

Smith L (Lee-Anne)

01-56

From: Glen J (John)
Sent: 01 March 2007 10:10
To: Smith L (Lee-Anne)
Subject: FW: Cancer Research UK response to Age of Purchase and Smoking Prevention Working Group recommendations consultations

Raise ag.

JOHN GLEN
Tobacco Control Team
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-----Original Message-----

From: Sarah Woolnough [mailto:Sarah.Woolnough@cancer.org.uk]
Sent: 28 February 2007 18:23
To: Glen J (John)
Cc: Vicky Crichton
Subject: Cancer Research UK response to Age of Purchase and Smoking Prevention Working Group recommendations consultations

 This email has been received from an external party and
 has been swept for the presence of computer viruses.

Dear Mr Glen,

Please find attached two Cancer Research UK responses to Scottish Executive consultations:

- On the Draft Smoking, Health and Social Care (Scotland) Act 2005 (Variation of Age Limit for Sale of Tobacco Purchase and Consequential Modifications) Order 2007
- On the Smoking Prevention Working Group Report: Towards a Future Without Tobacco

Please do let me know if you have any problems opening either document or if you would like clarification/ further information on any point raised in the response.

I can't seem to attach Annex D to this email, but in answer to the questions it poses (for both consultation responses):

- I am responding on behalf of Cancer Research UK
- Postal Address: Cancer Research UK, 61 Lincoln's Inn Fields, London WC2A 3PX
- We are happy that our name and the address of the organisation to be made public
- We are happy to be contacted again on this and related issues by Executive staff

I would be grateful for receipt of this email.

With best wishes,

Sarah Woolnough

Sarah Woolnough
Senior Policy Researcher

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February 2007

Cancer Research UK response to the Scottish Executive Health Department consultation on the Draft Smoking, Health and Social Care (Scotland) Act 2005 (Variation of Age Limit for Sale of Tobacco Purchase and Consequential Modifications) Order 2007

1. General Comments

Cancer Research UK¹ is the world's largest independent organisation dedicated to cancer research, with a research spend of over £257 million in 2005/06. Our vision is that together we will beat cancer. We carry out world-class research to improve our understanding of cancer and to find out how to prevent, diagnose and treat different types of the disease. We ensure that our findings are used to improve the lives of all cancer patients. We help people to understand cancer, the progress we are making and the choices each person can make. We work in partnership with others to achieve the greatest impact in the global fight against cancer.

One of our absolute priorities is to reduce the number of people getting cancer. We know that smoking causes one in four cancer deaths² and that although there has been a decline in prevalence in recent years, this has been heavily concentrated in older age groups.

We support measures to help prevent children from taking up smoking and to encourage young smokers to quit. We know that in Scotland in 2004, 14% of boys and 24% of girls were regular smokers by the age of 15.³ Having one cigarette as a child increases the risk of being an adult smoker and therefore the greater the risk of developing lung cancer, heart disease and a raft of other chronic conditions.⁴

We welcome the publication of the consultation document and the opportunity to respond.

2. Cancer Research UK position

Increasing the age of cigarette purchase to 18 would put cigarette sales in line with restrictions on alcohol sales and would send a strong message to young people that tobacco products are dangerous. For these reasons we support the Scottish Executive's proposal. The measure might reduce the availability of cigarettes to young people, but only if it can be properly enforced from the outset. We support the introduction of a positive licensing system with

¹ Registered charity no. 1089464

² Doll R, Peto R. The Causes of Cancer. J Natl Cancer Inst 1981; 66:1191-308.

³ Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). National Report (2004).

⁴ Fidler, J. A., Wardle, J., Brodersen, N. H., Jarvis, M. J., West, R. (2006) Vulnerability to smoking after trying a single cigarette can lie dormant for three years or more. Tobacco Control. June: 15 (3): 205-9.

appropriate penalties for this reason, and believe it will provide greater regulation than a negative licensing system. Additionally, strong investment in communications to retailers will be required.

However we also know that around a third of under-age smokers obtain cigarettes from older friends and family and increasing the age of purchase will not prevent this. Therefore other measures are still needed.

Smoking initiation in young people is also strongly influenced by their perception of smoking as a common and desirable adult activity. Reducing adult smoking rates is also critical through measures such as greater regulation of tobacco products (including generic packaging and picture warnings), higher cigarette prices, effective enforcement of smokefree public places and more public awareness campaigns.

Other measures that may help to reduce smoking among young people include the prohibition of the sale of cigarettes from vending machines and residual point of sale marketing.

We broadly welcome the recommendations of the Smoking Prevention Working Group Report: Towards a Future without Tobacco and have submitted a supportive response to the Scottish Executive consultation.

3. More detailed comments on consultation questions

Q1: Do you agree that the age of purchase of tobacco products should be raised to 18 as provided for in the draft Order and with the assumptions made in the partial RIA?

Cancer Research UK supports the proposal to increase the age limit to 18 with a 6-12 month period of transition (Option 2).

Raising the age of purchase would send 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 entirely, which may have other positive consequences, perhaps reducing the peer pressure on young people to smoke.

The Scottish Executive's current proposals would bring Scotland in line with the provisions in the Framework Convention on Tobacco Control (FCTC) and other developed nations, including England and Wales. However, it is important that the right models for enforcement are selected.

We believe that measures to raise the age of purchase should be introduced in Scotland as soon as possible. We agree with the point made in the Regulatory Impact Assessment (RIA) that a longer, 12-18 month period of transition (Option 3), may dilute the impact of a communications campaign and lead to increased communications costs.

Q 2: With this in mind, we would welcome views on:-

- **issues which you think require to be addressed in preparation for the proposed change in the legal age for purchase; and**
- **the period of time required between the announcement of the change and its implementation.**

It is imperative that effective resources are made available to communicate the details of the increase in age of purchase. The Scottish Executive Government must seek to target a range of different audiences (e.g. retailers and young people) in advance of, at the time of, and also at appropriate intervals after implementation. We would also like the Scottish Executive Government to monitor compliance with the change in legislation via test purchasing and other methods.

It is 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.

Cancer Research UK supports the introduction of a licensing scheme to discourage retailers to sell tobacco to underage smokers, and would support a 'positive licensing' scheme over a 'negative licensing' scheme. The introduction of a positive licensing scheme would ensure that a comprehensive record of all tobacco retailers was kept. This could enable better monitoring and give a more complete picture of trends over time. A positive licensing scheme could also offer a tougher deterrent to retailers who consistently flout the law by selling tobacco to underage smokers. The threat of having a licence revoked could offer a powerful incentive to enforce the age of purchase legislation- perhaps more so than a typically modest fine dispensed by the courts.

As stated in the previous answer, we support an early implementation of revised age of purchase legislation. We believe this sends a clear message about the dangers associated with tobacco use and highlights the Scottish Executive Government's commitment to take action in this area.

We would be happy to provide any further information or detail as required. Please contact the Cancer Research UK Public Affairs Department at publicaffairs@cancer.org.uk, or on 020 7061 8360.