

Smith L (Lee-Anne)

01-64

From: Glen J (John)
Sent: 05 March 2007 10:13
To: Smith L (Lee-Anne)
Subject: FW: Responses/Consultation

JOHN GLEN
Tobacco Control Team
Public Health & Substance Misuse Division
Area 3 E
St Andrew's House
EDINBURGH
EH1 3DG

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

From: Currie, Jackie [mailto:Jackie.Currie@glasgow.gsx.gov.uk] **On Behalf Of** Black, George
Sent: 05 March 2007 09:02
To: Glen J (John)
Subject: Responses/Consultation

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

Please find attached two responses for your attention. They have also been sent by hard copy.

Regards

Jackie Currie
Secretary to Chief Executive/Solicitor to the Council
Glasgow City Council
City Chambers
George Square
GLASGOW G2 1DU

☎ 0141 287 4739/4521
✉ jackie.currie@ced.glasgow.gov.uk
Fax 0141 287 3627

<<glen.doc>> <<tobacco2.doc>> <<tobacco.doc>> <<consultation response.doc>>

Support Scotland's Bid to host the 2014 Commonwealth Games in Glasgow - visit
www.glasgow2014.com

Disclaimer:

This message is intended only for use of the addressee. If this message was sent to you in error, please notify the sender and delete this message. Glasgow City Council cannot accept responsibility for viruses, so please scan attachments. Views expressed in this message do not necessarily reflect those of the Council who will not necessarily be bound by its contents.

Disclaimer:

This message was sent via GSX secure route
This message is intended only for use of the addressee. If this message was sent to you in error, please notify the sender and delete this message. Glasgow City Council cannot accept responsibility for viruses, so please scan attachments. Views expressed in this message do not necessarily reflect those of the Council who will not necessarily be bound by its contents.

01-64

Chief Executive Department
Glasgow City Council
City Chambers
George Square
Glasgow G2 1DU
Telephone: 0141 287 4739
Fax No: 0141 287 3627

Your Ref:
Our Ref: GB/kk/se/tobacco

2 March 2007

Mr John Glen
Scottish Executive Health Department
Tobacco Control Division
3 E(R)
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Dear Mr Glen

RESPONSE TO : 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

Thank you for the opportunity of commenting on the proposal to vary the age limit for the sale of tobacco. I enclose the Council's response to this document.

I would confirm that this response can be made available to the public.

If you have any queries on the comments made or would like more information, please contact Doreen Montgomery in the Corporate Policy section of the Chief Executive's Department. (Telephone 0141 287 5932 or e-mail doreen.montgomery@ced.glasgow.gov.uk)

Yours sincerely

GEORGE BLACK
CHIEF EXECUTIVE

Enc
c.c Dawn Corbett, Head of Corporate Policy

GLASGOW CITY COUNCIL CONSULTATION RESPONSE 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

General Comments

The Council welcomes and fully supports the commitment to raising the age of purchase of tobacco products from 16 to 18, in line with a number of other age restricted products. Given that tobacco use is the single greatest cause of preventable illness and premature death in Scotland, the introduction of a new age limit for the purchase of tobacco products may contribute to reducing this in the longer term by restricting the availability of tobacco products among young people.

However, the proposed changes alone will not stop under age purchasing. More research is needed into the factors which currently influence young people's decision to take up smoking. There also needs to be a consistent drive to enforce the changes proposed, along with a strong communications campaign informing retailers and the public of the change.

There could be significant benefit in strengthening the role of education in promoting positive, healthy, behaviour and reinforcing the potential dangers of smoking from an early age. In this respect, it would be helpful to identify and promote best practice from the vast array of projects/initiatives currently being delivered in relation to smoking cessation so that the successful approaches could be supported on a longer term, more sustainable basis in recognition of their value.

In summary, the Council supports the proposals in the draft Order, along with the timeframe set out in Option 2 ie increase the age limit to 18 with a 6-12 month period of transition.

Response to questions posed

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 (Draft Regulatory Impact Assessment) ?

The Council agrees 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.

The proposed changes will not stop under age purchasing - but the increase in the minimum age will make it harder for tobaccoists to claim they did not realise the purchaser was under age. The proposed changes are also unlikely to have an effect on smoking rates among young people in the short term. However, research has established that even if young people do begin to smoke, the later they start, the less harm to their health and the more chance they will have of success if they try to give up in later life.

Health in Scotland: the Challenge makes it clear that efforts to improve health are inextricably linked to the pursuit of social justice. Furthermore, some of the highest rates of smoking are to be found amongst the most disadvantaged communities in Scotland. According to the 2005 *Scottish Household Survey*, the smoking rate in Scotland of 16-18 year olds in the most affluent areas is 16%. In the most deprived areas, by contrast, the smoking rate is almost 50% higher at 23 per cent.

In an analysis conducted in 2006, it was established that almost 60% of the Council's Social Work clients aged 16 – 18 live in the most disadvantaged neighbourhoods of Glasgow, compared to only 1% in the most affluent neighbourhoods. It is likely that smoking prevalence is higher among the Social Work clients than among this age group in the general population.

Consequently, the Council would hope that the intended effect of this measure - to reduce the availability and consumption of cigarettes among older children and young teenagers and reduce the prevalence of smoking – would be relatively strong among this client group and that the benefits of these changes would be more apparent in the most deprived areas.

It is clear that the most vulnerable children and their families require multi agency approaches to service planning and delivery. There are real opportunities in the Community Health & Care Partnership (CHCP) model to drive forward the change agenda required for children and young people who are at greatest risk of poor life outcomes, including physical health. There is a range of community health interventions targeted at young people through the CHCPs, but any additional legislation seeking to offset health risks associated with tobacco among vulnerable young people is welcomed.

One excellent example of a cross cutting partnership project aimed at promoting health at a local level is the Kools Project (former Kool Kids) in Greater Pollok. It involves Cultural and Leisure Services, Education Services, NHS Greater Glasgow & Clyde and the local Community Planning Partnership and aims to increase access to physical activity and healthy choices among primary school children through curriculum-based health activities focusing on hygiene, smoking, nutrition and self-esteem. This project, which began as a pilot in two local schools has been extended to all 18 local schools in the Greater Pollok area for 3 years.

In addition, this proposed measure would effectively result in schools being able to tell students not only that smoking is not allowed on school premises, but also that they should not have cigarettes etc with them while attending school. This should be helpful in tackling the problem of young people with tobacco in schools.

Q2: 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.**

In terms of the period of time required between the announcement of the change and its implementation, the Council favours Option 2 (increase the age limit to 18 with a 6-12 month period of transition). The implementation timeframe for Option 3 (12-18 months) would be too long.

Whilst the change will inevitably result in difficulties for the trade, existing younger smokers and the Trading Standards Services which have to monitor and enforce it, there is no merit in delaying the implementation for more than a year. Option 2 also has the potential to provide a shorter, focused communication campaign which would be more effective in terms of its message and value for money than a protracted media campaign.

There is a possibility that Smoking Cessation services located in the CHCPs may experience an increase in demand for their services from young people aged 16-17 who wish support in quitting smoking. The Council notes the expectation that part of the additional £2m funding being allocated to NHS Smoking Cessation services in 2007/08 would be used to help any additional young people in their attempt to quit smoking and it would support funding being prioritised towards Cessation Services for young people. The Council believes that the amount of funding should be reviewed to accommodate possible greater than anticipated demand and would expect Glasgow to receive its fair share of this funding based on need.