

20 December 2007

Dear Sir or Madam

## **Preventing the uptake of smoking by children – consultation**

Please find attached the Nuffield Council on Bioethics' consultation response on preventing the uptake of smoking by children and young people, and a PDF of the Council's recent report *Public health: ethical issues*.

Please do not hesitate to contact us if you require further information or clarification on any of the information provided.

Yours faithfully



Hugh Whittall  
Director

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Professor Sir Bob Hepple QC, FBA

**Deputy Chairman**  
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National Institute for Health and Clinical Excellence

**PUBLIC HEALTH INTERVENTION –  
PREVENTING THE UPTAKE OF SMOKING BY CHILDREN**

**Consultation on the Synopsis of the Evidence from 23<sup>rd</sup> November to 24<sup>th</sup> December 2007**  
**Comments and additional evidence to be submitted by 5pm at the very latest on Monday**  
**24<sup>th</sup> December 2007**

**Stakeholder Comments Form**

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<b>General</b>	<b>General</b>		<p><b>As you may be aware, the Nuffield Council on Bioethics published a report <i>Public health: ethical issues</i> in November 2007. A PDF of the full report is provided as relevant additional material with this response.</b></p> <p><b>The report considers the ethical and social issues arising when designing measures to improve public health. The report concluded that the state has a duty to help people lead a healthy life and to reduce inequalities. It proposes a 'stewardship model', which outlines how this can be achieved, and an 'intervention ladder' as a way of thinking about the acceptability of different public health measures. The report uses a number of case studies to illustrate the discussion, including that of smoking, including smoking in childhood. Recommendations for public health policy are made in four areas: infectious disease; obesity; alcohol and tobacco; and fluoridation of water.</b></p>

Please add extra rows as needed

Please return the comments form and evidence to: [smokingandchildren@nice.org.uk](mailto:smokingandchildren@nice.org.uk)

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<b>General</b>	<b>General</b>		<p><b>We should like to draw your attention to our discussion and recommendation on the issue of smoking in vulnerable groups including children.</b></p> <p><b>“Under our stewardship model, public health measures should pay special attention to the health of children (paragraphs 2.41–2.44). As both drinking alcohol and smoking are associated with dependence and harms, there has frequently been concern expressed about any use by children and adolescents [...] Young people often lack judgement about risk and are vulnerable to the influence of others. Additionally, if people start drinking alcohol and smoking as children and adolescents and continue into adulthood, they will have been exposed to these health harms over a longer period of time than if they had started as adults. Health and other harms (such as any effect on education) caused by misuse of these substances can be very serious for developing children and adolescents.”</b> (para 6.32)</p>
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<b>General</b>	<b>General</b>		<b>Recommendation 19:</b>  "Producers, advertisers and vendors of alcohol and tobacco need to recognize more fully the vulnerability of children and young people, and take clearer responsibility for preventing harms to health. This would include refraining from understating risks, and from exploiting the apparent desirability of drinking alcohol and smoking, particularly in ways that appeal to children and young people. Furthermore, it would appear that whatever the legal position, these products are widely available to underage children, and existing law and policy need to be implemented more stringently. We welcome the raising of the minimum age for the purchase of tobacco from 16 to 18 years that has taken place throughout the UK as part of a strategy to protect vulnerable people. Although thought needs to be given to the way in which this measure can be implemented most effectively, it is an appropriate initiative in the context of the stewardship model, as the market has largely failed to self-regulate in this area." (para 6.33)

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<b>Evidence review</b>	<b>General</b>	<b>(Pages 4 and 13 for example)</b>	<p>We note that in both of the areas that you are considering (mass media interventions and access restrictions) you find a "lack of information" in relation to some aspect of the interventions' effectiveness. In <i>Public health: ethical issues</i> we consider how policy makers can respond ethically in a situation involving some lack of evidence. We particularly consider this in relation to obesity, but the principles are intended to apply to other public health policies. The following extracts of the report may be of interest to you.</p> <p>"Incomplete evidence for the effectiveness of policy options should not be used by industry and government as an excuse for inaction." (para 5.10)</p> <p>"We recognise that, as in the case of obesity (Chapter 6), and in many other areas of public health more generally, inconclusive evidence by itself is not necessarily a sufficient reason to halt an otherwise promising strategy." (para 7.42)</p>

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<b>Evidence review</b>	<b>General</b>	<b>(Pages 4 and 13 for example)</b>	<b>"The stewardship model's emphasis on circumstances that help people to lead healthy lives, especially if they are in vulnerable positions (paragraphs 2.41–2.44), leads to an ethical justification for the state to intervene in schools to achieve a more positive culture towards food, cooking and physical activity. As in many other areas of public health policy, the only way of establishing whether a new policy is likely to lead to improved health is by trialling it. Because the need being addressed is an important one, it is desirable to explore the potential of promising policies, even if evidence for their effectiveness is incomplete." (para 5.36)</b>

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