

London Borough of Havering

Havering Tobacco Harm Reduction Strategy 2024- 2029

Name	
Version number	
Status	
Author	
Lead Officer	
Approved by	
Scheduled review date	

Version history

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	Amendments made to strategy following consultation feedback.	25.04.25	Internal

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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 of:

- 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 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 access¹ and normalised by society.

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

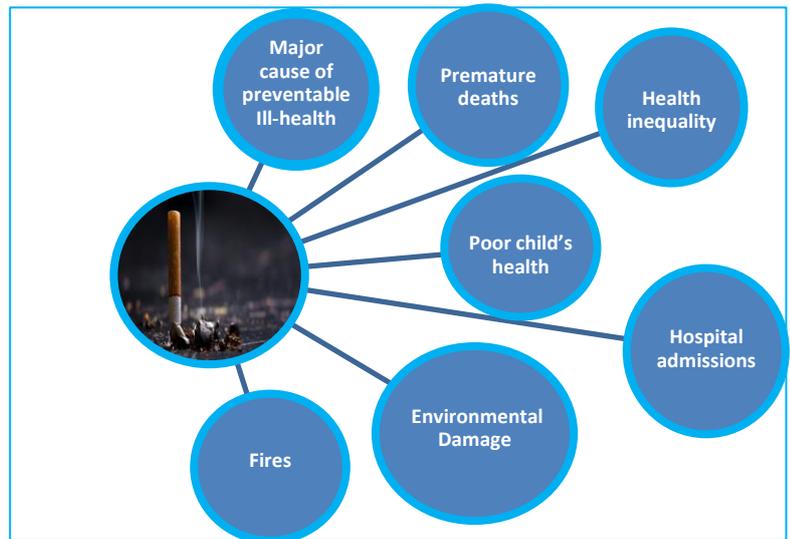


Figure 1: Harms of smoking

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 diseases which result in premature deaths are primarily caused by smoking. 72% of lung cancer cases in the UK are caused by smoking². 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 men³ and in women it is associated with an increased risk of early natural menopause in women⁴.

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 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

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.

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 socioeconomic 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 very powerful determinant⁵. 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 smoking parents or siblings are up to 3 times more likely to become smokers themselves than children of non-smoking households⁶.

Havering smoking prevalence has varied in recent years. However, data from a three year range (2021 to 2023) shows 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 higher level of smoking as well as Trading Standards reduced capacity.

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

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

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>

2. Vision

To deliver a smoke free future for Havering and improve 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, make smoking less visible, create smoke free environments and tackle vaping among 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
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Interim North East London Integrated Care Strategy (2023)	<ul style="list-style-type: none">• 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 annually⁷. 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-smokers⁸. In

⁷ Public Health England, 2019: Smoking and tobacco: Applying all our health.

⁸ Royal College of Physicians, 2018: Hiding in plain sight: Treating tobacco dependency in the NHS

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.

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 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 smokefree 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:

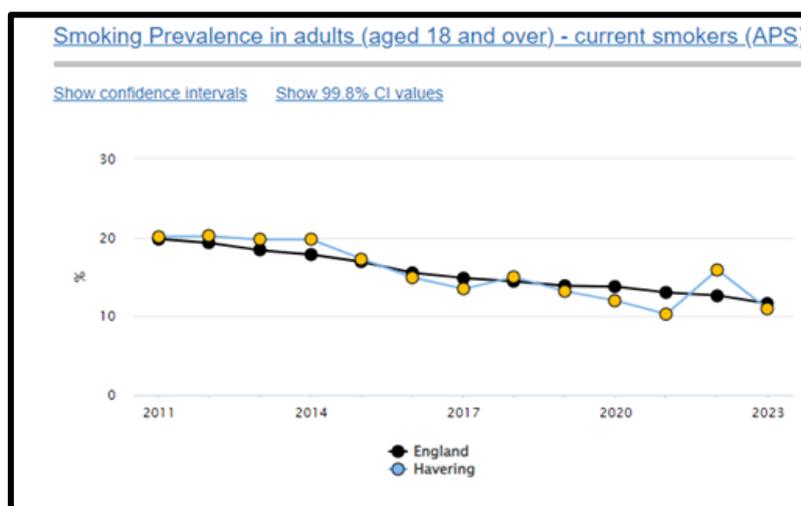
- New Legislation to gradually increase age of sale of tobacco by one year annually from 2027 onwards, to ensure children born on or after January 1st, 2009, cannot purchase tobacco products
- Strengthening support for people to quit smoking.
- Swap to stop vape programme as well as Incentives to pregnant 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 of adults smoking prevalence, similar to 11.6% London and 12.4% England.

Figure 2: Smoking Prevalence in Adults (18+)

⁹ Estimated number of smokers (2023 populations)



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 socioeconomic groups with close links to deprivation¹⁰. Certain demographics groups are more disproportionately affected by smoking with higher rates among the main white population, males, those with substance misuse, severe mental health conditions. There are also higher levels of smoking amongst those living in rented accommodation. Among routine and manual workers smoking rates has dropped from 28.1% in 2022, to 14.4% in 2023¹¹. In terms of age, smoking prevalence is highest amongst working age group 31-35 (18.99%) and lowest among 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%), Harold Hill (22%) with 50% in routine and manual occupations and 33% having never worked or are long-term unemployed¹².

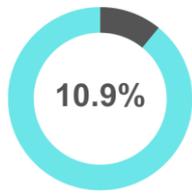
Figure 3: Smoking prevalence by demographics in Havering

¹⁰ Havering tobacco harm reduction needs assessment

¹¹<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 \(phe.org.uk\)](#)

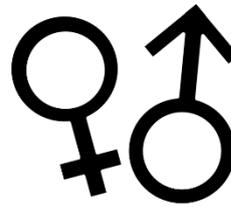
¹² Havering Tobacco Harm Reduction Needs Assessment, 2024

Smokers



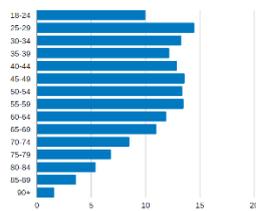
10.9% of Havering 18+ population smoke. Over 1 in 10 adults

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



26% of social housing tenants smoke against 11.5% 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



10,200

children live in smoking households and exposed to second hand smoke

Youth Vaping



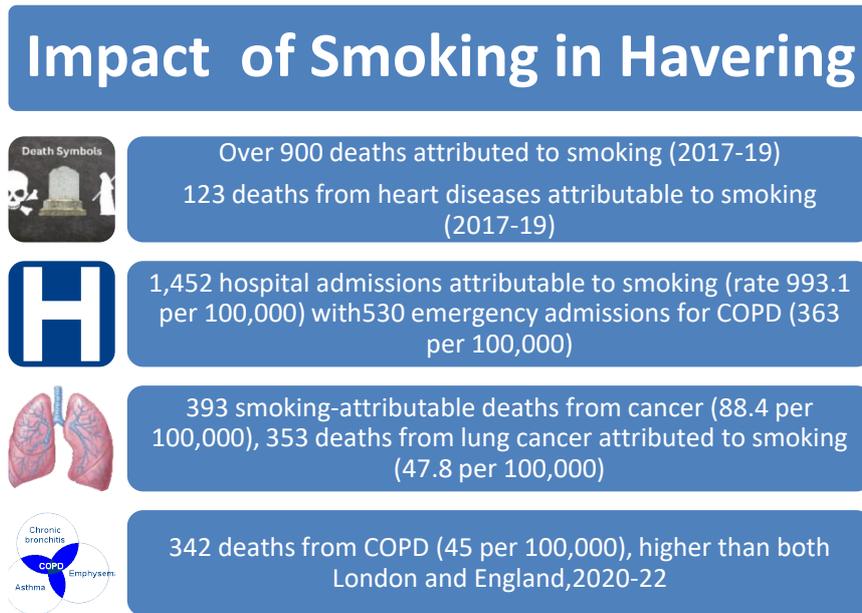
18% of 11–17-year-olds have tried vaping nationally

£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

7. Impact of Smoking in Havering

¹³ Havering Trading Standards, 2024

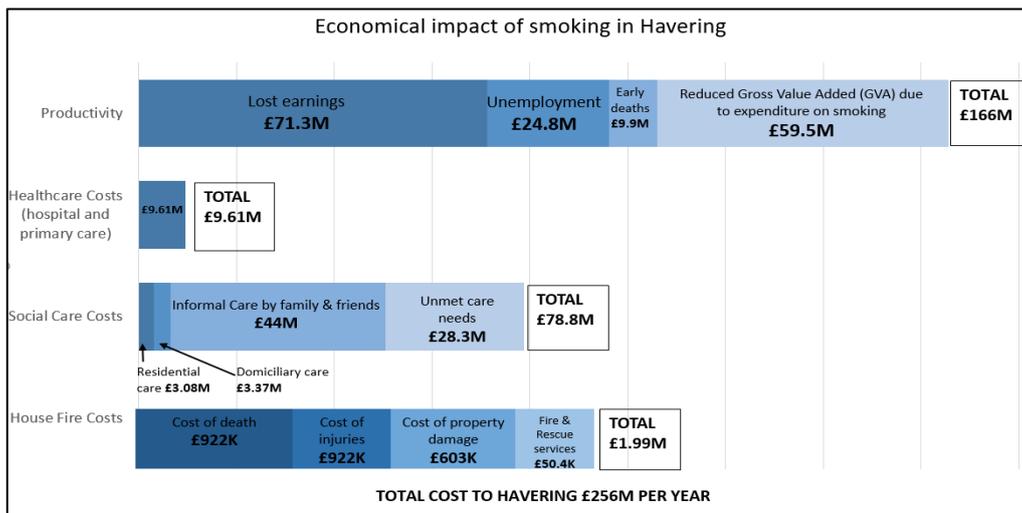
Figure 4: Impact in Havering ¹⁴



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 year¹⁵.

Figure 5: Breakdown of costs to society of smoking in Havering ¹⁶



¹⁴ <https://fingertips.phe.org.uk>

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

¹⁶ ASH Economic & Health Inequalities Dashboard

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.

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 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 ¹⁷



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, Collier Row exhibiting higher smoking prevalence compared to those in more affluent areas.

¹⁷ <https://fingertips.phe.org.uk>

9. Smoking and Vaping among Children and Young People

The prevalence of smoking in Havering varies across age groups and highest among those aged 30-35 at 18.99% and lowest among adolescents aged 12-15 at 0.10%¹⁸.

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 growing trend of vaping among 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%)¹⁹. 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 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 vape 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.

¹⁸ ICB GP Data, September 2023

¹⁹ <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>

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, 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 dangers of second-hand smoke, especially in households with pregnant women and children.
- Collaborate with community organisations to better reach underrepresented 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:

Recommendations-Pregnant women	Recommendations-Children and Young People
<ul style="list-style-type: none"> • Provide carbon monoxide (CO) monitors to Health Visitors to assess smoking status of women at 28 week pregnancy and 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 	<ul style="list-style-type: none"> • Develop materials with young people to educate and empower them not to start smoking and to de normalize smoking • Encourage Smoke free Champions working with schools signed up to Healthy schools • Work with young people to develop campaigns relevant to them, to dispel myths and discourage smoking and vaping • Undertake needs assessment on vaping

<ul style="list-style-type: none"> • Seek ways to engage pregnant women outside of healthcare setting • Review and strengthen monitoring of pregnancy service • Ensure more robust and regular data collation to address inequality 	<ul style="list-style-type: none"> • Improve data on 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	Recommendations -Substance Misuse
<ul style="list-style-type: none"> • 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 to poor mental health • Provide training on VBA+ and speciality mental health module to frontline staff, charities and mental health providers • Raise awareness of impact of smoking on mental health through engagement 	<ul style="list-style-type: none"> • 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 smoking cessation service • 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
<ul style="list-style-type: none"> • Increase awareness about smoking exposure risks • Provide VBA training and information for LD staff • Distribute accessible educational materials on smoking for LD individuals 	<ul style="list-style-type: none"> • 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

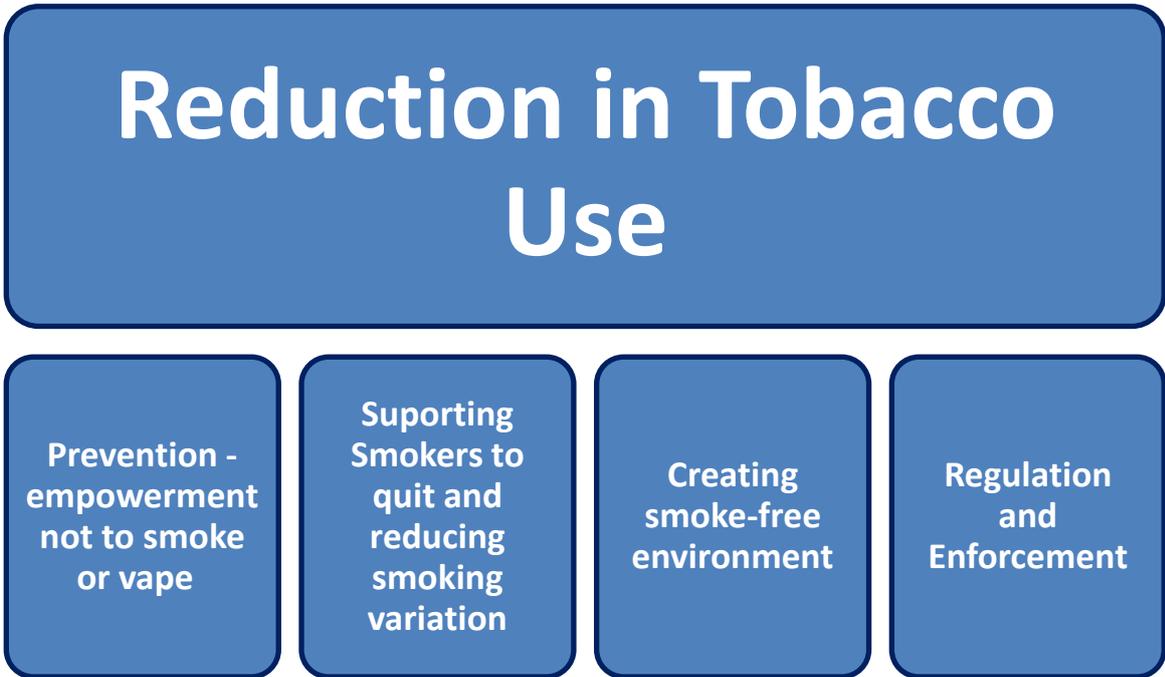
11. The Priorities for 2024-2029

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 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 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
- Improve 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 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 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

To prevent smoking and vaping among children and young people we will:

- Work with schools signed up to Healthy schools to develop Smoke free Champions
- Work with educational establishments including schools and colleges to highlight the impact of smoking and vaping
- Undertake needs assessment on vaping among children and young people
- Work with parents to raise awareness of the harms of smoking and vaping among children and young people
- Signpost parents that smoke to local stop smoking support services, reducing harm from second hand and third hand smoking in the home

- Identify and engage with youth groups and professionals working with children and young people in Havering to co-create resources and campaigns relevant to them

11.2 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 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)²⁰. 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 level of smoking such as routine and manual workers, and social housing. This service has incorporated a specialist service to pregnant women 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 provided to frontline health and social care staff
- Regular campaigns to raise awareness of local services and harm 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.

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

²⁰ <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-policy-commissioning-and-training>

- Ensure services offer full range of tobacco harm reduction aids to maximise opportunity for more quits
- Strengthen the referral system to the local stop smoking services
- Promote services and encourage smokers to quit attempt via a range of communication channels

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 of tailored to support 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 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
- Work with voluntary and community sector to engage 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 smokefree environment will contribute to protecting residents including children and the other vulnerable people 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 effective because of the successful promotion an uptake of smoking through advertising 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 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 smokefree borough.

We will:

- Encourage workplaces to promote smokefree 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, property management companies to promote smoke-free living
- Work with partner organisations including NHS to ensure wider 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
- Explore ways to increase local enforcement capacity to enforce legislation locally
- Signpost parents that smoke to local stop smoking support services, reducing harm from second hand and third hand smoking in the home environment

11.4 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 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
 - Expand tests of underage purchase of tobacco by Trading standards-Challenge 25
 - 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
 - Work with the Licensing and Trading Standards teams to ensure premises are compliant with the licenses that they have been issued

12. 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:

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% ²¹
8	Routine and manual workers	Maintain a reduction in smoking prevalence, from 14.4% working 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

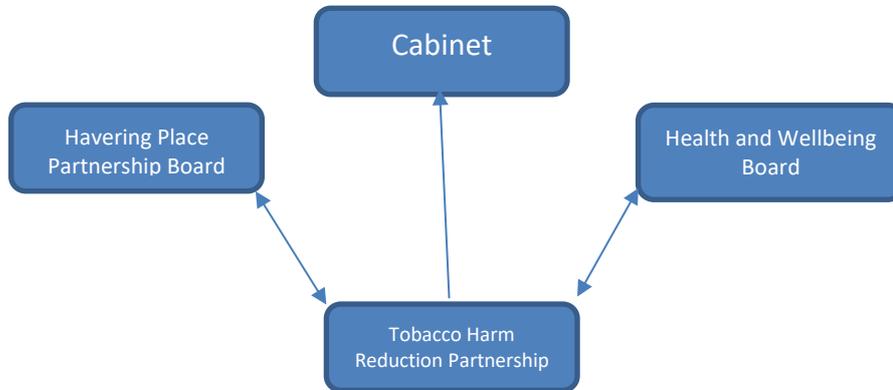
A Tobacco Harm Reduction Partnership, which reports to both the Borough Partnership Board and the Havering Health and Wellbeing Board has been established to drive forward ambition of making Havering smoke free. The partnership responsibilities are to:

- 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 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

²¹ 2014/15 data

- Review progress regularly using clear set of indicators linked to agreed outcomes

Figure 8: Governance



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 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 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.