



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

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

[www.dhsspsni.gov.uk](http://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.**

Western Investing for Health Partnership (WIFH) support option 3 to increase the age to 18. WIFH consider this as a positive step towards improving the health of our resident population and sends a clear message regarding the health risks associated with smoking and reduce the number of young people developing tobacco addiction.

WIFH believe that in raising the minimum age in NI would bring the law in line with the sale of alcohol and demonstrate the Assembly's 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 cited 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.

It is the view of WIFH that this process will only be effective if the amendment is 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). We believe there needs to be appropriate investment and support to assist local authorities to enforce the legislation. .

Implementing this legislation would form part of the overall strategy to reduce smoking amongst young people. WIFH are concerned that the prevalence of smoking in the 16-24 age bracket at 33% is well above population rate of 26%. 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 which you consider should have been taken into account in these assessments?

No

WIFH believe there is no reasons to carry out further assessment in respect of the 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

WIFH understand that the 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. WIFH are concerned that the prevalence of smoking amongst young people is higher in disadvantaged areas and communities and this contributed to greater health inequalities.

**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 that 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 addressing health inequalities, 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% on sales of cigarettes produced in Gallaghers Ltd to be minimal in significance compared to the health benefits cited and net gain in the region of £3.7m to the NI economy.

### **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. WIFH 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

### **Additional Comments**

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

No

WIFH welcomed 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.**