London Borough of Havering

Havering Tobacco Harm Reduction Strategy 2024-2029

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| Version	Change	Date	Dissemination
V0.1			
V0.2			

Contents

Foreword

A statement that introduces the document - usually written by the senior manager or Portfolio Holder for the subject matter. The foreword should outline how the strategy will achieve meaningful outcomes for Havering and its residents.

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, visibility[1] and also normalised by society.

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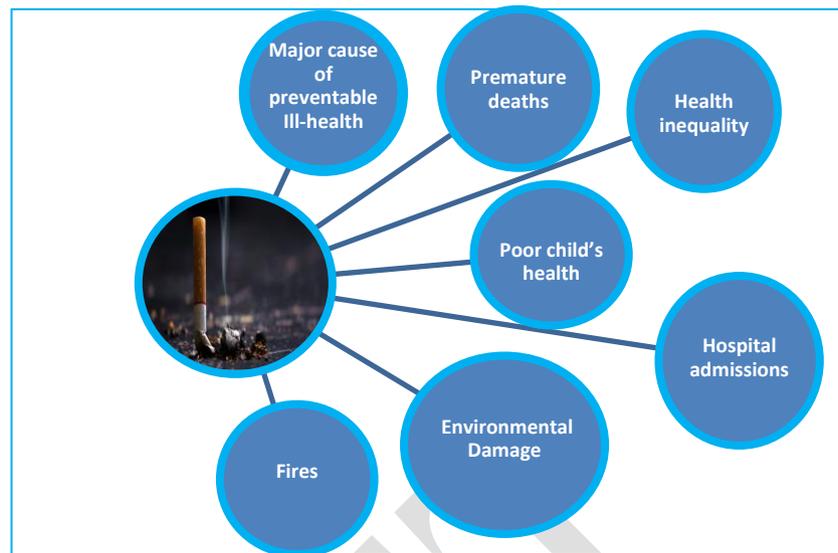
smoking resulting in majority of people continuing to smoke for many years despite wanting to quit.

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 diseases which result in premature deaths are primarily caused by smoking. 72% of lung cancer cases in the UK are caused by smoking[2]. Smoking in pregnancy increases the risk of miscarriage, premature birth, stillbirth and low birth-weight as well as linked to increased risk of sudden infant death after birth. Smoking is a major risk factor for impotence in men[3] and in women it is associated with an increased risk of early natural menopause in women[4].

There are wider impacts of smoking to the individual and the society including through working days lost due to sickness absence, associated costs such as welfare benefit payments for smoking-related illness, NHS costs for treatment of illnesses caused by smoking as well as 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. 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 prevalence and deprivation underscores the critical role of socioeconomic status in shaping smoking behaviours in Havering

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[1] https://news.cancerresearchuk.org/2022/04/01/health-inequalities-why-do-people-smoke-if-they-know-its-bad-for-them/

[2] Lung cancer risk | Cancer Research UK

[3] Ms Allen, Ee Walter. Health-Related Lifestyle Factors and Sexual Dysfunction: A Meta-Analysis of Population-Based Research. Vol. 15, The journal of sexual medicine. J Sex Med; 2018

[4] Whitcomb BW, Purdue-Smithe AC, Szegda KL, Boutot ME, Hankinson SE, Manson JE, et al. Cigarette Smoking and Risk of Early Natural Menopause. American Journal of Epidemiology. 2018 Apr 1;187(4):696–704.

Children's exposure and access to tobacco is strongly determined by both their environment and social circumstances with parental environment being very powerful determinant[5]. Childhood smoking initiation is associated with a wide range of risk factors including: 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 depictions of smoking in the media. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households[6].

Havering has seen a fluctuation in prevalence of smoking in recent years rising from 10.3% of adults smokers in 2021 to 15.9% 2022. Latest data shows a 5% drop to 10.9% in 2023 (similar to 2021 level) lower than 11.7% London, and 11.6% England average. However, 3 year range shows adult smoking prevalence from (2021 to 2023) as 12.4%, similar to 11.6% London and 12.4% England

Challenges faced in tackling smoking are wide ranging and include deprivation (due to close link of groups with higher smoking level in more deprived areas), limited local stop smoking provision and tailored support, insufficient joined up approach between key stakeholders including with NHS, Education, services and lack of engagement of communities with higher level of smoking as well as reduced capacity within Trading Standards around enforcement.

Whilst vaping is less harmful than smoking cigarette and can help smokers to quit, there is emerging concern around long term impact of vaping among young people -driven by concerted marketing and proliferation of outlets selling illicit and disposable vapes. A national survey of young people in 2024, show 18% of 11–17-year-olds tried vaping, around 980,000 children with increasing exposure to vape promotion. 2024 survey found72% of 11–17-year-olds reported exposure to some form of vape promotion, the main sources being in shops (55%) and online (29%)[7].

Maintaining the downward trend in smoking in Havering requires a concerted, joined up and sustained action with a multi-faceted approach focused on the needs of the different groups.

This 2024-2029 Tobacco Harm Reduction Strategy aims to focus on local challenges and to reduce both tobacco and vape harm in the borough over the next five years in line with national ambition of creating a smoke-free society by 2030.

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[5] https://news.cancerresearchuk.org/2022/04/01/health-inequalities-why-do-people-smoke-if-they-know-its-bad-for-them/
[6] https://ash.org.uk/uploads/Youth-Smoking-Fact-Sheet-2024.pdf?v=1710950114
[7] https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain

Vision

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

Aim

To work in partnership with other organisations and services to offer evidence based support to smokers to quit, make smoking less visible, create smoke free environments and tackle vaping among young people.

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 smokefree 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

National Picture

In the UK, smoking remains the primary contributor to preventable health issues, resulting in approximately 74,000 deaths annually[8]. The association between smoking tobacco and healthcare burden in the UK is clear, with over 500,000 hospital admissions each year and with smokers facing a 36% higher likelihood of hospitalisation compared to non-smokers[9]. In terms of deaths attributable to smoking, 35% of all deaths for respiratory diseases, 25% of all deaths for cancers were estimated to be due to smoking.

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[8] Public Health England, 2019: Smoking and tobacco: Applying all our health.
[9] Royal College of Physicians, 2018: Hiding in plain sight: Treating tobacco dependency in the NHS

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

- New Legislation to gradually increase age of sale of tobacco by one year annually from 2027 onwards, to ensure children born on or after January 1st, 2009, cannot purchase tobacco products
- Strengthening support for people to quit smoking.
- Swap to stop programme – free vape provision to smokers to reduce tobacco harm
- Tackling youth vaping
- Incentives to pregnant women to stop smoking

Smoking in Havering

Havering has seen a fluctuation in smoking prevalence in recent years rising from 10.3% of adults smokers in 2021 (20,964) to 15.9% 2022 (32,551). Latest 2023 data show 5% drop to 10.9% in 2023 (22,546) lower than 11.7% London, and 11.6% England average. A 3 year range shows adult smoking prevalence (2021 to 2023) as 12.4%.

Figure 1: Smoking Prevalence in Adults (18+)
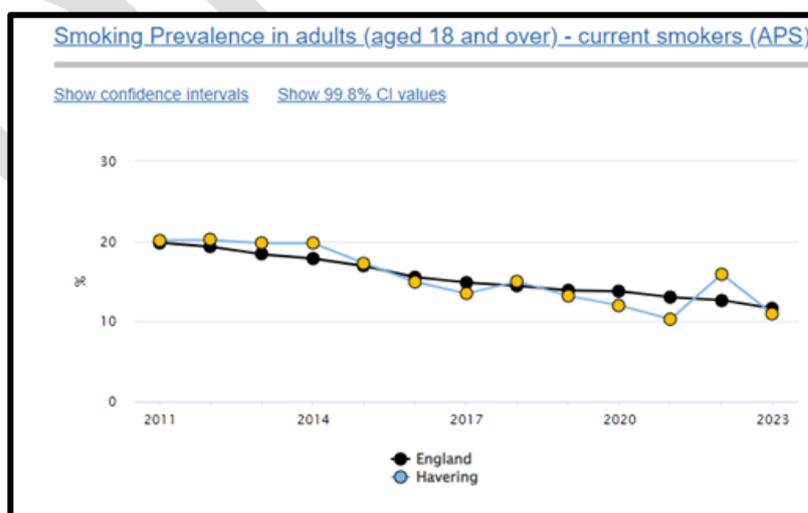
Source: Office for Health Improvement and Disparities (OHID) Smoking Profile - Data - OHID (phe.org.uk)

Smoking in pregnancy

The past decade has seen a falling trend in the percentage of pregnant women smoking at the time of delivery in Havering, from 13.1% in 2012/13 to 4.8% in 2022/23[13]. This rate is comparable to London (4.6%) and significantly lower than the England average (8.8%). However, 2022/23 data showed a slight increase to 4.8% from the previous year (4.5% 2021/22).

Figure 2: Smoking rates at time of delivery for Havering and England
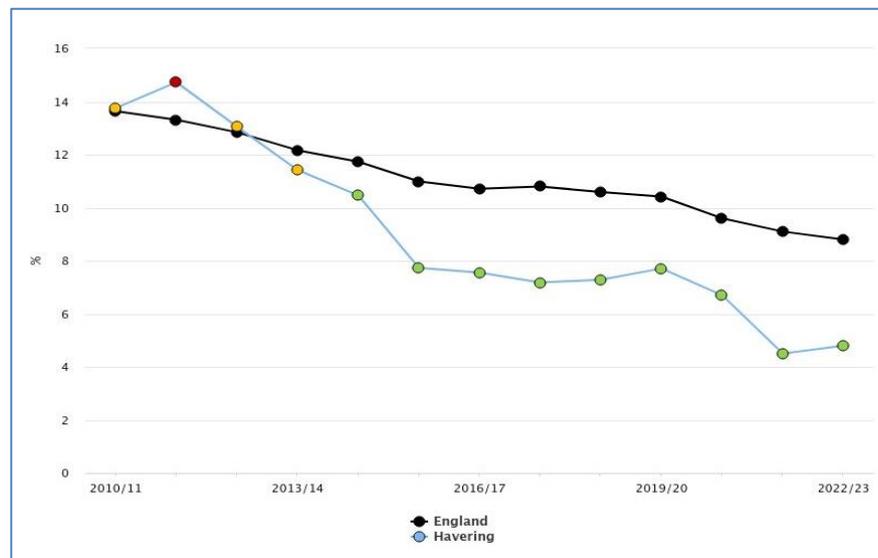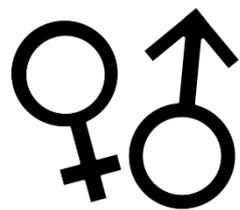

Smoking in young people

Findings from a recent tobacco harm reduction needs assessment and national data show smoking in Havering varies by gender, across different age and socioeconomic groups with close links to deprivation Smoking is higher among main white population compared to all other groups.

Overall Prevalence is high amongst working age groups - amongst age group 31-35 (18.99%) and lowest among adolescents aged 12-15 (0.10%)

Certain demographics groups are more disproportionately affected by smoking with higher rates seen among males, those with substance misuse, those with severe and long term mental health conditions as well as amongst the homeless. There are also higher levels of smoking amongst those living in rented accommodation compared to house owners. Rates among routine and manual workers has dropped from 28.1% in 2022, to 14.4% in 2023, lower than London's 15.2% and England's 19.5% values according to latest annual population survey data by OHID[10]. See below figures

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[10]https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132900/pat/6/par/E12000007/ati/402/are/E09000016/yrr/1/cid/4/tbm/1/page-options/car-do-0
Smoking Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

Figure 3: Smoking prevalence by demographics in Havering (insert infographics here)

Smokers	Smoking by Gender
10.9% of Havering 18+ population smoke.	**22.5%** of males against 8.5% females in Havering smoke.
Smoking by Routine & manual occupation	**Homelessness**
14.4% of routine and manual workers in Havering smoke. London 15.2%, England 19.5	**51%** of those registered as homeless with Havering GPs smoke.
Private Renters	**Social Housing**
29% of Havering's private housing tenants smoke.	**22.5%** of social housing tenants smoke In Havering
Long term Mental Health	**Serious Mental Illness (SMI)**
29.2% of adults with a long-term mental health condition smoke.	**39.4%** of serious mental illness smoke.
Smoking in pregnancy	**Learning Disability**
4.8% of pregnant women smoked at the time of delivery in 2022/23.	**7.9%** of those with a learning disability smoke.

Alcohol Users	Opiate Users
60% of Havering adults admitted to treatment for alcohol and non-opiate misuse are smokers.	**69.7%** of Havering adults admitted to treatment for all opiate misuse are smokers.
Children Smoking	**Second-Hand Smoke**
Every year, 480 children start smoking in Havering.	**10,200** children live in smoking households and exposed to second hand smoke
Children Vaping **20.5%** of children tried vaping Nationally, in 2023.	**£69,000** worth of counterfeit tobacco and vapes including 2,500 vapes, 58, 000 cigarettes (is this packets?) and 223 packet of hand rolling tobacco were seized by trading standards In 2023, [11]
	309 per 100,000 is the rate of Havering smokers aged 18+ who successfully quit for 4 weeks in 2023/24, compared to 1,670 London and 1,800 England rates[12]

Impact of smoking in Havering: (use graphics)

- <u>Smoking-attributable deaths:</u> Between 2017 and 2019, over 900 people in Havering died from smoking-attributable causes, translating to 198.2 deaths per 100,000 people—higher than London's rate (171.3) but lower than England's (202.2)[13].

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[11] Havering Trading Standards, 2024

[12] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2023-to-march-2024-q4-annual/datasets

[13] Office for Health Improvement and Disparities (2024): Public Health Profiles.

- Hospital admissions: In 2019 to 2022, Havering had 1,452 hospital admissions attributable to smoking (993.1 per 100,000), lower than both London (1152) and England (1398). In the same year, there were 530 emergency hospital admissions in Havering for COPD (363 per 100,000), similar to London (358) and lower than England (415) [13].

- Cancer: Smoking is the largest avoidable risk factor for cancer. Between 2017 and 2019, Havering recorded 393 smoking-attributable deaths from cancer (88.4 per 100,000), higher than London's average but lower than England[14]. From 2020 to 2022, Havering recorded 353 deaths from lung cancer (47.8 per 100,000), higher than London but lower than England[13].

- Chronic Obstructive Pulmonary Disease (COPD): In 2020 to 2022, Havering recorded 342 deaths from COPD (45 per 100,000), higher than both London and England[13].

- Cardiovascular disease: In 2017 to 2019, there were 123 smoking-attributable deaths from heart disease in Havering[13].

Economically, Action against Smoking and Health (ASH) Ready Reckoner 2024 estimates that

- 32,500 residents that smoke collectively spend around £78.5M annually on tobacco, which individually equates 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].

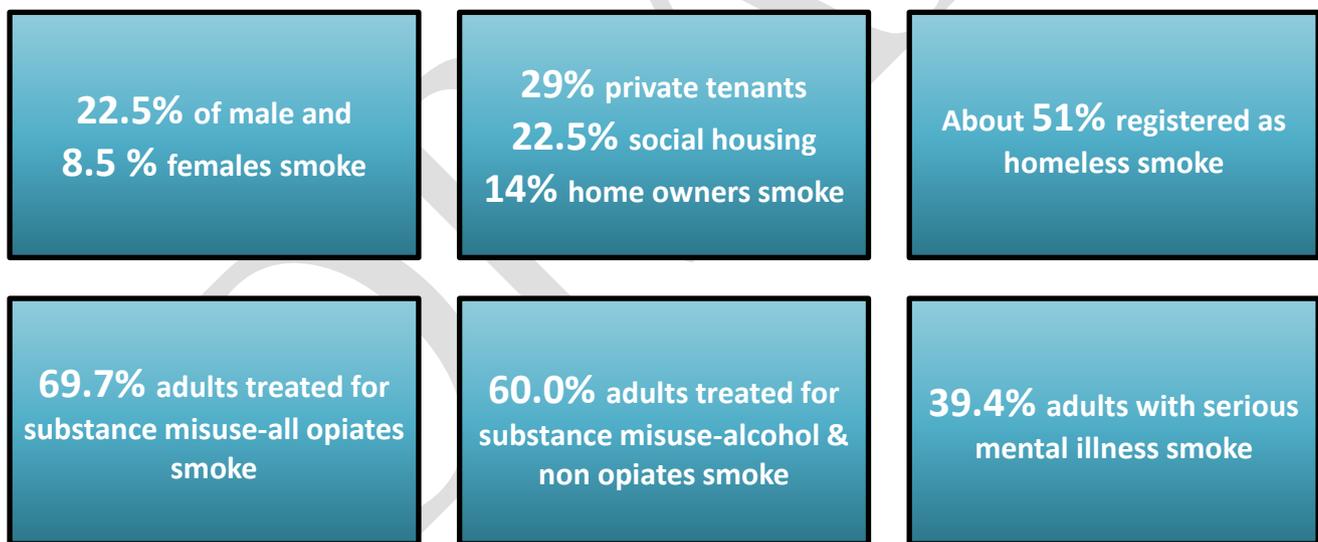**Figure 4:** Breakdown of costs to society of smoking in Havering
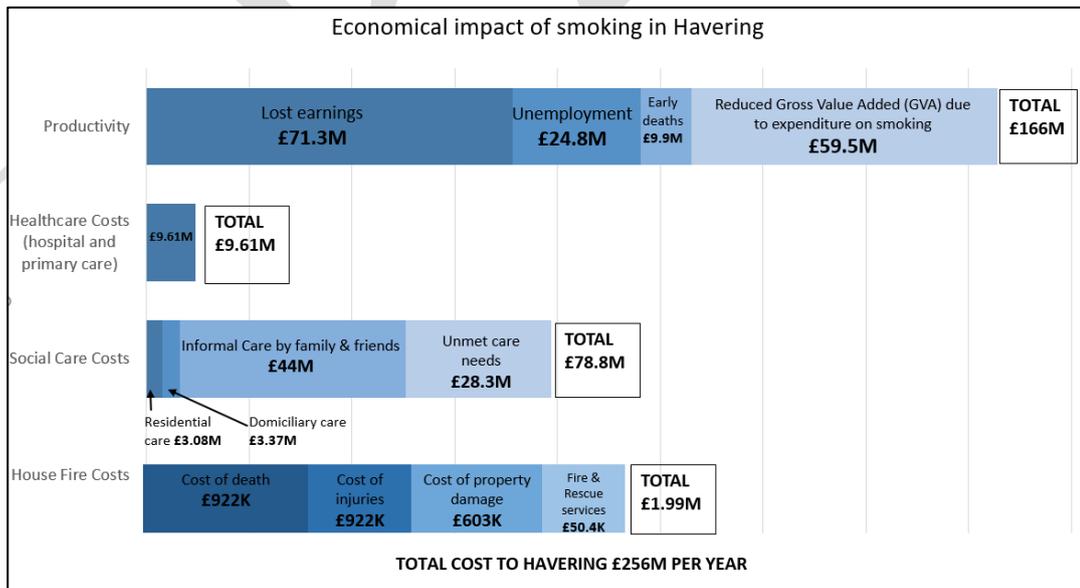
Source: ****ASH Economic & Health Inequalities Dashboard

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[15] https://ashresources.shinyapps.io/ready_reckoner

Environmental impact associated with smoking is evident in every stage of the tobacco supply chain – 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.

Inequality:

Smoking is major driver of persistent health inequalities nationally and within Havering with uneven distribution of smoking amongst groups. Levels of smoking are higher among males compared to females, and also differ by housing, occupation and age groups. There are higher levels of smoking among those living in rented accommodation (social housing and private renters) compared to those who own their homes and amongst the homeless compared to the general population. Variation exists among those experiencing mental illness and misusing substances - 60% of adults admitted for alcohol and non-opiate misuse smoke, while 69.7% of adults admitted to treatment for all opiate misuse smoke. Across all substance misuse groups, the level of smoking is higher (53%) than the general adult population in England

22.5% of male and **8.5 %** females smoke	**29%** private tenants **22.5%** social housing **14%** home owners smoke	About **51%** registered as homeless smoke
69.7% adults treated for substance misuse-all opiates smoke	**60.0%** adults treated for substance misuse-alcohol & non opiates smoke	**39.4%** adults with serious mental illness smoke

There is strong association between smoking and deprivation with residents living in the most deprived areas of the borough such as Romford, Rainham, Collier Row exhibiting higher smoking prevalence compared to those in less / more affluent areas.

Insert map of Havering deprivation

Vaping

Whilst vapes (E-cigarettes) are effective tools for smoking cessation it is not recommended for young people. There are growing concerns around vaping among children and young people. The national ASH Smokefree Youth Survey in 2024, show 18% of 11–17-year-olds tried vaping, around 980,000 children. The 2024 survey found 72% of 11–17-year-olds reported exposure to some form of vape promotion, the main sources being in shops (55%) and online (29%)[16].

A Havering Youth Wellbeing Census (2023) revealed that 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. Additionally, unintended ingestions of vaping liquids, especially among children are a concern, highlighting the importance of child-proof packaging. Furthermore, vaping can lead to nicotine dependence, which can adversely affect brain development, particularly in adolescents (ref).

Havering faces several challenges in reducing both tobacco and vapes use among young people due to widespread promotion through social media and local shops, as well as through advertisements deliberately designed to appeal to children with sweet flavours and colourful the packaging. Additionally, there is limited capacity locally to tackle illicit and underage sale through robust enforcement measures.

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 tackle youth vaping to ensure local residents, including children and young people, have the best chance of happy healthy lives.

Needs Assessment Recommendations

The recent 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:

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[16] https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain

- Expand service provision and ensure availability of the full range of cessation aids.

- Prioritise tailored support for groups with high smoking prevalence

- Improve data collection including ward-level 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, skills and confidence to engage those smoking.

- 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 additional support in more deprived areas with higher smoking prevalence

- Provide tailored information resources and support to families on dangers of second-hand smoke, especially in households with pregnant women and children.

- Collaborate with community organisations to better reach underrepresented groups.

- Work with trading standards to address illegal vapes and cigarettes

- Work with educational establishments and young people to raise awareness of harm from tobacco and Vapes.

- Conduct a separate needs assessment on vaping in Havering

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

Recommendations-Pregnant women	Recommendations-Young people
- Train community based workers* to effectively discuss smoking and potential harm. - Provide carbon monoxide (CO) monitors to Health Visitors to assess smoking status at 28 weeks and at new birth visits - Use Making Every Contact Count (MECC) to offer Very Brief Advice (VBA) on smoking. - Raise awareness of risks of second and third hand smoke - Seek ways to engage pregnant women outside of healthcare setting - Review local pregnancy service and strengthen monitoring arrangement - 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 denormalize smoking - Develop Smoke free Champions working with schools signed up to Healthy schools - Work with educational establishment to highlight smoking and vaping impact - Work with young people to develop campaigns relevant to them, to dispel myths and discourage smoking and vaping - Undertake needs assessment on vaping - Improve data on demographics of children and young people smoking and vaping - Encourage retailers to implement Challenge 25 (Age ID verification) - Conduct outreach programmes in schools and community centres to support child smoking cessation and vaping

Recommendation - Serious Mental Illness	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 with or at risk to poor mental health • Provide training on VBA+ and speciality module on mental health to frontline staff, charities and mental health service providers • Raise awareness of impact of smoking on mental health through engagement	• Develop a specialist stop smoking service tailored to support people with drug/alcohol dependency. • Work with providers to offer in-reach cessation support. • Strengthen referral pathways from treatment into smoking cessation programmes. • Offer pharmacotherapy/vapes within treatment centres • Train substance misuse providers and addiction charities to offer VBA.

Recommendations – Learning disabilities	Recommendations - Homeless, social housing and private renters smokers
• Increase awareness about smoking exposure risks. • Provide VBA training and information for LD staff • Distribute educational materials on smoking that are accessible for individuals with LDs	• Facilitate a joint approach between Public Health and homeless services and increase information about services • Offer VBA Training to those working with homeless individuals and to social housing providers • Work with housing to develop policies to reduce smoking and identify innovative ways to support residents • 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

The Priorities for 2024-2029

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

- Supporting smokers to quit with focus on eliminating variation in smoking rates
- Prevention - empowering people including the young not to smoke and vaping
- Creating smoke free environments
- Strengthening Regulation and enforcement

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 5

Reduction in Tobacco Use

| Prevention - empowerment not to smoke or vape | Suporting Smokers to quit and reducing smoking variation | Creating smoke-free environment | Regulation and Enforcement |
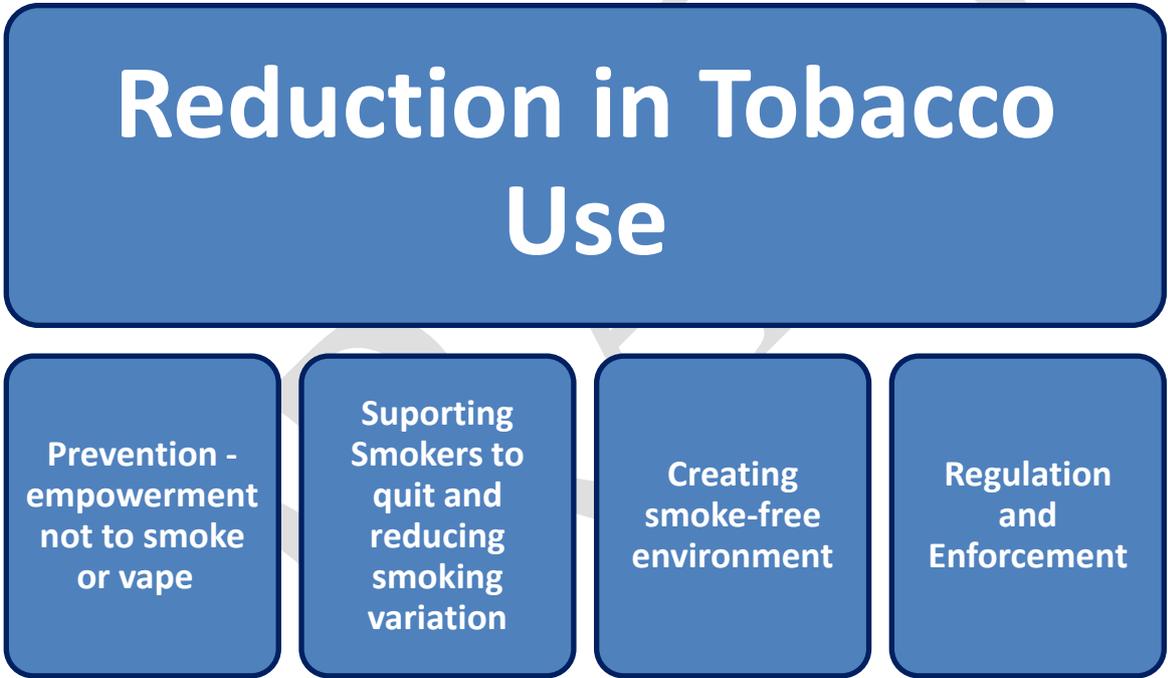
Prevention

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 require reduction in promotion of cigarette 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 vape is needed. Engagement of young people in developing relevant messages is crucial. Our priority actions on prevention, informed by needs assessment recommendation, are below:

We will

- Improve data on smoking at ward level and for key groups for more effective interventions
- Improve strategic partnership with organisations including NHS and key services to ensure key strategies include reducing tobacco harm
- Provide training on Very Brief Advise for health and social care professionals
- Conduct annual campaigns in line with national campaigns, encouraging greater awareness of tobacco harm and promote Local Stop Smoking Services
- Provide tailored information resources and support to families, pregnant women, parents on the dangers of second-hand smoke.
- Engage with community organisations to better reach and support residents in underrepresented groups.
- Commission research to gain insight into groups with high smoking levels for better understanding of why they smoke and to develop targeted interventions

For young people

- Develop Smoke free Champions working with schools signed up to Healthy schools
- Work with educational establishment to highlight smoking and vaping impact
- Work with young people to develop campaigns relevant to them, to dispel myths and discourage smoking and vaping
- Undertake needs assessment on vaping

Supporting smokers to quit and reducing variation in smoking rates

- Whilst latest data indicate 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 close link of groups with higher smoking level located in more deprived areas. National guidance (NICE) for commissioning stop smoking services recommends that at least 5% of smokers should have an initial consultation with an adviser (treating at least 5% of the estimated local population who smoke each year)[17]. 5% of Havering smokers in 2023 would be 1,127 (estimated population of smokers 22,546 in 2023).

Since 2023 local stop smoking provision, previously limited due to previous decommissioning of services, has been expanded in line with needs assessments recommendation resulting in

- Six community pharmacies commissioned to support people to quit located in more deprived parts of the borough to reduce inequality of access to support to stop smoking

- An Adviser led stop smoking service to provide tailored support to the groups with high level of smoking such as routine and manual workers and those living in rented social housing has been implemented. This service has incorporated a specialist service to pregnant women, during pregnancy and following birth, to help them quit and to stay smokefree.

- A dedicated service for people with serious mental illness (SMI) established

- Very brief advice training has also been provided to frontline health and social care staff to increase their skills and confidence to engage those smoking

- A campaign plan developed with regular campaigns carried out to raise awareness of local services and the importance of stop smoking.

The momentum needs to be continued with stronger engagement with stakeholders' organisation and key services including mental health, substance misuse and homeless/ housing services and those working particularly with men.

We will
- Continue work to reduce health inequality in smoking by strengthening and expanding provision in more deprived locations

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[17] https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-policy-commissioning-and-training

- Continue to prioritise support to high-smoking prevalence groups to reduce health inequalities via new adviser led community services
- Ensure services offer full range of tobacco harm reduction aids, including vapes and medication to maximise opportunity for more quits
- Strengthen the referral system to ensure that all care providers and health practitioners promptly refer direct to the local services
- Promote services and encourage smokers to quit attempt via a range of communication channels and media including print, radio, social media, and outdoor advertisements as well as through joy app and partner organisation newsletters.

For specific groups we will
- Provide carbon monoxide monitors to health visitors to record smoking status of pregnant women and new mums and offer them support to quit.
- Monitor and review service for people with SMI
- Explore provision tailored to support people with drug/alcohol dependency including offer of in-reach cessation support.
- Strengthen referral pathways from treatment into smoking cessation programmes.
- Offer pharmacotherapy/vapes within treatment centres
- Continue to explore work with local GPs and PCNs around smoking
- Work with key services and programs including Lung health check programme, cardiovascular and respiratory services to ensure staff are trained on VBA, check smoking status and promptly refer smokers into cessation programmes
- Explore work with voluntary and community sector to engage those groups with high smoking prevalence

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, furniture and clothes. This is called third hand smoke.

Creating and promoting a more smokefree environment will contribute to protecting residents from harm of second-hand smoke. Further restriction 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 necessary and effective because of

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the successful promotion an uptake of smoking through advertising, ease of access, visibility by the tobacco industry.

Previous legislations, including 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, the smoking ban in cars (with passengers under 18) in England and Wales in October 2015 have helped to dramatically reduce smoking. The 2023 proposed legislation to raise the age of sale of tobacco one year every year (from 2027 onwards) to ensure Children born on or after 1st January 2009 will not legally be able to buy tobacco products is being awaited and expected to positively impact number of people taking up smoking in future (See appendix 1 for other legislations). Below priority actions will help to consolidate a smokefree borough.

We will

- Encourage workplaces to promote smokefree environments and support staff to quit
- Work with housing to develop policies to reduce smoking and identify innovative ways to support residents
- Embed social housing-based tobacco control programmes within other strategies such as the Housing strategy and Poverty Reduction Strategy.
- Explore ways to work with landlords and property management companies to promote smoke-free living and provide resources to private tenants interested in quitting
- Work with partner organisations including NHS Trusts to ensure smokefree policies
- Support organisations and staff working across the community including the voluntary sector to promote smokefree environments - at homes, cars, play parks and schools.
- Promote smokefree environments as part of our annual campaigns
- Support proposed national legislations by participating in consultation process.
- Continued enforcement of smokefree legislation locally.

Local Regulation and Enforcement

Illicit tobacco includes products which fail to comply with legislation and can cover genuine tobacco goods for other countries smuggled as well as counterfeit or fake tobacco products

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 them 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 led to 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.

We will

- Adopt a joined-up approach to tackling the supply and demand of illicit tobacco with key partners

- Raise awareness of what are illicit tobacco, the effects on society

- Develop 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

- Support government legislation to increase the age of sale of tobacco

- Continue/ strengthen tests of underage purchase of tobacco by Trading standards

- Continue effective prosecutions in appropriate cases

- Take actions to ensure compliance to regulation relating to electronic cigarettes.

- Raise awareness of cigarette littering and increase enforcement for littering

- Continue joint raids with other enforcement agencies of outlets and businesses selling illicit tobacco and Vapes products jointly within available resources

Measuring progress - Targets and Indicators

The overarching target of the strategy is to achieve continued reduction in smoking prevalence between 2024 and 2029. A range of national outcome indicators will be use to measure progress according to targets agreed by the Tobacco harm reduction partnership. By 2025 we aim to achieve the following:

NB: priorities, indicators and target TBA.

	INDICATOR	TARGET OVER 5 YRS TO 2028/29
1	**Adult Smoking prevalence*** Havering -10.9% London - 11.7% England - 12.7%	Continue to maintain a reduction in adult's smoking prevalence
2	**Smoking by Gender** Havering M 22.5% ,F 8.5% London - % England - %	Reduce smoking prevalence in men by 5%
3	**Persons in treatment for all opiates and smoking and33.7% for alcohol misuse and smoking (19/20)** Havering - 69.7% London -68.2 % England – 70.2%	Maintain a reduction in smoking prevalence/ Reduce the prevalence of smoking from the current baseline
4	**Persons in treatment for alcohol, non-opiates & smoking (19/20)** Havering – 60.0% London -61.5 % England – 64.6%	Maintain a reduction in smoking prevalence/ Reduce the prevalence of smoking from the current baseline
5	**Smoking at time of Delivery, 2023/24** Havering 4.8% London 4.6% England. 8.8 %	Maintain a reduction in smoking prevalence of smoking at the time of delivery. Stay below 6% national target.
7	**Severe mental illness, 2014/15** Havering -39.4% London – 38.9% England -40.5 %	Maintain a reduction in smoking prevalence from the current baseline
8	**Routine and manual workers** (2023) Havering - 14.4% London – 15.2% England – 19.5%	Maintain a reduction in smoking prevalence, working towards the target of 10%, similar to 2019

9	**Private renters & Social housing (22/23)**	Maintain a reduction in smoking prevalence
	Havering -29% and 22.5%%	
	London - 22% and 28.6%%	

Action plan

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

- Work in partnership to oversee development a comprehensive tobacco harm reduction strategy and action plan with key priorities in line with national policy and evidence of best practice. The partnership will also advise on changes required to either strategy or plan

- Provide 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 clear set of indicators linked to agreed outcomes.

A 2024-25 Action Plan, supported by government grant funding and approved by the Tobacco Harm Reduction Partnership, is being implemented through the multi-sector partnership to help achieve a sustained downward trend. Annual action plans will be developed towards the end of each financial year setting out activities to be delivered the following year 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 Borough Partnership Board and to the 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.

Appendix 2: Equality Analysis

Attach the Equality Analysis carried out as part of the development of the strategy

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 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 and
- Havering Place based Partnership board for authorisation to proceed to wider public consultation and engagement with feedback integrated and
- Presentation to Cabinet by the relevant manager for authorisation

Evaluation and review

The strategy will be reviewed 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.