**ABSTRACT**

Results of a telephone survey provide insights into the knowledge, attitudes and beliefs of tobacco merchants from two local health units. More than 90% of the retailers said they should not be able to sell cigarettes to minors. They are aware of laws prohibiting such sales but are sceptical about the impact on young people. The majority report being motivated to help protect the health of youth, however, they advise that legislation provides the main reason for not selling cigarettes to minors. Other responses and behaviours of the merchants help provide a profile of an important group that is being asked to stop selling tobacco to young people.

The authors classify the retailers into three groups according to the potential influence on their behaviour of messages about health and threats of enforcement. One of the health units had implemented a local intervention, therefore we also compare responses between the two health units. This type of information can be used when selecting strategies to strengthen health policies. Such policies and strategies should include input and feedback from retailers of tobacco.

**Tobacco Access to Youth: Beliefs and Attitudes of Retailers**

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Over the past decade the proportion of Canadians who smoke has declined but recently this trend has reversed in the younger generation.1-3 At the time of this study, approximately one quarter of those in the 15-19 year age group were smokers.1 [Reported rates can vary due to differing research methodologies. See Mills et al.9] Earlier initiation of smoking is associated with developing heavier use and earlier onset of related illnesses.6 A 15-year-old who smokes is more than twice as likely to die before age 70, compared to a 15-year-old non-smoker.8 Tobacco smoking is addictive, therefore these young smokers form a cohort of future chronic users who are at risk for numerous diseases.9 The economic burden of smoking was calculated at $15 billion for 1991.10 Tobacco products have been readily available to young people.11-15 Flay has noted that the social learning process of young people is affected when they observe how easy it is to obtain tobacco.16 It is a logical conclusion that tobacco “can’t be had” if it is sold just like any other convenience item. Other studies have reported links between the number of new smokers and reduced availability of tobacco from retail outlets or related deterrents.17-19 Such observations are in agreement with the concept that behaviours of individuals are largely determined by their sociocultural contexts. The consideration of "sociocultural environment" can be extended to help understand the behaviours and perspectives of tobacco vendors.

Until recent changes in policy, the exchange of tobacco between merchants and young people has largely been carried out in an atmosphere of social acquiescence. Lately, surveys of the general public have revealed widespread support for keeping tobacco from reaching young people.20-23 This has prompted policies from all levels of government to restrict supplies.24,25

Within this changing social context, little is known about the views of retail merchants regarding the sale of tobacco to youth. Attempts to include merchants in focus groups on the issue have resulted in minimal participation. In both Canada and the United States, the tobacco industry has promoted a program called “It’s the Law” but they have not provided feedback from merchants. Some researchers claim the program is ineffective.26-28 In the U.S., Altman et al. examined tobacco access from the perspective of the major retail chains and franchises that sell tobacco.29 For this study, input was obtained from a representative sample of tobacco vendors located in two local health units, including the small independent outlets. Their views were solicited as part of a larger intervention.

In 1991, the Kingston, Frontenac and Lennox & Addington (KFL&A) Health Unit initiated a general educational program consisting of media events, mail leaflets and the distribution of aggregated results from compliance checks. For these checks, supervised minors were utilized to attempt the purchase of cigarettes from retail outlets. Following the general educa-
tion program, a high proportion (46%) of retailers continued selling tobacco to minors. Consequently, the Health Unit narrowed their focus by sending information directly to named retailers and advising whether they had complied with the law. [The *Ontario Minors Protection Act* existed since 1892, although enforcement was negligible.] This was followed by a dramatic decline in vendors selling cigarettes to minors. The original proportion of sellers remained high in the neighbouring Hastings and Prince Edward Counties (H&PE) Health Unit, where there was no local program. In 1994, vendors in both Health Units were subjected to national correspondence when the federal government introduced the *Tobacco Sales to Young Persons Act*. Similar behavioural changes were then observed in H&PE. A telephone survey was conducted after merchants in both Health Units had been exposed to federal activities, but only those in KFL&A had received local initiatives.

**METHODS**

The interventions and initial behavioural changes were reported earlier. A sampling frame of tobacco retailers was prepared from Health Unit records, staff knowledge, vendor licences and the yellow pages. We randomly selected a sample that was proportionally stratified according to type of store (grocery, gas, etc). The sample consisted of 91 retail outlets in KFL&A and 89 outlets in the H&PE Health Unit. Behaviours of the vendors were observed as supervised minors attempted to purchase cigarettes—a procedure that has been reported as practical and ethical. After the behavioural observations were completed, a telephone survey was used to gather additional information. Questions were selected to assess knowledge/attitudes and to obtain feedback on previous interventions and future strategies for reducing sales of tobacco to youth.

Each store was sent a brief letter requesting participation in a survey to gather information on sales of tobacco products. Assurances of confidentiality were provided. A week after the introductory letters had been sent, Health Unit staff began phoning the outlets. They asked to speak with someone who worked at the store for at least a year. Five stores did not meet this criterion. Of the remaining stores, 81 from KFL&A and 70 from H&PE participated in the survey. The response rate was 86%. Of the non-respondents, 4 had been advised by their head office not to discuss tobacco issues and the remaining 20 lacked interest or time. The telephone survey was completed between March 2 - April 7, 1994.

Data was entered into SPSS for Windows. We report descriptive information for the overall sample of merchants.
and make statistical comparisons between the merchants of each Health Unit. Questions which provided nominal-scale data were tested using chi-square. The Mann-Whitney U test was applied to the unmatched ordinal responses.

RESULTS

Telephone survey

More than 80% of the respondents were owners or managers and 70% of the businesses were independently owned. Nearly half were smokers. Convenience stores made up 39% of the sample, followed by gas stations (28%) and grocery stores (27%).

Every respondent answered “yes” when asked if it is illegal to sell tobacco products to minors. They also knew that the customer must be at least 18 years of age. [A tobacco customer must now be 19 since proclamation of the Ontario Tobacco Control Act in November 1994.] More than 65% said the penalty is greater than $1,000 and the amount is “just right.” Twenty-eight percent said the amount is “too large.” As a recommended method of enforcement, the majority wanted self-regulation, followed by public health inspectors, then police or others. To control sales of cigarettes to minors, nearly half (47%) felt that government influence should be used more often while 16% wanted less influence.

In spite of awareness of the legislation and general support, 24% of respondents said that sales of tobacco to young people is not a serious problem (Table I: responses by Health Unit); yet one third stated that in their store, minors try to buy tobacco at least daily. They said that retailers are selling to minors less often but the minors are not making up for the lost sales (Table II).

Merchant behaviours

In 1991, at the beginning of this study, nearly half of the merchants were willing to sell cigarettes to minors. This dropped to less than 5% in the KFL&A Health Unit after retailers had received local media messages, educational kits and warning letters. Merchants in the neighbouring H&PE Health Unit continued selling to youth until similar activities were implemented nationally as the new federal legislation was introduced. Theoretical explanation

There is recognition of the need for a law but there is also evidence of a need for educational activities. The necessity of multiple strategies is better understood by recognizing that the population of tobacco vendors is not homogeneous. For explanatory purposes, the vendors can be placed into three behavioural groups, which integrate with the concept of early, middle and late adopters as outlined by diffusion theory:

1. Those that did not sell tobacco to (young) minors prior to the increased regulatory activities (roughly 50%); (ii) Those that changed from sellers to non-sellers (roughly 40%); and (iii) The persistent sellers (less than 10%).

If young people are to be discouraged from smoking, it is important that society restrict easy access to tobacco products. To achieve this, the collaboration of health professionals, youth and tobacco vendors is necessary.

The telephone survey shows that merchants are now aware of the legislation and the required age for tobacco customers. Each level of government has been able to effectively disseminate information about the regulatory requirements. In response, most of the vendors say they support the legislation and the need for government influence. The observed behavioural shift toward not selling to youth indicates that the majority of merchants developed behavioural intentions or a predisposition that led to the overt behaviour of not selling to youth.38,39 “Not selling” tobacco to minors is attributed primarily to the law, even though many feel the likelihood of being caught is quite low. This raises an interesting question about how the legislative intervention helps define socially correct behaviour and induce change.40
the law encourages a level playing field of rules for the competitive market. If recidivism occurs, we postulate that most of the fluctuation will occur in the second group.

Green has noted that an appropriate use of health education is to encourage voluntary responses such as those exhibited by the merchants in our first group. He also acknowledges that fear is a strong motivational force that can be aroused by interventions extending beyond the realm of health education.41 Such interventions fall within the scope of health promotion and protection. It is difficult to quantify the extent that fear has been aroused among vendors in our second and third categories. Further research is needed to substantiate the most appropriate mix of strategies.42-45

Further research is needed to substantiate the extent that fear has been aroused among vendors in our second and third categories. The vendors are expressing doubt concerning effectiveness of the program, they remain receptive to preventing tobacco from reaching young people. Once again, the mixed views of the vendors can only be addressed by using multiple strategies.

Collaboration and dialogue

Comparisons between the two Health Units show increased effects among retailers who received the local program in addition to the national one. Local initiatives can communicate the serious health implications of this issue and raise the level of community concern. Such activities would enhance voluntary behaviours of not selling tobacco to minors and reduce the need for coercive actions under the authority of legislation. Theoretically, this would reduce recidivism that might occur if merchants perceive a lower threat of enforcement.

Continued compliance checks and telephone surveys are required to provide ongoing assessment of progress toward reducing the supply of tobacco to youth. Our research suggests optimism for collaboration between the vendors and health professionals. The retailers need to be kept informed of progress and treated as a partner in addressing the problem of tobacco reaching young people.

REFERENCES


