



Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

Draft Sunbeds Bill

18 March 2010

NORTHERN IRELAND ASSEMBLY

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AND PUBLIC SAFETY**

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Members present for all or part of the proceedings:

Mr Jim Wells (Chairperson)
Mrs Michelle O'Neill (Deputy Chairperson)
Dr Kieran Deeny
Mr Alex Easton
Mr Sam Gardiner
Mrs Dolores Kelly
Mr Conall McDevitt
Mrs Claire McGill

Witnesses:

Mr Nigel McMahon) Department of Health, Social Services and Public Safety
Dr Liz Mitchell)

The Chairperson (Mr Wells):

We now move to a departmental briefing on the draft sunbeds Bill. The witnesses are Dr Liz Mitchell, who is no stranger to the Committee and is the Deputy Chief Medical Officer, and Mr Nigel McMahon, the Chief Environmental Health Officer in the Department of Health, Social Services and Public Safety (DHSSPS). I invite the witnesses to make an opening presentation of about 10 minutes, after which we will throw open the meeting to members.

Dr Liz Mitchell (Department of Health, Social Services and Public Safety):

I thank the Committee for the opportunity to discuss the draft sunbeds Bill. We requested this discussion because we wanted to give the Committee an early opportunity to comment and ask questions about our proposals for the Bill. I will give members a brief overview, which covers the background and the current evidence base, the measures that we considered for inclusion in the Bill and the consultations that have been carried out.

There is convincing evidence that exposure to ultraviolet (UV) radiation can cause skin cancer and other health conditions. That is true of natural UV rays from sunlight and also rays from artificial tanning devices. There are three main types of skin cancer, and, in Northern Ireland, cases of the most serious type, malignant melanoma, have trebled over the past 25 years. In 1984, there were 80 cases, and, by 2007, that had increased to 233, and there were 55 deaths in that year. It is estimated that in the UK, 100 people die each year from melanomas due to sunbed use, which equates to two or three deaths in Northern Ireland annually. A recent review of the evidence concluded that the risk of melanoma increases by 75% for a person who starts to use tanning devices before the age of 30.

Sunbed usage has increased significantly in recent years. Usage was unusual before 1980, but, by the end of the 1990s, one European study reported that 60% of women and 50% of men had used a sunbed. There is also evidence of an increase in usage among young people. A UK survey indicated that 6% of 11- to 17-year-olds had used a sunbed, and, even more worryingly, in Scotland, a study showed that 7% of eight- to 11-year-old children had used a sunbed.

The 2008 Northern Ireland omnibus survey recorded that 29% of women and 8% of men had used a sunbed. We are commissioning further survey questionnaires about the use of sunbeds in Northern Ireland. The survey will start interviewing soon, and we hope to have results early next year. That will give us a baseline so that we can measure the effectiveness of the legislation.

There is also a significant social dimension to the issue. A recent UK-wide report showed a link between the location of commercial sunbed outlets and deprivation. It showed that there were twice as many outlets in deprived areas of England, Scotland, Wales and Northern Ireland than in non-deprived areas. In Northern Ireland, we must consider an additional risk factor. The prevalent skin type here burns more easily and is more vulnerable to the harmful effects of UV radiation.

No one says that all skin cancers are caused by sunbeds; that is not the case. However, excessive exposure to UV radiation, particularly in younger people, has been shown to cause skin cancer later in life. Sunbeds, therefore, represent an additional and unnecessary exposure to UV. The four UK Health Departments commissioned the Committee on Medical Aspects of Radiation in the Environment (COMARE) to consider the evidence linking sunbeds with skin cancer and other health conditions. COMARE published its report in June 2009, and, along with its findings, presented a series of recommendations for regulating the sunbed industry in the UK.

In Northern Ireland at present, the sunbed industry is not subject to any form of direct statutory regulation or age restriction. Under health and safety at work legislation, however, employers have a duty to protect members of the public on their premises. In 2007, environmental health officers (EHOs) carried out a survey of sunbed premises across Northern Ireland. They surveyed 332 premises, and their main findings give cause for concern. In general, the survey reveals a wide variation in operating practices and poor standards among some providers. The survey shows that only 16% of operators in Northern Ireland belong to the Sunbed Association. That suggests that the alternative to regulation — a voluntary code of practice — would achieve little in reducing the harm done by sunbeds.

Committee members will be aware that Northern Ireland's district councils led the way on the issue. In 2001, 15 district councils provided sunbeds, mainly in leisure facilities. I am pleased to say that, by 2006, no council provided sunbeds on its premises. Northern Ireland was the first UK region to achieve that. In bringing forward a Bill to regulate the sunbed industry, our aim is to reduce the number the cases and deaths from skin cancer and other health conditions that are caused by sunbed use.

I want to make some comments about timing. Until recently, we were advised that the legislation programme for the current Assembly mandate was full and that there was no room for a sunbeds Bill. On that understanding, we began preparatory work with a view to introducing a Bill early in the next mandate. That was the position on 19 November 2009, when we published a consultation document to invite views on possible measures to regulate the sunbed industry. In that consultation document, we set out 11 possible measures, the primary policy objective being the prevention of the use of sunbeds by persons who are under 18 years of age. The draft Bill also aims to ensure that people who are over 18 years of age and intend to use sunbeds are better

informed about health risks and are better protected. That consultation ran for three months and closed on 19 February 2010.

Towards the end of November, after we had issued the consultation document, we learned that, in fact, there was an opportunity to take a Bill forward during the current mandate. Although the timetable is tight, we judged that it was possible to complete the Bill's passage during the time that is available if there are no significant delays along the way. In the meantime, we continued to test various measures to determine whether they are workable, fair, proportionate and compatible with other statutes such as the Human Rights Act 1998. That included work on the regulatory impact assessment. During that work, it became apparent that there were potential difficulties with some of the proposed 11 measures. Our original consultation included a proposal to introduce a registration scheme, and an alternative to that is a licensing scheme, which would be more elaborate. Although we did not suggest licensing, some consultees have proposed it. We have given it consideration in the regulatory impact assessment.

We identified issues on three measures, which we are still considering. The first measure is a requirement for operators to limit the duration and frequency of sunbed sessions that are used by customers. The main difficulty with that is that there is currently no recognised safe limit to specify in statute. The second measure is to require operators to ensure that their staff are trained. The issue with that is that, currently, no accredited training scheme is available. The third measure is to require operators to ensure that their equipment complies with specific British or European standards. There is a need for further research on methodologies and equipment to determine compliance with standards so that clear guidelines can be developed. The Department agrees with the aims of those three provisions, so we continue to explore whether there is sufficient clarity on those matters to include them in the draft Bill.

On 11 February 2010, we published a draft regulatory impact assessment for consultation. In doing so, we invited views on three options: to do nothing; to introduce seven key measures; or to introduce seven key measures plus a licensing or registration scheme. The Department prefers the second option for two reasons. First, we believe that a licensing scheme could be disproportionate to the health benefits that it might achieve, and we want to test that further. Secondly, on a practical point, it may not be possible to develop the details of a licensing scheme in the time that is available during the current mandate.

We received 46 responses to the main consultation and 23 to the regulatory impact assessment consultation. There is strong consensus among consultees that we need to act to reduce the harm that is done by ultraviolet radiation from artificial tanning devices. However, consultees raised concerns that certain measures might not be included in the Bill. I want to make two points about those concerns. Our priority is to get effective regulatory provisions into law during the current Assembly mandate. If we achieve that, key provisions could probably come into effect in late 2011 or early 2012. At present, we have not definitely excluded any measures. We are focusing on what can be done during the time that is available. If we hold off until the next mandate, we are unlikely to have any provisions in place at all until 2013 or even, in a worst-case scenario, 2015. That would leave us three to five years behind England and Wales and five to seven years behind Scotland.

The Bill has now been drafted with the following provisions: prohibiting the commercial use of sunbeds by anyone under the age of 18; prohibiting the sale or hire of sunbeds to anyone under the age of 18; a duty on operators to display notices on the health risks; a duty for operators to provide customers with written information on the health risks; prohibiting unfounded or unproven claims about the health benefits; a duty to ensure adequate protective eyewear is worn; and a ban on unsupervised sunbeds in unsupervised commercial premises. On the last of those provisions, members may have seen media coverage in recent months of cases of teenagers having sustained severe burns by using unsupervised coin-operated machines. The Department is not aware of any unsupervised outlets of that type in Northern Ireland at present and wants to prevent them from operating here.

The Department is still considering whether to include in the draft Bill provisions for compulsory staff training and compliance with standards of equipment. We keep in touch with developments elsewhere in the UK and Ireland. Scotland already has regulation in the form of the Public Health etc. (Scotland) Act 2008 (Sunbed) Regulations 2009. At Westminster, a Bill regulating the industry in England and Wales has completed its Third Reading and is now in the House of Lords. Neither Scotland, nor England and Wales, intend to introduce registration or licensing for the industry at this point. In the Republic, the Government have held a public consultation on a range of proposals and is now considering legislation.

The next step is to seek Executive clearance for the introduction of the Bill. The Department aims to introduce it in the Assembly in mid-June. I thank the Committee for this opportunity to

discuss the draft Bill at this early stage. We are happy to hear members' views on the proposals and to answer questions.

The Chairperson:

The science is clear: young people who use sunbeds are endangering their lives. Skin cancer is a particularly terrible disease to contract and from which to die; therefore, I am concerned by the Department's dismissal of the idea of licensing. You said that there are 400 sunbed outlets in Northern Ireland, which is roughly 15 per council area and more if the number of councils is reduced from 26 to 11. It would not be a huge burden on councils to license. My difficulty is that, at present, anyone can open a solarium or sunbed shop. There is one in my area between a pizza store and a video outlet, which indicates the type of locations involved.

A licensing system would afford much greater control because somebody who steps outside the regulations would lose their licence and have to close. I understand your difficulty in trying to introduce the Bill so quickly, in June. However, why not introduce overarching legislation and deal with the particulars through SLIs and statutory rules? In other words, why not bring the industry under control and afterwards worry about sorting out the technicalities through subordinate legislation. I would like to think that we can go one better than Scotland, or England and Wales, by imposing even tighter controls.

Dr Mitchell:

We have considered that and explored the possibility of whether we could introduce powers that could then be tightened up later through regulations. The legal advice is that that would not be possible. It might be possible if we were to try to include some specific provisions, such as the measure on training, and we are still exploring that. However, on introducing a licensing scheme about which details would be provided later, the advice is that that would not be regarded as acceptable primary legislation. Nigel may have some comments about our consideration of the benefits of licensing and registration.

Mr Nigel McMahon (Department of Health, Social Services and Public Safety):

We have considered, among other issues, the view that taking the licensing route for a matter that we fundamentally believe causes harm might be perceived in some quarters as giving that activity some sort of legitimacy.

The Chairperson:

We license tobacconists and pubs, do we not?

Mr McMahon:

Indeed so, but the view that I described has been expressed in some quarters. It was one reason why the Scottish legislation shied away from licensing at this point, although there is a commitment to consider it further down the line. There would, inevitably, be a cost for local authorities and for businesses in establishing and operating a licensing scheme. In the current economic climate, and given the fact of local government reform, it may not be the best time for the Department to discuss the introduction of a new licensing regime.

The key measures that are on the face of the draft Bill may also be considered for a licensing scheme. Many of the provisions under discussion today have been included in licensing schemes elsewhere. We can include many of the key provisions in the main legislation without the need to introduce a licensing scheme to cover them.

The Chairperson:

However, if an operator transgresses and a 16-year-old is found on a sunbed, the business is fined, but it cannot be closed because there is no licence to revoke. All that can be done is to take operators to court, where they are fined a few pounds and continue in business. Apart from that, what is the ultimate sanction in the draft Bill?

Mr McMahon:

The Department has not closed its mind to licensing provisions and is certainly considering that. As Dr Mitchell said, our legal advice is to progress with the matter at this stage through the legislation. We would need to work through the details of a licensing scheme and include it in the draft provisions for the Bill, and there is simply not enough time to introduce that at this stage. The Department is committed to keeping a licensing scheme under review as we progress with the legislation.

The Chairperson:

There is wee bit of a contradiction in your submission, which refers to sunbed exposure to those under the age of 35. That is an issue for Michelle, Conall, Alex and the Committee Clerk, but the rest of us are well past that stage of life. Surely it is contradictory to allow anyone to be exposed

to something that the Department's own briefing paper says is dangerous to health, be they 18 or 35 years of age? There should be a much higher age limit, with 18-year-olds being told that sunbeds are forbidden, and people up to the age of 35 being advised by the solarium or suntanning facility not to use a sunbed.

Dr Mitchell:

We are introducing the age of 18 because it resonates with other measures that are harmful to health — for example, raising the legal age for the sale of tobacco. The majority view would be that, once people are adults, they can decide for themselves as long as they have been provided with the appropriate information. Our concern is that those who are under 18 years of age are more vulnerable and need to be protected with stronger measures than people who are between the ages of 18 and 35.

The Chairperson:

It is difficult to prohibit those who are under 35 years of age. However, in line with advice on smoking, could there be a statutory measure, with people being told that sunbeds can seriously endanger their health? Such a warning should be displayed at the doors of premises. Are you saying that, once someone passes the age of 35, which some of us have, the effect of sunbeds reduces dramatically and does not have the same health implications?

Dr Mitchell:

The data shows that the risk of developing a malignant melanoma can increase by 75% if someone under the age of 35 uses a sunbed. Obviously, other health risks are associated with sunbeds. The risk of exposure is there regardless of the age at which someone starts to use sunbeds but is more severe if someone starts who is under the age of 35.

The Chairperson:

The Deputy Chairperson qualifies as being well under the age of 35.

Mrs O'Neill:

I do not know about "well". *[Laughter.]* How can the hire of a sunbed for home use be enforced or monitored if the hire company is not licensed? If there were a licensing scheme and a sunbed hire company were found to be renting to people under the age of 18, it could be stopped by removing its licence. It is all well and good to have these aspirations, but nothing will happen in

practice without a licensing scheme.

Dr Mitchell:

The Department's concern is that, if people wish to evade the provisions of the law, they will do that anyway, even with registration or licensing.

Mr McMahon:

Those who want to stay under the radar are unlikely to come forward to be registered or licensed. It is likely that provisions in the draft Bill will extend to restricting the sale or hire of sunbeds to those who are under the age of 18. I agree that there are issues about enforcement and detection. Those sorts of practices are going on, and environmental health colleagues struggle with that at present for existing health and safety provision.

Mrs O'Neill:

If a practice is licensed, there is more control, or it is more likely to be able to be managed or provisions enforced. There are an estimated 400 sunbed operators here, which does not amount to a large volume of work, even for councils. I am glad to hear, therefore, that the Department has not closed its mind to licensing and is still considering the issue.

Liz, you said that standards vary widely. You mentioned the provision of eyewear and the provision of written information. What other measures will address that wide variation in standards?

Dr Mitchell:

I thought that you might ask a different question, and I do not have that information to hand. I will let Nigel answer your question.

Mr McMahon:

The local authority survey found that only 16% of those premises were members of the trade body, the Sunbed Association; only 16% had done any sort of risk assessment that took into account sunbed practice and exposure to UV rays; 32% of the risk assessments that had been conducted were not considered suitable or sufficient; and only 29% of premises had an operating manual for the equipment. Not much training had been carried out: 41% of training was delivered by the owner, manager or another employee; 14% of training did not cover skin type

assessment; and 47% of operators gave no advice to clients on skin types. A wealth of evidence has emerged from that survey. I could continue, but I have given the Committee a flavour for the type of issues that enforcement officers found.

The Chairperson:

Those statistics are not encouraging.

Mr McDevitt:

I agree wholeheartedly with the objective of preventing the use of sunbeds by persons under the age of 18. I do not want to repeat the points about licensing that have been made by the Chairperson and Deputy Chairperson, but I agree with what they said.

It seems to me that a major gap exists in the proposed legislation, which is what happens after the private sale of a sunbed. If someone is over 18 years of age, he or she may buy a sunbed and take it back to his or her house. After that, there is no duty, as far as I can see in the proposed measures, to prevent the use of that sunbed by anyone. The proposed measures regulate the use of sunbeds only in a commercial context.

While I am out at work, I could unwittingly have a bunch of teenage girls parading through my house and using the sunbed in an entirely unregulated way. I assume that it would be girls who would use sunbeds, although I understand that boys use them increasingly. Even worse, I could decide to bypass the regulations and operate an underground salon. That seems to be a major gap. Whatever about the licensing debate, with respect to private sales, there should be an absolute duty on the part of the purchaser to commit to certain behaviour. There should be consequences if that commitment is broken by allowing minors to have access to sunbeds on private property.

Dr Mitchell:

The difficulty is enforcement of what goes on in a private home.

Mr McDevitt:

My point is that the proposals do not even put a duty on individuals. We could debate the enforcement side of this, but there should be a duty imposed.

Dr Mitchell:

A duty that we cannot enforce has limited value.

Mr McMahan:

In other legislation that has been mentioned, such as that on the sale of alcohol and tobacco, there is no power to regulate private use in private homes. There is no doubt that it is difficult to enforce a non-commercial aspect. There is no proposal to extend the legislation to that scenario. In private sales, the focus is on standards and the safety of the equipment, electrical safety and the output from the sunbed. It is a consumer safety and protection issue. What one chooses to do with a perfectly legal product after purchase is another matter altogether.

Mr McDevitt:

Research Services have kindly explored some of the questions that Mr McMahan raised. If I bring alcohol into my house, and my children who are aged nine, five and four, consume it, I am breaking the law because it is illegal for me to supply a nine-, five- or four-year old with alcohol. That is clearly laid out in legislation, and presumably the earlier witnesses from the trusts, and others, would be perfectly entitled to take action against me on child protection grounds. I have a duty to protect my children from alcohol even though its purchase was entirely legal. As I understand it, the same duty applies to tobacco, so the analogy does not hold true.

It is a big problem. Research shows that there is a socio-economic dimension and that people from poorer backgrounds are more likely to use sunbeds, and minors or children from poorer backgrounds are more likely to use sunbeds. The creation of legislation that looks well but is an open invitation to send a part of that industry underground is falling short of the specific primary policy objective that you have lined up for yourselves.

Dr Mitchell:

I hear the points that you are making. Our concern is to try to get something onto the statute book during the current mandate that will cover the bulk of protection through the commercial elements by preventing the hire and sale of sunbeds to those who are under 18 years of age. My concern is that trying to add other provisions on which we have not consulted may delay our ability to pass any legislation in this mandate. The timescales are very tight if we are to introduce the Bill in mid-June 2010.

I urge the Committee to get a Bill onto the statute book relatively soon as opposed to having a perfect piece of legislation that covers all the angles but would not be implemented until 2013 at the earliest. That is where I see the dilemma. Is it better to try to put something on the statute book that covers the majority of cases and gives us effective legislation that we can enforce, or to try to include additional measures in the Bill that would mean that there would be delays and that the introduction of measures to control the problem would be deferred?

Mr McDevitt:

I entirely support the objective. I want to make it clear that I wish to see such legislation in place yesterday. I have specifically focused on the potential of licensing private sales — only private sales — because I have some sympathy for your earlier points. However, we should not bring forward legislation without reference to the need to license private sales: in other words, to place a duty on private purchasers of sunbeds to behave in a way that makes them guardians of that equipment and prevent its potential use by minors. That should not be too difficult to achieve.

I am not talking about commercial licensing; any such licence would be a private one, perhaps analogous to a gun licence. If one holds a firearm, one must also hold a licence that places certain duties on the owner. I am not saying that it would cause the same extent of harm. I would accept an indication that this area should, must and will be addressed. I refer specifically to individual licensing for people purchasing sunbeds privately.

Dr Mitchell:

I am happy to take that away and carry out further research.

The Chairperson:

I know of one family in south Down whose teenage daughter has a sunbed and whose mates come round and use it at weekends, almost like a party. There are no controls whatsoever, and heaven knows what we are storing up for ourselves later on.

Dr Deeny:

There is no doubt that something must be done about the problem. The statistics speak for themselves. Liz mentioned the fact that there is no available data on the duration and frequency of exposure to sunbeds. I know of a family who, once a year, use a sunbed every second day, possibly for four days, for five or 10 minutes. They are a mature family, and they do that to

prevent being burned when they go on holiday to Spain.

There is a danger of being a killjoy and of sending out the message that the sun is harmful. A few weeks ago, I spent a wonderful week with my good wife in Lanzarote. The place was coming down with northern Europeans. We ate outside, and I was sensible about exposure to the sun. Being outdoors has emotional and health benefits, especially after such a bad winter, as long as people look after their skin and use the correct sun protection factor. It is a pity that we do not have any research or knowledge on duration as we do, for example, with smoking. If one patient told me that he smoked 60 cigarettes a day, and another patient told me that he smoked one, I would know that the first patient's chances of getting cancer would be much higher than the second patient's. Do not get me wrong: I still think that the issue of sunbed regulation must be dealt with. Unregulated and unsupervised use of sunbeds by young people is unacceptable and dangerous. I have dealt with malignant melanoma, and it is a dangerous cancer.

You said that providers and operators could, perhaps, limit the duration and frequency of sunbed users. Surely a user could say to hell with that operator and go somewhere else. That would also be hard to regulate.

Dr Mitchell:

We agree with that. Given that no safe limits have been set, it would be hard to specify the duration and frequency, and it would be difficult for the operator to police. There would be nothing to stop a sunbed user from going to another operator or from hiring a sunbed for use in the home. Therefore, it would be difficult to ensure that that was controlled.

Dr Deeny:

Other health professionals and I should give sensible sun exposure advice and protocols to people who are going on sun holidays. We cannot stop people from going on sun holidays. Believe you me, I had a wonderful week on holiday.

The Chairperson:

You are making us all very envious.

Dr Deeny:

My wife is a teacher, and it was the first time that she had a week off at midterm. We could not

resist after the winter that we have had. It was good to see people enjoying themselves outdoors. There is a danger that we could send out the message that all sun exposure is bad.

Dr Mitchell:

The draft sunbeds Bill is only one aspect of the work that we are doing on care in the sun and safe UV exposure. We are working on a melanoma strategy, which, we hope, will be put out for consultation in April 2010. Without being a complete killjoy, it will cover much wider aspects of care in the sun and what people need to do about general exposure.

Dr Deeny:

That is good to hear. I would rather that than all bad news. If people are out in the sun and do the right thing, they can look after themselves and their skin.

Mrs McGill:

Your briefing paper refers to the role of district councils. I declare an interest as a councillor on Strabane District Council. It is envisaged that the legislation would be enforced by district councils. However, at the end of the briefing paper, it states that it is not intended that it will be a requirement for district councils to use EHOs to carry out that enforcement. Will you explain what you mean by that and how it will work in practice?

Mr McMahan:

That is more to do with the way in which the legislation needs to be framed. Currently, environmental health officers in district councils go into sunbed premises to enforce existing legislation on health and safety, consumer safety and electrical equipment safety. It is probably a fair assumption that it would be EHOs who would do the work of enforcing any new legislation. However, the new legislation would be framed in such a way that the duty would be on district councils. It would be a corporate decision for each council about how it carries out those enforcement activities. We framed the briefing in that way in order to acknowledge that, although we liaised with environmental health staff on the issue, the Department does not presume that councils will necessarily choose to enforce the legislation in that way.

Mrs McGill:

That is a bit vague.

Mr McMahon:

I am sorry. I will try again.

Mrs McGill:

I will rephrase that. I still do not understand how this will work in practice, from a district council perspective. The briefing paper states:

“It is envisaged that the legislation would be enforced by District Councils.”

However, the paper continues:

“It is however, not intended that it would be a requirement for District Councils to use EHOs to carry out the enforcement.”

That is a nuanced line, but I cannot get the nuance. Would enforcement be carried out by a council officer or by someone outside the council? Is it the responsibility of the council to visit premises to determine whether there has been a contravention of the legislation? What happens then?

Mr McMahon:

The way in which the legislation needs to be framed will place a corporate duty on district councils to enforce the legislation. You will be aware that district councils employ staff who deal with a range of enforcement activities in areas such as environmental health, dog control and building control. It will be for each council to decide where, within its enforcement regime, it chooses to place this particular duty. The wording in our briefing paper is intended to indicate the Department’s presumption that such duties are most likely to end up in a council’s environmental health division, because those staff already visit similar types of premises to carry out a range of other enforcement activities.

Mrs McGill:

What you are really saying is that the duty could fall to another council officer and not necessarily one in its environmental health division?

Mr McMahon:

Absolutely. If a council chooses to carry out that duty in some other way, or it wants to use its —

Mrs McGill:

Are you saying that the environmental health officer would take the first step?

Mr McMahon:

No. It is simply that every council has discretion about how it enforces its duties. Some councils, for example, have dedicated licensing officers who are not EHOs and who carry out a range of duties that might be performed by environmental health officers in other councils. The reference in our briefing paper to our liaisons with environmental health divisions carries no presumption on the Department's part that those are the staff that councils will use in order to enforce the legislation.

Mrs McGill:

However, given the statement in your briefing paper, it is unclear who would do what. That is my reading.

The Chairperson:

Perhaps that issue could be addressed as the legislation is being drafted.

Mr Easton:

I am glad that a Bill is being introduced, but, from what I can see, it is quite weak and does not go far enough on licensing. Tobacco advertising has been banned; could we not consider banning the advertising of sunbeds? Is that an option?

You mentioned that other health conditions are caused by sunbeds. Will you outline the nature of those conditions?

Dr Mitchell:

There are other types of skin cancer, such as non-melanoma-type skin cancers and basal cell and squamous cell carcinomas. Those are different in that they tend to respond well to treatment and are not usually fatal. They also tend to occur later in life, whereas melanomas can occur earlier. However, they are the most common form of cancer. Twenty-seven per cent of all cancer registrations in Northern Ireland are linked to skin cancers.

The photo-ageing of skin is another factor. The skin of people who have had a great deal of UV exposure will look older, and a biopsy would show signs of ageing. There is a premature ageing process. Immunosuppression is also related to UV exposure, which means that, if someone suffers from the mutations that UV light may cause, he or she will be less likely to spot

those and deal with them effectively. UV exposure increases the risk of the mutation proceeding to form a cancerous growth.

UV exposure causes damage to the eyes. That could involve a range of issues, the best known of which are probably cataracts. However, UV exposure can cause more acute damage to the eye, including the formation of a skin-like layer over the eye. It is possible to get a melanoma in the retina. There is also acute sunburn, which was highlighted recently in the media, with teenagers using unsupervised coin-operated sunbeds.

Mr Easton:

I also mentioned banning the advertising of sunbeds.

Mr McMahon:

The provisions propose to prohibit the advertising of unfounded health claims. Perhaps that does not go as far as the member suggests with regard to advertising generally. However, members may have seen advertisements for some premises that suggest that sunbed sessions have health benefits. We propose to prohibit such advertising if those claims are unfounded. However, we do not propose, at this time, to prohibit advertising generally.

Dr Mitchell:

Most of the measures are based on the COMARE report, which reviewed the scientific evidence. The Department followed the types of measures that the report recommended as appropriate. We go further than the Bill in England and Wales and the regulations in Scotland. The proposed measures are good first steps. We need to continue to review their impact and to keep under review any additional measures that would be appropriate in the future.

The Chairperson:

Perhaps we should be out of line with the rest of the UK because of the Celtic skin type — the typical red hair and freckled skin that we all know is far more susceptible to skin cancer than the Nordic skin type.

I am concerned about the location of tanning centres. They are often targeted at vulnerable sections of society. They are not in high-class malls but tend to be in areas where folk from a lower socio-economic background are vulnerable to them.

Cost was mentioned. The sensible way to deal with that would be for the industry to bear the cost. It should be cost-neutral, in that a set fee would be applied to cover the council's costs, and that is recouped. That is not unreasonable. It would be only a few hundred pounds per institution, and that would solve the problem.

If we go down the licensing route, are you saying that we will not get a Bill that could be introduced in June and that it simply cannot be done in this mandate?

Dr Mitchell:

That is the advice that the Department received. We continue to work on the draft Bill. We will take back with us all the Committee's comments, consider everything that you suggest and try to make as much progress as we can in the time available. However, our priority is to try to get as many measures through as we can in this mandate.

Mr McDevitt:

There is commercial licensing and private licensing, and, fortunately, it is not for me to make the legislative considerations. However, I would have thought that private licensing was a much more straightforward legislative process than commercial licensing for all sorts of reasons.

The Chairperson:

You have given us food for thought. Members hold various views, and Kieran's views are as valid as those of others. It is not a black-and-white situation.

Mrs D Kelly:

A tanned one, perhaps.

The Chairperson:

It will be interesting to see what materialises in June. If Dr Deeny gets back in time from another visit to Lanzarote, he can scrutinise the Bill.

Dr Deeny:

I go only once a year.

The Chairperson:

Once a year — right. The rest of us are too busy serving our constituents. *[Laughter.]*

Dr Deeny:

Is there an election coming up?

The Chairperson:

Thank you for your time.

Dr Mitchell:

Thank you.