

Short Reports

Illegal Sales of Cigarettes To Children in North-East Dublin

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Abstract

A study was conducted in defined areas of North East Dublin to document the percentage of retail outlets which sell cigarettes to children and which display notices indicating that cigarettes will not be sold to children.

All retail outlets were identified and visited by one of 5 twelve year old boys who attempted to purchase cigarettes. 109 out of 134 (81.3%) attempts were successful. In 29 (21.6%) attempts the boys were challenged by the vendor. However in 4 of these attempts the purchase succeeded. Warning notices were displayed in 8 premises.

The conclusion of the study is that children can easily purchase cigarettes in North East Dublin. No prosecutions have ever been taken for illegal sales of cigarettes to children in Dublin. The law should be more vigorously implemented as part of an overall strategy to combat smoking among children.

Introduction

The health effects of tobacco use are well documented. Current data indicate that smoking prevalence among young people is unacceptably high and that smoking experimentation and initiation takes place even in preadolescence. In a study of sixth class pupils, 48.6% had smoked at some time in their lives and 9% smoked every day¹. As might be expected, lifetime prevalence rates of smoking are higher in older age groups, with 50% of those aged 13 or over having smoked compared with 74% of those aged 17 or older². Over 80% of those who had smoked had their first cigarette before the age of 13. In a more recent study of schoolgirls in the Dublin area, 8.5% of 12 year olds were regular smokers. This had risen to 30% by age 14³.

Individuals who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking related disease. This study aims to document the access of minors to cigarettes in North East Dublin retail outlets.

The specific objectives of the study were to document the proportion of retail outlets in Dublin which sell cigarettes to minors and which display notices indicating that cigarettes will not be sold to minors.

Methods

The study was carried out in two Community Care Areas of the Eastern Health Board in Dublin, namely Areas 7 and 8, and covered a large part of the north-east section of the city. Retail outlets for cigarettes in the designated study area were identified by driving through the area. All retail outlets thus identified were visited, including large and small supermarkets, newsagents, local and convenience shops, take-aways and petrol stations.

Five twelve year old boys were recruited for the study and were accompanied by an adult who explained the study objectives to them. During each purchase attempt the adult remained outside the shop and ensured that he/she was not seen with the child. The child asked for a specified brand of cigarettes. The boys were instructed that, if challenged, they were to tell the truth about their age and to say that the cigarettes were for themselves. The attempt was considered successful if the child left the shop with the cigarettes and unsuccessful if the shopkeeper refused to sell cigarettes for any reason.

The adult then entered the shop and noted whether there was any clearly displayed sign indicating that cigarettes would not be sold to minors.

If the shopkeeper had refused to sell to the minor, the adult member of the team waited until the child had left the shop and then asked the shopkeeper his/her reasons for refusing. Data were recorded on a simple data collection form and analysed by hand.

Results

Purchase attempts: One hundred and thirty four retail outlets in north-east Dublin city were visited. All purchase attempts were by 12 year old boys, none of whom could be mistaken for a 16 year old.

The success rate of purchase attempts in the various types of retail outlet is outlined in Table 1. In all but one outlet, cigarettes were purchased across the counter. In the only outlet where cigarettes were available from a vending machine, the sale appeared to be proceeding but was interrupted when an adult entered the premises and challenged the vendor for selling cigarettes to a child. The child was then refused cigarettes. It was unclear whether the adult who intervened was a supervisor in the shop or another customer.

Table 1: Success Rate of Purchase Attempts

Type of Outlet	Successful No. (%)	Unsuccessful No. (%)	Total No. (%)
Large Supermarket	5 (50.0)	5 (50.0)	10 (100)
Small supermarket/ grocery/new s-agents	93 (87.7)	13 (12.3)	106 (100)
Takeaway	3 (100)	0 (0)	3 (100)
Off-Licence	5 (71.4)	2 (28.6)	7 (100)
Petrol station	3 (37.5)	5 (62.5)	8 (100)
Total	109 (61.3)	25 (18.7)	134 (100)

In 29 (21.6%) purchase attempts the boys were challenged by the vendor. In four of these cases the purchase attempt was successful. Where the attempt was unsuccessful, the vendor was asked why cigarettes had been refused. Fifteen (62.5%) of those asked who refused said it was against the law, 2 (8.3%) said that it was company policy and 10 (41.7%) said the child looked too young (more than one reason was given by some vendors).

Presence of warning notice: A warning notice, highlighting that cigarettes would not be sold to minors, was displayed in 8 premises. In one case the notice was handwritten and in all cases the sign was relatively unobtrusive. The purchase attempt was unsuccessful in 7 of these shops. In the remaining 13 shops where cigarettes were refused, there was no warning notice on display.

Discussion

This study indicates that children as young as 12 years can purchase cigarettes with little difficulty in Dublin North East. The rate of success for attempted purchase (81.3%) is similar to that reported in the Southern Health and Social Services Board, Northern Ireland (85%) in 1990. (McCandless J. Personal Communication). U.S. studies conducted round the nation indicate that minors can buy cigarettes in approximately 75% of all retail outlets^{4,5}.

Selling of tobacco to minors has been prohibited in Ireland under the Children's Act 1908 and the Tobacco Act 1988. however no prosecution has ever been undertaken under either act in Dublin (Personal Communications. Department of Health and Office of the Director of Public Prosecutions). This fact coupled with our findings suggests that implementation of the legislation is not seen as important.

Strict observation of prohibitions on the sale of tobacco may be the most powerful means of reducing the initiation of smoking by children⁶. We recommend that Health Boards with the support of the Health Promotion Unit undertake a campaign to inform retailers of their responsibilities and get their co-operation in this matter. The 1988 Tobacco Act should be implemented more vigorously. It was not an objective of this study to identify retailers for prosecution but we think that prosecutions should be taken in

cases of persistent breaches of the law. These measures as part of an overall tobacco strategy which would include a ban on all tobacco advertising and promotion of integrated tobacco education programmes in schools would contribute greatly to reducing the numbers of children taking up smoking.

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Intraneural Ganglion of the Peroneal Nerve: A Case Report.

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Abstract

Intraneural ganglion is a rare condition. We present a case of peroneal nerve palsy due to an intraneural ganglion of the peroneal nerve. Full recovery followed surgical decompression. Apparent idiopathic foot drop is an indication for exploration of the common peroneal nerve.

Case Report

A 35 year old previously well patient presented with a three day history of left foot drop and a three week history of pain in the upper lateral aspect of the left leg with radiation of this pain to the medial aspect of the dorsum of the foot. On examination, straight leg raising was limited to 45 degrees on the affected side. There was tenderness at the head of the fibula. Sensation was intact in all areas. Reflexes were normal and plantar responses were downgoing.

Plain x-rays of lumbar spine revealed six lumbar vertebrae. A C.T. scan of the L3/L4, L4/L5. L5/L6 and L6/S1 inter vertebral disc spaces was performed as it was felt that the patient may have had a prolapsed inter vertebral disc. This was normal. Peroneal nerve conduction velocities confirmed the peroneal nerve palsy. The left peroneal nerve was explored. At the level of the lateral aspect of the fibular head, the common peroneal nerve was found to contain a lense 4cm long fusiform swelling. The swelling was entirely intraneural and did not involve any adjacent structures. On incising the swelling, gelatinous viscous fluid escaped. All the fluid was collected and a biopsy specimen of the wall of the swelling was sent for histopathological examination. This showed fibrous connective tissue without an epithelial layer, consistent with a ganglion. Four months following decompression the peroneal nerve palsy had fully resolved.

Discussion

Peroneal intraneural ganglion is a rare condition. In a review of the 28 reported cases, Cobb et al found that 7% were in women¹. All of these cases had a deficit of deep peroneal nerve function but only two-thirds involved the superficial peroneal nerve func-

tion. Other rare causes of peroneal nerve palsy include multiple cartilagenous exostoses and an osteoma of the neck of the fibula². A ganglion arising from the superior tibio-fibular joint may also compress the nerve³. More common traumatic causes of a common peroneal palsy are given in Table 1. It has also been reported in patients with Ehlers-Danlos syndrome when they sit in Indian fashion⁴.

Table 1. Traumatic causes of common peroneal nerve mononeuropathy

- direct blows
- lacerations
- plaster being too tight
- fractures of neck of fibula
- varus injuries lo knee joint
- crossing legs when sitting
- posterior dislocation of superior tibio-fibular joint.

We conclude that surgical exploration is indicated in cases of acquired idiopathic peroneal nerve palsy.

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