REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **11 February 2015**
AGENDA ITEM:	**10**
SUBJECT:	**Illicit tobacco, shisha, e-cigs and broader tobacco control**
BOARD SPONSOR:	**Dr Mike Robinson, Director of Public Health**

BOARD PRIORITY/POLICY CONTEXT:

Reducing smoking prevalence makes a significant contribution to the delivery of joint health and wellbeing strategy priorities of:

- preventing illness and injury and helping people recover
- preventing premature death and long term health conditions

It also contributes to:

- supporting people to be resilient and independent

Tobacco control supports the council ambitions for Croydon of **growth**, **liveability** and **independence**

Relevant National and international Policy:

- Government's 'Healthy Lives, Healthy People': a tobacco control plan for England, 2011[1]
- European Union Tobacco Products Directive[2]

RECOMMENDATIONS

A. The health and wellbeing board is asked to support and oversee the continued development of a broad tobacco control approach including:

- Putting the involvement of children and young people (as key stakeholders and agents for change) at the forefront, through the involvement of:
  - Youth council
  - Healthy Schools programme whole-school smokefree policies
  - School-based smoking education and cessation
  - Monitoring all confiscations of illicit[3] tobacco in schools to provide health intelligence
  - Participation of volunteering pupils in Trading Standards training for local businesses and test purchasing (as part of the Citizenship curriculum)
- Strong communication with Shisha bars to ensure they comply with all necessary legislation and to take firm action where there are issues of non-compliance
- Developing guidance for schools on e-cigs and 'shisha-pens' in partnership with Healthy Schools Programme
- The continued development of a South-West London illicit tobacco partnership to tackle cross borough issues, based on the successful South-

[1] https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england

[2] http://ec.europa.eu/health/tobacco/docs/dir_201440_en.pdf

[3] Illicit tobacco products are those that are not duty-paid (smuggled) or are counterfeit. These may be recognised by having foreign language on packs, poor quality packaging or obviously fake branding

East London model

B. The Board is asked to consider whether the council should follow the lead of other councils and sign up to the Local Government Declaration on Tobacco Control[4] as a demonstration of commitment to promoting the health, wellbeing and health equality of the local population.

1. EXECUTIVE SUMMARY

1.1 Tobacco is a significant danger to health. Children and young people are of particular concern, because about two-thirds of adult smokers report that they took up smoking before the age of 18 and over 80% before the age of 20.[5] Illicit tobacco, which is tobacco that is smuggled or counterfeit, poses even greater risks. A rising tobacco use trend is shisha, which evidence suggests is disproportionately popular amongst the young[6]. Anecdotal accounts from local schools suggest that e-cigs and so-called 'shisha-pens' are also an emerging issue.

1.2 This paper describes a range of measures that are available to take action against shisha, illicit tobacco, e-cigs and smoking more generally, including developing a comprehensive multi-agency, multi-disciplinary strategic approach and working with partners across South West London and the capital as a whole. Clear and firm communication, regulation and enforcement will assist in mitigating the risks from the proliferation of shisha bars as will strong engagement with schools, colleges and children and young people's services around the dangers posed by tobacco of all kinds, and nicotine delivery devices such as e-cigs.

1.3 Public Health Croydon recently conducted the first internal stage of a CLeaR[7] assessment, a self-assessment highlighting gaps and opportunities to improve local tobacco control. Local stop smoking services are to be redesigned as part of an integrated behaviour change model from April 2016. The CLeaR assessment provides a baseline for action and the services redesign provides the context. The plan in appendix 1 proposed by the Public Health Tobacco Team sets out key actions that are being taken forward by the Team and its partners. Delivery of the action plan will be overseen by the Croydon Healthy Behaviour Change Alliance.

1.4 A reducing children and young people's risk taking behaviour and substance misuse action plan is currently being finalised by the Children and Families Partnership, within which tobacco control actions have been embedded. This provides another timely opportunity to build awareness and momentum around this priority.

[4] http://www.smokefreeaction.org.uk/declaration/

[5] Robinson S & Bugler C. Smoking and drinking among adults, 2008. General Lifestyle Survey 2008. ONS, 2010.

[6] Jackson D, Aveyard P. Waterpipe smoking in students: Prevalence, risk factors, symptoms of addiction, and smoke intake. Evidence from one British university. BMC Public Health. 2008;8(1):174. doi: 10.1186/1471- 2458-8-174

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332710/CLeaR_FAQs.pdf

2 Public Health Croydon's Tobacco Team Vision:

We want a Croydon where local people partner with the council and other agencies to protect their communities from tobacco related harm, especially harm to children and young people. We want a Croydon where people know the risks of tobacco and make healthier choices, encouraging and supporting their friends, families and neighbours to do the same. We want a Croydon where communities will not tolerate tobacco crime, especially when it preys on the young, and they know what to do about it, and we want a Croydon where children are born smokefree and grow up in smokefree households, with the adults around them role-modelling healthy behaviours.

3 DETAIL

Introduction

3.1 Tobacco imposes a massive burden of ill-health and avoidable expense on society. It is the biggest cause of avoidable sickness, death and health inequality[8]. It poses a special threat to the young and it creates debilitating long term conditions that engender unnecessary dependency. Smoking is a leading cause of ill health and premature death in Croydon. Almost 1 in 5 adult deaths in the UK are attributable to smoking[9]. In Croydon almost 500 deaths are caused by smoking each year[10]. For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease[11,12].

3.2 Illicit tobacco takes business away from legitimate vendors and circumvents the tax levy that contributes to addressing the financial burden smoking entails. Illicit tobacco is strongly associated with crime and organised crime.[13] Illicit tobacco is more available to the young because it is cheap and age restrictions on sales are not enforceable. Illicit tobacco is likely to contain contaminants that may be toxic, harmful and unhygienic.

3.3 Shisha, e-cigs and shisha pens are novel smoked products that seem to have a particular attraction for the young. They are emerging problems that need a formal policy response to prevent harm.

3.4 Smoking is responsible for half the 9 year difference in life expectancy between different wards in the borough and is the biggest preventable cause of health inequality.[14]

3.5 Modelling by Action on Smoking and Health (ASH) in 2014 suggested that smoking costs Croydon £84m per year, including over £5m in smoking related social care costs. The breakdown of these costs is shown in the table below.

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[8] Marmot, M. Fair Society, Healthy Lives: The Marmot review [online]. 2010.

[9] Statistics on smoking: England, 2012 The NHS Information Centre for Health and Social Care, 2012

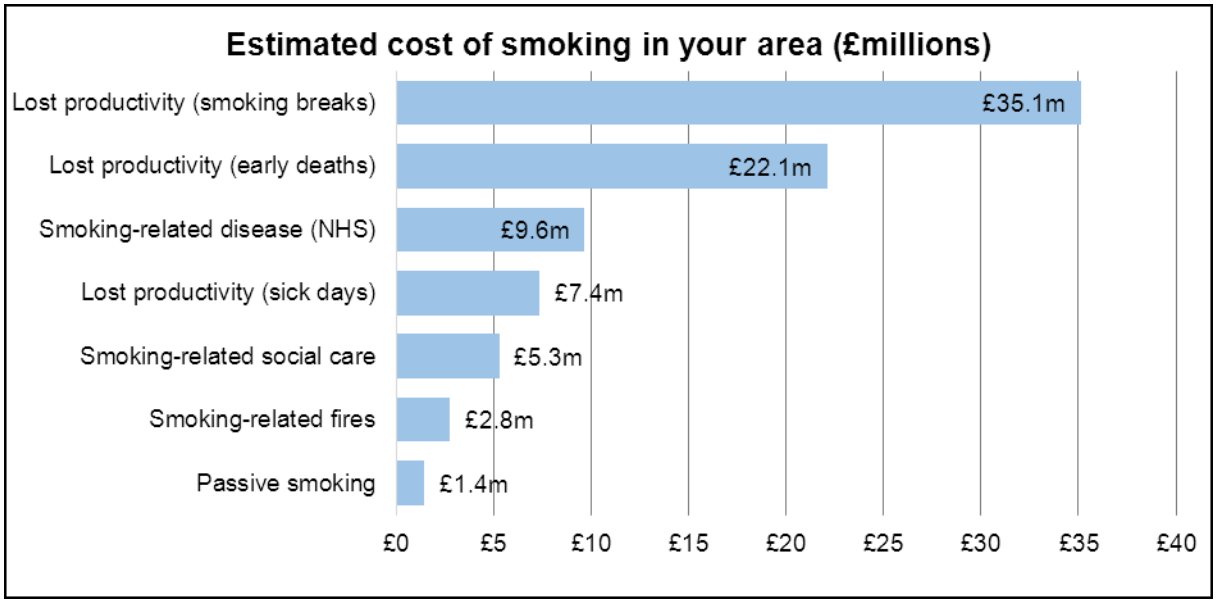
[10] Quantifying the cost of Smoking in Croydon, The MacKinnon Partnership, June 2010

[11] U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010

[12] Cigarette smoking-attributable morbidity – United States, 2000. MMWR Weekly Report. 5 Sep. 2003

[13] Home Affairs Committee - First Report: Tobacco Smuggling 11 June 2014

[14] Marmot, M. Fair Society, Healthy Lives: The Marmot review [online]. 2010.



3.6 Smoking rates amongst adults and young people have been falling but there is a risk that this progress will be slowed by the wide availability of illicit tobacco or the potential social acceptability of e-cigarette use, known as 'vaping'.

3.7 A summary of the recommendations from the first stage of Croydon's CLeaR assessment (self-assessment) are as follows:

- Leadership - identify senior level champion from HWBB
- Embed and see clear links across to key strategic plans
- Commissioning - develop mental health, maternity, children and young people's service provision to have more impact on smoking prevalence
- Tobacco Control Partnership - develop plan for organisation and involve key stakeholders
- Communication – develop a standalone communication strategy for Tobacco Control
- Innovation – identify innovative ways of using technology to increasing quit rate and delivering services
- Progress to the second stage of assessment, a peer review carried out by CLeaR / Public Health England.

3.8 Local stop smoking services will be re-commissioned during 2015 as part of a new integrated lifestyles service. The service will have a *single point of access* where residents can access a range of healthy behaviour advice, support and treatment. It is hoped it will be linked to the proposed people's gateway service. It will be accessed directly through self-referral, or referral from primary, secondary or social care and it will deliver tiered, holistic interventions according to individual and local community needs supporting people and their families to:

- Stop smoking
- Lose weight
- Drink less alcohol
- Increase physical activity
- Have an NHS health check and access lifestyle services as needed

The integrated lifestyle model will provide:

- A single service supporting lifestyle change

- A focus for a broader wellness approach encompassing a broad range of health welfare, employment, community development, leisure and family and early years services[15]
- A model procured to provide integrated services from April 2016

Shisha

3.9 Although a systematic survey has yet to be carried out, it is estimated that there are about 15 premises selling shisha in the borough currently and this seems likely to increase. In Croydon's Croydon Secondary School Health and Lifestyle Survey 2014, which surveyed 2,325 schoolchildren in years 8 and 10, 14% of pupils responded that they have smoked cigarettes, with only 4% reporting smoking a cigarette in the past seven days. Alarmingly 32% responding that they have smoked shisha[16]. The suggestion is that shisha as a niche or novel tobacco product, is gaining popularity among young people even as cigarette smoking rates are diminishing. A note of caution is warranted however. A recent variety of e-cigarette is marketed as a 'shisha-pen'. Though these products have nothing to do with waterpipe shisha, it is possible that children or young people may use the term shisha in regard to these devices, which are on sale in Croydon and have been discovered in secondary schools. That said there are signs that youth shisha use is increasing nationally with one cross-sectional study in the UK finding that younger adults were more likely to have ever used waterpipe and to more frequently use waterpipe than older adults[17]. A study of 937 students at Birmingham University reported that 38% had ever tried waterpipe and 8% smoked waterpipe at least monthly[18].

3.10 Waterpipes, also known as shisha, hookahs, or hubble-bubble pipes have long been used for smoking tobacco in the Middle East and parts of Africa and Asia, and are now increasingly used in Western countries. Waterpipes can be used to smoke a number of substances: tobacco and herbal mixtures, any of which may be flavoured with fruits or sugar syrup. Although herbal mixtures do not contain tobacco or nicotine, the negative health effects of smoking herbal shisha are similar to smoking tobacco shisha, not least because both involve burning charcoal and inhaling the smoke. A cigarette produces around one litre of smoke – a single session of waterpipe smoking can produce more than one hundred litres of smoke.

3.11 Common misconceptions surround the use of shisha, such as:

- Smoking shisha is safer than cigarette smoking because the water used in waterpipes filters harmful substances out of the smoking mixture
- Herbal shisha is safer than tobacco shisha

Both of these are untrue. In addition, shisha smoking mixtures, whether they contain tobacco or not, are often produced overseas in conditions that may be largely unregulated and so can contain higher levels of harmful contaminants.

[15] NHS Confederation Model for an integrated wellness service

[16] Croydon Secondary School Health and Lifestyle Survey 2014, The Health-Related Behaviour Questionnaire, SHEU.

[17] Grant A, Morrison R, Dockrell M. The prevalence of shisha (narghille, hookah, waterpipe) use among adults in Great Britain, and factors associated with shisha use: data from cross sectional online surveys in 2012 and 2013. Submitted for publication. 2013.

[18] Jackson D, Aveyard P. Waterpipe smoking in students: Prevalence, risk factors, symptoms of addiction, and smoke intake. Evidence from one British university. BMC Public Health. 2008;8(1):174. doi: 10.1186/1471- 2458-8-174

There is also some evidence that sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis[19].

3.12 The smoke from tobacco or herbal waterpipes is a mixture of smoke exhaled by the smoker, plus smoke from the fuel used to heat the pipe. Second hand smoke from waterpipe poses a serious risk to the health of non-smokers. One study of machine-smoked waterpipes found that compared with cigarette smoking, waterpipe smoke contained five times the amount of ultrafine particles, four times the carcinogens and 35 times the carbon monoxide. These are all toxic or carcinogenic substances.

3.13 Of particular concern are staff who work in shisha bars that are improperly ventilated, and non-compliant with UK smokefree legislation. Continued exposure over periods of many hours and days may be particularly harmful. Due to the ethnic cultural context of many shisha bars, employees in such premises may be new immigrants and have poor levels of understanding of UK health and safety legislation and employees rights.

Smuggled and counterfeit tobacco

3.14 Smuggled tobacco counteracts the government's attempts to drive down smoking prevalence through increased taxation of tobacco, and because it is cheaper than legal tobacco it attracts the least affluent buyers including the most deprived as well as children and young people. Illicit tobacco makes up about a third of tobacco smoked by adults who admit to purchasing it, compared to about half of that consumed by buyers aged 14 and 15.[20]

3.15 Smuggled and counterfeit products can be even more injurious to health than legal tobacco products because they may be manufactured in countries with inadequate regulatory frameworks or are produced entirely illegally, using the branding of major tobacco companies without permission. There have been report of such tobacco containing contaminants such as human excrement, asbestos, mould and dead flies[21] but the fact is we do not know what goes into these products in most cases.

E-cigs

3.16 Electronic cigarettes do not contain tobacco or produce smoke so vaping is not smoking. Shisha-pens are just one variety of e-cig. Although quitting all forms of nicotine use is the best option for smokers, some choose to use e-cigs to help them replace cigarettes or to cut down instead of using medicinally licensed nicotine containing products, which are proven safe and effective. Research by ASH shows that their use has grown threefold in the last two years from 700,000 to 2.1 million users.[22] Nationally, there is little evidence that they are being used by never smokers and the number of children and young people regularly using electronic cigarettes seems to be

[19] Munckhof WJ, Konstantinos A, Wamsley M, Mortlock M, Gilpin C. A cluster of tubercolosis associated with use of a marijuana water pipe. Int J Tuberculosis and Lung Function 2003;7:860-5.
[20] North of England Illicit Tobacco Study, 2011
[21] http://www.tobaccofreeluton.co.uk/news.php?news_id=92
[22] ASH. Use of electronic cigarettes in Great Britain. April 2014.

very low. Their use is almost entirely amongst those who are current or ex-smokers[23].

3.17 Data relating to children and young people in Croydon suggests some use, with 7% of year 8s and year 10s reporting having tried them. However, anecdotal reports from secondary schools suggest staff are concerned and confiscations of the devices are relatively common.

3.18 In February 2014 the Tobacco Products Directive (TPD) was passed by the European Parliament. Member States now have until 20 May 2016 to transpose the new rules into national law. Electronic cigarettes containing up to 20mg of nicotine come under the TPD.[24] Above that level, electronic cigarettes will require licensing as medicines if they are to remain on the market. Regulation will cover aspects of branding, advertising, safety and includes the ability for states to impose age restrictions and restrictions on flavouring. In addition, the Children & Families Act 2014 gave the Government powers to ban the sale of electronic cigarettes to persons under the age of 18. A consultation on draft regulations is expected soon.

4 NEXT STEPS

4.1 The next steps proposed by the Public Health Tobacco Team are outlined in appendix 1, one of the first priorities being the development of a tobacco plan. Delivery of the action plan will be overseen by the Croydon Healthy Behaviour Change Alliance, which reports to the Health and Well Being Board.

4.2 Public Health Croydon will work with the Healthy Schools Network to provide information and brief advice training to schools, promoting the adoption of comprehensive smokefree policies, inclusive of shisha and e-cig issues. They are also to be encouraged to report confiscations of identifiable illicit tobacco from pupils on school grounds to the Trading Standards Team.

4.3 Croydon should consider whether a chapter in one of the next JSNAs should be themed around children and young people and smoking and will provide further data on local needs to inform our responses.

4.4 Croydon will provide an information resource to operators of shisha bars to encourage compliance and work with Trading Standards and Safety Team to enforce where necessary.

4.5 Public Health Croydon have made links with the South-East London illicit tobacco group to explore replicating the model with neighbouring boroughs in South-West London.

4.6 Development is beginning on a structured tobacco control approach following the detailed self-assessment using the CLeaR model. It is intended that we will involve children and young people, their parents and schools, in the development and implementation of the approach to ensure its success. This will be further developed following the CLeaR / PHE peer review. The existing,

[23] ASH. Use of electronic cigarettes in Great Britain. April 2014.
[24] Revision of the Tobacco Products Directive. European Commission, March 2014

though dormant, Behaviour Change Alliance can provide the multiagency to forum to start the discussion

4.7 The council has the opportunity to sign up to the Local Declaration on Tobacco Control as a demonstration of the council's commitment to promoting the health, wellbeing and health equality of the local population.

4.8 A paper detailing the development of the Croydon Tobacco Control Approach can be brought to the board later in the year to report progress

CONTACT OFFICER:

Jimmy Burke, Public Health Principal
Jimmy.Burke@croydon.gov.uk
T: 020 8726 6000 ext: 88339

Appendix 1

Public Health Croydon Tobacco Team Vision: **We want a Croydon where local people partner with the council and other agencies to protect their communities from tobacco related harm, especially harm to children and young people. We want a Croydon where people know the risks of tobacco and make healthier choices, encouraging and supporting their friends, families and neighbours to do the same. We want a Croydon where communities will not tolerate tobacco crime, especially when it preys on the young, and they know what to do about it, and we want a Croydon where children are born smokefree and grow up in smokefree households, with the adults around them role-modelling healthy behaviours.**				
	Goal:	**Actions:**	**Lead Agencies:**	**When?:**
1	Local schools, colleges and CYP services are aware of tobacco control issues and know how to respond	Provide written guidance and training opportunities to schools around broad tobacco control including school policy development, training and information sharing events and sources of support	• Healthy Schools • Public Health Croydon • Children and Families Partnership	01-Apr-15
2	We have a greater understanding of local needs relating to children, young people and smoking	Consider authoring a JSNA shallow-dive chapter on CYP and smoking	• Public Health Croydon	TBA
3	Shisha bars know the law and stay within the law	Provide written guidance to shisha premises in Croydon and agree a joint interim approach to managing them with Regulatory Services	• Trading Standards Team • Public Health Croydon	20-Feb-15
4	Neighbouring boroughs work together to beat the illicit trade, pooling effort, intelligence and resources	To provide leadership in the development of a cross borough illicit-tobacco partnership based on the South-East London model, meeting regularly with a plan in place	• Regulatory Services • Public Health Croydon	30-Sep-15
5	Local agencies work together as partners harnessing the energy of young people to protect our residents from tobacco-related harm	To develop a written and agreed multi – agency tobacco plan to address all aspects of tobacco harm in Croydon	• Public Health Croydon	01-Oct-15
6	The council makes a public commitment to combat tobacco harm in Croydon	Council to consider sign-up to the Local Declaration on Tobacco Control as a demonstration of the council's commitment to promoting the health, wellbeing and health equality of the local population	• Croydon Council	National No Smoking Day 11-Mar-15
7	The Health and Wellbeing Board champion our local tobacco control approach	Report to the HWBB detailing progress on the actions above	• Public Health Croydon • Health and Wellbeing Board	TBA

Appendix 1