

## Tobacco and Nicotine Products

The Bill includes proposals to ban the use of nicotine inhaling devices, such as e-cigarettes, in enclosed spaces like restaurants, pubs and at work. Shops will also have to join a register for retailers of tobacco and nicotine products, and it will become an offence to “hand over” tobacco and e-cigarettes to anyone under the age of 18.

### *Question 1*

Do you agree that the use of e-cigarettes should be banned in enclosed public and work places in Wales, as is currently the case for smoking tobacco?

We are aware that e-cigarettes are relatively new to market and their popularity and use has grown rapidly, concurrently research has been ongoing and evidence is now emerging which gives greater clarity with regard to their efficacy and safety.

The most recent publication is from Public Health England<sup>1</sup>, in which independent experts concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking.

Key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

In the absence of a licensed medical product, we do not have a comment to make on whether the use of e-cigarettes should be banned in enclosed public places in Wales; however we do hope that provisions in the Bill are based on current independent

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**E-cigarettes: an evidence update**, A report commissioned by Public Health England

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evidence that is available, and would make suitable provisions for use should e-cigarettes become licensed medicinal products in future.

### *Question 2*

Do you believe the provisions in the Bill will achieve a balance between the potential benefits to smokers wishing to quit with any potential dis-benefits related to the use of e-cigarettes?

No comment.

### *Question 3*

Do you have any views on whether the use of e-cigarettes re-normalises smoking behaviours in smoke-free areas, and whether, given their appearance in replicating cigarettes, inadvertently promote smoking?

No comment.

### *Question 4*

Do you have any views on whether e-cigarettes are particularly appealing to young people and could lead to a greater uptake of their use among this age group, and which may ultimately lead to smoking tobacco products?

As previously mentioned, over recent years there has been an increase in popularity of e-cigarettes in the UK. Action on Smoking and Health estimates that there are 1.3 million current users of e-cigarettes in the UK. This number is almost entirely made of current and ex-smokers; with perhaps as many as 400,000 people having replaced smoking with e-cigarette use.

There is little evidence to suggest that ‘never-smokers’ are taking up the use of e-cigarettes, and therefore highly unlikely that e-cigarette use could be a gateway to conventional tobacco products for those people that have no history of prior tobacco use.

There is concern that the younger generation could be affected by aggressive marketing of e-cigarettes especially through the use of sexualised images and a wide range of flavoured products. We therefore support the view that sales to under 18s should be prohibited and any marketing should be aimed exclusively at current tobacco smokers.

In new evidence published in August 2015 by Public Health England<sup>2</sup>, the findings state that “*there is no evidence that e-cigarettes are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it. Despite some experimentation with e-cigarettes among never smokers, e-cigarettes are attracting very few people who have never smoked into regular e-cigarette use*”.

The report also states that “*e-cigarette use among youth is rare with around 2% using at least monthly and 0.5% weekly. E-cigarette use among young people remains lower than among adults: a minority of British youth report having tried e-cigarettes (~13%). Whilst there was some experimentation with e-cigarettes among never smoking youth, prevalence of use (at least monthly) among never smokers is 0.3% or less.*”

### Question 5

Do you agree with the proposal to establish a national register of retailers of tobacco and nicotine products?

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Celesio UK seeks clarification on the term 'nicotine containing products' as this clause could unintentionally introduce the requirement of all community pharmacies (over 700 in total) to enter into an additional register due to their part in the sale and supply of licensed nicotine replacement therapy products, including those which are part of NHS stop smoking programmes.

We suggest that the term 'nicotine containing products' is defined more specifically and that licensed medicinal products are exempt.

We would also suggest that in order to guarantee the quality of the product and information about their use, the sale of e-cigarettes should be exclusively made when coupled with advice from a health professional, such as in community pharmacy, where decisions about reducing or quitting smoking can be supported and the most appropriate products and services can be recommended. This would include NHS Stop Smoking Services where available.

### *Question 6*

What are your views on creating a new offence for knowingly handing over tobacco and nicotine products to a person under 18, which is the legal age of sale in Wales?

Celesio UK believes that the offence in the draft legislation for supply to a person under the age of 18 should not apply to sales or supplies of licensed medicinal nicotine products.

There are instances where people under the age of 18 benefit from the use of licensed medicinal nicotine products as part of a stop smoking programme, or supply via WP10 prescription, and we suggest this area of the Bill is amended to reflect the use of such products in public health/pharmacy practice.

## Community pharmacies

The Bill will require local health boards in Wales to review the need for pharmaceutical services in its area, and that any decisions relating to community pharmacies are based on the needs of local communities.

### *Question 13*

Do you believe the proposals in the Bill will achieve the aim of improving the planning and delivery of pharmaceutical services in Wales?

Community pharmacy is ideally placed to meet the health needs of local populations.

With convenient locations and opening times, we see a very broad range of people, not just those that are ill and already accessing services from the NHS. By effectively engaging with a broader range of providers, there is a real public health opportunity to add capacity in identifying and targeting those groups that are harder to engage using both systematic and opportunistic approaches.

The inclusion of the promotion of healthy lifestyles within the essential services of the pharmacy contract has provided a platform to extend the role of the pharmacist and pharmacy support staff in health promotion activities and the development of numerous enhanced services in response to national public health priorities (e.g. substance misuse, smoking, sexual health) has further enhanced the role of the pharmacist.

Any assessment of pharmaceutical need should extend from a wider local health needs evaluation. Whilst LHBs will produce individual reports and assessments, we would expect the framework to be developed on an **all Wales** basis, so that there is a clear comparator between one LHB and another, and that there is a consistent approach, which will also take into account neighbouring LHB provisions

- PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring LHB areas that might affect the need for services in its own area.
- It should examine the demographics of its local population, across the area and in different localities, and their needs.
- It should look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take

account of likely future needs.

- Any relevant maps relating to the area and its pharmacies. Opening times and services that they offer.
- PNAs must be aligned with other plans for local health and social care.
- There must be a defined consultation period for stakeholders, for example members of the public, community pharmacy representative bodies (Community Pharmacy Wales) and community pharmacy contractors to respond to the findings of the PNA. We suggest that this is 60 days.

The Pharmaceutical Needs Assessment should be consolidated to provide a national picture of pharmacy provision in Wales, which can inform commissioning decisions and ensure that there is a cohesive strategy for community pharmacy.

The data should be robust and support strategic assessments which need to be reviewed in a timely manner. This should ensure that there is not an overly bureaucratic process, but that the assessment is reflective of health needs and takes into account changes in population, demographics, etc.

### *Question 14*

What are your views on whether the proposals will encourage existing pharmacies to adapt and expand their services in response to local needs?

There are a number of considerations which need to be taken into account and widely agreed upon by providers, Health Boards and Community Pharmacy Wales.

As independent providers, community pharmacy contractors need to have confidence in the quality of the PNA and willingness of the LHB to develop services in identified areas so that they can invest in their premises and teams to deliver them.

In addition to the proposals outlined in the Bill around the strategy assessment of pharmaceutical needs and the consequences of failure to engage through breach procedures, external factors should also be taken into account as to why a contractor may not be engaged in service delivery. These maybe include inconsistent marketing and commissioning by the Local Health Board, engagement of other health professionals in delivering, signposting and advocating services, lack of access to necessary training for pharmacists and pharmacy staff, and appropriate fees for the delivery of services.

These factors will need to be reviewed and resolved prior to the decision being taken to

award any additional pharmacy contracts due to the non-delivery of services by existing contractors.

## **Public toilets**

The Bill includes a proposal that will require local authorities to prepare a local strategy to plan how they will meet the needs of their communities for accessing public toilet facilities. However, the Bill does not require local authorities to actually provide toilet facilities.

### *Question 15*

What are your views on the proposal that each local authority in Wales will be under a duty to prepare and publish a local toilets strategy for its area?

No comment.

### *Question 16*

Do you believe that preparing a local toilet strategy will ultimately lead to improved provision of public toilets?

No comment.

### *Question 17*

Do you believe the provision in the Bill to ensure appropriate engagement with communities is sufficient to guarantee the views of local people are taken into account in the development of local toilet strategies?

No comment.

### *Question 18*

What are your views on considering toilet facilities within settings in receipt of public funding when developing local strategies?

No comment.

### **Other comments**

### *Question 19*

Do you believe that the issues included in this Bill reflect the priorities for improving public health in Wales?

We believe that the introduction of the PNA process will provide LHBs with better clarity and consistency in the identification of which services are required to improve the health of the populations for which they are responsible and in reducing health inequalities.

We hope that as a direct consequence of the assessments, community pharmacy is rightly seen as being at the forefront of public health provision and acts as an enabler to provide opportunities for health improvement in Wales.

### *Question 20*

Are there any other areas of public health which you believe require legislation to help improve the health of people in Wales?

We believe that there is an opportunity with the Bill to support and improve consistency in some services which are provided under a Patient Group Direction (PGD). By changing the regulations in favour of the national sign off by the NHS, in place of the current process of them needing to be signed off locally on an LHB by LHB basis, this can potentially reduce local variation and support service provision.

*Question 21*

Are there any other comments you would like to make on any aspect of the Bill?

We would welcome the opportunity to work with Welsh Assembly Government to support the greater integration of community pharmacy into delivering a wider public health role and improving health outcomes for people in Wales.