



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

CONSULTATION QUESTIONNAIRE ON

MINIMUM AGE OF SALE OF TOBACCO PRODUCTS

October 2007

INTRODUCTION

Purpose

1. This Questionnaire seeks views on whether the Department of Health, Social Services and Public Safety should use the power contained in the Smoking (Northern Ireland) Order 2006, to amend, by regulations, the age of sale of tobacco products.
2. The Department carried out an Integrated Impact Assessment (IIA) screening exercise on the proposed legislation. The results, which include equality considerations and a Partial Regulatory Impact Assessment, are set out in Annexes 1 and 2 of the consultation package.

Background

3. In March 2006, the Department undertook a public consultation exercise on the content of the then draft Smoking (Northern Ireland) Order 2006. Article 14 of the draft Order included a power for the Department to amend, by regulations, the age limit for the sale of tobacco products – currently 16 years - and respondents were invited to comment on whether the Department should take this power. It was made clear that any proposal to raise the age of sale would be the subject of further consultation.
4. There was strong support for the Department taking the power, with 78% in favour of this action. The majority of those in favour felt that the Department should go further and raise the age limit immediately. The main reasons offered were that such action would enable the age of sale to be brought into line with that for alcohol sales (18 years); that it would also bring Northern Ireland into line with the Republic of Ireland; and that it might make enforcement easier, particularly in border areas.
5. The age of sale has been raised to 18 in England, Wales and Scotland with effect from 1 October 2007. The Smoking (Northern Ireland) Order 2006, the main provisions of which came into operation on 30 April 2007, contains the power for the Department to amend the age of sale of tobacco products.

Consultation - How to Respond

6. **The consultation will run from 29 October 2007 to 18 January 2008.** The Questionnaire sets out three options on the minimum age of sale of tobacco products about which the Department would welcome views. It also seeks views on the Integrated Impact Assessment Overview and Partial Regulatory Impact Assessment.

7. In order to facilitate analysis it is important that respondents use the Questionnaire. Completed Questionnaires **must be received by the Department by 5.00pm on Friday 18 January 2008**. Responses should be posted to:

**DHSSPS
Investing for Health Unit
Health Improvement Policy Branch (Tobacco Control)
Room C4.22
Castle Buildings
Belfast
BT4 3SQ
Tel: 028 90520534**

Alternatively responses can be submitted via the online response form using the following web link:

<http://www.dhsspsni.gov.uk/tobacco-age-of-sale.htm>

Alternative formats

8. If you require the consultation documents in an alternative format (such as in large print, in braille, on audio cassette, easy read or computer disc) and/or in another language please contact Heather Rainey on 028 90520525 or text phone 02890527668 to discuss your requirements.

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.

ASH Scotland is the leading voluntary organisation in Scotland campaigning for effective measures to protect people from the harmful effects of tobacco. The organisation is not a stakeholder in Northern Ireland however we are responding to this consultation to show our support for the move by the Northern Ireland Executive to raise the minimum purchase age for tobacco.

ASH Scotland believes the option offered should be 18. There is solid evidence that age restriction laws can lead to a significant decline in the numbers of retailers selling cigarettes to those underage if the law is effectively implemented. (Stead, L. and Lancaster, T. *A systematic review of interventions for preventing tobacco sales to minors Tobacco Control*, 9(2): pp.169-176, 2000). At least forty other countries have 18 as their legal purchase age, neighbouring countries of Republic of Ireland, Scotland, England, and Wales, and others such as Australia, Brazil, Canada, Chile, Costa Rica, Germany, Iceland, India, New Zealand, Norway, Poland, Portugal, Spain, Sweden, Thailand, Turkey, and the USA.

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?

ASH Scotland does not consider it appropriate that it should comment on this area.

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?

ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not consider it appropriate that it should comment on this area.

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?

ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland believes a rise in age could lead to lower health inequalities. At present the percentage of smokers in socio-economically disadvantaged areas is higher than the average and preventable deaths and the number of illnesses due to smoking are also higher. Evidence shows the younger you start smoking, the more you smoke in adulthood, the more harm is done to your health, and the harder it is to quit. A child who starts smoking at age 14 or younger is five times more likely to die of lung cancer than someone who starts smoking at age 24 or older, and no less than fifteen times more likely to die of lung cancer than someone who has never smoked. The more that is done to reduce sales of tobacco to young people, along with prevention and cessation measures, the higher the chance of reducing the prevalence of smoking. If education on the age change along with cessation and prevention measures are targeted at those areas of most need, then smoking rates in disadvantaged areas can be tackled and health inequalities reduced.

Partial Regulatory Impact Assessment (RIA)

(see Annex 2 of consultation package)

Health

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

There are many factors involved in a child's or young person's decision to smoke. Social and cultural pressures, issues relating to self image, the behaviour of families, friends and peers as well as the highly addictive nature of nicotine are all key factors. Children and young people may start smoking out of a sense of defiance, or to assert their growing independence (Scottish Executive. *Towards a future without tobacco: the report of the Smoking Prevention Working Group*. [Online]. 2006.). Among young women, concern over body weight can be a significant risk factor for smoking (Delnevo et al., *Relationships between cigarette smoking and weight control in young women*, Family and Community Health 2003, 26, 140-6). However, easy access to cigarettes is also important (Scottish Executive. *A Breath of Fresh Air for Scotland*. [Online]. 2004) so tackling the availability of tobacco by raising the age at which young people can buy cigarettes and tobacco is a necessary step to reduce smoking prevalence.

However for an age change to have any real effect, it must be supported by four clear strategies – enforcement, awareness, prevention, and cessation. Adequate resources need to be made available so that enforcement officers are able to fully support and enforce the law. In addition effective penalties and deterrents must be introduced so that retailers who do break the law are properly penalised and deterred. For example, ASH Scotland believes a tobacco licensing scheme along with a system of fixed penalty notices is necessary. A licensing scheme could be used as an enforcement tool so that retailers who sell cigarettes to anyone under age would not only face fines, but could also have their license suspended and ultimately revoked for repeated violation. This would prove an active deterrent when it comes to retailers who consistently sell to those underage.

An awareness campaign is necessary to make those who sell and those who purchase tobacco aware of the new minimum purchase age. As part of that campaign, there must also be publicity about the ill-effects of smoking and where support to quit can be found. This should be aimed at all smokers under 18 and not just 16-17 year old smokers who will no longer be legally able to buy cigarettes.

Prevention is the key area where governments can really tackle high smoking rates and make an impact on the health of future generations. By helping smokers who want to quit and by preventing others from ever starting, then thousands of preventable deaths and illnesses caused by tobacco can be reduced.

The age change is a clear opportunity to prevent young people from becoming addicted to tobacco by reaching them with messages about not starting to smoke as well as targeting young smokers with support about stopping smoking.

A change in the minimum purchase age means anyone between 16 and 18 who currently legally buys cigarettes will not be able to do so and - with the other reported 70% of smokers who say they want to quit - they should be given all possible support in helping to stop smoking. This is especially important for young people so the numbers continuing to smoke into adulthood can be reduced. However reaching teenagers – with both health messages and support services - can be difficult. It is therefore essential that everything possible is done to make young people aware of where they can seek advice and cessation services including nicotine replacement therapy, and that those services have the full resources to be able to target, engage with, and maintain cessation services for young people.

ASH Scotland believes, if these steps are taken, the change in purchase age would lead to lower numbers of adults smoking, with lower cigarette consumption per smoker, and therefore also reduce the deaths and illnesses caused by tobacco related diseases.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

Economic

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

Public Expenditure and Public Service

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

Impact on Small Businesses

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

Rural Proofing

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not ASH Scotland does not consider it appropriate that it should comment on this area.

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

ASH Scotland does not consider it appropriate that it should comment on this area.

Additional Comments

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

ASH Scotland does not consider it appropriate that it should comment on this area.

Thank you for taking time to complete this Questionnaire.