

More than half of stores sampled in Colorado study still selling cigarettes to minors

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A study published today in the journal *JAMA Pediatrics* reports that the

method federal regulators use to monitor illegal underage tobacco sales fails to detect most stores that sometimes sell cigarettes to adolescents.

The study, co-authored by several leading researchers of the topic, found that the federal method of a single purchase attempt by an undercover minor identified only one-third of the violators that were found when the same stores were visited six times over a period of weeks.

Less than half of the 201 randomly chosen stores always refused the underage tobacco purchase attempts, and more than one-fourth sold tobacco to the minors two or more times.

Federal and most state laws require stores to examine an ID when a tobacco customer looks underage. Although the stores asked for ID more than 90 percent of the time in the study, two-thirds of the violations occurred after the minor presented his or her ID showing that they were 15 or 16 years old.

"The argument the industry has started making is that they've shown themselves to be complying with the law and everyone should leave them alone and not try to enforce the laws more strictly. But the federally required method for doing these checks is inadequate, and it clearly does not estimate how many stores sell cigarettes to kids. It's way off the mark," says Arnold Levinson, Ph.D., investigator at the University of Colorado Cancer Center and associate professor at the Colorado School of Public Health, who directed the study.

The study hired minors and supervised them to visit 201 randomly selected retail stores in the suburban Denver area, for a total of six visits per store. The sample included convenience stores, liquor stores, grocery stores, pharmacies, tobacco stores and gas stations (bars, clubs and adult establishments were excluded). No type of store was statistically more or less likely than any other type of store to sell [tobacco](#) products to minors,

nor did the demographics of test minors or store clerks predict the likelihood of a sale.

The average violation rate in each round was 18 percent, roughly ten percentage points higher than common federal rates (possibly because study minors showed IDs, whereas minors in federal tests do not).

Overall, 54.7 percent of retailers violated at least once in six attempts, 26.4 percent violated at least twice, and 11.9 percent violated more than half the time.

The pattern of asking for IDs represents progress, Levinson said: "What we've seen is a change from the 1980s, when a kid could walk into a store and buy cigarettes almost all the time. Now kids walk into a store and are almost sure to be asked for their ID."

"The problem is that when they do show an ID, a whole lot of the time the clerk doesn't look at it carefully and ends up selling to the kids anyway. The stores have come one step forward in complying with one piece of the law, but there's another piece they're doing a poor job of," Levinson says.

The study suggests that testing each store more than once, and testing whether they properly verify age from ID, would provide better enforcement and more accurate estimates of the problem.

States must remain below 20 percent Retailer Violation Rate (RVR) to earn federal block grants for substance abuse prevention and treatment. With the accepted, federal inspection method, states are generally far below this threshold. But the current study shows that many stores continue to sell [tobacco products](#) to minors, just not every time.

"We have been studying the problem of illegal sales of cigarettes to kids for nearly 30 years," Levinson says of the authors who participated in the

journal report. "Asking for ID most of the time has only partly fixed the problem.

"Fewer kids are smoking cigarettes these days, but vaping (e-cigarettes) has become wildly popular. Tobacco sales enforcement agencies can play an important role in preventing vaping from becoming a new adolescent epidemic, but only if they change their methods to address inconsistent [store](#) behaviors and poor validation of age."

More information: *JAMA Pediatrics* (2018). [DOI: 10.1001/jamapediatrics.2018.2038](#)

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