

**REPORT TO: POLICY AND RESOURCES COMMITTEE - 12 FEBRUARY 2007**

**REPORT ON: SCOTTISH EXECUTIVE CONSULTATIONS ON SMOKING AND TOBACCO CONTROL**

**REPORT BY: ASSISTANT CHIEF EXECUTIVE (COMMUNITY PLANNING)**

**REPORT NO: 81-2007**

## **1. PURPOSE OF REPORT**

- 1.1 To recommend a Council response to the consultation document 'Towards a Future Without Tobacco' and the draft Order under powers contained in the Smoking, Health and Social Care (Scotland) Act 2005 raising the purchasing age of tobacco from 16 years to 18 years.

## **2. RECOMMENDATIONS**

It is recommended that the Council:

- notes the report and recommendations of Towards a Future Without Tobacco
- notes the draft legislation to raise the purchasing age of tobacco to 18 years
- approves the response to the Scottish Executive set out in Section 7.

## **3. FINANCIAL IMPLICATIONS**

There are no financial implications in the consultation response to the Scottish Executive.

## **4. SUSTAINABILITY POLICY IMPLICATIONS**

- 4.1 There is a strong association between smoking and health inequalities.

Addressing health inequalities and improving public health is consistent with the theme of protecting health and preventing illness.

## **5. EQUAL OPPORTUNITIES IMPLICATIONS**

- 5.1 The report is consistent with the Council's policy framework for tackling poverty and social exclusion, in particular through delivering services that help reduce health inequalities.

## **6. BACKGROUND**

### **6.1 Consultation on Towards a Future without Tobacco: The Report of the Smoking Prevention Working Group**

- 6.1.1 In 2005, the Scottish Parliament Health Select Committee recommended raising the purchasing age of tobacco from 16 years to 18 years. In light of this, a specialist Smoking Prevention Working Group (SPWG) was set up to make recommendations to the Scottish Executive on the development of a new long term smoking prevention strategy. The SPWG was also asked to advise on the implications of raising the purchasing age of tobacco.

- 6.1.2 The Smoking Prevention Working Group reported in November 2006 and this report is out for a three month consultation until end of February 2007. Among other things, this

process will include four dialogue events throughout Scotland for public sector organisations, in addition to consultation with young people's organisations including the Scottish Youth Parliament. Within this context, the Scottish Executive is keen to identify the supports young people would need in event of the tobacco purchasing age being raised to 18 years.

6.1.3 The report 'Towards a Future without Tobacco' makes 31 separate recommendations designed to protect young people or dissuade them from starting to smoke. The recommendations are also aimed at deterring adults from encouraging young people to smoke. The recommendations are grouped under the broad headings of: new target levels in reducing young people smoking; commissioning of research re attitudes and behaviour of young people; reducing availability of cigarettes and tobacco to young people; discouraging young people from smoking and enabling young smokers to stop; and making things happen via the development of a resourced five year Action Plan. The full recommendations are listed in Appendix 1

6.1.4 The Scottish Executive has acted immediately on some of the recommendations and to date has:

- Written to the UK Government urging them to ensure duty on tobacco products increases at a rate higher than inflation. Also asked that health considerations are taken into account in EU tobacco policies. Requested that action to tackle smuggling remains a priority
- Taken preparatory steps to implement the recommendation to raise the purchasing age of tobacco to 18 years. This will be subject to the outcome of a separate consultation on draft legislation and related Regulatory Impact Assessment also launched in December 2006.
- Accepted in principle, subject to the outcome of this consultation that recommendations contained in 'Towards a Future Without Tobacco' should be used as the basis for a five year action plan. The plan would then be in place for consideration by the new administration following Scottish Parliamentary elections in May 2007.

6.2 **Consultation on the Draft Smoking, health and Social Care (Scotland) Act 2005 (Variation of Age Limit for Sale of Tobacco Products and Consequential Modifications) Order 2007**

6.2.1 In light of the specific recommendation of the Smoking Prevention Working Group that the purchasing age of tobacco should be raised from 16 years to 18 years, the Scottish Executive has taken preparatory steps towards its implementation. Within this context the proposed change would be implemented via the draft Smoking, Health and Social Care (Scotland) Act 2005 (Variation of Age Limit for Sale of Tobacco Products and Consequential Modifications) Order 2007. The Scottish Executive is also undertaking a partial Regulatory Impact Assessment as part of the process (RIA) to assess the likely impact of the proposed legislation.

6.2.2 Within the context of this consultation, the Scottish Executive is inviting responses to the following:

Q1 Do you agree that the age of purchase of tobacco products should be raised to 18 and within the assumptions made in the RIA

Q2 With this in mind, the Scottish Executive would welcome views on :

- issues which require to be addressed in preparation for the proposed change in age, and
- the period of time required between the announcement of the change and its implementation
  - Option 1: do nothing, continue to have an age limit of 16
  - Option 2: 6-12 months transition
  - Option 3: 12-18 months transition

A full outline of the response options is listed in Appendix 2.

## 7. DUNDEE CITY COUNCIL RESPONSE

7.1 Dundee City Council agrees in full with the recommendations contained in the report 'Towards a Future Without Tobacco'.

7.2 In respect of the draft legislation, Dundee City Council supports Option 2 subject to the following comments:

- the purchase age of tobacco should be raised to 18 years in view of the recommended health benefits to children and young people
- a transition period of 6-12 months would create an appropriate timeframe following the smoke-free legislation of 2006
- the Scottish Executive should make increased provision for sufficient resources to be made available to facilitate on-going test purchasing regimes across all local authorities
- resources should be provided to support retailers re 'proof of age' schemes
- a regulated and consistent approach towards retailers should be developed with an identified deterrent to prevent under-age tobacco sales e.g. heavy fines
- a national campaign should be run to promote the national entitlement card and retailers should be encouraged to ask for 'proof of age' embedded in the national entitlement card
- there must be an emphasis on the crackdown of smuggled/counterfeit tobacco as this represents a significant proportion of cigarettes in circulation
- a forceful communications campaign is imperative to oversee the change in age limit. It is also important that young people play a significant role in informing the content and design of any multi-media campaign e.g. use of mobile phones, MP3 downloads, school dramas etc.
- The way young people perceive smoking needs to be tapped into and addressed. In Dundee young people were recently consulted on ways of impacting on smoking behaviour. The intervention rated highest was Age Progression Software showing the facial effects of long term smoking, sun exposure or poor nutrition. This software will now be piloted locally but consideration should be given to a national distribution via the Scottish Schools Digital Network.

- a range of smoking cessation supports should be ready for those young people under 18 years already addicted to tobacco. In particular, community-based youth organisations should also be involved as they work effectively with vulnerable young people in both formal and informal settings
- There should be greater recognition of peer-led approaches for young people. In Dundee, an ongoing Peer Education Project involving S2 pupils and primary pupils is an example of effective practice flourishing in schools throughout the city.
- While promoting a smoke-free atmosphere is essential, the process should take into account the potential concern generated in young people regarding the health of parents/family members who smoke. Supports should also be put in place to help young people address this issue.
- it is recognised there is a strong association between smoking and health inequalities. Prospective smoking cessation funding should be specifically targeted towards health inequalities and vulnerable young people
- The recommended re-assessment and reform of education on tobacco, alcohol and other drugs in Scottish schools is welcomed. Nevertheless future 'reform' would also benefit from specific measures being developed within the curriculum to help support the change process.

## 8. **CONSULTATION**

The Chief Executive, Depute Chief Executive (Support Services), Director of Social Work, Director of Education and Director of Leisure and Communities have been consulted in the preparation of this report.

## 9. **BACKGROUND PAPERS**

Towards a Future without Tobacco  
The Report of the Smoking Prevention Working Group  
Scottish Executive November 2006

Consultation on the Draft Smoking, Health and Care (Scotland) Act 2005 (Variation of Age Limit for Sale of Tobacco Products and Consequential Modifications) Order 2007

Dundee City Council Plan, 2003-2007  
Dundee Joint Health Improvement Plan, 2005-2008  
Dundee Partnership Community Plan, 2005-2010

Chris Ward  
Assistant Chief Executive (Community Planning)..... 06/02/2007

## TOWARDS A FUTURE WITHOUT TOBACCO

### Recommendations

#### Targets

1. Set new targets to cut percentage of boys and girls smoking between the age of 13 and 15.
2. Set new targets to cut percentage of boys and girls smoking between 16 and 24.

#### Research

3. Priority should be given to commissioning research that can provide a clearer understanding of current knowledge, attitudes and behaviour relating to the use of tobacco, alcohol and other drugs among 16-24 year olds. Regular surveys of 13 and 15 year olds should be continued.
4. All the new measures proposed in this report should, if implemented, be subject to rigorous evaluation to establish their impact and cost-effectiveness.

#### Reducing Availability

The Scottish Executive should implement an integrated series of measures aimed at **substantially reducing the availability, affordability and attractiveness** of cigarettes and other tobacco products to young people. It should:

5. Ensure that much greater efforts are made to enforce the prevailing legal age of purchase. These should include: the use of proof of age; active test purchasing; prosecution with heavy fines and education of retailers and trading standard officers.
6. Introduce a negative licensing scheme to enable vendors who repeatedly sell cigarettes to under-age customers to be prohibited from selling tobacco products.
7. Amend the current offence of selling tobacco products to anyone under the age of 16 by raising the minimum age to 18. There should be a sufficient delay between amending the legislation and its implementation to prepare both customers and retailers for a smooth transition. Its impact should be carefully evaluated.
8. Urge the UK Government annually to increase the price of tobacco products at a rate faster than inflation.
9. Make representations to the UK Government to urge that health considerations are taken into account in the decision making process of EU policy concerning the taxation of tobacco products, as is required by the Framework Convention on Tobacco Control.
10. Refer the issue of the sale of packs of ten cigarettes to the UK Government for consideration in the light of further research into its likely impact.
11. Commission research to ascertain the extent to which young people in Scotland purchase cigarettes in packs of ten.

12. Commission research to ascertain the current use of smuggled or personally imported tobacco by young people.
13. Ensure that Customs and Excise and the police in Scotland both put a high priority on activities aimed at reducing the influx of smuggled tobacco.
14. Urge the UK Government to maintain and if necessary increase the investment in staff and equipment needed to control the influx of smuggled tobacco.
15. Urge the UK Government to review the appropriateness of the current limits for the importation of cigarettes from other EU countries for personal use and the effectiveness of the controls thereof.
16. Urge the UK Government to work collaboratively with the EC and other Member States to help develop a comprehensive international protocol on illicit tobacco as agreed at the first Conference of the Parties of the Framework Convention on Tobacco Control.
17. Reinforce the UK Government's intention to require graphic photographs of smoking-related diseases to be displayed on cigarette packets.
18. Together with the UK Government and other devolved administrations, look at ways to reduce positive images of smoking in the media and associated publicity materials, including reviewing any additional measures which might be taken to strengthen the ban on tobacco advertising and promotion introduced in 2002.
19. Prohibit the display of cigarettes at the point of sale, to be replaced by a simple list of brands available and their prices.

### **Discouraging young people from smoking**

The Scottish Executive should also implement an integrated series of measures aimed at **discouraging young people from starting to smoke and encouraging and enabling young smokers to stop:**

20. Building on previous work by Health Scotland and the Health Education Board for Scotland, an on-going, multi-stranded media campaign should be designed and implemented to discourage the uptake of smoking by young people of any age. One strand should have a strong focus on developing messages and using media that will have resonance with girls and young women in disadvantaged circumstances. Another should target young people in their late teens.
21. A comprehensive reassessment and reform of education on tobacco, alcohol and other drugs in Scottish schools should be carried out by a working group whose members bring expertise in drugs education research and delivery and in the design, integration and delivery of complex educational programmes across the curriculum.
22. Given the importance of parents' influence upon whether or not their child will smoke, an integral part of drugs education in school should be to inform parents about tobacco, alcohol and other drugs and their responsibilities in this regard. This should mainly be done by sending parents clear, consistent information at regular points during their child's progress through school.

23. At the relevant stages, parents should be encouraged by midwives, health visitors, general practitioners and hospital doctors, nursery staff and teachers to create a smoke-free home and not smoke when their children are present.
24. Embracing the concept of the Health Promoting Schools, all schools should develop a holistic approach to the health and well-being of their pupils. The aim should be to ensure that the school's ethos, policies, services and extra-curricular activities all foster the health and well-being of all the pupils. This should include having and strictly enforcing a school no-smoking policy covering everyone using the school grounds.
25. Given the association between smoking (and other drug use) and mental health problems, truancy and juvenile offending, all schools should have effective systems for the assessment, support and care for such pupils, including the ability to liaise effectively with social services where necessary.
26. Given the clear evidence that many young people start to smoke or progress from occasional to regular smoking (and drink heavily or use other drugs) once they leave school, Universities, Colleges of Further Education, student associations, the National union of Students and other major training providers should be invited to explore how they could better enable students or trainees to avoid starting to smoke or misuse alcohol or other drugs. This could be developed within the framework of 'The Health Promoting University'.
27. Research studies should be commissioned to test innovative, carefully designed ways of protecting and dissuading young people in disadvantaged areas from starting to smoke or becoming regular smokers.
28. All community-based youth organisations should be encouraged to adopt clear no-smoking policies and to use the opportunities open to them to reinforce the message about the addictiveness and harm to health of smoking.
29. In the light of the recent poor outcome of the pilot smoking cessation services for young people in Scotland we recommend that active consideration is given to developing other approaches within a carefully designed evaluation framework.

### **Making things happen**

30. Given that implementation of the recommendations in this report would largely affect young people, a representative sample of young people should be consulted to seek their views on the recommendations.
31. The recommendations in this report should be used by the Scottish Executive as the basis for developing a fully resourced five year Action Plan, with built in performance measures subject to monitoring by the Scottish ministerial Group for Tobacco Control

## RESPONSE OPTIONS

### Option 1 - Do nothing - continue to have age limit of 16

No change to the current legislation would be required under option 1, therefore, there are no communication or administration costs to the Scottish Executive. However, there are also no public health benefits from this option.

### Option 2 - Increase age limit to 18 with a 6-12 month period of transition

The increase in age limit demonstrates the seriousness of the Scottish Executive's policy to cut smoking prevalence in Scotland. The increase in age accompanied by the cultural shift created by the introduction of smoke-free public places should also help ensure that smoking becomes less attractive to young people and consequently there will be fewer new recruits to smoking.

Cigarettes are a singularly dangerous product. Recent research suggests that addiction to nicotine can develop very quickly within a few months or even weeks. Many lifelong smokers started smoking in their teens - and can expect to lose on average ten years of life expectancy. Therefore, this is an important step to discourage the young from starting to smoke.

The nicotine in tobacco is highly addictive and this explains why young people become and remain regular smokers. An increase in age limit to 18 may reduce the number of young people buying tobacco, therefore, reducing the likelihood that they become addicted smokers in their adult lives. The 2005 Scottish Household Survey reported that 25% of 16 year olds smoke cigarettes nowadays.

Children who do not start smoking or stop will have extra income to spend on other goods. This is difficult to measure but would help to compensate retailers for any reduction in tobacco sales from children and young teenagers. SALSUS 2004 reported that 7% of 13 year old and 6% of 15 year old regular smokers spend over £20 per week on smoking, the majority of 13 year olds (65%) spent between at least £1 but less than £10 on smoking and 57% of 15 year olds spend between £1 and £10.

Any gains from a reduction in adult smoking prevalence would take a lifetime to come through (a minimum of 20 years). Assuming that increasing the minimum age to 18 ultimately reduces smoking prevalence among adults by 0.7 percentage points this would, in the long term, lead to over 350 lives being saved every year in Scotland. This translates into a gain for the Scottish economy of up to £170 million per year, in addition to this it is estimated that the NHS would incur savings of up to £3.8 million per year. It should be noted that it may be 20 years or more before these benefits will be realised.

### Option 3 - Increase age limit to 18 with a 12-18 month period of transition

All of the health benefits for option 2 will also apply to option 3 since the only difference between the options is the length of the transition period. The key health benefit stems from the long term reduction in adult smoking rates.

The longer transition period with this option will be beneficial for 16 and 17 year old smokers because it will provide them with a greater period of time to stop smoking and allows a sufficient length of time for all the current 17 year old smokers and many of the 16 year old smokers to reach 18 when they will be able to purchase cigarettes legally even after a change in legislation.

Raising the minimum legal purchase age for tobacco products to 18 for Scotland would mirror the World Health Organisation recommendation and is also policy in a number of other countries e.g. Finland, Sweden, Canada, Australia, United States and New Zealand.

An age limit of 18 for tobacco products would bring them into line with most other restricted goods e.g. alcohol, fireworks and solvents. One age limit for a large number of restricted products will make enforcement easier for retailers. It will also be easier to produce signage and training materials which would benefit both retailers and enforcers.

Any reduction in sales of tobacco products to young people as a result of an increase in the age limit for retailers would be compensated in part by an increase in sales of other goods.

Under all three options the Executive would continue to pursue the Tobacco Control Action Plan, which sets out a programme of action to tackle smoking, particularly in deprived communities. In addition, the Executive will consider how best to take forward the recommendations contained in the Smoking Prevention Working Group Report "Towards a Future Without Tobacco".