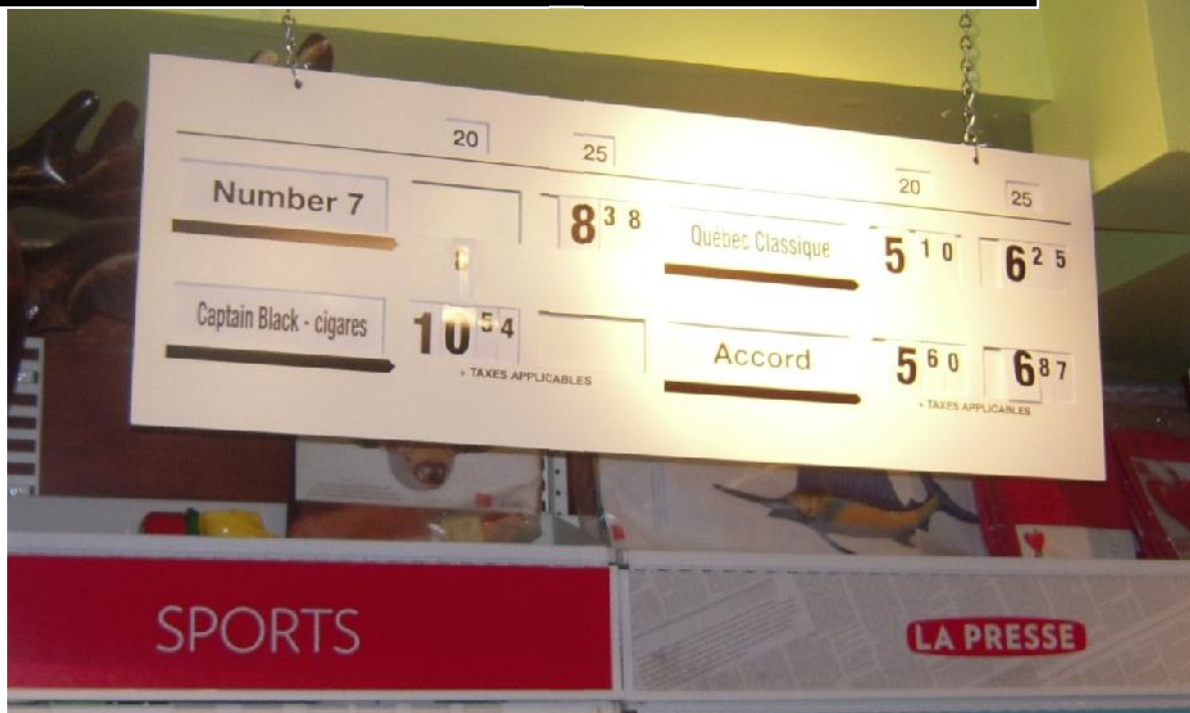


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REDUCING THE AVAILABILITY OF TOBACCO PRODUCTS AT RETAIL: POLICY ANALYSIS



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REDUCING THE AVAILABILITY OF TOBACCO PRODUCTS AT RETAIL: POLICY ANALYSIS

Introduction

Many in the Canadian and global tobacco control communities believe the time has come for a significant restructuring of the retail environment for tobacco products.¹ Step-wise measures to control the way in which tobacco products are marketed and sold at retail have been implemented for decades, beginning with prohibitions on the sale of tobacco products to minors. Over the past twenty years there have also been progressive prohibitions on the types of outlets that may sell tobacco products, notably establishments that are primarily focused on promoting health and serving the needs of youth. Tobacco sales are now prohibited in pharmacies in all Canadian provinces/territories, with the exception of BC and Manitoba, beginning with Ontario in 1995.² Furthermore, from 2002 to 2010, all Canadian provinces and territories implemented prohibitions on the display and promotion of tobacco products in retail outlets. Despite these advances, tobacco products continue to be available 24 hours a day, seven days a week in most communities in Canada, sold in essentially every corner store, gas station and grocery store, as well as a myriad of other outlets.

How Many Tobacco Vendors Are There in Canada?

The precise number of points-of-sale for tobacco products in Canada is not known because not all governments require tobacco retailers to submit to some form of registration. Moreover, none of the estimates includes the several hundred smoke shacks and black market distribution channels for contraband tobacco. While illegal, these outlets nonetheless serve to increase the availability and accessibility of tobacco, in particular cigarettes priced substantially below market value. A 2006 report by Health Canada estimates that there are 60,000 points-of-sale in Canada, including vending machines.³ This figure is considerably higher than most other estimates, which suggest a total of closer to 35,000 vendors. A 2010 report by the Smoke-Free Ontario Scientific Advisory Committee, based on input from a provincial government official, states that there are 14,500 outlets in Ontario.⁴ Given that Ontario accounts for 40% of the Canadian tobacco market, this would mean that there are just over 36,000 vendors in Canada. A similar figure comes from tobacco manufacturer Rothmans, Benson & Hedges (RBH). In its 2008 Annual Information Form, RBH indicated that there were approximately 32,000 tobacco outlets across the country, with about 22,000 accounting for 91% of domestic tobacco sales.⁵ This number is consistent with the contention of the Canadian Convenience Stores Association that there were just over 23,000 convenience stores in Canada in 2010. Because this figure does not take into account grocery stores and the

myriad of small volume sellers across the country, the total number of tobacco retailers is somewhat higher.⁶

While the exact number of retailers is not known, what is certain is that the number and types of tobacco vendors have decreased over the past decade. There are several reasons for this, in particular, the prohibitions on tobacco sales in certain types of outlets.⁷ In Quebec, for example, the number of retailers declined from 19,500 in 2003 to 7,500 following the entry into force on 31 May 2006 of the prohibition against tobacco sales in various venues, including mobile vendors and restaurants and bars.⁸ Another reason for the declining number of vendors is that increasing controls on tobacco sales practices have motivated some retailers with low sales volumes to stop selling tobacco. In addition, economic challenges facing the convenience store sector, including the growth in the contraband market, the increase in credit card fees, and “channel blurring” (increased competition for convenience food sales from a variety of store types), have led to store closures.⁹

To put the number of tobacco retailers in perspective, it is useful to compare the number of smokers per retailer with the number of alcohol consumers per alcohol vendor (both on- and off-premise outlets). The province of Ontario was chosen as an example, because alcohol sales in Canada are regulated provincially and because Ontario is the most populous province.

In 2009 there were approximately 14,500 tobacco vendors in Ontario.¹⁰ The rate of current smoking in Ontario was 15.4%, giving a population of 1.65 million smokers age 15 and over.¹¹ This means there was one tobacco vendor for every 114 smokers in the province. In contrast, 79% of Ontarians age 15 and over use alcohol.¹² They obtained alcohol from some 16,663 licensed establishments¹³ and 1,757 off-premise outlets (including LCBO stores, Brewers Retail stores, winery stores, LCBO agency stores in small communities, on-site brewery stores, duty-free outlets, on-site distillery stores, and make-your-own beer/wine outlets).¹⁴ This represents one liquor outlet for every 460 alcohol consumers. In other words there four times more vendors of tobacco per consumer than alcohol, and yet tobacco use causes four times more deaths, 75% more hospital days, and 30% more direct health care costs.¹⁵

Why Focus on Reducing Retail Availability?

While significant progress has been achieved in reducing tobacco consumption over the past twenty years, the US Institute of Medicine, in its seminal report *Ending the Tobacco Problem: A Blueprint for the Nation*, makes the case that continued success in reducing tobacco use and the ensuing illness and death demands a new and more radical response, including strict regulation of tobacco retail marketing and sales practices:¹⁶

“The committee believes that substantial and enduring reductions in tobacco use cannot be achieved simply by expecting past successes to

continue. Continued progress will require the persistence and nimbleness needed to counteract industry innovations in marketing and product design as well as the larger cultural and economic forces that tend to promote and sustain tobacco use. The challenge is heightened by the fact that the customary tools of tobacco control may not be effective in reducing use among some tobacco users. Any slackening of the public health response not only will reduce forward progress but also may lead to backsliding.”

To this end, the *Blueprint* calls upon federal and state legislators to “enact legislation regulating the retail point of sale of tobacco products for the purpose of discouraging consumption of these products and encouraging cessation.”

There are many arguments in support of reducing the availability of tobacco products at retail. There is no question that the ubiquity of retail stores that sell tobacco products, particularly in urban environments, serves to normalize tobacco products and hence tobacco use. As well, the widespread availability of tobacco products undermines the health risk messaging of government authorities and health groups. Research on risk perception shows that contextual cues play a significant role in shaping understanding of the magnitude of a hazard. In the case of particularly dangerous products, it is thus important for information and contextual cues to correspond.¹⁷ At present, there is a significant discord between the risk information the government provides about tobacco products, for example tobacco package health warnings, and the contextual cues at the point of sale which suggest that tobacco products are commonplace, relatively banal products. While youth access initiatives and retail display bans have contributed to changing the contextual cues that have warped public perceptions of the dangers of tobacco use, much more needs to be done when tobacco products are available for purchase around the clock in essentially every corner store, gas station and grocery store, places where people go to buy the necessities of life.

Fewer outlets would also serve to enhance enforcement efforts. It is clear that the greater the number of outlets, the thinner enforcement resources are spread, leaving authorities less able to police the various federal, provincial and municipal laws and regulations related to the promotion and sale of tobacco products.

Based on fundamental laws of supply and demand and the experience with policies that limit or liberalize the sale of other consumer goods, primarily alcohol, tobacco control researchers posit that the widespread availability of tobacco increases tobacco consumption. There are many logical reasons why this would be true. Competition among many retailers for tobacco sales results in lower prices. And easy access reduces the total cost of use (the price plus other factors such as transportation cost and time). By providing frequent cues to smoke, ubiquitous outlets prompt impulse buys among experimental and occasional smokers and smokers trying to quit. For former smokers, receiving cues to smoke in places where they regularly shop also contributes to high levels of recidivism.

This paper examines the research evidence to assess the hypothesis that the widespread availability of tobacco products for sale increases consumption and its corollary that reducing the availability of tobacco products for sale in retail outlets would decrease use. Given that it is very difficult to measure a direct impact on consumption from most tobacco control interventions, it is equally important to assess other anticipated benefits from reducing the availability of tobacco at retail. These benefits include increasing public understanding of the risks inherent in tobacco use, changing attitudes toward tobacco products and tobacco companies, and reducing the social acceptability of tobacco use—all of which have been shown to be important precursors to changing tobacco consumption.

Methodology

An extensive search was conducted of peer-reviewed journals and grey literature for research and policy analyses related to the retail sales environments for tobacco products and alcohol.

Peer-reviewed literature was identified through Google Scholar using the search terms “tobacco,” “alcohol,” “retail,” and “control.” Titles and abstracts were scanned for relevance. Additional articles were obtained through a ‘snowball’ procedure, following references and performing a search for “related articles” of the most relevant articles.

The review of the grey literature included searches of key tobacco control sites, including the Ontario Tobacco Research Unit, Physicians for a Smoke-Free Canada, the California Technical Assistance Legal Center, Americans for Non-Smokers’ Rights. Several basic key word searches on Google and Google News were also performed to look for relevant news articles, including “tobacco AND sales AND (ban OR prohibit)” and “(tobacco OR cigarette) AND (retailer OR store OR outlet) AND (licence OR license)”.

Policy Options to Reduce Retail Availability

Several policy options have been proposed to reduce the retail availability of tobacco products:

Licensing: Requiring all tobacco retailers to possess a valid licence and imposing various conditions on the licence to gradually reduce the availability of tobacco products. One such condition that would have an impact on availability in the short-term would be to mandate limits on the hours and/or days during which tobacco can be sold.

A more substantial reduction in availability could be achieved by capping the total number of available licences in a jurisdiction and then reducing this number over time. However, to ensure that the benefits to public health are maximized, it may not be sufficient to reduce the total number of tobacco retailers; it may be necessary to limit the

density of retailers in a given area, not just the number. There are several different definitions of outlet density in the research: number of retailers per neighbourhood or zone; number of retailers per x population in a given geographic area (by neighbourhood, by zone or by size); and minimum distance between retailers.¹⁸ The Ontario Tobacco Research Unit defines outlet density as “number of places selling tobacco expressed as a ratio by population or geographic area, e.g., 10 outlets per 500 population, 15 outlets per city block.”¹⁹

Once the goal has been determined, there are various means by which the number and/or density of vendors could be decreased:

- by attrition;
- by not permitting any new licences or limiting the total number of licences in new developments;
- by not renewing the licences of retailers who contravene tobacco control laws;
- by not granting new licences to a particular class of trade, such as pharmacies. Pharmacies are an obvious choice, because of the fundamental incongruity between the role of pharmacist as a health care provider and the sale of an addictive, deadly product. Another possibility would be to ban sales in a class of trade if there is evidence of consistently higher rates of non-compliance with tobacco sales laws;
- by holding a lottery for the limited number of available licences to determine which retailers have the right to continue selling tobacco;²⁰
- by auctioning off the limited number of available licences to the highest bidders.²¹

Zoning: Zoning is another means by which the availability of tobacco products could be reduced, for example, by setting limits on the number of retailers per zone; by permitting new retailers only in zones with specific classifications, such as light industrial; and by not permitting any tobacco retailers within a certain distance of elementary and high schools.

Government-controlled outlets: A third policy option is to restrict tobacco sales to a limited number of controlled outlets, a model that is used for the sale of alcoholic beverages (with limited exceptions) in the province of Ontario.

The options of using licensing and zoning will be examined in this paper; the third option will be considered in a separate policy analysis. Although political feasibility is an important consideration in assessing the merits of various options, including the source and influence of the anticipated opposition, an in-depth analysis of these issues is beyond the scope of this paper.

Licensing

The role of licensing

In many countries, local governments license private sector businesses to regulate their activities, to raise revenue, or both.²² Regulatory control is justified to overcome market failures and protect public health and safety and falls under the regulatory or police powers of local governments. In contrast, licensing for revenue generation purposes falls under the taxing or proprietary powers of local governments. In theory, licensing for regulation and for revenue should be clearly distinguished; in practice, however, the distinction is often blurred. It is a general principle that when a licence is primarily for regulatory purposes, the fee should be limited to covering the costs of administering and enforcing the regulation. In the United States, the United Kingdom and elsewhere, this principle is frequently written into law and court decisions have attempted to enforce it. However, definitional issues and limited information on the actual costs of administering a licence mean that it is often difficult to determine whether the fees reflect cost recovery or in fact generate revenue. A business license that serves primarily as a source of revenue needs to be considered within the broader context of local business taxation.

When governments mandate that an activity be licensed for regulatory purposes, the regulated activity is considered a privilege and not a right, and governments typically require that certain conditions be met in order for the privilege to be granted and sustained:^{23,24}

- payment of a fee
- background checks
- mandatory training and/or proof of qualification
- compliance with rules regulating how and/or when the activity is carried out.

Current tobacco retailer licensing provisions

Numerous jurisdictions in Canada and across North America require tobacco retailers to be licensed. In the US, 37 states require retailers to have a licence for both over-the-counter sales and vending machine sales; while 8 states do not require tobacco retailers to be licensed at all.²⁵ The terms and conditions as well as the rationale for these licences vary considerably, as shown in the table in Appendix B. In many cases, licensing is under the purview of the provincial/state revenue agency and its main purpose is to promote compliance with tax laws. Tobacco retailers are often licensed as well by municipal governments as a means of monitoring compliance with local business regulations and/or raising revenues.

Beginning in the 1990s, some jurisdictions have been using licensing as a tool to encourage compliance with legislation prohibiting tobacco sales to minors. In addition to

finer, retailers violating the law can lose their licence and thus the privilege of selling tobacco products for varying lengths of time or permanently. While the research is clear that the penalty for violation of the law has to be stringent enough to promote compliance, judges have shown a reluctance to suspend a retailer's licence and there are relatively few examples of permanent loss of licence.^{26,27,28} As well, licence fees are rarely set high enough to serve as a deterrent and to generate adequate funding for effective enforcement. (See table in Appendix B.) In Canada, eleven provinces/territories require some form of tobacco retailer licence/certificate, but only two impose a fee (New Brunswick and Nova Scotia), and only in the case of Nova Scotia are the terms meaningful. Various municipalities in the provinces of Alberta and Ontario also require retailers to hold licences. The Alberta community of St. Albert leads the way in Canada with the highest annual licence fee, at \$500, and a few Ontario cities, including Hamilton and Ottawa, charge several hundred dollars per year.

The inadequacies of most tobacco retailer licensing schemes are underscored by the marked differences in the typical requirements to obtain a liquor licence compared to a tobacco licence. In Worcester, Massachusetts, for example, applicants for a liquor licence must complete a nineteen-page form, provide a list of owners of neighbouring properties who must be notified of the application, fill out a dozen additional forms, show proof of citizenship, not have a criminal record, and pay \$300 in filing fees and up to \$3,000 for the licence itself. As well, all applicants must appear before the License Commission where interested parties have the opportunity to show evidence as to why the licence should not be issued, including evidence that an area already has sufficient licences to meet the demand. In contrast, applicants for a tobacco permit must fill out a one-page form, pay a \$100 annual fee, and prove that they are contributing to workers' compensation.²⁹

In the province of Ontario, the differences in requirements to obtain a liquor licence as compared to a tobacco retailer's licence are equally striking. Anyone wanting to sell alcoholic beverages on-premises must apply to the Registrar of the Alcohol and Gaming Commission of Ontario for a Liquor Sales Licence.³⁰ The applicant must complete a detailed six-page application, as well as other supporting documents, and pay a fee of \$1,055 for a new licence. (The initial sales licence is valid for two years; thereafter, the licence must be renewed every three years at a cost of \$450.)³¹ The process takes a minimum of six to eight weeks and may take longer if there is a public objection to the licence. To this end, the public is given notice of the application for a liquor licence, via a store-front notice and mandatory advertising in the local newspapers at the applicant's expense.

When deciding whether a liquor licence should be granted, the Registrar takes the following factors into consideration:³²

- effect on residential neighbours;
- the applicant's previous experience;
- the financial viability of the business;

- whether the premises complies with the *Liquor Licence Act and Regulations*, municipal zoning bylaws, fire and health laws;
Note that separate letters of approval are required from building, fire, and health authorities.
- whether the establishment offers a variety of meals;
- whether the municipality allows the sale of wine, beer and/or spirits;
Note a municipal officer is required to complete a form indicating the community's current alcohol sales policy (wet, damp, or dry) and offering the municipality the opportunity to indicate whether there are any concerns related to zoning issues, non-compliance with bylaws or any other objections.
- the applicant's criminal record.

In contrast, while the Ontario government requires all tobacco retailers to have a valid tobacco retail dealer's permit issued by the Revenue Ministry under the *Tobacco Tax Act*, applicants must simply complete a three-page application form that asks for basic business information. There is no fee for this permit.

There is another notable difference in the requirements to obtain a liquor sales licence. All new licence applicants, as well as all managers, servers of alcohol, and security staff, must undergo *mandatory* training and earn a Smart Serve certificate. Further, the Alcohol and Gaming Commission can order individuals to repeat the training as part of a penalty for non-compliance with the law.³³ Although preventing youth from having access to tobacco products is usually a primary goal of licensing tobacco retailers and other tobacco control retail policies such as display bans, there is no similar requirement that tobacco sellers undergo mandatory training. Under the *Smoke-Free Ontario Act*, the owner of a business where tobacco was sold to a minor is deemed liable for the sale unless the owner "exercised due diligence to prevent such a contravention." The legislation does not specify, however, what constitutes due diligence, and thus it is left to the discretion of the courts to determine if an owner exercised due diligence.

The federal *Tobacco Act* is silent on the need for proprietors to exercise due diligence, such as by regular training of staff, in order to prevent youth from acquiring tobacco. As a result, retailer training to ensure compliance with laws intended to reduce the accessibility of tobacco products, and in particular to protect youth from unnecessary exposure, is voluntary. Moreover, any retailer training that does take place is conducted under the auspices of the employer or the "We Expect ID" age verification program of the Canadian Convenience Stores Association, an organization whose members have a vested interest in selling tobacco.

Better and innovative practices in tobacco retailer licensing

A comprehensive report on retailer licensing for the government of Australia by The Allen Consulting Group provides evidence-based recommendations concerning the key elements of a retailer licensing system:³⁴

- Licences should be held by all wholesalers and retailers of tobacco.
- Compliance with general tobacco control laws should be the minimum operational standard required by a licence holder.
 - There should be scope for conditions to be applied to licences where this supports compliance with tobacco control laws.
- Parties applying for a licence should be required to confirm that they have read, understood, and agree to abide by, the applicable laws regarding tobacco sales.
- Tobacco wholesalers should be required to sell only to licensed retailers/wholesalers and to provide the regulatory agency with a list (on request or periodically) of the wholesalers/retailers to whom they have supplied tobacco.
- Retailers should be required to purchase only from licensed tobacco wholesalers.
- Each licence should apply to a particular venue (or vending machine).
- The licence should be prominently displayed at each tobacco premises.
- Licence fees should be set to recover only those costs associated with:
 - administration of the licensing regime;
 - enforcement of the licences, including inspections and compliance checks;
 - provision of licensing-related information to customers and the public; and
 - provision of information to applicants and licensees to ensure their compliance.
- A licence should be able to be refused or withdrawn if a responsible person has been found to have contravened any tobacco control laws.
- Tobacco sales licensing should be seen as a health measure and hence should be controlled by health officials.
- There should be a graduated penalty structure that includes warnings, administrative penalties, prosecutions, licence suspension, and scope for licence withdrawal.

Note that the report was written almost ten years ago at a time when the number of retailers in Australia was declining; for this reason the authors did not feel it was necessary to recommend at that point in time restricting the number of licences.

Clearly the requirements to obtain a tobacco retailer licence and the conditions of licensing could—and should—be expanded to achieve tobacco control policy objectives beyond the prohibition against sales to minors, including reducing the number of retail outlets. In California, violation of *any* local or state tobacco-related law constitutes a violation of the retail licensing conditions; thus retailer licensing ordinances provide local

officials with a streamlined means of imposing strong penalties on retailers who fail to comply with any existing law that applies to tobacco sales.³⁵

The requirement that all tobacco retailers possess a valid licence also enables authorities to maintain a relatively accurate database of outlets selling tobacco in their jurisdiction. A complete, up-to-date list of tobacco retailers is the first step in using licensing to restrict the number of outlets that sell tobacco products, whether on the basis of zone, retailer density, infraction history, or attrition.

In 2010, the California Technical Assistance Legal Center (TALC) produced a set of recommendations that would not only serve to reduce the number of outlets, but would also over time reduce the proximity of outlets to homes and schools and would help to end the circumvention of smoking bans in restaurants and bars by establishments offering waterpipe (hookah) smoking.³⁶

- No licence for a new significant tobacco retailer (e.g. a tobacconist)
- No license for a restaurant or bar
- No licence for a business that allows smoking anywhere on the premises (this would preclude hookah bars from selling tobacco products and paraphernalia)
- No licence for addresses in residential zones
- No licences near schools and areas with a high youth population
- Limits on the number of licences granted according to the population and density of a zone.

In recent years, several jurisdictions have begun exploring the possibility of using retailer licensing to meet a broader range of tobacco control goals. Three such innovative proposals are profiled in this report—in the cities of San Francisco, California, and Buffalo, New York, as well as New York State. While each of these proposals focuses on licensing reform, they differ considerably in scope and intended outcome.

San Francisco, California

A proposal developed by the Youth Leadership Institute in 2009 in conjunction with San Francisco city staff aimed to reduce the number of tobacco vendors in San Francisco by two-thirds. The goal of the initiative was to reduce youth exposure to tobacco promotion in the community, including retail displays of tobacco products, and more specifically to reduce the preponderance of tobacco retailers in low-income neighbourhoods. Local research found, as illustrated in the table below, that the number of tobacco outlets per district varies greatly within San Francisco from a low of 38 in district #7 and 47 in district #4 to a high of 302 in district #6 and 184 in district #3.³⁷

District	Number of tobacco retailers		District population
	Current	Proposed	
1	57	35	71,798
2	71	35	65,339
3	184	35	71,034
4	47	35	70,672
5	92	35	64,505
6	302	35	73,152
7	38	35	69,045
8	60	35	74,362
9	103	35	65,409
10	86	35	76,752
11	57	35	74,664
Total	1,097	387	776,733

Source: M Aldax, "SF moves to curtail tobacco outlets," *San Francisco Examiner*, 16 November 2009.

Perhaps even more telling than the differences in the absolute number of retailers are the differences in retailer density i.e. the number of residents per retailer in each district. District #7 has the fewest tobacco vendors and one of the smallest populations, for a density of one tobacco retailer per 1,965 people. In contrast, district #6 has one retailer for every 242 residents. The districts with the lowest density of tobacco retailers correspond to neighbourhoods with a very high proportion of Caucasians (> 85%) and a per capita income that is three times higher than the average for the city. In contrast, the districts with the highest retailer density (4 to 7 times higher than the districts with the lowest density) have a lower proportion of Caucasians (29-62%), lower per capita incomes, and on average a two to three times higher percentage of people living below the poverty line.³⁸

The initial proposal under consideration in San Francisco would impose a limit of 385 tobacco retailers, from the current 1,097, with each of the 11 official districts in the city limited to 35 permits. The number of retailers would be reduced gradually through attrition, and no current permit holder would be required to stop selling tobacco. However, should a store be sold, the permit to sell tobacco could not be transferred to the new owner. Opponents objected in particular to this provision, claiming that the stores would become "valueless" if the new owner could not sell tobacco. They also claimed that the policy would have a disproportionately negative impact on independent 'mom and pop' retailers, to the benefit of large chain stores.³⁹

The proposal was first submitted to the city's Health Committee in November of 2009.⁴⁰ Despite significant support from members of the San Francisco Board of Supervisors (city council), the proposal did not survive subsequent political machinations, including the introduction by the mayor of a weakened proposal in response. Developed without

consultation with key stakeholders, the mayor's proposal was intended to appease the retailers, but it ended up satisfying neither the interests of either the business community nor those of tobacco control advocates. Momentum for retailer reform died shortly thereafter, when the Youth Leadership Institute's project funding ended. With funding recently restored for an additional two years, the Institute has begun work on revamping the campaign, including establishing a new team of youth activists and developing a new proposal to decrease the number and density of tobacco vendors without inspiring the same level of opposition from retailers.⁴¹

New York State

The 2009 New York State budget included a substantial increase in the fee for tobacco retailers. The \$100 flat fee was set to increase between 10-fold and 50-fold on a sliding scale based on total gross sales per business location during the preceding year:

- For gross sales of < \$1 million: \$1,000 fee
- For gross sales of \$1- \$10 million: \$2,500 fee
- For gross sales of > \$10 million: \$5,000 fee

Vending machine fees were also to be based on gross sales and range from \$250 to \$1,250 per machine.

The rationale for the increase was twofold: to generate additional revenues for health programs and to discourage smoking by reducing the number of retailers by as much as 40%.⁴² Many small retailers have claimed that the fee would force them out of the tobacco business, since their revenues from tobacco sales are not sufficient to justify the high cost of the fee.⁴³

A coalition of seven retailer trade associations (the New York Association of Convenience Stores, Gasoline and Repair Shop Association of New York, Food Industry Alliance of New York State, Small Business Congress, National Association of Tobacco Outlets, Long Island Gasoline Retailers Association, New York City Newsstand Operators Association, United 7-Eleven Franchise Owners of Long Island and New York, and National Federation of Independent Business/New York)⁴⁴ launched a lobbying campaign called "Operation Rollback" to convince state legislators to reduce the fee increase to \$200 and to end the plan to base the fee on gross sales (see <http://www.nyacs.org/OperationRollback.htm>). As well several of these organizations launched a lawsuit in September 2009 that resulted in the imposition of a temporary injunction, effectively freezing the fee at the old level until a final decision was reached.

Retailers claimed that such a huge increase was unfair, particularly given the fact that the government was ignoring revenue losses from the sale by Native Americans of tax-free tobacco to non-natives. Retailers also claimed that the fee would result in the closure of many small businesses that operate on very narrow margins.

Rather than risk losing the case in court, the coalition of retailers pushed for a settlement. The negotiated agreement of a flat licensing fee of \$300, retroactive to 2010, was approved as part of the 2011-12 state budget in late March 2011.⁴⁵

Buffalo, New York

The City of Buffalo, New York, has also been developing legislation that would use licensing of tobacco retailers as a vehicle to reduce retail tobacco promotion and decrease the number of businesses selling tobacco products. A draft of the bill, the *Responsible Tobacco Retailing Act*, was the subject of a public hearing in June 2010 and was supported at least in principle by many members of council. Since then progress on the legislation has been stalled due to concerns that the tobacco industry would respond by launching an expensive legal challenge. In response, health groups have been working to establish a legal defence fund to help pay the costs of any resulting litigation. In recent months, former state Attorney General Dennis C. Vacco, who played a key role in a national tobacco settlement in the 1990s against the major tobacco companies, indicated that his law firm would be interested in defending the city at a discounted fee against an industry challenge.^{46,47}

National health groups have offered strong support for this local proposal because the Buffalo legislation is seen as a model for regulating and restricting tobacco sales and promotion. In addition to a variety of measures that would curtail the ability of retailers to promote tobacco products (such as limitations on flavourings, retail signage and package size), the legislation would require all tobacco sellers to possess a valid licence. The licence is renewable annually but there is no fee for obtaining one. A number of conditions are imposed on the type of establishment that may obtain a licence:^{48,49}

- Sellers must be in fixed, permanent locations;
- Retailers must be licensed by the State;
- Licenses revoked and not re-issued to persons who repeatedly violate the Act or related federal, state, local tobacco control or tobacco tax laws.

The legislation also proposes a somewhat complex set of provisions aimed at reducing over time the number of tobacco retailers and at eliminating tobacco sales from health- and education-oriented institutions:

- Number of licences capped at the total number issued in first year of licensing;
- One new licence (as opposed to a renewed licence) available for every two previously-issued licences that are revoked, suspended, abandoned or otherwise not renewed;
- No new licences issued (as opposed to initial licences to existing tobacco sellers and subsequent renewals) to sellers that meet the following criteria:
 - on property of healthcare facility
 - that also sell prescription drugs (pharmacy)
 - that sell alcohol for on-site consumption (bar or licensed restaurant)

- at bowling alleys, movie theaters, game rooms or other businesses that target a youth clientele
- on property of school or post-secondary institution
- within 1,000 feet of school or youth-centered facility.

The legislation includes a phased approach, whereby after several years health- and youth-oriented facilities that had previously been granted a tobacco retailer licence would no longer be eligible for one. Beginning in the 2014-15 fiscal year (i.e. within three years of implementation), no new or renewed licences would be granted to the following types of establishment:

- on property of healthcare facility
- that also sell prescription drugs (pharmacy)
- that sell alcohol for on-site consumption (bar or licensed restaurant)
- at bowling alleys, movie theaters, game rooms or other businesses that target a youth clientele
- on property of school or post-secondary institution. Licence renewals would continue to be granted to tobacco retailers within 1,000 feet of schools.

Priority for new licences would be given to the following retailers:

- existing vendors moving to non-prohibited locations
- adults-only businesses
- businesses in low-density districts.

Businesses that are sold or transferred to a new owner, other than an immediate family member, must apply for a new licence, which would then be subject to the restrictions on brand-new licences.

The Buffalo proposal contains a key difference from the licensing strategies of many other jurisdictions—retailers will not be charged any licence fee. Instead, manufacturers and importers of tobacco products would be required to obtain an annual permit for each brand or sub-brand they sell in Buffalo, for which they would be charged a fee of \$1,000. Any change to a brand/sub-brand requires a new permit. Manufacturers that do not have all required state and federal licences and permits would not be issued a permit, nor would manufactures convicted of violating contraband laws within the previous two years. An up-to-date list of the brands and sub-brands that may be sold legally in the city would be maintained by the Department of Economic Development, Permit and Inspection Services and would be made public. To prevent state preemption, the funds collected would be used solely to administer and enforce the *Responsible Tobacco Retailing Act* and any other city law directly related to the sale of tobacco. To this end, the fee will be adjusted as necessary whenever a shortfall or excess in revenues from the permit fee is projected for the following fiscal year.⁵⁰

Each of the three proposals provides a very different approach to reducing retailer availability using licensing. The New York State plan relied solely on a large increase in licensing fees to reduce the number of vendors, by pricing the smaller volume tobacco retailers and those surviving on low margins out of the market. This approach was vulnerable to criticism that the fee was in fact a form of tax, with the real purpose being revenue generation and not tobacco control.

The San Francisco proposal was clearly aimed at decreasing the pervasive promotion of tobacco via the point-of-sale. Although the goal was an ambitious two-thirds reduction in the number of tobacco retailers, relying on attrition alone to achieve the goal would likely mean that there would be no major impact on retailer availability for many years to come. Nonetheless, opposition by retailers, in particular over the provision that the tobacco sales licence could not be transferred to a new owner, ultimately led to the proposal being shelved.

The Buffalo proposal is by far the broadest and most complex. Many of the provisions, however, have already been addressed by legislation in Canada, including a retail display ban and a prohibition on the sale of tobacco products in a variety of health- and youth-oriented outlets. Achieving a reduction in the number of outlets relies primarily on the prohibition in specified outlets and takes only partial advantage of attrition, since one new licence is permitted for every two that have been rescinded. Particularly noteworthy is the fact that rather than charging retailers for a sales licence, tobacco manufacturers will be required to pay a substantial fee for each brand and sub-brand sold in the city. Charging manufacturers rather than sellers may help soften the opposition of the retail sector and increase public support, since the target is not local business owners but rather Big Tobacco. The proposal has not yet gone forward, despite support on city council and from numerous community groups, because of opposition from tobacco manufacturers that is expected to result in litigation.

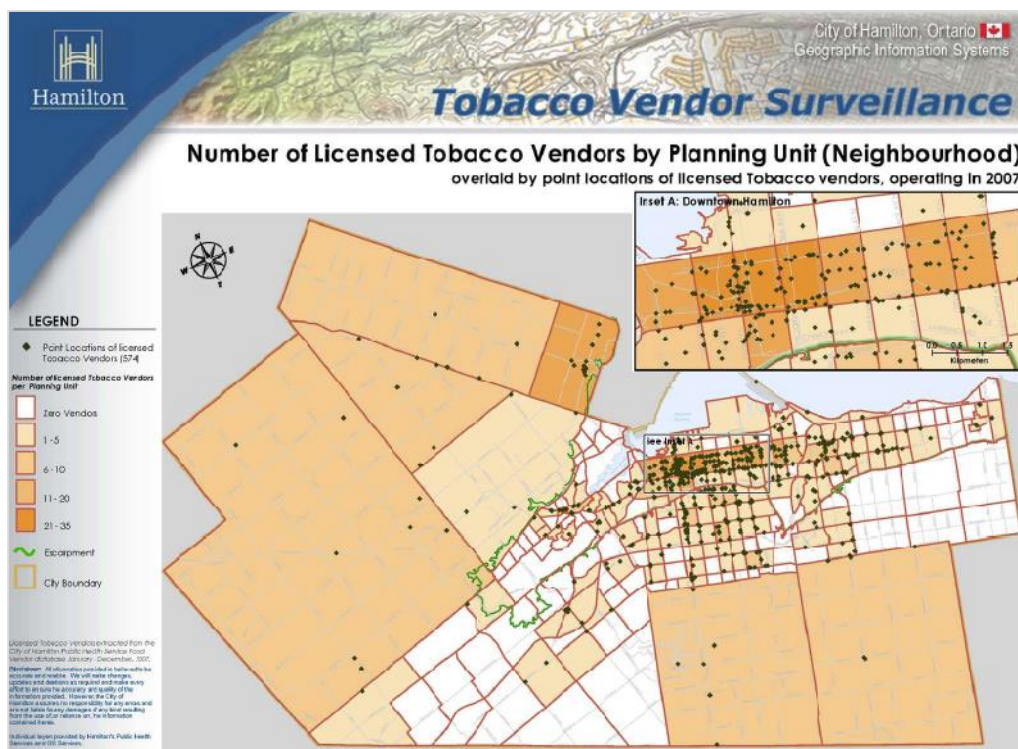
Zoning

The field of urban planning originated in response to public health needs, giving rise to a long history of and a strong legal basis for using zoning laws to enhance health. Urban planning and public health share common missions and approaches—improving health and welfare at the population level while focusing on disadvantaged populations—and both use geographic analysis as a key planning tool. Geographic Information Systems (GIS) tools are increasingly being used to examine trends, factor local evidence/statistics into policy debates, and address environmental justice issues, such as the advertising and accessibility of restricted products. Zoning measures offer creative ways for communities to influence public health and welfare at the local level, for example, by reducing the availability of harmful consumer products.^{51,52,53}

As with licensing, zoning laws could be used in a number of ways to reduce tobacco product availability:⁵⁴

- Prohibit tobacco sales along certain access routes to schools that are designated “safe routes”;
- Prohibit retailers from selling tobacco within x metres of a school or other youth-oriented facility;
- Prohibit tobacco retailers from locating in residential zones;
- Limit the proximity of tobacco retailers to each other;
- Restrict the location of tobacco retailers to particular zones in a community, perhaps those zoned “light industrial.”

In recent years, municipal governments have begun to make increasing use of GIS mapping as a planning tool. It is also proving useful in tobacco control research into availability and accessibility questions, as it provides visual documentation of tobacco sales infractions and problems related to the location and number of retailers. The City of Hamilton is a pioneer in Canada in this regard. Shown below is one in a series of maps; this one illustrating the location and density of tobacco vendors by planning unit.⁵⁵



The City of Ottawa Zoning By-law provides a useful illustration of how zoning could be used to restrict the location and thus the availability of tobacco retailers. The bylaw includes 39 primary zones, grouped into nine categories, as shown below.

City of Ottawa Primary Zones	
Residential Zones	Industrial Zones
(1) Residential First Density Zone	(20) Business Park Industrial Zone
(2) Residential Second Density Zone	(21) Light Industrial Zone
(3) Residential Third Density Zone	(22) General Industrial Zone
(4) Residential Fourth Density Zone	(23) Heavy Industrial Zone
(5) Residential Fifth Density Zone	Transportation Zones
(6) Mobile Home Park Zone	(24) Air Transportation Facility Zone
Institutional Zones	(25) Ground Transportation Facility Zone
(7) Minor Institutional Zone	Rural Zones
(8) Major Institutional Zone	(26) Agricultural Zone
Open Space and Leisure Zones	(27) Mineral Extraction Zone
(9) Parks and Open Space Zone	(28) Mineral Aggregate Reserve Zone
(10) Community Leisure Facility Zone	(29) Rural Commercial Zone
(11) Major Leisure Facility Zone	(30) Rural General Industrial Zone
(12) Central Experimental Farm Zone	(31) Rural Heavy Industrial Zone
Environmental Zone	(32) Rural Institutional Zone
(13) Environmental Protection Zone	(33) Rural Residential Zone
Commercial/Mixed Use Zone	(34) Rural Countryside Zone
(14) Local Commercial Zone	(35) Village Mixed Use Zone
(15) General Mixed Use Zone	(36) Village Residential First Density Zone
(16) Traditional Mainstreet Zone	(37) Village Residential Second Density Zone
(17) Arterial Mainstreet Zone	(38) Village Residential Third Density Zone
(18) Mixed Use Centre Zone	Other Zones
(19) Mixed Use Downtown Zone	(39) Development Reserve Zone

Source: City of Ottawa, Zoning By-law 2008-250 Consolidation.

Each zone includes a purpose statement that reflects the land use policies of the city's Official Plan. The purpose statement is intended to assist in understanding the objectives of the bylaw and the planning principles behind the provisions governing use of the zone. Each zone also has a list of permitted uses, often subject to specific conditions, conditional permitted uses, and prohibited uses. Zones are further subdivided into sub-zones, some of which permit specified additional uses, such as restaurants and retail stores. As well, the zoning bylaw contains "Specific Use Provisions" that apply to certain specified land uses regardless of zone, such as adult entertainment parlours, small batch breweries, community gardens, and snow disposal facilities.

The provisions related to the location of adult entertainment facilities provide one possible model for the regulation of tobacco vendors:

80. (1) *Where an adult entertainment parlour is permitted, the lot on which it is located must not be:*
- (a) *within 500 metres of a residential use building, day care, place of worship, school, library, community centre, community health and resource centre or park, or any residential, institutional, open space or leisure zone; or*
 - (b) *within 1000 metres of a lot occupied by another adult entertainment parlour.*
- (2) *No adult entertainment parlour may be located on a lot having frontage on a rural arterial road as shown on Schedule 4 of this by-law.*

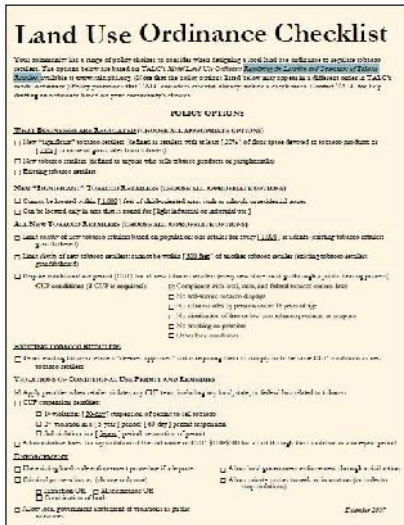
A zoning bylaw could thus specify that no retailer may sell tobacco products within 500 metres of a school, community centre, sport or leisure facility and no retailer may sell tobacco products within 1,000 metres of another tobacco retailer.

Also worth noting is the fact that the Ottawa zoning bylaw provides for substantial penalties for violation of any provision of the bylaw—a maximum \$25,000 fine for an individual and a maximum \$50,000 fine for a corporation for a first conviction, with the amount of fine levied depending on the nature of the infraction. As well, the court may make an order prohibiting the continuation or repetition of the offence by the person convicted.

The California Technical Assistance Legal Center (TALC) has produced a *Model Land Use Ordinance Regulating the Location and Operation of Tobacco Retailers* and accompanying checklist.⁵⁶ As with TALC’s model ordinance and checklist regarding retailer licensing, the resources offer a set of recommendations to communities interested in using zoning bylaws (the Canadian equivalent) to restrict the location and density of tobacco vendors.



TALC recommends that the first step be to decide which businesses will be regulated—new tobacconists; new tobacco retailers; existing retailers—and then determine which policies will apply to which retailers. The menu of policy options includes the following:



- New tobaccoists cannot be located within [1,000] feet of child-oriented areas, such as schools and residential zones;
- New tobaccoists can be located only in areas zoned for light industrial or industrial use;
- Number of new tobacco retailers limited to one retailer for every [1,000] residents;
- Density of new tobacco retailers limited such that no new retailer located within [500] feet of another retailer;
- All new tobacco retailers must qualify for a conditional use permit (must go through a public hearing process and meet specified conditions);
- All existing tobacco retailers granted conditional use permit and must meet specified conditions.

It is important to note that the recommendation to grandfather all existing retailers, while likely decreasing opposition to proposed reforms among retailers and their allies, will greatly diminish the impact of any reform in terms of reducing accessibility to tobacco. If there is no legal requirement to grandfather existing tobacco vendors, communities interested in substantively restructuring tobacco retail sales should seriously reconsider the merits of grandfathering.

Research Evidence

The relationship between retailer density and tobacco consumption is the key characteristic under review in this paper. The research shows, however, that the effect of outlet density on consumption is further influenced by numerous other community characteristics. For example, a study by Lovato and colleagues of over 22,000 high school students from five Canadian provinces found a statistically significant correlation between several tobacco retailer characteristics and school smoking prevalence.⁵⁷ Although the correlation between retailer density and prevalence was weak to moderate, further analysis of the data showed that multiple factors in the school and community environments work synergistically to influence youth smoking, including perceived community norms.⁵⁸ Just as the ubiquity of oversized power walls of tobacco products in every corner store and gas station was shown to contribute to the perception that smoking is the social norm, so too does the pervasiveness of tobacco vendors in a community contribute to the belief that smoking is normative behaviour. Thus the impact of the following community characteristics will also be explored: outlet clustering; outlet location, in particular proximity to schools; community size; community demographics, such as socio-economic status (SES); and the type and number of outlets.⁵⁹

Low Income Neighbourhoods and Schools Are Tobacco Targets

There is a growing body of evidence from communities across Canada and the US that tobacco companies target certain neighbourhoods to market their products. Studies by Laws et al in Boston, Massachusetts,⁶⁰ and by Hyland and colleagues in Erie County, New York,⁶¹ both found that tobacco products were more available in neighbourhoods with a lower median household income and a higher proportion of African Americans. A 2008 study by Siahpush et al of 94 randomly-selected neighbourhoods in Omaha, Nebraska, produced similar results.⁶² Availability was measured in two different ways: the percentage of all retail stores that sell tobacco and the number of tobacco vendors per square mile. Income, percentage African-American population, and percentage Hispanic population were all associated with the percentage of stores that sold tobacco. An increase of 10% in the proportion of African-Americans or Hispanics in the neighbourhood likewise was associated with approximately a 10% increase in the percentage of stores selling tobacco. Neighbourhoods with lower household income also had more tobacco stores per square mile. Conversely, a \$10,000 increase in median household income was associated with an 11% decrease in the percentage of stores selling tobacco.

A recent study by Ogneva-Himmelberger et al of the city of Worcester, the second largest city in Massachusetts, produced results consistent with other studies. As the table below shows, there is a statistically significant relationship between ethnicity and outlet density and between socio-economic status and outlet density.⁶³

Table 1 Average number of tobacco vendors and minority population for census block groups (total number of block groups=167)

	Outlet density (vendors per 1000 residents)		Ratio of tobacco outlet density to alcohol outlet density
	Tobacco	Alcohol	
Percentage minority population			
0% to 12% (49)	1.15	0.41	2.80
12% to 30% (56)	2.08	0.80	2.60
30% to 89% (62)	2.62	1.32	1.98
Median household income			
Below \$25000 (35)	3.03	1.75	1.73
\$25000 - 75000 (128)	1.79	0.69	2.59
Over \$75000 (4)	0	0	NA
Overall mean (SD)	2.01 (3.41)	0.90 (3.12)	

The number in parenthesis corresponds to the number of block groups within each category.

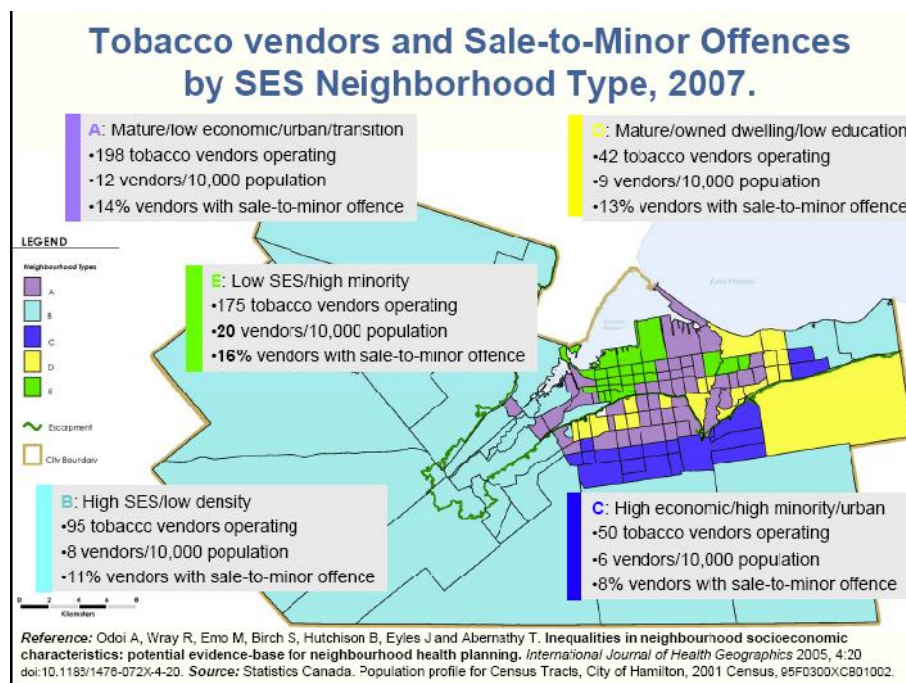
Source: Y Ogneva-Himmelberger, et al, "Using geographic information systems to compare the density of stores selling tobacco and alcohol," *Tobacco Control*, epub 3 September 2010.

The study also provides a valuable comparison between tobacco and alcohol outlets. While the graph shows that the density of off-premise alcohol vendors is likewise correlated to neighbourhood minority population and income, the density of tobacco outlets is at least double that of alcohol outlets for each category of minority population and median household income. Consistent with previous research, the study also found

that neighbourhoods where tobacco retailers are close to schools (within 1000 feet) have a higher proportion of minorities and low-income earners.

A study by Peterson et al looking at tobacco retailer density, smoking rates, and demographic characteristics of counties in Iowa yielded results that conflict with these three studies. However, Siahpush contends that the difference in findings is due to the fact that Peterson used counties as the unit of analysis. Counties are much larger than neighbourhoods and thus would not reflect the significant variations in number of tobacco vendors and socio-demographic characteristics between neighbourhoods.

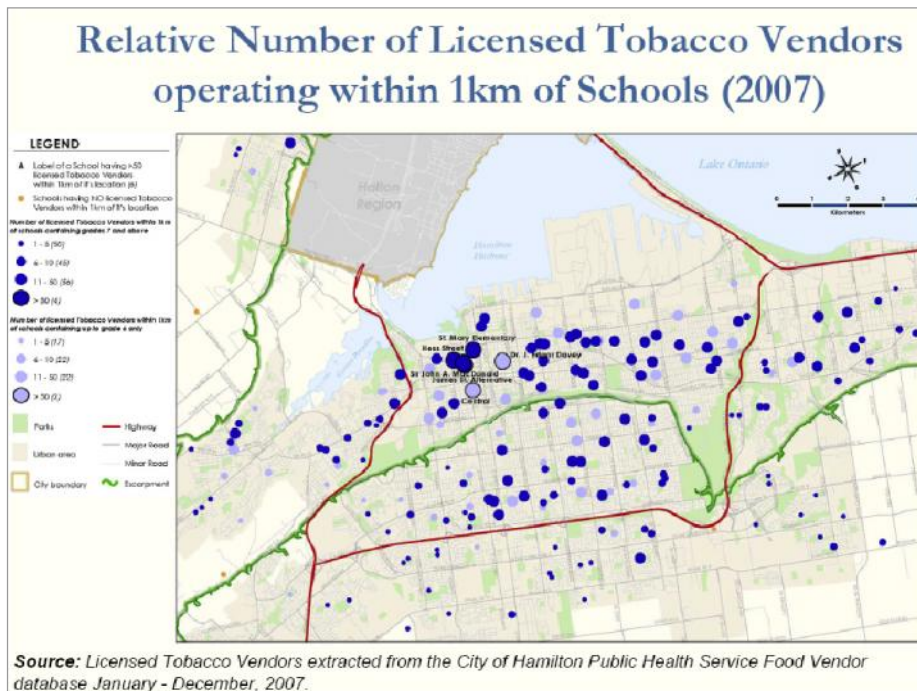
Surveillance conducted by staff with the City of Hamilton Public Health Services using GIS mapping provides strong evidence that the concentration of tobacco retailers in the City of Hamilton is much higher in low SES neighbourhoods. As the map below illustrates, the neighbourhood with the lowest income level (E) has 2.5-3 times more vendors per 10,000 residents than the two neighbourhoods with the highest SES (B and C). The neighbourhood with the lowest income level also has the highest proportion of vendors with sales-to-minors offences.⁶⁴



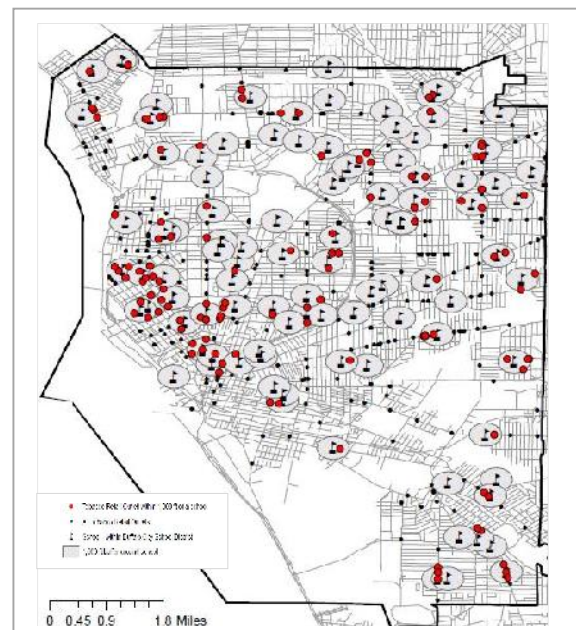
Source: K McDonald, "GIS Technology and Tobacco Control: An Examination of the City of Hamilton's Tobacco Product Vendor GIS Mapping Project," Presentation to the 6th National Conference on Tobacco or Health, Montreal, 3 November 2009.

Similarly, as demonstrated by the map below, there is a high concentration of tobacco retailers in the City of Hamilton operating close to schools—the larger the blue dot, the

more retailers operating within one kilometer of a school. The schools having no tobacco outlets within a kilometer are represented by the orange dots, of which there are only two.



GIS mapping of tobacco retailers in the city of Buffalo, New York, produced very similar results to those of Hamilton. The census tracts with the lowest and second lowest income quartiles had 2.5 times more tobacco vendors than the census tracts with the highest income quartile. In low income census tracts, there are about 17.2 tobacco retail outlets per 10,000 people, compared to 6.7 tobacco vendors per 10,000 people in high income census tracts. The location of tobacco retailers in relation to schools is of particular concern. One-third of all tobacco retail outlets are within 1,000 feet of a Buffalo city school and two-thirds of schools have at least one tobacco outlet within 1,000 feet of the school property.⁶⁵



Tobacco control research is supported by a significant and growing body of evidence from other fields that retailers of alcohol and fast foods likewise target neighbourhoods with a higher proportion of minorities and with lower socio-economic status. The

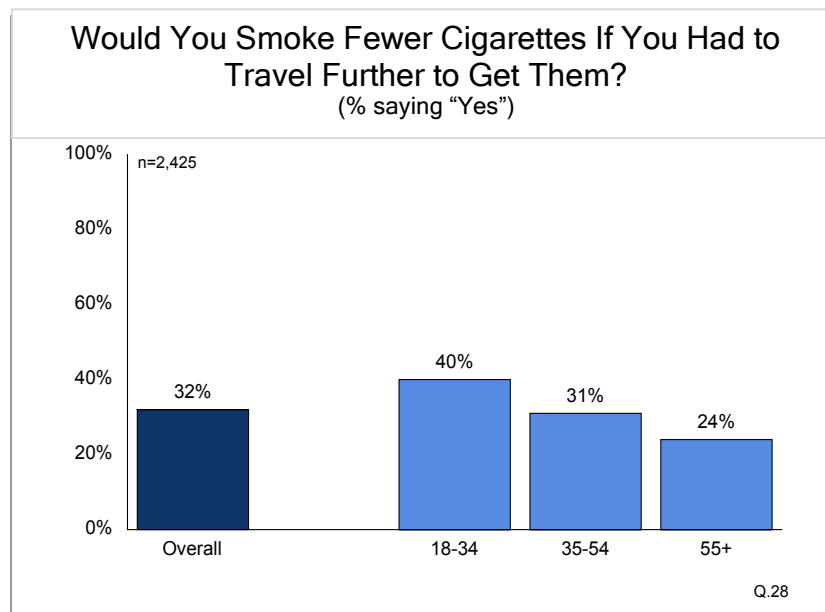
research shows further that the higher density of outlets in these neighbourhoods results in corresponding higher rates of alcohol-related problems and overweight/obesity among the local population.^{66,67}

Convenience Matters

According to the Canadian Convenience Stores Association (CCSA), proximity of the retailer to a prospective customer's home and/or work is key to sales.⁶⁸ “[T]he key advantage of convenience stores: being close to their customers and available when and where they are needed. ‘We are the asset of proximity in having more stores located closer and more convenient to you, open whatever hours you wish and carrying whatever staples you ask for....’”

Two surveys of Manitoba residents in 2005 and 2006 support the CCSA contention that convenience stores are “the asset of proximity.” Most cigarette purchases in Manitoba take place at convenience stores, followed by gas stations, and grocery stores. Convenience is the single most important factor influencing where smokers usually purchase their cigarettes. And notably proximity of a retail outlet to the smokers' home is considerably more important than proximity to the smokers' workplace or school.⁶⁹

These conclusions are supported by the findings from a 2005 national survey of some 4,000 Canadians. As shown in the graph below, more than one-third of smokers, and a higher proportion of young smokers, said they would smoke less if they had to travel further to buy cigarettes.⁷⁰



Source: Corporate Research Associates Inc., *National Baseline Survey on the Tobacco Retail Environment: Final Report*, March 2005.

Reducing the convenience of obtaining tobacco increases the opportunity cost to the smoker, that is, the time, effort, and money required to purchase tobacco from a retail outlet. Clearly the number and concentration of retail outlets and their proximity to each other affects the convenience of obtaining tobacco.⁷¹

Increased Availability Increases Sales

There is a growing body of research that examines the influence of outlet density on use of tobacco products. Studies show that neighbourhood characteristics exert an independent influence on individual behaviours including smoking, after controlling for individual socioeconomic status. The belief is that there are a variety of mechanisms through which neighbourhood characteristics affect individual behaviour, including the availability of goods and services and community norms.

There are methodological challenges inherent in studies that attempt to assess the impact of retailer density on tobacco use. Because studies cannot easily be done in which communities are randomly assigned to receive more or fewer tobacco outlets, researchers have to rely on observational studies. Such studies must be designed to measure and control for a variety of community factors that could be confounded with retailer density.⁷² As well, the fact that many of the studies are cross-sectional means that the direction of causality cannot always be determined. It is likely that the relationship is bi-directional; that is, higher rates of tobacco use in an area result in more stores selling tobacco to meet the greater demand *and* increased availability (supply) of tobacco in a community leads to more tobacco use.

A study by Chuang and colleagues of 82 neighbourhoods in four cities in northern California tested whether neighbourhood convenience store concentration is associated with individual smoking and whether this association depends on neighbourhood SES. Convenience store concentration was chosen as a proxy for tobacco availability, since convenience stores account for the largest proportion of tobacco sales. Three different measures of convenience store concentration were used: number of stores per square mile in a neighbourhood (density); distance between a participant's home and the nearest convenience store; and number of convenience stores within a one-mile radius of a participant's home. As the table below illustrates, there is a clear correlation between neighbourhood SES and concentration of tobacco vendors:⁷³

Table 2 Bivariate relation examining convenience store distribution by neighbourhood SES

Neighbourhood SES	Percentage of neighbourhoods having a high density of convenience stores	Percentage of respondents living near a convenience store	Percentage of respondents with a high number of convenience stores within a one mile radius
Low	47.6	43.3	51.1
Middle	39.8	39.2	34.9
High	12.6	17.5	14.0
χ^2 p value	(<0.0001)	(<0.0001)	(<0.0001)

Source: Y-C Chuang, et al, "Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking," *Journal of Epidemiology and Community Health* 2005; 59: 568-573.

The study yielded some significant findings:⁷⁴

- Convenience store density and distance were associated with individual smoking, after taking account of individual level SES.
- The number of stores within a one-mile radius of an individual's home was not associated with individual smoking.
- In neighbourhoods with a high density of convenience stores, individuals with high SES had a similar level of smoking to those with low SES.
- Individuals living in neighbourhoods with a high SES had higher levels of smoking when their neighbourhoods had a high density of convenience stores.
- For individuals in low SES neighbourhoods, convenience store density had no impact on smoking levels.

The authors conclude that neighbourhood influences may operate through different mechanisms for people with differing socioeconomic status. For individuals with high SES, the protective effects of their high SES may be reduced if they live in neighbourhoods with low SES or in neighbourhoods with a high density of tobacco outlets. In contrast convenience store concentration in neighbourhoods with low SES does not impact on smoking levels. This may be due to the greater availability of tobacco products in other types of outlets in low SES neighbourhoods, such as liquor stores, and to more pro-smoking influences.

Similar to the Chuang California study, a 2004 national study in New Zealand by Pearce and colleagues found a modest association between access to supermarkets and convenience stores (the source for 90% of tobacco purchases in the country) and smoking rates, after adjusting for potential individual-level confounding variables such as individual SES.⁷⁵ However, unlike the Chuang study, after adjusting for neighbourhood variables such as neighbourhood SES, residents of neighbourhoods with greater access to tobacco vendors were not more likely to smoke or to be heavy smokers. The researchers conclude that the findings do not nullify the potential importance of retail access

restrictions, particularly if the restrictions apply not only in neighbourhoods but also in non-residential areas, to ensure that access is reduced both close to home and to the workplace. Pearce and colleagues also posit that access restrictions might have greater impact on certain groups, such as youth starters and smokers with mobility constraints.

Recent research by Reitzel and colleagues took a different approach, assessing the impact of retailer density and proximity on quitting. The researchers examined an ethnically diverse group of 414 adult smokers from Houston, Texas, during a quit attempt. The researchers used a longitudinal design and controlled for a number of confounding variables known to affect cessation, including education, employment status, and number of years smoked. The study found that proximity of the smoker's home to a tobacco retailer predicted smoking cessation. Participants living within a short walking distance (< 500 metres) of a retail outlet were less likely to maintain continuous abstinence for six months following a quit attempt than those who lived farther from the closest outlet. The strength of this relationship increased with decreased distance to the closest outlet; that is, those living even closer to a tobacco vendor (< 250 metres) were even less likely to maintain abstinence. No relationship was found between outlet density and cessation. According to the study's authors "[b]ecause residential proximity to tobacco outlets affects smoking cessation, results suggest that zoning laws restricting the licensing of tobacco retail outlets around residential areas might be an important complement to existing policy efforts to reduce tobacco use."⁷⁶

To date a handful of studies have been published in the English literature that examine the relationship between tobacco outlet density and youth smoking—Hyland 2003; Pokorny 2003; Novak 2006; Lovato 2007; Leatherdale 2007; Henrikson 2008. A 2007 study by Leatherdale and Strath examined the density of tobacco vendors near 29 secondary schools in Ontario and its impact on acquisition and use of tobacco among underage youth. The study found that schools with a greater number of retailers surrounding the schools also had higher smoking rates; however, multilevel logistic regression analysis showed that "the number of tobacco retailers was not related to whether a student was a smoker." While the findings appear contradictory, in fact they involve different analyses—one is at the group level and the other at the individual.

The Leatherdale and Strath study also revealed that retailer density within a six-block radius of a school was associated with an increased likelihood of youth purchasing their own tobacco rather than having someone else obtain it for them.⁷⁷ This finding is significant given that research shows that perceived accessibility is associated with higher rates of youth smoking. A prospective study by Doubeni and colleagues, for example, found that the perception that cigarettes were easy to obtain increased the risk of both smoking initiation and progression to regular use among youth.⁷⁸

Pokorny and colleagues used ecological analysis to assess the relation of individual, social, and community factors to key stages of smoking uptake among youth in middle school in eleven towns in Illinois. The community variables studied included tobacco

retailer availability and density, median income, and youth population. Retailer availability was expressed as a function of the number of retailers who sold tobacco to minors per 1,000 youth in the community. Similarly, retailer density was defined as the number of tobacco retailers per 1,000 youth. The study found that higher levels of retailer availability corresponded to students' perceptions of easy access to tobacco and ability to buy tobacco sometimes or frequently. Of particular note is the finding that higher levels of retailer availability were related significantly to youth smoking initiation among youth who did not live with an adult smoker. For each additional tobacco vendor per 1,000 adolescents, the odds of smoking initiation increased one and a half times. The study did not find a correlation between increased retail availability and continued smoking among middle school students.⁷⁹

In their study of the causal relationship between retailer density in diverse Chicago neighbourhoods and youth smoking, Novak et al used two methods to control for confounding effects—regression analysis and propensity scoring stratification. The researchers excluded several neighbourhood characteristics that have been shown to be related to youth smoking, including tobacco advertising, adult smoking rates, and community smoking norms, because these factors could themselves be influenced by retailer density and therefore did not qualify as exogenous to treatment. The study found that when confounding neighbourhood characteristics were excluded, higher retail outlet density was associated with higher smoking rates, but the effect was only marginally significant. When confounding demographic variables were factored in, using either method, retail outlet density had a significant and positive impact on smoking prevalence. The study also found that the effect of retailer density on smoking rates was the same for both underage youth and adults. The researchers reached this significant conclusion:⁸⁰

Although our study was limited to only a single city, it provides powerful support for the notion that control efforts should restrict the number of tobacco licenses within a given area to reduce both underage and adult smoking.

A cross-sectional analysis by Henriksen and colleagues examined data from the California Student Tobacco Survey for 135 high schools, together with retailer licensing information regarding the location of tobacco outlets within 800 metres of the schools. Consistent with numerous other studies, this study found greater density of tobacco vendors near schools with the highest proportion of low SES households, with the highest proportion of Hispanic students, and in the most densely populated neighbourhoods. After adjusting for school and neighbourhood demographics, the average rate of current smoking was 3.2 percentage points higher at schools in neighbourhoods with the highest tobacco outlet density (> 5 outlets) than in neighbourhoods with no tobacco sellers. However, there was no difference in smoking rates among students whose schools were in neighbourhoods with a moderate number of tobacco retailers—1 to 4—compared to neighbourhoods with no tobacco vendors.⁸¹

In contrast to retailer density, the study found no correlation between location of a tobacco retailer within 1000 feet of a school and school smoking prevalence, after adjusting for school and neighbourhood confounding variables. Neither retailer density nor proximity was associated with average past-month cigarette consumption.

The findings of the Henriksen study—that retailer density in California school neighbourhoods correlates to higher youth smoking prevalence—reinforces the findings of the Novak study—that the odds of being a current smoker were higher for youth living in a Chicago neighbourhood with a greater number of tobacco vendors.

Liberalization of alcohol sales

The research is particularly well-developed regarding the relationship between the availability of alcohol products and alcohol consumption and related behavioural problems such as violence. The research shows that increased availability of alcohol leads to increased sales, regardless of price. Various international bodies have recommended control of alcohol outlet density as a means of reducing alcohol-related harms.⁸²

- In 1999 the US Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (SAMHSA) published a review in which they concluded that there was a “medium” level of evidence supporting controls on alcohol outlet density as a means of reducing harms from alcohol misuse. The SAMHSA review followed rigorous scientific protocols in comparing studies.
- A 2003 a major study sponsored by the World Health Organization (WHO), entitled *Alcohol: No Ordinary Commodity. Research and Public Policy*, recommended that the physical availability of alcohol be regulated through restrictions on time and place of sale and reduced outlet density.
- The European Union in its *Alcohol Action Plan 2000-2005* calls for regulation of outlet density in order to reduce alcohol consumption and concomitant harms.
- In 2009 the US Task Force on Community Preventive Services conducted a systematic review of the literature up to November 2006 on initiatives intended to reduce alcohol misuse and related harms. The Task Force found sufficient evidence to endorse the regulation of alcohol outlet density, among other policies.⁸³

The Task Force reviewed thirty qualifying studies of several different types, fourteen of which were published after 2000. The findings from these studies “consistently indicated that alcoholic beverage outlet density and policy changes that affect alcohol outlet density were associated with excessive alcohol consumption and related harms.” Four studies involved a policy change that increased alcohol outlet density; seventeen studies assessed the impact of privatization of retail sales of alcoholic beverages and one looked at the impact of government re-monopolization; four studies examined the effect of bans on the

sale of alcohol; and nine examined the association between change in outlet density and alcohol-related harms without assessing the cause of the density change.

Five of the studies evaluated the effect of change in outlet density over time on population-level alcohol consumption, with the period of time analyzed ranging from 5 to 40 years. All five found that increased density was associated with increased consumption and decreased density was associated with decreased consumption. The elasticities calculated varied considerably among studies, attributable at least in part to differences in outcome measures (spirits, cider and beer, all alcoholic beverages). As well, seven of nine time series studies found that increased outlet density resulted in increased alcohol-related harms.⁸⁴

Seventeen studies examined the effects of privatization on the sales of one or more of four types of alcoholic beverage in ten settings. The studies found that privatization results in a dramatic increase in the number of outlets that sell alcohol. However, changes in alcohol consumption cannot be attributed solely to an increase in outlet density, as privatization usually also results in increases in marketing and in the hours and days of sale. The Task Force concluded that privatization led to a 42% median relative increase in consumption of the privatized beverage. Five additional studies found that privatization resulted in a minimal decline in consumption of the non-privatized alcoholic beverages. In addition to privatization, there are other types of policy change that result in more liberalized alcohol sales. Four studies of liberalized sales policies in Iceland, Finland, New Zealand, and North Carolina consistently found that such policies increased the number of outlets which in turn resulted in increases in alcohol consumption.

Several valuable studies have been published since the Task Force completed its review. Stockwell and colleagues studied the impact on liquor sales in British Columbia of an increase in the density of outlets and in the proportion of private versus government-controlled liquor stores in the province between 2003-04 and 2007-08. Because the change in the distribution of private and public liquor stores was not even across the province, the researchers were able to analyze the effects of this variation on local per capita alcohol consumption. As the table below illustrates, the researchers found that there was a significant increase in per capita consumption for every 10% increase in the density of outlets, regardless of type, with the exception of government-controlled stores. The extent of the increase in consumption varied, however, by type of establishment and type of alcohol.⁸⁵

Table 5 Percentage increase of estimate of total per capita alcohol consumption for 10% increase in number of outlets per 10 000 residents aged 15 and over in British Columbia.

Outlet	% change for 10% change in outlets				
	Beer	Cooler	Spirit	Wine	Total
Restaurants	2.30***	2.39***	2.02***	2.81***	2.33***
Bars	0.53***	0.18 NS	0.44***	0.87***	0.50***
Government stores	-0.21***	-0.30***	-0.18**	0.00 NS	-0.22***
Private stores	0.28***	0.29***	0.26***	0.49***	0.28***

F-test: ***P* < 0.01 ****P* < 0.001. NS: not significant.

Source: T Stockwell, et al, “Changes in per capita alcohol sales during the partial privatization of British Columbia’s retail alcohol monopoly 2003–2008: a multi-level local area analysis,” *Addiction* 2009; 104: 1827-1836.

The study findings “support strongly” the conclusion that there is a positive relationship between density of liquor outlets and consumption of alcohol. Furthermore, local variations in population density of liquor outlets are strongly associated with differences in per capita consumption in those communities. The study also revealed that the percentage of privately-owned versus government-controlled liquor stores is significantly associated with per capita sales of alcohol, when controlling for the density of stores and on-premise outlets.

A study by Schonlau and colleagues of the relationship between off-premise outlet density and alcohol consumption in two distinct geographic areas, Los Angeles county and southern Louisiana, yielded results that conflict somewhat with most other studies.⁸⁶ Outlet density was associated with consumption in Louisiana but not in Los Angeles county. As well, outlet density within a one-mile buffer of the respondent’s home was more strongly associated with consumption than density within the census tract. It is important to note that, in contrast to the Stockwell investigation, this study measured density of off-premise outlets only and relied upon self-reports of consumption rather than alcohol sales data to determine consumption. The authors conclude that the relationship between neighbourhood outlet density and consumption is complex and may be influenced by differences in neighbourhood design and travel patterns.

The Task Force on Community Preventive Services also found sufficient evidence to recommend two other strategies to reduce the availability of alcohol products—continuation of limits on days of sale and continuation of limits on hours of sale.⁸⁷ The Task Force documented strong evidence of effectiveness for their recommendation to maintain current limits on the days on which alcoholic beverages are sold based on studies analyzing the effects of revoking limits on sales during weekend days in both on- and off-premise outlets. Removing the limits on days of sale in both types of premises resulted in small increases in alcohol consumption as well as increases in related motor vehicle deaths. There was an insufficient number of studies that evaluated the impact of

implementing new limits on days of sale to enable the Task Force to assess the effectiveness of this intervention.

Similarly, the Task Force found sufficient evidence of effectiveness to recommend maintaining existing limits on the hours during which alcoholic beverages are sold at on-premises outlets. Studies that assessed the impact of increasing hours of sale by at least two hours found increases in several alcohol-related harms, including motor vehicle crashes; studies showed inconsistent results where the hours of sale were increased by less than two hours. No studies were found of the effect of increasing hours of sale at off-premise outlets.

Does Decreased Availability Decrease Consumption?

A variety of policies have been implemented in jurisdictions around the world that have had the effect of decreasing the availability of tobacco products, including prohibiting sales in a variety of different locations including hospitals, community centres, and pharmacies; prohibiting tobacco sales to minors; and banning the sale of tobacco products altogether in the Kingdom of Bhutan and the cities of Medina and Mecca in Saudi Arabia. When examining the impact of such policies on smoking behaviours, it is critical to take into consideration the extent to which such measures are effectively enforced. Experience in many jurisdictions with sales-to-minors legislation over the past 15-20 years has taught that a policy is only as good as it is enforced; and with some policies, enforcement requires regular, sustained compliance monitoring and penalties that are severe enough to serve as a deterrent.

Experience with controlling sales to minors

The consensus in tobacco control is that legislated prohibitions on tobacco sales to minors have met with limited success.⁸⁸ In Canada, following passage of sales-to-minors bans by the federal government and all provinces/territories beginning in 1994, retailer compliance with these laws has increased dramatically. Since Health Canada first began monitoring retailer compliance in 1995, compliance has risen from a low of 48% in the first year to a high of 86% in 2007, with compliance exceeding 80% for the past six years.⁸⁹ Studies show, however, that there is difference between reducing retail sales to minors and reducing actual *access* to tobacco products by youth.⁹⁰ Rates of compliance measured during compliance checks do not always reflect actual retailer willingness to sell to underage youth (retailers may be aware of the compliance check protocol; retailers may only sell to youth they know, etc.). As well, friends and acquaintances—social sources—are another significant supplier of tobacco products for youth. The large number of tobacco vendors in most communities suggests that retail compliance must approach 100% to reduce the accessibility of tobacco to youth.⁹¹

These limitations notwithstanding, a number of studies have concluded that efforts to reduce access to tobacco by minors through retail controls have contributed to reduced youth tobacco use. According to the Corporate Research Group which has conducted the retailer compliance studies for Health Canada since 2004, there is a correlation between diminished youth access to tobacco through retail sources and declining youth tobacco use.⁹² At the same time as retailer compliance has increased from 48% to 84%, youth smoking prevalence has decreased from 24% to 10% among 15-19 year-olds.⁹³

“Econometric analysis shows that the increase in retailer compliance over time has contributed to the decrease in the prevalence of smoking among youth and the decrease in the percentage of youth accessing cigarettes in retail stores....”

In contrast to the findings by the Corporate Research Group, it is more common for studies to document an apparent paradox following the implementation of a sales-to-minors intervention, that is, youth smoking declines while access to tobacco may not (as retailer compliance increases, youth rely more on social sources). Researchers speculate that the drop in youth smoking is due to the changed social acceptability of youth tobacco use as a result of the intervention. For example, a study by Forster of fourteen Minnesota communities concludes that the lower adolescent smoking rates in the intervention communities were due to both the direct and indirect effects of the prohibition on sales to minors. “In addition to the policy and practice changes and law enforcement efforts, the mobilization process changed perceptions of availability and (very likely) community norms about tobacco sales to and use by youth.”⁹⁴ Various studies show that changing perceptions among youth regarding the easy availability of tobacco contributes to changing beliefs that tobacco use is the norm. And research shows there is an important link between such perceptions and tobacco use. The more youth overestimate the prevalence of smoking among their peers and adults, the more likely they are to start smoking.⁹⁵ The significant declines in smoking rates among elementary and high school students in Florida have been attributed to several elements of the state’s comprehensive tobacco control program, including enforcement of youth access prohibitions. According to the 2000 *Report of the Surgeon General*, “ratings of counties on the level of local enforcement of youth access laws were related to youth smoking prevalence, with the highest levels of enforcement in counties with the lowest prevalence.”⁹⁶

Banning sales in certain types of outlets

Tobacco control legislation in all provinces/territories in Canada includes a provision that prohibits tobacco sales in certain types of outlets. A list of the types of establishment to which the ban applies is usually provided in the accompanying regulations. A table detailing where the sale of tobacco products is banned, by jurisdiction, can be found in Appendix A. The provinces of Nova Scotia and Quebec are the Canadian leaders, banning tobacco sales in 18 and 15 types of outlets, respectively.

Generally speaking, the prohibited locations promote health, education, youth services, and cultural/artistic pursuits. The ban on tobacco sales in these locations reinforces societal messaging that non-smoking is the norm and that the risks of tobacco use render tobacco products incompatible with broader community objectives such as the promotion of health. Similarly, banning tobacco sales in temporary locations helps to ensure that special events, such as outdoor concerts and festivals, are not used to promote tobacco use. Banning tobacco sales in restaurants, bars, and gaming facilities serves to reduce both impulse purchases among current smokers and relapse among smokers who are trying to or have succeeded in quitting.

By helping to change the social acceptability of tobacco use and educate the public about the absolute and relative risks of tobacco products, measures to prohibit tobacco sales in certain locations contribute to reducing demand for tobacco. Whether or not prohibiting sales in certain outlets actually has an impact on the supply of tobacco depends on whether the ease of obtaining tobacco has been affected, for example, by rendering tobacco more time-consuming, more expensive, or less convenient to access. With the possible exception of pharmacies, the places where tobacco sales have been prohibited were small components of the market and therefore the accessibility of tobacco products would likely have changed very little if at all following the sales ban.

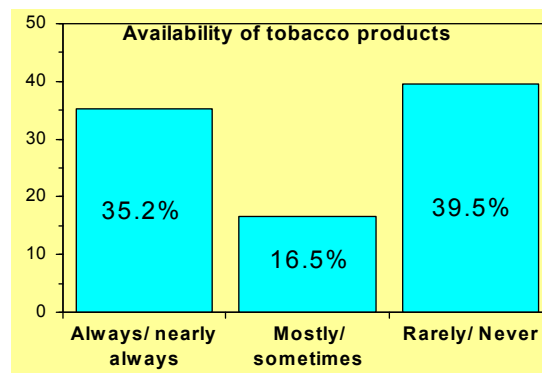
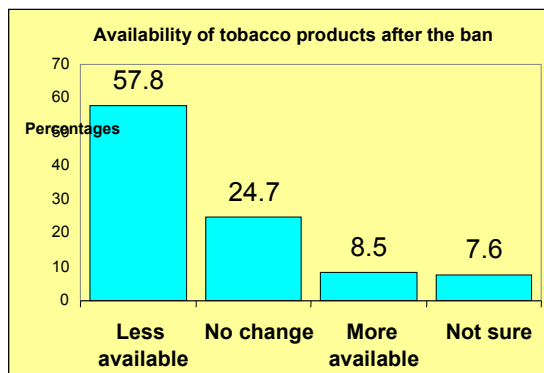
Banning all tobacco sales within a jurisdiction

In 2002, all commercial activities involving tobacco were prohibited in the cities of Medina and Mecca, Saudi Arabia, including using, buying, selling, and advertising tobacco products. Personal possession of tobacco is permitted and tobacco commerce may continue outside the city boundaries. In Medina, the sales ban was implemented incrementally. The city and its districts were divided into three concentric circles, with a radius of 1 km, 5 km, and 15 km, respectively, and the Holy Mosque of the Prophet at the centre. The ban on the sale of tobacco products was introduced within the inner circle and then extended a few months later to the middle circle. The final step was banning the renewal of all licences to sell tobacco within the third circle and prohibiting tobacco vendors from delivering tobacco products to any commercial facility in Medina. The policy resulted in the forced relocation to the outskirts of some twenty restaurants and cafes where waterpipe smoking was popular and the ending of tobacco sales by some 200 retailers. In Mecca, the sale of tobacco was banned within a prescribed radius of the holy mosque and near schools. The policy measures were accompanied by a multi-component education campaign and cessation support for locals and pilgrims. According to a WHO report, while retail stores no longer sell tobacco, tobacco remains readily accessible within the two cities because of the growth of an “underground trade ... with street cleaners readily selling tobacco to pilgrims.” The sales ban is also undermined by the weak enforcement of the ban on tobacco use, such that smoking remains highly visible on the streets of Medina and Mecca. However, the prohibition against tobacco sales has reduced the availability of tobacco and, together with the advertising ban, has eliminated all forms of visible tobacco product promotion within the two jurisdictions.

Unfortunately, the impact of these measures on tobacco use and related attitudes has not yet been evaluated.⁹⁷

In December 2004 the remote Himalayan Kingdom of Bhutan became the first country in the world to ban tobacco sales. The ban has been implemented incrementally. In 1998, five districts became tobacco-free, increasing to 18 of 20 in 2002, with duty-free sales banned nation-wide in 2003. Together with a ban on smoking in all public places and workplaces, the complete ban on tobacco sales in 2004 is part of a government effort to render Bhutan a tobacco-free nation. Although it is not illegal to import tobacco into the country, a 100% tax is imposed on all tobacco imported into Bhutan for personal consumption. The penalty for individuals caught selling is \$210. The consequences are more severe for businesses and foreigners: establishments will lose their business licence and foreigners will be charged with smuggling.⁹⁸

Bhutan's experience with the ban on sales has been mixed. As the graphs below illustrate, tobacco users have experienced greater difficulty obtaining tobacco since the ban. Sixty percent indicated that tobacco is less available after the ban, and forty percent found that tobacco is never or rarely available. Nonetheless, two-thirds indicated that shops continue to be a place where people usually buy tobacco.⁹⁹



Source: S Phuntsho, "The Bhutan ban on sales of tobacco products and associated efforts," Presentation to AFACT 2010, Sydney, Australia, 9 October 2010.

A dramatic decrease in the availability of tobacco products occurred following the sales ban despite significant weaknesses in the legislation itself and its enforcement. No additional resources were devoted to enforcement, penalties were inadequate to serve as deterrents, and import quotas far exceeded the amount necessary for personal consumption, providing a ready supply of product for the black market. Many of these problems have been addressed with the passage of the *Tobacco Act* in June 2010.

With regard to the impact of the sales ban on behaviour, fully three-quarters (73%) of tobacco users were motivated to make a quit attempt in the year following implementation. When asked their reasons for thinking of quitting, 46% cited the ban and 28% said difficulty in obtaining tobacco. Particularly noteworthy is the change in

prevalence of tobacco use among youth, which decreased from 23.7% in 2005 to 18.8% in 2009.

The idea of banning tobacco sales as a means of reducing tobacco use has begun to gain traction among certain circles. A tobacco sales ban has been proposed for the US military, for example, as a means of phasing out tobacco use in twenty years. Indeed, the Institute of Medicine, in its report on *Combating Tobacco Use in Military and Veteran Populations* recommends that the Department of Defense, the armed services, and Veterans Affairs develop a comprehensive and integrated tobacco control strategy that would include a ban on tobacco sales:¹⁰⁰

“[T]he committee believes that DoD should not be selling products that are known to impair military readiness and health, and it recommends that these sales be eliminated on all military installations. Again, a phased approach may be most effective. The committee recommends that, at the very least, tobacco sales be eliminated in Army and Air Force commissaries (as they are currently in Navy and Marine Corps commissaries)....”

In a survey of some 16,000 military personnel, between one-third and one-half (33% of Air Force, 38% of Navy, and 50% of Army and Marine Corps) reported that a reason for smoking was the widespread availability of cigarette vendors on installations, including commissaries, exchanges, and package stores.¹⁰¹

Tobacco control professionals in New Zealand have recently posed the idea of implementing a set of policies step-wise over a decade that would phase out the sale of tobacco products by 2020.¹⁰² The first step would be to equalize the tax on all smoked tobacco products to ensure that no incentive remains for smokers to switch to a lower-priced product and then increase the tax rate. Secondly, supply of tobacco products would be reduced by allocating a national sales quota on all tobacco manufacturers and importers and then gradually reducing the quotas to zero over a ten-year period. Serious penalties would be imposed for exceeding a quota. At the same time mandatory reductions in the permitted nicotine content in cigarettes of approximately 20% per year would be imposed ultimately lowering the nicotine to below the threshold level for maintaining addiction. Lastly the regulatory environment would be changed to facilitate the licensing and sale of more effective cigarette substitutes.

Laugesen and colleagues argue that it would be simpler and more effective to impose a sales quota on manufacturers and importers and then regularly reduce the quota than to reduce the number of tobacco vendors. For one thing, there are fewer than twenty manufacturers and importers compared to 8,000-9,000 retailers. As well, they believe that decreasing the number of outlets selling tobacco would merely serve to concentrate sales in the remaining outlets, with little effect on total sales for years.

The alcohol example

Just as there are numerous studies showing the impact of liberalized policies on alcohol sales and consumption so too is there research evidence of the corollary—the impact of reduced accessibility on sales and consumption. Gruenewald and colleagues conducted a time series cross-sectional analysis of alcohol consumption and the density of alcohol outlets in all fifty US states. The study found that a 10% decrease in the density of outlets would reduce consumption of hard liquor by 1-3% and of wine by 4%.¹⁰³

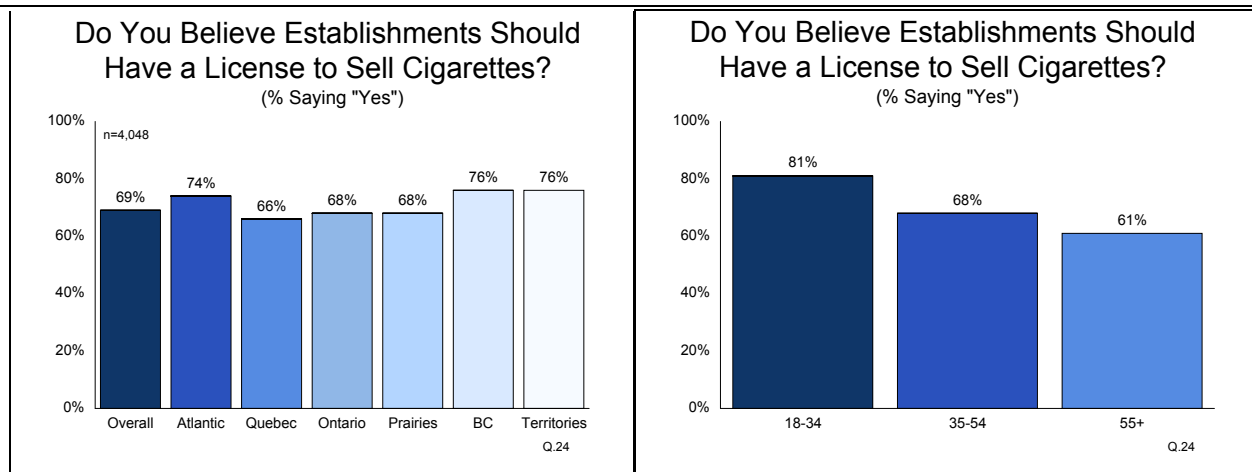
The Task Force on Community Preventive Services also examined the effect of alcohol bans on consumption and related harms. All of the studies of bans in isolated northern communities found that a ban on alcohol sales resulted in significant reductions in alcohol-related harms, except suicide. Studies of sales bans in less isolated communities have yielded mixed results. Some found that bans resulted in increased harms such as motor vehicle accidents. Two studies found that states with a large proportion of their population living in dry counties had lower levels of alcohol consumption and related harms. The Task Force concluded that the effectiveness of bans in reducing alcohol consumption and related harms is likely dependent on the availability of alcohol in the surrounding communities.¹⁰⁴

The Public Supports Measures to Reduce Retail Accessibility

Significant public support for substantive reforms to the way tobacco is sold goes back at least 15 years and in some cases pre-dates public discussion of the policy options. A 1996 national survey of Canadian adults by Environics Research Group revealed strong majority support for all of the following measures:¹⁰⁵

- | | |
|--|-----|
| ▪ Reducing the number of places where tobacco can be sold | 68% |
| ▪ Restricting tobacco sales to special outlets to which minors have restricted access (i.e. tobacco should be sold the way alcohol is—all provinces except Quebec) | 75% |
| ▪ Restricting tobacco sales to special outlets to which minors have restricted access (i.e. tobacco should be sold the way spirits are—Quebec only) | 63% |

A national survey for Health Canada in 2005 by Corporate Research Associates likewise found significant support for changes to the tobacco retail environment. More than two-thirds (69%) of Canadians support the licensing of establishments that sell tobacco, as shown in the graphs below. It is notable that in addition to strong support overall, support is consistently high among different demographic groups. Regardless of smoking status, geography, and age, a majority of smokers support licensing, a majority in all provinces, and a majority in all age groups, although support is highest among young adults 18-34 years.¹⁰⁶



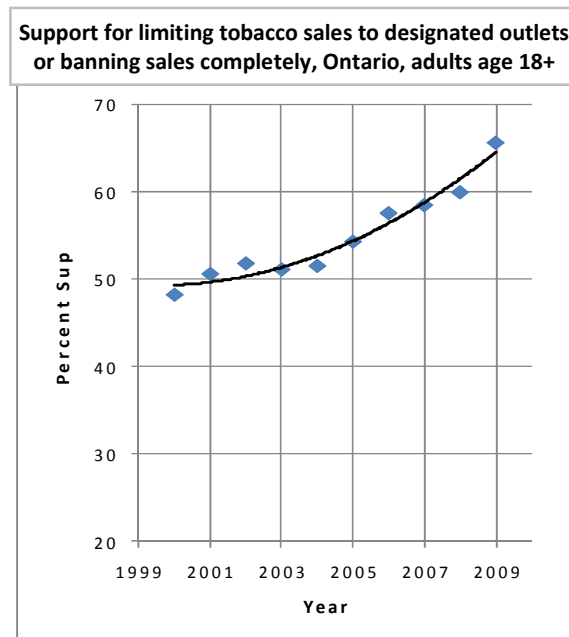
Source: Corporate Research Associates Inc., *National Baseline Survey on the Tobacco Retail Environment: Final Report*, March 2005.

A majority of Canadians (56%), including a majority in all provinces, are also in support of a more radical measure than licensing—limiting where tobacco can be sold in order to reduce the number of establishments that sell cigarettes. Although support is somewhat lower than for licensing, support for limiting the type of establishments permitted to sell tobacco increases when seen as a means of restricting youth access to tobacco, in particular prohibiting sales in places where minors have access and in outlets within 500 metres of schools. Smokers are evenly divided on this issue, with 38% in support and 36% opposed.

Surprisingly the survey found substantial support for a policy option that has never received public discussion—banning tobacco sales in places where everyday items are sold. Almost half of Canadians (47%) are opposed to the sale of cigarettes in establishments where everyday products, such as bread, milk, candy, are sold. Notably, even one-quarter of smokers oppose tobacco being sold alongside everyday products and just over 30% are undecided.

A 2009 survey of Ontario adults by the Centre for Addiction and Mental Health revealed significant support for radical changes in the retailing of tobacco products. More than two-thirds (69%) believe that “the number of retail outlets that sell cigarettes should be greatly reduced.” When asked how tobacco should be sold in the province, only one-third support the continuation of sales in multiple types of outlets as they are now. In contrast a large plurality (41%) feel that tobacco should be sold in government-controlled outlets similar to the way alcohol is sold in Ontario and another 24% think that tobacco products should not be sold at all. When asked whether the sale of cigarettes should be banned or should continue, 30% said it should be phased out over 5-10 years and 27% said it should be ended as soon as possible.¹⁰⁷

The graph below illustrates the trend of increasing support among Ontario adults over the past decade for a significant restructuring of the retail tobacco sales market.¹⁰⁸



Source: Centre for Addiction and Mental Health, *CAMH Monitor*, 2000-2009

A large scale survey in England in 2008 of more than 8,000 people assessed support for the government moving towards banning the sale of tobacco products within the next ten years.¹⁰⁹ Overall 45% would support a total ban on tobacco sales. Not surprisingly support is related to smoking status, with non-smokers and ex-smokers being more supportive than current smokers. Nonetheless, fully one-third of smokers expressed support for banning tobacco sales, comparable to the level of support among smokers for the smoking ban on public places in Ireland prior to its implementation. Among smokers, several attitudinal characteristics were associated with being supportive of a sales ban: feeling uncomfortable being a smoker, wanting to be a non-smoker, and worrying about future health consequences of tobacco use.

In New Zealand a number of surveys have been conducted of the public's attitudes toward the radical proposal of ending the commercial sale of tobacco products by 2020.¹¹⁰ In May and again in July 2010, a majority of New Zealanders (64% and 59%, respectively) expressed support for ending tobacco sales in the country within ten years. A spokesperson for Action on Smoking and Health, the survey sponsor, believes the results "showed the public believed 'enough is enough' and it was time for strong action to be taken on tobacco."

Conclusions and Recommendations

In Canada alone, some 37,000 *preventable* deaths are attributed to tobacco use each year.¹¹¹ Globally the annual death toll exceeds five million.¹¹² Tobacco products kill half of their long-term users, half of them prematurely.¹¹³ Furthermore, for every premature death caused by smoking, there are at least twenty smokers living with a serious smoking-related illness. Indeed, tobacco products cause disease in virtually every organ of the body.¹¹⁴ Tobacco use itself is often called a pediatric disease, because most users become addicted during adolescence, before they have the ability to fully understand the consequences of their actions.¹¹⁵

Given the magnitude of the burden imposed on individuals, families, and society by tobacco products—physical, emotional, financial—the question should not be whether the retail sale of tobacco can be regulated to reduce accessibility but rather why has it not already been done? Veteran tobacco control researcher and advocate Simon Chapman has a simple answer; Chapman blames the “trivialisation of tobacco retailing” for the current situation, whereby a highly addictive and lethal product is easily accessible in every corner store, gas station, and supermarket, and believes that “concerted and imaginative effort will be needed to successfully reframe tobacco retailing away from its current *laissez faire* status.”¹¹⁶

Numerous surveys conducted in the province of Ontario and nationally in Canada over the past fifteen years, as well as in various other countries, show consistently strong public appetite for measures that would radically reform the way in which tobacco products are sold. A significant majority of Ontario adults approve of licensing retailers and reducing the number and type of outlets that can sell tobacco, particularly to help prevent children from accessing tobacco products. Two-thirds of Ontario adults support either banning tobacco sales completely or limiting tobacco sales to government controlled outlets, the way alcohol is sold in the province. A similarly strong level of support for restricting sales to government outlets was found in a nation-wide poll in 1996, long before this type of major retail reform had entered the public discourse.

The comparison between tobacco and alcohol works conceptually in terms of providing a logical rationale for stricter regulation of tobacco sales and suggesting possible policy options to reduce retail accessibility. While both are addictive and potentially lethal products, tobacco usually addicts at much lower doses and usually while users are still adolescents.¹¹⁷ In addition, there is no safe level of tobacco *use*, whereas it is alcohol *abuse* that causes physiological and social harm. The death toll in Canada from tobacco use is four times higher than from alcohol abuse, and the direct and indirect costs of tobacco use exceed those of alcohol abuse by more than two billion dollars per year. Despite these marked differences, alcohol sales continue to be much more tightly regulated in most Canadian provinces than tobacco. Applicants for an on-premise alcohol licence in Ontario must undergo a much lengthier and more onerous process, pay considerably higher fees, and provide an opportunity for local residents to object to the

licence being issued. The relative lack of gravity accorded tobacco products and thus tobacco sales is reflected in the minimal fees for a tobacco retailer licence in most Canadian jurisdictions, the inadequate penalties imposed for non-compliance, and the failure to take public policy goals into consideration when determining whether a retailer licence should be granted. The end result is that in many communities tobacco outlets are much more prevalent than alcohol. In the province of Ontario, for example, there is one tobacco vendor per 114 smokers but one alcohol vendor for 460 alcohol consumers.

The comparison between tobacco and alcohol also works in terms of providing a solid evidence base that demonstrates the potential impact of reduced accessibility on consumption. There is a large body of excellent research into specific interventions for alcohol. Moreover, the fact that research has been conducted over several decades and in many countries and produced similar conclusions gives greater confidence that the results are applicable to tobacco use as well:

“The greater the generalizability of the findings internationally, the greater confidence one can have that any one policy strategy works in diverse settings and cultures. Policy strategies that have been shown to be consistently effective over time and in two or more countries or cultural settings include ... density of alcohol outlets [and] ... hours and days of alcohol sales.”¹¹⁸

There is also a growing body of research examining outlet density for tobacco products, but little research into the effects of different types of tobacco retail systems on tobacco use. However, given the many similarities between alcohol and tobacco use, there is every reason to believe that the results should be analogous.

Both alcohol and tobacco control research demonstrate that there are higher concentrations of retailers of these addictive and harmful substances in neighbourhoods with low socio-economic status. However, because the studies are largely cross-sectional, it is not possible to determine the direction of cause and effect; in other words, the studies do not indicate whether there are more alcohol/tobacco vendors in low income neighbourhoods because a higher percentage of residents of these neighbourhoods drink alcohol/smoke or whether a higher percentage of residents of low income neighbourhoods drink/smoke because of the density of stores selling these products.

Nonetheless, there are numerous indicators that increased availability of alcohol leads to increased consumption. Based on a thorough review of the literature up to 2006, the US Task Force on Community Preventive Services found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend the use of licensing and zoning to limit alcohol density. A more recent study by Stockwell found a significant increase in per capita consumption of alcohol for every 10% increase in the density of liquor outlets, except government-controlled stores. Studies also support the corollary—that decreased availability results in decreased use of

alcohol. A time-series cross-sectional analysis by Gruenewald found that a 10% decrease in alcohol outlet density yielded a reduction in spirit consumption of 1-3% and in wine consumption of 4%. The Task Force found that alcohol sales bans in isolated communities led to substantial reductions in alcohol-related harms. Two studies found that states with a large proportion of the population living in dry counties had lower levels of consumption and related harms, but studies of bans in less isolated communities produced mixed results, suggesting that there needs to be a true reduction in availability before there is an impact on consumption.

A number of tobacco-specific studies on retail availability indicate that increased availability contributes to increased tobacco use among youth. Research suggests that enforcement of sales-to-minors laws may have a greater impact on youth living in places where there are fewer tobacco outlets, such as in rural or smaller communities. Some researchers believe that the density of retailers is a key variable, and thus the proportion of retailers willing to sell tobacco to minors in a community is less important than the absolute number of retailers willing to sell.¹¹⁹ A study by Leatherdale of 29 secondary schools in Ontario found that retailer density within a six-block radius of a school was associated with increased likelihood of youth purchasing their own tobacco, and various studies have shown that perceived easy access to tobacco contributes to higher smoking rates among youth.

These findings are supported by the Pokorny study of eleven towns in Illinois. Pokorny found that higher levels of retailer availability were related significantly to students' perceptions of easy access to tobacco and to youth smoking initiation among youth who did not live with an adult smoker. For each additional tobacco vendor per 1,000 adolescents, the odds of smoking initiation increased 1.5 times. Studies by Henrikson and Novak of the correlation between retailer density and youth smoking found that retailer density was associated with higher youth smoking prevalence and greater likelihood of being a smoker, respectively. A study by Chuang found that individuals in neighbourhoods with a high density of tobacco retailers had higher levels of smoking regardless of their personal SES or neighbourhood SES.

Various tobacco control interventions to limit tobacco sales have yielded different results in terms of their impact on tobacco use. These measures include bans on tobacco sales to minors, prohibitions on tobacco sales in different classes of trade, and bans on all tobacco sales within a certain jurisdiction. Whether these measures have any impact on tobacco use behaviours, including youth uptake, level of consumption, and quitting, appears to depend on whether there is any significant decrease in the accessibility of tobacco products. Accessibility is determined not only by the specific policy measures but equally by the adequacy of the enforcement activities, including the likelihood of an offender being charged for non-compliance and the deterrent value of the penalties. Accessibility is also related to whether there are alternative sources of supply that merely replace the prohibited sources: social sources rather than retailers; convenience stores rather than pharmacies; and neighbouring communities and the black market in jurisdictions where

sales are totally banned. To maximize the potential for retail sales restrictions to reduce tobacco use, the policies must be as comprehensive as possible, must be effectively enforced, and must address unintended consequences.

The alcohol and tobacco literature provide a strong case for using licensing and/or zoning as tools to reduce the accessibility of tobacco retailers. And while it is not possible to ascertain a precise formula by which to reduce accessibility and thus tobacco use, the research does provide some clear guidance regarding the provisions that can be expected to yield the best results.

Recommendation 1: All provinces/territories should broaden the categories of outlets that are prohibited from selling tobacco products to at least equal the standard set by Nova Scotia. In addition, outdoor recreational facilities such as amusement parks should be included among prohibited outlets, as they are currently in Saskatchewan.

Recommendation 2: All jurisdictions should make it an immediate priority to develop and maintain an accurate database of retailers of tobacco products. This information should be shared with other levels of government, with agencies involved in monitoring and enforcing compliance with tobacco control laws, and with the public.

Recommendation 3: All provinces/territories should require licensing of all wholesalers and retailers of tobacco products. The licensing system should be administered by the health ministry and not by revenue or finance, in recognition of its primary role as a tobacco control measure, a move endorsed by the US Institute of Medicine:¹²⁰

“Under any of the approaches (public monopoly, chartered non-profit monopoly, or a private licensing system), the decisions regarding number and location of outlets should be made by a public health agency, taking into account the potential benefits (in reducing tobacco use) and the possible costs, including the risk of stimulating a black market.”

Recommendation 4: The conditions of licensing should reflect the addictive and lethal nature of tobacco and the need to prevent children from experimentation and subsequent addiction to the product. The following conditions represent the minimum requirements for a licensing system:

- A condition of licence should be compliance with all applicable tobacco control laws.
- A separate licence should be required for each individual venue.
- The licence should be prominently displayed in each retail establishment. Retailers should also be required to post a government-mandated sign indicating that the licence to sell tobacco has been suspended for violation of a tobacco

- control law. The time period of the suspension and the nature of the violation should be included on the sign.
- Licence fees should be set high enough and reviewed regularly to ensure that they cover all costs associated with:
 - administration of the licensing regime;
 - enforcement, including sufficient inspections and compliance checks;
 - provision of licensing-related information to customers and the public; and
 - training of applicants and clerks and ongoing provision of information to licensees to ensure their compliance.
 - There should be a graduated penalty structure, with penalties significant enough to serve as a real deterrent to non-compliance, including substantial fines, licence suspension, and permanent revocation of a retailer's licence to sell tobacco.

Recommendation 5: The province/territory should cap the number of tobacco retailer licences at the current total and set a goal of significantly reducing the number of outlets in the province/territory within five years.

Recommendation 6: As with many other tobacco control policies, local governments should retain the right to enact more stringent regulatory and legislative measures than the minimum standard set by the province/territory. To this end, municipalities that do not currently mandate tobacco retailer licensing fees should do so. The licensing provisions should be consistent with those of the province/territory. A committee of council should be charged with reviewing the local situation with regard to the location, number, and density of tobacco retailers and developing a plan to reduce the number and density of outlets and the presence of tobacco retailers in areas frequented by youth, such as near schools and community centres.

Recommendation 7: In the near term, the provincial ministry of health and local and provincial health groups should work with one or more willing municipalities to pilot test a substantive restructuring of the tobacco sales environment in the community. This should include an aggressive target for the reduction in the number and density of outlets within a few years, using appropriate licensing and zoning measures to reach the target. As well, to ensure that other communities benefit from the learnings offered by the pilot project(s), the provincial government should provide funding for research and surveillance both before and after the intervention:

“[R]estructuring the retail environment for tobacco products require[s] thorough analysis before being implemented and careful monitoring afterward. Such an analysis will require a robust capacity to conduct tobacco policy analysis, including state-of-the-art modeling of the effects of new industry initiatives and potential regulatory interventions.”¹²¹

Survey after survey in various Canadian jurisdictions over the past fifteen years show consistently strong support for major reforms to the manner in which tobacco products

are sold. A solid majority of Canadians express support for a wide range of measures to reduce the availability of tobacco products at retail in order to reduce tobacco use, from mandatory licensing of retailers, to limiting sales to government outlets, to phasing out tobacco sales altogether. Public support will be critical to the success of any initiative to implement controls on the retail availability of tobacco, as significant opposition can be expected from the retail sector and possibly the business community at large. The three novel approaches to reducing retailer availability in the cities of San Francisco and Buffalo and the state of New York provide some valuable lessons in that regard, in particular, the importance of not underestimating the likely opposition from tobacco retailers and manufacturers.

Various tobacco control authorities believe that continued success in reducing prevalence of tobacco use will require more dramatic interventions than have been implemented to date, including a complete reframing of how the business of tobacco is conducted. A radical overhaul of the retail landscape such that tobacco products are no longer available 24 hours a day, seven days a week, in every corner store, gas station, and grocery store represents a critical element in that reframing.

Appendix A: Places Where Tobacco Sales Are Prohibited by Law

Location	Province/Territory												
	AB ¹²²	BC ¹²³	MN ¹²⁴	NB ¹²⁵	NL ¹²⁶	NS ¹²⁷	NT ¹²⁸	NWT ¹²⁹	ON ¹³⁰	PEI ¹³¹	QC ¹³²	SK ¹³³	YK ¹³⁴
Provincial gov't buildings		X			X	X				X		X	
Municipal gov't buildings		X			X	X				X		X	
Vending machines				a	X	X	X	X	X	X	X	b	
Pharmacies	X			X	X	X	X	X	X	X	X	X*	X**
Hospitals	X	X			X	X	X		X	c	X	X	
Health care facilities	X	X			X	X	X		X	X	X	X	
Residential care facilities	X	X			X	X	X		X	X	X	X	
Schools	X				X	X				X	X	X	
Post-secondary schools	X	X			X	X		d		X	X		
Child care facilities					X		X				X		
Indoor sport/recreation facilities		X			X	X		X		X	X	e	
Community centres						X					X		
Theatres/cinemas					X	X				X	X	X	
Libraries/Galleries					X	X					X		
Outdoor recreational facilities such as amusement parks												X	
Temporary outdoor locations					X	X					X		
Restaurants						X					X		
Bars						X					X		
Gaming facilities						X							

Appendix B: Tobacco Retailer Licensing Requirements

Jurisdiction	License Fee	Conditions	Other
Australia—State ¹³⁵			
Australian Capital Territory	\$200 ¹³⁶ Annual renewal	<ul style="list-style-type: none"> • Retail Tobacconist’s Licence required to sell tobacco¹³⁷ • Licence not transferable • Can be suspended for up to 5 years or revoked 	<ul style="list-style-type: none"> • Fines expressed in “penalty units”: penalty unit = \$110 for individual and \$550 for corporation • Maximum penalty for selling tobacco to minors is 200 penalty units • Rather than refuse a licence, registrar may require that applicant take approved training course related to provisions of <i>Tobacco Act 1927</i>
Tasmania	\$195.84 ¹³⁸ Annual renewal	<ul style="list-style-type: none"> • Licence required to sell tobacco • Only individuals, not companies, can apply for a tobacco seller's licence • Licence not transferable • Licence must be displayed clearly at all premises where tobacco products sold 	<ul style="list-style-type: none"> • Licence cancellation and maximum penalty of \$6,000 for first offence and \$12,000 fine for second and subsequent offence¹³⁹ • Selling tobacco without a licence leads to infringement notice of \$240 • Maximum penalty for not displaying licence is \$1,200 or \$120 infringement notice • Government provides training checklist for licensed tobacco retailers to use with staff¹⁴⁰
Western Australia	\$204 retailer \$204 indirect seller \$510.50 wholesaler ¹⁴¹ Annual renewal ¹⁴²	<ul style="list-style-type: none"> • Licence required by all retailers and wholesalers • One licence for each outlet; vending machine = one outlet • Licence only applies to specified premises (no mobile sales except from vehicles at outdoor events) • Licence must be prominently displayed to public 	<ul style="list-style-type: none"> • All licensees must provide training to staff on sales-to-minors provisions of <i>Tobacco Product Control Act 2006</i> • 1st offence = maximum penalty of \$10,000 (individual) and \$40,000 (corporation) • 2nd & subsequent offence = maximum fine of \$20,000 (individual) and \$80,000 (corporation)

Jurisdiction	License Fee	Conditions	Other
South Australia	\$231 fee Fee indexed yearly ¹⁴³	<ul style="list-style-type: none"> • Retail Merchant's Licence required to sell tobacco¹⁴⁴ • One licence needed per outlet¹⁴⁵ • Licence not transferable • Licences must be displayed prominently • Staff training required 	<ul style="list-style-type: none"> • On the spot fine for selling tobacco to minors is \$315¹⁴⁶ • Maximum fine after prosecution is \$5,000
Canada—Provincial			
Alberta		<ul style="list-style-type: none"> • No licence required for retailers • Licence required only for wholesalers and importers¹⁴⁷ 	
British Columbia	No fee	<ul style="list-style-type: none"> • All tobacco retailers must possess valid Tobacco Retail Authorization (TRA) Certificate • Separate TRA Certificate with unique permit number required for each retail outlet^{148 149} • TRA Certificate not transferable • TRA Certificate must be prominently displayed • Retailers required to present TRA Certificate when purchasing tobacco from registered wholesaler 	<ul style="list-style-type: none"> • Retailers also required to obtain a business licence from their local municipality where applicable • Retailers with 2+ convictions under <i>Tobacco Sales Act</i> can lose authorization to sell tobacco products for up to two years¹⁵⁰
Manitoba	No fee ¹⁵¹	<ul style="list-style-type: none"> • All tobacco retailers and wholesalers must have valid Tobacco Dealer's Licence under <i>Tobacco Tax Act</i> • Separate licence required for each of two or more locations • Each vending machine must display sticker or other evidence of the licence^{152 153} • Licence must be displayed prominently¹⁵⁴ 	

Jurisdiction	License Fee	Conditions	Other
New Brunswick ¹⁵⁵	\$15 One-time only fee	<ul style="list-style-type: none"> • All tobacco retailers must have Tobacco Retail Vendor's Licence • Separate licence required for each location • Licence not transferable • Licence may be revoked if Minister has reasonable grounds to believe violation has occurred; vendor may reapply 	<ul style="list-style-type: none"> • Finance Minister may refuse to issue licence if reasonable/probable grounds to believe applicant: <ul style="list-style-type: none"> - has been convicted of violation of <i>Tobacco Tax Act</i> or tobacco provision in any other Act - has failed to comply with any term/condition imposed on licence previously issued or - has had licence revoked during past 5 years • Penalties for sales-to-minor offence:¹⁵⁶ <ul style="list-style-type: none"> - 1st offence = fine of \$240-\$2,620 and license may be suspended for one calendar month - 2nd & 3rd offence = maximum \$5,120 fine and/or maximum 30 days in prison; licence may be suspended for double number of months of previous suspension
Newfoundland and Labrador	Annual renewal no longer required ¹⁵⁷	<ul style="list-style-type: none"> • Licence required to sell tobacco products¹⁵⁸ • Licence is transferable with written approval of the minister¹⁵⁹ • Licence must be prominently displayed on the premises¹⁶⁰ 	<ul style="list-style-type: none"> • Penalty for selling tobacco while prohibited from doing = \$500 fine¹⁶¹ • Penalty for sales-to-minors and other contraventions of <i>Tobacco Control Act</i>:^{162 163 164} <ul style="list-style-type: none"> - 1st offence = \$500 fine and prohibited from selling tobacco for 3 months - 2nd offence = \$2,500 fine and prohibited from selling tobacco for 6 months - 3rd offence = \$5,000 fine and prohibited from selling tobacco for 9 months • Penalties for a person other than a retailer guilty of an offence under the Act is liable: <ul style="list-style-type: none"> - 1st offence = \$50 fine - 2nd offence = \$250 fine - 3rd & subsequent offence = \$500 fine¹⁶⁵ • Each contravention of the Act is considered a new and separate offence

Jurisdiction	License Fee	Conditions	Other
Northwest Territories ¹⁶⁶	No fee	<ul style="list-style-type: none"> • Retail dealer's permit required • Separate permit required for each sales location 	<ul style="list-style-type: none"> • Fine of \$500-\$1,000 and 3-6 months in prison, or both, on conviction for a false statement on any form or return filed under <i>Tobacco Tax Act</i> • Fine of \$500-\$1,000 and up to 30 days in prison, or both, on conviction for selling tobacco products without permit¹⁶⁷
Nova Scotia	\$114.33 per location ^{168 169} Renewable every 3 years ¹⁷⁰	<ul style="list-style-type: none"> • Tobacco retail vendor's permit required for each location¹⁷¹ • Commissioner may suspend, cancel, or refuse to issue or renew permit if vendor: <ul style="list-style-type: none"> - contravenes <i>Revenue Act</i> or regulations - breaches any agreement under Act or regulations - is in arrears in remission of tax; fails to file tax return; or files a false return • If person with retail vendor's permit is convicted of offence under federal <i>Criminal Code</i>, <i>Excise Tax Act</i>, or <i>Income Tax Act</i>, Commissioner shall cancel permit for specified period 	<ul style="list-style-type: none"> • <i>Municipal Government Act</i> (MGA) gives municipalities the right to require tobacco retailers to obtain municipal licences and to establish "reasonable" licence fees^{172 173} • Maximum retailer may sell to customer at one time:¹⁷⁴ <ul style="list-style-type: none"> - 1000 cigarettes; or - 5 cartons of cigarettes; or - 1000 grams of fine cut or other tobacco, or combination of cigarettes, fine cut, other tobacco that exceeds 1000 grams • Penalties for tobacco sales to minors:^{175 176} <ul style="list-style-type: none"> - 1st offence = maximum \$2,000 fine and sales prohibition for 7 days - 2nd offence = maximum \$5,000 fine and sales prohibition for 3-6 months - 3rd offence = maximum \$10,000 fine and sales prohibition for 12-14 months
Nunavut	No fee	<ul style="list-style-type: none"> • All tobacco retailers and wholesalers must have permit¹⁷⁷ • Permit is not transferable • Permit must be kept at principal place of business • Minister may suspend or cancel licence of retailers in contravention of <i>Tobacco Control Act</i> 	<ul style="list-style-type: none"> • Each separate sale or transaction in contravention of Act constitutes separate offence • Each day contravention continues constitutes separate offence

Jurisdiction	License Fee	Conditions	Other
Ontario	No fee	<ul style="list-style-type: none"> • Tobacco retailers require either a valid Retail Sales Tax (RST) vendor's permit or, as of 1 July 2010, a tobacco retail dealer's permit issued under the <i>Tobacco Tax Act</i>¹⁷⁸ • All tobacco wholesalers must also have permit issued by the Ministry of Revenue • Tobacco retailers must ensure that they purchase tobacco from wholesaler with a valid wholesaler's permit • Tobacco wholesalers must ensure that retailers to whom they are selling have valid RST vendor's permit or a tobacco retail dealer's permit • Ontario municipalities are authorized to require tobacco retailers to be licensed and to charge annual tobacco retail licence fee¹⁷⁹ 	<ul style="list-style-type: none"> • Retailers who violate <i>Tobacco Tax Act</i> or <i>Smoke-Free Ontario Act</i> two or more times within five years may be banned from selling tobacco for up to 6 months • Retailers banned from selling tobacco must post signs in their stores notifying the public of the ban¹⁸⁰ • Failure to comply with temporary ban on tobacco sales could lead to fines of \$5,000-\$50,000 and confiscation of tobacco • Ministry of Revenue may publish online list of retailers who have been banned from selling tobacco
Prince Edward Island	No fee	<ul style="list-style-type: none"> • Retail Vendor's Licence is required¹⁸¹ • Licence is not transferable • Licence must be prominently displayed at each place of business specified in licence • Minister may refuse to issue licence for variety of cases outlined in the <i>Tobacco Tax Act</i> 	<ul style="list-style-type: none"> • Penalties for sales-to-minors and other offences under <i>Tobacco Tax Act</i>: <ul style="list-style-type: none"> - 1st offence = maximum \$2,000 fine and license may be suspended - 2nd offence = maximum \$5,000 fine and license may be suspended or cancelled - 3rd & subsequent offence = maximum \$10,000 fine and license may be suspended or cancelled • Penalties for other offences detailed in <i>Act</i>

Jurisdiction	License Fee	Conditions	Other
Quebec ¹⁸²	No fee	<ul style="list-style-type: none"> All tobacco retailers must hold valid registration certificate from Revenue Minister All tobacco retailers must register name and address of all outlets with Enterprise Registrar; all new retailers must inform Registrar within 30 days of opening All retailers must notify Registrar within 30 days of discontinuing operations Tobacco sales prohibited in large number of prescribed places^{183 184} 	<ul style="list-style-type: none"> Penalty for failure to register with Enterprise Registrar = fine of \$300-\$2,000; repeat offences subject to fines of \$600-\$6,000 Sales-to-minors violation subject to fines and sales prohibition for one month, six months and 2 years All other offences by retailers subject to fines Administrative fees are added to the penalties¹⁸⁵
Saskatchewan		<ul style="list-style-type: none"> Tobacco manufacturers and importers must be licensed¹⁸⁶ No licence required by retailers unless they are importing tobacco directly from manufacturers or from non-resident suppliers 	
Yukon Territory	No fee	<ul style="list-style-type: none"> Retail dealer's permit required to sell tobacco products¹⁸⁷ Permit is not transferable Permit must be displayed prominently¹⁸⁸ Dealer's permit remains in force unless it is cancelled or suspended 	<ul style="list-style-type: none"> Permits may be cancelled or suspended Minister may refuse to issue permit to individual who has contravened <i>Tobacco Tax Act</i>¹⁸⁹ Penalties for contravening the Act = maximum fine of \$1,000 or imprisonment Each day on which offence continues constitutes separate offence
Canada—Municipal			
Alberta			
Calgary	\$146 initial + \$40 fire inspection fee \$111 renewal + \$20 fire inspection fee ¹⁹⁰		

Jurisdiction	License Fee	Conditions	Other
Edmonton	\$198 ¹⁹¹ Annual renewal		
St. Albert	\$500 Annual renewal ¹⁹²	<ul style="list-style-type: none"> • Tobacco retailers require tobacco retail licence and business licence • Licence must be prominently displayed to the public¹⁹³ • Licence is not transferable • Licence can be revoked for breach of any municipal, provincial, or federal tobacco sales law • Inspector may impose conditions on licence renewal following breach, related to secure storage of tobacco products; hours during which tobacco may be sold; requirement that all customers purchasing tobacco show photo ID 	Licence holder may be individual or corporation
Ontario ¹⁹⁴			
Barrie	\$220		
Brockville	\$36		
Burlington	\$145		
Chatham-Kent	\$75		
Cornwall	\$40		
Halton Hills	\$110		

Jurisdiction	License Fee	Conditions	Other
Hamilton	\$351 first time \$298 renewal ¹⁹⁵ Fees are reviewed periodically by the Licensing Section	<ul style="list-style-type: none"> Tobacco vendors are subject to Licensing Code By-law 07-170 A tobacco can be charged and, if convicted, fined. Alternatively or in addition, they may be subject a Licensing Tribunal hearing where their licence can be refused, revoked or suspended 	<ul style="list-style-type: none"> When a tobacco sales prohibition is imposed under the <i>Smoke Free Ontario Act</i>, the tobacco retailer's business licence automatically expires under the Licensing Code By-law 07-170 When the tobacco sales prohibition ends, the tobacco retailer must reapply for their business licence
Kingston	\$200		
Markham	\$311 ¹⁹⁶	<ul style="list-style-type: none"> Licence must be prominently displayed¹⁹⁷ Licence is not transferable Licence may be revoked for non-compliance with By-law 2002-309, <i>A By-law to Provide for the Licensing and Regulation of Tobacco Shops</i> 	
North Bay	\$50		
Ottawa ^{198 199}	\$360 initial fee + \$50 processing fee \$50 renewal fee Annual renewal	<ul style="list-style-type: none"> Licence must be prominently displayed Licence may be revoked by Licensing Committee of City Council for breach of law or anything adverse to the public interest Licensing conditions include prohibitions on tobacco sales in specified locations: outdoor property; facility/building/property leased or owned by City of Ottawa 	Comes under "Harmonized Licensing Bylaw: Schedule 12" ²⁰⁰
Richmond Hill	\$275		
Vaughan	\$270 initial fee \$185 renewal fee ²⁰¹		Fees appear to be adjusted annually (rates available for 2009, 2010, 2011)

Jurisdiction	License Fee	Conditions	Other
Windsor	\$188 initial fee \$148 renewal fee ²⁰²	Licence must be prominently displayed to the public ²⁰³	Failure to obtain licence renewal by annual deadline (Feb. 28) could result in further penalties and/or fines; 50% penalty added to business licence fee(s) on March 1 ²⁰⁴
US—State			
California <i>Cigarette and Tobacco Products Licensing Act</i>	\$100 one-time fee Annual renewal, but no renewal fee	<ul style="list-style-type: none"> • Requires all retailers, wholesalers, and distributors of tobacco products and all manufacturers and importers of cigarettes to have valid licence • Applies to all retailers, including vending machine operators • Separate licence required for each location • Licence holders must maintain accurate and complete records of tobacco sales; retain 12 months of invoices on premises • Licence must be displayed to the public • Retailers may only purchase tobacco from a supplier holding a valid licence 	

Jurisdiction	License Fee	Conditions	Other
<p>New York</p> <p>Certificate of Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products²⁰⁵</p> <p>Administered by Department of Taxation and Finance</p>	<p>Fee of \$100 per location or vending machine set in 1990</p> <p>Revised in 2011, retroactive to 2010 \$500</p> <p>Annual renewal</p>	<ul style="list-style-type: none"> • Registration required for all retailers of tobacco products, herbal cigarettes, rolling papers, pipes²⁰⁶ • One registration required per location • To track and suspend/revoke licence of repeat offenders, violators awarded points in addition to fines 	<ul style="list-style-type: none"> • Retailer receives 2 points for violation of sales-to-minors provisions. (If seller had undergone state-certified tobacco sales training program, retailer earns only one point) • Points remain on record for 36 months • For retailers with 3+ points, registration to sell tobacco and lottery license suspended for 6 months. (Points removed from record at end of suspension) • At least two re-inspections conducted each year of every seller with points, until the points are removed • For any 4 violations of state law within 3-year period, retailer loses registration to sell tobacco and lottery licence for one year
<p>California—Municipal</p>			
<p>Approximately 50 cities/counties have local retailer licensing ordinances, most of which (a) require retailers to obtain a licence to sell tobacco products and (b) suspend or revoke the licence for violation of the state or local law related to the sale, distribution, or use of tobacco</p> <p>Licensing ordinances offer local officials a streamlined system for imposing strong penalties on retailers who are out of compliance with any existing law that applies to tobacco sales</p>			
<p>Contra Costa²⁰⁷</p>	<p>\$160 licence fee</p> <p>\$348 suspension hearing fee</p> <p>\$110 re-inspection fee</p>		<ul style="list-style-type: none"> • Two-step enforcement process: sales-to-minors violation prosecuted in court before licence-related penalties imposed • 1st offence = maximum 1 month suspension • 2nd violation in 2 years = maximum 3 month suspension • 3rd + violation in 2 years = maximum 12 month suspension

Jurisdiction	License Fee	Conditions	Other
Los Angeles County ²⁰⁸	\$235 fee Annual renewal	<ul style="list-style-type: none"> • Separate Tobacco Retail Licence required for each retail location • Licence requires that tobacco retailers comply with all local, state, federal, tobacco-related laws 	<ul style="list-style-type: none"> • Licence violations subject to fines, licence suspension and/or revocation <ul style="list-style-type: none"> - 1st offence = letter of reprimand - 2nd violation in 5 years = 30-day suspension - 2nd violation in 5 years = 90-day suspension - 3rd violation in 5 years = one-year suspension
San Francisco ²⁰⁹	\$55 one-time application fee ²¹⁰ \$211 annual permit fee	<ul style="list-style-type: none"> • Permit for Tobacco Sales from SF Dept of Health • Permit intended to eliminate tobacco sales to minors • No new permits for retail location within 1,000 feet of school²¹¹ 	<ul style="list-style-type: none"> • Two-step enforcement process whereby sales-to-minors violation prosecuted in court before licence-related penalties imposed
Santa Ana ²¹²	\$635 fee Annual renewal	<ul style="list-style-type: none"> • Separate Tobacco Retail Licence required for each retail location that sells tobacco products and/or paraphernalia 	<ul style="list-style-type: none"> • Selling tobacco without a licence is a serious offence, subject to fines and/or denial of future Tobacco Retail Licence
New York— Municipal			
New York City	\$110 fee for two years ^{r213} Fee charged biennially ²¹⁴	<ul style="list-style-type: none"> • To be licensed, one must submit a Cigarette Retail Dealer Acknowledgment and Understanding of the Law and Rules Affirmation²¹⁵ • Cigarette Retail Dealers must also have a New York State Certificate of Registration to sell tobacco²¹⁶ • All licences expire on December 31²¹⁷ • A separate licence is required for each location where cigarettes are sold²¹⁸ • Licences are not transferable.²¹⁹ • Licences may be refused, suspended or revoked for issuing false statements, non-payment of penalties, other violations under the code²²⁰ • Commissioner publicly releases names of retailers who have had their licence revoked²²¹ 	<ul style="list-style-type: none"> • Fines: maximum \$1,000 for 1st offense and \$2,000 for 2nd. Repeat offenders can have licence revoked if 2nd violation occurs within 24 months. All fines and revocation actions are subject to a hearing.²²² • Civil penalties in addition to other sanctions range from \$250-\$2000²²³ • Selling cigarettes to a minor (under 18) or violating any other provision of City law on 2+ occasions within a two-year period may result in revocation of City license and/or State registration²²⁴ • Dealer is found to be in contravention of the Code, the Commissioner requires periodic staff retraining programs (certified by the New York State Department of Health) and proof of satisfactory completion of such training^{225 226}

References

- ¹ See, for example, JE Cohen and L Anglin, “Outlet Density: A New Frontier for Tobacco Control,” *Addiction* 2009; 104(1):2-3; S Chapman and B Freeman, “Regulating the tobacco retail environment: beyond reducing sales to minors,” *Tobacco Control* 2009; 18(6): 496-501.
- ² Legislation banning tobacco sales in pharmacies was passed in Canadian provinces/territories as follows: New Brunswick (1997), Quebec (1998), Nova Scotia (2000), Nunavut (2004), Newfoundland and Labrador (2005), Prince Edward Island 92006), Northwest Territories (2007), Alberta (2009), Saskatchewan (2010). Physicians for a Smoke-Free Canada, News Release, “It’s time to force pharmacies to stop selling cigarettes,” 26 May 2010. Accessed March 2011 from http://www.smoke-free.ca/eng_home/2010/news_press_May_26_2010.htm.
- ³ Health Canada, *A Proposal to Regulate the Display and Promotion of Tobacco and Tobacco-Related Products at Retail*, Consultation Document, December 2006.
- ⁴ Smoke-Free Ontario – Scientific Advisory Committee, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*, 2010.
- ⁵ Rothmans Inc., *Renewal Annual Information Form, for the period ended March 31, 2008*, 17 June 2008. Accessed March 2011 from <http://www.sedar.com>. This is a legal document that public companies are required to file annually with the Canadian Securities Administrators; these documents are available on SEDAR, the System for Electronic Document Analysis and Retrieval, the electronic filing system for the disclosure documents of public companies.
- ⁶ Canadian Convenience Stores Association, Local Presence, *National Strength: The Asset of Proximity; Convenience Stores in Canada, State of the Industry Report—Summary*, 2010 Edition, April 2010.
- ⁷ For a complete list of locations where tobacco sales are prohibited, by province/territory, see Non-Smokers’ Rights Association, “Prohibiting Tobacco Sales in Specified Outlets: Policy Analysis,” Fall 2010. Available at <http://www.nsra-adnf.ca>.
- ⁸ Ministère de la Santé et des Services sociaux du Québec, *Rapport sur la mise en oeuvre de la Loi sur le Tabac, 2005-2010*. septembre 2010.
- ⁹ J Dickson, “Stand and deliver! Editor’s Message,” *Your Convenience Manager*, May-June 2010.
- ¹⁰ Smoke-Free Ontario – Scientific Advisory Committee, *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario*, 2010.
- ¹¹ Health Canada, “Table 2, Smoking status and average number of cigarettes smoked per day, by province, age group and sex, age 15+ years, Canada 2009,” *Canadian Tobacco Use Monitoring Survey CTUMS, February-December 2009*, 2009. Accessed March 2011 from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2009/ann-eng.php.
- ¹² Health Canada et al, “Table 3.1 Percentage of past-year drinkers, by sex, Canada, aged 15+, 2004,” *Canadian Addiction Survey: A National Survey of Canadians’ Use of Alcohol and Other Drugs, 2004*, 2008. Accessed February 2011 from http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/cas_gender-etc_sexe/index-eng.php.
- ¹³ Alcohol and Gaming Commission of Ontario, *2008-2009 Annual Report*, 2009. Accessed March 2011 from http://www.agco.on.ca/pdfs/en/ann_rpt/2008_09Annual.pdf.
- ¹⁴ Liquor Control Board of Ontario, *The Pursuit of Excellence: Annual Report 2008-09*, 2009. Accessed March 2011 from http://www.lcbo.com/aboutlcbo/annual/2008_2009.pdf.
- ¹⁵ J Rehm, D Baliunas, S Brochu, et al, Canadian Centre on Substance Abuse, *The Costs of Substance Abuse in Canada 2002*, March 2006.

References continued

¹⁶ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007.

¹⁷ Ministerial Advisory Council on Tobacco Control, “Challenging Conventional Wisdom on Youth Access to Tobacco: Redefining Youth Access Interventions,” September 2002. Accessed March 2011 from <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/ccwyatp-rqipatjp/index-eng.php>.

¹⁸ RI Reynolds, HD Holder, PJ Gruenewald, “Community prevention and alcohol retail access,” *Addiction* 1997; 92(Suppl 2): S261-S272.

¹⁹ Ontario Tobacco Research Unit, *Glossary of Tobacco Control*. Accessed March 2010 from <http://glossary.otru.org/>.

²⁰ S Chapman and B Freeman, “Regulating the tobacco retail environment: Beyond reducing sales to minors,” *Tobacco Control* 2009; 18: 496–501.

²¹ S Chapman and B Freeman, “Regulating the tobacco retail environment: Beyond reducing sales to minors,” *Tobacco Control* 2009; 18: 496–501.

²² R Kelly and N Devas, *Regulation or Revenue? Implementing Local Government Business License Reform in Kenya*, Development Discussion Paper No. 723, Harvard Institute for International Development, September 1999. Accessed March 2011 from <https://www.wbginvestmentclimate.org/uploads/3.RegulationorRevenue.pdf>.

²³ M DeRosenroll, “Using Tobacco Vendor Licensing to Further Tobacco Control Policies,” Presentation to the 6th National Conference on Tobacco or Health, Montreal, 3 November 2009.

²⁴ R Kelly and N Devas, *Regulation or Revenue? Implementing Local Government Business License Reform in Kenya*, Development Discussion Paper No. 723, Harvard Institute for International Development, September 1999. Accessed March 2011 from <https://www.wbginvestmentclimate.org/uploads/3.RegulationorRevenue.pdf>.

²⁵ Centers for Disease Control and Prevention, *Tobacco Control State Highlights, 2010*, 2010. Accessed March 2011 from http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/pdfs/highlights2010.pdf.

²⁶ S Chapman and B Freeman, “Regulating the tobacco retail environment: beyond reducing sales to minors,” *Tobacco Control* 2009; 18(6): 496-501.

²⁷ JR DiFranza, “Best practices for enforcing state laws prohibiting the sale of tobacco to minors,” *Journal of Public Health Management and Practice* 2005; 11(6): 559-565.

²⁸ Canadian Cancer Society, “Enhancing the Effectiveness of Access Laws to Reduce Tobacco Sales to Minors,” 1998.

²⁹ Y Ogneva-Himmelberger, L Ross, W Burdick, S-A Simpson, “Using geographic information systems to compare the density of stores selling tobacco and alcohol: youth making an argument for increased regulation of the tobacco permitting process in Worcester, Massachusetts, USA,” *Tobacco Control* 2010; epub 3 September 2010.

³⁰ Smart Serve Ontario website. Accessed March 2011 from <https://smartserve.org/licensee.asp>.

³¹ Alcohol and Gaming Commission of Ontario, “Alcohol Licensing Fees.” Accessed March 2011 from http://www.agco.on.ca/en/whatwedo/fees_alcohol.aspx.

³² Alcohol and Gaming Commission of Ontario, “Liquor Sales Licence Application and Guide,” October 2008. Accessed March 2011 from http://www.agco.on.ca/forms/en/1202_a.pdf.

³³ Smart Serve Ontario website, “Licensee.” Accessed March 2011 from https://smartserve.org/licensee_information.asp.

References continued

- ³⁴ The Allen Consulting Group Pty Ltd., *Licensing of Tobacco Retailers and Wholesalers: Desirability and Best Practice Arrangements*, Report to the Commonwealth Department of Health and Ageing, December 2002.
- ³⁵ Technical Assistance Legal Center, *Case Studies on the Implementation and Enforcement of Local Tobacco Retailer Licensing Ordinances in California*, June 2006. Accessed January 2011 from http://www.phlpnet.org/product_search/tobacco-control/talc?pt=All&pa=99&criteria=.
- ³⁶ Technical Assistance Legal Center, "Licensing Ordinance Checklist," June 2010. Accessed January 2011 from http://www.phlpnet.org/sites/phlpnet.org/files/Licensing_Ordinance_Checklist_100624.pdf.
- ³⁷ M Aldax, "SF moves to curtail tobacco outlets," *San Francisco Examiner*, 16 November 2009. Accessed January 2011 from <http://www.sfexaminer.com/print/local/sf-moves-curtail-tobacco-outlets>.
- ³⁸ San Francisco Department of Public Health, "Healthy Development Measurement Tool: Neighborhood Profile Comparison," 2006. Accessed January 2011 from <http://www.sfgov.org/site/frame.asp?u=http://www.sfhsa.org/>.
- ³⁹ M Aldax, "SF moves to curtail tobacco outlets," *San Francisco Examiner*, 16 November 2009. Accessed January 2011 from <http://www.sfexaminer.com/print/local/sf-moves-curtail-tobacco-outlets>.
- ⁴⁰ M Aldax, "SF moves to curtail tobacco outlets," *San Francisco Examiner*, 16 November 2009. Accessed January 2011 from <http://www.sfexaminer.com/print/local/sf-moves-curtail-tobacco-outlets>.
- ⁴¹ Personal communication with M Rosen, Senior Director, Leadership Programs, Youth Leadership Institute, San Francisco, California, March 2011.
- ⁴² R. McCormick, "Cigarette vendors hit with huge increase in state licensing fee," *Staten Island Real-Time News*, 13 September 2009. Accessed February 2011 from http://www.silive.com/news/index.ssf/2009/09/cigarette_vendors_hit_with_hug.html.
- ⁴³ J Head, "Smoked out: Sharp hike in state fees prompts retailers to quit tobacco sales," *Hornell Evening Tribune*, 16 September 2009. Accessed February 2011 from http://www.eveningtribune.com/state_news/x402528270/Smoked-out-Sharp-hike-in-state-fees-prompts-retailers-to-quit-tobacco-sales.
- ⁴⁴ J Head, "Smoked out: Sharp hike in state fees prompts retailers to quit tobacco sales," *Hornell Evening Tribune*, 16 September 2009.
- ⁴⁵ NACS Online, "New York Convenience Store Industry Wins Tobacco Fee Rollback Battle," 31 March 2011. Accessed March 2011 from <http://www.nacsonline.com/NACS/News/Daily/Pages/ND0331113.aspx>.
- ⁴⁶ B Meyer, "City may get aid to curb tobacco," *The Buffalo News*, 8 January 2011. Accessed January 2011 from <http://www.buffalonews.com/city/communities/buffalo/article305870.ece>.
- ⁴⁷ B Meyer, "City may get aid to curb tobacco: Fund planned to help fight legal challenges," *Buffalo News*, 8 January 2011.
- ⁴⁸ DA Smith, *The Responsible Tobacco Retailing Act: Preliminary Draft*, June 2010.
- ⁴⁹ KM Cummings, "Remarks to the Buffalo Common Council Re: Responsible Tobacco Retailing Act," 29 June 2010.
- ⁵⁰ KM Cummings, "Remarks to the Buffalo Common Council Re: Responsible Tobacco Retailing Act," 29 June 2010.
- ⁵¹ M Ashe, D Jernigan, R Kline, et al, "Land Use Planning and the Control of Alcohol, Tobacco, Firearms, and Fast Food Restaurants," *American Journal of Public Health* 2003; 93(9):1404-08.

References continued

- ⁵² CS Kochtitzky, H Frumkin, R Rodriguez, et al, "Urban Planning and Public Health at CDC," *Morbidity and Mortality Weekly Report*, December 22, 2006; 55(Suppl02): 34-38.
- ⁵³ Y Ogneva-Himmelberger, L Ross, W Burdick, S-A Simpson, "Using geographic information systems to compare the density of stores selling tobacco and alcohol: youth making an argument for increased regulation of the tobacco permitting process in Worcester, Massachusetts, USA," *Tobacco Control* 2010; epub 3 September 2010.
- ⁵⁴ Y Ogneva-Himmelberger, L Ross, W Burdick, S-A Simpson, "Using geographic information systems to compare the density of stores selling tobacco and alcohol: youth making an argument for increased regulation of the tobacco permitting process in Worcester, Massachusetts, USA," *Tobacco Control* 2010; epub 3 September 2010.
- ⁵⁵ K McDonald, "Geographic Information Systems (GIS) Technology and Tobacco Control: An Examination of the City of Hamilton's Tobacco Product Vendor GIS Mapping Project," Presentation to the 6th National Conference on Tobacco or Health, Montreal, 3 November 2009.
- ⁵⁶ Tobacco Assistance Legal Center, *Model Land Use Ordinance: Regulating the Location and Operations of Tobacco Retailers*, June 2000, updated March 2002. Accessed March 2011 from <http://www.phlpnet.org/tobacco-control/products/model-land-use-ordinance-regulating-location-and-operations-tobacco-retailer>.
- ⁵⁷ CY Lovato, HCH Hsu, CM Sabiston, et al, "Tobacco Point-of-Purchase Marketing in School Neighbourhoods and School Smoking Prevalence, A Descriptive Study," *Canadian Journal of Public Health* 2007; 98(4): 265-270.
- ⁵⁸ CY Lovato, C Zeisser, HS Campbell, et al, "Adolescent Smoking: Effect of School and Community Characteristics," *American Journal of Preventive Medicine* 2010; 39(6): 507-514.
- ⁵⁹ CA Campbell, RA Hahn, R Elder, et al, "The Effectiveness of Limiting Alcohol Outlet Density As a Means of Reducing excessive Alcohol Consumption and Alcohol-Related Harms," *American Journal of Preventive Medicine* 2009; 37(6): 556-569.
- ⁶⁰ MB Laws, J Whitman, DM Bowser, L Krech, "Tobacco availability and point of sale marketing in demographically contrasting districts of Massachusetts," *Tobacco Control* 2002; 11(Suppl. II): ii71-ii73.
- ⁶¹ A Hyland, MJ Travers, KM Cummings, et al, "Tobacco Outlet Density and Demographics in Erie County, New York," *American Journal of Public Health* 2003; 93(7): 1075-1076.
- ⁶² M Siahpush, PR Jones, GK Singh, et al, "Association of availability of tobacco products with socio-economic and racial/ethnic characteristics of neighbourhoods," *Public Health* 2010; 124(9): 525-529.
- ⁶³ Y Ogneva-Himmelberger, L Ross, W Burdick, S-A Simpson, "Using geographic information systems to compare the density of stores selling tobacco and alcohol: youth making an argument for increased regulation of the tobacco permitting process in Worcester, Massachusetts, USA," *Tobacco Control* 2010; epub 3 September 2010.
- ⁶⁴ K McDonald, "Geographic Information Systems (GIS) Technology and Tobacco Control: An Examination of the City of Hamilton's Tobacco Product Vendor GIS Mapping Project," Presentation to the 6th National Conference on Tobacco or Health, Montreal, 3 November 2009.
- ⁶⁵ Roswell Park Cancer Institute and American Cancer Society, "Responsible Tobacco Retailing Act Book," June 2010. Accessed February 2011 from <http://www.stoptargetingkids.com/documents/RTRABOOK.pdf>.
- ⁶⁶ JA Romley, D Cohen, J Ringel, et al, "Alcohol and Environmental Justice: The Density of Liquor Stores and Bars in Urban Neighborhoods in the United States," *Journal of Studies in Alcohol and Drugs* 2007; 68: 48-55.

References continued

⁶⁷ TA LaVeist and JM Wallace Jr., “Health risk and inequitable distribution of liquor stores in African American neighborhood,” *Social Science & Medicine* 2000; 51: 613-617.

⁶⁸ Canadian Convenience Stores Association, *Local Presence, National Strength: The Asset of Proximity; Convenience Stores in Canada, State of the Industry Report—Summary*, 2010 Edition, April 2010.

⁶⁹ Corporate Research Associates Inc., *Manitoba Follow-Up Survey on the Tobacco Retail Environment: 2006*, POR-06-15, prepared for Health Canada, February 2007.

⁷⁰ Corporate Research Associates Inc., *National Baseline Survey on the Tobacco Retail Environment: Final Report*, POR-04-48, prepared for Health Canada, March 2005. Accessed February 2011 from [http://www.smoke-free.ca/filtertips-5/POR-05-48%20FINAL%20\(2\).doc](http://www.smoke-free.ca/filtertips-5/POR-05-48%20FINAL%20(2).doc).

⁷¹ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007.

⁷² SP Novak, SF Reardon, SW Raudenbush, et al, “Retail Tobacco Outlet Density and Youth Cigarette Smoking: A Propensity-Modeling Approach,” *American Journal of Public Health* 2006; 96(4): 670-676.

⁷³ Y-C Chuang, C Cubbin, D Ahn, et al, “Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking,” *Journal of Epidemiology and Community Health* 2005; 59: 568-573.

⁷⁴ Y-C Chuang, C Cubbin, D Ahn, et al, “Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking,” *Journal of Epidemiology and Community Health* 2005; 59: 568-573.

⁷⁵ J Pearce, R Hiscock, G Moon, R Barnett, “The neighbourhood effects of geographical access to tobacco retailers on individual smoking behavior,” *Journal of Epidemiology and Community Health* 2009; 63(1): 69-77.

⁷⁶ LR Reitzel, EK Cromley, Y Li, et al, “The Effect of Tobacco Outlet Density and Proximity on Smoking Cessation,” *American Journal of Public Health* 2011; 101(2): 315–320.

⁷⁷ ST Leatherdale and JM Strath, “Tobacco Retailer Density Surrounding Schools and Cigarette Access Behaviors Among Underage Smoking Students,” *Annals of Behavioral Medicine* 2007; 33(1): 105-111.

⁷⁸ CA Doubeni, W Li, H Fouayzi, JR DiFranza, “Perceived Accessibility as a Predictor of Youth Smoking,” *Annals of Family Medicine* 2008; 6(4): 323-330.

⁷⁹ SR Pokorny, LA Jason, ME Schoeny, “The Relation of Retail Tobacco Availability to Initiation and Continued Smoking,” *Journal of Clinical Child and Adolescent Psychology* 2003; 32(2): 193-204.

⁸⁰ SP Novak, SF Reardon, SW Raudenbush, et al, “Retail Tobacco Outlet Density and Youth Cigarette Smoking: A Propensity-Modeling Approach,” *American Journal of Public Health* 2006; 96(4): 670-676.

⁸¹ L Henriksen, EC Feighery, NC Schleicher, et al, “Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools?” *Preventive Medicine* 2008; 47(2): 210–214.

⁸² CA Campbell, RA Hahn, R Elder, et al, “The Effectiveness of Limiting Alcohol Outlet Density As a Means of Reducing excessive Alcohol Consumption and Alcohol-Related Harms,” *American Journal of Preventive Medicine* 2009; 37(6): 556-569.

⁸³ Task Force on Community Preventive Services, “Evidence-Based Strategies to Prevent Excessive Alcohol Consumption and Related Harms,” *Guide to Community Preventive Services*, Last updated February 2011. Accessed March 2011 from <http://www.thecommunityguide.org/alcohol/SummaryCGRecommendations.pdf>.

References continued

⁸⁴ CA Campbell, RA Hahn, R Elder, et al, “The Effectiveness of Limiting Alcohol Outlet Density as a Means of Reducing Excessive Alcohol Consumption and Alcohol-Related Harms,” *American Journal of Preventive Medicine* 2009; 37(6): 556-569.

⁸⁵ T Stockwell, J Zhao, S Macdonald, et al, “Changes in per capita alcohol sales during the partial privatization of British Columbia’s retail alcohol monopoly 2003–2008: a multi-level local area analysis,” *Addiction* 2009; 104: 1827-1836.

⁸⁶ M Schonlau, R Scribner, T Farley, et al, “Alcohol outlet density and alcohol consumption in Los Angeles county and southern Louisiana,” *Geospatial Health* 2008; 3(1): 91-101.

⁸⁷ Task Force on Community Preventive Services, “Recommendations on Maintaining Limits on Days and Hours of Sale of Alcoholic Beverages to Prevent Excessive Alcohol Consumption and Related Harms,” *American Journal of Preventive Medicine* 2010; 39(6): 605-606.

⁸⁸ LF Stead LF and T Lancaster, *Interventions for preventing tobacco sales to minors*, Cochrane Database of Systematic Reviews 2005; Issue 1. Art. No. CD001497.

⁸⁹ Health Canada, “Retailer Compliance Evaluation,” 30 April 2010. Accessed March 2011 from <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/eval/index-eng.php>.

⁹⁰ LF Stead and T Lancaster, *Interventions for preventing tobacco sales to minors*, Cochrane Database of Systematic Reviews 2005; Issue 1. Art. No. CD001497.

⁹¹ JR DiFranza, “Chapter 11, Has Youth Access to Tobacco Changed over the Past Decade?” in US. Department of Health and Human Services, *Tobacco Control Monograph No. 14, Changing Adolescent Smoking Prevalence: Where It Is and Why*, November 2001. Accessed March 2011 from <http://cancercontrol.cancer.gov/tcrb/monographs/14/m14.pdf>.

⁹² Corporate Research Group on behalf of Health Canada, “Conclusions,” *Evaluation of Retailers' Behaviour Towards Certain Youth Access-to-Tobacco Restrictions – 2009*, April 2010. Accessed February 2011 from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/eval/2009_result-eng.php.

⁹³ Note that 24% was for 1994. Health Canada, “Summary Highlights,” *1994 Youth Smoking Survey—Fact Sheets*, 1996. Accessed February 2011 from <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/yss-etj-1994/summary-sommaire-eng.php>.

Health Canada, “Table 1. Smoking status and average number of cigarettes smoked per day, by age group and sex, age 15+ years, Canada 2009,” *Canadian Tobacco Use Monitoring Survey 2009*, Accessed February 2011 from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2009/ann-eng.php#t1.

⁹⁴ JL Forster, DM Murray, M Wolfson, et al, “The effects of community policies to reduce youth access to tobacco,” *American Journal of Public Health* 1998; 88(8): 1193-1198.

⁹⁵ WS Choi, JS Ahluwalia, KJ Harris, K Okuyemi, “Progression to Established Smoking: The Influence of Tobacco Marketing,” *American Journal of Preventive Medicine* 2002; 22(4): 228-232.

⁹⁶ US Department of Health and Human Services, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000. Accessed March 2010 from http://www.cdc.gov/tobacco/data_statistics/sgr/2000/complete_report/pdfs/fullreport.pdf.

⁹⁷ World Health Organization, *Tobacco-free Mecca and Medina*, 2007. Accessed August 2010 from http://www.emro.who.int/tfi/wntd2007/pdf/tobacco_free_mecca_meditina.pdf.

⁹⁸ BBC News, “Bhutan forbids all tobacco sales,” 12 December 2004. Accessed September 2010 from http://news.bbc.co.uk/go/pr/fr/-/2/hi/south_asia/4012639.stm.

References continued

⁹⁹ S Phuntsho, Health Ministry, Bhutan, “The Bhutan ban on sales of tobacco products and associated efforts: what can it tell us about the challenges other countries would face?” Presentation to APACT 2010, Sydney, Australia, 9 October 2010.

¹⁰⁰ Institute of Medicine, *Combating Tobacco Use in Military and Veteran Populations*, 2009.

¹⁰¹ RM Bray, LL Hourani, KL Olmsted, et al, RTI International, “Q66: Perceived Availability and Acceptability,” *Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel 2005*, December 2006. Accessed March 2011 from <http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA465678&Location=U2&doc=GetTRDoc.pdf>.

¹⁰² M Laugesen, M Glover, T Fraser, et al, “Four policies to end the sale of cigarettes and smoking tobacco in New Zealand by 2020,” *The New Zealand Medical Journal* 2010; 123(1314): 4107-4120.

¹⁰³ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007.

¹⁰⁴ CA Campbell, RA Hahn, R Elder, et al, “The Effectiveness of Limiting Alcohol Outlet Density As a Means of Reducing excessive Alcohol Consumption and Alcohol-Related Harms,” *American Journal of Preventive Medicine* 2009; 37(6): 556-569.

¹⁰⁵ Environics Research Group, “Canadians’ Attitudes Toward Issues Related to Tobacco Use and Control,” survey conducted for the Heart and Stroke Foundation of Canada, the Canadian Cancer Society, and The Lung Association, March 1996.

¹⁰⁶ Corporate Research Associates Inc., *National Baseline Survey on the Tobacco Retail Environment: Final Report*, POR-04-48, prepared for Health Canada, March 2005. Accessed February 2011 from [http://www.smoke-free.ca/filtertips-5/POR-05-48%20FINAL%20\(2\).doc](http://www.smoke-free.ca/filtertips-5/POR-05-48%20FINAL%20(2).doc).

¹⁰⁷ Centre for Addiction and Mental Health, *2009 CAMH Monitor Survey*, “Panel A,” January-June 2009, as cited in Ontario Tobacco Research Unit, *Prohibition of Tobacco Sales in Specific Places: Monitoring Update*, 19 February 2011. Accessed March 2011 from http://www.otru.org/pdf/16mr/16mr_tobacco_sales.pdf.

¹⁰⁸ Graph courtesy of M Chaiton, Ontario Tobacco Research Unit. Data from Centre for Addiction and Mental Health, *CAMH Monitor*, 2000-2009.

¹⁰⁹ L Shahab and R West, “Public support in England for a total ban on the sale of tobacco products,” *Tobacco Control* 2010; 19(2): 143-147.

¹¹⁰ Television New Zealand website, “Most Kiwis want tobacco sales banned,” 3 August 2010. Accessed October 2010 from <http://tvnz.co.nz/health-news/most-kiwis-want-tobacco-sales-banned-3683961>.

¹¹¹ D Baliunas, J Patra, J Rehm, et al, “Smoking-attributable mortality and expected years of life lost in Canada 2002: Conclusions for prevention and policy,” *Chronic Diseases in Canada* 2002; 27(4): 154-162.

¹¹² World Health Organization, *Fact Sheet No. 339*, February 2011. Accessed March 2011 from <http://www.who.int/mediacentre/factsheets/fs339/en/index.html>.

¹¹³ J Mackay and M Erikson, *The Tobacco Atlas*, 2002.

¹¹⁴ US Department of Health and Human Services, *The Health Consequences of Smoking: A Report of the Surgeon General*, 2004.

¹¹⁵ NA, “FDA Head Calls Smoking a ‘Pediatric Disease,’” *Columbia University Record* 1995; 20(21). Accessed March 2011 from http://www.columbia.edu/cu/record/archives/vol20/vol20_iss21/record2021.22.html.

References continued

¹¹⁶ S Chapman and B Freeman, “Regulating the tobacco retail environment: Beyond reducing sales to minors,” *Tobacco Control* 2009; 18: 496-501.

¹¹⁷ Centers for Disease Control, “Symptoms of Substance Dependence Associated with Use of Cigarettes, Alcohol, and Illicit Drugs—United States, 1991-1992,” *Morbidity and Mortality Weekly Report* 1995; 44(44): 830-831, 837-839. Accessed March 2011 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00039501.htm>.

¹¹⁸ HD Holder, “Effective Alcohol Policy,” *International Encyclopedia of Public Health*, 2008, pp. 303-309.

¹¹⁹ LF Stead and T Lancaster, “A systematic review of interventions for tobacco sales to minors,” *Tobacco Control* 2000; 9(2): 169-76.

D Tutt, L Bauer, C Edwards, D Cook, “Reducing Adolescent Smoking Rates. Maintaining High Retail Compliance Results in Substantial Improvements,” *Health Promotion Journal of Australia* 2000; 10(1).

¹²⁰ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007.

¹²¹ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007.

¹²² Alberta *Tobacco Reduction Act*. Accessed June 2010 from http://www.qp.alberta.ca/574.cfm?page=T03P8.cfm&leg_type=Acts&isbncln=9780779737901.

¹²³ British Columbia *Tobacco Control Act*. Accessed June 2010 from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96451_01. *Tobacco Control Regulation*. Accessed June 2010 from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/10_232_2007#section4.1.

¹²⁴ Manitoba *Non-Smokers Health Protection Act*. Accessed June 2010 from <http://web2.gov.mb.ca/laws/statutes/ccsm/n092e.php>.

¹²⁵ New Brunswick *Tobacco Sales Act*. Accessed June 2010 from <http://www.gnb.ca/0062/acts/acts/t-06-1.htm>.

¹²⁶ Newfoundland *Tobacco Control Act*, amended May 2009, in force January 2010. Accessed June 2010 from http://www.assembly.nl.ca/Legislation/sr/statutes/t04-1.htm#4_1.

¹²⁷ Nova Scotia *Tobacco Access Regulations*, amended May 2007, in force July 2007. Accessed June 2010 from <http://www.gov.ns.ca/just/regulations/rg2/2007/jn0807.pdf>.

¹²⁸ Nunavut *Tobacco Control Act*. Accessed June 2010 from <http://www.canlii.org/en/nu/laws/stat/snu-2003-c-13/latest/snu-2003-c-13.html>.

¹²⁹ Northwest Territories *Tobacco Control Act*. Accessed June 2010 from http://www.justice.gov.nt.ca/PDF/ACTS/Tobacco_Control.pdf.

¹³⁰ *Smoke-Free Ontario Act*, in force May 2006. Accessed June 2010 from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_94t10_e.htm.

¹³¹ Prince Edward Island *Tobacco Sales and Access Act*. Accessed June 2010 from http://www.gov.pe.ca/law/statutes/pdf/t-03_1.pdf.

¹³² Quebec *Tobacco Act*. Accessed June 2010 from http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/T_0_01/T0_01_A.html.

¹³³ Saskatchewan *Tobacco Control Act*. <http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/t14-1.pdf>. *Bill C-133, An Act to Amend the Tobacco Control Act*.

References continued

- ¹³⁴ Yukon *Smoke-Free Places Act*. Accessed June 2010 from <http://www.gov.yk.ca/legislation/acts/smpl.pdf>.
- ¹³⁵ S Chapman and B Freeman, "Regulating the tobacco retail environment: beyond reducing sales to minors," *Tobacco Control* 2009; 18: 496-501.
- ¹³⁶ <http://tobacco.health.usyd.edu.au/assets/pdfs/tobacco-related-papers/TCLicensing.pdf>.
- ¹³⁷ Australian Capital Territory. Tobacco Act 1927 - part 7 licences. http://www.austlii.edu.au/au/legis/act/consol_act/ta192773/.
- ¹³⁸ http://www.dhhs.tas.gov.au/peh/tobacco_control/selling_tobacco_in_tasmania.
- ¹³⁹ http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0019/53803/Selling_Tobacco_Products_in_Tasmania.pdf.
- ¹⁴⁰ http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0017/53801/Training_Checklist.pdf.
- ¹⁴¹ <http://www.tobaccocontrol.health.wa.gov.au/licensing/index.cfm>.
- ¹⁴² http://www.tobaccocontrol.health.wa.gov.au/licensing/docs/Info_Brochure.pdf.
- ¹⁴³ [http://www.tobaccolaws.sa.gov.au/Portals/0/TR_LicenceApplication\(13-7-10\).pdf](http://www.tobaccolaws.sa.gov.au/Portals/0/TR_LicenceApplication(13-7-10).pdf).
- ¹⁴⁴ http://www.tobaccolaws.sa.gov.au/Portals/0/TR_SALEOFTOB.pdf.
- ¹⁴⁵ <http://www.tobaccolaws.sa.gov.au/Default.aspx?tabid=91>.
- ¹⁴⁶ http://www.tobaccolaws.sa.gov.au/Portals/0/TR_SALEOFTOB.pdf.
- ¹⁴⁷ <http://www.canlii.org/en/ab/laws/stat/rsa-2000-c-t-4/latest/rsa-2000-c-t-4.html>.
- ¹⁴⁸ http://www.sbr.gov.bc.ca/business/Consumer_Taxes/Tobacco_Tax/register_as_retailer.htm.
- ¹⁴⁹ http://www.sbr.gov.bc.ca/documents_library/bulletins/tta_003.pdf.
- ¹⁵⁰ BC Government, Ministry of Health Planning, "I.D. Checkpoint: A Tool Kit for Retailers Who Sell Tobacco in BC," 2006. Accessed January 2011 from <http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs/405068/toolkit.pdf>.
- ¹⁵¹ <http://web2.gov.mb.ca/laws/regs/pdf/t080-077.88r.pdf#page=1>.
- ¹⁵² <http://web2.gov.mb.ca/laws/regs/pdf/t080-077.88r.pdf#page=1>.
- ¹⁵³ <http://web2.gov.mb.ca/laws/statutes/ccsm/t080e.php>.
- ¹⁵⁴ <http://web2.gov.mb.ca/laws/regs/pdf/t080-077.88r.pdf#page=1>.
- ¹⁵⁵ <http://www.gnb.ca/0162/tax/tobaccort.asp>.
- ¹⁵⁶ <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/rtr-dtr/part1-eng.php>.
- ¹⁵⁷ <http://www.health.gov.nl.ca/health/wellnesshealthyliving/tobaccoamendments.html>.
- ¹⁵⁸ http://www.assembly.nl.ca/Legislation/sr/statutes/t04-1.htm#3_1.
- ¹⁵⁹ http://www.assembly.nl.ca/Legislation/sr/statutes/t04-1.htm#3_1.
- ¹⁶⁰ http://www.assembly.nl.ca/Legislation/sr/statutes/t04-1.htm#3_1.
- ¹⁶¹ <http://www.health.gov.nl.ca/health/wellnesshealthyliving/tobaccoamendments.html>.
- ¹⁶² http://www.assembly.nl.ca/Legislation/sr/statutes/t04-1.htm#3_1.
- ¹⁶³ <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/rtr-dtr/part1-eng.php>.
- ¹⁶⁴ <http://www.health.gov.nl.ca/health/wellnesshealthyliving/tobaccoamendments.html>.
- ¹⁶⁵ http://www.assembly.nl.ca/Legislation/sr/statutes/t04-1.htm#3_1.

References continued

- ¹⁶⁶ <http://www.fin.gov.nt.ca/taxation/tobacco/faq/index.htm>.
- ¹⁶⁷ <http://www.fin.gov.nt.ca/taxation/tobacco/index.htm>.
- ¹⁶⁸ <http://www.gov.ns.ca/snsnr/pdf/ans-taxcomm-tobacco-manufacturer-application.pdf>.
- ¹⁶⁹ <http://www.gov.ns.ca/snsnr/pdf/ans-taxcomm-revenue-bulletin-5089.pdf>.
- ¹⁷⁰ <http://bizpalredirect.gov.ns.ca/Presentation/WizardStep4.aspx#permit2488>.
- ¹⁷¹ <http://www.gov.ns.ca/snsnr/pdf/ans-taxcomm-revenue-bulletin-5029.pdf>.
- ¹⁷² <http://www.smokefreens.ca/nova-scotia-tobacco-control/pricing-and-taxation/>.
- ¹⁷³ <http://nslegislature.ca/legc/statutes/muncpgov.htm>.
- ¹⁷⁴ <http://www.gov.ns.ca/snsnr/pdf/ans-taxcomm-revenue-bulletin-5033.pdf>.
- ¹⁷⁵ <http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/rtr-dtr/part1-eng.php>.
- ¹⁷⁶ <http://nslegislature.ca/legc/statutes/tobacacc.htm>.
- ¹⁷⁷ <http://www.canlii.org/en/nu/laws/stat/rsnwt-nu-1988-c-t-5/latest/part-1/rsnwt-nu-1988-c-t-5-part-1.pdf>.
- ¹⁷⁸ http://www.rev.gov.on.ca/en/bulletins/tt/1_2010.html.
- ¹⁷⁹ Ontario Tobacco Research Unit, *Prohibition of Tobacco Sales in Specific Places: Monitoring Update*, 19 February 2011. Accessed March 2011 from http://www.otru.org/pdf/mr2011/tobacco_sales2011.pdf.
- ¹⁸⁰ <http://www.rev.gov.on.ca/en/bulletins/tt/selltobacco.html>.
- ¹⁸¹ http://www.gov.pe.ca/law/statutes/pdf/t-03_11.pdf.
- ¹⁸² Ministère de la Santé et des Services sociaux du Québec, *Bulletin d'information : Restrictions relatives à la vente de tabac, à l'étalage, à l'affichage, à la promotion et à la publicité*, Bulletin numéro : LT 06.07.1, 9 février 2006. Accessed March 2011 from www.msss.gouv.qc.ca/loi-tabac.
- ¹⁸³ <http://www.msss.gouv.qc.ca/sujets/santepub/tabac/download.php?f=dde3ae9d3e255b1686a9bb07455cd172>.
- ¹⁸⁴ <http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2005/05-002-08.pdf>.
- ¹⁸⁵ <http://www.arrondissement.com/tout-get-document/s8-sante-sexualite/u3361>.
- ¹⁸⁶ Saskatchewan Finance, "Information Bulletin Re: the Tobacco Tax Act 1998," Revised 24 March 2010. <http://finance.gov.sk.ca/revenue/tob/bulletins/TT-1%20General%20Information.pdf>.
- ¹⁸⁷ <http://www.gov.yk.ca/legislation/acts/tota.pdf>.
- ¹⁸⁸ http://www.gov.yk.ca/legislation/regs/co1974_331.pdf.
- ¹⁸⁹ <http://www.gov.yk.ca/legislation/acts/tota.pdf>.
- ¹⁹⁰ http://www.calgary.ca/docgallery/bu/dba/fees/business_licence_fee_schedule.pdf.
- ¹⁹¹ City of Edmonton Bylaw 13138 - Business Licence Bylaw (Consolidated on February 2, 2011) - http://www.edmonton.ca/bylaws_licences/bylaws/bylaws-b.aspx.
- ¹⁹² <http://www.stalbert.ca/content.php?id=467>.
- ¹⁹³ http://www.stalbert.ca/uploads/files/our_government/bylaws/Consolidation%20Tobacco%20Retail%20Licensing%20.pdf.
- ¹⁹⁴ Unless otherwise indicated, information in this section is from personal correspondence from R Cunningham, Senior Policy Analyst, Canadian Cancer Society, 5 August 2010.

References continued

- ¹⁹⁵ <http://www.hamilton.ca/NR/rdonlyres/CEE1E128-FAE5-4684-A703-8C5AEB23BFC/0/Jul07BOH07034dPED09203EnhancementtoTobaccoControl1.pdf>.
- ¹⁹⁶ http://www.markham.ca/NR/rdonlyres/2E1923B9-40C2-4B6F-B156-585CF0205A8A/0/bylaw_2002284_080212.pdf.
- ¹⁹⁷ http://www.markham.ca/NR/rdonlyres/51C0C0CE-20B2-47E8-98FF-FDB32ED3E7D6/0/bylaw_2002309_071211.pdf.
- ¹⁹⁸ http://ottawa.ca/residents/bylaw/a_z/business/fees_en.html.
- ¹⁹⁹ http://ottawa.ca/residents/bylaw/a_z/business/schedules/schedule_12_en.html.
- ²⁰⁰ http://ottawa.ca/residents/bylaw/a_z/business/index_en.html.
- ²⁰¹ http://www.vaughan.ca/vaughan/forms_docs/pdf/permits_licenses/Licensing%20fees.pdf.
- ²⁰² <http://www.citywindsor.ca/001698.asp?license=tobacconist#tobacconist>.
- ²⁰³ <http://www.citywindsor.ca/documents/Licensing/LicensePdfFiles/SCHEDULET1Tobacconist.pdf>.
- ²⁰⁴ <http://www.citywindsor.ca/Documents/Licensing/LicensePdfFiles/2009pdfFiles/FoodStoreTobacconistApplicationRevised2009.pdf>.
- ²⁰⁵ New York State Department of Taxation and Finance, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products*, June 2010. Accessed January 2011 from http://www.tax.ny.gov/pdf/current_forms/cigarette/df716.pdf.
- ²⁰⁶ New York State Department of Health, *A Guide for Tobacco Merchants: Retail Tobacco Dealers and New York's Youth Access Tobacco Control Laws*, Revised March 2006. Accessed January 2011 from http://www.health.state.ny.us/prevention/tobacco_control/docs/tobguide.pdf.
- ²⁰⁷ Technical Assistance Legal Center, *Case Studies on the Implementation and Enforcement of Local Tobacco Retailer Licensing Ordinances in California*, June 2006. Accessed January 2011 from http://www.phlpnet.org/product_search/tobacco-control/talc?pt=All&pa=99&criteria=.
- ²⁰⁸ http://publichealth.lacounty.gov/tob/pdf/Retailer%20FAQ%20v.6_FINAL.pdf.
- ²⁰⁹ http://www.sfdph.org/dph/files/EHSdocs/ehsForms/TobaccoPermits/Tobacco_english.pdf.
- ²¹⁰ San Francisco Department of Health website, "City and County of San Francisco FY 2010-2011 Department Schedule of Licenses, Permits, Fines & Service Charges." Accessed January 2011 from <http://www.sfgov.org/site/frame.asp?u=http://www.sfhsa.org/>.
- ²¹¹ <http://www.sfbos.org/ftp/uploadedfiles/bdsupvrs/committees/materials/cons100103tdr.pdf>.
- ²¹² <http://www.ci.santa-ana.ca.us/pd/tobaccoretaillicense.asp>.
- ²¹³ http://www.nyc.gov/html/dca/html/licenses/renew_online_cigarette_retailer.shtml.
- ²¹⁴ http://www.nyc.gov/html/dca/downloads/pdf/retail_cigarette_dealer_law_rules.pdf.
- ²¹⁵ http://www.tobaccopolicycenter.org/documents/POS_Training_Mar10_CPHTP_Licensing_Fact_Sheet_fnl.pdf.
- ²¹⁶ http://www.nyc.gov/html/dca/html/licenses/renew_online_cigarette_retailer.shtml.
- ²¹⁷ http://www.nyc.gov/html/dca/html/licenses/renew_online_cigarette_retailer.shtml.
- ²¹⁸ <http://www.nyc.gov/html/dca/html/licenses/127.shtml>.
- ²¹⁹ http://www.nyc.gov/html/dca/downloads/pdf/retail_cigarette_dealer_law_rules.pdf.
- ²²⁰ http://www.nyc.gov/html/dca/downloads/pdf/retail_cigarette_dealer_law_rules.pdf.
- ²²¹ <http://www.nyc.gov/html/dca/html/news/filthyfifty.shtml>.

References continued

²²² <http://www.nyc.gov/html/dca/html/news/filthyfifty.shtml>.

²²³ http://www.nyc.gov/html/dca/downloads/pdf/retail_cigarette_dealer_law_rules.pdf.

²²⁴ <http://www.nyc.gov/html/dca/html/licenses/127.shtml>.

²²⁵ http://www.nyc.gov/html/dca/downloads/pdf/retail_cigarette_dealer_law_rules.pdf.

²²⁶ <http://codes.lp.findlaw.com/nycode/ADC/17/7/17-624>.