

## POPULATION HEALTH

ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

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Date 05/05/2022

**Re: Representation from the Population Health Department at Tameside Council regarding the review of Premise application from: Trading Standards, Tameside Council regarding Best One, 39 Canterbury Street, Ashton U Lyne OL6 6HX.**

### Introduction

As a Responsible Body under the 2003 Licensing Act, the Population Health Team at Tameside Council would like to raise a representation as part of the review of Best One, 39 Canterbury Street, Ashton U Lyne OL6 6HX.

The representation primarily relates to:

- the prevention of crime and disorder
- public safety

### Our Approach

The Population Health Team at Tameside Council has begun screening every new licence application or application for a licence review/variation against a series of measures to enable the identification of applications that could have a significant adverse impact on the local community.

The following information relates to the MSOA area of Smallshaw of which the postcode OL6 6HX falls within.

### **Acorn well-being group profile** (source CACI Acorn)

In this neighbourhood the residents are often younger adults, are likely to be living in large, terraced and semi-detached homes with many school age children. The proportion in receipt of Job Seeker's Allowance and Illness or disability benefits are more than double the national average. Those that are in work tend to be in routine occupations. The Smallshaw area has the highest levels of smoking in the borough, almost half of the population in this area are smokers. Expenditure on tobacco is 43% above the national average.

### **Area statistics** (source Office for Health Improvement & Disparities)

- There are levels of income deprivation in this MSOA with 27% of households living in poverty
- Smallshaw falls into the 10% most deprived neighbourhoods nationally.
- 65% of the working age population are claiming out of work benefits, this is twice as high as the national average
- 3.5% of the population are long term unemployed
- 24% of the population have at least 1 long term condition
- Highest level of COPD urgent care hospital admissions in Tameside
- 2<sup>nd</sup> highest death rate in Tameside for respiratory conditions
- 2<sup>nd</sup> lowest male and female life expectancy in Tameside (74 years and 77 years respectively)

### **Smoking: Low income households**

Smoking is the single biggest cause of premature death in the UK and is responsible for at least half the difference in life expectancy between the richest and poorest in society.<sup>1</sup>

Inequality in smoking rates maintains the disproportionate burden of death and disease placed on people from low socio-economic groups and perpetuates health inequalities.

Smokers from the lower income social group are more likely to be more heavily addicted and to smoke more. On average, low income smokers consume more cigarettes per day and are more likely to have their first cigarette within 30 minutes of waking than those from higher socioeconomic groups.<sup>2</sup>

Cheap illegal tobacco fuels teen smoking, worsens health inequalities and is linked to wider organised crime.<sup>3</sup> The required labelling of tobacco products in the UK and health warning statements printed in English are also a protective factor as they act to reduce the appeal of tobacco products.

Young people are major consumers of illicit cigarettes not only because of their price but also because of access. A UK survey found that a third of smokers between the ages of 14 and 17 had

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<sup>1</sup> [Marmot Review report – 'Fair Society, Healthy Lives' | Local Government Association](#)

<sup>2</sup> (ASH/YouGov, Smokefree GB Survey 2019).

<sup>3</sup> [Smoking: Low income households \(ash.org.uk\)](#)

obtained illicit tobacco products from the black market, rates which are higher than amongst older smokers.<sup>4</sup>

Research commissioned by ASH found that one in four of the poorest smokers buy smuggled tobacco compared to one in eight of the most affluent. The availability of cheaper illicit tobacco may exacerbate health inequalities.<sup>5</sup>

There is a wide range of evidence demonstrating the harms of tobacco. Tameside experiences long-term adverse health impacts from smoking across the population with latest data showing that we have the 6<sup>th</sup> highest smoking related death rate in the country (Public Health Outcomes Framework).

## **Conclusion**

Overall, we have outlined that the sale of illicit tobacco is a serious issue due to the health impacts of tobacco. We have also assessed the MSOA within which OL6 6HX sits as having very high levels of deprivation and people living in this area already experience inequalities in the level and impact of tobacco. The review of this premises should consider the harm to individual health and that of the local population and consider the impact on local health services, particularly in the long term.

The evidence would suggest that **revoking the licence of these premises is appropriate for the following representations**

- **the prevention of crime and disorder**
- **public safety**

Yours Sincerely,



James Mallion  
Interim Assistant Director of Population Health  
Tameside MBC

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<sup>4</sup> [Equalities Analysis \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>5</sup> ASH. Beyond Smoking Kills, Protecting Children, reducing inequalities. 2008

Dear Mike,

I, James Mallion on behalf of Public Health in their capacity as a Responsible Authority under the Licensing Act 2003 make representation in relation to the premises licence review at Best One, 39 Canterbury Street, Ashton U Lyne OL6 6HX submitted to the Licensing Authority on 20 April 2022.

In relation to the above application, I have enclosed some information and comments below.

The representation relates primarily to: the prevention of crime and disorder; and public safety.

The attached document in Appendix 1 is a letter outlining our findings including the evidence behind this in relation to the known harms tobacco and access to illicit tobacco, as well as existing levels of deprivation and health harms in the surrounding area.

The wider area of Smallshaw that this premises sits in (Middle Super Output Area) experiences a number of existing challenges. People living in this area experience disproportionate levels of poverty, deprivation, unemployment, long term illness and low life expectancy, compared to other areas. This area also already has the highest levels of smoking in Tameside and expenditure on tobacco is 43% higher here than the national average. There is also evidence of the long term impact of smoking on the people of Smallshaw, with the area having the highest level of urgent care admissions for COPD in Tameside and the 2<sup>nd</sup> highest death rate in the borough from respiratory conditions – both of which are caused and exacerbated by smoking.

When we look more closely at the impact of tobacco, wider research shows us that smoking is the single biggest cause of premature death in the UK and is responsible for at least half the difference in life expectancy between the richest and poorest in society. People from lower socio-economic groups face a disproportionate burden of death and disease as a result of smoking as they are more likely to be more heavily addicted and to smoke more.

Cheap illegal tobacco fuels teen smoking, worsens health inequalities and is linked to wider organised crime. The required labelling of tobacco products in the UK and health warning statements printed in English are also a protective factor as they act to reduce the appeal of tobacco products.

Young people are major consumers of illicit cigarettes not only because of their price but also because of access. A UK survey found that a third of smokers between the ages of 14 and 17 had obtained illicit tobacco products from the black market, rates which are higher than amongst older smokers.

Research commissioned by ASH found that one in four of the poorest smokers buy smuggled tobacco compared to one in eight of the most affluent. The availability of cheaper illicit tobacco may exacerbate health inequalities.

There is a wide range of evidence demonstrating the harms of tobacco. Tameside experiences long-term adverse health impacts from smoking across the population with latest data showing that we have the 6<sup>th</sup> highest smoking related death rate in the country (Public Health Outcomes Framework).

Based on this information I would recommend revoking the license for these premises as the evidence of illicit tobacco sales represents a direct risk of increased harm to those who may purchase them, which should be prevented. We have also presented evidence that indicates that such activities may have a disproportionate impact on the residents living in the Smallshaw area due to the level of deprivation, health inequalities and harms from smoking that are already seen in this area.