



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

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

Cancer Research UK supports increasing the age limit to 18. Raising the age of sale would send out a clear message that smoking is a dangerous activity and that children and young people should be given legal protection to discourage the use of tobacco.

If this legislation is effectively enforced, it should make it more difficult for children to purchase tobacco, thus limiting access to cigarettes. It would also make it easier for schools to ban smoking on their grounds entirely, which may have other positive consequences, perhaps reducing the peer pressure on young people to smoke.

The DHSSPS's current proposals would bring Northern Ireland in line with the recommendation of the World Health Organization (WHO), provisions in Article 16 of the Framework Convention on Tobacco Control (FCTC) and policy in other developed nations including the rest of the United Kingdom and Republic of Ireland.

Currently a date for implementation has not been explicitly stated. We would further stress the importance of the change in legislation being brought in at the earliest opportunity.

It is important that enforcement measures are effective and that adequate resources are made available to communicate the policy change. We further urge adequate information provision to retailers and young people in advance of, at the time of, and also at appropriate intervals after implementation. We feel that an inadequately resourced campaign designed to inform may unintentionally cause confusion.

We would like the DHSSPS to monitor compliance with the change in legislation via test purchasing and other methods. It is also important that adequate funding is in place to allow Stop Smoking services to meet an anticipated increase in demand. Services that are specifically targeted at under-age and adolescent smokers will be particularly important.

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?

We have no additional views to make on the above points in the consultation document.

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?

Yes we agree with the decision reached in the consultation document.

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

We have no other qualitative or quantitative information to suggest.

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 unaware of any evidence to suggest that the proposals may have an adverse impact on equality of opportunity or on good relations. However, we urge that adequate resources are put in place to effectively communicate any planned changes to the current legislation in order to minimise any adverse impacts.

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

We are unaware of any other equality implications that may arise from the proposals.

Partial Regulatory Impact Assessment (RIA)

(see Annex 2 of consultation package)

Health

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

We agree with the assessment of health impacts. We further believe that a potential increase in demand on cessation services in the short term will save on long term health costs. A comprehensive approach will be needed to further reduce uptake in young people.

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

We are unaware of any other health impacts that should have been addressed.

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

There is no other material evidence that we feel should have been taken into account in the assessment of health impacts.

Economic

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

We have no general comments to make on the overall approach that was taken in completing the RIA.

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

We do not feel that there are other issues that need to be taken into account in the assessment of the impact on business.

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

We agree with the consultation document in the analysis of the sectors and business/organisations that may be particularly affected by the proposals.

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

Public Expenditure and Public Service

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

Yes we agree.

Impact on Small Businesses

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

Yes we agree that the proposals will not have a significantly disproportionate impact on small businesses over the long term.

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

There are no other specific impacts on small businesses that we feel should have been addressed.

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

There is no other material evidence that we feel should have been taken into account in assessing the impact on small businesses.

Rural Proofing

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

Yes we agree that the proposals will not have a disproportionate adverse impact on rural business.

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

There are no rural impacts that we feel should have been considered.

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

There are no other material evidence which we feel should have been taken into account in the assessment of rural impacts.

Additional Comments

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

We have no other comments or suggestions on the Integrated Impact Assessment Overview.

However, please find a paper detailing Cancer Research UK's response to the DHSSPS's consultation on Minimum Age of Sale of Tobacco Products.

Thank you for taking time to complete this Questionnaire.