

Public Opinion on access to tobacco

Background

Smoking is a complex issue that requires comprehensive approaches to help change smoking behaviour. These approaches include legislation and policy changes, enforcement, health promotion, and cessation support. A key strategy to reduce the harm from tobacco is to limit the access to tobacco, thereby reducing its ubiquitous supply. Limiting access to tobacco has also been seen as a key way to reduce smoking initiation, although it may also have benefits of promoting cessation.¹

Methodology

To regularly monitor public opinion about tobacco control and aid the development of appropriate health promotion strategies, respondents in the 2012 Health and Lifestyles Survey (HLS) answered a few questions on their opinion on strategies to reduce access to tobacco. Responses to all questions were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree' (see Figure 1). Responses to these questions were compared by smoking status (current smokers: those who smoked at least monthly, ex-smokers, and never smokers), ethnicity, neighbourhood deprivation status, age, gender,

and educational background. Statistically significant differences by group ($p < .05$) are reported.

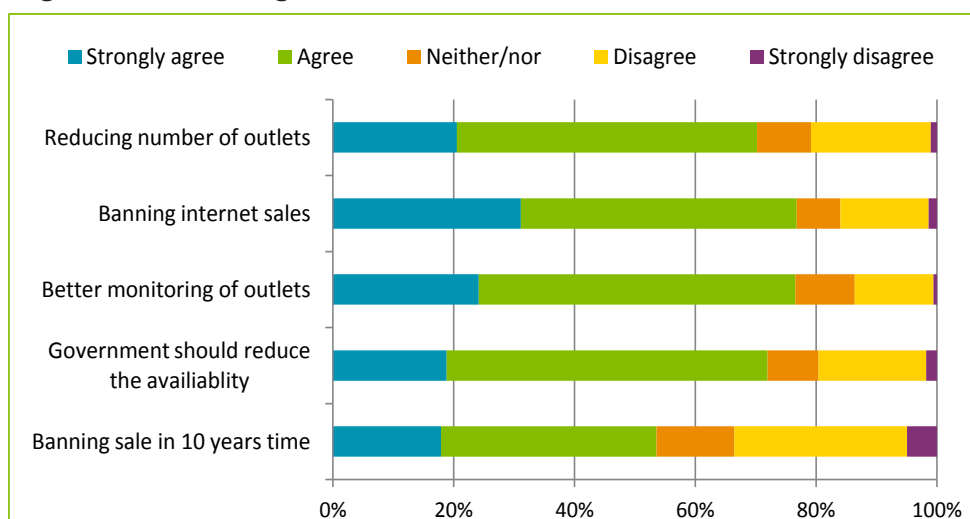
Opinion about reducing outlets

All participants were asked about their level of agreement with the statement that 'The number of places allowed to sell cigarettes and tobacco should be reduced to make them less easily available'. Seven in 10 (70%, 68-73%) respondents 'agreed' (50%, 47-53%) or 'strongly agreed' (21%, 18-23%) with this statement. About one in 10 (9%, 7-11%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Never smokers (81%), compared with current smokers (45%) and ex-smokers (70%).
- Pacific peoples (81%), compared with European/ Other (71%).
- European/Other (71%), compared with Māori (60%).
- Females (75%), compared with males (65%).

Figure 1. Level of agreement with statements around access to tobacco



Opinion about internet sales

All respondents were asked about their level of agreement with the statement that 'Shops should not be allowed to sell cigarettes or tobacco via the internet'. Around three-quarters (77%, 74-79%) of respondents either 'agreed' (46%, 42-49%) or 'strongly agreed' (31%, 28-35%) with this statement. Less than one in 10 (7%, 5-9%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Never smokers (81%), compared with current smokers (62%).

Opinions about monitoring

All respondents were asked about their level of agreement with the statement that 'Businesses that sell tobacco should be monitored better'. Around three-quarters (77%, 74-79%) of respondents 'agreed' (52%, 49-56%) or 'strongly agreed' (24%, 21-27%) with this statement. One in 10 (10%, 8-12%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Never smokers (81%), compared with current smokers (64%).
- Pacific peoples (86%) and Asian people (90%), compared with European/Other (76%).
- People with university qualifications (82%), compared with those with no formal qualifications (70%).

Opinions about government's role in reducing availability

All respondents were asked about their level of agreement with the statement that 'The Government should take action to reduce the availability of cigarettes and tobacco'. Around seven in 10 (72%, 69-75%) respondents 'agreed' (53%, 50-56%) or 'strongly agreed' (19%, 16-21%) with this statement. About one in 10 (8%, 7-10%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Never smokers (80%), compared with current smokers (49%).
- Pacific peoples (82%), compared with European/Other (71%).

Opinions about banning sale in 10 years time

All respondents were asked about their level of agreement with the statement that 'Cigarettes and tobacco should not be sold in New Zealand in 10 years' time'. Around one-half (54%, 50-57%) of respondents 'agreed' (36%, 33-39%) or 'strongly agreed' (18%, 16-20%) with this statement. About one in 10 (13%, 11-15%) 'neither agreed nor disagreed'.

Respondents who were more likely to 'agree' or 'strongly agree' with the statement were:

- Never smokers (63%), compared with current smokers (34%) and ex-smokers (53%).

Key points

- The majority of New Zealand adults agreed with a range of different potential measures to reduce the availability and access to tobacco. Broadly speaking, seven in 10 New Zealand adults agreed that tobacco should be made less easily available.
- Across all five question areas, never smokers were consistently more likely to agree with introducing measures to limit access to tobacco when compared with current smokers.
- Different patterns in response were also seen by ethnicity, with typically Pacific and Asian peoples being more supportive of measures to reduce access to tobacco.

About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2012 HLS consisted of a sample of 2,672 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol.
- In 2012, the main sample, with a response rate of 86.3%, included 1,539 people of European/Other ethnicity, 619 Māori, 387 Pacific peoples and 127 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were as follows:
 - Smoking status (current smokers and ex-smokers, compared with never smokers).
 - Ethnicity (Māori, Pacific and Asian compared with European/Other ethnicity).
 - Neighbourhood deprivation status (NZDep 8-10 and NZDep 4-7, compared with NZDep 1-3).
 - Age (25-34 years, 35-54 years, and 55+ years, compared with 15-24 years).
 - Gender.
 - Educational background (no formal qualifications, School Certificate/NCEA level 1, and UE/NCEA levels 2-3/trade certificates, compared with university qualifications).

About the HPA

The HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, and prevent disease, illness and injury. It also enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

References

1. Chapman, S., & Freeman, B. (2009). Regulating the tobacco retail environment: Beyond reducing sales to minors. *Tobacco Control*, 18, 496–501.

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