

Smith L (Lee-Anne)

01-33

From: Glen J (John)
Sent: 27 February 2007 13:51
To: Smith L (Lee-Anne)
Subject: FW: Consultation on the draft Smoking, Health and Social Care (Scotland) Act 2005 Order

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-----Original Message-----

From: John Macgill [mailto:john@johnmacgill.com]
Sent: 27 February 2007 13:13
To: Glen J (John)
Cc: psu@bps.org.uk; scotland@bps.org.uk; john.macgill@bps.org.uk
Subject: Consultation on the draft Smoking, Health and Social Care (Scotland) Act 2005 Order

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Dear Mr Glen
 Please find attached the response from the British Psychological Society to the consultation on varying the legal age of sale of tobacco in Scotland.
 Please get in touch if you need further information
 Best wishes
 John

John Macgill
BPS Policy Officer for Scotland
 01620 820800 / 07711 548 672

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The
British
Psychological
Society

The British Psychological Society Scottish Office
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Response to Scottish Executive 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

Executive Summary

1. The evidence is supportive of raising the age at which young people can purchase tobacco and this policy is in line with that of many other countries. However, there is little research to support the arguments that this will reduce smoking in young people. The ban we already have on smoking in public places may, in the long term, be more effective in reducing young people's perceptions of smoking as a 'normal' activity.
2. The Society considers that some difficulties may arise in the enforcement of the policy, as young people currently have little difficulty in obtaining cigarettes; a situation that is likely to continue unless the trader is penalised to such an extent that it is in their best interests to comply.
3. There is very little research into why young people start smoking and what will motivate them to stop. We know that those who start smoking early often come from homes where one or both parents smoke; we also know they are influenced by their peers, that gender differences exist and that those in deprived areas find it harder to give up. Expectations about smoking also influence smoking cessation. Knowing which factors are most important to young people is essential if interventions are to be tailored to the individual. We recommend that this should be an area of priority, as attempting to run smoking cessation clinics without an evidence-base is unlikely to lead to success.
4. It is generally recognised that young people cannot be fitted into an adult model and that a 'one size fits all' approach is extremely unlikely to succeed. Thus, those running the smoking cessation clinics must be trained to use a range of different approaches. Training manuals and assessment of the effectiveness of the approaches used would be very valuable.
5. The Society recommends that any publicity material aimed at smoking cessation should have input from the client (the young person) to ensure that the values and norms of this group are specifically targeted.

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?

Raising the Age of Purchase and Enforcement of New Legislation

Point 6.3

We agree with the recommendation that the age should be raised to 18. However, the research evidence is inconclusive regarding the extent to which such a change might be sufficient to the achievement of a long-term reduction in smoking rates. We know that many young people below the current legal age of 16 are able to purchase cigarettes. Glied (2003) summarises evidence from the USA that suggests that raising the age of tobacco sales does not lead to long term reductions in smoking, especially if this is achieved through information and higher taxation. However, in a review of published research, Stead and Lancaster (2005) concluded that reductions in sales can be achieved if a raised age policy is actively enforced but that, even then, variations in retailer compliance would be likely. Therefore, more emphasis on the trader's responsibilities and stricter enforcement and penalties will be necessary.

The Assumptions Underlying the Partial RIA.

Points 6.13 & 6.14

Many young people who smoke have concomitant problems making it unlikely that nicotine patches alone would be sufficient therapy. Research evidence shows that a multi-level approach is required to take into account a range of social and cultural influences, including the following:

- parental concern about smoking, parental smoking and increased second-hand smoking (Giskes et al, 2006; Kalesan, 2006; Kestila et al, 2006; Oezge et al, 2006; Platt et al, 2006);
- the smoking behaviour of peers viewed in particular lights (van den Eijnden et al, 2006, found smoking rates to be increased where smoking peers were admired and reduced where they were considered rebellious);
- active influence of peers on smoking behaviour (Stanton, 2006);
- outcome expectancies related to smoking (Wahl et al, 2005)
- the perception of smoking as conferring 'adult' status (World Health Organisation, 2002);
- stress (Oezge et al, 2006; Copeland, 2003);
- education, school type and academic performance (Kestila et al, 2006; Oezge et al, 2006);
- household size (Oezge et al, 2006).

In addition to the above influences, there are also important gender differences in smoking (see Appendix 1 for some examples).

Q2. Over what time period should this be implemented?

The Society considers that the exact period of time over which a change is implemented is dependent upon the time required to ensure that relevant services are training are in place. Perhaps 6-12 months might be a realistic target.

Appendix 1

Gender Differences

It is evident that women on low income living in socially disadvantaged circumstances may be using cigarettes to bolster a stressful existence (Graham 1994, 1999; Anderson & Silverman 1997). Others may take up smoking as a means of weight control: Cavallo et al (2006) found a significant positive relationship between the amount of cigarette smoked and belief in smoking as a means to control weight and that females who smoked more cigarettes reported more concern about gaining weight upon quitting - a pattern not seen in males. These results highlight potentially important gender differences in the relationship between weight concerns and smoking and the influence these concerns may have on quitting smoking.

This response was prepared on behalf of the British Psychological Society Scotland and the Division of Health Psychology by Dr Joyce Willock, CPsychol, with contributions from Anna Cuniff, CPsychol, Margaret-Anne Macmillan, Toni Musellio and Joanne Nicholson, CPsychol.

Submitted on behalf of the Society by John Macgill, Policy Officer for Scotland:
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