Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 (web access checked 230920) .docx

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:

The Tobacco Retailer (Fixed Penalty) (Amount) (Amendment) Regulations (Northern Ireland) 2026

Is this an existing, revised or a new policy?

New

What is it trying to achieve? (intended aims/outcomes)

On 4 November 2024, the UK Government introduced the Tobacco and Vapes Bill to Parliament. Subsequently, the Northern Ireland Assembly endorsed the inclusion of Northern Ireland within the scope of the Bill through a Legislative Consent Motion (LCM) on 10 February 2025. The Tobacco and Vapes Bill was enacted on 29th April 2026.

The core measures in the Act:

- Create a smoke-free generation, gradually ending the sale of tobacco products across the country - breaking the cycle of addiction and disadvantage.
- Make it an offence to sell tobacco products to anyone born on or after 1 January 2009 (commencing 1 January 2027)
- Extension of the tobacco vending machine ban to cigarette papers, vapes and other nicotine products.
- Introduce NI provisions relating to a ban on free distribution of vapes and nicotine products and sales of non-nicotine vapes to under 18s.
- Makes it an offence to sell a vaping or nicotine product to a person who is under the age of 18.
- Introduces an offence for individuals aged 18 or over to buy, or attempt to buy, vaping or nicotine products on behalf of a person who is under the age of 18.
- Strengthen enforcement activity to support the implementation of the above measures.
- Provides the NI Health Minister, on a day to be appointed, with powers to:

- make regulations related to the display of tobacco products, tobacco-related devices, herbal smoking products, cigarette papers, and vaping and nicotine products, including the display of their prices
- extend the existing tobacco advertising prohibitions to cover cigarette papers, herbal smoking products, vaping products and other nicotine products. These measures are intended to prevent such products from being deliberately promoted and advertised to children to stop the next generation from becoming addicted to nicotine.
- extend Northern Ireland's Tobacco Retailers Register to include vapes and other nicotine products;
- introduce a retail licensing scheme/ provisions that will be commenced in the longer term, following appropriate public consultation.
- extend smoke-free provisions in public outdoor places (or workplaces) and provide for regulations to make additional smoke-free places also vape-free and heated tobacco-free.

The Act introduces several provisions (Part 3: Sections 72–84) into Part 2 of the Health and Personal Social Services (Northern Ireland) Order 1978, revising existing Fixed Penalty Notice (FPN) offences and creating new offences related to the retail of vaping and nicotine products. These include:

- Age-of-sale offences
- Sales via vending machines
- Free distribution of products
- Display and pricing of products

The Tobacco Retailers Act (Northern Ireland) 2014 (TRA) currently empowers the Department to set monetary values for tobacco, vape and nicotine related retailer offences through The Tobacco Retailer (Fixed Penalty) (Amount) Regulations (Northern Ireland) 2016.

Schedule 14 of the Tobacco and Vapes Act 2026 amends Section 12 of the Tobacco Retailers Act (Northern Ireland) 2014 to incorporate the new and revised fixed penalty offences introduced under sections 72–84.

The Tobacco Retailer (Fixed Penalty) (Amount) (Amendment) Regulations (Northern Ireland) 2026

These Regulations, developed by the Department of Health for Northern Ireland, will amend The Tobacco Retailer (Fixed Penalty) (Amount) Regulations (Northern Ireland) 2016 to update the existing schedule of fixed penalty offences to reflect the new and revised offences introduced by the Tobacco and Vapes Act 2026.

These regulations will also revoke The Tobacco Retailer (Fixed Penalty) (Amount) (Amendment) Regulations (Northern Ireland) 2021.

Are there any Section 75 categories which might be expected to benefit from the intended policy?
If so, explain how.

Age

i. The Tobacco and Vapes Act 2026, together with any subsequent regulations arising from it, are expected to have a broadly positive impact on all Section 75 groups. The Act's primary aim is to improve public health outcomes and reduce health inequalities across the population, including Northern Ireland. However, the provisions relating to tobacco and herbal smoking products will apply exclusively to individuals born on or after 1 January 2009, while restrictions on vaping and nicotine products will apply to those under 18 years of age. As a result, the most significant impact of these measures will be on younger teenagers.

ii. The Act will prevent anyone born on or after 1 January 2009 from ever being legally sold tobacco products, thereby protecting future generations from tobacco addiction, resulting in significant public health benefits. This policy is referred to as the 'Smoke Free Generation'. In the 2023 public consultation 'Creating a smokefree generation and tackling youth vaping' this measure received support from 63.2% of respondents, while 32.2% disagreed and 4.6% said that they did not know.

iii. Any reduction in smoking rates and the number of smokers would result in a reduction in second-hand smoke (SHS) exposure. SHS is harmful to everyone, with children being particularly vulnerable to health conditions caused by SHS exposure.

iv. The vaping and nicotine product policies included in the Act all have the same objective of reducing the number of children and non-smokers that

vape or consume nicotine products, such as pouches. Therefore, these policies should be seen as mutually reinforcing and have a larger impact on youth vaping and use of nicotine product rates, compared to if just one of them was introduced.

v. Later in life, it is estimated that smokers also need care on average 10 years earlier than they would otherwise have - often while still of working age[1].

vi. In the UK, around 80,000 deaths are attributable to smoking, including about 2,100 deaths per year in Northern Ireland.[2] People killed by smoking-related illnesses live shorter average lives of up to 15 years[3]. Smoking is one of the most important preventable causes of disparities in health and a significant contributor to the gap in life expectancy.

Between men and women generally

Smoking is also a significant risk for poor pregnancy-associated health outcomes. A case study published by NICE in July 2025 reported that women who smoked during pregnancy were 2.6 times more likely to give birth prematurely. Pregnant women smokers and their babies are at increased risk of significant health defects, and their babies have up to 40 per cent higher risk of infant mortality.[4]

Between persons with a disability and persons without

Cases avoided of certain health conditions as a result of the smoke-free generation policy, specifically:

- Lung cancer

Other conditions may include:
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Heart Disease (CHD)
- Stroke

---

[1] ASH Report: The Cost of Smoking to the Social Care System – March 2021: SocialCare.pdf
[2] PHA Tobacco Control Annual Report 2022-2023.pdf
[3] NI Audit Office Report - Tackling the Public Health Impacts of Smoking and Vaping.pdf
[4] Supporting pregnant people to stop smoking (NICE, 2025)

Who initiated or wrote the policy?
The Department of Health for Northern Ireland in conjunction with the Department of Health and Social Care (DHSC) which has overall responsibility for the main provisions of the Tobacco and Vapes Act 2026 the impact of which is UK-wide.

_____

Who owns and who implements the policy?

The DHSC has overall responsibility for the main age of sale provisions of the Tobacco and Vapes Act 2026 which impact UK-wide. In Northern Ireland, the Department of Health is responsible for the development and implementation of any supplementary regulations made under devolved powers, supported by the enabling provisions contained within the Act.

_____

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?
If yes, are they (please delete as appropriate)

Financial - The enforcement of retailer regulations for tobacco, vape and nicotine products, including the issuance of fixed penalty notices for regulatory breaches, currently falls under the remit of the district councils in Northern Ireland. The Tobacco and Vapes Act 2026 will strengthen and expand these provisions to include tobacco-related products, including herbal smoking products, as well as other vape and nicotine products. Responsibility for enforcing the revised provisions will remain with the district councils. It has been confirmed that existing tobacco control resources are considered sufficient for 2026/2027 and therefore it is anticipated that no additional funding will be required to support enforcement of the updated retailer regulations. However, this will be kept under review in future years, as additional resource may be required.

Legislative - The primary objective of The Tobacco Retailer (Fixed Penalty) (Amount) (Amendment) Regulations (Northern Ireland) 2026 is to update the existing schedule of fixed penalty offences contained within The Tobacco Retailer (Fixed Penalty) (Amount) Regulations (Northern Ireland) 2016. This amendment is required to ensure that the schedule accurately reflects the new and revised offences introduced under the Tobacco and Vapes Act 2026. The

implementation of these Regulations are dependent on the Tobacco and Vapes Act 2026 and its relevant provisions.

Implications of divergence: The Tobacco Retailer (Fixed Penalty) (Amount) (Amendment) Regulations (Northern Ireland|) 2026 updates the schedule of fixed penalty offences which are specific to Northern Ireland. The commencement of these provisions will align with the implementation of the corresponding provisions (sections 72–84) of the Tobacco and Vapes Act 2026. No regulatory divergence is anticipated as a result of these amendments.

Other, please specify - Executive: Tobacco Control, and changes to existing restrictions, may be considered cross-departmental and may require support from the Northern Ireland Executive and, as such, is at times subject to political uncertainties.

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

staff

- Retail sector
- Local Government/ District Council employees

service users

- Population of Northern Ireland

other public sector organisations

- Government Departments and related Arm's Length Bodies (PHA)
- Local Government – District Councils

voluntary/community/trade unions, other, please specify

- Retailers (tobacco, vape and nicotine products)
- producers, manufacturers and wholesalers of tobacco, vape and nicotine products
- HMRC
- Taxpayers
- Hospitality sector

1.4 Other policies with a bearing on this policy

- what are they?
- Cancer Strategy for Northern Ireland 2022-2032
- Tobacco Control Strategy 2012-2024 (and any new developing strategy)
- Making Life Better: Public Health Strategy for Northern Ireland
- Mental Health Strategy 2021-2031[5]
- New sanctions to tackle illicit tobacco duty evasion (Published Policy Paper)[6]

- who owns them?
- Department of Health
- Department of Health
- Department of Health
- Department of Health
- His Majesty's Revenue and Customs (HMRC)

1.5 Available evidence

What evidence/information (both qualitative and quantitative[7]) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

Religious belief evidence / information:
Information on religious belief can be found in the 2021 Census. Of the usually resident population on Census Day:

- One sixth (18.99%) either had No Religion or Religion not stated.

The figures for the main religions were:

- Catholic (42.31%)
- Presbyterian (16.61%)
- Church of Ireland (11.55%)
- Methodist (2.35%)
- Other Christian or Christian-related denominations (6.85%); and
- Other Religions (1.34%).

[5] Mental Health Strategy 2021-2031 | Department of Health (linked to health inequalities)
[6] New sanctions to tackle illicit tobacco duty evasion - GOV.UK
[7] * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

Tobacco

The Health Survey Northern Ireland 2024/25 reported that of those who responded:

- 14% of those who said they were Catholic smoked and
- 12% of those who said they were Protestant smoked
- 11% who reported as other/none/missing/refused currently used cigarettes

E-Cigarettes/Vapes

The Survey also reported that of those who currently used e-cigarettes:

- 11% were Catholic
- 6% were Protestant
- 11% reported as other/none/missing/refused currently used e-cigarettes).

There is no evidence available if the policy will have a differential impact by religious belief.

Political Opinion evidence / information:

There is limited data available on political opinion, however data on the first preference votes per party in NI Assembly Elections 2022 can be used as proxy information:

- DUP – 184,002
- Sinn Fein – 250,385
- UUP – 96,390
- SDLP – 78,237
- Alliance – 116,681
- TUV – 65,788
- People Before Profit Alliance (PBPA) – 9,798
- Green Party – 16,433
- Other – 44,968

There is no evidence available to know if the policy will have a differential impact by political opinion. Smoking rates are not collected by political opinion

---

Racial Group evidence / information:

Data from the NI Census 2021 is as follows:

Of the usually resident population in Northern Ireland on Census Day

- 96.55% were White,
- 0.14% were Irish Traveller,
- 0.08% were Roma,
- 0.52% were Indian,
- 0.50% were Chinese,
- 0.25% were Filipino,
- 0.08% were Pakistani,
- 0.10 were Arab
- 0.28% were other Asian,
- 0.42% were Black African,
- 0.16% were Black other,
- 0.76% were mixed, and
- 0.19% were other ethnicities.

While we understand smoking rates are possibly higher amongst some racial groups, (the DHSC Impact Assessment states that smoking prevalence is higher amongst white and mixed communities in England)[8], the small numbers in NI make it difficult to substantiate this. However, it is expected that any impact will be a positive one given that smoking rates are expected to reduce.

There is no evidence available to know if the policy will have a differential impact by racial group in Northern Ireland.

Age evidence / information:

The 2021 Census provides information on age. Of 1,903,175 people living in Northern Ireland,

- 19.19% are children aged 0-14 years,
- 31.23% are aged 15-39,
- 32.43% are aged 40-64, and
- 17.15% are aged over 65 years.

The Health Survey Northern Ireland 2024-25[9] confirmed that respondents aged 75+ reported a lower smoking rate than those aged 35-74. The survey found that the proportion of respondents that smoked was similar across the age

[8] The Tobacco and Vapes Bill: impact assessment - GOV.UK
[9] Health Survey Northern Ireland First Results 2024-25

groups from 35-74 (14%-15%), with the exception of those aged 16-34 (10%) and 75+ (which was lower at 8%).

The Age of Sale provision in the Tobacco and Vapes Act 2026 will mean that anyone born on or after 01/01/2009 will never be able to buy cigarettes to come into effect on 01/01/2027, when they reach the age of 18. Those born before 01/01/2009 will still be able to buy cigarettes.

The Young Persons Behaviour and Attitude Survey 2022 reported that:

Tobacco

- Fewer than one in ten young people reported ever having smoked (8%) with 2% indicating that they currently smoke. This represents a decrease since 2000, when around two-fifths (37%) reported ever having smoked and 15% were current smokers.
- Those who smoke at least once a week are described as regular smokers and this proportion has fallen from 12% in 2000 to 1% in 2022.
- Boys (9%) were more likely to report ever having smoked than girls (6%) and young people living in the most deprived quintile were more likely to report ever having smoked (11%) than those in the least deprived quintile (5%).
- Those in the older age-groups were more likely to report ever having smoked and more likely to be regular smokers; a fifth of those in Year 12 (21%) reported ever having smoked however the proportion indicating they were regular smokers was smaller at 3%.

E-Cigarettes

- The majority of young people (95%) had heard of e-cigarettes, with a fifth having used an e-cigarette at least once (21%). Those in the older year groups were more likely to report ever having used, with findings ranging from 6% of those in Year 8 to 44% of those in Year 12.
- A similar proportion of boys and girls indicated they use e-cigarettes now (9%) and 6% were classed as regular e-cigarette users, that is, they use e-cigarettes at least once a week.
- There was a notable difference across the school years with those in the older age-groups more likely to report e-cigarette use; the proportion of those in Year 12 that indicated they currently use e-cigarettes increased from 10% in 2016 to 24% in 2022 and the proportion classed as regular e-cigarette users increased from 6% to 17% in the same time period.

Vaping amongst local children has been increasing. The latest 2022 survey showed that 9 per cent of local 11–16-year-olds were vaping, with 6 per cent doing so regularly, an increase from the respective levels of 6 per cent and 3 per cent in 2019. Underlying this, 24 per cent of year 12 children currently vape. March 2020 research by Ulster University found that whilst local young people perceived vaping as a healthier option than smoking, 80 per cent had not received any school education around it.[10]

The primary objective of the Act is to reduce the adverse health effects associated with smoking. Consequently, older individuals may continue to experience higher rates of tobacco-related health conditions, which could affect employment opportunities. In contrast, younger people are expected to benefit from improved health outcomes, potentially enhancing their future employment prospects.

According to the Department of Health and Social Care (DHSC) Impact Assessment, smoking prevalence in England and the UK is currently higher among younger adults (aged 25–34) compared to older adults (aged 65 and above).

The Smoke Free Generation policy applies exclusively to individuals born on or after 1 January 2009, thereby impacting current younger teenagers. The restriction will remain in effect throughout their lifetime, meaning the positive health benefits will become more evident as these individuals age.

The policy will not directly affect existing adult smokers and, therefore, is not anticipated to have an immediate impact on adults. However, it is expected to significantly reduce smoking rates among future generations, leading to improved long-term health outcomes.

Marital Status evidence / information:

Data from NI Census 2021 showed that

- almost half (45.59%) of people aged 16 years and over were married, and
- over a third (38.07%) were single
- 0.18% were in registered same-sex civil partnerships. A further
- 9.8% of usual residents were either separated, divorced or formerly in a same-sex civil partnership, while the remaining
- 6.36% were either widowed or a surviving partner.

[10] NI Audit Office Report - Tackling the Public Health Impacts of Smoking and Vaping.pdf

Tobacco
The Health Survey Northern Ireland 2024/25 reported that 17% of respondents who were single reported they were currently smoking; while this was true for 7% of respondents who were married or in a civil partnership, 20% of those who were separated, 22% of those who were divorced and 15% of those who were widowed.

E-Cigarettes/Vapes
The Survey also reported that 16% of respondents who were single currently use e-cigarettes; while this was true for 6% of respondents who were married or in a civil partnership, 13% of those who were separated, 6% of those who were divorced and 3% of those who were widowed.

The higher numbers of single people vaping and smoking may also reflect age differences in smoking and vaping (i.e. younger people more likely to be single). There is no evidence available to know if the policy will have a differential impact specifically by marital status.

There is no evidence available to know if the policy will have a differential impact by marital status in Northern Ireland

---

Sexual Orientation evidence / information:

Data from the NI Census 2021 is as follows:
Of the usual residents (1,363,859)

- 90.04% aged 16 years and over identified as straight or heterosexual,
- 1.17% (17,713) identified as gay or lesbian,
- 0.75% (11,306) as bisexual,
- 0.17% (2,597) as other sexual orientation,
- 4.58% (69,307) preferred not to say and
- 3.3% (49,961) did not state their sexual orientation.

In relation to sex and sexual orientation, in the UK, smoking rates are higher among men rather than women and are higher among gay, lesbian, and bisexual people (but numbers do not allow for this to substantiated locally). Therefore, the policy may have a more positive impact on the health of men as

opposed to women and may also be more beneficial to gay, lesbian, and bisexual people than heterosexual people.

Men & Women generally evidence / information:

The 2021 Census data shows that of all usual residents in Northern Ireland,

- 50.81% (967,043) of the population are female and
- 49.19% (936,132) are male.

Tobacco

The Health Survey Northern Ireland in 2024/25[11] reported that 14% of Males and 11% of females currently smoke cigarettes, the rates for both remaining unchanged from the 2023/2024 findings.

E-Cigarettes/Vapes

The 2024/25 survey also reported that 10% of males and 8% of females (similar to 2023/2024) currently use e-cigarettes.

It is important to note that females have a longer life expectancy than males. In a recent report published by the DoH December 2024[12], in 2021-2023 life expectancy for males in NI was 78.8 years and 82.5 years for females.

In 2019-23, smoking attributable deaths in the most deprived were double the rate in the least deprived. The under 75 respiratory disease mortality rate in the most deprived areas was over three times the rate in the least deprived. The under 75 cancer mortality inequality gap stood at 78% in 2018-22.[13]

There is no evidence available to know if the policy will have a differential impact between men and women generally.

Disability evidence / information:

The NI Census 2021 shows us that:

[11] Health Survey Northern Ireland First Results 2024-25

[12] Life expectancy in Northern Ireland 2021-23: headline figures | Department of Health

[13] Health Inequalities NI Fact Sheet

- 34.7% of people had one or more long-term health conditions (659,800 people).
- 24.3% (One person in four or 463,000 people) had a limiting long-term health problem or disability,
- 40% of which were aged 65 or more (185,300 people).

All Local Government Districts had a rise in the number and percentage of people with a limiting long-term health problem or disability in the decade to 2021.

The most prevalent conditions (whether solely or in combination with others) were:

- ‘Long-term pain or discomfort’ (11.6% of people),
- ‘Mobility or dexterity difficulty that limits basic physical activities’ (10.9% of people) and ‘
- Shortness of breath or difficulty breathing’ (10.3% of people).

A few key results for other listed conditions are

- ‘Emotional, psychological or mental health’ 165,100 people (8.7%),
- ‘Deafness or partial hearing loss’ 109,500 people (5.8%),
- ‘Learning difficulty (for example dyslexia)’ 59,900 people (3.1%) and
- ‘Blindness or partial sight loss’ 34,000 people (1.8%).

In the Health Survey Northern Ireland 2024/25, respondents with a high GHQ12 score (i.e. a score of 4 or more which indicates a possible psychiatric disorder) were more than twice as likely to report being a current smoker (20%) than those that scored 0 on the GHQ12 (8%). The proportions are both below the position in 2021/22 (when 28% of those with a high GHQ12 score and 12% of those with a score of zero reported being a current smoker)

A systematic review of studies measuring changes in mental health following smoking cessation found that quitting smoking was associated with reduced depression, anxiety, and stress, and improved positive mood and quality of life, compared with continuing to smoke. In addition to the improvements in mental health, people with mental health conditions who successfully quit smoking will experience benefits to their physical health by reducing the risk of respiratory and vascular disease. Smoking increases the metabolism of drugs. So, when a person stops smoking, their medication dosage can often be reduced. For those on low income, quitting smoking can relieve financial stress since people with

mental health conditions, on average, spend proportionately more of their income on tobacco.[14]

It is expected that a reduction in smoking rates will eventually result in positive health outcomes for many people and given the poorer physical health outcomes suffered by those with severe mental illness this policy could have a positive effect.

Dependants' evidence / information:

The 2021 Census indicates that of 768,802 households in Northern Ireland, 30.67% contained dependent children.

According to the Health Survey Northern Ireland 2024-2025, more than a tenth (14%) of respondents looked after another person who is sick, disabled or elderly for an hour or more each week. Females (17%) were more likely than males (11%) to have caring responsibility. Around a quarter of those aged 45-54 (23%) and a fifth of those aged 55-64 (19%) had caring responsibility for someone.

In 2023, within the most deprived areas the proportion of births where the mother reported smoking during pregnancy was over six times the rate in the least deprived areas (Health Inequalities NI 2025).

People who breathe in second-hand smoke regularly have an increased risk of the same diseases as smokers, including lung cancer and heart disease. And children who live in a smoky house are at higher risk of breathing problems, asthma, and allergies. Passive smoking is especially harmful for children as they have less well-developed airways, lungs, and immune systems. Children who live in a household where at least one person smokes are more likely to develop:

- asthma
- chest infections – like pneumonia and bronchitis
- meningitis
- ear infections
- coughs and colds

[14] https://ash.org.uk/resources/view/smoking-and-mental-health#:~:text=Benefits%20of%20quitting&text=A%20systematic%20review%20of%20studies,compared%20with%20continuing%20to%20smoke.

Children are particularly vulnerable in the family car where second-hand smoke can reach hazardous levels even with the windows open.[15]

There is no evidence available if the policy will have a specific differential impact on dependants however it is anticipated that these measures will reduce instances of dependent children being impacted by or exposed to second-hand smoke and the resulting health conditions that may occur.

1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?
Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Religious belief - No evidence of specific need has been identified.

Political Opinion - No evidence of specific need has been identified.

Racial Group - People from minority ethnic groups often experience difficulties accessing help and support due to issues such as:

- Language differences
- Lack of awareness and lack of appropriate information on services available
- Failure of some services to meet migrants' cultural or religious need; racism and negative attitudes.

The impact of barriers such as language must be considered and addressed. To mitigate the effects of language barriers there will be translation services available for information as required

---

Age - The Age of Sale element in the Tobacco and Vapes Act 2026 will mean that anyone born on or after 01/01/2009 will never be able to buy cigarettes; this provision will come into effect on 01/01/2027, when they reach the age of 18. Those born before 01/01/2009 will still be able to buy cigarettes.

[15] https://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/

The age of sale measures will focus on reducing children's access to tobacco, but this will need to be supported by continued education on the harms of tobacco use to reduce the possibility of children forming an addiction that will entice them to source illegally sold tobacco. The restrictions on vapes and e-cigarettes will help to reduce the marketing and appeal of these items to young people.

Marital status - No evidence of specific need has been identified.

Sexual orientation - No evidence of specific need has been identified.

Men and Women Generally - The impact assessment conducted for the Bill identified smoking as representing a significant risk for poor pregnancy-associated health outcomes. Women who smoked during pregnancy were 2.6 times more likely to give birth prematurely.

Disability - A 2023 report by the Institute of Public Health in Ireland noted that:

- Possible psychiatric disorder was twice as common among those who currently smoke compared to those who never smoked (33% vs 14%, $p<0.001$) or those who used to smoke regularly (33% vs 15%, $p<0.001$).
- Probable clinical depression was twice as common among those who currently smoke than among those who used to smoke regularly (24% vs 12%, $p<0.001$).
- Probable clinical depression was four times more common among people who currently smoke than among people who have never smoked (24% vs 6%, $p<0.001$).
- The proportions of people who had ever tried to quit smoking were comparable between those with a possible psychiatric disorder, possible/mild, or probable clinical depression and those without (small numbers in analysis).
- The proportions of those wanting to quit smoking were also comparable between those with scores indicating a possible psychiatric disorder and those without a possible psychiatric disorder (small numbers noted in analysis).

- Fewer people with probable clinical depression who smoke want to quit smoking compared to those without probable clinical depression (57% vs 70%, $p<0.01$).

We are aware that people living with mental health issues may require additional support and consideration in terms of their relationship with cigarettes and this issue will be considered as part of the development of a new Tobacco Control Strategy for Northern Ireland. However, as the smoking age of sale proposals will not impact on current "legal" smokers, there is no evidence that those with mental-ill health will be adversely impacted by the proposals.

Dependants - Many schools already have smoke-free zone policies (some may include vaping) around the school gates to reduces exposure to second hand smoke for children, school staff and parents. Children living in homes where family members smoke, or where they are exposed to second hand smoke, face potential negative health impacts on their still developing respiratory system.

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none

Details of the likely policy impacts on Religious belief: (insert text here)

What is the level of impact? Minor / Major / **None** (circle as appropriate)

Details of the likely policy impacts on Political Opinion: (insert text here)

What is the level of impact? Minor / Major / **None** (circle as appropriate)

Details of the likely policy impacts on Racial Group: (insert text here)

What is the level of impact? Minor / Major / **None** (circle as appropriate)

Details of the likely policy impacts on Age: (insert text here)

What is the level of impact? **Minor** / Major / None (circle as appropriate)

Tobacco

Recognising that tobacco use can cause harm at any stage in life, and that there is an intergenerational dimension, the Tobacco and Vapes Act will serve to restrict legal access to tobacco. Without access to tobacco products, it is possible that more people could be encouraged to vape or try other nicotine products, such as nicotine pouches. As the policies on vapes are intended to restrict the promotion, and in turn use, of these products by young people, we would expect these policies, when enacted, will mitigate this potential unintended consequence at least partially. In any case whilst vaping in young people and non-smokers is discouraged, it is considered much less harmful than tobacco use.

Given that the Tobacco and Vapes Act 2026 prohibits those born on or after the 01/01/2009 from being sold tobacco, this means that those born before that date will still be able to purchase tobacco. It may eventually be difficult to determine age by appearance alone and therefore appropriate age-verifying identification might be required and this may impact some people's access to tobacco that they can legally buy if they have no formal ID.

E-Cigarettes/Vaping

As the long-term health impacts of vaping are still unknown, UK public health bodies agree that children and young people should not vape. However, vaping amongst children has been increasing.[16]

This policy will not have a direct impact on existing smokers, as a result, this policy is not expected to directly impact adults already living with these characteristics or in more deprived areas. However, it is likely to ensure that future generations in these groups will have lower smoking rates and therefore improved health outcomes.

Overall, we do not assess this policy to have a negative impact on any protected characteristic or other groups assessed.

This policy proposal is compliant with age discrimination legislation (Equality Act 2010 and ECHR Article 14) as there is an objective and reasonable justification behind them – the reduction of harm from smoking to public health, which DHSC's data and consultation report backs up.

Details of the likely policy impacts on Marital Status: (insert text here)

[16] NI Audit Office Report - Tackling the Public Health Impacts of Smoking and Vaping.pdf

What is the level of impact? Minor / Major / **None** (circle as appropriate)

Details of the likely policy impacts on Sexual Orientation:

What is the level of impact? Minor / Major / **None** (circle as appropriate)

Details of the likely policy impacts on Men and Women: (insert text here)

What is the level of impact? **Minor Positive** / Major / None how (circle as appropriate)

The Tobacco and Vapes Act 2026 and subsequent regulations aims to make public health improvements by placing restrictions on tobacco, vape and nicotine products. These Regulations update the existing schedule of fixed penalty offences to reflect the new and revised offences introduced by the Tobacco and Vapes Act. This will strengthen enforcement and in turn may help to deliver improved health outcomes in the longer term.

Details of the likely policy impacts on Disability: (insert text here)

What is the level of impact? **Minor Positive** / Major / None (circle as appropriate)

These Regulations update the existing schedule of fixed penalty offences to reflect the new and revised offences introduced by the Tobacco and Vapes Act. This will strengthen enforcement and in turn may help to deliver improved health outcomes in the longer term.

Details of the likely policy impacts on Dependants:

What is the level of impact? **Minor Positive** / Major / None (circle as appropriate)

There could be health benefits in terms of reduced morbidity and mortality due to reduced second hand smoke exposure.

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes/ No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

Religious Belief - If Yes, provide details:

If No, provide reasons:

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their religious belief.

Political Opinion - If Yes, provide details:

If No, provide reasons

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their political opinion.

Racial Group - If Yes, provide details:

If No, provide reasons

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their racial group.
Wider provisions in The Tobacco and Vapes Act provides each UK administration with powers to designate smoke-free places as vape-free and heated tobacco-free. In order to gather further evidence and public views before decisions are taken on designating places as smoke-free, vape-free and heated tobacco-free, there will be public consultation. The introduction of additional smoke free regulations may impact racial groups.

Age - If Yes, provide details:

If No, provide reasons:

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes

Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their age.

Marital Status - If Yes, provide details:
If No, provide reasons

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their marital status.

Sexual Orientation - If Yes, provide details:

If No, provide reasons:

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their sexual orientation.

Men and Women generally - If Yes, provide details:

If No, provide reasons:

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to men and women generally.

Whilst not a gender specific issue, smoking rates and smoking related ill-health is disproportionally high in areas of high deprivation. It is therefore expected that in due course, the policy will result in reduced health inequalities, increased productivity and more expendable income for smokers in those areas. This benefit will be welcome for pregnant women in deprived areas who are a target group in the NI Tobacco Strategy.

Disability - If Yes, provide details:

If No, provide reasons:

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes

Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to their disability. However, generationally the link between mental ill-health and smoking may be broken if children are prevented form early uptake of tobacco.

Dependants - If Yes, provide details:

If No, provide reasons:

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not provide an opportunity to better equality of opportunity for anyone in relation to dependants.

However, there is evidence that nicotine has a negative impact on cognitive development amongst children and adolescents, so in the longer term there are health benefits for those who are prevented from starting smoking/vaping.

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on Religious belief: (insert text here)

What is the level of impact? Minor / Major / **None** (circle as appropriate)

Details of the likely policy impacts on Political Opinion: (insert text here)

What is the level of impact? Minor / Major / **None** (circle as appropriate)
Details of the likely policy impacts on Racial Group: (insert text here)

What is the level of impact? Minor / Major / **None** (circle as appropriate)

No, these regulations which amend the schedule of fixed penalty offences to reflect the corresponding provisions introduced by the Tobacco and Vapes Act 2026 will not impact on good relations between racial groups.

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief - If Yes, provide details:

If No, provide reasons:

No, increased Tobacco, Vaping and Nicotine restrictions will not impact on good relations.

Political Opinion - If Yes, provide details:

If No, provide reasons

No, increased Tobacco, Vaping and Nicotine restrictions will not impact on good relations.

Racial Group - If Yes, provide details:
If No, provide reasons

No, increased Tobacco, Vaping and Nicotine restrictions will not impact on good relations.

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category.
Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?
(*For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

As detailed above people with multiple identities should benefit in the same way as those across the Section 75 groups i.e. mainly driven by improved health and wellbeing for the population. This is a wide-ranging public health measure aimed at preventing ill health among the population by reducing the number of

people that take up smoking. Smoking prevalence is higher in more deprived areas, and so these communities may see a bigger positive impact and the reduction of health inequalities caused by tobacco use.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

See above in respect of age, gender, sexual orientation, disability, and carers.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so, please provide details.

No – Enacting further restrictions on Tobacco, Vaping and Nicotine products on a population-wide approach is aimed at supporting and enabling people to improve their health and wellbeing. Public consultation responses provided in 2024 to the proposals in the UK-wide Tobacco and Vapes Bill were broadly supportive of the proposed measures.

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

No Impact.

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No; EQIA screening will also be conducted for any future regulations made by the Department of Health for Northern Ireland, as a result of the Act's provisions.

3.3 Please explain your reason.

The intention of the Act and any supplementary regulations is to address the harms associated with Tobacco and Vaping use with the aim of improving the health and wellbeing for everyone across Northern Ireland.

The impact screening exercise did not identify any adverse impact for any of the Section 75 categories.

3.4 Mitigation

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

No

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.
These regulations incorporate the revised retail regulations introduced by the Tobacco and Vapes Act 2026. It is essential that both the provisions and their commencement are fully aligned with the implementation of the Act.

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been **‘screened in’** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating ____** (1-3)

Social need – **Rating ____** (1-3)

Effect on people's daily lives – **Rating ___** (1-3)

Relevance to a public authority's functions – **Rating ____** (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

If yes, please provide details.
N/A

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The PHA publishes annual reports detailing enforcement activities conducted by Tobacco Control Officer's. These reports will help monitor the impact of the revised retail provisions introduced by Act, helping to identify if there are any areas which require attention to strengthen compliance

Population Surveys like the annual Health in Northern Ireland, the annual Health Inequalities in Northern Ireland and the Young Persons Behaviour and Attitude Survey (once every three years) will help to monitor the wide health impacts of the Act this over time.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Population Surveys like the Health Survey Northern Ireland, Health Inequalities in Northern Ireland and the Young Persons Behaviour and Attitude Survey will

help to monitor this over time. Other sources of data such as hospital admissions, cancer rates etc and other disease specific data will also help to inform this.

The PHA will publish regular evaluation reports on the Departments Tobacco Control Strategy. In addition, The PHA will provide the Department with annual reports detailing enforcement activities undertaken by Tobacco Control Officers including test purchases and the number of offences identified. These data contained in these reports will support ongoing monitoring of compliance.

DoH has access to a range of information from surveys, hospital data, service data, etc., and it is vital that this information is collated, analysed, and made available in a transparent and usable format. In addition, monitoring information collected will be reviewed to ensure it is fit-for-purpose and is required – data should not be collected unless it serves a purpose for strategic/policy development or performance management to focus on the information that provides the greatest insight.
Please note*: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues*.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

This Act together with any supplementary regulations aims to help to improve the overall health of the population of Northern Ireland due to a reduction of diseases and conditions relating to tobacco or vape use. Reduced use (and access to) tobacco and vaping products could improve the current health and wellbeing of those already dealing with health issues related to smoking.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

There is nothing specific through these Regulations which aims to promote positive attitudes toward disabled people and/or encourage their participation in public life.

Part 6. Human Rights

6.1 Does the policy / decision affects anyone's Human Rights?

The Rt Honourable Wes Streeting MP, Secretary of State for Health and Social Care, has made a statement under section 19(1)(a) of the Human Rights Act 1998 that, in his view, the provisions of the Act are compatible with the Convention rights. The Act contains a limited number of provisions which may engage Convention rights, in particular Article 1 of Protocol 1 to the Convention (right to property) ("A1P1"), Article 8 (right to respect for private and family life) and Article 14 (prohibition of discrimination). The remaining provisions of the Act are considered not to engage Convention rights.

Details of the likely policy impacts on Article 2 – Right to life: (insert text here)

What is the impact? Positive / Negative (human right interfered with or restricted) / **Neutral** (circle as appropriate)

These Regulations are considered to have a neutral impact on Article 2 – Right to life.

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 10 – Right to freedom of expression: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 12 – Right to marry & found a family: (insert text here)
What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)
Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: (insert text here)

What is the impact? Positive / Negative / **Neutral** (circle as appropriate)

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

N/A

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

N/A

Part 7 - Approval and authorisation

Screened by:	**Position/Job Title**	**Date**
Barry Jones	Staff Officer	15/05/2026
Approved by: Seán Garland	Deputy Principal	15/05/2026
Lesley Heaney	Gd7 Head of Tobacco Control and Infected Blood	15/05/2026

Screened by:	**Position/Job Title**	**Date**
	Compensation Policy Branch	
Copied to EHRU:		15/05/2026

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.