

2035



**A Vision
for a Smokefree
Northern Ireland**

ash

Northern Ireland

Action on Smoking & Health

Introduction

Action on Smoking and Health Northern Ireland (ASH NI) campaigns to achieve effective and comprehensive tobacco control policies and programmes that lead to a tobacco free Northern Ireland. Although there have been positive gains in recent years, there is still much to be done to achieve our vision for a smokefree NI.

Our aim is a smokefree Northern Ireland by 2035. A society where less than 5% of the adult population is actively smoking.

Tobacco is the single greatest cause of preventable illness and premature death in Northern Ireland. It has been linked to the development of many Non-Communicable Diseases, including heart disease, cancer, and lung disease. In Northern Ireland, around 2,300 people die each year from smoking-related illnesses.¹

Ill-health and disability caused by tobacco places enormous demands on Health and Social Care (HSC) with around 18,000 hospital admissions attributed to smoking each year in Northern Ireland.²

ASH NI wish for Northern Ireland to join the worldwide, European, national, and regional prioritisation of tobacco control to achieve a smokefree society where tobacco does not influence, addict or harm the population. We must build on existing progress and key achievements of the Framework Convention on Tobacco Control (as signed by the United Kingdom government), the European Union Tobacco Products Directive (and the subsequent enactment

into United Kingdom law), alongside other wider legislation and local strategies that have set Northern Ireland on the right path.

Health inequalities in Northern Ireland will only be addressed when the key social determinants of health are addressed in tobacco policy. With 50% of health inequalities caused by smoking³, it is imperative that we:

- Give every child the best start in life through cessation before and during pregnancy, and protection from second-hand smoke throughout childhood.
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives – prevent addiction, provide education and skills to affect positive health behaviour choices.
- Create fair employment, a healthy standard of living, with healthy and sustainable places and communities for all. This includes smokefree workplaces, smokefree homes and smokefree environments with communal and public places that are welcoming to all.
- Strengthen the role and impact of health improvement - preventing people from starting smoking and helping people to quit is the most effective way to reduce health risk from smoking.

1. Tobacco control | Department of Health (health-ni.gov.uk)

2. <https://www.bhf.org.uk/-/media/files/research/heart-statistics/bhf-cvd-statistics-northern-ireland-factsheet.pdf?la=en>

3. ASH-Briefing_Health-Inequalities.pdf

Setting 2035 as a target will be challenging but it will help drive a focussed and ambitious aim to see Northern Ireland become smokefree. This must be an urgent priority for the Northern Ireland Assembly and the Executive.

We need a renewed focus and redoubled effort to achieve:

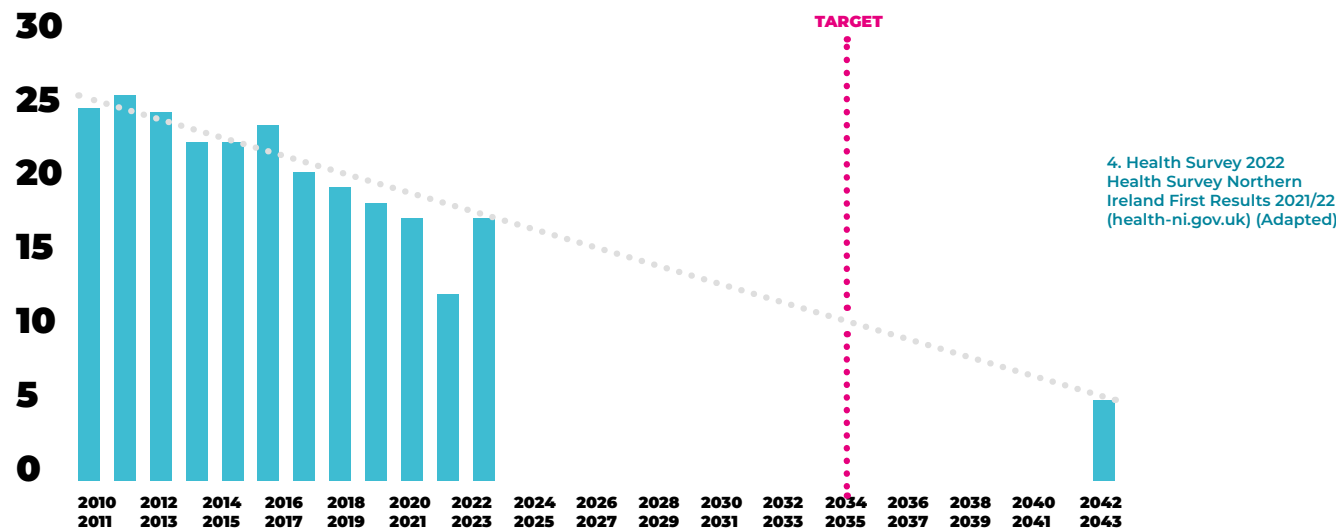
- An agreed Smokefree Date of 2035
- Evidence based Smoking Prevention programmes available to all children and young people
- Age of sales consultation with a timetable of when this will be achieved
- Licensing retailers who sell tobacco and related nicotine containing products
- Sustained Mass media campaigns
- Effective evidence-based Stop Smoking Services easily accessible to all, with continuity of care across the sectors

- Smokefree environments extended to ensure all are protected, especially the most vulnerable
- Enforcement adequately supported, both locally and nationally
- Novel products should be covered by legislation and policy to ensure the public are protected from harm, and have the best information
- Industry levy enacted to ensure such funding is entirely ring-fenced for tobacco control work across all nations of the United Kingdom.

In Northern Ireland, 17% of adults are current smokers (2022). To reach a smokefree 5% target, continuing efforts to prevent children and young people from starting smoking, campaigns to encourage smokers to quit, and quality joined up services to promote smokefree options will be required.

Northern Ireland is currently the only area of the United Kingdom without a smokefree target – Scotland aiming for 2034, Wales 2030, England 2030, Republic of Ireland 2025.

The smoking prevalence graph for NI shows smoking trends over the years. While it has decreased under current tobacco control initiatives, it is decreasing too slowly to reach the target of 5% by 2035.



Purpose of A Vision for a Smokefree NI

This document outlines the key objectives of ASH NI for the next 5 years to direct the activities of the group's member organisations as we work to eliminate the harm caused by tobacco.



Our 10 Key Messages

1.

A Smokefree Northern Ireland by 2035

What is needed?

Appropriately funded new ambitious Tobacco Control Strategy with relevant legislation, which builds on the achievements of the current Strategy.

Who is responsible?

Westminster, Northern Ireland Assembly, Department of Health, Health and Social Care, ASH NI Partners.

Studies suggest that if our smoking rates decline at their current rate, we will only reach our target by 2042.

Everyone needs to work together to achieve a smokefree Northern Ireland through legislation and service delivery. This must include prevention to uptake, support for quitting, engagement in areas of deprivation, and reducing the impact of tobacco on health inequalities. Every missed campaign, every delay to service, every procrastinated piece of legislation only prolongs the harm that tobacco inflicts on the most deprived people and families across Northern Ireland.

2.

Smoking Prevention programmes available to children and young people

What is needed?

Appropriately funded Tobacco Control Strategy.

Who is responsible?

Northern Ireland Assembly, Department of Health, Department of Education, experienced Prevention Providers.

The best outcome is that no child, young person or young adult begins to use tobacco or becomes addicted to nicotine.

To achieve this smoking prevention interventions in schools and youth settings, must be evidence-based and linked with a Health and Social Care Tobacco Control Strategy, to schools' smokefree policies, and integrated into the skills-based curriculum.

3.

Age of sales legislation

What is needed?

Advocacy, Legislation.

Who is responsible?

Northern Ireland Assembly, Westminster, ASH NI Partners.

Tobacco addiction typically starts before the brain has matured, with the vast majority (91%) of smokers starting before the age of 21 and a substantial uptake between 18 and 20 years (26%)⁵. Of every young person who tries smoking, two thirds will go on to become regular smokers.⁶

Two options are available to policy makers - the raising of age of sales to 21 years, or the progressive banning of sales to young adults.

The All-Party Parliamentary Group on smoking and health in Westminster has recommended the increase of age of sales from 18 to 21 as part a range of recommendations to protect children and young people⁷. The brain is still developing during adolescence and young adulthood with a period of cognitive, psychosocial, neurobiological, and physical development. This heightens the risks of tobacco initiation, continued use, and dependence⁸.

The evidence coming from the US highlights that raising the age of sale from 18 to 21 has reduced smoking prevalence in that age group by at least 30%⁹.

Raising the age of sales not only protects young people from becoming long-term smokers but is also supported by small retailers with 52% of over 500 independent tobacco retailers surveyed in 2019 saying that they supported the policy, compared to 39% who opposed¹⁰.

Legislation in New Zealand¹¹ and Denmark has been enacted so anyone born after 2008/2010 will not be able to buy cigarettes or tobacco products in their lifetime, under a law enacted in December 2022. New Zealand currently outlaws tobacco sales to under-18s and Associate Health Minister Ayesha Verrall has stated that from 2027, the age ban would increase by one year annually to keep the cohort smoke free¹². Denmark has unveiled plans to ban the sale of cigarettes and nicotine products to any citizens born after 2010¹³. The Javed Khan review has also recommended such steps be taken in England (June 2022)¹⁴.

As a start however, a clear policy of No ID, No Sale should be encouraged.

5. Health Survey Northern Ireland Smoking Trends 2010/11 to 2019/20 (health-ni.gov.uk)

6. What Proportion of People Who Try One Cigarette Become Daily Smokers? A Meta-Analysis of Representative Surveys - PubMed (nih.gov)

7. AgeofSale-BriefMay210526FINAL.pdf (ash.org.uk)

8. Investing in the Health and Well-Being of Young Adults - NCBI Bookshelf (nih.gov)

9. Tobacco-21 laws and young adult smoking: quasi-experimental evidence - PubMed (nih.gov)

10. NEMS survey for ASH. Computer assisted telephone interviews were conducted between the 6th and 21st August 2019. Interviewees were owners or managers of these small shops. 558 retailers were interviewed, around half were convenience stores or local supermarkets, but respondents also included off-licences, newsagents, petrol stations, and tobacconists.

11. New Zealand to ban cigarettes for future generations - BBC News

12. New Zealand to phase out tobacco sales by raising legal age for purchase each year (thejournal.ie)

13. Denmark proposes ban on selling cigarettes to people born after 2010 | Euronews

14. The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)

4.

Licensing retailers who sell tobacco and related products

What is needed?

Legislation.

Who is responsible?

Northern Ireland Assembly, Department of Health.

Primary legislation should be enacted to licence retailers who sell tobacco and related products. This will help ensure that children and young people are protected from accessing combustible tobacco and potentially heated tobacco products and nicotine pouches.

The additional incentive for the retailer of losing their licence would help to prevent under-age sales and proxy purchasing. This would be an extension of the current registration system but could have attached conditions such as No ID, No Sale. This approach would put the responsibility back on the retailer and potentially limit the overall number of licenses to sell tobacco. Nicotine Inhaling Products should be incorporated under any new licensing approach as currently they are widely available in many venues and settings.

5.

Mass media campaigns appropriately funded

What is needed?

Tobacco Control Strategy.

Who is responsible?

Northern Ireland Assembly, Department of Health, Westminster.

A minimum of one mass media campaign per year will help to promote quitting and strengthen comprehensive tobacco control programmes. These campaigns help educate society about the harms of smoking, set an agenda for discussion, change smoking attitudes and beliefs, increase quitting intentions and attempts, and reduce adult smoking prevalence.

Jurisdictions should aim for high reach and consistent exposure over time with preference towards negative health effects messages¹⁴. Between 2008 and 2016, higher expenditure on tobacco control mass media campaigns in England was associated with an increase in quit success rates¹⁵.

There is evidence that mass media campaigns can have a greater impact on more disadvantaged smokers if they are carefully tailored and targeted.

15. Mass media campaigns to promote smoking cessation among adults: an integrative review | Tobacco Control (bmj.com)

16. Associations between tobacco control mass media campaign expenditure and smoking prevalence and quitting in England: a time series analysis (bmj.com)

6.

Accessible evidence-based Stop Smoking Services

What is needed?

Tobacco Control Strategy.

Who is responsible?

Northern Ireland Assembly, Department of Health, Health and Social Care, Third sector organisations.

Across Northern Ireland, there are around 600 support services available for people who wish to stop smoking. These are based in General Practitioner surgeries, community pharmacies, hospitals, community centres and workplaces.

Guidance from the National Institute for Health and Care Excellence lists recommendations to ensure that all adults who smoke have access to:

- Behavioural interventions
- Behavioural support (individual and group)
- Very brief advice
- Medically licensed products
- Bupropion (in 2022, Zyban was unavailable in the United Kingdom)
- Nicotine replacement therapy – short and long acting
- Varenicline (in November 2021, varenicline was unavailable in the United Kingdom)
- Nicotine containing e-cigarettes.

Policy makers should consider Nicotine Replacement Therapy for young people aged 12 and over who are smoking and dependent on tobacco. If this is prescribed, it should be offered alongside behavioural support.

It is crucial that Services are designed to target those most in need across the Health and Social Care sector in a consistent and easily accessible manner. This will include referrals to the service from primary care, secondary care, mental health services, criminal justice services, children's services, and money advice services. This will ensure that smokers encounter a Specialist who can offer intervention or support based on the individual's needs and circumstances.

Every contact with a smoker should count. Recommendations are that mandatory training is essential for all staff to at least Very Brief Advice level. Supporting this, computer systems should support an opt out system so individuals receive optimised stop smoking advice. Stop Smoking Interventions such as the CURE Project, Ottawa Model or equivalent best practice should be implemented to ensure automatic enrolment into Services and subsequent continuity of care from Stop Smoking Specialists whether in hospital or in the community.

7.

Smokefree environments extended

What is needed?

Legislation extended and a Tobacco Control Strategy.

Who is responsible?

Northern Ireland Assembly, Department of Health.

The primary aim of the current smoking legislation was to protect staff and public from the dangers of second-hand smoke. Over time the design and size of smoking areas in licensed and entertainment premises has moved away from the traditional view of a smoking shelter, similar to a bus shelter, to become more elaborate. Currently, many businesses have outdoor areas such as 'beer gardens' where they permit smoking. As a result, both staff and customers may be amongst smokers for a prolonged period with smoking becoming 'normalised' again. The current legislation should be reviewed to take account of this newer business model. Legislation with clear smokefree distancing from doors and premises would be a strategic and impactful way forward.

It is imperative that no part of our community is left unprotected from environmental tobacco smoke. Smokefree prisons must be enacted to protect all within the Prison and Criminal Justice setting. Additional provision should be made to develop prevention messages, continue providing behavioural or medicinal support, and educating staff as well as prisoners and their families.

A Smokefree grounds policy should be passed into legislation to protect all staff and patients using Health and Social Care settings. In Scotland, there has been an extension of legislation to 15 metres outside of health care settings.

Other settings for Smokefree provision should be encouraged, especially where children are present such as beaches, play areas, and sports settings.

8.

Enforcement adequately supported, both local and national

What is needed?

Up to date legislation and a Tobacco Control Strategy.

Who is responsible?

Northern Ireland Assembly, Department of Health, UK Border Agency, HM Revenue & Customs.

The Public Health Agency, working in partnership with local councils to enforce smokefree and tobacco legislation, will ensure compliance through spot checks and investigation of complaints. By employing test purchasing, this approach will help to ensure

that tobacco and/or nicotine containing products are not sold to children.

Test purchasing involves children asking for cigarettes or tobacco in shops and supermarkets. When these products are sold, the council officers subsequently take appropriate action. Such enforcement approaches must continue and be supported by additional power of licensing of retailers.

Illicit purchasing of tobacco and/or nicotine containing products must be restricted at a local, national, and European level. By controlling and monitoring the tobacco supply chain, policy makers and law enforcers can ensure that the illicit market is not a threat to good tobacco control especially to those communities that need it most.

9.

Novel products should be covered by legislation and policy

What is needed?

Legislation and a Tobacco Control Strategy.

Who is responsible?

Northern Ireland Assembly, Department of Health.

All Tobacco products including Heated Tobacco Products (HTP), oral tobacco, and combustible tobacco should be clearly covered by Smokefree legislation with the aim to reduce or eliminate use by 2035.

Other novel products such as e-cigarettes should be legislated for so that non-nicotine users do not commence use. This will also allow smokers who may find the product useful for quitting to use them safely, with good clear advice, for a limited period of time. Novel nicotine products such as nicotine pouches should be covered by the legislation for under-age sales and vending machines.

10.

Industry levy enacted

What is needed?

Legislation.

Who is responsible?

Westminster, Northern Ireland Assembly.

Tobacco manufacturers should be made to pay the costs of tobacco control. This would ensure sustainable funding is in place to tackle and eliminate health inequalities through mass media campaigns and stop smoking services. To be successful, the Northern Ireland Executive would need to be duty bound to spend the money allocated from such a levy on Tobacco Control.



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