

Western Health
and Social Care Trust



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With Compliments

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.

We have no hesitation in choosing the increase to 18 Option. We see this as a positive step towards improving the health of our resident population. This would send a clear message regarding the health risks associated with smoking and reduce the number of young people developing tobacco addiction.

We feel that raising the minimum age would bring the law in line with the sale of alcohol and demonstrate the Governments commitment to protecting our teenagers from the dangers of tobacco smoke. It would make it harder for young teenagers to buy tobacco thus limiting their access to cigarettes, help reduce smoking prevalence in the long term and delay the smoking uptake in teenagers (Smoking and the Young. A report of a working party of the Royal College of Physicians. London, RCP, 1992).

The evidence sited in annex 2 of the public consultation document clearly shows the health and cost benefits for this option with even the loss in tax revenue potentially being offset by increased spending on other products.

However, in order to be effective, any amendment to the law should be undertaken alongside strict enforcement measures. We suggest that sanctions against retailers who break the law on under-age sales be strengthened and that retailers should be required to hold a licence to sell tobacco (*ASH Response to the Government Consultation on Under-Age Sale of Tobacco*. London, ASH, 2006)

Implementing this legislation would form part of the overall strategy to reduce smoking amongst young people. Evidence shows that this may have a significant impact when other measures are also implemented, such as 'smokefree' legislation in addition to raising the minimum age. We therefore recommend that the opportunity to increase the age of purchase to 18 be grasped and implemented (Canadian Cancer Society *A critical analysis of youth access laws*. Ottawa, CCS, 2002).

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 that you consider should have been taken into account in these assessments?

No
There are no reasons to carry out further assessment in respect of (a) to (f) above.
We agree with the conclusions reached by the Department.

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
Equality issues have already been considered in both the regional Tobacco Action Plan and in the development of the smoke-free legislation.
Only by addressing the sale of tobacco products to our young people can the health inequalities caused by smoking be addressed.

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

No

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?

No

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

The implementation of option 3 would involve ensuring that everyone including non nationals, both retailers and customers, are aware of the changes. This must be built into the proposed communication strategy.

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 welcome the clear evidence in 7.4 to 7.7 of the consultation document which clearly shows the health benefits of increasing the minimum age of sale of tobacco products to 18.

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

Whilst the evidence shown is clear and unambiguous in terms of mortality and morbidity there are other health benefits to be derived. This includes the health benefits to the foetus, babies and children of young mothers who refrain from smoking or reduce their consumption of cigarettes.

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

As in Q8. above

Economic

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

No

The evidence described in 7.6 of the consultation document clearly demonstrates the benefits to be derived from increasing the minimum age 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?

No

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

Yes

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

We feel that the evidence fully supports our view that the age be increased to 18. We are encouraged to see that the overall effect in regard to tax revenue losses may be neutral. We also consider the suggested loss of 0.03% to the profits of Gallaghers Ltd to be minimal in significance compared to the health benefits cited.

Public Expenditure and Public Service

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

Yes

Impact on Small Businesses

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

Yes

We are pleased to note a majority of positive response to the previous consultation for the Smoking (Northern Ireland) Order from the Small Business Federation and look forward to similar support for this consultation.

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

No

Small businesses have the opportunity to respond to this consultation.

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

No

Rural Proofing

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

Yes

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

No

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

No, all relevant materials have been included

Additional Comments

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

We welcome this opportunity to respond and without reservation recommend that the minimum age of sale of tobacco products be raised to 18.

Thank you for taking time to complete this Questionnaire.