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Smokers’ and Former Smokers’ Responses to Tobacco Retail Displays

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Abstract

Recent findings suggest tobacco retail displays increase smoking susceptibility and experimentation among young people; however, less is known about how they affect smokers, particularly those making a quit attempt. This paper reports on 20 depth interviews conducted with former smokers and lapsed quitters. Although participants had differing perceptions of the salience of retail displays, several reported the visibility of tobacco products had complicated their quit efforts and virtually all supported a ban on tobacco retail displays. The findings extend earlier studies and provide insights into how tobacco retail displays undermine cessation attempts and tempt recent quitters.

Introduction

Restrictions on tobacco advertising and sponsorship have led to heavier investment in retail store displays (Harper, 2001; Carter, 2003; Dewhirst, 2004; Lavack and Toth, 2006). Point of sale (POS) activities enable tobacco companies to reach smokers and non-smokers alike, particularly children, who visit convenience stores frequently (Feighery et al., 2003; 2004). Industry documents suggest POS displays have prompted tobacco purchases; a British American Tobacco (BAT) paper noted: “Many impulse sales are lost when stock is not available or cannot easily be seen or reached”. BAT advised retailers to monitor consumers’ in-store behaviour, since “if we know their habits in store... we can position our brands in the best position so as to maximise sales volume” (BAT, undated).

Hitherto secret industry documents reveal retail displays stimulate tobacco sales; this has prompted calls for greater restrictions on this form of tobacco marketing (Cumming et al., 2002; Lavack & Toth, 2006; Pollay, 2007). Research documenting young people’s response to POS displays has strengthened these calls (Wakefield et al., 2006). However, less is known about how displays affect smokers, particularly those making a cessation attempt and those who have recently quit. Recent evidence suggests tobacco displays deter and impede cessation and promote craving (Carter et al., 2006; Wakefield et al., 2008); these findings provide important insights but would be strengthened by complementary in-depth research that explores smokers’ lived experiences. In this paper we review the role and effects of tobacco POS displays before outlining findings from qualitative interviews that explored lapsed quitters’ and former smokers’ impressions of retail displays and regulatory proposals designed to limit these.

Increased importance of tobacco POS displays

The marketing literature has long highlighted the importance of POS environments in promoting sales, thus tobacco companies’ investment in their brands’ location, facings, and visual appeal is not surprising (Wakefield & Letcher, 2002; Dewhirst, 2004; Feighery et al., 2003; 2008). Industry documents suggest retail marketing is particularly important in “dark
Evidence of the tobacco industry’s use of POS marketing has led health researchers to argue that tobacco retail displays may attract new users. Studies examining how POS promotions affect young people’s propensity to experiment with smoking concluded these facilitate initiation by suggesting that smoking is more prevalent than is actually the case, enhancing perceptions of smoking, and weakening non-smoking intentions (Henriksen et al., 2004b; Wakefield et al., 2006). Calls to ban tobacco retail displays thus often stress the effect these may have on children and suggest a ban would strengthen other strategies designed to deter initiation (NZ Cancer Society, 2008).

However, if retail displays promote smoking initiation, they may also impede cessation attempts and promote relapse among recent quitters by inducing nicotine craving (Kozlowski et al., 1987; Killman and Fortmann, 1997). Since smokers make an average of fourteen cessation attempts before quitting, identification of factors that prompt craving or inhibit quitting is important to future policy development. Carter et al. (2006) developed an experiment to explore how a photo of cigarette packets, arranged similarly to a tobacco product display, affected adult smokers’ cravings for cigarettes. They reported that photos of tobacco packets elicited stronger cravings for cigarettes than did neutral photos (no smoking or tobacco imagery), though these were slightly weaker than those elicited by other smoking-related images, such as pictures of lit cigarettes or people smoking. However, since the stimulus was not a full PoS display in a retail setting, but simply a collection of eight cigarette packets arranged as an isolated group, it is plausible that full PoS displays may have even stronger effects on craving. Wakefield et al.’s (2008) CATI survey supports these findings; they found tobacco retail displays stimulated impulse purchases and tempted those attempting to quit, and concluded displays were not a “benign influence” (p.325).

If environmental factors, such as retail displays, stimulate nicotine craving and militate against cessation, the case for regulatory intervention could be strengthened as a ban would not only deter initiation, but could support those making quit attempts. Research to date provides preliminary evidence of these effects, but offers few insights into former smokers’ and lapsed quitters’ perceptions of tobacco retail displays, or their support for proposals that would ban these. The research outlined below was designed to address this gap.

**Method**

Potential research participants were primarily selected from callers to the NZ Quitline; all participants had attempted to quit smoking during the last six to eight months, some were smokefree, others were in the midst of a further quit attempt and others had lapsed. Three interviewers (2 Māori and one non-Māori) made telephone contact (including up to 10 callbacks) with each individual whose details had been provided. Māori participants were primarily selected using a whanaungatanga (relationship) approach that used existing networks. In total, 20 interviews were undertaken in participants’ homes or workplaces; the sample comprised 11 Māori and 9 non-Māori; participants came from varied socio-economic backgrounds, represented a wide age range and smoking history, and included both genders.
The interview protocol included open and closed questions; interviewers encouraged participants to reflect on their experiences when making a quit attempt, the factors influencing these, and the outcome. Each interview took an average of 20-40 minutes and was recorded and subsequently transcribed verbatim; the transcripts and recordings were analysed independently by two interviewers (1 Māori and 1 non-Māori) and, following agreement on the themes, the data were then re-examined using a template analysis approach and summarised as a narrative with supporting quotes where appropriate. Comments reported in the following section note whether participants were Māori (M) or non-Māori (NM), female (F) or male (M), and whether they have quit (Q) or lapsed (L). The research was approved through the University of Otago ethics review process.

Results

Factors prompting quit attempts

The interviews began by exploring participants’ smoking history; on average, participants had smoked for 28 years (range 12 to 40 years). Most had made multiple quit attempts, for differing reasons, including a desire to re-assert control over their lives: “I was sick of it, I was tired of it, it was everything, it was everything I thought” [NMFQ] and see their families grow up: “I love my grandkids, I love my life, I love my job, I’d like to be here for a bit longer” [NMFQ]. Others were prompted by health and financial concerns: “It’s just, like, seeing your family die of cancer and stuff” [MFQ] and noted the stress caused by funding their addiction and other needs: “That’s my big problem, is that I can’t afford $60 and if I don’t have a smoke then, man, I stress out. Yeah, I would rather not eat than not have a smoke” [MFL]. Social factors, such as supporting others trying to quit, exposure to Quit promotions, and feelings of exclusion from smokefree areas, had also prompted quit attempts.

Visibility of tobacco displays

To explore the perceived visibility and accessibility of tobacco products, respondents were asked about retail outlets and tobacco displays. When first questioned, fifteen of the twenty participants did not consider that tobacco retail displays had affected their quit attempts, either because they had not especially noticed tobacco displays or because they were more likely to obtain tobacco from social sources. Those who could access tobacco via “social supply” were less likely to feel tempted by retail displays.

However, when probed, participants who felt displays did not influence them were still aware that tobacco products were on view: “I don’t consciously look at it, but yeah, I’m aware of it [the tobacco display]” [NMMQ]. Similarly, even if other items caught their eye first, tobacco displays still captured their attention: “chocolates... [then] it would be the cigarettes” [MFQ]. They also commented on the size and prominence of tobacco displays: “Oh yeah, they are right smack bang in front of you, so you can’t miss them” [MML]. Irrespective of whether they felt influenced by tobacco displays, nine participants stated that these were the first thing they noticed when entering a retail store and a further four mentioned them. “when I go up to the counter, the first thing that catches your eyes, at the back of them [staff] is the cigarette counter... [they] are in your face... they are right there in front of you ... in full view... in a big huge cabinet” [MFQ]. When shown photos taken from the entrance of retail stores and facing the cash registers, several respondents were struck by tobacco displays’ prominence: “It’s just like it’s there. It’s staring straight at you when you walk up to the counter” [MMQ].
Responses to tobacco retail displays

Participants also commented on their reaction when they saw tobacco displays in stores; some noted that these reminded them of what they had given up: “Right behind the flaming counter, because when I gave up, that’s all I’d look at when I’d go to a dairy or petrol station for smokes, right behind the counter, right behind them… Yeah, it did make me long for a smoke when I saw them… It made me think, gosh, look what I’m missing out on.” [NMFL]. Others felt almost mesmerised by the displays: “It was in your face… when I stopped before, it would be like I could see a smoker and I would be, like, I would be kind of drawn to it in a sense” [NMMQ]. For some, displays maintained the salience of tobacco products and even prompted them to purchase these: “Yeah, normally I see the smokes and then that’ll trigger me to buy a packet” [MFL]. These comments are consistent with the notion that exposure to POS displays and tobacco imagery induces nicotine cravings.

However, others found displays confirmed their decision to become smokefree: “I guess going into the shop there was a temptation there… I knew what I was buying and my eyes would flash across to the display where the cigarettes were. But… that just made me more determined to carry on in the path that I was [quitting]” [MFQ]. Other tobacco stimuli, such as the smell of smokers, were also perceived negatively and confirmed smokers’ decision to quit. Respondents who had used NRT (and who may be less prone to nicotine cravings and less affected by tobacco displays) were more likely to make these comments.

Twelve participants agreed that removing tobacco displays would make it easier for smokers who were trying to quit: “I think I would agree with people that say…that having them in your face, for those who are trying to give up, [that] … it is harder for them” [MFQ]. However, others suggested that display bans would not deter strongly addicted smokers, who would obtain cigarettes irrespective of whether these were on display or not: “If you are trying to quit it might help, but if you wanted a cigarette, it doesn’t matter where they are. You know, if they are there, you’ll find one” [NMFQ].

To avoid the temptation presented by tobacco displays, some participants had deliberately put themselves in a position where they could not afford to purchase tobacco products: “I still went and did my groceries. What I did consciously do was spend the money. I would shout myself stuff and then not have the money to buy the smokes” [MFQ]. Successful quitters often credited their own will power, which had been sufficient to withstand temptation: “Nah, I think I can go there [dairy] now. I won’t buy them… You always want a smoke, but I just said, nah, I gotta go without” [MMQ]. Others used the displays to reinforce their decision to quit: “it [displays] served as a reminder to me that I don’t smoke cigarettes” [NMMQ]. These comments suggest the extent to which tobacco stimuli induced craving responses may be mediated by respondents’ determination and other personal attributes.

Response to tobacco retail display ban proposal

Participants also commented on a potential government imposed ban on tobacco retail displays. Even those who felt unaffected by retail displays and merchandising supported proposals that would ban these, since they thought this initiative might deter others from smoking and, to a lesser extent, would assist those trying to quit. Overall, sixteen participants indicated they would support a government led ban on retail tobacco displays in outlets such as dairies and service stations. Respondents identified three main reasons why they would
support this initiative: it would protect children, communicate an unambiguous message about the harmful effects of smoking, and remove temptation from those trying to quit.

Many respondents wished to protect children from an addiction they were still struggling to control: “I don’t think it’s right that those cigarettes are where they are... I don’t think..., that children should be exposed to cigarette” [NMMQ]. Some suggested that removal of displays would increase the chances that young people would not smoke “I reckon it might be a good chance of them not smoking, ’cause it’s not there when they walk into a shop.” [MFQ]

Respondents felt that health messages deterring initiation and promoting cessation risked appearing contradictory when widespread POS displays suggested smoking was acceptable: “The message is conflicting in the sense that we’ve stopped smoking in a pub, we’ve stopped smoking on a bus, but we still let cigarettes be retailed in just about every shop in New Zealand. That... seems a paradox” [NMMQ]. Some participants believed removal of tobacco displays could gradually extinguish the view of smoking as a “normal” behaviour that some people chose to adopt: “I think getting rid of this kind of thing [displays] would make it harder for young people to access it. Maybe then... less people would take it up and it would be a thing that eventually... you don’t see that many people doing anymore.” [NMMQ]

Participants noted the temptation that displays presented: “I’d be quite happy if they were all to go, under the counter, or in a back room, or something like that... I felt very tempted. And it brought back to me what I was missing out on again, just that emptiness” [NMFL]. One participant explained how retail displays had once affected him: “There’s a connection made, you know, between observing, seeing the packet, and then knowing what the packet feels like, and then you can start by getting warmed up about opening the packet and smelling the cigarettes and lighting one up and what that means for you and you know there’s whole number of connections that are made... I mean that is, it’s advertising.” [NMMQ]. Overall, the strong support for a ban on tobacco displays appeared motivated by desires to protect children and reduce reminders of the social and physical benefits associated with smoking.

Discussion and Conclusions

While exploratory, this study represents the first in-depth examination of how tobacco POS displays affect lapsed quitters and former smokers and the findings extend those based on surveys of smokers and quitters. Although few successful quitters mentioned POS displays when asked about factors that had complicated their quit attempts, their determination to quit may have reduced the influence these stimuli had on them, although they may also have been reluctant to admit they were influenced by advertising. Several relapsed smokers noted that easy access to cigarettes had undermined their quit attempts. These comments are consistent with research into nicotine craving, which may be induced by environmental stimuli such as POS displays; alternatively, identification of external loci of control may explain and justify participants’ failure to quit. Overall, participants were very aware of tobacco displays (even if they believed they were not affected by these) and, for some, the displays were a potent reminder of the addiction they were resisting and the ease with which they could resume it.

Our research extends knowledge obtained from surveys and experimental studies and highlights the effect displays have on quitters’ emotional and physiological relationship with smoking. However, although the results provide important additional insights into how displays affect smoking cessation, the small sample size means the comments cannot be
generalised to the wider population of smokers or ex-smokers in New Zealand. Nevertheless, the findings add a new dimension to existing work, which found that displays tempt smokers and quitters, induce craving and promote impulse purchases. When combined with existing evidence, our results strengthen public health researchers’ calls to ban POS displays. In the words of one participant [NMFL]: “…it’s in your face, isn’t it…. If something is not on display, then it’s sending a clear message: Smoking Kills.”
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