Committee for Health

OFFICIAL REPORT (Hansard)

Tobacco and Vapes Bill: Institute of Public Health

11 April 2024

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Ms Liz Kimmins (Chairperson)
Mr Danny Donnelly (Deputy Chairperson)
Mr Alan Chambers
Mrs Linda Dillon
Miss Órlaithí Flynn
Miss Nuala McAllister
Mr Colin McGrath
Mr Alan Robinson

Witnesses:

Dr Helen McAvoy	Institute of Public Health
Dr Joanna Purdy	Institute of Public Health
Dr Ciara Reynolds	Institute of Public Health

The Chairperson (Ms Kimmins): I welcome Dr Helen McAvoy, who is director of policy, and Dr Joanna Purdy and Dr Ciara Reynolds, who are development officers. Thank you for your patience; the previous session ran a little over time. I open up the meeting for you to make your remarks.

Dr Helen McAvoy (Institute of Public Health): Thank you so much for the opportunity to present to the Health Committee today. I am director of policy at the Institute of Public Health (IPH) in Ireland. We provided a briefing note on the organisation and its background. I am here today with my colleagues Dr Joanna Purdy and Dr Ciara Reynolds.

The Institute of Public Health strongly supports the adoption of the legislative consent memorandum on the Westminster Tobacco and Vapes Bill. I understand that a copy of our response to the UK consultation on the Bill has been shared with the Committee. My colleague Joanna will focus on the impact of the smoke-free generation measure in Northern Ireland, which is the proposal to prohibit the sale of tobacco to anyone born after 2009, and my colleague Ciara will share some findings from an evidence review that we conducted for the Department of Health on the health effects of e-cigarettes among children and the implications that that may have for future decisions on e-cigarette regulation. I will then conclude with a few general points on the legislative process and a few of the key issues to consider.

Dr Joanna Purdy (Institute of Public Health): Good afternoon, members. I have been involved in tobacco policy for over a decade, working with the Department of Health and the Public Health Agency.

As you will know, the Department recently published an end-of-term review of the 10-year tobacco control strategy for Northern Ireland. That showed some hard-won progress on tobacco use. In particular, there was good progress on reducing tobacco use among children. Looking back a decade to 2013, 13% of 11- to 16-year-olds reported that they had smoked a cigarette, but, by 2022, that figure had fallen to 8%. Again, in 2013, 4% of young people smoked cigarettes regularly, defined as at least once a week, and now that figure is at 1%, so we can see the progress that has been made. We have also seen progress on reducing smoking among adults, although that has been less impressive than the reductions in young people. Currently, 14% of the population aged 16 and older smoke cigarettes compared with 22% a decade ago.

Northern Ireland has seen some success in reducing tobacco use through measures such as tobacco taxation, regulations on marketing and standardised packaging, but it has become clear that incremental progress is not enough to respond to a product that kills two thirds of its users. Despite the measures that we have in place, children continue to start smoking and people who smoke continue to find it difficult to stop. There is also no doubt that Northern Ireland is still in the throws of an epidemic of tobacco-related harm. The epidemic of disease, disability and early death falls most heavily on the disadvantaged in our society. Around 2,200 deaths in Northern Ireland are caused by smoking. Lung cancer deaths are twice as common in the most deprived communities as they are in the least deprived communities.

As MLAs, I understand that you are keen to see a return on investment from any legislative changes to regulate tobacco. While we have no modelling specifically on the impacts for Northern Ireland, I want to share some of the insights from the modelling study that was conducted on English data. The Department of Health and Social Care in England modelled changes in smoking prevalence across 14-to 30-year-olds in England that arose from a smoke-free generation measure. The most conservative estimates show a reduction of under 10% in smoking initiation rates, and it is estimated that 11,466 smoking-related deaths could be avoided within the next 50 years — by 2075 — saving the Government £67 billion. When we look at a reduction of 90% in smoking initiation rates, we see that it would equate to over 28,500 fewer smoking-related deaths by 2075. That would generate a saving of up to £121 billion.

Although the Bill is an important step in creating a smoke-free generation, it is not a silver bullet for reducing smoking and the harm that it causes. There will still be many adult smokers in Northern Ireland for some time to come. The projections of the English modelling studies are for 2075, which is some time away, so the Bill is important. In fact, it is very important. I hope that the Committee will be open in the future to considering other measures because we cannot rely simply on one piece of regulation. An ever-evolving package of measures is needed.

It is also critical to sustain appropriate investment in what we know is already working, including investment in the enforcement of existing laws and in high-quality smoking cessation services.

Dr Ciara Reynolds (Institute of Public Health): In the previous evidence session on this Bill, Committee members expressed concerns about the use of vapes by children and the ease of access to such products in their constituencies. Those observations are borne out by the official data. Experimentation is common. One fifth of 11-to 16-year-olds have used a vape at least once. Among year 12 children, 44% have used a vape. Most concerning is the trend for children to become regular users of vapes: 6% of 11-to 16-year-olds regularly vape, which is double the rate in 2016. While we see higher use among older teens, it is deeply concerning that very young children are also experimenting: 6% of children in year 8, who are as young as 11 or 12, reported that they had used a vape. Since February 2022, the sale of vapes to children has been prohibited, and it is an offence to purchase or attempt to purchase such products on behalf of a child. This legislation is important to protect children and young people, but it is our view that the minimum legal age of sale is not enough on its own to deter children from vaping.

The IPH developed an evidence review to support the Department of Health in its response to concerns about youth vaping. That work was a rapid review of systematic reviews that investigated the health effects of vaping among children and adolescents. The review found strong, high-quality evidence of an association between vaping and subsequent cigarette use, supporting the view that vaping products have a gateway effect. It also found evidence to support an association between vaping and asthma, incidence of coughing, mental ill health and other substance use.

The legislative consent motion can provide the Assembly with appropriate powers to respond to a rise in vaping by children in Northern Ireland. That is necessary as vaping harms children's health, addicts children to nicotine and increases their odds of taking up tobacco use in the long term. The next phase

of work at Westminster, and within the devolved nations, will be to agree the details on the regulation of the retail of vapes across the UK. In our response to the UK consultation, IPH has set out some recommendations on those details as they relate to the packaging, displace, pricing and flavours of vapes.

Dr McAvoy: There has never been a more important time to legislate on tobacco. The epidemic of tobacco-related disease rages on across the UK, Ireland and Europe. One in seven people aged 16 and over smokes, which is leaving too many people vulnerable to serious disease. The health system at all levels is struggling to respond to the scale and complexity of illness in the population, much of which is driven by tobacco use.

I would like to reassure you that the measures in the Bill are strongly supported by the general public, with 79% of Northern Ireland respondents to the UK consultation in favour of the smoke-free generation measure. If we also look at representative surveys of the general public in England, Scotland, Wales and Ireland, they all show strong support for the measure. People have had enough of the harm caused by smoking. It is not right that a quarter of year 12 children are now vaping.

It would be dishonest of me to suggest that everyone is a fan of these proposals. Some will argue that they are radical, prohibitionist, the actions of a nanny state or anti-choice. The aim of the legislation is to protect children from starting to smoke in the first place. No child who tries a cigarette or a vape for the first time has the intention of becoming hooked for life. The Bill is not an attack on smokers. There is nothing in the Bill that will prevent today's adult smokers from accessing a tobacco or e-cigarette product.

The Public Health Agency, with health and social care services, pharmacies and community and voluntary agencies will continue to work very hard to provide free support to anyone who wants to escape nicotine addiction, whether they smoke, vape or use both products.

It is probable that the tobacco industry will oppose the Bill. The industry has a track record of resisting and delaying regulation through a variety of means, and using extensive resources to do so. That is not without consequences for the policies to regulate tobacco and the lives of individuals and families. I am concerned that parties with a commercial interest will use all means available to them to discredit the legislation and undermine the confidence of those in decision-making positions. We will all need to be very alert to the possibility of industry interference in all its guises as the legislation progresses.

The legislative consent memorandum document of 21 March has identified that tabling primary legislation could increase the risk of direct litigation for Northern Ireland by the industry and provide the industry with additional avenues to disrupt enactment of regulation in the region. That is why the legislative consent motion process is preferred.

In conclusion, and to echo the words of the Chief Medical Officer, this is a once-in-a-lifetime opportunity to make a big step forward in the tobacco endgame that we have all said that we want in the policies. Thank you for allowing us the opportunity to present to the Committee. I acknowledge the support of my team, and of the Committee Clerk, to get us here today, because I know that your timelines around this piece of legislation and the Westminster Bill are extremely tight. I welcome any questions that you may have.

The Chairperson (Ms Kimmins): Thank you all for that in-depth briefing, which was useful for the Committee to hear. We have been supportive of the Bill to date, and you said a lot of what we have said in our discussions. There is good information in your briefing that will help us as the Bill progresses.

I have no questions as such, because you answered a lot of what I wanted to ask in your contribution. The only thing I will say is that, in previous discussions, we mentioned the importance of North/South alignment and working on an all-island basis because there will be disparities between the legislation that is in place in the North compared with what is in place in the South. An example is single-use vapes being banned in the North but not being banned in the South and the impact that that disparity may have.

When we had officials in to talk about this subject, they told us that there have been conversations on that, which is very good. We hope to see that moving at pace, in line with what we are trying to do here. Do you have any view on that or would you like to add anything?

Dr McAvoy: At the top level, the tobacco strategies in Northern Ireland and Ireland are heading towards the common goal of reducing smoking prevalence to less than 5% and reducing the level of tobacco harm in the population. In the main, the legislation tends to converge towards the same end, although there may be slightly different measures in place to do that. For example, in Northern Ireland, the Protection from Tobacco (Sales from Vending Machines) Regulations (Northern Ireland) 2012 banned the sale of tobacco from vending machines, but that measure has only just been introduced in Ireland in 2024. That is quite a big gap. There are areas in which Ireland has moved forward and Northern Ireland has followed, and there are areas in which Northern Ireland has moved forward and Ireland has followed. There have always been small differences in tobacco taxation, pricing and so on. I do not think that a lack of the measures happening at the same time is a good enough reason not to progress. For example, the point-of-sale display regulations, whereby tobacco products had to be hidden in a cupboard behind the counter, came into effect in 2012 in Northern Ireland, whereas similar measures were in place in Ireland in 2009. There will, perhaps, be some small differences in the timing of when the measures come into effect, but they will, ultimately, start to match each other as time goes on.

The Chairperson (Ms Kimmins): Absolutely. The point that I was making was not that we should be holding back; it was more that we should be working with our counterparts in the South to encourage them to move with us, where possible, so that there is no opportunity for a black market or that type of thing, particularly in border areas such as the one that I come from, that could cause greater difficulties. That is where I was coming from, but I take your point that there have been differences in the past and we have been able to work through them. There are things that can be done. It is important, however, to have an awareness and to be cognisant of what could happen.

Dr McAvoy: Absolutely. I agree.

Miss McAllister: I have a brief question. There is nothing that the witnesses have said that I disagree with.

The figures are not shocking, because we see so much of it. There are shops that sell to kids who are in uniform. Action has been taken against those shops, but we see many young kids in uniform — I have seen kids in primary-school uniform — vaping, which is really sad. Anything that we can do that means that we eventually see a generation of people who have never smoked is great.

There is a balance to be struck between that issue and consideration of those who want to stop smoking and perhaps move onto vapes as a mechanism to do so. We want to be careful, as there is a balance to be struck with assisting people with that.

Any research into the long-term effects of vaping, specifically on children, would be beneficial to the Committee. It would be helpful if you could work with the Committee to ensure that such research is shared. It would be beneficial if any new research that has come up — even globally — could be pointed to, because it is still a newish area.

Dr McAvoy: Yes, absolutely. We will certainly share the findings of the evidence review, but there are other pieces of work that you may find of interest in that regard.

The reason why we have a concern around the older teens and younger children is that the younger a child is when they are exposed to nicotine, the more ingrained the nicotine addiction will become and the harder it will be for them to quit later on because their brain is still developing and the connections are still forming. The idea that these kids are just experimenting and then not converting to regular use is simply not borne out by the patterns that we see in the data.

The Chairperson (Ms Kimmins): No one else has indicated. Thank you for taking the time to come to the Committee. It has been very useful to us, and it is a conversation that is ongoing.