

QA-49

**Smith L (Lee-Anne)**

**From:** Glen J (John)  
**Sent:** 01 March 2007 10:11  
**To:** Smith L (Lee-Anne)  
**Subject:** FW: Consultation on the draft smoking, health and social care Act (variation of age limit for sale of tobacco ....)  
**Importance:** High

**JOHN GLEN**  
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-----Original Message-----

**From:** Malone, Jackie [mailto:Jackie.Malone@ggc.scot.nhs.uk]  
**Sent:** 28 February 2007 18:30  
**To:** Glen J (John)  
**Subject:** Consultation on the draft smoking, health and social care Act (variation of age limit for sale of tobacco ....)  
**Importance:** High

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Please find attached NHS Greater Glasgow and Clyde's comments on the above consultation.

<<Consultation on Tobacco purchase age.doc>> <<2 Template of Form for Consultation responses to Scottish Exec.doc>>

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**Please note new e-mail address**

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## Comments from NHS Greater Glasgow and Clyde

### **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?**

NHSGGC 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.

More than 80% of adult smokers begin in their teens, most are addicted before they're 20 and most now wish they had never started (White Paper, Smoking Kills, 1998). With 19% of 15 year olds in Glasgow classed as regular smokers (SALSUS report 2004), it is clear that reducing youth smoking prevalence should be a public health priority. This is reflected in the Scottish Executive's 2004 Tobacco Control Action Plan, "*A Breath of Fresh Air for Scotland*", which sets out a target of reducing the percentage of school children aged 12 to 15 who smoke to 11% by 2010.

International evidence from California, Florida, Massachusetts and some Canadian provinces demonstrates that, when part of a comprehensive package of prevention and education initiatives, age restriction can produce a measurable impact upon smoking prevalence in young people.

According to the 2005 Scottish Household Survey, the smoking rate in 16-18 year olds in the most affluent areas was 16% whereas in the most deprived areas, the prevalence is almost 50% higher at 23%. This legislative change then could contribute towards tackling health inequalities and improving life outcomes in young people where it is most required.

We believe that raising the minimum age of purchase from 16 to 18 is advisable as it will:

- Reinforce the message that tobacco is as, if not more dangerous than alcohol
- At least delay the onset of smoking in young teens. The younger a smoker starts, the more likely they are to become heavily dependent and the more damage is done to their health
- Helping to reduce impact of peer influence by restricting older pupils/friends from smoking legally

### **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**

Currently, among regular smokers almost all (86%) of 15 year olds and almost 2/3 (62%) of 13 year olds report buying cigarettes from shops. Clearly then effective enforcement and monitoring is essential if the proposed amendment is to bear any credence. In addition, a comprehensive retailer education initiative is required, particularly targeting small, independent enterprises who may have less rigorous staff training procedures. It should be ensured this information is presented in an easily understood format with multi-lingual versions available in order to ensure small

retailers with literacy issues or English as a second language are not penalised for failing to comprehend new legislation rather than deliberately flouting it.

In order to ensure compliance from retailers, NHS Greater Glasgow and Clyde support the proposal for negative licensing i.e. the removal of the right to sell the age-restricted product, would be an effective consequence of selling to under 18s.

Raising the age of purchase should also be accompanied by a wider educational initiative aimed at:

- Young people, to whom it must be explained *why* the age is to be raised
- Parents/carers, who may already be buying their children cigarettes or failing to prevent them from taking without asking. This could be coupled with an increased promotion of adult cessation services and may prompt quit attempts in the parents themselves

The time frame must take into account adequate planning time but anecdotal evidence from local tobacco work undertaken with young people suggests that it should also consider the rights of 16&17 year olds already addicted to tobacco to whom this may seem like an unjust measure. Given the limited findings of the eight pilot programmes established to develop evidence for best practice in youth smoking cessation, it would seem that the provision of services for this age group following implementation of the new legislation will be a complex issue.

In summary, NHS Greater Glasgow and Clyde is supportive of this proposal in the context of the Glasgow Tobacco Strategy and existing and planned work with young people in partnership with Education Departments, Local Authority trading standards groups and the voluntary sector. The preferred option is Option Two as it is believed that the lengthier timeframe in Option Three may result in a dilution of campaign impact and would incur greater cost.