



Northern Ireland
Assembly

Committee for Health, Social Services and
Public Safety

OFFICIAL REPORT (Hansard)

Tobacco Retailer Sanctions Bill: DHSSPS
Briefing

24 October 2012

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Ms Sue Ramsey (Chairperson)
Mr Roy Beggs
Mr Mickey Brady
Ms Pam Brown
Mr Gordon Dunne
Mr Samuel Gardiner
Mr Kieran McCarthy
Mr Conall McDevitt
Ms Maeve McLaughlin

Witnesses:

Mr Gerard Collins	Department of Health, Social Services and Public Safety
Ms Jenny McAlarney	Department of Health, Social Services and Public Safety
Dr Elizabeth Mitchell	Department of Health, Social Services and Public Safety

The Chairperson: Dr Elizabeth Mitchell is still here, and she is joined by Gerard Collins and Jenny McAlarney. I will hand straight over to you to make a presentation, and then we will move on to any questions members may have.

Dr Elizabeth Mitchell (Department of Health, Social Services and Public Safety): Once again, I will make the presentation, and Gerard and Jenny —

The Chairperson: They will take the hard part.

Dr Mitchell: That is right. They will take the questions.

Thank you for the opportunity to discuss the proposed registration of tobacco retailers Bill. I will give the Committee a brief overview of the Bill, including the consultation process, the various options that were consulted on and the provisions that have been included in the Bill.

You will all be aware, and I do not really need to go into this, that smoking is the main cause of preventable illness and death in Northern Ireland, killing around 2,300 people every year. One of the key objectives in our tobacco control strategy, which was published earlier this year, is to have fewer people smoking in Northern Ireland; in other words, to reduce the prevalence of smoking.

With regard to smoking behaviour, we know that the vast majority of people who take up smoking do so while they are still in their teens; in other words, they begin an often life-long addictive habit before they have reached an age at which they are fully aware of the consequences of their behaviour.

Therefore, preventing children and young people from accessing tobacco is crucial if we want to make an impact on our adult smoking prevalence figures, which have, sadly, remained static at about 24% for the past four years.

The latest survey results from the Young Persons Behaviour and Attitudes Survey shows that 8% of 11- to 16-year-olds are current smokers. Although that has reduced considerably from 14.5% in 2000, it remains too high. The survey also showed us that, of that 8% of 11- to 16-year-olds who smoke, over half regularly purchase tobacco products from newsagents, tobacconists or sweet shops. That is in spite of the legislation that makes it illegal for retailers to sell tobacco to persons under the age of 18. As you will be aware, the minimum age for the sale of tobacco products was increased from 16 years to 18 years in 2008, in line with the rest of the UK. That change in legislation makes it easier for retailers to refuse to sell to under-18s, as the majority of adults will carry some kind of acceptable ID.

As the law currently stands, a retailer in Northern Ireland who sells tobacco products to a person under 18 years of age is guilty of an offence and is liable to a fine not exceeding £2,500. That legislation is enforced by environmental health officers in district councils, and the majority of councils carry out test purchasing exercises. Between 2008 and 2011, a total of 1,393 tobacco retailers were visited as part of the test purchasing exercises. In approximately one in five of those visits, tobacco was sold to an underage person. Thus, while most retailers operate within the law and apply a "No ID, No Sale" policy, evidence shows that a number of retailers will continue to sell tobacco to underage children unless stricter sanctions are introduced. In bringing forward the registration of tobacco retailers Bill, our policy aim is to ensure that the minimum-age-of-sale policy is more rigorously applied by retailers, as the legislation will introduce tougher measures for non-compliance.

On 14 December 2009, the Department launched a 13-week public consultation exercise that sought views on six options for strengthening sanctions against retailers who repeatedly break the law by selling tobacco products to those who are underage. I will give a brief description of each option. The first option was to do nothing; that is, to retain the existing legislation with regard to underage sales. The second option was to introduce the registration of tobacco retailers, which would place a requirement on all businesses that sell tobacco products to register with a specified agency — for example, a district council — thus providing a comprehensive list of such businesses. The third option was accreditation, which would be a voluntary scheme whereby shops implementing agreed procedures, such as checking for identification, would be an accredited tobacco retailer. Lack of accreditation would not prevent shops from legally selling tobacco.

The fourth option was to introduce a negative licensing system, which would see the creation of an additional penalty whereby retailers would lose their right to sell tobacco for frequent infringements of the underage sales law. The fifth option was to bring in a positive licensing system. Under that option, retailers would be obliged to apply for a licence before legally selling tobacco products, and their right to hold the licence would be dependent on compliance with tobacco control legislation. The sixth and final option was to combine a registration scheme with a negative licensing system. Under that option, retailers wishing to sell tobacco products would be required to register, and persistent flouting of underage sales legislation would result in withdrawal of the retailer's right to sell tobacco.

A partial regulatory impact assessment explored each option in detail and was included in the consultation package. The regulatory impact assessment recommended the sixth option as the most viable, and the Department consequently supported that as the preferred option in the consultation document. It also recommended, in conjunction with that option, the introduction of a fixed-penalty notice scheme for retailers caught selling tobacco to underage children. The four key characteristics of the Department's preferred option were clearly set out in order to explain what the introduction of a combined registration with a negative licensing scheme would involve. The consultation attracted 64 responses from a variety of sources, including health and social care organisations, tobacco retailers and district councils. The introduction of a negative licensing system received broad support from 88% of respondents. However, opinion was broadly divided between retailers and district councils on a registration scheme. Retailers were not in favour of registration, citing reasons such as the additional financial and administrative burden that it would place on them, but district councils argued strongly for that option, stating that it would strengthen enforcement measures.

After considering the consultation responses, the Department decided to proceed with legislation on the basis of a combined registration scheme and negative licensing system. To minimise the burden on retailers, there will be no charge for registering, and registrations will be kept on a local district council area basis. A Bill is being drafted that will contain the following main provisions: to require district councils to provide a register of all tobacco retailers in their area; to set out the information to be contained in the register; to place a duty on retailers to notify councils of all premises from which

they sell tobacco products, and to notify of certain changes to the register; to enable a court to ban the sale of tobacco, either on a named premises or by a named person, for up to 12 months if three tobacco offences are committed within three years, which, by the way, was changed from two years following the consultation; to create new tobacco offences relating to the register, including failure to register, failure to notify changes and making it an offence to breach a banning order; and to allow for a fixed-penalty notice to apply for a number of offences, including that of selling tobacco to underage children.

We have been keeping up to date with developments in the UK and Ireland. From April 2009, a negative licensing system that allows magistrates to impose orders banning the sale of tobacco products for a period of up to a year has operated in England and Wales. In April 2011, Scotland introduced a negative licensing system combined with a registration scheme. The Scottish system allows the court to ban retailers from selling tobacco for up to two years. As part of a package of tobacco control measures that came into effect from 1 July 2009, the Republic of Ireland introduced a retail register for tobacco product sellers. Any offence in relation to that legislation results in a ban of up to three months, or 90 days, on selling tobacco products. The Bill that we propose to introduce includes components of the various pieces of legislation that are in operation across the UK and Ireland, and it will bring Northern Ireland more closely into line with those jurisdictions.

The next step will be to seek Executive clearance for the Bill to be introduced. We aim to introduce it in the Assembly by the end of this year or in January 2013. I thank you again for the opportunity to discuss the proposed Bill with you at this early stage. We are happy to hear your views on the proposals and answer any questions that you may have.

The Chairperson: Thanks very much for that. On your latter point about seeking Executive clearance for the Bill and introducing it before the end of the year or in January 2013; we have a letter from the Minister dated 22 October saying that he intends to introduce the Bill before the Christmas recess. So, has there been slippage?

Dr Mitchell: We hope to do that, but the timing will depend on getting the Bill on to the Executive's agenda.

The Chairperson: Are you asking it to be put on the Executive's agenda?

Ms Jenny McAlarney (Department of Health, Social Services and Public Safety): We have not done so at this stage, but the Bill is drafted, more or less, and it is just a matter of clearing it with the Minister and getting him to clear the Executive paper, which we hope to do some time in November.

The Chairperson: OK.

Dr Mitchell: I think that we are on schedule, but we are dependent on what other business there is.

The Chairperson: The original consultation went out in late 2009 into early 2010. Are you talking about doing any further work before the Bill is introduced?

Ms McAlarney: We are not looking at doing another consultation before the Bill is introduced, because all the policy proposals were out.

The Chairperson: Is it normal for a consultation exercise to happen months before —

Dr Mitchell: You mean the gap between the consultation and the introduction of legislation.

The Chairperson: Yes. Is that normal for Bills or policies?

Dr Mitchell: It depends on what other business and work we have and the number of consultations. We had other consultation work to analyse, so there was a lot on for the team to deal with on the issue of tobacco control.

The Chairperson: So, it is not necessarily normal for it to take this amount of time.

Dr Mitchell: I do not know if it is normal.

Mr Collins: As far as legislation is concerned, there is not a normal timetable, I suppose. There are an awful lot of steps to go through, even in the mechanics of getting a Bill to this stage.

The Chairperson: I appreciate that. I am just asking about the general length of time between a consultation exercise and getting to the stage where any Bill is due to go before the Assembly.

Dr Mitchell: There are probably colleagues sitting in the Public Gallery who would be able to answer that better than we can. Perhaps, it would be better if we came back to you with some answers on that.

The Chairperson: It is over two and a half years since the original consultation. Anyway, we will come back to that.

Mr Gardiner: Thank you for your presentation. There is clear indication that enforcement of the law is ineffective. That raises a question: where do the 49% get their cigarettes? Poor enforcement to date indicates that there is a need for tougher new law and raises the issue of enforcement. No matter how tough you make the law, if it is not enforced, it will be of little practical effect. Fixed-penalty notices make enforcement more effective and immediate and are the practical way to go.

Enforcement is vague in the Bill proposal. It is left to the district councils to decide whether the enforcement health officer enforces the law or not. The Bill does not create a clear pathway for enforcement, and its effectiveness could founder due to that vagueness.

Dr Mitchell: OK.

Mr Gardiner: I have left you stunned.

Dr Mitchell: There is provision for fixed penalties in the Bill, which you were supporting. You made the point that having the law is all very well but it is no use unless it is being enforced.

Mr Gardiner: Yes.

Dr Mitchell: The Department, through the Public Health Agency, funds district councils to put in place enforcement officers, and they have been doing a lot of work on the ban on smoking in public places. The intention is that they will spend more time on this aspect of their work, as regards enforcing this Bill. When we produce legislation, we usually support it with guidelines for enforcement officers. Those guidelines will be worked-up in detail with groups of environmental health officers.

Mr Gardiner: Have you done that to date?

Dr Mitchell: No, because we are still at an early stage. We cannot do that until we have the final provisions. It is too early to develop the guidelines.

Mr Gardiner: Will you take it on?

Dr Mitchell: Yes, that is part of the normal process. There will be a lot of work with the enforcement authorities on how we disseminate and ensure that that is implemented. That will be part of the process when it comes to the implementation of the Bill's provisions. I will let my colleague add to that if there is anything further to say.

Mr Collins: As Dr Mitchell said, the fixed-penalty notices are included to allow district councils and environmental health officers to issue a form of reminder of the financial penalty incurred when someone is found to be not registered or to be selling to someone under the age of 18. That is a help and will form a process that will help to lead to the three-strikes-in-three-years rule, after which a ban can be enforced. So, it creates a pathway to prosecutions and the issuing of bans in the correct circumstances.

Mr Gardiner: Do you follow-up with the councils on how many notices they have issued?

Ms McAlarney: They will at the minute, because this is being introduced for this legislation, but we have fixed-penalty notices for smoke-free legislation and we receive quarterly reports from councils on the number that they issued to each premises. We also, separately, get figures by board area, so we have an idea how many fixed-penalty notices are applied.

Mr Gardiner: May I have a copy of those notifications, details of which councils do what and the numbers in each locality? I would appreciate that.

Ms McAlarney: Yes; that is no problem.

Mr Collins: The Department is also a member of the tobacco task group, which includes the environmental health offices of district councils also. We meet regularly, and that information is shared at those meetings.

Dr Mitchell: Is it worth highlighting that we expect the Bill to come back to you in Committee Stage, probably in February?

The Chairperson: Yes.

Dr Mitchell: If it goes according to the timetable, you will be able to discuss the detailed provisions and make further suggestions at that point.

The Chairperson: And, Sam, there is nothing to prevent the Committee making —

Mr Gardiner: I have warned them in advance.

Dr Mitchell: We are happy to take on board any further comments and to look at your suggestions.

Mr McCarthy: Thanks for your presentation. You have my 100% support for your work. The only issue is the time that it takes to get to where we want to be. I have an interest as a council member, but I must stand up for local environmental health officers. They do good work. An exercise that they recently carried out in my council area found that most retailers were obeying the law. The one or two who were not were caught and penalised, and I hope that that will be the end of the story. In my opinion, environmental health officers do a good job. I look forward to you coming back in February.

The Chairperson: You are doing well today. You are getting congratulated on a number of things.

Mr McCarthy: Absolutely.

The Chairperson: We will change that after Halloween.

Mr McCarthy: I have one question: the Bill is fine for legitimate sellers but there are illegal, what is it, black —?

The Chairperson: Market.

Mr McCarthy: "Black market"; that is the phrase I was looking for. There are black market people who go round the country in ice cream vans, or —

Dr Mitchell: There is big concern about illegal sales of tobacco products, for which HMRC is the primary enforcer. We work closely with its officers, as does the PHA and the tobacco task group. So, we are on to that and recognise it as an important issue, as is tobacco smuggling. We look at all those things and take them into account in our tobacco control strategy.

Mr Collins: We do not envisage that sellers of illicit tobacco will register with district councils as tobacco retailers. *[Laughter.]*

Mr McCarthy: No.

Mr Collins: So, a potential by-product of the Bill is the further opportunity to crack down on sellers or retailers of illicit tobacco. If they are not registered and are selling tobacco, whether or not it is illicit, they are committing an offence.

Mr McCarthy: That is right. OK; good. My congratulations and keep going.

Mr Brady: Thanks for your presentation. I congratulate Kieran for pre-empting my question about illicit sales. It seems to me that a main deterrent to smoking is the sheer price of cigarettes. Yet, in my area, you see a lot of young people smoking, particularly girls for some reason. That may be just my assumption, but there seems to be a preponderance of young women smoking, and that is one of the issues. Obviously, a student, or someone still at school, would have difficulty paying £7 or whatever for 20 cigarettes. Illicit tobacco outlets seem to be one of the major issues and problems.

You answered Kieran's question, but I am not sure how well the interdepartmental tobacco task force is resourced. Some outlets sell tobacco relatively cheaply. Part of the difficulty, from talking to people who have smoked such tobacco in the past and continue to do so, is that some tobacco is not good quality; it seems to contain more saltpetre, etc, to make it burn longer. There are all sorts of inherent problems that could well contribute to further health problems than smoking already gives people. You have answered my question to an extent.

Dr Mitchell: We all agree with you that this is a very important issue, and particularly so in these poor economic times. I think that it is tempting for people to look for cheaper sources of tobacco and that, therefore, it is important that we crack down on this.

Mr Brady: It is the same with fuel. Where I live, you can get cheaper fuel across the border: it is legitimate fuel, but the issue has never been addressed. It seems to me that it is the same with tobacco, although we are talking about a different product.

Dr Mitchell: We work very closely with our colleagues in the South — the Office of Tobacco Control and the Department of Health — on tobacco control measures. Most recently, we have been talking to them about the issue of smoking in cars, and we are working very actively with them on the minimum pricing of alcohol. We recognise those very important cross-border trade issues in which people will spot that something is cheaper on one side of the border and will go across to get it. We are trying to make sure that that is all joined up.

Mr Collins: The issue of illicit cigarettes creates a bit of a dilemma for public health messages, because we are advised by experts that the best message we can give is that smoking is bad for your health, and not to differentiate that by saying that illicit cigarettes are worse than the proper tax-paid cigarettes. At the minute, from that point of view, we cannot go with the message of trying to identify illicit cigarettes as being a particularly dangerous substance.

With regard to the implementation of the relatively new tobacco action plan, the PHA is establishing a steering group to oversee implementation and is inviting a representative from HMRC on to the steering group. There will be liaison across Departments.

Mr Dunne: Thank you for your information. I have a couple of things to ask. Does the PSNI have a role in relation to enforcement?

Ms McAlarney: No, not in relation to the enforcement of tobacco control legislation.

Mr Dunne: Do they have a role in, perhaps, witnessing where underage young people have been buying cigarettes?

Ms McAlarney: The legislation states that if police officers witness a young person smoking cigarettes, they can confiscate the cigarettes. However, they would not be allowed to criminalise the young person or prosecute them for anything. This is the only role that the police have in tobacco control legislation at the minute. It is up to environmental health officers to enforce the legislation.

Mr Dunne: Where do the councils get the funding to carry out that work?

Dr Mitchell: We give them the funding through the PHA. It used to come from us directly, but now it goes through the PHA.

Mr Dunne: Does the funding depend on the size of councils and so on?

Mr Collins: Initially, when the ban on smoking in public places came in, the Department allocated additional funding to councils to employ tobacco control officers. I think that that funding is for 12 tobacco control officers in the environmental health offices. They work with groups of councils, so it is not a case of having so many officers in one specific council.

Ms McAlarney: There are five groups, and the money is divided between them.

The Chairperson: Just for the record, Gordon, do you want to declare that you are a local government councillor?

Mr Dunne: Obviously, I declare an interest as a local councillor — a double-jobber who saves ratepayers £900 a year.

What is your perception of the number of outlets? Are there more than there were five years ago, or are there fewer? I take it that the multinationals, as usual, have a fairly large share of the market.

Mr Collins: Do you mean the large supermarkets?

Mr Dunne: Yes, the supermarkets.

Mr Collins: Yes, you have seen the huge gantries in the supermarkets, and they have a large share. We do not know exactly how many retailers there are, and we will not know that until the register is in place to provide the information.

Ms McAlarney: We estimate that about 3,500 retailers in Northern Ireland are selling tobacco at the minute, but the register will —

Mr Dunne: Legally?

Ms McAlarney: Yes, legally.

Mr Dunne: Is there any registration of them at the minute?

Ms McAlarney: No.

Mr Dunne: Under this legislation, will they they be obliged to register with the councils.

Mr Collins: That is right, yes.

Mr Dunne: But at no cost, is that right?

Mr Collins: It will be purely a letter or an e-mail, and the council will put that retailer on the registration list for that council area.

Mr Dunne: Obviously, the councils will then have a responsibility to monitor them.

Mr Collins: Yes. When councils carry out their test purchasing, they will go round the various retailers in rota.

Mr Dunne: Will councils be responsible for checking how tobacco is displayed and so on, and how it is managed in shops?

Dr Mitchell: They already have that role, so they will go into premises anyway.

Mr Dunne: I think that that has cleared up those issues, thank you.

Mr Beggs: Thanks for your presentation. I welcome your general direction of travel and the use of fixed-penalty notices to bring about swift action, better responsibility and outcomes without undue administration. Will you clarify whether, under the new scheme, someone will simply have to contact the council to give key details and that neither an administrative fee nor huge level of administration for councils should occur at that stage? Is that your expectation?

Mr Collins: That is correct. The negative licensing system was chosen to reduce the administrative burden on councils and retailers and to reduce cost.

Mr Beggs: The presentation largely focused on underage smoking, which is almost part of the target that you are trying to regulate. There is a danger that more supply could go to the illegal side. Have you been in discussion with HMRC so that it is aware of that issue and can, hopefully, organise appropriate action nearer the Bill's enactment? I see that you are nodding.

Dr Mitchell: As I said, we liaise with HMRC and we invited it to become a member of the tobacco implementation group.

Mr Beggs: This could be a useful tool for dealing with illegal cigarettes, but given that the registration centres on your concern about underage smoking, will councils still be empowered to ban if they so wish because of other factors, such as supplying illegal cigarettes? I think that being able to take away someone's licence for selling illegal cigarettes would be an important tool. Some with a licence to sell legal cigarettes may sell illegal cigarettes. Will you clarify whether the Bill will enable councils to ban specifically because of the sale of illegal cigarettes?

Dr Mitchell: I presume that that comes under trading standards regulations.

Ms McAlarney: It does not fall under our jurisdiction. Ultimately, the court would ban them, or rather the councils would bring the prosecution and then the court would ban them.

Mr Beggs: You say that councils will be able to deregister sellers for selling to underage customers. Will they not be able to deregister them for other illegal activities? Is it not possible to enable councils to deregister sellers because of other unauthorised activity around the licensing of cigarette sales?

Dr Mitchell: That was not in the consultation document. It is not something that we have consulted on, so —

Ms McAlarney: I am not sure that it is something that the Health Department would be able to do. It is a HMRC issue, not a health issue. I do not know that it would fall within our remit to be able to introduce legislation on that.

The Chairperson: Will you check?

Dr Mitchell: Yes. I do not think that we can give you an answer, because it is something that I do not think would normally be within our legislative control.

Mr Beggs: I think that it is an important matter for the Committee to pursue, because it is a big issue in communities in which illegal cigarettes are being sold to people of whatever age. If this legislation, potentially, enables councils to ban registered people from selling fake tobacco, that will help to prevent the sale of illegal cigarettes. The Committee should pursue this.

The Chairperson: Let the Department come back to us with the right information. There is nothing to prevent the Committee bringing forward proposed amendments to the Bill at Committee Stage.

Mr Beggs: Finally, test purchasing has been a powerful tool in uncovering the sale of alcohol to underage youths. Is that already enabled in regard to tobacco?

Mr Collins: Yes; test purchasing is mostly how councils check for underage sales.

Mr Beggs: OK; that is fine, thank you.

Dr Mitchell: Another point is that, as Gerard said earlier, we do not anticipate that people who are selling illicit tobacco will register. It is probably not in their interest to do so. Your point about —

Mr Beggs: My point is that they could use registration as a cover and then supply illegal tobacco. That is the important aspect.

Dr Mitchell: We will look into that angle. Gerard was making the point that having a register of legal tobacco sellers will hopefully make enforcement on the illicit tobacco side easier for HMRC.

Mr Beggs: What may make it even easier is if you ban them completely. If you see anybody with a cigarette, you know straight away that it is an illegal act, as the seller is not registered, either because they have lost their registration or because of whatever action the police have taken.

Dr Mitchell: We will certainly look into that.

Mr Collins: We will have to look at the current legislation on illicit sales to see how that links up.

Ms Brown: Thank you for your presentation. Obviously, all of us in the room are in favour of the Bill's introduction. It sounds like good news. I think that Roy's point is very interesting, and is definitely worth taking up as well.

My question is not so much about the Bill but about what research the Department has done into why children are still smoking. We talked about young girls smoking. As a mother of teenagers, and having heard their conversations, I know that they are, I would say, obsessed with every aspect of their bodily appearance and their weight, which is very worrying. When I was 16, I did not really give a toss about what I looked like. I think that it is very worrying, and I suspect that smoking is being used very much as a method of weight control. A large number of children are being supplied with cigarettes by adults. So, it will be very difficult to stop that supply getting to them. I wonder what the Department has done by way of research and — I suppose this leads on to another Department — what is happening education-wise to try to deal with the mindset in a health context in order to address the problem. I do not think that any Bill will do that.

Dr Mitchell: We all recognise that there are a number of elements to tobacco control. They are: education; public media campaigns; legislation; and pricing, which is very important. I think that I have left one out, but I cannot think of it. All those need to be in place to deal with the issue.

We also know that the tobacco industry is very aware of the levers for young people and how to make tobacco products attractive, particularly to young women. That is partly what is behind the plain packaging proposals at the moment. Currently, there is a UK-wide consultation on whether we should ban the branded packets that you can buy at the moment and go for plain packaging, which has already been introduced in Australia, because research shows that young people in particular are influenced by that. It is also behind the measures that we have taken on the display of tobacco, because, again, we know that the display of branded products on premises is very influential on young people. So, it is about a multi-pronged approach.

The PHA does research and looks at what the particular issues are locally. We also look at a body of national and international research to see what factors influence young people to take up tobacco, what the peer pressures are, and what we can do to try to influence behaviour by working with the Education Department, the wider youth sector and others.

Cessation was the other thing that I was trying to think of. We have also been trying to introduce smoking-cessation services in places that are accessible and are friendly towards different age groups, so that we can work with younger people or those from deprived communities to make sure that the services are appropriate for the end user.

So we look at the research and then try to incorporate that into the strategies that we adopt locally in order to try to reduce tobacco take-up.

Mr Collins: There are two main prongs to the tobacco action plan, the first of which is to prevent people from taking up the smoking habit in the first place. That is focused on young people, because the vast majority of adult smokers started smoking in their teens. The legislation is part of that, as is the

education programme, both in the Public Health Agency and many local and national charities. The other prong is supporting people who already have the smoking habit to quit, through, for example, nicotine replacement therapy and the funding of smoking cessation services, of which there are over 600 across Northern Ireland. Lately, there has been a particular focus on areas of disadvantage because smoking, like most other public health issues, impacts more on those areas and is associated with deprivation. We used the manual worker cohort as a proxy for measuring smoking among disadvantaged groups, and the prevalence is currently 31%.

Ms Brown: It is a huge fight to stop people taking up smoking in the first place, and you are battling against the internet and all the social networking sites. I have been shown pictures that have been sent around. The type of body that a child wants to have astounds me. It is like something you would see in pictures from the Third World. It is a scary time to be growing up as a teenager and battling against that trend.

Mr Collins: One good piece of news is that, in the young people's health and attitudes survey, there was a 1% reduction in smoking among 11- to 16-year-olds between 2007 and 2010. At least that trend is starting to go in the right direction.

Ms Brown: It is small.

Mr Collins: It is, and obviously we cannot say, for example, that the introduction of age-of-sale legislation has had an impact because it has not been evaluated yet. At least it is heading in the right direction, albeit very slowly.

Ms McAlarney: It has gone down from nearly 15% in 2000 to 8%. That is quite a big drop. Hopefully, we will see that impact on our adult smoking prevalence figures in future.

Ms Brown: Thank you. I welcome the introduction of the Bill.

The Chairperson: We need to find out if it will be this side of Christmas, or after that. Please let us know about that. Thanks very much for your presentation.