



Borough Council of the Ards
Newtonabbey

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Please find enclosed a response
to the consultation re: Age of Sale
which I was unable to send
electronically.

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QUESTIONNAIRE

Q1. Article 14 of the Smoking (Northern Ireland) Order 2006 provides the power for the Department to amend the age of sale of tobacco products, but this must not be lower than the present age of 16 years. Do you think the Department should:

continue with the present age limit of 16;

increase the age limit to 17; or

increase the age limit to 18?

Please tick the appropriate box to indicate which of the options you favour.

No Change

Increase to 17

Increase to 18

X

If you wish to comment on your preferred option, please do so here.

This response is submitted on behalf of the Environmental Health Service of Ards BC. We believe that there are positive health benefits of raising the age of sale of tobacco products to 18.

Increasing the age to 18 sends a strong message in relation to the health effects of tobacco products. It also achieves consistency with ROI and the rest of the UK and follows the World Health Organisation guidelines.

Raising the minimum age to 18 would also bring the law into line with the sale of alcohol and cigarette lighter refills.

We believe that increasing the age to 18 would make it more difficult for young people to obtain tobacco and allow for a campaign of no ID no sale for cigarettes and alcohol and we feel this will reduce smoking prevalence.

General

Q2. Do you have any views on the conclusions reached by the Department to screen out from further assessment the implications of the proposals in respect of:

- (a) **Social Impact Assessment (New TSN, Homelessness etc);**
- (b) **Rural ;**
- (c) **Environmental;**
- (d) **Human Rights;**
- (e) **Victims;**
- (f) **Community Safety & Other Areas?**

Is there any other evidence which you consider should have been taken into account in these assessments?

The departments conclusions to exclude from further assessments the issues listed above appears appropriate.

The Department would particularly welcome comments on the following:

Q3. Do you agree with the decision that the proposals do not require a full equality impact assessment? (see Annex 1 of consultation package). If not, please explain why?

We agree that a full equality impact assessment is not required.

Q4. Is there any other qualitative or quantitative information which you consider should have been taken into account in performing this exercise?

The extent of consideration by the DHSSPS to both quantitative and qualitative information appears appropriate.

Q5. Are you aware of any evidence - qualitative or quantitative - that the proposals may have an adverse impact on equality of opportunity or on good relations? If so, please provide details. Can you suggest any ways of avoiding or minimising such adverse impact?

We are not aware of any evidence that the proposals would have an adverse impact on equality of opportunity or on good relations.

Q6. Are you aware of any other equality implications likely to arise from the proposals?

The proposals have positive equality implications for persons from disadvantaged backgrounds as these groups may have a reduced uptake of tobacco and from that, an increase in life expectancy.
The DHSSPS should consider making any information leaflets or advice produced as a result of the change in the law available in a number of languages appropriate for the population of Northern Ireland. In addition the design and production of a pictorial sign may be advantageous.

Partial Regulatory Impact Assessment (RIA)

(see Annex 2 of consultation package)

Health

Q7. Do you have any views on the assessment of health impacts?

In relation to the answers to the questions in Annex 2 of the consultation document the DHSSPS conclusions appear appropriate. We believe that there are positive implications from the policy as the use of tobacco will reduce and in addition tobacco is a gateway drug to other illegal drugs. It is also likely that there will be an increased demand for NRT support from young people.

Q8. Are there any other potential health impacts that you consider should have been addressed?

There may be a positive impact in relation to tobacco addiction in young people and this may also have the knock on effect of increasing overall health and well being. In particular there may be health benefits to young mothers who may stop smoking or reduce their consumption and so bring benefits to their children as well. Increasing the age to 18 may also contribute to reducing health inequalities by creating healthier environments.

Q9. Is there any other material evidence which you consider should have been taken into account in this assessment of health impacts?

It would appear that the criteria considered are sufficiently broad and are appropriate for the policy proposals.

Economic

Q10. Do you have any general comments on the overall approach that was taken in completing the RIA?

The approach taken is appropriate and has identified the economic consequences of the policy proposal.
Paragraph 7.6 clearly demonstrates the benefits should the minimum age be raised to 18.

Q11. Do you consider that there are other issues which need to be taken into account in the assessment of the impact on business?

It is our view that increasing the age of sale to 18 years will assist the Management of businesses in reducing the sale of tobacco products to young people and will facilitate the enforcement of the age restricted sale of tobacco products by Environmental Health Officers.
The provision of signage to retailers would assist with implementation of the legislation.

Q12. Do you agree with the analysis of the sectors and business/organisations which might be particularly affected by the proposals?

The analysis has correctly identified the main sectors likely to be affected.

Q13. What are your views on the identification and assessment of the costs and benefits?

We agree that the costs attributed are appropriate and there are significant benefits to be gained in the long term from increasing the age limit to 18 as suggested by option 2.

Point 6.20 page 35 refers to the employment of additional Tobacco Control Officers who will provide focus for such activities. However, these Officers are employed on temporary contracts and funding from DHSSPS is only guaranteed until end March 2008.

Public Expenditure and Public Service

Q14. Do you agree with the Department's view that a separate Economic Appraisal is not required?

We agree with the DHSSPS view that a separate Economic appraisal is not required, as the information presented identifies a clear justification for increasing the age to 18 years and no further consideration is necessary.

Impact on Small Businesses

Q15. Do you agree that the proposals will not have a disproportionate impact on small businesses?

We concur with the DHSSPS that the impact on small businesses is not likely to be significant and that there would be no disproportionate affect on small businesses. It is likely that reduced revenue in tobacco sales will be compensated for by increased sales of other products. The provision of the required signage would assist in this regard.

Q16. Are there any impacts on small businesses that you consider should have been addressed?

There are no additional impacts that need to be considered in relation to raising the age to 18.

Q17. Is there any other material evidence which you consider should have been taken into account in assessing the impact on small businesses?

We are not aware of any material evidence that should be considered.

Rural Proofing

Q18. Do you agree that the proposals will not have a disproportionate adverse impact on rural business?

We agree that the proposals will not have a disproportionate adverse impact on rural businesses. All businesses will be affected equally and this is not a predominantly rural issue.

Q19. Are there any rural impacts that you consider should have been addressed?

As the proposal is a change to existing legislation, it is felt that there are unlikely to be any negative impacts on rural companies if the age of sale is raised to 18 years.

Q20. Is there any other material evidence which you consider should have been taken into account in this assessment of rural impacts?

We are currently unaware of any negative material evidence, which should have been taken into account.

Additional Comments

Q21. Do you have any other comments or suggestions on the Integrated Impact Assessment Overview? (Annex 1 of consultation package)

We strongly support the policy aim and targets and believe that due to the pattern of tobacco use by young persons through peer and group association, that a reduction in potential uptake may reduce the exposure of others to tobacco products, and second hand smoke.
It is our view that the age for sale of tobacco products needs to be raised to 18 as a first step to much tighter control and regulation of the sale of tobacco products.

Thank you for taking time to complete this Questionnaire.