



# The Association of Directors of Public Health Consultation Response

## Tobacco and Vapes Bill: Evidence to support legislation

### Objectives and Scope

As outlined in the Government's [10 Year Health Plan for England](#), the ambition is to create a smoke-free UK and to shift the dial from sickness to prevention. Bringing smoking prevalence to essentially zero during the expected lifetime of a child born today will prove transformative for our health, as well as the NHS's financial sustainability, and the economy. The Government want to see fewer lives being lost to the biggest killers, including cancer, cardiovascular disease, and stroke, all of which can be caused by smoking. This means enabling people to better manage their health and care and ensuring that there are appropriate measures and services in place to help do that.

Respondents to this [call for evidence](#) should be aware that the Government will also launch a separate consultation at a later date on proposals for:

- smoke-free, vape-free, and heated tobacco-free places
- rules on the display of products
- restrictions to elements of devices such as branding and colour
- the packaging of tobacco products
- the packaging of vape and nicotine products

On these topics, the Government considers there to be enough evidence to progress straight to consultation. The topics in this call for evidence need further information to help inform proposals for a future consultation.

### About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID, as well as the four Chief Medical Officer's (CMOs), NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.

- Identifying and providing professional development opportunities for DsPH.

## Vapes

### Size and shape

**If you have any evidence relating to the size and shape of vapes, please include it here.**

There is evidence that children and young people (CYP) are attracted to the discreet size of vapes, which makes them easier to conceal from authority figures such as parents or teachers.<sup>i</sup> The Government should consider how changes to the discreetness and ‘pencil-case’ convenience of vapes could be used to curb youth vaping, as well as vapes designed to resemble other products, particularly youth-appealing products such as cartoons, toys, sweets, and makeup.

However, it must be noted that there is not comprehensive evidence on the impact of standardising size and shape to reduce appeal, nor what any unintended consequences of this might be, such as on smokers switching to vaping. Any regulation should therefore proceed with caution.

### Requirement to be child resistant

**Please provide evidence on the effectiveness of child resistant measures on vapes.**

The main value of child resistant measures on vapes is likely to be for reducing the risk of harmful exposure to e-liquid. The focus of regulation should be to ensure that e-liquid refill containers and tanks are leakproof and have child resistant caps and packaging. Child resistant features on vapes, such as requiring multiple actions to activate a device, may be effective for preventing very young children from using vapes, but are unlikely to present a significant barrier to older children or teenagers. It is also important to note that adding too much complexity to the use of vapes also risks disadvantaging adult smokers with physical or learning disabilities who are looking to quit smoking by using vapes.

### Any other evidence

**Please provide evidence on other elements of a vape that the Government should consider regulating and why.**

As well as shape, the Government should consider the other ways vapes are marketed towards CYP, introducing them to a potential life of addiction from childhood. Tactics used by the vaping industry to target children have contributed to 20% of 11–17-year-olds trying vaping, and 7% of young people currently vape.<sup>ii</sup> They use pervasive, targeted marketing to sell their products to CYP, including endorsement by online influencers on social media platforms that CYP often access.<sup>iii</sup> With increasing awareness of promotion among CYP<sup>iv</sup>, it is important to note that increased exposure to advertising is linked to increased product consumption.<sup>v</sup> The Government should therefore ensure the Tobacco and Vapes Bill provides the powers to regulate the advertising of vaping products, ensuring CYP are protected from the influence of marketing. This can be based on the successful ban on the advertising of tobacco products.<sup>vi</sup>

Evidence shows that children are attracted to fruit and sweet flavours, and this is contributing to the increase in youth vaping.<sup>vii</sup> Restricting child-friendly flavours has the potential to significantly reduce the number of children who are vaping or using nicotine products. However, limiting flavours to protect children has a chance of impacting adult vaping behaviour too, with adults also showing a preference for fruit flavours.<sup>viii</sup> This trade-off requires careful consideration to ensure overall rates of smoking do not increase as a result of flavour restrictions.

It is also important to note that there is significant uncertainty surrounding the impact of prohibiting certain ingredients or flavours, with differing and inconclusive evidence across countries. The UK must proceed very carefully with any legislation that has the potential to increase smoking. If flavour restrictions are implemented, the Government must also ensure sufficient capacity for evaluation and monitoring, and scope to flex regulations in light of unintended consequences or changes context.

Vaping is also made appealing to young people through bright, colourful packaging resembling sweet brands.<sup>ix</sup> Vaping packaging should therefore be regulated, similarly to the packaging of tobacco and cigarettes, with standardised packaging making such products less appealing to young people.<sup>x</sup>

It is, however, crucial to strike the right balance between reducing appeal to children while also preserving the appeal of vapes to adults who want to quit smoking. A disproportionate approach could lead to unintended consequences with research from the United States showing that, rather than nudging people away from vapes, such measures to restrict vape flavours drive users to instead buy conventional cigarettes.<sup>xi</sup>

## Licensing

### Licensing scheme objectives

Licensing scheme objectives provide a framework for the design of the scheme as well as decisions made by licensing authorities (usually local councils) about granting, renewing, or revoking licences and any conditions that are imposed on the licence holder.

The Government wants to ensure that only responsible retailers, who do not pose any undue public health or crime risk, will be able to have a tobacco and vape licence and sell products to the public. So, they propose that the overarching objectives for the licensing scheme are to:

- Protect public health - to ensure that retailers and their practices are not posing any undue or excessive risk to the health of the public, particularly children.
- Prevent crime - to ensure that retailers do not pose any undue crime risk and that only law-abiding retailers can sell these products to the public.

**Do you agree or disagree with the proposed licensing scheme objectives? Please explain your answer.**

#### **Agree**

We strongly support the proposed licensing scheme, particularly the objective to protect public health. In the UK, smoking is the leading cause of preventable death; in 2019 alone, 74,600 people in England died because of smoking<sup>xi</sup>. As well as this, smoking causes at least 16 different types of cancer<sup>xii</sup>, with exposure to second-hand smoke also increasing cancer risks for non-smokers.<sup>xiii</sup> Data over the last five

years shows most smokers want to quit, but cannot due to an addiction to nicotine that started in their teenage years. Over 80% of smokers started before they turned 20, many as children.<sup>xivxv</sup>

Relating to the public health objective, public health teams can marshal evidence about tobacco-related harms during the licensing process. Important data, such as local prevalence data, can be used to inform decisions and protect the health of local communities, including children. From a public health perspective, we would encourage the implementation of a positive licensing scheme. This means that retailers would require prior approval for conducting tobacco-related business activities and would need to adhere to agreed minimum standards. This would allow for ongoing compliance checks to ensure standards are being met, and the ability to suspend or revoke licenses if retailers fail to comply. A positive licensing scheme, therefore, has the capacity to improve retailer accountability, raise market standards, and support enforcement efforts, which will in turn improve public health outcomes. On the other hand, a negative licensing scheme would be likely to provide weaker controls on the tobacco supply chain than those relating to alcohol.

Licensing should apply to both individuals and premises, and should link the two, so that moving premises or a change in individuals is not a method of avoiding the need for a license. There are examples of positive licensing schemes that could provide a useful model for the UK in other countries, such as the US<sup>xvi</sup> and Australia.<sup>xvii</sup> A positive licensing scheme is also in effect in Guernsey under the Tobacco Products Order 2014.<sup>xviii</sup>

Implementing an effective licensing scheme will also remove a large number of the sellers of illicit tobacco and will increase the profitability of legitimate local retailers who obey tobacco control legislation. Overall, a decline in the illicit tobacco trade will result in fewer children getting hold of cigarettes and becoming addicts in their teenage years. Honest retailers will also be protected from competition from the illicit trade in tobacco.

With CYP being a key group at risk of harm from tobacco and vapes, the Government should consider 'the protection of children from harm' as an additional licensing objective. This would reflect the Licensing Act 2003, which outlines the importance of protecting children from the harms of alcohol. By including this as a third objective, it creates a stronger legal duty to prevent children from accessing these health-harming products, supporting the Government's aims of a smokefree generation by 2030.

## Decision Making

**What factors should be taken into consideration when making decisions on the granting of a premises licence? In your answer you may want to consider factors such as the location and density of retailers and whether businesses are fixed or mobile, as well as any other factors you consider relevant.**

The agreed licensing objectives should act as the starting point for decision-making on granting licenses. For example, there is a need to assess the potential impact on public health. LA public health teams are best placed to support this and can evaluate decisions based on data such as local tobacco harms and levels of deprivation. To bolster their efforts, models similar to the Alcohol Licensing Data Matrix could be developed to guide decision-making.<sup>xix</sup>

As suggested above, the inclusion of ‘protection of children from harm’ as a licensing objective will also allow for more decisions to be made around the location of retailers, such as their proximity to educational settings.<sup>xx</sup>

Related to location, the density of retailers should be taken into consideration. Outlets selling health-harming products, such as alcohol, fast-food, tobacco, and gambling, tend to cluster in certain locations, with poorer areas facing the greatest levels of clustering.<sup>xxi</sup>

For example, vape shops have become more highly accessible, with a 1200% increase in the number of vape shops in England between 2014 and 2024. Similar to other health-harming industries, a tactic used by the vaping industry is to cluster vaping outlets in areas facing the greatest levels of deprivation. As a result, the most deprived areas in England have seen targeted, disproportionate increases in premises, with three times more vape shops opening in the most deprived areas compared to the least deprived.<sup>xxii</sup> By clustering in areas of deprivation, the harm to local communities is compounded, and inequalities widened, while industries benefit from the harm they are creating. As well as clustering in areas of deprivation, health-harming industries such as fast-food outlets have been shown to cluster near schools, targeting children. Licensing should enhance opportunities to prevent this clustering, protecting CYP from harm.

This highlights the importance of the view of and impact on local community. Residents should be given the opportunity to object to the granting of new licenses, and supported with accessible templates to raise concerns, and a clear, signposted route of communication to a named member of staff responsible for handling objections.

A national database of tobacco and vape licenses should also be created and accessible to local licensing teams, providing them with key information that might impact decisions about granting a license. This database should hold information such as whether a retailer has had a license refused elsewhere.

**Should factors affecting decisions on the granting of licences be shaped by local priorities or nationally set criteria, or both? In your answer, please provide examples of criteria that you believe should be set at a national level and any criteria which should be left to local decision making.**

The objectives of the licensing scheme should be set at a national level, with clear guidelines to ensure clarity and understanding from stakeholders. The interpretation of these objectives, and the granting of licenses should then be through the lens of local priorities, considering aspects such as local harm, vulnerability, and how the scheme can impact on and be used to improve public health. Public health teams are best placed to make licensing decisions given their in-depth understanding of the local community, and public health teams should be enabled to make confident decisions to support the health of their communities through tactics such as national sharing of examples of good practice.

This knowledge is illustrated in many Public Health Annual Reports. For example, Hampshire’s 2024-25 report highlights local intelligence that smoking rates are higher among those not in employment, those on low income, and people experiencing homelessness.<sup>xxiii</sup> Bexley’s 2024 Annual Report also highlighted the link between smoking and deprivation, mapping the recorded level of people who smoke by GP

surgery against areas of relative deprivation.<sup>xxiv</sup> LAs should be supported and empowered to use such data to shape local licensing decisions.

**How should licensing authorities reach decisions about whether to grant a licence? In your answer you may want to consider what structures (such as committees) are needed to make decisions, as well as the extent to which interested parties should be engaged in the process. Please explain your answer with reference to the operation of existing licensing schemes.**

DsPH are responsible authorities for alcohol and gambling licensing, and have demonstrated their crucial role in contributing to the public safety and health of their communities, protecting them from the harms of these industries.

As part of their responsibilities in influencing alcohol license decisions, LAs assess license applications, review local priorities, and work in partnership with other responsible authorities such as police, local fire and rescue, and trading standards. Together, they marshal evidence, including ambulance data, underage sale of alcohol, and fire safety, when considering the granting of licenses.<sup>xxv</sup> However, the licensing model around alcohol has no public health objective, unlike the licensing scheme proposed here. This means that any licensing decisions are made based on the objectives outlined in the Licensing Act 2003; the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm.

LAs also play an important role in licensing decisions for gambling premises and are listed as a licensing authority in the Gambling Act (2005).<sup>xxvi</sup> Similarly to alcohol licensing, gambling does not have public health as a licensing objective. Despite this, LA public health teams gather evidence such as the prevalence of gambling-related harm and areas of vulnerability to support licensing teams in making their decisions, protecting the health of local communities. This is referred to by the Gambling Commissioner as a local area profile.<sup>xxvii</sup>

Relating to tobacco and vapes, many LAs have existing networks in place to reduce smoking levels within their region, as illustrated in Walsall's Tobacco Control Plan.<sup>xxviii</sup> This plan outlines the importance of effective leadership and public health partnership with stakeholders such as trading standards, environmental health, and police to effectively address local tobacco-related harms. These existing networks have the potential to play a critical role in supporting LAs to make informed, evidence-based decisions on whether to grant a license.

If tobacco and vapes licensing becomes formalised, public health teams could provide a useful framework to establish local licensing committees comprised of similar stakeholders that develop local licensing policy and make decisions on the granting of licenses. Committees should be protected from the influence of the tobacco industry and be bound by Article 5.3 of the WHO FCTC. Members of the committee should be trained on these duties, and clear guidelines should be developed to cover this and other elements of good governance. Once policy has been established by the committee, decisions should be made with reference to local licensing policy, in conjunction with other relevant local and national policy, such as local health and wellbeing strategies or Joint Strategic Needs Assessments.

The contribution of LA public health teams is therefore vital in the decision-making process, and the inclusion of public health as a tobacco and vapes licensing objective serves to further strengthen the key

contribution of these teams. The tobacco and vapes licensing model should therefore be based on existing responsibilities and adapted to reflect the primary objectives of the scheme to reduce public health harms.

## Impact of a licensing scheme

**Please provide evidence of potential public health benefits as a result of implementing a licensing scheme. In your answer, you may want to consider any relevant evidence from the implementation of existing licensing schemes for other products and relevant international examples.**

There is strong evidence of the public health benefits from implementing a licensing scheme. For example, in 2016, Gateshead Council took part in a pilot funded by Public Health England to evaluate an analytical package intended to support the use of health data in decision making under the Licensing Act. The Council developed two tools to deliver health information: a simple spreadsheet that brought together 11 key indicators of health harms in each of Gateshead's wards, and an interactive map at ward and lower levels. The public health led work resulted in the ability to more effectively communicate relevant information to decision makers and enforcement agencies, and so to better target the use of licensing powers and to better manage the availability of alcohol in the borough.

In 2011, Scotland also introduced public health as an alcohol licensing objective, which led to increased engagement, strengthened working relationships, and the increased use of health evidence in licensing policy and development.<sup>xxix</sup> Additionally, international evidence shows that weakening constraints on licensing can risk exacerbating alcohol related harms.<sup>xxx</sup> This highlights the public health benefits that implementing a licensing scheme can have on the population, as well as the detrimental effect the current lack of licensing may be having on the health of the population.

**Please provide any additional evidence or views on the development of a retail licensing scheme, providing a clear rationale for any views that you offer.**

To maximise the benefits of the licensing scheme, effective enforcement is required. It is therefore essential that adequate resource is provided to all stakeholders involved in its success. This includes trading standards and public health teams, both of which would expect to see an increase in responsibility following the implementation of the scheme. Alongside the role public health teams (as outlined throughout this response), trading standards play a critical role in achieving the smoke free 2030 objectives, for example through supporting test purchasing activity and the identification of counterfeit products. By providing appropriate resource, the Government should expect to see optimal public health and crime prevention outcomes. Once provided, any appropriate resource should also be suitably sustained to ensure the longevity of the licensing scheme's success.

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