-44.
31. Cancer Society & Canterbury District Health Board. (2016). *Survey of dairy owner/managers' views around tobacco retailing: Christchurch*. Christchurch, NZ: Authors.
32. Badu, E., & Fowler, E. (2018, 21 Sept.). Letter - "If government can't stop the smokes, no way we can stop selling them": Why retailers want Government to act. *NZMJ, 131* (1482); 88-89. Retrieved

from: <https://journal.nzma.org.nz/journal-articles/if-government-cant-stop-the-smokes-no-way-we-can-stop-selling-them-why-retailers-want-government-to-act>

33. Fowler, E., & Badu, E. (2018). *Dairy owners/Managers views on why they sell tobacco and alternative business models. A report for Auckland Regional Public Health Service*. Auckland, NZ: ARPHS.

34. Burton, S., Ludbrooke, M., Williams, K., Walsberger, S.C., & Egger, S. (2017). To sell or not to sell: cigarette sales in alcohol-licenced premises. *Tobacco Control*, 27 (6); 1-9. DOI: 10.1136/tobaccocontrol-2017-053944

35. Northland Regional Council. (2020). *About our region*. Whangarei, NZ: NRC. Retrieved from <https://www.nrc.govt.nz/living-in-northland/about-our-region/>

36. Environmental Health Indicators New Zealand (EHINZ). (2020). *Socioeconomic deprivation profile*. Wellington, NZ: College of Health, Massey University. Retrieved from <https://www.ehinz.ac.nz/indicators/population-vulnerability/socioeconomic-deprivation-profile/#nzdep-for-2018-nzdep2018>

37. NDHB. (2021a). *Smokefree/Auahi Kore*. Whangarei, NZ: NDHB. Retrieved from <https://www.northlanddhb.org.nz/your-health/healthy-lifestyles/health-promotion/smokefree/>

38. NDHB. (2021b). *Stop Smoking Services*. Whangarei, NZ: NDHB. Retrieved from <https://www.northlanddhb.org.nz/your-health/healthy-lifestyles/health-promotion/smokefree/creating-smokefree-environments-and-more/>

39. See also *Toki Rau* for information on latest advertising campaigns, tips and advice, NRT, and other relevant material. (2021). Retrieved from <http://tokirau.co.nz/>

40. BPAC NZ. (2013). Encouraging smoke-free pregnancies: The role of primary care. *Best Practice Journal*, 50, 30-37. Retrieved from https://bpac.org.nz/BPJ/2013/February/docs/bpj50_feb_2013_pages_32_39.pdf

41. Toki Rau. (2021). *Hapu māmā: Effects on baby before and after pregnancy*. Whangarei, NZ: Retrieved from http://tokirau.co.nz/effects.html#innerShape40_Shape40_Shape33669021

42. Inch, L. (2019, 29 May). *Supporting pregnant women to become smokefree*. Whangarei, NZ: NDHB. Retrieved from <https://www.northlanddhb.org.nz/news-and-publications/news-2/supporting-pregnant-women-to-become-somkefree/>

43. Northland DHB (2015?) *Tupeka Kore-Auahi Kore Te Tai Tokerau 2025 Strategic Plan 2015-18*. 44 p. https://www.hapai.co.nz/sites/default/files/te_tai_tokerau_tobacco_control_plan.pdf

44. McDaniel, P.A., & Malone, R.E. (2014). Understanding community norms surrounding tobacco sales. *PLoS ONE* 9 (9), e106461. DOI: 10.1371/journal.pone.0106461

45. Smokefree Shops. (2021). *Tobacco-Free Retailers map*. Retrieved from <https://www.smokefreeshops.org.nz/tobacco-free-retailers-map>

46. Smokefree Shops. (2021). *Tobacco-Free Retailers survey*. Retrieved from <https://www.smokefreeshops.org.nz/retailers-survey>

APPENDICES

Appendix 1 – Project A and B: Survey Questionnaires 1 and 3

Te Ara Tupeka Kore ki Te Tai Tokerau: The importance of tobacco sales to: convenience stores [project A] and alcohol-licensed retailers [project B] in Te Tai Tokerau/Northland – Perceptions of store owners/managers.

ID# _____

Section 1: Interview details

1. Interview completed by (initials): _____

2. Date (dd/mm/yy): _____

3. Time (hh:mm): _____ am / pm (please circle)

Thank you for agreeing to participate in this survey. We really appreciate your support.

Do you have any questions before we start?

In the survey, 'tobacco products' will mean cigars, cigarettes, pipe tobacco, roll-your-own tobacco, cigarillos and also bidis (small, hand rolled cigarettes often flavoured,) and Juicy Blunt Wraps (cigar wraps often flavoured). Note however that smoking paraphernalia such as lighters, matches, papers and filters won't be included, as they can be used for purposes other than tobacco.

Section 2: About your business

4. What is your role in the business?

- Owner
- Manager
- Other (please specify) _____

5. Is this business...?

- Independently owned
- A locally owned franchise
- A regional or national chain

6. Do you or any of your staff here currently smoke (as far as you know)?

- Yes
- No
- Don't know
- Prefer not to answer

Section 3: Customer behaviour and attributes

7. About how old are the people who most often buy items from your business?

- Under 30 years
- 30 – 50 years
- Older than 50 years
- Don't know

8. About how old are the people who most often buy tobacco products from your business?

- Under 30 years
- 30 – 50 years
- Older than 50 years
- Don't know

9. How many of your customers buy tobacco products?

Response _____

- Less than one quarter
- One quarter to a half
- More than half
- Don't know

Section 4: Role of tobacco products in your business

10. What phrase best describes how you feel about selling tobacco products?

- I feel OK about selling tobacco
- I don't really think about it
- I would prefer not to sell tobacco
- Prefer not to answer

11. How important to your business is selling tobacco products?

- Not important
- Somewhat important
- Important
- Very important
- Prefer not to answer

12. Approximately what percentage of your sales comes from tobacco products?

- Less than 10%
- 10-30%
- 31-50%
- More than half
- Don't know
- Prefer not to answer

13. Approximately what percentage of your profit comes directly from the sale of tobacco products? (Please cross out those which don't apply)

- Less than 5%
- 5-10%
- 10-15%
- More than 15%
- Don't know
- Prefer not to answer *(do not read this option out, cross out others if the interviewee mentions this)*

14. Do you have any concerns about selling tobacco products being a security risk? A security risk refers to feeling threatened that someone may break in to your premises or confront you on your premises with the intention of stealing tobacco products from your business. (Please cross out those which don't apply)

- No concerns
- Some concerns
- A lot of concern
- Prefer not to answer *(do not read this option out, cross out others if the interviewee mentions this)*

15a. Has your business been broken into in the past year and had any tobacco products stolen? *(Please cross out those which don't apply)*

- Yes *(Go to question 15b)*
- No *(Go to question 16)*
- Prefer not to answer *(do not read this option out, cross out others if the interviewee mentions this)*

15b. (If yes to question 15a) How many times? _____

16. To sell certain products, for example alcohol, you must have a licence. What do you think if you needed to have a licence to sell tobacco?

17. Do you have any other comments about selling tobacco products?

Section 5: Views on e-cigarette retailing

18. Do you sell e-cigarettes or vaping products?

- Yes *(go to question 20)*
- No *(go to question 19)*

19. Do you intend to sell e-cigarettes or vaping products in the future?

- Yes
- No
- Don't know/Unsure

Section 6: Views on tobacco-free retailing

Read out - A tobacco-free retailer is a retailer that does not sell or stock tobacco products.

20. Are you interested in becoming a tobacco-free retailer? *(Please cross out those which don't apply)*

- Yes
- Maybe
- No
- Don't know

21. What challenges or difficulties can you see to becoming a tobacco-free retailer?

22. What benefits can you see to becoming a tobacco-free retailer?

23. Which of the following factors would encourage you to become a tobacco-free retailer *(Tick as many factors as apply)*

| Factors | Tick if applicable |
|--|---------------------------|
| Support from customers and the community | |
| Positive media coverage | |
| Clear signage made available to dairies | |
| Support from the local council | |
| Other dairies also becoming tobacco-free | |
| Feedback from other dairies that becoming tobacco-free was positive for their business | |

24. Do you have any other comments about becoming a tobacco-free retailer?

Section 7: Views on smoking-related harms

Next, please tell me whether you agree or disagree with the statements that I will read out, or if you are not sure.

25. Smoking tobacco products is harmful to children and adults. *(Please cross out those which don't apply)*

- Agree
- Neither agree nor disagree
- Disagree
- Not sure

26. Second hand smoke is harmful to children and adults. *(Please cross out those which don't apply)*

- Agree
- Neither agree nor disagree
- Disagree
- Not sure

Section 8: Awareness of local and national smokefree policies

27. Are you aware that the New Zealand government has a goal of achieving a smokefree New Zealand by 2025? *(Please cross out the one which does not apply)*

- Yes
- No

28. Would you like any information about becoming a tobacco-free retailer? *(Please cross out the one which does not apply)*

- Yes (go to table below)
- No

29. Would you like any further information about Smokefree Aotearoa 2025? *(Please cross out the one which does not apply)*

- Yes (go to table below)
- No

28. Would you like to receive the results of this survey once completed? *(Please cross out the one which does not apply)*

- Yes (go to table below)
- No

(If yes to questions 26, 27, and/or 28) What are your preferred contact details?

| Name: | Business name and postal address: | Email address: |
|--------------|--|-----------------------|
| | | |

[INCLUDED ONLY FOR CONVENIENCE STORES (PROJECT A), NOT IN INCLUDED FOR ALCOHOL-RETAILERS (PROJECT B):]

31. Future survey: *We have another study coming up after New Year looking at the purchase of tobacco products that your customers make. This will be a very short survey of six questions and only take a couple minutes. (Give copy of Project 2 PIS for store owners/managers).*

We will make sure not to annoy your customers, and stop at any time if you feel uncomfortable.

Would that be okay? You don't have to agree if you don't want to.

- Yes
- No

We will call you a day or two before we come to make sure you're still okay with it.

Thank you! ☺ Any questions before I go?

Appendix 2 – Project C: Survey Questionnaire 2

Te Ara Tupeka Kore ki Te Tai Tokerau: The importance of tobacco sales to convenience stores in Te Tai Tokerau/Northland – Post-purchase surveys of convenience store customers.

Script:

“Kia ora/Good morning/Morena/Hi,

My name is.... and I work for Public Health Northland. Are you interested in answering a few questions about your purchases? It will only take a couple minutes.

We are trying to find out how much people spend on tobacco and other items and therefore how important tobacco is for the shop owners. This is one way of reaching the government’s goal of Smokefree Aotearoa 2025. We’re collecting information from customers outside about 30 stores.

Here’s an Information Sheet that tells you more about it. Note that this is anonymous so we won’t put your name on anything, and you don’t have to answer all the questions and can stop at any time. I’m happy to answer any questions you may have.”

Survey:

Customer Number:

| | |
|---|---|
| How many items did you buy today? [number] | |
| Did you buy any tobacco or cigarettes? | Yes No |
| Did you buy anything that goes with smoking? (e.g. lighters, matches, papers and filters) | Yes No |
| How much did your tobacco or cigarettes cost?*(if applicable) | \$ N/A |
| What else did you buy? [(bottled water/soft drinks/snacks/lottery ticket/other)] | |
| How much did your items cost all together? | \$ |
| Do you want a copy of the findings when we’re finished? | <i>(First name and email address – postal address if they don’t have email)</i> |

Thanks so much for your time! Have an awesome rest of day.

* If they don’t know how much the cigarettes or tobacco cost, you can check it out later. Ask for the brand.

Appendix 3 – Project D: National TFR Survey Questionnaire 4

Te Ara Tupeka Kore ki Aotearoa: National Survey of Tobacco-Free Retailers in New Zealand.

ID# _____

Section 1: Interview details

1. Interview completed by (initials): _____

2. Date (dd/mm/yy): _____

3. Time (hh:mm): _____ am / pm (please circle)

Thank you for agreeing to participate in this survey. We really appreciate your support.

Do you have any questions before we start?

TOBACCO-FREE RETAILER SURVEY

Business Name:

Proprietor's Name:

Telephone: Email:

Name and role of person completing survey (proprietor, manager, staff member)

.....

Date/time survey completed:

.....

1. Type of Retailer

- Dairy/convenience store;
- Supermarket;
- Petrol station;
- Licensed premise;
- Other (please state)

2. How long ago did your premises become tobacco-free (i.e. no sales of smoked tobacco products)?

- within last month;
- between 1 and 6 months ago;
- between 1 and 2 years ago;
- more than 2 years ago.

3. Was it your decision for the store to become tobacco free, or that of a previous owner?

Yes/No

4. Were any of the following reasons why you/previous owner decided to stop selling tobacco?

- The cost of insuring my store if I stock tobacco was too high.
- The risk to staff from robberies was too great.
- My store was broken into because of tobacco stocks.
- Not enough profit in tobacco.
- I am concerned about the health and wellbeing of my community.
- Because I or someone in my family quit smoking.
- Because I or someone who works in the shop is trying to stop smoking.
- Because I or someone in my family got sick or died of cancer (or another smoking-related disease).
- In support of the national SF2025 goal.
- I didn't like the tobacco sales representative and/or company behaviour.
- I found the tobacco company's demands too difficult to deal with (e.g. the amount of stock I had to have).
- Any other reason (please state)

.....
.....
.....
.....

5. What was the main reason you decided to stop selling tobacco?

Comments:

.....
.....
.....
.....

6. Which tobacco companies did you deal with? (List)

.....
.

7. What was the reaction of each tobacco supplier when you said you were thinking about or had decided to go tobacco-free?

Comments:

8. Where there any financial or other penalties from the tobacco companies?

Comments:

9. What was the reaction of your smoking customers to your shop going tobacco-free?

Comments:

10. Overall, what was the reaction of your community to your store going tobacco free?

- All or nearly all positive;
- Mixed reactions but more positive;
- Approx. equal positive and negative reactions;
- Mixed reactions but more negative;
- All or nearly all negative.

11. Can you give examples of the reactions from smoking customers?

Comments:

12. Can you give examples of the reactions from non-smoking customers?

Comments:

13. To what extent do you agree with the following statement: "I would recommend other retailers to consider stopping selling tobacco"?

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree.

14. The financial impact on your store has been:

- Strongly positive
- Positive
- Neutral
- Negative
- Strongly negative.

15. If any, what have been the positive effects on your store from becoming tobacco free?

Comments:

16. If any, what have been the negative effects on your store from becoming tobacco free?

Comments:

Thank you! ☺ Any questions before I go?

Appendix 4 – Project E (CSAN): Northland TFR Survey Questionnaire 5

Kia ora:

I have been contracted by Cancer Society Auckland-Northland (CSAN) to talk to all Northland shops who we understand became tobacco free some time ago. CASN are interested in what your experiences have been being tobacco free and whether this is still the case. Would you mind if I talked to you about this?

Ask all retailers

- 1. We understand you stopped selling cigarettes and tobacco some time ago; is this still the situation today?**

Yes No

[YES...Go to Questions for shops who continue to be tobacco free]

[NO... Go to Qu 2 below 'For shops who now sell tobacco' (no longer tobacco free)]

4.1 Questions for shops who now sell tobacco (no longer tobacco-free)

- 2. Are you the same shop owner as when it went tobacco free?**

Yes No

- 3. When did you start selling cigarettes and tobacco again?**

Year _____ Month _____

- 4. What was the main reason(s) you decided to sell cigarettes and tobacco again? [open question]**

- 5. Were any of the following reasons for selling tobacco again?**

- Customer demand
- Profits
- Competitor near me selling tobacco
- Tobacco company recommended, provided incentives or pressured me.

- 6. Do you think your business is more profitable selling tobacco?**

No A little A lot

- 7. Did you ever feel pressured to sell tobacco? By whom and how?**

- 8. What can you think of that would ENCOURAGE your shop to go tobacco free again?**

Possible prompts

a) If no one else was able to sell

b) If there was nobody close by selling tobacco

c) If I had other products that would replace income from cigarettes and tobacco

- d) *If I was required to have a licence with no fees*
- e) *If I was required to have a licence with fees attached*

9. Do you sell vaping products?

Yes No

If yes, which ones?

10. (If they do sell vaping products then ask) Who's buying vaping products?

11. Have vaping sales been increasing?

Yes No Don't know

12. Have you experienced any pressure to sell vaping products? What kind of pressure or incentives and by whom?

13. Government wants NZ to become smokefree by 2025. Which of the following legislation/s would you support? (I'll read out a list, just let me know yes or no)

- *Licensing of all retailers who want to be able to sell tobacco*
Yes No
- *All tobacco retailers licensed with fees that will go towards the cost of monitoring*
Yes No
- *Dairies, garages and convenience stores not allowed to sell tobacco*
Yes No
- *Cigarettes and tobacco sales limited to R18 stores only (e.g., liquor store)*
Yes No
- *Cigarettes and tobacco sold only in specialist tobacco shops*
Yes No
- *Only supermarkets able to sell tobacco*
Yes No
- *Only R18 stores able to sell tobacco and vaping products*
Yes No
- *No cigarette, tobacco or vape retailers within 500 metres of a school or early childhood education centre*
Yes No
- *No cigarette, tobacco or vape retailers within 5 kms of a marae.*
Yes No

Thank you so much for your time.

4.2 Questions for shops who continue to be tobacco-free

1. *Are you still the same owner of this shop as when it went tobacco free?*

Yes No

If yes, go to Q2

If not, when did you become the new owner?

Year _____ Month _____

2. *How long is it since you stopped selling cigarettes and tobacco?*

Year _____ Month _____

3. *Could you please tell me the reasons why you stopped selling cigarettes?*

4. *Which of these are reasons why you stopped selling cigarettes and tobacco?*

- *Cost too much to stock tobacco*
- *For security reasons – target for thieves*
- *Not enough profit in tobacco*
- *Insurance issues, e.g., insurance doesn't cover loss of tobacco stock*
- *I was concerned about the health and wellbeing of my community*
- *Because I or someone in my family quit smoking*
- *Because I or someone who works in the shop was trying to quit smoking*
- *Because I or someone in my family got sick or died of cancer (or another smoking-related disease)*
- *In support of the national Smokefree 2025 goal*
- *Didn't like the tobacco sales representative and/or company behaviour*
- *Other (fill reason below)*

5. *What are the main reasons now why your shop continues to be tobacco free?*

6. *Do you ever get pressure to sell cigarettes or tobacco since you went tobacco free?*

If yes, by whom and how?

7. *What has been the reaction of your customers/community to your shop being tobacco-free?*

8. *Have you introduced new products to replace selling cigarettes or tobacco?*

Yes No

If yes, explain more.

9. *What have been the benefits of not selling tobacco?*

10. What have been the challenges of not selling tobacco?

11. Has being tobacco free impacted on sales/income?

If yes, negatively or positively?

12. What would support you to continue to be tobacco free?

13. Government wants NZ to become smokefree by 2025. Which of the following legislation/s would you support? (I'll read out a list, just let me know yes or no)

- *Licensing of all retailers who want to be able to sell tobacco*
Yes No
- *All tobacco retailers licensed with fees that will go towards the cost of monitoring*
Yes No
- *Dairies, garages and convenience stores not allowed to sell tobacco*
Yes No
- *Cigarettes and tobacco sales limited to R18 stores only (e.g., liquor store)*
Yes No
- *Cigarettes and tobacco sold only in specialist tobacco shops*
Yes No
- *Only supermarkets able to sell tobacco*
Yes No
- *Only R18 stores able to sell tobacco and vaping products*
Yes No
- *No cigarette, tobacco or vape retailers within 500 metres of a school or early childhood education centre*
Yes No
- *No cigarette, tobacco or vape retailers within 5 kms of a marae.*
Yes No

14. To what extent do you agree with the following statement - "I would recommend other retailers stop selling tobacco"

Strongly disagree Disagree Neutral
Agree Strongly Agree

15. Would you be open to talking to the media about being a tobacco free retailer?

Yes No

16. Do you agree to have your shop listed on the tobacco-free retailer website? (business name and address)

Yes No

17. Do you sell vaping products?

Yes No

If yes, which ones?

18. Have you experienced any pressure to sell vaping products?

What kind of pressure or incentives and by whom?

19. [If they do sell vaping products] Who is mostly buying vaping products?

20. Have vaping sales been increasing?

Thank you so much for your time.

Other Details:

Interview date

Shop name

Phone

Contact person

Address

Town/City

Postal code

Type of retailer (please circle)

Dairy/convenience store

Licensed premises

Supermarket

Petrol station

Other

Appendix 5: Qualitative results Project D (National Tobacco-free Retailers)

Main reasons for becoming Tobacco-Free Retailer

(multiple responses possible: see Figure 12A also)

Health

- Health and wellbeing of pharmacy customers. Not promoting a health-deteriorating habit.
- Safety of the staff members and health of the students.
- Not very cost-effective to sell tobacco, and health and safety reasons.
- Unhealthy and expensive - more trouble than it's worth.
- Health of restaurant and community and ethics.
- Health of the community and the shop.
- Owner is a previous smoker - not wanting to promote an unhealthy habit in the community.
- Health and well-being of the community and the owner's family.
- Health and safety of the community - supporting people to quit by not supplying.
- Mainly health of community and not wanting the risks associated with tobacco stocks.
- Healthy and safety of families especially with small children.
- Health and well-being of staff and customers.
- Concern for the health and wellbeing of the neighbourhood, dislike smoking and tobacco.
- Belief that tobacco is a bad problem in society and for the health and safety of the community.
- Being a health professional.
- Chose not to sell tobacco to promote a healthy environment
- Health and safety of community and also staff, first Gull to not sell tobacco.
- Health of the local community.
- "Don't believe in tobacco, worse than alcohol."
- Owner is adamantly against smoking as both parents are smokers. Has never sold tobacco.
- Owner is a health professional and knows health effects of smoking. Has never sold tobacco for the 10 years of having the store.

Security risks

- Because of risks to children, community and staff in shop.
- Safety of the staff members and health of the university students.
- Risk of robberies and safety aspects with stocking tobacco.
- Safety issues - not wanting the shop to be broken into because of tobacco stocks.
- Safety issue with a previous burglary even though they have never stocked tobacco, Both owners have quit smoking and don't want to support the habit.
- Mainly risk of robbery and the profits not being worth the associated risks.
- Mainly health of community and not wanting the risks associated with tobacco stocks.
- Risk to store and staff from robbery
- Wanting to promote a healthy community and environment. Stopped making it easy for community to access cigarette (rural area). Safety also.

Lack of profit/not worth hassle

- The revenues made from tobacco weren't very much and the risk of fines if staff sold to underage customers wasn't worth it.
- Not very cost-effective to sell tobacco and health and safety reasons.
- Unhealthy and expensive - more trouble than it's worth.

Risk of fines

- The revenues made from tobacco weren't very much and the risk of fines if staff sold to underage customers wasn't worth it.
- Change of law around underage tobacco sales and the risk of fines to shop.
- Risk of fines because of selling to underage customers.
- Not wanting "suspicious or dodgy customers".
- Easier for the business to not have to worry about the risks.
- Hassles associated with stocking tobacco.

Supporting SmokeFree2025

- The cafe is smokefree and has always been, don't want to promote smoking as habit.
- Health of restaurant and community and ethics.
- Safety issue with a previous burglary even though they have never stocked tobacco, Both owners have quit smoking and don't want to support the habit.
- Owner is a previous smoker - not wanting promote an unhealthy habit in the community.
- Don't want to promote it in the community and for the children to get used to seeing it. Moving the whole community to being smokefree.
- Wanting to promote a healthy community and environment. Stopped making it easy for community to access cigarette (rural area). Safety also.
- Mainly in support of the government's SF2025 goal and the risks of robbery.
- Owner is a cessation rep – wants to encourage people to stop smoking and not start in the first place.
- Cooperating with the organisational complex which wants to be smokefree.
- None of the staff smoke. It's not right for a restaurant. It's a smokefree area.

Ethical or moral reasons:

- Not good to have smoking in a restaurant.
- Moral decision – "have never considered it right to sell tobacco".
- Not to be a hypocrite and to live as an example to his children.
- Takeaways shouldn't sell cigarettes.
- Moral and ethical reasons – trying to improve the health of the community. Wanting to limit the demands from smokers (sometimes they would be unreasonable).
- Previous owner went tobacco free and current owner has children in the shop, and doesn't want children around smoking or tobacco products.
- Has never sold tobacco in all the years the business has existed.

Reaction of customers (reported by 31 respondents):

Little reaction:

- Not much response, "it's never been an issue".

Some disappointment:

- A bit of disappointment from some people.
- Some grumbly.

Some disappointment then generally accepting:

- “Some weren't happy initially as there's nowhere else on campus to buy cigarettes. But people are generally accepting and it's smokefree campus now.”
- Some annoyed but most not very surprised to hear that they don't sell tobacco. It's an expectation most people have now.
- Some disappointed but not that surprised to hear they don't sell.
- Initially some upset but now they all know it's a smokefree and tobacco-free restaurant.
- Fairly negative initially. In a rural area people would have to travel very far for cigarettes. More accepting now.
- Mostly understanding but some felt inconvenienced as it is a small town with not many shops and people expects all shops to sell.
- Usually accepting, very occasionally upset
- Usually disappointed but generally accepting
- Usually accepting as students don't expect to buy cigarettes at the campus and they know it's smokefree
- Mostly positive - supportive
- Some people got frustrated (offered them a free chocolate fish). Slight grumpy but choc made a bit less grumpy.
- Mainly positive, a few who have come and been unhappy.

Generally accepting but lost some customers:

- Disappointment; lost some customers.
- Mainly positive but some people upset and walked out/didn't give their business.

Understanding and noted can go elsewhere:

- Understanding, as there is a dairy near-by that sells cigarettes. Still supported the takeaways for food.
- Generally accepting, dairy across the road that sells cigarettes so they're not very put-out.
- More or less accepting, don't really expect to buy cigarettes from a takeaways and there is a dairy across the street that sells.
- Still a tobacco retailer nearby so they weren't too bothered.
- Generally accepting, just go somewhere [else].

Understanding of wider issue:

- Slightly negative then became more positive as people started to realize why they were doing it.

Frustrated and angry:

- Not very pleasant and frustrated.
- Frustrated and angry, someone threatened to firebomb the shop.
- Frustrated as had to drive far away to get smokes, once they know they don't come back.
- Unhappy, swearing at him.
- Told she would have made more sales if sold tobacco. Remoteness is a factor for a lot of people, makes it frustrating for them that the shop doesn't sell tobacco products.
- Some people get frustrated that we don't sell tobacco - especially being rural.

Unsure:

- Unsure as not working at the time.

Reaction of smoking customers:

- "It's outrageous that you don't sell cigarettes and do something about it."
- "Are you crazy?" "You can't tell us what to do!"
- "Oh that's all good, I'll go to the dairy."
- "That's a good idea, I want to give up."
- "That f***ing sucks." Some walked out.

Reaction of non-smoking customers:

- "Congratulations! Really good to see you don't sell cigarettes."
- "Good that you are not selling tobacco, especially that you are close to a school."
- "Mean as bro."
- "That's awesome for our community."

Positive Effects of Being TFR (31 responses):

- Would have probably had issues if they continued to sell tobacco products once they bought the dairy next door as they are a pharmacy. Felt it was more in keeping with the values of the pharmacy to stop stocking and selling tobacco products.
- Feel much safer, less worries and stress not having to worry about selling tobacco.
- Increased safety and less risk of burglary. No risk of fines.
- Has helped some of the staff quit smoking. Increased safety and less risk of burglary.
- Not having to clean up cigarettes and not having smokers around the restaurant as much.
- Increased cleanliness and a healthier environment in the shop.
- People acknowledge the positive step for the community. Don't get dodgy smoking customers.
- Got people thinking about quitting smoking, some people have given up smoking.
- Have expanded product range since stopping selling tobacco. Generally good community reception to being tobacco-free.

Negative Effects of Being TFR (31 responses):

- Lost a lot of income and customers from not selling tobacco products.
- Losing business. Not being able to compete as much with other retailers nearby who stock cigarettes.
- Slight decrease in sales because lose revenue from smokers who would usually buy other products as well.
- Slight reduction in sales (don't always get the business of smoking customers) but no effect on finances overall.
- Disappointed customers who can't get tobacco products.
- Lost a little income.

Appendix 6: Qualitative results Project E (Northland Tobacco-free Retailers) by CSAN

Reasons for stopping tobacco sales

The main reasons (themes) are security, lack of profit, health and wellbeing, demands of tobacco companies, concerns for children, and support of Smokefree NZ 2025.

- So many break-ins around - ram raids for cigs. We didn't want that to happen to us. Don't miss it, get asked sometimes. Have signs saying we don't sell.
- No margin in it and didn't agree with it. Filthy bloody habit. Too much hassle - had to pay for them before you got them.
- Don't know [i.e. not an owner or manager so unsure of reason].
- [Tobacco company] charged \$35 delivery fee. Costs too much to buy them. People trying to get into the place. Car rammed through door. I've never been a smoker, doesn't interest me.
- 2025 Stop smoking NZ. Safety of place. The price of them. Just that 2025 stop smoking needs more promotion.
- Getting bullied by cigarette companies - Forcing us to pay an exorbitant amount. Took target off their back for burglaries.
- I've never sold them – so never stopped.
- One of customers complained - people smoking not very nice. Consider other people and kids. I don't like smoking and alcohol and drugs.
- Got rid of alcohol too.
- Too much trouble - too expensive. Break ins. The buying and storing and keeping in stock.
- Was smokefree before I bought it.
- My baby - I'm in a small community, don't want to promote smoking. Security. As soon as you have cigs you are a target.
- I don't like smoking - health reasons.
- Found vape in 10-year-olds. Peer pressure for kids, Facebook and all over town.

Main reasons for remaining a TFR

Again, the main themes are security, lack of profit, health and wellbeing, demands of tobacco companies, concerns for children, and support of Smokefree NZ 2025.

- Just decided to be tobacco-free. Never go back. It's a filthy habit. Capital outlay is huge - would have jumped 300%. Makes it more likely to be broken into.
- The security + insurance now - high insurances. Burglary - robbery more prevalent; can't be bothered.
- We don't miss it. Have a lot of smokefree days with the hospital down the road. Doesn't bother us that we don't sell it anymore. You feel a lot safer.
- No cigs here.
- Security, cost, public health, trying to head towards a smokefree environment.
- 2025 Smokefree - is it still happening? Would like to promote it. Not many years down the track. Should be encouraging people plus promoting it.
- Better for community - less people have access to cigs the better. I have small kids and don't want to be a target.
- Sometimes my 10-year-old helps in shop.
- I'm a non-smoker - don't agree with it. Don't want to get robbed or have bars up and work in a cage.
- We never had them. It's a hardware store. Was like that when I bought it.
- Health reasons.
- Much easier to take care of business - employee safety
- Go against everything I believe in - I'm a cessation rep.
- Back to community, don't want to promote smoking, and security.

Reaction of Customers/Community

Some of the reactions noted were negative but overall participants felt reactions were positive.

- Some get a bit grumpy
- Might have lost a couple of customers.
- Nothing really.
- 99% positive. Wow! Great! I have smokefree award. People come in to buy smokes for others - say 'that's good'.
- Those who ask, 8 out of 10 say good on you. The others say never mind.
- People don't expect you would sell
- Some think we will go down the gurgler - no alcohol, cigs, fish and chips - last year. Can go elsewhere. Not as busy, turnover down, but how much profit in cigarettes? \$5,000, \$6000 from cigs a week - no profit for previous owner.
- Lot like it - a few get angry. Says it's good for health.
- A couple of the older ladies and gentlemen pleased – they were concerned for my safety on my own.
- They love it. Our kohanga is just up the road and our marae.

Benefits of being TFR

The main benefits of being TFR reflect the reasons given for giving up selling of tobacco products - security, lack of profit, health and wellbeing, demands of tobacco companies, concerns for children, and support of Smokefree NZ 2025.

- We were buying \$82,000 to \$83,000 a week (of tobacco products) and the [tobacco company] direct debited from bank.
- No burglaries, don't need to sell matches, lighters etc.
- Feel safer. [No] robberies. The clients we lost are not the ones we want anyway.
- Less chance of being broken into.
- [Smokefree] 2025 - really good reason! My motivation is more the health of everyone.
- Safety and health. So many places broken into - it doesn't really earn you money - just the tobacco company.
- Not a target for thieves - no stock coverage for insurance. Kids can serve in store.
- Just down the road from the court - understandable they would come here. Don't worry about getting robbed. The sort of people who are after tobacco don't come here.
- No profit, no security worries - car crash window or door open at night. Only \$11,000 of goods on premises.
- Stress free
- Turn people to healthier living. Not get robbed. Dairy next door done [robbed] 5 x in 2 years.
- Definitely - no loss from shop. No dramas. It's too expensive. \$5000 to get started, insurance costs.

Challenges of Being TFR

Eight of 12 participants stated 'none' in relation to challenges of being TFR (2 participants did not respond). The final two participants made these comments:

- Desperate people who want cigs can be disappointed....One lady bought a drink and asked for cigs - put purchases back on shelf and walked out [when told no cigs]
- Close community - all whanau, people just accept it - dairy with no cigarettes.

Financial Impact of Being TFR

Three participants just answered 'no' to this question and one didn't answer. The rest made the following comments:

- They [tobacco products] were an add-on. People bought a sandwich as well. Turnover [initially] dropped, but back up now. Less people smoke now anyway - stopped smoking - too dear [expensive].
- Probably a little bit.
- Not sure. Turnover same as previously owner without cigarettes.
- No. Probably has but I don't care.
- Yes - sales yes, profit no.
- Not really.
- Don't think so. Don't make much on cigs - I've had dairies before with tobacco. Don't make much on it anyway.
- No. Maybe at beginning. People assumed I'd have cigs. People know I don't have them [now].

What support do they need to continue as TFR:

Three participants did not respond to this question. On the whole, the other participants seemed happy to continue as TFR's.

- We did the right thing, and we are happy with the situation.
- Nothing.
- Would never go back...no reason to.
- Nothing.
- Not sure. Maybe some handouts - promotional things, stickers or something.
- Don't know. Our business getting promoted.
- No - just wouldn't change - no reason to.
- Going to sell [business] - can't control what will happen (e.g. gaming machines).
- I'm very fortunate - own [my] own dairy and house - a lot of others don't have support I have.

[end of report]