

The availability of cigarettes to minors in Perth, Western Australia

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Abstract

Objective – To assess the availability of cigarettes to minors (<18 years of age) and to compare the results with retailers' knowledge, attitudes, and self-reported behaviour with respect to the 1990 West Australian (WA) Tobacco Control Act.

Design – Two adolescents with an apparent age of approximately 15 years attempted to purchase cigarettes from 230 retail outlets in the Perth metropolitan area. The same 230 outlets then took part in a telephone-administered survey designed to assess knowledge, attitudes, and behaviour relating to the WA 1990 Tobacco Control Act.

Main outcome measures – The relationship between the number of successful adolescent attempts to purchase cigarettes and retailers' self-reported knowledge, attitudes, and behaviour regarding the WA 1990 Tobacco Control Act.

Results – Although 75% of retailers stated that they agreed with, and supported the Act, the two adolescents were able to purchase cigarettes in 89% of the 230 retail outlets visited. Ninety-one per cent of retailers maintained that the government warning sign was clearly displayed on their premises but the two adolescents claimed that the sign was prominently displayed in only 30% of the retail outlets visited.

Conclusion – Legislation controlling the sale of cigarettes to minors is not sufficient to restrict the availability of cigarettes to this group. Additional strategies are required to supplement the legislation and to encourage retailers to comply with the legislation.

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Keywords: availability; minors

Introduction

With smoking continuing to be the greatest single cause of preventable death in Australia, health promotion strategies in Australia have concentrated their efforts on no-smoking and quit messages in an attempt to reduce the level of smoking amongst current smokers and to reduce the uptake of smoking amongst young people. While there has been a reduction in smoking prevalence amongst the general population, smoking initiation amongst adolescents

is still alarmingly high. A number of studies have identified sub-groups amongst adolescents who are most at risk of becoming smokers.¹⁻⁴ Those of low socio-economic status, those whose parents or siblings smoke, females, and those with more positive attitudes towards smoking, have been identified as sub-groups which are more likely to become smokers. As a result of these findings a number of health education campaigns are now directed at specific youth sub-groups in an attempt to reduce the rate of smoking initiation. For example, the "Quit because you can" campaign in Western Australia (WA) is specifically directed at young females, while the "Only dags need fags" campaign is directly aimed at the 10- to 12-year-old age groups. In addition to government health education campaigns, school health syllabi⁵ introduce lessons dealing with smoking issues as early as school years 5 and 6 (age 10-12 years), the time when initial experimentation is likely to be occurring but before smoking has become established.

The 1990 WA Tobacco Control Act⁶ represented new legislation governing the advertising and the sale of tobacco and tobacco products. As a consequence of the Act, cigarette advertising has been significantly reduced. By the year 1995, the only permitted cigarette advertising will be at the point of sale. Tobacco sponsorship of sports and arts events has also been significantly reduced with the formation of the WA Health Promotion Foundation, which has a mandate to replace such sponsorship.

The 1990 WA Tobacco Control Act also contains revised legislation concerning the sale of cigarettes to minors. While the legal age at which retailers are permitted to sell cigarettes to people has remained unchanged (18 years), the fines imposed on those prosecuted under the Act have been increased substantially. Prior to 1990 the fine was \$4. Fines now range from a maximum of \$5000 for an individual retailer, to \$20000 for a corporate body. The Health Department of WA was responsible for informing retailers about the revised legislation, a process which has continued for the past two years.

Regular surveys carried out in all Australian states measuring the smoking and alcohol-drinking behaviour of high school children have documented that a percentage of smokers purchase their own cigarettes.⁷⁻⁹ A 1990 prevalence survey carried out in metropolitan WA found that smoking rates amongst WA youth

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were similar to those in other Australian states. From the age of 15 years, at least 50 % reported smoking in the past 12 months, at least 30 % in the past one month, and approximately 25 % in the last week (WA Health Department, unpublished data, 1991). The study also established while the majority of adolescent smokers obtain their cigarettes from friends who smoke, approximately 49 % reported purchasing their last cigarette from a retail outlet. Those aged between 15 and 17 years were more likely than those aged 12 to 15 years to purchase their own cigarettes (29 % *vs* 53 %). Few of them recalled being challenged about their age when buying cigarettes, and an even smaller number had been refused cigarettes because of their age. Persons under the age of 18 years can legally purchase cigarettes; the onus is on retailers to inquire about a person's age and to refuse to supply cigarettes if the purchaser cannot show that he or she is 18 years of age or older. A recent study completed in South Australia in 1992 reported that children aged between 12 and 14 years were able to purchase cigarettes from 50 % of the 98 retail stores visited, and that availability was related to the sex and age of the purchaser.¹⁰

The present investigation was carried out because of continued concern regarding the availability of cigarettes to those under the age of 18 and because of apparent difficulties in the policing of the current legislation. The specific aim of this study was to assess the availability of cigarettes to 15-year-old adolescents in the areas immediately surrounding 12 randomly selected high schools in the metropolitan area of Perth. In addition, a questionnaire was administered to all identifiable retail outlets in the same areas to assess shop owners' and employees' knowledge and behaviour in relation to the WA 1990 Tobacco Control Act.

Methods

On the assumption that the majority of 15-year-old smokers who report purchasing their own cigarettes do so from retail outlets close to their homes or schools, all retail outlets within two kilometres of 13 randomly chosen high schools were identified. Two areas, whose schools were located close to each other and whose areas overlapped, were combined, resulting in a total of 11 areas to be surveyed.

PARTICIPANTS

A 16-year-old male and a 17-year-old female were presented to a panel of researchers from the research centre, and the panel members were asked to estimate the ages of the youths. There was consensus among the panel that the youths appeared to be aged between 15 and 16 years. Older adolescents who looked younger than their chronological age were chosen to ensure they had the required maturity and confidence to carry out the task.

PROCEDURE

Because of problems related to entrapment (this study was carried out in conjunction with

the Health Department, which is responsible for the enforcement of the Tobacco Act), the students were not required to complete the purchase of the cigarettes. This method also eliminated the need for extra funds (\$A920) to purchase cigarettes and the need for their subsequent disposal.

All identified stores in the survey areas were visited by either the male or female participant, who attempted to purchase a packet of Red Winfield, the cigarettes they identified as the most commonly purchased by their peers. They were instructed to enter the premises and to request a packet of Red Winfield. If the cigarettes were placed on the counter and the money was requested, the attempt was considered to be successful. The students were then to pretend that they had insufficient funds and to leave the shop immediately. If the students were challenged about their age, they were instructed to say they were 15 years old and that the cigarettes were for a parent. If they were refused the cigarettes either outright or during questioning, they were to leave the shop immediately.

The two students were accompanied by a supervisor who remained out of sight during all purchase attempts. The student attempted a purchase and then returned to the supervisor to report the outcome. The outcome of the purchase attempt, the type of retail outlet, the apparent age of the server, and whether the government warning sign was prominently displayed, were recorded for each attempt. The exercise took place in daylight hours, over a two-day period during the school holidays. Once all identified stores had been visited by the students, the second part of the study, which comprised phone interviews with shop owners and employees, was carried out.

All stores visited by the students were administered a short questionnaire, over the telephone, regarding their knowledge, attitudes, and behaviour in relation to the 1990 WA Tobacco Control Act.

Results

SALE OF CIGARETTES TO MINORS

A total of 230 retail outlets were identified in the 11 areas surveyed. The sample included 53 (23 %) supermarkets, 101 (44 %) delicatessens, 47 (20 %) kiosks and coffee shops (within shopping centres), 27 (12 %) newsagencies, and 2 (1 %) tobacconists.

The result of each attempt to purchase cigarettes is summarised in the table. There were no significant differences according to the

Results of attempts by students to purchase cigarettes

Results	%	No
Offered cigarettes for purchase	89.1	205
Age queried/cigarettes offered for parents	0.4	1
Age stated as 15 years but cigarettes still offered for purchase	1.7	4
Total offered cigarettes for purchase	91.3	210
Refused cigarettes due to age	8.7	20
Total	100.0	230

gender of the adolescent or the type of retail outlet. The male and female participants each visited an equal number of outlets, and 11 male and nine female attempts were unsuccessful.

In 89.1% ($n = 205$) of attempts the buyer was offered a packet of Red Winfield for purchase. In a further 0.4% ($n = 1$), the student was refused cigarettes for personal use but was offered them for a parent, and 1.7% ($n = 4$) of attempts were successful despite the server being informed that the purchaser was under 18 years of age. The remaining 8.7% ($n = 20$) of attempts were unsuccessful.

The students reported that the Health Department warning sign was prominently displayed in only 30% of outlets. Neither the sex nor the apparent age of the server (less than or greater than 18 years) had any effect on the outcome of the purchase attempt. The area in which the outlet was located was also unrelated to the outcome of the attempts.

PHONE SURVEY OF RETAILERS

The 230 retail outlets visited by the students were invited to participate in a survey concerning the public's knowledge, attitudes, and behaviour concerning the WA 1990 Tobacco Control Act. Fourteen percent refused to participate and 12% were uncontactable after three attempts, resulting in a response rate of 78% (180 outlets). Of the 16 stores that refused to participate, 54% did so because of company or employer policy, 33% were too busy and did not wish to arrange a call back, and the remaining 13% refused for other reasons.

Eighty-five percent of respondents stated they had heard of the Act, and 76% remembered receiving information relating to the Act from the Health Promotion Services Branch. The majority (75%) indicated that they agreed with and supported the Act (meaning they agreed with the policy of refusing to sell cigarettes to those under the age of 18 years). There were no significant differences in reported behaviours according to the age or sex of the respondent, the type of retail outlet, or the location of the outlet.

Of those interviewed, 91% stated that the Health Department warning sign was prominently displayed in their premises. The most commonly cited location for the sign was the counter (42%), followed by a location "near" the cigarettes (25%), on the wall/window (23%), or on the cash register (4%).

Few respondents knew personally of anyone who had been prosecuted under the new Act but 18% (32) had heard of someone being prosecuted. The majority of those who had heard of someone being prosecuted thought that the resulting fine was less than \$100 (35%) or between \$100 and \$300 (52%).

Discussion

Experts agree that legislative control has an important role to play in the control of smoking and that the strongest effects are likely to be among people who may be contemplating smoking or who are currently

experimenting.¹¹ Those most likely to be in the suggestive stage or currently experimenting are children and adolescents. Scollo and Borland suggest that one of the strongest effects will be achieved with legislation reducing the sale of cigarettes to minors,¹¹ and DiFranza *et al*¹² proposed a model to protect children from the effects of tobacco. Many of the proposals suggested by DiFranza and colleagues are already in effect in WA, some for many years, others introduced recently. Smoking in schools is prohibited for both teachers and students; warning signs in retail outlets, although not compulsory, are distributed free of charge, and retailers are encouraged to place them in a conspicuous place; state schools are required to cover smoking issues as part of health education lessons for primary school children (5 to 12 years old); free distribution of tobacco products has been banned; all advertising of tobacco products is in the process of being phased out and will be totally banned by 1996; and the penalties for the sale of cigarettes to minors have certainly become stringent, although the enforcement of the penalties in the past has left much to be desired. It is not, however, illegal for those under the age of 18 years to purchase tobacco; vending machines are still allowed, albeit in restricted places; retailers are not required to be licensed to sell tobacco products; and the legal age for smoking remains at 18 years of age.

Despite the existence of a significant number of policies listed above and the introduction of legislation to restrict the sale of cigarettes to minors, the results of this study indicate that in the Perth metropolitan area, 15-year-olds have ready access to cigarettes if they choose to purchase them. Although retailers indicate that they agree with and support the legislation contained in Section 109 of the Act, their actions are in direct contrast. This is perhaps not surprising in that the risk of prosecution under the Act is small; up to February 1992, only five individuals have been prosecuted since the Act was introduced in 1990, and these prosecutions have resulted in fines of between \$50 and \$250, well below the stated maximum.

The increase in fines introduced with the passing of the 1990 Act appears to have had no effect on the availability of cigarettes to minors to date. A Perth study conducted in 1987, in which a 17-year-old schoolboy was able to purchase cigarettes in 11 of the 14 stores visited,¹³ indicates that the current situation with respect to availability is at least as bad, especially in light of the introduction of new legislation and increased fines. Additional strategies are needed if retailers are to be encouraged to comply with the current legislation.

One possible strategy is the introduction of retailer education. In 1988, health activists in the California county of Santa Clara introduced a number of aggressive educational activities directed towards tobacco retailers.¹⁴ These efforts resulted in a 50% reduction in availability sustained for six months after implementation. However, it is doubtful

whether similar strategies would have any success in WA because most retailers are aware of both the Act and the consequences of being prosecuted for selling cigarettes to minors. Awareness of the legislation does not appear to have had a noticeable effect to date, possibly because the risk of prosecution is seen by retailers to be low. This is demonstrated by the finding that 25% of retailers admitted to selling cigarettes to anyone, regardless of their age.

A perhaps more important strategy is the more rigorous enforcement of current legislation banning the sale of cigarettes to those under 18 years of age. At the end of 1992 the Health Department of WA devoted some of its resources to a more aggressive monitoring of the 1990 WA Tobacco Control Act. Health officers were employed to carry out regular surveillance of retail outlets in the metropolitan area, and to remind retailers that they risked prosecution if reported for selling cigarettes to minors. Mindful of the fact that increased surveillance alone would probably not be effective, the WA Health Department also introduced more rigorous enforcement practices and took steps to increase the number of prosecutions. The WA Health Department relies on the Liquor and Gaming Police and the public to report incidents where tobacco products are known to have been supplied to underage adolescents. When a complaint is received, there must be sufficient evidence before they can proceed with a prosecution. If sufficient evidence is not available, the retailer in question will be informed that there has been a complaint and reminded of the legislation. The store in question is also more closely monitored by the surveillance team. There has been a slow but steady increase in the number of successful prosecutions, from four during 1992, to seven in 1993, to six in the first two months of 1994. Fines and court costs (court costs are the responsibility of those prosecuted) for these prosecutions ranged from \$A250 to \$A1000, still well below the stated maximum but becoming more substantial. Successful prosecutions are reported in the state and local newspapers whenever possible so as to increase awareness of the legislation and the real possibility of prosecution.

More active enforcement, such as is carried out in some states in the US, is unfortunately not possible in WA because of perceived ethical issues. For instance, those retailers who willingly supplied cigarettes to the adolescents employed for our study could not be prosecuted because the Health Department considers that process to be unethical, equal to entrapment. Prosecutions can only result from incidents reported by the police or members of the public.

The effect of more rigorous enforcement is yet to be measured. A study similar to the one reported here was conducted in April 1994 and preliminary results indicate that the number of retailers prepared to sell cigarettes to minors has fallen considerably in one inner city suburb of Perth. Certainly since the introduction of the 1990 Tobacco Act, there has been an increase in the number of complaints. There

are now about 10 complaints per week, and although only a small percentage proceed to prosecution, retailers involved are at least made aware that a complaint has been made and as a result their premises will be subject to increased surveillance.

If the more rigorous enforcement of the legislation has not reduced the availability of cigarettes to adolescents, then where do we go from here? Five of the eight proposals put forward by DiFranza *et al*¹² are already in place in WA. Other suggestions such as the introduction of licences for the sale of tobacco products and the increase in legal age for smoking to 21 years are not feasible in this state. Tobacco licences will not be reintroduced because of the costs involved for an already overstretched health budget, and because, in the present political climate, it would be seen as a revenue-raising ploy. And while the legal drinking age and the compulsory voting age remain at 18 years, so will the legal age at which adolescents can be supplied with cigarettes. As DiFranza *et al* point out, effective enforcement of state laws that outlaw the sale of cigarettes to minors is critical if they are to achieve their purpose. With an increase in the number of smokers stopping smoking and the continuation of a high death rate amongst continuing smokers, tobacco companies must look towards children as their future customers. A reduction in the availability of cigarettes to those under the age of 18 years may result in a reduction in the number who progress from experimentation to regular smoking. We hope that the more aggressive enforcement of the Act and the continued surveillance of retailers will reduce the availability of tobacco products to adolescents in WA.

- 1 Bewley B, Bland JM, Harris R. Factors associated with the starting of cigarette smoking by primary school children. *Br J Prevent Soc Med* 1974; 28: 37-44.
- 2 Murray M, Kiryluk S, Swan AV. Relation between parents' and children's smoking. *J Epidemiol Community Health* 1985; 39: 169-74.
- 3 Borland BL, Rudolph JP. Relative effects of low socioeconomic status, parental smoking and poor scholastic performance. *Soc Sci Med* 1976; 9: 27-30.
- 4 Oei TP, Egan AM, Silva PA. Factors associated with the initiation of smoking in nine year old children. *Adv Alcohol Subst Abuse* 1986; 5: 76-89.
- 5 Ministry of Education. *K-10 Health Education Syllabus*. Australian Government Print. Perth, Western Australia, 1985.
- 6 Tobacco Control Act 1990 (no 104 of 1990). Government Printing Services. Perth, Western Australia, 1989.
- 7 Cormack S, Christie P, Wylie C, Bungey J. Trends in alcohol and other drug use amongst South Australian school children: 1986-1989. Drug and Alcohol Services Council, November 1989.
- 8 Clark KD, Whitley V, Hill DJ. Cigarettes and alcohol consumption among Western Australian secondary school children in 1990. Health Department of WA Monograph, 1991.
- 9 Hill D, Willcox S, Gardner G, Houston J. *Cigarette and alcohol consumption among secondary schoolchildren in 1984*. Melbourne: Melbourne Anti-Cancer Council, 1986.
- 10 Wakefield M, Carrangis J, Wilson D, Reynolds C. Illegal cigarettes sales to children in South Australia. *Tobacco Control* 1992; 1: 114-7.
- 11 Scollo M, Borland R. Comprehensive approaches to tobacco control. *Tobacco Control* 1992; 1: 159-60.
- 12 DiFranza JR, Norwood BD, Garner DW, Tye JB. Legislative efforts to protect children from tobacco. *JAMA* 1987; 257: 3387-9.
- 13 Flexman J, Gan SK, Macri F, Speers D. *A study of the availability and advertising of cigarettes within a one kilometre radius of schools with a high compared to low cigarettes consumption rate*. Perth: Department of Medicine, University of WA, 1987.
- 14 Altman DG, Rasenick-Douss L, Foster V, Tye JB. Sustained effects of an educational program to reduce sales of cigarettes to minors. *Am J Public Health* 1991; 81: 891-3.