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| London Borough of Havering |
| **Havering Tobacco Harm Reduction Strategy 2024-2029** |
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| **Name** |  |
| **Version number** |  |
| **Status** |  |
| **Author** |  |
| **Lead Officer** |  |
| **Approved by** |  |
| **Scheduled review date** |  |

## Version history

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| **Version** | **Change** | **Date** | **Dissemination** |
| **V.1** | Structure aims and vision |  | Internal |
| **V.2** | Updated with separate section on young people | 13.9.24 | Internal and external to THR Partnership |
| **V.3** | Added Foreword, updated data and governance structure | 30.1.25 | External – public consultation |
| **V.4** | Updated and formatted for consultation | 14.02.25 | External – public consultation |

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## Foreword

Smoking is often a long-term habit developed at a young age and may take several attempts to stop but giving up smoking, which harms nearly every organ of the body and a major cause of ill health and premature deaths, is the right step to take.

We are therefore committed to supporting residents who smoke, particularly those most affected with higher smoking rates such as males, those experiencing mental health conditions and those living in rented accommodation to quit. We are also keen to address the rising concern of youth vaping among parents, schools and residents.

We are pleased to present the Tobacco Harm Reduction Strategy which is focused on local challenges and tackling both smoking and youth vaping over the coming five years. The strategy adopts a whole system approach to work collaboratively with a wide range of partners with clear priority around four areas:

* Supporting smokers to quit
* Prevention - empowering people including the young not to smoke and vaping
* Creating smoke free environments
* Strengthening Regulation and enforcement

With the anticipation of the new Tobacco and Vapes Bill being passed by Parliament we are committed to drive forward our plans to reduce both smoking and youth vaping and this strategy aligns with the government’s ambition of achieving a smoke-free nation by 2030.

We believe and share the vision that we can do more to make Havering a healthier place and support our residents to live healthier and longer lives.

We thank everyone who contributed or fed comments to inform the strategy and with our action plan already in place and refreshed annually, we are confident that we are travelling in the right direction to reduce smoking and vape harm thereby enabling our residents and those who work in Havering, to lead more healthy lives.

## 1. Introduction

Cigarette Smoking is a behaviour often formed at young age, engineered to be addictive, driven by the tobacco industry through advertising, ease of access[[1]](#footnote-1) and normalised by society.

The addictive nicotine substance in tobacco makes it difficult to quit resulting in the majority of people continuing to smoke for many years despite wanting to quit.

**Figure 1:** Harms of smoking

Smoking harms nearly every organ of the body and causes serious harm to the health of both smokers and non-smokers. Many preventable illness such as cancer, heart and lung disease which can result in premature deaths are primarily caused by smoking. 72% of lung cancer cases in the UK are caused by smoking[[2]](#footnote-2). Smoking in pregnancy increases the risk of miscarriage, premature birth, stillbirth and low birth-weight as well as being linked to increased risk of sudden infant death after birth. Smoking is a major risk factor for impotence in men[[3]](#footnote-3) and in women it is associated with an increased risk of early natural menopause in women[[4]](#footnote-4).

There are wider impacts of smoking to the individual and the society including through working days lost due to sickness absence, costs for treatment of illnesses caused by smoking, and costs of damage and injury by cigarettes fires.

Smoking is major driver of persistent health inequalities - the harm caused is not evenly distributed. People in more disadvantaged areas are more likely to smoke and less likely to quit. About 1 in 4 people in routine and manual occupations smoke compared with 1 in 10 people in managerial and professional occupations. Those experiencing mental health conditions and those with substance misuse also have higher levels of smoking. Pregnant women from more disadvantaged areas and those younger tend to smoke more compared to pregnant women in older and more affluent groups. The association between smoking and deprivation underscores the critical role of socio-economic status in shaping smoking behaviours.

Children’s exposure and access to tobacco is strongly determined by both their environment and social circumstances with parental environment being a very powerful determinant[[5]](#footnote-5). Risk factors associated with Childhood smoking initiation include parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peers, socio-economic status, maternal education, adverse childhood experiences, exposure to tobacco marketing, and the media. Children living with parents or siblings that smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households[[6]](#footnote-6).

Havering smoking prevalence has varied in recent years. However, data from a three year range (2021 to 2023) shows the adult smoking prevalence as 12.4%, similar to 11.6% London and 12.4% England.

Challenges faced in tackling smoking are wide ranging and include deprivation, reduction in stop smoking services due to cost saving measures, insufficient joined up approach across key organisations, lack of engagement of communities with a higher level of smoking as well as Trading Standards reduced capacity.

Whilst vaping is less harmful than smoking cigarettes and can help smokers to quit, there is emerging concern around the long-term impacts of vaping amongst young people due to the increasing trend in youth vaping driven by concerted marketing, proliferation of outlets selling illicit tobacco and vapes, disposable vapes and social media.

This Havering Tobacco Harm Reduction Strategy 2024-2029 aims to focus on local challenges to reduce both tobacco and vape harm in the borough over the next five years through joined up and sustained action with a multi-faceted approach focused on the needs of the different groups.

## 2. Vision

To deliver a smoke-free future for Havering and improve the health and wellbeing of the local population.

## 3. Aim

To work in partnership with other organisations and services to offer evidence based support to smokers to quit as well as making smoking less visible, creating smoke-free environments and tackling vaping amongst young people.

## 4. Policy and Strategic Context

This strategy does not sit in isolation and is aligned to and supported by a range of national, regional and local strategies and initiatives including those listed below.

|  |  |  |
| --- | --- | --- |
| National Strategies | Regional Strategies | Local Strategies |
| * Stopping the Start: our new plan to create a smoke free generation (2023) * Towards a smoke-free generation: A tobacco * control plan for England (2017) * Smoking (2017) * PHE Strategy 2020-25 * NHS Long Term Plan | * Interim North East London Integrated Care Strategy (2023) | * Havering Health and Well-being strategy * Havering Corporate plan |

## 5. National Picture

In the UK, smoking remains the primary contributor to preventable health issues, resulting in approximately 74,000 deaths annually[[7]](#footnote-7). The association between smoking tobacco and healthcare burden is clear, with over 500,000 hospital admissions each year and with smokers facing a 36% higher likelihood of hospitalisation compared to non-smokers[[8]](#footnote-8). In terms of **deaths attributable to smoking,** 35% of all deaths for respiratory diseases, and 25% of all deaths for cancers were estimated to be due to smoking.

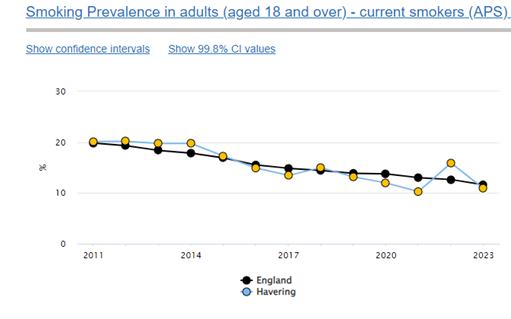
The government Tobacco Control Plan, TCP (2017-2022) outlined four principal areas of action to reduce tobacco harm – focusing on supporting smokers to quit, achieving a smoke free pregnancy, improving access to support services and providing equal support to those with mental health conditions. A 2023 Command paper, *Stopping the Start: our new plan to create a smoke-free generation*, set out a measures to drive forward the smoke-free ambition with *no more than 5% of the population smoking by 2030* and a commitment to tackle youth vaping. Measures to achieve the ambition include:

* New Legislation to gradually increase the age of sale of tobacco by one year annually from 2027 onwards, ensuring children born on or after January 1st 2009 cannot purchase tobacco products.
* Strengthening support for people to quit smoking.
* A Swap to Stop vape programme as well as incentives for pregnant women to stop smoking.
* Legislation on youth vaping.

## 6. Smoking in Havering

Havering has seen a fluctuation in adult smoking prevalence in recent years rising from 10.3% in 2021 to 15.9% 2022. However, 2023 data shows a smoking prevalence of 10.9% and a three year range (2021 to 2023) indicates 12.4% (25,560)[[9]](#footnote-9) of adults smoking prevalence, similar to 11.6% London and 12.4% England.

**Figure 2:** Smoking Prevalence in Adults (18+)



Source: Office for Health Improvement and Disparities (OHID) Smoking Profile - Data - OHID (phe.org.uk)

## 6.1 Who are smoking across Havering

Smoking in Havering varies by ethnicity, gender and across different age and socio-economic groups with close links to deprivation[[10]](#footnote-10). Certain demographics groups are more disproportionately affected by smoking with higher rates among the main white population, males, those with substance misuse and those with severe mental health conditions. There are also higher levels of smoking amongst those living in rented accommodation. Among routine and manual workers smoking rates have dropped from 28.1% in 2022, to 14.4% in 2023[[11]](#footnote-11). In terms of age, smoking prevalence is highest amongst the working age group 31-35 (18.99%) and lowest amongst adolescents aged 12-15 (0.10%).

Amongst pregnant women the percentage smoking at the time of delivery in Havering has shown a falling trend over the past decade, from 13.1% in 2012/13 to 3.7% in 2023/24. Amongst this group, local data from the pregnancy stop smoking service shows that socio- economically, smoking is more predominant among pregnant women from more deprived areas of Havering such as Rainham (25%) and Harold Hill (22%) with 50% in routine and manual occupations and 33% having never worked or are long-term unemployed[[12]](#footnote-12).

**Figure 3:** Smoking prevalence by demographics in Havering

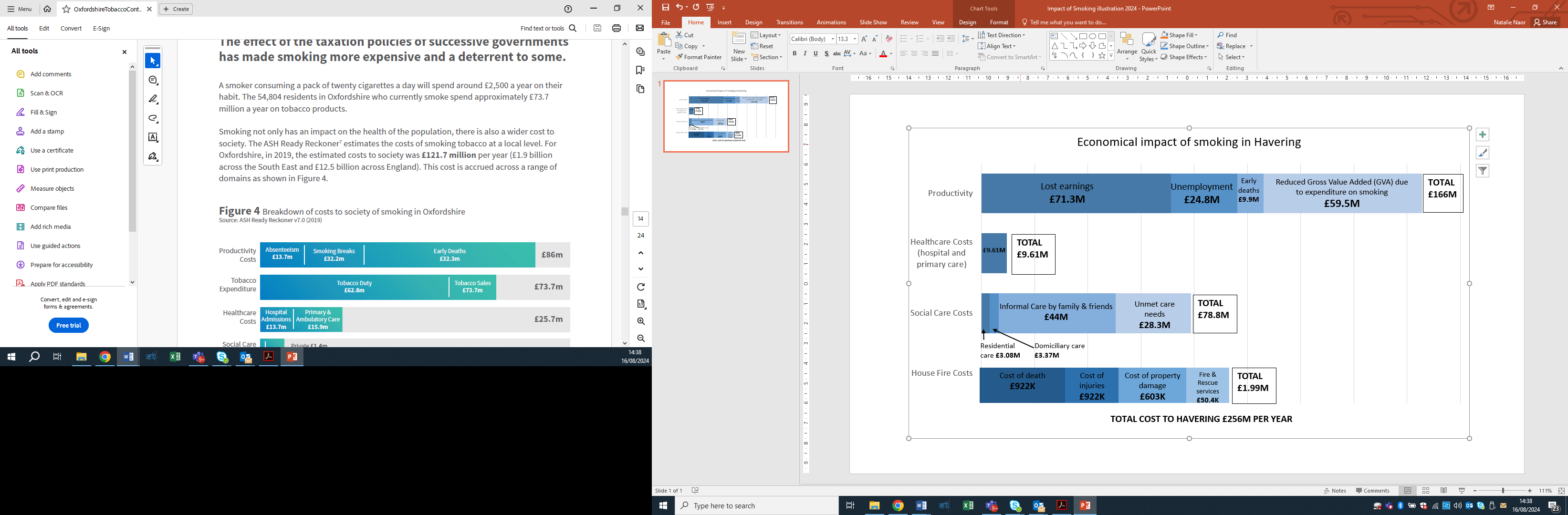
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| --- | --- | --- | --- |
| **Smokers**   |  |  | | --- | --- | |  | **10.9%** of Havering 18+ population smoke. Over 1 in 10 adults | | **Smoking by Gender**  **13.4%** males and 9.9% of female smoke. Males are 35% more likely to smoke than females |
| **Smoking by age group**    **14.5%** of 25-29 year olds nationally smoke, the highest age group for smoking Additionally, 30-34 year olds and 40-59 year olds also have smoking rates significantly above the national average. | **Mental Health**  **29.2%** of adults with long term mental health conditions smoke in Havering, compared to 26.3% in London and 25.1% nationally. **29.4%** of those with serious mental illness SMI smoke |
| **Socio Economic Group**  **14.4%** of routine and manual workers (aged 18-64yrs) in Havering smoke compared to 15.2% in London and 19.5% nationally. | **Social Housing**  Social Housing - The Carbon Literacy Project **26%** of social housing tenants smoke  against11.5% of those who own their property smoke. |
| **Learning Disability**    **7.9%** of those with a learning disability In Havering, smoke. | **Smoking in pregnancy**  **3.7%** of pregnant women smoked at the time of delivery in 2022/23. |
| **Alcohol Users**  **60%** of Havering adults admitted to treatment for alcohol and non-opiate misuse smoke. | **Opiate Users**  **69.7%** of Havering adults admitted to treatment for all opiate misuse smoke |
| **Children Smoking**  480 children start smoking in Havering very year | **Second-Hand Smoke**   |  |  | | --- | --- | | **C:\Users\holderm\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\37AB96CC.tmp** | **10,200** children live in smoking households and exposed to second hand smoke | |
| **Youth Vaping**  Cartoon Boy Vaping with Isolated Background Stock Vector - Illustration of  equipment, habit: 60136830  **18%** of 11–17-year-olds have tried vaping nationally | **£69,000** worth of counterfeit tobacco and vapes including 2,500 vapes, 58, 000 cigarettes and 223 packet of hand rolling tobacco seized by trading standards in 2023, [[13]](#footnote-13) |

## 7. Impact of Smoking in Havering

**Figure 4:** Impact in Havering [[14]](#footnote-14)

Economically, smoking leads to costs for individual and Havering and it is estimated that

* 32,500 residents that smoke collectively spend £78.5M annually on tobacco, equating to around £2,400 per smoker per year.
* smoking costs Havering £256 million per year (see Figure 1) whilst revenue from cigarettes and hand rolled tobacco taxation (excluding VAT) only brings in about £40.6 Per year[[15]](#footnote-15).

**Figure 5**: Breakdown of costs to society of smoking in Havering [[16]](#footnote-16)

The environmental impact associated with smoking is evident in every stage of the tobacco supply chain. It includes deforestation for cultivation, energy-intensive curing processes, manufacturing and packaging, and cigarette butt litter (the most common type of litter worldwide). According to Keep Britain Tidy research, smoking related litter is the most prevalent form of litter in England, 68% of all littered items[[17]](#footnote-17).

## 8. Inequalities

Smoking is major driver of persistent health inequalities nationally and within Havering. Levels of smoking are higher among males compared to females and differ by socio-economic status, occupation and age. Higher levels of smoking levels exist among those living in rented accommodation compared to those who own their own homes. Variation exists among those experiencing mental illness, and across all substance misuse groups, the level of smoking is higher (53%) than the general adult population in England.

**Figure 6:** Inequalities in Havering [[18]](#footnote-18)

Smoking is strongly associated with deprivation with residents living in social housing largely located in the most deprived areas of the borough such as Romford, Rainham and Collier Row exhibiting a higher smoking prevalence compared to those in more affluent areas.

## 9. Smoking and Vaping among young people

The prevalence of smoking in Havering varies across age groups and highest among those aged 30-35 at 18.99% and lowest amongst adolescents aged 12-15 at 0.10%[[19]](#footnote-19).

This shows that smoking is predominant among those of working age groups in Havering.

Vapes (E-cigarettes) are effective tools for smoking cessation however, it is not recommended for young people. There are concerns around the growing trend of vaping amongst children and young people. A national Youth Survey in 2024 found 18% of 11–17-year-olds tried vaping, with 72% of 11–17-year-olds reported exposure to some form of vape promotion, mainly from shops (55%) and online (29%)[[20]](#footnote-20). In Havering a Youth Wellbeing Census (2023) revealed 12% of Havering pupils have experimented with vaping. Youth exposed to vaping are at risk of developing chronic respiratory issues like coughing, bronchitis and exacerbation of asthma, along with potential long-term cardiovascular consequences. Furthermore, vaping at a young age can lead to nicotine dependence, which can adversely affect brain development.

Havering faces multiple challenges in reducing both tobacco and vapes use among young people due to widespread promotion through social media, local shops, and advertisements deliberately designed to appeal to children with sweet flavours and colourful packaging. Additionally, there is limited capacity locally to tackle illicit and underage sale through robust enforcement measures. The recent ban on disposable vapes due to come in June 2025 and proposed new legislation on smoking and vapes are aimed at driving down access and availability of vapes to young people and will strengthen local efforts.

No single organisation or service can tackle the challenges of reducing smoking and vaping in the borough. The Tobacco Harm Reduction Strategy places emphasis on a joined up approach across different organisations and the adoption of multi-faceted actions to reduce smoking and youth vaping to ensure local residents, including children and young people, have the best chance of healthy lives.

## 10. Recommendations from Tobacco Harm Reduction Needs Assessment

The 2023 needs assessment highlighted the key issues and challenges faced by Havering and outlined a set of recommendations to help drive forward the ambition for a smoke-free borough. Additional recommendations were also made for specific groups particularly those with high level of smoking. The main recommendations include:

* Expand service provision and ensure availability of the full range of cessation aids.
* Prioritise tailored support for groups with high smoking levels and in deprived areas.
* Improve data collection including ward-level data and for Eastern Europeans and Gypsy, Roma and Traveller communities to facilitate more targeted interventions.
* Provide training for front line health and social care staff to improve knowledge and skills.
* Ensure services are culturally and linguistically sensitive and accessible to those with learning disabilities and the homeless.
* Raise awareness of tobacco harm and local stop smoking services through campaigns.
* Provide tailored information resources and support to families on the dangers of second-hand smoke, especially in households with pregnant women and children.
* Collaborate with community organisations to better reach under-represented groups.
* Strengthen Trading Standard capacity to address illegal vapes and cigarettes.
* Work with educational establishments and young people to raise awareness of harm from tobacco and Vapes.
* Conduct a needs assessment on vaping and young people in Havering

The key recommendations for specific groups are captured in the below tables:

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| **Recommendations-Pregnant women** | **Recommendations-Young people** |
| * Provide carbon monoxide (CO) monitors to Health Visitors to assess smoking status of women at 28 weeks during pregnancy and during new birth visits. * Use Making Every Contact Count (MECC) to offer Very Brief Advice (VBA) on smoking. * Raise awareness of the risks of second and third hand smoke. * Seek ways to engage pregnant women outside of healthcare settings. * Review and strengthen monitoring of the pregnancy service. * Ensure more robust and regular data collation to address inequality. | * Develop materials with young people to educate and empower them not to start smoking and to de normalise smoking. * Encourage Smoke-free Champions working with schools signed up to the Healthy Schools London Programme. * Work with young people to develop campaigns relevant to them, to dispel myths and discourage smoking and vaping. * Undertake a needs assessment on vaping. * Improve data on the demographics of children and young people smoking and vaping. * Encourage more retailers to implement Challenge 25 (Age ID verification). * Conduct outreach programmes in schools and community centres to support child smoking cessation and vaping. |

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| **Recommendation - Serious Mental Illness (SMI)** | **Recommendations** **-Substance Misuse** |
| * Develop specialist stop smoking service for people with SMI. * Increase targeted support in local services frequented by those with SMI. * Expand access to alternative nicotine products for those at risk of poor mental health. * Provide training on VBA+ and the speciality mental health module to frontline staff, charities and mental health providers. * Raise awareness of the impact of smoking on mental health through engagement. | * Develop a specialist stop smoking service tailored for people with drug/alcohol dependency and smoking. * Offer in-reach cessation support through providers. * Strengthen referral pathways from treatment into a smoking cessation service. * Offer pharmacotherapy/vapes within treatment centres. * Train substance misuse providers and addiction charities to offer VBA. |

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| **Recommendations – Learning disabilities (LD)** | **Recommendations - Homeless, social housing and private renters smokers** |
| * Increase awareness about the smoking exposure risks. * Provide VBA training and information for LD staff. * Distribute accessible educational materials on smoking for LD individuals. | * Facilitate a joint approach between Public Health and homeless services. * Offer VBA Training to those working with the homeless and to social housing providers. * Work with housing to develop policies to reduce smoking in social housing. * Embed social housing-based tobacco control programmes within other strategies such as the Housing Strategy and Poverty Reduction Strategy. * Collaborate with landlords and property management companies to promote smoke-free living and provide resources for private tenants interested in quitting smoking. |

## 11. The Priorities for 2024-2029

This Havering strategy will focus on following four strategic priority areas:

* Supporting smokers to quit with a focus on eliminating variation in smoking rates
* Prevention - empowering people, including the young, not to smoke or vape
* Creating smoke free environments
* Strengthening regulation and enforcement

The below diagram illustrates how these areas fit together to support the delivery of the strategy. Reducing tobacco use requires strong partnership and a whole system approach across different organisations to succeed.

**Figure 7:**  Priorities

## 11. 1. Prevention

Prevention aims to empower people including young people not to take up smoking as evidence indicates that most people start smoking during teenage years. This requires bold and ongoing initiatives such as raising awareness of the harm caused by smoking, and potentially by vaping. It requires the reduction in promotion of cigarettes and to de-normalise smoking with ongoing measures to reduce the availability, attractiveness and affordability of tobacco products together with enforcing legislation. Clear messaging on vapes, as well as information on risks posed by illicit tobacco and vapes is needed. Engagement of young people in developing relevant messages is crucial. Our priority actions on prevention, informed by the needs assessment recommendations, are below:

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| **We will:**   * Improve data on smoking at ward level and for key groups. * Improve partnership with organisations including NHS and key services to ensure key strategies include reducing tobacco harm. * Provide training on Very Brief Advice training for health and social care professionals. * Conduct annual campaigns in line with national campaigns, encouraging greater awareness of tobacco harm and to promote local Stop Smoking Services. * Provide tailored information, resources and support on second-hand smoke. * Engage with community organisations to better reach and support under- represented groups. * Commission research to gain insights into groups with high smoking levels for better understanding of why they smoke and to develop targeted interventions. |
| **To prevent smoking and vaping among young people we will:**   * Work with schools signed up to the Healthy Schools London Programme to develop Smoke-Free Champions. * Work with educational establishments to highlight smoking and vaping impacts. * Work with young people to develop resources and campaigns relevant to them. * Undertake a needs assessment on vaping among young people. |

## 11.2 Supporting smokers to quit and reducing variation in smoking rates

* Whilst the latest data indicates a drop in prevalence of those smoking in Havering, the wide variation in smoking prevalence amongst different groups continue to pose a challenge. There is a close link of groups with higher smoking levels in more deprived areas of Havering. National guidance (NICE) for commissioning stop smoking services recommends that at least 5% of smokers should have an initial consultation (treating at least 5% of the estimated local population who smoke each year)[[21]](#footnote-21). 5% of Havering smokers in 2023 would be 1,127 (estimated population of smokers 22,546 in 2023).

Since 2023 local stop smoking provision has been expanded resulting in the following:

* Six community pharmacies supporting smokers to quit in more deprived parts of the borough to reduce inequality of access to support to stop smoking.
* An Adviser led stop smoking service providing tailored support to the groups with high levels of smoking such as routine and manual workers and those living in social housing. This service has incorporated a specialist service to pregnant women and following birth, to help them quit and to stay smoke-free.
* A dedicated service for people with a serious mental illness (SMI) established.
* Very Brief Advice training provided to frontline health and social care staff.
* Regular campaigns carried out to raise awareness of local stop smoking services and the harms of smoking.

The momentum needs to be continued with stronger engagement with key stakeholders’ and services including mental health, substance misuse, respiratory and cardiovascular services as well as housing services and those working with men.

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| **We will:**   * Continue work to reduce health inequality in smoking by strengthening and expanding provision in more deprived locations. * Continue to prioritise support to high-smoking prevalence groups to reduce health inequalities. * Ensure services offer a full range of tobacco harm reduction aids to maximise opportunity for more people to quit smoking. * Strengthen the referral system to the local stop smoking services. * Promote services and encourage smokers to make a quit attempt via a range of communication channels. |
| **For specific groups we will:**   * Provide carbon monoxide monitors to Health Visitors to record the smoking status of pregnant women and new mothers, and offer them support to quit. * Monitor and review the service for people with SMI. * Explore provision of tailored support for people with substance misuse including in-reach cessation support. * Strengthen referral pathways from treatment into smoking cessation programmes. * Offer pharmacotherapy/vapes within treatment centres. * Explore further opportunities to work with local doctors (GPs) and Primary Care Networks (PCNs) around smoking. * Work with key services and programmes including the Targeted Lung Health Check programme, cardiovascular and respiratory services to ensure staff are trained on VBA to check smoking status and promptly refer smokers into cessation programmes. * Work with the voluntary and community sector to engage with high smoking groups. |

## 11.3. Creating more Smoke free Environments

Passive smoking, or second hand smoking, means breathing in other people’s tobacco smoke either from cigarettes, pipes, cigars or shisha pipes (hookah). Most tobacco smoke is invisible but it spreads and can stay in the air for hours as well as build up on surfaces and clothes. This is called third hand smoke.

Creating and promoting a more smoke-free environment will contribute to protecting residents including children and other vulnerable people from second-hand smoke. Further restrictions on areas where people can smoke will further reduce smoking visibility and help de-normalise smoking. National policies and legislation restricting tobacco marketing have been effective by reducing the uptake of smoking through advertising by the tobacco industry.

Previous legislations, including the 2007 legislation raising the legal age for purchasing tobacco from 16 to 18 in England, ban on cigarette vending machines in England in October 2011 and the smoking ban in cars (with passengers under 18) in England and Wales in October 2015 have all helped to dramatically reduce smoking. The proposed legislation to raise the age of sale of tobacco one year every year (from 2027 onwards) is being awaited and expected to positively impact the take up of smoking in future (See appendix 1 for other legislations). Below priority actions will help to consolidate a smoke-free borough.

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| **We will:**   * Encourage workplaces to promote smoke-free environments and support staff to quit. * Work with housing to develop policies to reduce smoking in social housing. * Embed social housing-based tobacco control programmes within other strategies such as the Housing strategy. * Work with landlords and property management companies to promote smoke-free living. * Work with partner organisations including NHS to ensure wider smoke-free policies. * Support organisations and staff working across the community including the voluntary sector to promote smoke-free environments - in homes, cars, play parks and schools. * Promote smoke-free environments as part of our annual campaigns. * Support proposed new national legislations by participating in the consultation processes. * Explore ways to increase local enforcement capacity to enforce legislation locally. |

## 11.4 Local Regulation and Enforcement

Illicit tobacco includes products which fail to comply with legislation and can cover genuine tobacco goods smuggled in from other countries, as well as counterfeit or fake tobacco products that are not regulated. These are often available at cheaper prices, undermining the effectiveness of taxation and making it harder for smokers to quit.

Raising awareness of underage and illicit sales of tobacco, how to report suppliers as well as active seizure of such goods will reduce proliferation and harm.

The Trading Standards Service has an intelligence-led approach to enforcement which has resulted in more targeted work and a greater focus on those traders causing the most harm. Some Local Authorities have carried out enforcement activities to raise awareness amongst local people about the issue of dropping cigarette litter.

Educational campaigns alongside enforcement on cigarette litter can help address the environmental and cost burden of tobacco litter.

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| **We will:**   * Adopt a joined-up approach to tackling the supply of illicit tobacco with key partners. * Raise awareness of what constitutes as illicit tobacco and the effects on society. * Develop a clear mechanism on how and where to report underage and illicit tobacco sales through mass-media campaigns and information sessions. * Increase the number of people who volunteer intelligence and develop a mechanism to report illicit or illegal sale of tobacco and vapes products. * Increase the number of undercover test purchase exercises of tobacco by underage volunteers to support the Trading Standards - Challenge 25 initiative. * Take actions to ensure compliance of regulations relating to electronic cigarettes. * Raise awareness of cigarette littering and increase enforcement for littering. * Continue to support raids with other enforcement agencies of outlets and businesses selling illicit tobacco and vape products, within available resources |

## 12. Measuring progress - Targets and Indicators

The overarching target of the strategy is to achieve a continued reduction in smoking prevalence between 2024 and 2029. A range of national outcome indicators will be used to measure progress according to targets agreed by the Tobacco Harm Reduction Partnership.

By 2025 we aim to achieve the following:

**Table of indicators**

|  |  |  |
| --- | --- | --- |
| **​**  **​** | **INDICATOR ​** | **TARGET OVER 5 YRS TO 2028/29 ​** |
| 1​ | Adult Smoking prevalence\*​ | Continue to maintain a reduction in adult’s smoking prevalence​ from current 10.9% |
| ​  2​ | Smoking by Gender ​ | Reduce smoking prevalence in men 14.1% by 4% ​ |
| 3​ | Persons in treatment for all opiates | Reduce the prevalence of smoking from the current baseline​ of 69.7% |
| 4​ | Persons in treatment for alcohol, non-opiates & smoking (19/20)​ | Reduce the prevalence of smoking from the current baseline​ of 60.0% |
| 5​ | Smoking at time of Delivery | Maintain the 3.7 % smoking prevalence at the time of delivery (national target 6%) |
| 7​ | Severe mental illness | Maintain a reduction in smoking prevalence from the current baseline​ of 39.4%[[22]](#footnote-22) |
| 8​ | Routine and manual workers | Maintain a reduction in smoking prevalence, from 14.4%orking towards the target of 10%, similar to 2019​ |
| 9​ | Social housing  ​ | Maintain a reduction in smoking prevalence from current baseline of 26% ​  ​ |

## 13. Governance and Action plan

A Tobacco Harm Reduction Partnership, which reports to both the Borough Partnership Board and the Havering Health and Wellbeing Board has been established to drive forward the ambition of making Havering smoke- free. The partnership responsibilities are to:

* Oversee development of a tobacco harm reduction strategy and action plan with key priorities in line with national policy and evidence of best practice, and to also advise on changes required to either the strategy or action plan.
* Provide the opportunity for stakeholders to share information and network.
* Identify opportunities for funding tobacco control interventions including economies of scale from working in partnership to provide services.
* Review progress regularly using a clear set of indicators linked to agreed outcomes.

**Figure 8:** Governance

Cabinet

## 

Health and Wellbeing Board

Havering Place Partnership Board

Tobacco Harm Reduction Partnership

Steering Group

The Action Plan, supported by government grant funding, is being implemented through the multi-sector partnership to help achieve a sustained downward trend in smoking prevalence. This will be refreshed annually setting out activities to be delivered with clear objectives, milestones and leads. Responsible leads will report on progress activity and outcomes at quarterly meetings. Updates may be required for presentation to the Borough Partnership Board and Health and Wellbeing Board.

## Appendices

## Appendix 1- Major UK Tobacco Control Milestones

## 1965: all television adverts for cigarettes banned

## 1986: adverts banned in cinemas

## The Tobacco Advertising and Promotion Act (2002) was responsible for getting rid of the remaining forms of tobacco advertising:

## • February 2003 – Ban on print media and billboard advertising

## • May 2003 – Ban on tobacco direct marketing (promotions)

## • July 2003 – Sponsorship of events within the UK

## • December 2004 – Large adverts in shops, pubs and clubs banned

## • 2005 – Sponsorship of global events, including Formula 1 and snooker tournaments A smoking ban, making it illegal to smoke in all enclosed workplaces (which includes offices/shops/restaurants/bars) in England, came into force in July 2007.

## The legal age for purchasing tobacco was raised from 16 to 18 in England, Scotland and Wales in October 2007. In Northern Ireland this came into force in September 2008.

## Cigarette vending machines banned in England in October 2011, in Scotland in April 2013, in Wales in February 2012 and in Northern Ireland in March 2012.

## A tobacco point of sale display ban was introduced in large shops (>280 m2 floor area) in England in April 2012.

## The sale display ban was extended to small retailers across all jurisdictions in April 2015.

## A smoking ban in cars (with passengers under 18) came into force in England and Wales in October 2015. Scotland introduced the same law in December 2016. The ban is not yet in place in Northern Ireland.

## Rules that cigarettes and tobacco must be sold in plain green packets came into force across the UK in May 2017.

## Consultation

The Tobacco Harm Reduction Strategy (2024 to 2029) has been developed with members of the Havering Tobacco Harm Reduction Partnership (THRP).

In line with governance process, an Equality impact Analysis of the strategy will be conducted and the strategy will then be presented to:

* Havering Tobacco Harm Reduction Partnership (THRP) Group for discussion and agreement, including of priorities and targets to be achieved.
* Health And Well-Being Board for approval.
* Havering Place based Partnership board for authorisation to proceed to a wider public consultation and engagement with feedback integrated.
* Presentation to Cabinet by the relevant manager for authorisation.

# Evaluation and review

The strategy will be reviewed and refreshed midway into the 5 year period to assess progress and make adjustments in line with any new developments or national policy changes. A stakeholder workshop will be undertaken to ensure involvement in shaping a refreshed strategy.

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16. ASH Economic & Health Inequalities Dashboard [↑](#footnote-ref-16)
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19. ICB GP Data, September 2023 [↑](#footnote-ref-19)
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