



20 April 2010

John Stribling,
Ministry of Health,
PO Box 5013,
Wellington

Dear John,

Proposal To Ban Tobacco Retail Displays In New Zealand

Thank you for your invitation to make a submission on this proposal.

As a long-term supporter of smokefree action, the Public Health Association welcomes the proposal from Minister Turia to ban tobacco retail displays. We provided a submission in 2008 and we are very pleased to see that this proposal is being developed further.

Banning tobacco retail displays, especially in dairies and convenience stores where they are highly visible to tamariki and rangatahi, would be a step in de-normalising tobacco use. It would also address the concern of many people who quit tobacco use that displays make it harder for them to continue staying smokefree.

Who we are

The Public Health Association of New Zealand (PHA) is a voluntary association which provides a major forum for the exchange of information and stimulation of debate about public health in New Zealand. Membership of PHA is open to individuals interested in public health. Members belong to the public, private and voluntary sectors. In addition to membership fees, donations and other earnings, the PHA has had a contract with the Ministry of Health to encourage and facilitate informed debate on key public health issues, and to enhance development of the public health workforce. The PHA is a member of the World Federation of Public Health Associations.

Public health is defined as actions to improve, promote and protect the health of the whole population '*through the organised efforts of society*'¹.

¹ Acheson D. (1998). Independent inquiry into inequalities in health. London: HM Stationery Office.

The PHA operates in accordance with the Treaty of Waitangi. We partner with Māori in our decision making, and recognise the rights Te Tiriti affords Māori as the indigenous people of Aotearoa/New Zealand. Our vision is “Good health for all - health equity in Aotearoa”, or “Hauora mō te katoa – oranga mō te Ao”.

Specific questions

1. In general terms, do you support the proposals set out in section 3 of this document? Please indicate which option(s) you prefer and why.

In general terms the PHA supports the direction of the proposal.

2. If you do not support the proposals as a whole, what specific elements of the proposals do you support / not support, and why?

3. What alternatives or amendments to the existing proposals would you suggest, and why?

We believe that the proposal should

- (i) not contain special conditions for specialist tobacco retailers
- (ii) require all retailers to adopt closed drawers /under counter storage

4. Would you support a different level of regulation being applied to specialist tobacco retail outlets versus retail outlets generally? Why / Why not?

In particular we do not support the notion that the greater the proportion of income from tobacco the more a retailer may display. In other words, we do not support a separate category for “specialist tobacco retail outlets”.

As we noted in our 2008 submission:

- *That a complete ban on the retail display of tobacco products and associated imagery is consistent with health messages. It will contribute to de-normalising smoking behavior, especially amongst young people.*
- *That a complete ban on all tobacco displays is easier to comply with and easier to enforce than limited restrictions.*

In relation to enforcement regulatory powers must be effective and efficient. It is not a good use of smoke-free officers’ time to consider the financial records of businesses.

5. If a ban on tobacco retail displays was implemented, what transition time would you support for retail outlets generally, and for specialist tobacco retail outlets specifically?

There should be a very short transition time (such as three months) to the initial “covered at all times” state (Part c).

The “more demanding requirements – under counter /drawers” (Part d) should be required of all retailers within a fixed time, such as 12 months.

There should not be any “Specialist tobacco retail outlet” category so there should be no need for differential treatment.

6. What are the practical limitations (excluding transition timing), if any, to modify different types of retail cabinetry and units that store and display tobacco products, as set out in section 3 of this letter?
7. What are the practical limitations (excluding transition timing), if any, to replace retail cabinetry and units that store and display tobacco products so that tobacco products are stored under counters, in drawers or in vending units operated by the retailers (or in another manner that prevents products being visible at any time other than when being handed to a customer)?
8. Is handing a customer a list of products and prices a practical strategy for assisting customers to select tobacco products in the absence of visible displays and if not, why? Are there any practical difficulties in implementing such a strategy? If so, what?

Any “practical considerations” are insignificant in comparison with the harm posed by tobacco.

9. What gross revenue target (if any) should define whether a retail outlet is entitled to operate as a specialist tobacco retail outlet and thus display a limited number of tobacco products? Is there an alternative approach that could be considered?

10. Should smoke-free officers be given a power to require the provision of information to enable them to legally display a limited number of tobacco products as a ‘specialist tobacco retail outlet’? Why?/Why not? Under what circumstances should such a power be able to be exercised? Can you suggest another mechanism for determining whether a retail outlet meets the requirements of a ‘specialist tobacco retail outlet’?

There is no reason to have a separate category for “Specialist tobacco retail outlet”. If, however, the proposal goes ahead with a separate category of retailers able to display tobacco products, then there must be a way to ensure

- (a) that very few retailers meet the criteria to allow additional displays
- (b) that it is difficult to “game” the information required to meet the criteria to become “Specialist tobacco retail outlets”.

11. What would be the cost of modifying your existing tobacco storage and display units to comply with the proposals set out in section 3 of this letter? In providing a response to this question, please provide the context for any costs given, for example:

The cost of modifying one [description of type of unit], most commonly used in a [type of retail outlet] in the following ways [define what sort of modification(s) would be contemplated – eg, frosted glass, installation of roller door, etc] is [\$x]. This cost is broken down as follows: [if possible outline component costs, for example, design, installation (materials, labour), other]. A typical retail outlet would have [number] of such units. The total cost for our [premises / sector] is therefore estimated at [\$cost]. There are also other non-financial costs. These include: [identify other costs such as cost to communicate

required changes, time to understand and initiate the required changes, down-time should that be required, disruption as a result of modifications, etc].

12. When replacing displays during shop refits or installing new displays when establishing a retail outlet, what would the cost be of installing new tobacco storage and display units within your retail outlet(s)? In providing a response to this question, please provide the context for any costs given (see example above). If a new shop, please indicate any additional costs beyond the usual cost of standard tobacco display cabinetry.

No comment.

13. Do you think that there should be a phase-out period for all tobacco cabinetry other than storing tobacco products under the counter, in drawers or in vending machines and over what time period would you suggest this should occur, for example, 3, 5, 10, or 15 years?

As above, question 5.

The “more demanding requirements – under counter /drawers” (part d) should be required of all retailers within a fixed time, such as 12 months.

14 - 16.

No comment.

If you would like to discuss any of these responses, please contact me at the office, or on my cell phone 027 3414 708.

Yours sincerely

G.M. Keating
National Executive Officer