# Public support for policies to phase out the retail sale of cigarettes in Australia: results from a nationally representative survey

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#### **ABSTRACT**

**Background** There is growing international interest in a goal once considered unthinkable: phasing out the retail sales of smoked tobacco products. In this study, we examined public support for phasing out sales and specific measures for moving towards a phase-out among a nationally representative sample of Australian adults.

Methods In December 2019, we used a probability-based online panel, Life in Australia<sup>™</sup>, to survey n=1939 Australian adults (n=1874 included in analyses due to missing data).

**Results** Almost two-thirds of respondents thought it would be 'a good thing' if there came a time when it was no longer legal to sell cigarettes in shops in Australia and only 16.7% thought it would be 'a bad thing'. After the concept of a phase-out was defined as removing a product from the Australian market over a set period, such as 5 years, but still allowing purchases online from overseas companies, 50.7% indicated support for such a phase-out and 61.8% thought it should happen within 10 years. Support was greater for specific measures such as licensing tobacco retailers (75.3%) and restricting sales to places children cannot enter (76.3%). Support tended to be consistent across demographic subgroups but was stronger among never and former smokers than among current smokers.

**Conclusions** There has been little public discussion in Australia about the goal of 1 day phasing out the retail sale of cigarettes. It is notable that such policies are reasonably well supported by the Australian public, with only minority opposition.

## INTRODUCTION

There is increasing interest in novel policies to advance the goal of virtually eliminating tobacco use.<sup>12</sup> One potential approach is through phasing out the retail sale of smoked tobacco products. 13 By ending arrangements that currently allow retailers to sell these harmful products, phasing out retail sales would strongly signal that tobacco products are no ordinary product. It could potentially accelerate the denormalisation of smoking tobacco products and reduce relapse among former smokers and those trying to quit by reducing the visibility of and easy access to products in retail stores. 4-6 However, a phase-out of sales would not be intended to prohibit the possession or use of smoked tobacco products. As such, some phase-out models might still permit individuals to grow tobacco or import limited quantities of tobacco products for their own use (as is currently the case for access to smokeless tobacco products in Australia<sup>7 8</sup>).

The ultimate realisation of a policy to phase out retail sales of smoked tobacco products requires consideration of the steps to reach it. Some jurisdictions, including the low-prevalence cities of Beverly Hills and Manhattan Beach in California, recently implemented a total ban on retail sales of tobacco from gas stations, convenience stores, pharmacies and grocery stores.9 10 However, in larger jurisdictions with slightly higher prevalence—such as Australia—phasing out sales by gradually reducing the number and types of outlets from which smoked tobacco products can be purchased may be more feasible. One incremental step could be to limit sales to stores that children cannot enter. Such a measure would be consistent with liquor licensing laws in most Australian jurisdictions, which only allow minors to enter licensed premises under certain conditions. 11 Specialist tobacconist stores are not currently subject to these restrictions on who can enter, but this provision could be introduced. In the Australian state of Victoria, for instance, specialist tobacconists are defined as those that derive 80% or more of their turnover from the sale of tobacco products (which children cannot buy) and they are specifically required not to sell products for children or adolescents. 12 Other store types prepared to restrict entry to under 18s (for instance) might also be considered eligible for licences.

Another step towards an eventual phase-out could be to expand retailer licensing and regulation. In Australia, five of the eight states and territories currently have a 'positive' licensing system requiring tobacco retailers to pay an annual fee, one state has a 'negative' licensing system, requiring a once-off notification but no annual fee, while two states (Victoria and Queensland) have no retail licensing systems.<sup>13</sup> Implementation of a positive licensing system in all states and territories could facilitate a subsequent phase-out by allowing governments to reduce the number of retail outlets by gradually ending licence renewals and changing criteria for the types of retailers who can hold a licence. Increasing the cost of licences could also be used to encourage some retailers to voluntarily end selling tobacco products. As prevalence continues to fall, 14 retailers will inevitably find it harder to sell adequate amounts of tobacco to return a profit.

One factor in determining the feasibility of phasing out retail sales of smoked tobacco products



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**Table 1** Smoking status and demographic predictors of support for phasing out the retail sale of cigarettes in Australia and perceptions of an appropriate timeframe for such a phase-out

|                             | n    | Think it would be a good thing if<br>there came a time when it was no<br>longer legal to sell cigarettes in<br>shops in Australia |                     | Support (strongly or somewhat) a phase-out policy whereby cigarettes are removed from the market over a set period so that eventually adult smokers can only buy cigarettes online from overseas companies |                     |       | Think it is appropriate for a phase-out to happen within 5 years |  |
|-----------------------------|------|---|---------------------|--|---------------------|-------|--|--|
|                             |      | Adj %   | AOR (95% CI)        | Adj %  | AOR (95% CI)        | Adj % | AOR (95% CI)   |  |
| Overall                     | 1874 | 61.6  |                     | 50.7   |                     | 38.5  |  |  |
| Smoking status*             |      |   |                     |  |                     |       |  |  |
| Current                     | 282  | 39.2  | 1                   | 32.9   | 1                   | 29.1  | 1  |  |
| Former                      | 541  | 62.3  | 2.57 (1.67 to 3.98) | 51.1   | 2.14 (1.37 to 3.34) | 39.1  | 1.57 (0.97 to 2.54)  |  |
| Never                       | 1052 | 67.2  | 3.18 (2.11 to 4.80) | 55.3   | 2.54 (1.68 to 3.85) | 40.6  | 1.67 (1.07 to 2.61)  |  |
| Gender                      |      |   |                     |  |                     |       |  |  |
| Male                        | 925  | 61.5  | 1                   | 50.2   | 1                   | 37.6  | 1  |  |
| Female                      | 950  | 61.7  | 1.01 (0.77 to 1.32) | 51.3   | 1.05 (0.81 to 1.36) | 39.3  | 1.08 (0.82 to 1.41)  |  |
| Age                         |      |   |                     |  |                     |       |  |  |
| 18–34                       | 543  | 63.3  | 1                   | 47.9   | 1                   | 32.6  | 1  |  |
| 35–54                       | 634  | 62.5  | 0.97 (0.66 to 1.43) | 51.7   | 1.17 (0.80 to 1.71) | 40.5  | 1.41 (0.94 to 2.11)  |  |
| 55+                         | 698  | 59.4  | 0.84 (0.58 to 1.22) | 52.0   | 1.18 (0.82 to 1.69) | 41.2  | 1.45 (0.99 to 2.14)  |  |
| Highest level of education  |      |   |                     |  |                     |       |  |  |
| No tertiary education       | 643  | 61.8  | 1                   | 51.6   | 1                   | 39.8  | 1  |  |
| Some tertiary education     | 1232 | 61.5  | 0.99 (0.74 to 1.31) | 50.3   | 0.95 (0.72 to 1.26) | 37.8  | 0.92 (0.69 to 1.22)  |  |
| Region                      |      |   |                     |  |                     |       |  |  |
| Metropolitan                | 1240 | 60.7  | 1                   | 49.8   | 1                   | 38.2  | 1  |  |
| Rest of the state           | 634  | 63.3  | 1.12 (0.83 to 1.52) | 52.5   | 1.12 (0.83 to 1.50) | 38.9  | 1.03 (0.76 to 1.41)  |  |
| Socioeconomic status (SES)† |      |   |                     |  |                     |       |  |  |
| Low-mid SES                 | 1008 | 59.9  | 1                   | 48.3   | 1                   | 39.1  | 1  |  |
| High SES                    | 866  | 63.5  | 1.17 (0.88 to 1.56) | 53.5   | 1.24 (0.93 to 1.64) | 37.7  | 0.94 (0.70 to 1.27)  |  |

All n's are weighted and may not sum to the total due to rounding. The analytical sample was limited to those respondents who did not have missing data on any of the smoking status or demographic predictor variables, n=1874. Data were missing for n=5 respondents for smoking status (refused to respond or 'don't know'), n=6 respondents for gender ('other'), 4 respondents for age (undetermined), 40 respondents for highest level of educational attainment (not determined), n=6 respondents for region (could not be established) and 11 respondents for socioeconomic status (could not be established). However, due to some overlap in which cases had missing data across these demographic variables, a total of n=65 cases were excluded from multivariable models. Bold ORs and 95% CIs were significant at p<0.05.

Adj %, predicted probability of agreement, adjusted for smoking status, gender, age, highest level of education, region and socioeconomic status; AOR, adjusted OR, adjusted for smoking status, gender, age, highest level of education, region and socioeconomic status.

will be public support, including among the current smokers who will be directly affected. <sup>1 15 16</sup> Exploring the public's perception of the timeframe over which a phase-out should occur is also critical. Such evidence may be particularly important for sustaining political will against anticipated opposition from manufacturers of smoked tobacco products. <sup>1 16 17</sup> In this study, we measured support for a proposal to phase out the retail sale of cigarettes—the most common form of smoked tobacco products in Australia 18—and several measures to make progress towards this goal. This study was conducted in Australia in December 2019, following several decades of a comprehensive tobacco control programme. Over this time, tobacco advertising and promotion have been largely eliminated, <sup>19</sup> <sup>20</sup> including through plain packaging.<sup>21</sup> Graphic warning labels have been required on tobacco packs since 2006.<sup>22</sup> Smoking has been banned on public transport, at cinemas, in indoor workplaces and indoors at hospitality venues.<sup>23</sup> Excise on tobacco has been increased regularly and substantially, such that cigarettes in Australia are now among the world's most expensive. 24 25 At the time of the study, access to nicotine vaping products was only permitted via importation from overseas retailers, although subsequent changes to regulations mean smokers can now access electronic

nicotine delivery products from pharmacies with a prescription from their doctor.<sup>26</sup> In addition, all smokers and quitters can access a free Quitline service and a range of other cessation services, including subsidised nicotine replacement therapy.<sup>27</sup> In 2019, 11.0% of Australians aged 14+ were daily smokers.<sup>14</sup>

### **METHOD**

### Sample and procedure

In December 2019, we commissioned a cross-sectional study with n=1939 Australian adults using the probability-based online panel, Life in Australia $^{\text{\tiny M}}$ . The potential panel population included Australian adults contactable via landline or mobile phones, including those without internet access. Respondents completed the survey online (88%) or by telephone (12%). Among those invited, the completion rate was 76%.

#### Measures

Asked as part of a larger survey about multiple topics, respondents were informed that the policy support questions were being asked on behalf of Cancer Council Victoria. Respondents were first asked: Some people believe that there may come a time when

<sup>\*</sup>Current smokers were defined as those who smoked on a daily, weekly or less often than weekly basis. Former smokers did not currently smoke but had smoked at least 100 cigarettes or a similar amount of tobacco over their lifetime. Never smokers did not currently smoke and had not smoked at least 100 cigarettes over their lifetime.

†SES was determined using the Australian Bureau of Statistics' Socio-Economic Indexes for Areas (SEIFA) disadvantage scale. SEIFA quintiles 1, 2 and 3 were combined for the low-mid SES category and SEIFA quintiles 4 and 5 were combined for the high SES category.

## **Brief** report

**Table 2** Smoking status and demographic predictors of support for policies that could be implemented as part of a phasing out of retail sales of cigarettes in Australia

|                             | n    | Agree (strongly or somewhat) that shop owners should seriously be thinking about transitioning out of selling cigarettes |                     | Support (strongly or somewhat) requiring shop owners to have a licence to sell cigarettes |                     | Support (strongly or somewhat) restricting sales of cigarettes to places that children are not allowed to enter |                     |
|-----------------------------|------|--|---------------------|---|---------------------|---|---------------------|
|                             |      | Adj %  | AOR (95% CI)        | Adj %   | AOR (95% CI)        | Adj %   | AOR (95% CI)        |
| Overall                     | 1874 | 64.6   |                     | 75.3  |                     | 76.3  |                     |
| Smoking status*             |      |  |                     |   |                     |   |                     |
| Current                     | 282  | 38.5   | 1                   | 61.5  | 1                   | 61.1  | 1                   |
| Former                      | 541  | 63.6   | 2.82 (1.80 to 4.41) | 68.5  | 1.38 (0.85 to 2.24) | 73.8  | 1.81 (1.15 to 2.87) |
| Never                       | 1052 | 72.2   | 4.21 (2.75 to 6.45) | 82.6  | 3.05 (1.96 to 4.73) | 81.6  | 2.87 (1.87 to 4.39) |
| Gender                      |      |  |                     |   |                     |   |                     |
| Male                        | 925  | 63.8   | 1                   | 70.6  | 1                   | 74.6  | 1                   |
| Female                      | 950  | 65.5   | 1.08 (0.82 to 1.43) | 80.1  | 1.72 (1.26 to 2.36) | 78.0  | 1.22 (0.90 to 1.65) |
| Age                         |      |  |                     |   |                     |   |                     |
| 18–34                       | 543  | 65.3   | 1                   | 76.5  | 1                   | 75.3  | 1                   |
| 35–54                       | 634  | 60.5   | 0.80 (0.53 to 1.21) | 70.9  | 0.74 (0.46 to 1.19) | 72.7  | 0.87 (0.57 to 1.33) |
| 55+                         | 698  | 67.9   | 1.13 (0.77 to 1.67) | 78.4  | 1.12 (0.70 to 1.81) | 80.5  | 1.37 (0.90 to 2.10) |
| Highest level of education  |      |  |                     |   |                     |   |                     |
| No tertiary education       | 643  | 60.5   | 1                   | 75.3  | 1                   | 78.9  | 1                   |
| Some tertiary education     | 1232 | 66.8   | 1.34 (0.99 to 1.80) | 75.4  | 1.01 (0.72 to 1.41) | 74.9  | 0.79 (0.57 to 1.10) |
| Region                      |      |  |                     |   |                     |   |                     |
| Metropolitan                | 1240 | 65.2   | 1                   | 75.2  | 1                   | 75.3  | 1                   |
| Rest of the state           | 634  | 63.6   | 0.93 (0.68 to 1.28) | 75.6  | 1.03 (0.72 to 1.46) | 78.2  | 1.18 (0.83 to 1.69) |
| Socioeconomic status (SES)† |      |  |                     |   |                     |   |                     |
| Low-mid SES                 | 1008 | 64.7   | 1                   | 75.0  | 1                   | 77.3  | 1                   |
| High SES                    | 866  | 64.6   | 0.99 (0.74 to 1.34) | 75.7  | 1.04 (0.74 to 1.47) | 75.2  | 0.88 (0.64 to 1.23) |

All n's are weighted and may not sum to the total due to rounding. The analytical sample was limited to those respondents who did not have missing data on any of the smoking status or demographic predictor variables, n=1874. Data were missing for n=5 respondents for smoking status (refused to respond or 'don't know'), n=6 respondents for gender ('other'), 4 respondents for age (undetermined), 40 respondents for highest level of educational attainment (not determined), n=6 respondents for region (could not be established) and 11 respondents for socioeconomic status (could not be established). However, due to some overlap in which cases had missing data across these demographic variables. a total of n=65 cases were excluded from multivariable models. Bold ORs and 95% CIs were significant at p<0.05.

low-mid SES category and SEIFA quintiles 4 and 5 were combined for the high SES category.

Adj %, predicted probability of agreement, adjusted for smoking status, gender, age, highest level of education, region and socioeconomic status; AOR, adjusted OR, adjusted for smoking status, gender, age, highest level of education, region and socioeconomic status.

it will no longer be legal to sell cigarettes in shops in Australia. Do you think this would be...? Response options were dichotomised for analysis as: 'a good thing' versus all other responses ('a bad thing', neither a bad thing nor a good thing, don't know/refused). The second question defined what a 'phase-out' policy would mean (ie, removing cigarettes from the market over a set period so that eventually adult smokers could only buy cigarettes online from overseas companies). Respondents were asked whether they would support or oppose this phase-out policy: support (strongly or somewhat) versus all other responses. The third question asked: What timeframe would you think is appropriate in relation to phasing out the sale of cigarettes from shops?, with response options dichotomised as: within 5 years versus all other responses ('within the next...10 years', '15 years', '20 years', 'not for at least 20 years', don't know/refused).

Three questions measured support for specific measures that could form part of a phase-out: (1) shop owners should seriously be thinking about transitioning out of selling cigarettes; (2) requiring shop owners to have a licence to sell cigarettes (just like for alcohol); and (3) restricting sales of cigarettes to places that children are not allowed to enter, with response options coded as: agree (strongly or somewhat) for (1) and support (strongly or somewhat) for (2) and (3) versus all other responses.

#### Statistical analysis

Analyses were conducted using Stata V.16.4. Data were weighted to be representative of the Australian population on demographic characteristics including region, socioeconomic status, gender, age, highest level of education, Aboriginal or Torres Strait Islander status, number of adults in the household, television viewing habits, digital affinity and telephone status.

Tables 1 and 2 present results from multivariable logistic regression models examining whether smoking status and demographic characteristics predicted responses. We report adjusted predicted probabilities, and adjusted ORs and 95% CIs for subgroup comparisons. The analytical sample was limited to those respondents who did not have missing data on any of the predictors, n=1874.

## RESULTS

Overall, 61.6% of respondents thought it would be 'a good thing' if there came a time when it was no longer legal to sell cigarettes in shops, 16.7% thought it would be 'a bad thing' and 21.3% thought it was neither a good nor a bad thing. When asked about a phase-out policy whereby products would be removed from the market over a set period so that eventually adult smokers

<sup>\*</sup>Current smokers were defined as those who smoked on a daily, weekly or less often than weekly basis. Former smokers did not currently smoke but had smoked at least 100 cigarettes or a similar amount of tobacco over their lifetime. Never smokers did not currently smoke and had not smoked at least 100 cigarettes over their lifetime.

†SES was determined using the Australian Bureau of Statistics' Socio-Economic Indexes for Areas (SEIFA) disadvantage scale. SEIFA quintiles 1, 2 and 3 were combined for the

could only buy cigarettes online from overseas companies, 50.7% indicated they were supportive and fewer than one-third (28.8%) were opposed. More than one-third (38.5%) thought it would be fair for the phase-out to occur within the next 5 years, and in total, 61.8% thought it should happen within 10 years.

Support was higher for some of the interim measures that could be implemented as part of a phase-out. Almost two-thirds agreed that shop owners should be thinking about transitioning out of selling cigarettes, and only 12.9% disagreed. Around three-quarters would support policies requiring retailer licensing and restricting sales to places that children are not allowed to enter, and only around 10% were opposed to these two policies.

As shown in tables 1 and 2, support for these policy options did not differ across demographic subgroups, except females were more likely than males to support retailer licensing (table 2). However, current smokers were significantly less likely than never smokers to support all six options and they were less likely than former smokers to support four of the six policy options (tables 1 and 2).

#### DISCUSSION

Despite little public discussion about phasing out retail sales of cigarettes, such policies are already reasonably well supported by the Australian public, both overall and across demographic subgroups. The 62% of respondents who thought it would be a 'good thing' if there came a time when cigarettes were no longer available for sale in retail outlets approximated levels of support in recent surveys in the states of Western Australia and Victoria. Agreement was higher in a 2009 survey of Victorian adults when 72% thought it would be 'a good thing', and this may be attributable to far greater investment in televised antismoking campaigns at that time. Furthermore, the 2009 question referred to there being a time when 'cigarettes will no longer be available for sale' whereas the more recent surveys referred to a time when 'it will no longer be legal to sell cigarettes'; the reference to (il)legality in 2019 may have reduced support.

Once a potential phase-out policy was defined in more detail, support was somewhat lower (51%). While defining a phase-out as occurring over a 5-year period made the policy more concrete, it may have also seemed less reasonable or feasible, given only 39% thought this sounded like a fair timeframe. On the other hand, naming the ways in which cigarettes would continue to be accessible (ie, '...buy cigarettes online from overseas companies') may have reduced support among those whose preference would be for a complete sales ban. Support was higher for three specific measures that could form part of a phase-out.

Current smokers were, as expected, consistently the least likely to support each of the proposed measures.<sup>34</sup> In recent studies of smokers and recent quitters in European Union countries<sup>17</sup> and New Zealand,<sup>15</sup> similar levels of support for a ban on tobacco sales within 10 years were observed (40% and 43%, respectively), although these questions explicitly specified that assistance to quit smoking would be provided. As in the current study, New Zealand smokers and recent quitters were also more likely to support specific measures to regulate supply such as allowing tobacco sales in stores that only adults can enter (55%) and requiring tobacco retailer licensing (70%).<sup>15</sup> Further research is required to investigate factors that influence current smokers' support for phase-out policies, including the extent to which support is predicated on the provision of quitting assistance.

One study strength is the large, representative sample that included current, former and never smokers. One potential

limitation is that some respondents might not have understood the implications given these policy options have not yet been discussed publicly.<sup>15</sup> <sup>16</sup> Another limitation is that survey questions referred to ending the sale of 'cigarettes', whereas a phase-out would optimally extend to all forms of smoked tobacco. Similarly, respondents may have interpreted the question about restricting sales to venues that children cannot enter as referring only to stores where such limits currently exist, such as licensed premises and gambling venues. In practice, though, we envision that such a measure would also allow sales at specialist tobacconists, if restrictions on entry could be extended to these stores.

This study did not assess support for the full range of measures that could be implemented as part of a phase-out strategy. Future research could examine support for other policy options, including when a phase-out is defined as allowing access to lower risk forms of nicotine. Other research priorities include identifying optimal policy pathways to achieving a phase-out, including likely obstacles and their solutions such as financial barriers and enablers for tobacco retailers, especially following the financial impact on retailers of COVID-19 lockdowns in Australia. It will also be important to investigate the potential for increased illicit tobacco sales, and alternative sources to replace declining excise revenue for governments.

## Key messages

### What is already known on this topic

- Australia is one of the jurisdictions in which, as smoking prevalence approaches 10%, novel policies such as phasing out the retail sale of smoked tobacco products are being considered.
- ⇒ Public support will be a critical factor in achieving the goal of phasing out sales, especially given anticipated opposition and lobbying from manufacturers of smoked tobacco products.

### What important gaps in knowledge exist on this topic

⇒ Two recent state-based studies found that a reasonable proportion of adults in Australia are supportive of one day phasing out sales, but there are no data on support nationally or in relation to specific policies that may be implemented as part of a phase-out.

## What this study adds

⇒ Using data from a nationally representative sample, this study found that the majority of respondents were supportive of one day phasing out the retail sale of cigarettes. Support was even higher for some of the interim measures that could facilitate a phase-out.

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**Competing interests** EB, EI, MS, SJD and MAW are employed by a non-profit organisation that conducts public health interventions and advocacy aimed at reducing the harms of tobacco in the community, especially those pertaining to cancer.

Patient consent for publication Not required.

**Ethics approval** This study involves human participants and was approved by Cancer Council Victoria's Human Research Ethics Committee (HREC: 0018). Participants gave informed consent to participate in the study before taking part.

# **Brief** report

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#### REFERENCES

- 1 Smith EA, Malone RE. An argument for phasing out sales of cigarettes. *Tob Control* 2020;29:703–8.
- 2 Hefler M, Bostic C. 'Commit to quit': a goal for all, not only individual tobacco users. Tob Control 2021;30:239–40.
- 3 ASH (Action on Smoking and Health). Phase out the commercial sale of tobacco products, 2022. Available: https://ash.org/sunset/ [Accessed 30 Mar 2022].
- 4 Paul CL, Mee KJ, Judd TM, et al. Anywhere, anytime: retail access to tobacco in New South Wales and its potential impact on consumption and quitting. Soc Sci Med 2010:71:799–806
- 5 Halonen JI, Kivimäki M, Kouvonen A, et al. Proximity to a tobacco store and smoking cessation: a cohort study. *Tob Control* 2014;23:146–51.
- 6 Pearce J, Rind E, Shortt N, et al. Tobacco retail environments and social inequalities in individual-level smoking and cessation among Scottish adults. *Nicotine Tob Res* 2016:18:138–46
- 7 Australian Competition and Consumer Commission. Smokeless tobacco products, 2022. Available: https://www.productsafety.gov.au/products/health-lifestyle/personal/ tobacco-related-products/smokeless-tobacco-products [Accessed 30 Mar 2022].
- 8 Australian Border Force. Prohibited goods Tobacco, 2022. Available: https://www.abf.gov.au/importing-exporting-and-manufacturing/prohibited-goods/categories/tobacco#:~:text=Cigars%2C%20chewing%20tobacco%20and%20snuffs%20intended%20for%20oral%20use%20(up,order%20to%20receive%20their%20items [Accessed 30 Mar 2022].
- 9 Beverly Hills. Information for Businesses, 2021. Available: http://www.beverlyhills.org/ citymanager/smokinginformation/informationforbusinesses/ [Accessed 20 Sep 2021].
- 10 City of Manhattan Beach. Smoke free MB, 2021. Available: http://www.beverlyhills. org/citymanager/smokinginformation/informationforbusinesses/ [Accessed 20 Sep 2021].
- 11 Youth Law Australia. Alcohol, 2021. Available: https://yla.org.au/vic/topics/teen-issues/alcohol/ [Accessed 23 Aug 2021].
- 12 Victorian Government Department of Health and Human Services. Specialist Tobacconist guide, 2022. Available: https://www.health.vic.gov.au/sites/default/files/ migrated/files/collections/policies-and-guidelines/1/specialist-tobacconist-guide.pdf [Accessed 30 Mar 2022].
- 13 Baker J, Masood M, Rahman MA, et al. Levels of support for the licensing of tobacco retailers in Australia: findings from the National drug strategy household survey 2004-2016. BMC Public Health 2020;20:773.
- 14 Australian Institute of Health and Welfare (AIHW). National drug strategy household survey (NDSHS) 2019. data tables. 2. Tobacco smoking chapter, supplementary data tables, 2020. Available: https://www.aihw.gov.au/reports/illicit-use-of-drugs/nationaldrug-strategy-household-survey-2019/data [Accessed 30 Mar 2022].
- 15 Edwards R, Johnson E, Stanley J, et al. Support for New Zealand's Smokefree 2025 goal and key measures to achieve it: findings from the ITC New Zealand survey. Aust N Z J Public Health 2021;45:554–61.
- 16 Smith TT, Nahhas GJ, Borland R, et al. Which tobacco control policies do smokers support? Findings from the International tobacco control four country smoking and Vaping survey. Prev Med 2021;149:106600.

- 17 Nogueira SO, Driezen P, Fu M. Beyond the European Union tobacco products Directive: smokers' and recent quitters' support for further tobacco control measures (2016-2018). *Tob Control* 2022;31:765–9.
- 18 Greenhalgh E, Bayly M, Hanley-Jones S. 1.12 Prevalence of use of different types of tobacco product Tobacco in Australia: Facts & issues, 2022. Available: https://www. tobaccoinaustralia.org.au/chapter-1-prevalence/1-12-prevalence-of-use-of-differenttypes-of-tobac [Accessed 30 Mar 2022].
- 19 Grace C. 11.3 Commonwealth (national) legislation. Tobacco in Australia: Facts & issues, 2022. Available: www.tobaccoinaustralia.org.au/chapter-11-advertising/11-3-commonwealth-legislation [Accessed 30 Mar 2022].
- 20 Grace C. 11.4 State and territory legislation. Tobacco in Australia: Facts & issues, 2022. Available: https://www.tobaccoinaustralia.org.au/chapter-11-advertising/11-4-state-and-territory-legislation [Accessed 30 Mar 2022].
- 21 Scollo M, Bayly M, Wakefield M. Plain packaging: a logical progression for tobacco control in one of the world's 'darkest markets'. *Tob Control* 2015;24:ii3—8.
- 22 Scollo M, Hippolyte D, Lindorff K. 12A.1 History of health warnings in Australia. Tobacco in Australia: Facts & issues, 2022. Available: https://www.tobaccoinaustralia. org.au/chapter-12-tobacco-products/attachment-12-1-health-warnings/12a-1-history-health-warnings [Accessed 30 Mar 2022].
- 23 Grace C. 15.7 Legislation to ban smoking in public spaces. Tobacco in Australia: Facts & issues, 2022. Available: https://www.tobaccoinaustralia.org.au/chapter-15-smokefree-environment/15-7-legislation [Accessed 30 Mar 2022].
- 24 Scollo M, Bayly M. 13.3 The price of tobacco products in Australia. Tobacco in Australia: Facts & issues, 2022. Available: https://www.tobaccoinaustralia.org.au/ chapter-13-taxation/13-3-the-price-of-tobacco-products-in-australia [Accessed 30 Mar 2022].
- 25 Scollo M. 13.4 The affordability of tobacco products. Tobacco in Australia: Facts & issues, 2022. Available: https://www.tobaccoinaustralia.org.au/chapter-13-taxation/13-4-the-affordability-of-tobacco-products [Accessed 30 Mar 2022].
- 26 Australian Government Department of Health. About e-cigarettes, 2022. Available: https://www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/about-e-cigarettes [Accessed 30 Mar 2022].
- 27 Australian Government Department of Health. Quitting methods, 2022. Available: https://www.health.gov.au/health-topics/smoking-and-tobacco/how-to-quit-smoking/quitting-methods#nicotine-replacement-therapy-nrt [Accessed 30 Mar 2022].
- 28 Brennan E, Durkin S, Scollo MM, et al. Public support for phasing out the sale of cigarettes in Australia. Med J Aust 2021;215:471–2.
- 29 Swanson M, 2020. Time to talk about phasing out sale of tobacco products. The West Australian. Available: https://edition.thewest.com.au/html5/shared/ShowArticle.aspx? doc=WAN%2F2020%2F07%2F31&entity=Ar03202&sk=E3B375CB&mode=text
- 30 Hayes L, Wakefield MA, Scollo MM. Public opinion about ending the sale of tobacco in Australia. *Tob Control* 2014;23:183–4.
- 31 Bayly M, Carroll T, Cotter T. 14.3 Public education campaigns to discourage smoking: the Australian experience. Tobacco in Australia: Facts & issues, 2022. Available: https://www.tobaccoinaustralia.org.au/chapter-14-social-marketing/14-3-tobacco-control-campaigns-in-australia-experi [Accessed 30 Mar 2022].
- 32 Halkjelsvik T. Do disgusting and fearful anti-smoking advertisements increase or decrease support for tobacco control policies? Int J Drug Policy 2014;25:744–7.
- 33 Niederdeppe J, Kellogg M, Skurka C, et al. Market-level exposure to state antismoking media campaigns and public support for tobacco control policy in the United States, 2001–2002. Tob Control 2018;27:177–84.
- 34 Diepeveen S, Ling T, Suhrcke M, et al. Public acceptability of government intervention to change health-related behaviours: a systematic review and narrative synthesis. BMC Public Health 2013;13:756.