



Children's Rights Impact Assessment (CRIA) for the Smoke-free Premises and Vehicles (Wales) Regulations 2018

Chapter 1 of Part 3 of the Public Health (Wales) Act 2017

Children's Rights Impact Assessment (CRIA) Template

Title / Piece of work:	The Smoke-free Premises and Vehicles (Wales) Regulations 2018
Department:	Risk Behaviours (Tobacco, Alcohol and Gambling) Branch, Public Health Division, Health and Social Services Group
Date:	23 May 2018

Step 1. What's the piece of work and its objective(s)?

The Smoke-free Premises and Vehicles (Wales) Regulations 2018 will replace the Smoke-free Premises etc. (Wales) Regulations 2007¹ which came into force on 2 April 2007 and were amended in 2015² to include smoking in private vehicles carrying persons under 18.

The 2007 Regulations made enclosed and substantially enclosed workplaces and public places smoke-free and gave powers to national authorities to make limited exemptions to the smoke-free requirements and provide for smoke-free vehicles and additional smoke-free places. The draft Smoke-free Premises and Vehicles (Wales) Regulations 2018 do not change these requirements.

What will change in relation to children?

Outdoor areas

The draft 2018 Regulations extend the smoking ban to outdoor areas of:

- all school grounds;
- all hospital grounds (i.e. National Health Service ("NHS") and independent);
- all non-enclosed local authority and community council children's playgrounds and;
- outdoor areas of registered childcare settings.

There is an exemption for persons with control of hospital grounds and grounds of schools with residential accommodation for pupils, to designate smoking areas in the grounds subject to certain conditions being met on size and location of smoking area.

¹ The Smoke-free Premises etc. (Wales) Regulations 2007
<http://www.legislation.gov.uk/wsi/2007/787/contents/made>

²The Smoke-free Premises etc. (Amendment) (Wales) Regulations 2015
<http://www.legislation.gov.uk/wsi/2015/1363/contents/made>

Hotels etc.

The 2007 Regulations currently permit managers of hotels, guesthouses, inns, hostels and members clubs (“hotels, etc.”) to designate bedrooms where smoking is allowed. The draft 2018 Regulations provide a time-limited exemption for these premises that would expire 12 months after the Regulations come into effect, if responses to the consultation support such a change. This would mean that hotels, etc. would not be able to designate any rooms in which smoking is allowed once the exemption period expires.

Workplace settings

The 2007 Regulations provide that dwellings that are workplaces are only smoke-free in those parts that are used solely for work and that those parts should be smoke-free all of the time. The draft 2018 Regulations change this provision so that dwellings that are workplaces are smoke-free only in those parts that are used as a workplace and only for the duration that they are used. Registered child minders would be captured under the Regulations.

Objectives

The objectives of the draft Regulations in relation to children will be to :

- further de-normalise smoking behaviours for children and young people and;
- protect them from the harms associated with exposure to second-hand smoke.

Young people can quickly develop a dependence on nicotine and may be unable to reduce their risks due to their addiction³. The younger a person starts smoking, the greater their risk of smoking related disease⁴.

The draft Regulations will aim to:

- de-normalise smoking as an acceptable behaviour to under-18’s
- protect under-18s from the health harms associated with the uptake of smoking and exposure to second-hand smoke
- encourage action by smokers to protect under-18s from second-hand smoke in other areas
- contribute to a reduction in health conditions in children caused by smoking and exposure to second-hand smoke, and
- support smoking cessation attempts by hospital patients, staff and visitors.

The main beneficiaries of this change in the law will be children and young people under the age of 18.

The Regulations will be introduced in 2019.

³ Di Franza J et al (2007). Symptoms of tobacco dependence after brief intermittent use: the development and assessment of nicotine dependence in youth, Archives of Pediatrics and Adolescent Medicine 162 (7): 704-710

⁴ Royal College of Physicians (1992). Smoking and the Young. London: Royal College of Physicians

Background information can be found in the Explanatory Memorandum for the Public Health Bill.

<http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16155>

Step 2. Analysing the impact

In 2014 in Wales, among school year 11 pupils (i.e. aged 15-16), 7% of boys and 9% of girls were regular (weekly) smokers.⁵ The younger a person starts smoking, the greater their risk of smoking related disease.

Positive impacts

Children and young people under the age of 18 will be protected from seeing smoking as an acceptable and normal public behaviour and this could help to prevent them from taking up smoking in the first place.

Negative impacts

There will be no negative impacts for children or young people in implementing these proposals.

Success

Restricting smoking in school grounds, hospital grounds, public playgrounds and outdoor areas of registered childcare settings and in hotel, etc. bedrooms would present fewer opportunities for smoking to be seen as an acceptable and normal behaviour.

The Smoke-free Premises etc. (Wales) Regulations 2007 which restricted smoking in enclosed/substantially enclosed public places and workplaces have demonstrated the effectiveness of smoke-free policies in de-normalising smoking behaviours even though the restrictions were in enclosed and substantially enclosed spaces only.

Smoking experimentation and uptake can begin as early as the primary school years, or can occur later in a young person's life. Two-thirds of smokers started before the age of 18, and almost 40% started smoking regularly before the age of 16⁶. It is clear that young

⁵ Welsh Government (2015). [2013/14 Health Behaviour in School-aged Children Wales: key findings](#) Social Research No. 58/2015. Cardiff: Welsh Government.

⁶ Office for National Statistics. General Lifestyle Survey Overview: A report on the 2011 General Lifestyle Survey. 2013. <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-1.html>

people can quickly develop a dependence on nicotine and may be unable to reduce their risks of dependence due to addiction. One study has shown that smoking a single cigarette is a risk factor for children to become regular smokers up to three years later⁷. In addition, early uptake of smoking is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality⁸. Interventions to reduce the uptake of smoking amongst young people are therefore crucial to meet the overall aim of reducing smoking prevalence rates.

Nicotine has been found to be harmful for developing brains⁹. Nicotine is also addictive; the most susceptible youths lose autonomy over tobacco within a day or two of first inhaling from a conventional cigarette¹⁰. Adolescents also exhibit heightened sensitivity to the rewarding properties of nicotine compared to adults¹¹. Addiction can have a detrimental impact on health and relationships¹².

Step 3. How does your piece of work support and promote children's rights?

This work supports the following articles of the United Nations Convention on the Rights of the Child:

- Article 3 - All organisations concerned with children should work towards what is best for the child.
- Article 6 - All Children have a right to life. Governments should ensure that children survive and develop healthily.
- Article 36 – Children should be protected from activities that could harm their development.

Discouraging children and young people from starting smoking is one of the Welsh Government's priorities. In Wales, surveys have shown that teenage smoking increased steadily during the 1980s and early 1990s. By 1996, 29% of girls and 22% of boys aged 15 reported to smoke weekly. Encouragingly, these figures have now dropped to 9% of girls and 7% of boys.¹³

Many children experiment with smoking, believing that they will be able to stop when they want to. However, smoking is highly addictive and many find themselves unable to give up.

This proposal aims to protect the health of children and young people and this is the main issue that the CRIA focuses upon.

⁷ Fidler, JA et al. (2006) Vulnerability to smoking after trying a single can lie dormant for three years or more. Tobacco Control

⁸ Royal College of Physicians (2010) Passive smoking and children. London: Royal College of Physicians.

⁹ <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-by-section.html>

¹⁰ Di Franza J et al (2007). Symptoms of tobacco dependence after brief intermittent use: the development and assessment of nicotine dependence in youth, Archives of Paediatrics and Adolescent Medicine 162 (7): 704-710

¹¹ The dynamic effects of nicotine on the developing brain. Dwyer, J.B., McQuown, S.C., & Leslie, F.M. (2009) Pharmacology & Therapeutics, 122, 125-139.

¹² <http://www.nhs.uk/Livewell/addiction/Pages/addictionwhatisit.aspx>

¹³ Welsh Government (2015). [2013/14 Health Behaviour in School-aged Children Wales: key findings](#) Social Research No. 58/2015. Cardiff: Welsh Government.

This work helps to maximise the outcomes within the articles of the UNCRC.

Step 4. Advising the Minister and Ministerial decision

The consultation for the Public Health Bill was undertaken between 2 April and 24 June 2014. It included a child and young person friendly document which sought to ensure that the voices of children and young people were heard and their views taken into account on the proposals contained within the Public Health White Paper.

A summary of these responses, and those to the White Paper as a whole (including those from the Children's Commissioner for Wales and other representative organisations), was published in November 2014.

During the scrutiny of the Bill by the fourth Assembly, the then Minister of Health and Social Services received advice on, and made decisions relating to, the recommendations by Assembly Committees and any issues raised. Further detail on the scrutiny of the Bill can be found on the National Assembly Wales website a <http://www.senedd.assembly.wales/mglssueHistoryHome.aspx?IId=12763&AIID=22862>

A CRIA was originally submitted to the then Minister for Health and Social Services for his information and comment. Following its review for the re-introduction of the Bill, it was submitted to the Minister for Social Services and Public Health for her consideration and approval. Both Ministers were advised that Chapter 2, Part 1 of the Bill supported the articles of the UNCRC, namely Articles 3, 6, and 36 as outlined above.

Step 5. Recording and communicating the outcome

Final version to be retained on iShare

A version of this document was published on the Welsh Government website for public access and to assist the National Assembly for Wales with its scrutiny of the Bill.

This is a live document and was updated during the development of the policy and the Bill. This version reflects the proposed Regulations drafted as a result of the Bill becoming an Act.

Step 6. Revisiting the piece of work as and when needed

As mentioned in Section 5 above, this is a live document and has been updated since the Public Health (Wales) Act 2017 was implemented.

Budgets

As a result of completing the CRIA, has there been any impact on budgets?	
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It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

Please give any details:

Details of the proposals financial impact are provided in the Regulatory Impact Assessment accompanying the consultation document.

Monitoring & Review

Do we need to monitor / review the proposal?	Yes
If applicable: set the review date	In five years