

Restricting Underage Access to Tobacco

Choosing Health Briefings

As part of ‘Choosing Health?’ – The national consultation on a new public health white paper – the government appointed task groups to lead on eight key themes: Better health for children and young people; Consumers and markets; Focusing on delivery; Leisure; Maximising the NHS contribution – the NHS as a whole; Maximising the NHS contribution – in primary care; Working for health/opportunities in employment; and Working with and for communities. The HDA supported the task groups, which met during April–May 2004, with these briefing papers.

Overview

Restricting young people’s access to tobacco may make buying cigarettes more difficult for the younger age groups (eg 11–13 year olds), but it is not clear what effect this might have on underage smoking rates. The restraining pressure of age restrictions and their strict enforcement may delay the onset of smoking and have some effect on its prevalence, but the evidence is not conclusive. There is a risk that raising the age limit will simply enhance the image of tobacco as an ‘adult’ product.

The published literature on age restrictions, ID cards and retailer schemes suggests that they are generally ineffective unless embedded in a comprehensive programme including adult cessation, restriction on smoking at work and in public places, advertising bans, taxation, media campaigns and education.

Raising the legal age for cigarette purchase from 16 to 18 years

Young people have numerous strategies for overcoming age restrictions. Even where retailers comply strictly, young people are able to obtain alcohol and will use similar strategies to get hold of cigarettes. Young people have a wide range of sources of cigarettes. Friends and family are just as important as shops. Approximately 60% of 11–15 year olds are given cigarettes by friends or buy them from friends, family or someone else (eg in the school playground).

Raising the age at which it is legal to buy cigarettes to 18 is perceived by young people as more likely to strengthen the appeal of smoking because it positions cigarettes as more adult – and therefore more desirable. Strict enforcement of retail restrictions may reduce underage sales, but not underage smoking. There is no good evidence that improved compliance of retailers with age restriction laws will reduce smoking levels. There is review-level evidence (Naidoo *et al.*, 2004) to suggest that active enforcement and/or multi-component educational strategies with retailers can lead to a decrease in the

number of outlets selling cigarettes to young people, and these approaches are more effective in reducing illegal sales than simply providing retailers with information.

ID cards for 16 year olds

Focus group work with young people aged 12–16 indicates that ID cards are likely to have a limited impact on smoking among the under-16s. Young people suspect the cards will not be systematically checked, and that faking ID cards (to a level at which shop assistants will be satisfied) will not be difficult. Young smokers may be attracted to the idea of having ID cards. Good fakes are easy to obtain, and young smokers might think having a card could make buying cigarettes easier. It is thought that ID cards might remove the responsibility from the shopkeeper, and may provide a defence for retailers caught selling to young people under 16.

Sources

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