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Mrs Pat Osborne
Department of Health Social Services
and Public Safety
Investing for Health Unit
Health Improvement Policy Branch {Tobacco Control}
Room C4.22
Castle Buildings
Belfast
BT4 3SQ

File Ref: 67/22

17 January 2008

Dear Mrs Osborne *Pat*

**CONSULTATION QUESTIONNAIRE ON MINIMUM AGE OF SALE
OF TOBACCO PRODUCTS**

Thank you for inviting the Northern Health and Social Services Board to provide comments on the above consultation.

Please see attached completed questionnaire on the consultation. I would strongly endorse the comments supporting the amended age of sale of tobacco products to be increased to 18 years.

Yours sincerely



Stuart MacDonnell
Chief Executive

Enc





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.

Increasing the age to 18 years sends a strong message to the public in respect of the negative health outcomes in relation to tobacco produces. This would achieve consistency with our neighbours in the Republic of Ireland and the rest of the UK

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 Department's conclusion to exclude for further assessment those issues listed above would appear to be appropriate as there are no negative consequences

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?

The Northern Health and Social Services Board agree that a full equality impact assessment is not required. This is in light of the answers given to the screening question noted on pages 13 and 14 of 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?

It would appear that the extend of consideration given by the DHSSPS to qualitative or quantitative information is 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?

The NHSSB is not aware of any evidence that the proposals may 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 proposal has positive equality implications on young persons, those from disadvantaged backgrounds and manual workers in relation to a potential reduction in those groups with regard to tobacco uptake with the consequences of increased life expectancy.

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 annex 2 on the consultation document the NHSSB view the answers given to be appropriate. It can view that such a policy will have the potential for positive health improvement in respect of the significant links to tobacco use by young persons being viewed as the gate-way drug. It could also be viewed that more young people may require cessation support along with appropriate NRT supply.

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

A positive impact is that a reduction in tobacco addiction in young people will facilitate an increase in their overall health and wellbeing outcomes, eg improved diet, increase in physical health and reducing the probability of illegal drug use. Further, in the longer term there will be a decrease in tobacco related mortality and morbidity within the adult population.

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 impact assessment criteria has a broad remit and covers the assessment impact adequately.

Economic

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

The approach taken on the partial RIA assessment have been given close and careful consideration to the variable economic facts.

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 viewed that the regulations of age sale of tobacco products from 16-18 years would help facilitate the management of sales by businesses and in the subsequent enforcement by EHO's on illegal age sales.

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

The analysis given looks at the retail sector and manufacturing sector and it is viewed that the findings given are justifiable.

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

It would appear from the information presented on pages 38 and 39 that the benefits to health and cost savings support raising the age from 16 to 18 years.

Public Expenditure and Public Service

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

The NHSSB would be in agreement that a separate economic appraisal is not required as the information presented shows a clear justification in respect of raising the age of sales of tobacco products to 18 years.

Impact on Small Businesses

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

We would be in agreement that the proposal will not have a disproportionate impact on small business as the opportunity of sales from tobacco could be recouped by increased sales on other non-tobacco products.

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

The potential impact in relation to changing signage has been identified within the proposal

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

We would be unaware of any other material evidence which could have been given further consideration.

Rural Proofing

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

We would be in agreement with point 12 in respect of rural policy that it is anticipated that raising the age of sale from 16 – 18 years will have no disproportionate effect on rural economy.

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

The current law states that it is illegal to sell to 16 years olds and we would be unaware of any negative rural impact of increasing the sale of tobacco age 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 currently are unaware of any negative material evidence which could have been given further consideration 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 strongly support the policy aim and identified targets. We feel that due to the patterns of tobacco use by young persons through peer group association and that a reduction in potential uptake will help reduce the exposure of other non-smokers to second-hand smoke

Thank you for taking time to complete this Questionnaire.