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Report of Rachel McCormack, Team Manager, Health & Safety

Report to: Licensing Committee

Date: 7th October 2014

Subject: Shisha – Partnership Working

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	□ No

Summary of main issues

- 1. This update report has been provided at the request of Licensing Committee, following on from the report 'Shisha Smoking and Smoke Free Legislation' presented at October's Committee.
- 2. Various Partners have contributed to the report which demonstrates the ongoing work in tackling shisha smoking in the city, through partnership working, by education and enforcement, as well as reducing prevalence and tackling tobacco use across the city.

Recommendations

3. The Committee is asked to note the contents of the report, make comments, ask questions, and provide suggestions and guidance on any areas of work they would like prioritising.

Purpose of this report

1.1 The purpose of this report is to provide an update on Shisha, and the partnership working which goes on in the city to tackle the issue. It follows on from the report 'Shisha Smoking and Smoke Free Legislation Update' which was presented to Licensing Committee in April 2014.

2 Background information

- 2.1 The above report, and 'Shisha Smoking and Smoke Free Legislation' presented in October 2013, has provided Committee with information on smoke free legislation, and it's application in relation to shisha bars, along with the Health and Safety teams staged enforcement approach.
- 2.2 A number of partners across the City are involved in tackling shisha and general tobacco smoking. This includes Public Health, The NHS, Trading Standards and the Niche Tobacco Group.

3 Main issues

3.1 Health and Safety Team : Enforcement Actions Update – Rachel McCormack

- 3.2 From previous reports, Committee will be aware that compliance visits have been carried out to a number of shisha premises, which were found to be allowing smoking in a smoke free place. Updates on those visits are as follows:
- 3.3 Arabyia, Cross Stamford Street Mohammed Ali was fined £1,000, ordered to pay £1,192.50 in costs and a £100 victim surcharge. This related to one offence of allowing smoking in a smoke free place.
- 3.4 Al Qasa, Cross Stamford Street Suliman Ahmed was fined £1,500, ordered to pay costs totalling £1,144 and a victim surcharge of £100. This related to 2 offences of allowing smoking in a smoke free place.
- 3.5 Information was provided to the press office relating to these matters and the story was run in the local press. (A copy of the press release can be found at the end of this report).
- 3.6 A prosecution case concerning another premises is adjourned in the Magistrates Court until the end of September, a file on another premises has been submitted for prosecution and evidence in a further 3 cases is being gathered and considered.

3.7 Niche Tobacco Project Update – Joanne Loft

3.8 The Niche Tobacco Project has currently been running for twenty months with funding from Public Health and Adult Social Care. The project started in December 2012 and the first years funding was aimed at raising awareness of the health risks associated with niche tobacco use with community members, frontline workers and professionals.

- 3.9 Education and community engagement sessions were run by two smokeless and niche tobacco project officers. The sessions can last between 30 minutes and 3 hours depending on the target group and their depth of knowledge. The project in Leeds has so far worked with over 2000 people through over 100 awareness raising and training activities.
- 3.10 The Niche Tobacco project in Leeds aims to tackle a number of separate strands of work relating to niche tobacco awareness and usage:
 - Develop and produce promotional materials (posters, leaflets and banners) to be located in key venues such as GP practices, dental surgeries and community buildings
 - Provide train the trainer sessions to support staff to understand and raise awareness of the dangers of niche tobacco use.
 - Deliver sessions within the community to raise awareness of niche tobacco use.
 - Provide specific cessation support from Leeds NHS Stop Smoking Services to those wanting to stop using niche tobacco.
 - Provide intelligence information to support retailer education and awareness work and to feed into a programme of multi-agency enforcement work within the target neighbourhoods.
- 3.11 Continued funding of the project was confirmed with a new focus being set for 2014/15. Year two funding was concentrated on making the work sustainable with the main focus being the development of a toolkit for awareness raising to be used once the project workers are no longer in post. The timescales for the development of the toolkit are for completion by October 2014 with the remaining project worker time being used to promote the toolkit and train frontline workers and volunteers on its use.
- 3.12 In July, West Yorkshire and York Trading Standards launched the 'Keep It Out' campaign to raise awareness of and generate intelligence on the illegal tobacco trade as part of the broader programmes to tackle tobacco use.
- 3.13 Keep It Out highlights the availability of illegal tobacco to children in the area through and has two calls to action:
 - Report any intelligence on the illegal tobacco trade to Crimestoppers.
 - Visit <u>www.keep-it-out.co.uk</u> to find out more about what is happening in West Yorkshire and York. (Further information on the campaign can be found at the end of this report)

3.14 Public Health Update – Heather Thomson and Paul Lambert

- 3.15 Various Partners sit on the City's Tobacco Control Management Group, which is chaired by Public Health. The purpose of the group is to work together to reduce smoking prevalence and tackle tobacco use across the City.
- 3.16 The group will be meeting at the end of September to review the current plan and agree the priority local actions to complement national and regional programmes of work, which are most likely to have the greatest impact on reducing smoking prevalence. The key to this work progressing is support from all partner organisations both strategically and operationally.
- 3.17 Following the CLeaR (Challenge, Leadership and Results) assessment in March which reviewed tobacco control activity for Leeds several recommendations were made; including exploring opportunities for compliance and enforcement visits to business premises to be used to proactively distribute public health literature.
- 3.18 The assessment included contributions from a number of internal and external partners and covered issues such as defining local priorities, engagement with politicians, leaders and communities, cross boundary and partnership working and enforcement. (A copy of the CLeaR report can be found at the end of this report.)
- 3.19 The shisha tool kit from Public Health England is still awaiting sign off from the CIEH, and has therefore not been published yet.
- There is little robust evidence to inform the most effective method of supporting niche tobacco uses, particularly where product use is strongly linked to cultural norms and high levels of acceptability among certain population groups. Public Health is working in partnership with York University and a number of smoking services across the country (including the Leeds Service) to explore the adaptations that are required to both the standard treatment programmes used in smoking cessation and the actual deliver of such interventions.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The work of the Niche Tobacco Project includes educating the community, and frontline workers on niche tobacco use and it's associated health risks.
- 4.1.2 Where the Health and Safety Team is made aware of a shisha premises, an initial visit is made to engage with the business and give them advice on how they can comply with smoke free legislation.
- 4.1.3 Updates reports are provided for Licensing Committee, on work going on in relation to Shisha.
- 4.1.1 The Tobacco Control Management Group is attended by a number of partners internal and external to the Council. Updates are provided on the work partners are carrying out in relation to tobacco control the format of the group is to be reviewed during the September meeting.

4.2 Equality and Diversity / Cohesion and Integration

4.2.2 Shisha smoking is becoming increasingly popular among all groups in cities across the UK. The extension of funding for the Niche tobacco group means that further education work in the target neighbourhoods of Harehills, Beeston and Hyde Park and Burley has continued.

4.3 Council Policies and City Priorities

4.3.3 Tackling shisha and tobacco use in general, fits in with the priority to be the best city for health and wellbeing, by contributing towards helping protect people from the harmful effects of tobacco.

4.4 Resources and value for money

4.4.1 Partners work together to have maximum impact, target resources effectively and provide value for money to the people of Leeds. This is done through education work, stop smoking activities, information sharing and enforcement.

4.5 Legal Implications, Access to Information and Call In

4.5.1 Not applicable

4.6 Risk Management

- 4.6.1 Shisha smoking (and tobacco smoking in general) is a real risk to public health. Therefore it is important that partners come together, to tackle the issue in order to have maximum impact, through a range of education and enforcement work.
- 4.6.2 All partners involved in the tobacco control and shisha work play a vital role. If any of the relationships between partners were to breakdown, this would have a detrimental effect on the work completed so far, and any future work. The breakdown of relationships is unlikely as all partners are aware of their own role and that of other partners.
- 4.6.3 Compliance visits to shisha premises take place outside normal working hours, and there is a potential risk when making these visits. Intelligence gathering and information sharing with other partners takes place beforehand. Visits are supported by the Police to mitigate risk to an acceptable level.

5 Conclusions

- 5.1 Various partners internal and external to the Council work together in order to address issues relating to shisha smoking and tobacco use in general.
- This work ensures maximum impact when dealing with the issues and includes, education work, stop smoking services, information sharing and enforcement work.
- 5.3 Use of the CLeaR improvement model is assisting the Council in demonstrating excellence tobacco control.

6 Recommendations

The Committee is asked to note the contents of the report, make comments, ask questions, and provide suggestions and guidance on any areas of work they would like prioritising.

News Release

30th July 2014

Shisha bars prosecuted

Managers of two shisha bars in the city have been prosecuted for failing to comply with the smoke free legislation.

Mohammed Ali, from Arabyia and Suliman Ahmed from Al Qasa, both on Cross Stamford Street, failed to appear before Leeds Magistrates yesterday. The cases were tried in their absence.

Both were found guilty of allowing shisha to be smoked in an enclosed public space, made illegal by the Health Act 2006.

Ali was fined £1,000, ordered to pay £1,192.50 in costs and a £100 victim surcharge, while a fine of £1,500, costs totalling £1,144 and a victim surcharge of £100 must be paid by Ahmed.

Both shisha bars had received letters in the past relating to smoking indoors, and in October 2013 Environmental Health Officers (EHOs) visited both premises to provide advice on the smoke free legislation and how to comply with the law. The businesses were warned that follow up visits would be made, and if smoking was taking place inside, further action would be taken.

A team including officers from the council's environmental health team, HM Revenue and Customs, West Yorkshire Trading Standards and supported by West Yorkshire Police made further visits in November 2013.

During these visits officers found shisha smoking taking place inside the premises. HMRC, also seized quantities of shisha from both premises where it could not be proved that duty had been paid.

A further visit was made to Al Qasa in March, where smoking was again taking place inside, and Mr Ahmed was charge with a further offence.

The sentences were passed in the month that a wider 'Keep it out' campaign against illegal tobacco was rolled out through West Yorkshire, where members of the public are invited to anonymously share information about illegal tobacco sales by phoning the Crimestoppers 0800 555 111 number or through www.crimestoppers-uk.org.

Shisha smoking involves inhaling smoke from flavoured tobaccos through a waterpipe and despite misconceptions, shisha cafés are subject to the smoking ban.

Councillor Mark Dobson, executive member for the environment said:

"We are responsible for enforcing the smoking ban and this applies to shisha bars too."

"Many people simply aren't aware of the harm shisha can cause. Many believe the myth that it's a safer alternative to smoking cigarettes but that's simply not true. Smoking shisha poses serious health risks.

"Thanks to the combined efforts of our staff and partners, we can help to educate people about the harm it can cause and, and work with businesses to assist them in complying with the law.

"Where our attempts to work with businesses fail, and they continue to operate outside the law we will have no hesitation in taking further action."

Authorities are keen to ensure places serving shisha comply with the law and hope to educate people about the effects of smoking with a waterpipe.

The council is supporting a project being run by West Yorkshire Trading Standards and NHS colleagues on niche tobacco, which includes shisha smoking. The project is working with black, minority and ethnic communities in specific locations to make people aware of the health risks.

Advice issued by the World Health Organisation (WHO) states that smoking a shisha pipe for one hour involves inhaling 100 to 200 times the amount of smoke inhaled with just one cigarette.

The WHO advice also dispels the myth that smoking through water renders it safe – even after passing through water, the smoke produced by the pipes contain high levels of toxins.

In reality shisha smoke contains carcinogens in similar levels to ordinary tobacco smoke but, as a consequence of the way the tobacco is burnt, the level of carbon monoxide is much higher.

Notes to editors:

- The Health Act 2006 and its associated Smoke-free (Premises and Enforcement)
 regulations 2006 came into effect on 1 July 2007. The legislation prohibits smoking
 (including shisha smoking) in enclosed and substantially enclosed workplaces and
 public places.
- The World Health Organisation advises that:
 - 1. Using a waterpipe to smoke tobacco poses a serious potential health hazard to smokers and others exposed to the smoke emitted.
 - 2. Using a waterpipe to smoke is not a safe alternative to cigarette smoking.
 - 3. A typical one hour water pipe smoking session involves inhaling 100 200 times the volume of smoke inhaled with one cigarette.
 - 4. Even after passing through water, smoke produced by a waterpipe contains high levels of toxic compounds including carbon monoxide, heavy metals and carcinogenic chemicals.
 - 5. Commonly used heat sources such as wood cinders or charcoal are likely to increase health risks because their combustion produces their own toxicants including carbon monoxide, heavy metals and carcinogenic chemicals.
 - 6. Pregnant women and the foetus are particularly vulnerable when exposed either actively or involuntarily to waterpipe smoke toxicants.
 - 7. Second-hand smoke from waterpipes is a mixture of tobacco smoke and smoke from the fuel therefore poses a serious risk for non-smokers.
 - 8. There is no proof that any device or accessory can make waterpipe smoking safer.
 - 9. Sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases including tuberculosis and hepatitis.
 - 10. Waterpipe tobacco is often sweetened and flavoured, making it appealing; the sweet smell and taste attracts people, particularly the young, to use waterpipes where they would not otherwise use tobacco.

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