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<b>Title of meeting:</b>	Health and Wellbeing Board
<b>Subject:</b>	Tobacco Harm Reduction
<b>Date of meeting:</b>	13 <sup>th</sup> February 2018
<b>Report by:</b>	Director of Public Health
<b>Wards affected:</b>	All

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**1. Requested by**

Cllr Winnington, Cabinet Member for Health, Wellbeing and Social Care

**2. Purpose**

- 2.1 To describe harms of illicit tobacco and why it is relevant to partners across the city.
- 2.2 To provide an overview on how addressing illicit tobacco contributes to the overall strategy for tobacco control which requires a whole system approach.
- 2.3 To provide an overview of joint working between Trading Standards and Public Health to reduce harm from tobacco.

**3. Background**

- 3.1 In 2017, overall estimated smoking prevalence in adults in Portsmouth was 15.2%, similar to (although higher than) the England average. There is variation in prevalence between groups in the Portsmouth population (section 4).
- 3.2 Reducing harms from tobacco is a priority in the Portsmouth Joint Health and Wellbeing Strategy 2018-2021<sup>i</sup>. The Portsmouth Tobacco Control Strategy plan on a page (appendix A) updates the current strategy to 2022 to reflect the national direction.
- 3.3 Enforcement is an important strand of tobacco control to maximise the public health benefit delivered by Regulations. It also impacts legitimate local business. Local enforcement is the responsibility of local authorities<sup>ii</sup>.

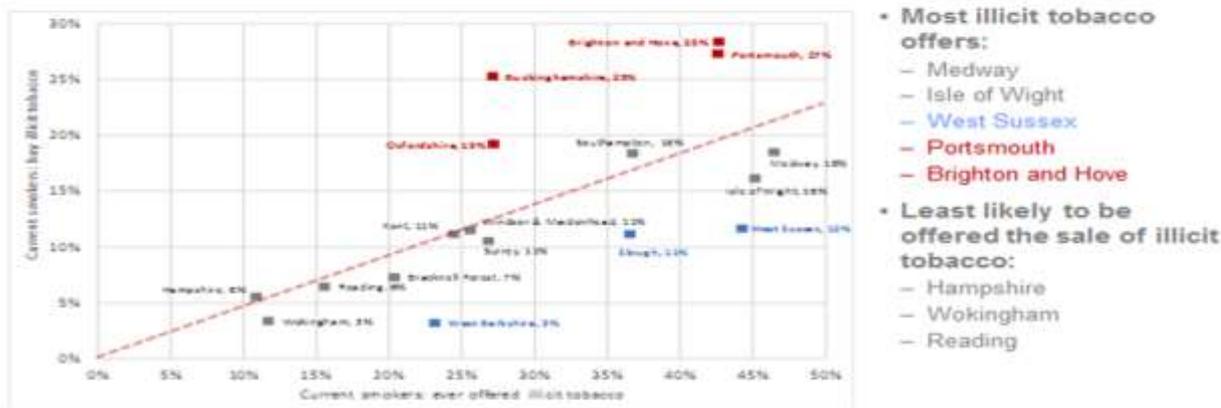
**4. Illegal tobacco in Portsmouth**

- 4.1 Illegal tobacco can take many forms. Illicit white cigarettes which have no legal market in the UK; counterfeit cigarettes which are illegally manufactured and sold; and genuine cigarettes which are smuggled into the UK without duty paid. The illicit tobacco trade is dominated by organised criminals.
- 4.2 The illegal trade undermines efforts to reduce smoking and reduces effectiveness of tobacco control measures - illicit tobacco products are cheaper partly because taxation is avoided<sup>iii</sup> and age restrictions are not adhered to. Unattended illicit tobacco products may continue to burn through non-compliance with regulatory standards<sup>iv</sup>. Ingredients of illicit tobacco products are not known or regulated and therefore may pose further harms to health.

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- 4.3 Portsmouth findings of recent research across the South East identified:
- 27% smokers buy illicit tobacco, South East average is 14% (Portsmouth is second highest in the South East)
  - Men, younger smokers (16-54), and individuals from lower socio-economic groups are more likely to buy illicit tobacco
  - Smokers in Portsmouth are more likely to be offered illicit tobacco than most other areas in the South East (see graph below).

**Illicit tobacco offers vs buying across the region**



Base: current smokers, per authority area [64-99]

Q34. How often have you ever been offered illicit cigarettes or tobacco?

**5. Organised crime**

- Tobacco smuggling is associated with organised crime, including the smuggling of controlled drugs, weapons and human beings<sup>v</sup>, with harms including exploitation of children.
- Tackling the threat presented by the criminality behind illicit tobacco requires continuing collaboration across local government. Strategies include protecting local communities from potential harms and raising public awareness of the links between illicit tobacco and organised criminality to reduce local tolerance.

**Example from Portsmouth**

Trading Standards received a request from a 'Regional Serious Organised Crime' task force who were interested in individuals Trading Standards had prosecuted in the past in connection with the supply of illicit tobacco. One of the individuals concerned has recently been found guilty of organised immigration crime (human trafficking) and was sentenced to three years imprisonment. This example illustrates the nexus between the illicit tobacco trade and organised crime at a local level.

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**6. Tackling Illicit Tobacco in Portsmouth**

- 6.1 Given a comparatively high percentage of smokers in Portsmouth use illicit tobacco (section 4.3), this demonstrates the need to tackle this activity.
- 6.2 A regulatory approach requires co-ordinated multi-agency working (illustrated in diagram below). This is one part of a comprehensive strategy of tobacco control.



- 6.3 Since 2014 Public Health have funded a post to work proactively within Trading Standards to tackle illicit alcohol and illicit tobacco including related products (such as products not conforming to e-cigarette regulations). This role works in partnership with other local authorities. Funding for this role has been agreed for 2019/20.
- 6.4 The main objectives of this role are to:
  - a. Address the trade of illicit tobacco and alcohol; gathering and using local intelligence
  - b. Reduce underage sales activity; alcohol, tobacco and nicotine inhaling products (NIPs)
  - c. Provide advice and guidance to local retailers of all alcohol, tobacco and NIPs products
  - d. To support Trading Standards with prosecutions/licence reviews relating to activity of the role.
- 6.5 Trading Standards officers enforce regulations concerning consumers, goods and services and have significant experience with regulating: Age Restricted Products, Product Safety and Intellectual Property (counterfeit goods).



**False wall panel hide & illicit tobacco products hidden in bags of rice**

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**7. Other nicotine and tobacco containing products**

- 7.1 There has been rapid development of a range of nicotine and tobacco containing products. Over 3m adults in Great Britain are estimated to use e-cigarettes (nicotine containing products). Insight from Trading Standards on the evolution of products e.g. 'heat not burn' tobacco products is crucial to enable timely public health advice.
- 7.2 The Tobacco Products Directive 2014/14/EU (TPD) introduced new rules for nicotine-containing electronic cigarettes and refill containers (Article 20) from May 2016, and added further requirements in May 2017, for which local Trading Standards regulate.
- 7.3 The increase in demand for e-cigarettes and increase in local retailers supplying e-cigarettes and related products over recent years exemplifies the need to regulate these products and monitor adherence.

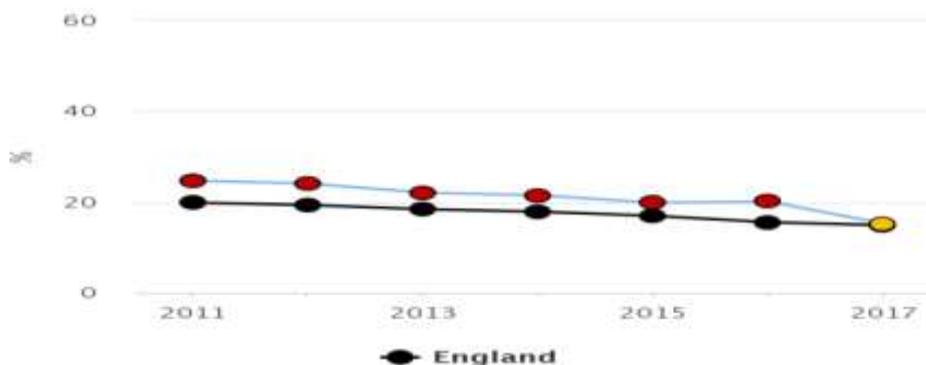


**Counterfeit cigarettes in standardised packaging**

**8. Tobacco smoking in Portsmouth**

- 8.1 Smoking prevalence in adults has declined (similarly to the national trend), from 24.7% in 2011, to 15.2% in 2017<sup>vi</sup>:

**Smoking Prevalence in adults – current smokers (APS) – Portsmouth**



- 8.2 Tobacco is the risk factor which makes the greatest contribution to morbidity in the Portsmouth population in recently published local authority level *Global Burden of Disease* estimates.
- 8.3 Targeting population groups enables inequalities to be addressed, such as:
  - Pregnant women (smoking at time of delivery in Portsmouth is significantly higher than England, 12.7% v 10.8%, 2017/18)

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- Young people (estimated prevalence at age 15 of current smokers is significantly higher than England, 10.9% v 8.2%, 2014/15)
- Routine and manual workers (as a marker of socio-economic status) (estimated prevalence of current smokers in Portsmouth is similar to England, 27.0% v 25.7%, 2017)
- Individuals with a long term mental health condition (estimated prevalence of current smokers in Portsmouth is similar to England, 21.0% v 27.8%, 2017/18)

**9. Tobacco Control in Portsmouth 2018-2022 - plan on a page**

- 9.1 The refreshed plan on a page (appendix 1) is aligned with the themes set out in the Tobacco Control Strategy for England and recognises the role of changing social norms as well as supporting smokers to quit. It is informed by the World Health Organisation (WHO) Framework Convention on Tobacco Control, which takes a comprehensive approach to tackling supply and demand of tobacco products.
- 9.2 The vision for tobacco control in Portsmouth is to:
- a. Reduce smoking prevalence in Portsmouth, both overall and in identified target groups
  - b. Support local communities to create a tobacco free culture for Portsmouth.
- 9.3 Themes for action in the local and national strategies are:
- Prevention first
  - Supporting smokers to quit
  - Eliminating variation in smoking rates
  - Effective enforcement
- 9.4 The Tobacco Control Plan for England 2017-2022 sets the national ambition to reduce the prevalence of adults smoking to less than 12%, to reduce the inequality gap between those in routine and manual occupations and the general population and to reducing smoking amongst pregnant women to 6% by the end of 2022.

**10. Current opportunities for Tobacco Control in Portsmouth**

- 10.1 All partners have a role in continuing to progress this priority as part of the Portsmouth Joint Health and Wellbeing Strategy 2018-2021:
- The NHS Long Term Plan and Local Maternity System transformation provides opportunity for a focus on tackling smoking in pregnancy - building on the work underway through the Joint Smoking in Pregnancy steering group.
  - Delivering the Commissioning for Quality and Innovation (CQUIN) 2017-2019 on reducing risky behaviours in healthcare providers is part of the HIOW Sustainability and Transformation Partnership plan to reducing smoking prevalence.
  - Optimising implementation of Queen Alexandra Hospital achieving smokefree status on 14<sup>th</sup> January 2019, continuing this existing commitment at St James' Hospital Solent NHS Trust, as well as building on establishing the first smokefree children's play park in Portsmouth on 8<sup>th</sup> January 2019 contribute to reshaping social norms.

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 Signed by Dr Jason Horsley, Director of Public Health

**Appendices:**

- Appendix A - Tobacco Control in Portsmouth 2018-2022 - plan on a page
- Appendix B - Tobacco commissioning support pack for 2019/20

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

**References:**

- <sup>i</sup> Portsmouth Health and Wellbeing Board (2018), *Portsmouth's Health and Wellbeing Strategy 2018-2021* [Online]. Available at <https://democracy.portsmouth.gov.uk/documents/s18382/Portsmouth%20draft%20hwb%20strategy%2016032018%20Cabinet.pdf> (accessed 23.01.19).
- <sup>ii</sup> Department of Health and Social Care (2017), *Tobacco Control Plan Delivery Plan 2017 - 2022* [Online]. Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf) (accessed 23.01.19).
- <sup>iii</sup> Illicit Tobacco Partnership (2017), *Illegal Tobacco PR guide* [Online]. Available at <https://www.illicit-tobacco.co.uk/wp-content/uploads/2017/12/Illegal-Tobacco-PR-Guide-Dec-2017.pdf> (accessed 23.10.19).
- <sup>iv</sup> ASH (2018), *Smoking in the home: New solutions for a Smokefree Generation* [Online]. Available at <http://ash.org.uk/wp-content/uploads/2018/11/FINAL-2018-Smokefree-Housing-report-web.pdf> (accessed 28.01.19).
- <sup>v</sup> HM Revenue and Customs (2011), *Tackling illicit tobacco: From leaf to light* [Online]. Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418732/Tackling\\_illicit\\_tobacco\\_-\\_From\\_leaf\\_to\\_light\\_2015\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/418732/Tackling_illicit_tobacco_-_From_leaf_to_light_2015_.pdf) (accessed 23.10.19).
- <sup>vi</sup> Public Health England (2018), *Local Tobacco Control Profiles* [Online]. Available at <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/qid/1938132886/pat/6/par/E12000008/ati/102/are/E06000044/iid/92443/age/168/sex/4> (accessed 28.01.19).