

# Public Consultation Report

## Tobacco Harm Reduction Strategy

### 2024-2029



April 2024

London Borough of Havering

Natalie Naor, Public Health Strategist

## Executive Summary

The public consultation on the Tobacco Harm Reduction Strategy took place between 17 February and 31 March 2025. Primarily available online via Citizen Space. However, hard copy format of the survey questionnaire was made available in libraries in Havering and also via our specialist stop smoking service provider to allow participation from those unable to access the digital format.

A total of 125 responses were received, broken down by 113 online surveys completed, 2 responses at Collier Row Library, and 10 responses received by the specialist stop smoking service provider. 90% of respondents were Havering residents with the remaining from respondents who either worked in Havering or represented a charity/community group. 20% of respondents were also parents and 2% were young people, under 18. The highest number of responses came from people between ages of 55-74.

We also received views on the strategy from young people via a Youth Council meeting that took place on 26<sup>th</sup> March and consisted of 5 attendees, and also via the SAFE meeting held on 12<sup>th</sup> March which consisted of 15 attendees between the ages of 13-18 years old.

79% of respondents agreed with the four priorities identified in the strategy, with 'Supporting Smokers to quit' and Preventing uptake of smoking and vaping (amongst young people)' being slightly more supported than 'Creating Smoke-free environments' or 'Strengthening regulation and enforcement'.

Feedback comments on priorities were categorized into the following Key themes:

- Choice to smoke/vape
- Smoke-free environments
- Enforcement/Licensing of cigarettes and vapes
- The need to focus on cannabis and drugs
- Vaping
- Education

The most prominent group recommended as a priority was children and young people, followed by other ethnic groups, and people using drugs including cannabis.

The public consultation showed that the strategy covers all major areas of concerns and key priority groups. However, with the repeated reference of vaping and smoking among children and young people, we have now included children and young people as a priority group and also further expanded the strategy to highlight action in the following areas:

- Work with the Licensing and Trading Standards teams to ensure premises are compliant with the licenses that they have been issued.

## Introduction

Smoking is the leading cause of avoidable ill health such as cancer, heart and lung disease and also results in premature deaths.

The Council has been working in partnership with numerous health and social care professionals, community organisations and Trading Standards, all part of the Tobacco Harm Reduction Partnership Group, to develop a strategy to address tobacco and vape harm in Havering.

The Havering Tobacco Harm Reduction Strategy 2024-2029 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 the national ambition of creating a smoke-free society by 2030.

The vision is to deliver a smoke-free future for Havering and improve the health and wellbeing of the population by working 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 smoking and vaping amongst young people, an area of growing concern.

Evidence shows clear inequality of impact caused by smoking with rates higher amongst men, disadvantaged groups, routine and manual workers, people with substance addictions and also among those with long term mental health conditions or a Serious Mental Illness (SMI). The high rates of smoking within these groups further compound the negative impacts on their health, social and financial wellbeing.

Reducing smoking within these groups and in the wider population, as well as tackling or reducing vaping amongst young people, will improve the overall health and wellbeing of Havering residents. In addition, given the prevailing high cost of living, quitting smoking will provide additional benefits in terms of savings made to incomes.

The strategy focuses on four priority areas:

# Reduction in Tobacco Use

Prevention -  
empowerment  
not to smoke  
or vape

Supporting  
smokers to  
quit and  
reducing  
smoking  
variation

Creating  
smoke-free  
environments

Regulation  
and  
enforcement

A public consultation was conducted to gather feedback from residents, businesses, people working in Havering and stakeholders before the strategy is finalised. The results and key themes of the consultation are discussed below. The final strategy has been updated to reflect feedback from the survey.

The survey was promoted and communicated widely across the borough through various channels and networks, and included presentations to key groups such as PHSE leads, Practice Managers Network, Learning Disabilities Board, PCN Managers, and the Youth Services including the Youth Council.

**Methodology**

The consultation was carried out using a survey questionnaire designed by the Tobacco Harm Reduction team with input from Tobacco Harm Reduction Partnership members as well as from other agencies such as Health Watch Havering. See Appendix 2 for survey questions.

This consultation included a public survey through Citizen Space – an online survey platform used by the London Borough of Havering, and hard copies which were available at Libraries across Havering, as well as provided to service users through the Specialist Advisor-led Stop Smoking Service.

The consultation was open from February 17<sup>th</sup> 2025 to March 31<sup>st</sup> 2025. The questions consisted of a mix of quantitative questions and space for qualitative follow-ups.

In addition to the survey on Citizen Space, the Havering Youth Services team were provided with the strategy document and asked to discuss the contents with service users including the Youth Council. This ensured feedback on smoking and vaping was received from young people and so their views could be analysed and used to determine any further changes to the strategy.

At the end of the consultation period all responses were analyzed with qualitative responses grouped into key reoccurring themes.

**Summary from Public Consultation**

**Citizen Space Survey**

This section of the report details the response to questions, share analysis of questions and highlight relevant themes. 125 survey responses were received with 116 responses completed in full and 9 partially completed, giving a validation rate of 93%.

The first part of the survey focused on the respondent's demographics and background including postcode, whether respondents live or work in the borough, whether they are parents or young people (under 18) and also captures their smoking/vaping status.

84% of respondents answered this question, and of those respondents 97% were residents and from a wide variety of Havering postcodes, indicating that the survey was successful in reaching residents across the whole borough. See figure 1 for breakdown. Of the 84% respondents, 20% were parents. With regards to smoking status, 23% of respondents reported being a smoker, whilst 22% were ex-smokers, and 46% never smoked, making the split between smokers (previous and current) and non-smokers even and therefore potentially more balanced in views. Only 8% of respondents reported vaping.

**Figure 1: Respondent location breakdown**

Postcode Location	Percentage of respondents
Hornchurch (RM12)	19%
Romford (RM1/RM7)	16%
Emerson Park (RM11)	14%
Rainham (RM13)	14%
Upminster (RM14)	14%
Harold Wood/Harold Hill (RM3)	13%
Gidea Park (RM2)	8%
Collier Row (RM5)	4%

The next section of the survey focused on key areas of the strategy such as awareness of harms of smoking and vaping, the 4 main priorities, commitments to reduce tobacco harm, and vape harm amongst young people, the priority groups with the highest levels of smoking, as well as key recommendations to tackle smoking and also vaping amongst young people. Respondents were given the opportunity to add their comments, opinions and recommendations. These responses were analyzed and results are presented below.

## **Harms**

96% of respondents claimed to be aware of the harms of smoking indicating that it is generally understood that smoking is harmful and so campaigns and awareness raising has been effective. However, only 62% felt that they understood the harms of vaping with the rest of respondents claiming that they are not sure or don't know the harms. This is likely to be a result of the lack of information around harms of vaping, lack of evidence to support definitive harms and lots of mixed messaging about whether vaping is better than smoking causing confusion amongst the public.

## Priorities

The table below outlines the responses to the 4 priorities of the strategy and the percentage that agreed with the priority.

Priority	Percentage of respondents that answered	Percentage in agreement of the priority
Supporting Smokers to quit	99%	86%
Preventing uptake of smoking and vaping, particularly amongst young people	98%	86%
Creating Smoke-free environments	99%	74%
Strengthening Regulation and Enforcement	99%	72%

It is clear that respondents were overall very supportive of all 4 priorities of the strategy with a higher number in favor of preventing smoking and vaping and supporting people to quit smoking as priorities . There were 36 comments provided by respondents who didn't agree or were not sure about the priorities and were grouped into two main themes below (5 or more respondents commenting on the same theme)

- Smoking is a choice
- Smoke-free environments already exist, are hard to enforce and do not need expanding

There were some comments about undertaking survey itself by some residents who viewed it as a negative due to time and money spent on developing and implementing the consultation. However, Public consultations for the introduction of a new strategy is a requirement of the Council and follows protocol. A minimum amount of money was spent on the consultation and this was approved through the decision making process.

When asked if respondents felt that there were other priorities that should be included in the strategy, 63% stated 'No' and 39% 'Yes' showing that the majority of respondents felt that the priorities included were sufficient. Of the 39% that answered yes to other priorities 40 comments were received and the most common themes for additional priorities were:

- Smoke-free environments
- Education – harms of smoking and vaping
- Tackling other drugs including Cannabis - substance misuse
- Enforcement/Licensing
- Vaping

However, with the exception of licensing all the above listed areas are covered within the strategy as either a priority area, a priority group, or a commitment made. As a result, we have now included within the Regulation and Enforcement section of the strategy a commitment to work with the licensing team as well as Trading Standards following the consultation feedback.

## **Commitments**

With regards to additional commitments to be made in the strategy to reduce tobacco, and also vape harm amongst young people 95% of respondents answered this question with 83% answering 'No' to inclusion of additional commitments showing that the vast majority of respondents were in agreement with the commitments stated in the strategy. 32 people provided additional comments grouped along the following themes:

- Creating Smoke free environments
- Tackling Cannabis/drug usage
- Better education

However, these areas are already reflected in the strategy and therefore no additional commitments are required.

## **Priority Groups**

The strategy explains that some groups have higher smoking rates, or are more affected by smoking compared to others and showed the groups with highest smoking rates. When the survey respondents were asked whether they felt that there were other priority groups to add in in the strategy, 32 responses received listed the below as priority groups::

- Children and young people
- Other ethnic groups including Eastern Europeans
- Cannabis/drug users

All of these suggested groups are currently within the strategy as identified priority groups, therefore, no additional groups have been included in the strategy. However, we have re-titled the section on 'Smoking and Vaping among Young People' as 'Smoking and Vaping among Children and Young People' to make it clear that children are included within this priority group.

In addition to this we have also included a commitment to work with parents, children and young people of different age groups to raise early awareness of harm arising from smoking and vaping.

## **Recommendations**

The strategy sets out key recommendations to tackle smoking in the borough. 100% of respondents answered this question with 70% agreeing with the recommendations provided showing overall good support.

78% agreed with existing recommendations again showing good support for the strategic recommendations. Additional comments were received from 34 respondents and grouped under the below headings:

- Smoke-free environments
- Education
- Enforcement/underage smoking & vaping

The cost and time spent developing and implementing the survey was highlighted again as a negative theme amongst respondents, recommending that time and money should be spent elsewhere. However, as explained earlier, the public consultation of a strategy is a requirement of the Council and therefore this activity could not be avoided. Minimum costs were associated with the survey creation and communication activities to raise awareness of the consultation and these were agreed through the appropriate decision making process.

The other most common themes identified with regards to recommendations within the strategy are already included in the strategy as either a priority, commitment or recommendation suggesting that the strategy covers the relevant areas for focus and activities and would be supported by residents. No additional recommendations are required.

## **Further comments on strategy**

In this section of the survey, respondents were given a final opportunity to comment on the strategy as a whole. 25% of respondents answered this part with the main themes identified as either 'No further comments' showing further support of the strategy, negative comments towards cost and time of survey as explained previously and again that smoking is a choice. None of the comments in this section require any changes to be made to the strategy.

## **Feedback from Youth Services**

Youth Services were provided with the draft strategy and asked to discuss the contents with the SAFE user group and the consultation was also presented at the Youth Council



to encourage participation and to gather feedback on smoking and vaping from young people. The SAFE group meeting consisted of 15 attendees between ages of 13-18 years old. The feedback received by the SAFE group was as follows:

- All group participants thought it was a good idea to reduce smoking.
- Smoking was not something they consider due to the high cost of cigarettes.
- All participant, of all ages, were aware of the harms of smoking and were 'anti-smoking'.
- Only 1 person said their parents used to smoke but now vape, the rest did not have smoking in the family.
- A young person who is an apprentice and works with approximately 15 other apprentices aged 16-19 claimed the majority of his peers were smokers. He felt this was due to them earning money but this may also be due to peer pressure. There is also evidence of high smoking rates in routine and manual occupations and exposed to a culture of smoking, as the apprenticeship may be for one of these occupations.
- It was felt by the support worker that the young people in the group were reluctant to admit to vaping, reasons for this unknown, but that they understood smoking to be bad for their health but vaping not as bad.

<b>Changes to Strategy/Action Plan</b>
--

We have amended the Strategy with the following:

- Changed the name of the priority group from just 'Young People' to 'Children and Young People'.
- Included additional commitments for tackling smoking and vaping among Children and Young People. These are as follows:
  - 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.
- Included a commitment under the Enforcement and Regulation priority to work with licensing as well as Trading Standards as follows:

- Work with the Licensing and Trading Standards teams to ensure premises are compliant with the licenses that they have been issued.

## Conclusion

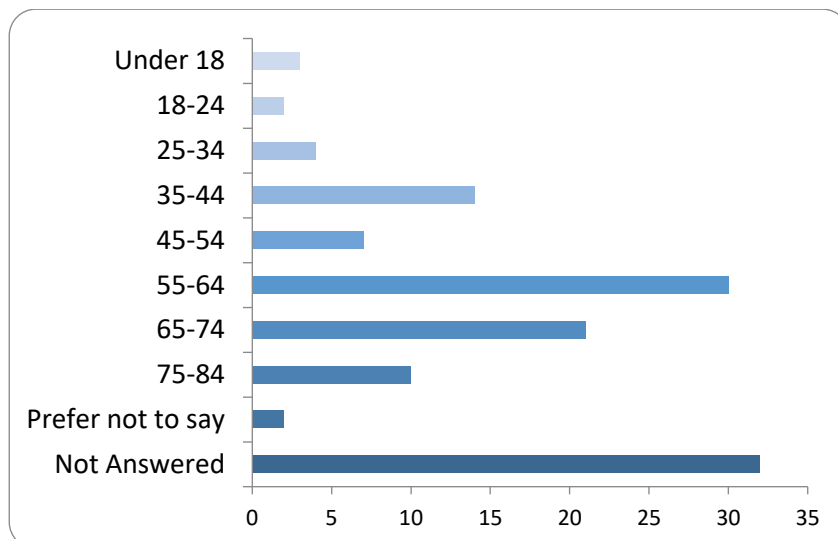
The consultation shows that the strategy, priorities, commitments and recommendations are overwhelmingly in line with the local views of residents/respondents. Additional comments received did not suggest a significant change to the strategy but rather a need to expand or make some areas more explicit. This includes expanding the priority groups to include a focus on children as well as young people, around smoking and vaping with explicit commitments to tackle these areas further.

To understand the extent of smoking and vaping among young people, more data and evidence will need to be gathered and analyzed, in particular around vaping amongst young people because this is a growing trend with limited data on long term impacts of vaping. This gives support to the need for a Needs Assessment on vaping amongst young people to enable a deeper dive into some of the feedback already received through this consultation from young people for example why they are reluctant to admit that they vape.

## Appendices

### Appendix 1: Participant background data

**Age:** 93 responses, predominantly 55-74 year olds



**Gender:** 92 responses, predominantly female.

Option	Total	Percent
Male	30	24.00%

Female	59	47.20%
Non-binary	1	0.80%
Another description	0	0.00%
Prefer not to say	2	1.60%
Not Answered	33	26.40%

### Ethnic Origin:

Predominant ethnic group was White British.

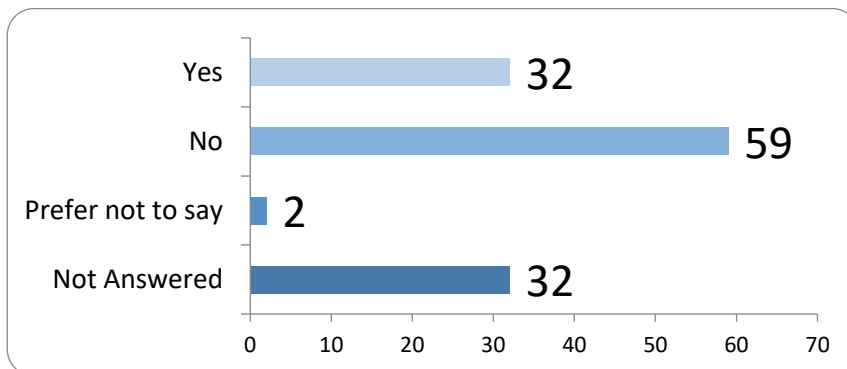
Option	Total	Percent
White - British	76	60.80%
White - Irish	1	0.80%
White - Gypsy or Irish Traveller	0	0.00%
White - European	5	4.00%
Other - White background	1	0.80%
Mixed/multiple groups - White and Black Caribbean	0	0.00%
Mixed/multiple groups - White and Black African	1	0.80%
Mixed/multiple groups - White and Asian	0	0.00%
Mixed/multiple groups - Other mixed background	0	0.00%
Asian/Asian British - Indian	0	0.00%
Asian/Asian British - Pakistani	2	1.60%
Asian/Asian British - Bangladeshi	0	0.00%
Asian/Asian British - Chinese	0	0.00%
Asian/Asian British - Other Asian background	0	0.00%
Black/Black British - African	1	0.80%
Black/Black British - Caribbean	1	0.80%
Black/Black British - Any other Black/African/Caribbean background	0	0.00%

### Faith, Religion or Belief:

Option	Total	Percent
Buddhist	0	0.00%
Christian	45	36.00%
Hindu	0	0.00%
Jewish	2	1.60%

Muslim	3	2.40%
No Religion	34	27.20%
Sikh	0	0.00%
Other religion	2	1.60%
Prefer not to say	7	5.60%
Not Answered	32	25.60%

**Disability:** 93 responses, 32 (26%) of overall survey respondents considered themselves to have a disability showing a good representation of people.



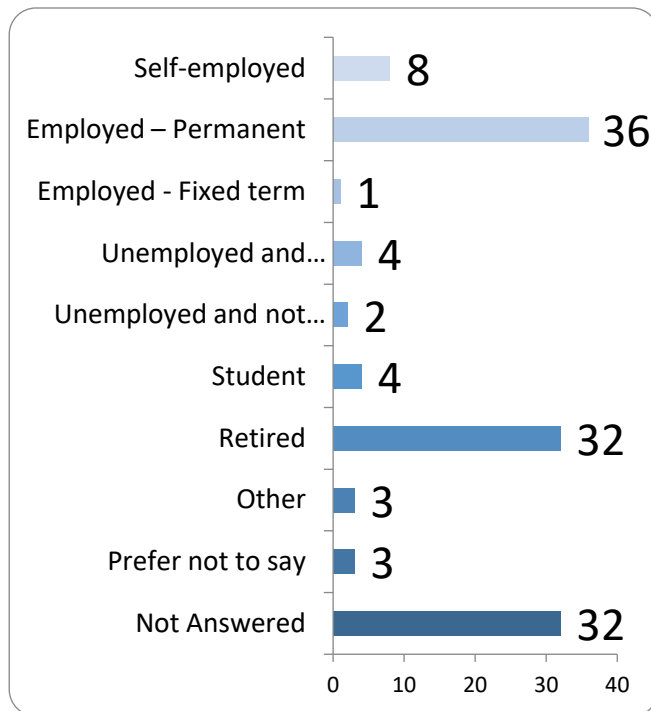
### Impairment

26% responded to this question. Highest impairment of those responded was Long Term Illness (10%).

Option	Total	Percent
Sensory - e.g. mild deafness; partially sighted; blindness	7	5.60%
Physical - e.g. wheelchair user	7	5.60%
Mental Illness - e.g. bi-polar disorder; schizophrenia; depression	7	5.60%
Development or Educational - e.g. autistic spectrum disorders (ASD); dyslexia and dyspraxia, neurodiversity	3	2.40%
Learning Disability / Condition - e.g. Down's syndrome; Cerebral palsy	0	0.00%
Long-term Illness / Health Condition - e.g. cancer, HIV, diabetes, chronic heart disease, stroke	13	10.40%
Other	5	4.00%
Not Answered	92	73.60%

### Employment status

There were 93 responses to this part of the question. The majority of respondents were either employed, retired or did not wish to comment.



## **Appendix 2: Consultation Survey Questions**

**1. Please tell us the first part of your postcode or location of where you live or work in the borough?**

**2. Please state your ethnicity:**

**3. Please tell us in what capacity you are completing this consultation. You may choose more than one answer that applies.**

- I am a resident
- I work in Havering but not resident
- I am a Councillor
- I represent / own a local business
- I work in a public sector organisation (e.g. NHS, Local Council, Education)
- I work for or represent a community group or a charity
- I am a young person (under 18)
- I am a parent

**4. Please choose which of the following applies to you. Please tick all that apply:**

- I am a smoker
- I vape

- I vape and smoke
- I am an ex smoker
- I care or live with someone that smokes/vapes
- I have family/friends/colleagues that smoke/vape
- Never smoked
- Other (please specify)

**5. Are you aware of the harms associated with:**

- a. Smoking
- b. Vaping

Yes/No/Not Sure

**6. Do you agree with the 4 priorities within the Havering Tobacco Harm Reduction Strategy?**

- Supporting smokers to quit
- Preventing uptake of smoking and vaping – particularly amongst young people
- Creating smoke free environments
- Strengthening Regulation and enforcement

Yes/No/Not Sure

If no/not sure, please briefly tell us why (30 words)

**7. Is there another priority that you feel should be included?**

Yes/No

If yes, please state briefly (30 words)

**8. Under each priority area, the strategy sets out broad commitments to reduce tobacco and vape harm. Are there any additional commitments that you feel should be included?**

Yes/no

If yes, please state briefly (30 words)

- 9. In the strategy, we explain that some groups have higher smoking rates, or are more affected by smoking compared to others.**

**Are there any other groups that you think we have missed that are affected by smoking and should be included as a priority?**

Yes/No

If yes, please state briefly (30 words):

- 10. The strategy sets out recommendations to tackle smoking and vaping among young people. Do you have any additional recommendations?**

Yes/No

If yes, please state briefly (30 words):

- 11. If you have any further comments about the strategy, please state briefly below:**