

# Redbridge Tobacco Control Plan

2023-2028

To make Redbridge Smoke Free



**Ambitious** for Redbridge

# **Contents**

3
4
5
6
7
11
13
14
14
15
16
17
18
ES, MANUAL WORKERS
19
20
21

#### **FOREWORD**

I welcome our revised Tobacco Control Strategy which sets our ambitions to work towards eliminating tobacco-related harm in Redbridge improving health outcomes for our residents and bridging the inequality gap.

Smoking presents a significant public health challenge as it has detrimental impact on both smokers and those exposed to second-hand smoke and is the largest cause of health inequalities between the wealthiest and poorest in our society.

Tobacco control is an internationally recognised evidence-based approach to tackle the harms caused by tobacco and as such we are proud to introduce a new Tobacco Control Strategy for Redbridge 2023-2028 which sets out the actions, we will take over the next five years with a vision to make Redbridge a smoke free borough.

This ambitious vision requires a whole system approach working with partners and communities to have an impact. The strategy looks beyond simply helping smokers to quit and includes how we will work with our children and young people to prevent them starting in the first place and identifies the work we need to do to address the wider determinants of tobacco related inequalities, such as reducing exposure to second-hand smoke and access to illicit tobacco.

Significant progress has been made in recent years to support Redbridge residents to achieve healthier outcomes and these include:

- a reduction in the prevalence of smoking within Redbridge
- the introduction of a smoke free zone in Ilford Town centre
- engagement with residents in Redbridge exploring use of non-traditional tobacco
- a comprehensive service review and procurement for our local specialist smoking cessation service to ensure that we have a service that meets the diverse needs of our borough. The new contract will go live from April 2023
- a proactive multipronged approach from Trading Standards and Environmental Health to tackle illegal tobacco, Shisha and underage tobacco sales where they have identified non-compliant premises and at least 9 have stopped trading

The progress made to date could not have been achieved without the support of a range of partners. We look forward to continuing to work with partners and residents across the system, to work towards creating a Smoke-free Redbridge.

Councillor Mark Santos

Cabinet Member for Adult Social Care & Health

Gladys Xavier
Director of Public Health & Commissioning

#### **EXECUTIVE SUMMARY**

Smoking remains the leading cause of preventable illness and premature death in England as well as one of the largest causes of health inequalities. Smoking presents a significant public health challenge especially as smoking and tobacco use have negative health impacts on both smokers and those exposed to second-hand smoke.

As such effective tobacco control is a crucial step for Local Authorities as it is extremely cost effective and is key in ensuring the health of residents and tackling health inequality.

The adult smoking rate in Redbridge in 2020 was 9.4% which is lower than the London average of 11.1%. Despite this, Redbridge has a very low 4 week quit rate of 303 per 100,000 which is significantly below the London average of 1,665 per 100,000.

This strategy adopts a whole system approach to Tobacco Control setting out the vision for a five-year plan for the prevention and intervention of Tobacco Control in Redbridge. It also outlines the ambitions and strategic priorities covering three main themes including prevention of uptake, prevention and reduction of harm and support in quitting smoking/tobacco use.

The Tobacco Control Group will be responsible for the delivery of this strategy as well as measuring and reporting on progress.

#### INTRODUCTION

Smoking remains the leading cause of preventable illness and premature death in England as well as one of the largest causes of health inequalities. <sup>ii</sup> Smoking presents a significant public health challenge especially as smoking and tobacco use have negative health impacts on both smokers and those exposed to second-hand smoke. Smoking poses a health risk throughout the lifecycle. Smoking during pregnancy is associated with a range of poor pregnancy outcomes such as miscarriage, stillbirth and neonatal complications. Smoking is also linked to increased risk of Type 2 diabetes, COPD, cardiovascular diseases and poor mental health. <sup>iii</sup>

Additionally, over 10 forms of cancer are associated with smoking and 80% of lung cancer deaths are thought to result from smoking.<sup>iv</sup> Second-hand smoke exposure also has negative health implications such as asthma, heart disease and cancer.<sup>v</sup> Alongside the health problems associated with smoking and tobacco there are a multitude of economic and social costs on society linked to smoking. Smoking places a huge burden on local authorities, it is estimated that annually smoking in Redbridge costs society approximately £62.4 million. The demand on Health and Social care services is particularly evident, local authorities in England spend £1.2 billion on home and residential social care support caused by smoking.<sup>vi</sup> Smoking is the principal driver of health inequalities and is linked to an increased need for social care, unemployment and poverty which pose further burden on Local Authorities. Redbridge has 184 smoking attributable deaths per 100,000 population in people aged 35 and over, which is lower than both England (263) and London (232)<sup>vii</sup>.

Tobacco Control is an internationally recognised evidence-based approach to tackle the harms caused by tobacco. Comprehensive tobacco control requires a multidisciplinary approach using economic, clinical, social and regulatory measures and strategies. Even though central Government oversees and implements national policies regarding tobacco control, Local Authorities must support this by prioritising effective and comprehensive Local Tobacco Control which includes Specialist Stop Smoking services, actions on illicit tobacco and localised quit campaigns alongside collaboration with local partners such as the NHS.viii Effective tobacco control is a crucial step for Local Authorities in ensuring the health of residents as well as being hugely financially beneficial as money invested in smoking cessation and tobacco control is enormously cost effective.

#### **NATIONAL CONTEXT**

In 2017 the Government published Tobacco Control Plan which set out four ambitions for England:

- The first smoke free generation
- A smoke free pregnancy for all
- Parity of esteem for those with mental health conditions
- Backing evidence-based innovations to support quitting

The plan also set out a number of specific targets, including that by 2022 the smoking prevalence amongst adults in England would have reduced from 15.5% to 12% or less, and the prevalence of smoking in pregnancy would be 6% or less.

A new plan is due to be published in 2022 after delays to its expected publication in 2021. Another significant national development is the green paper 'Advancing our health: prevention in the 2020s'published in July 2019 which set out the Government's ambition for England to be 'smoke-free' by 2030 meaning adult smoking prevalence would be 5%. The NHS Long Term Plan also prioritises tobacco control with a commitment to prevent smoking related disease by systematically screening and treating people with tobacco dependence across NHS inpatient, maternity and mental health services, with all people admitted to hospital who smoke offered NHS funded tobacco treatment services by 2024.

In June 2022, The Khan review: making Smoking Obsolete<sup>ix</sup> was published. This independent review summarised the actions required to achieve the government objective for England to be smoke free by 2030, to extend life expectancy by five years by 2034, and to save more lives as part of the 10-year cancer plan. The four critical recommendations are summarised below:

- 1) Urgently invest £125 million per year in a comprehensive smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
- 2) Raise the age of sale of tobacco by one year, every year.
- 3) Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
- 4) The NHS needs to prioritise prevention with further action to stop people from smoking, providing support and treatment across all of its services, including primary care.

These national developments have influenced and directed this local Tobacco Control Plan.

#### **LOCAL CONTEXT**

Adult smoking prevalence in Redbridge was approximately 9.4% (which equates to over 30,000 adult smokers) in 2020. This is lower than the London average of 11.1% and the England average of 12.1% (Figure 1).

Results from smoking prevalence among adults aged 18-64 by socioeconomic class show that routine and manual occupations had the highest prevalence of smoking (15.3%) in 2020, which is lower than London (19.3%) and England (21.4%), compared to 11.6% in residents from managerial and professional occupations.

These data do not include the use of non-traditional tobacco, such as bidi and smokeless tobacco (SLT) which are consumed most frequently by ethnic minority groups. Action on Smoking and Health (ASH)<sup>x</sup> estimate that smokeless tobacco is routinely used by 12% of adults of Bangladeshi origin and 5% of adults of Indian origin.

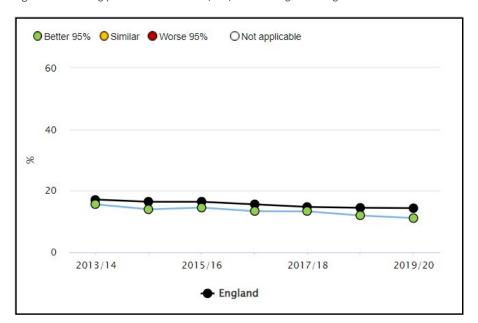


Figure 1: Smoking prevalence in adults (18+) in Redbridge and England between 2013 and 2020

Source: Fingertips (OHID, 2022) Blue line: Redbridge; Black line: England

In Redbridge, smoking prevalence is highest in the five most deprived wards; Loxford, Hainault, Clementswood, Goodmayes and Ilford Town. The three wards with the lowest rates are some of the least deprived areas in the borough. The Marmot Report estimated that half of the difference in life expectancy between the highest and lowest income groups was due to smoking.

Despite improvements in smoking rates over time, Redbridge has observed a significant decrease in successful quit rates at 4 weeks since 2016 (

Figure 2). Redbridge has a very low 4 week quit rate of 303 per 100,000 which is significantly below the London average of 1,665 per 100,000.

7.5k
5k
2.5k
00 2013/14 2015/16 2017/18 2019/20

England

Figure 2: Successful quits at 4 weeks in Redbridge and England between 2013 and 2020

Source: Fingertips (OHID, 2022) Blue line: Redbridge; Black line: England

Redbridge is one of the most diverse boroughs in London and this is reflected in our local Tobacco Control plan. There is an increasing use of Shisha and non-traditional tobacco, such as Bidi, in the borough which have significant risks to users demonstrating the need for a local and culturally sensitive approach.

Within Redbridge it is estimated that every year 155 residents die due to smoking<sup>xi</sup>. Smoking is linked to an increased need for social care, unemployment and poverty. It is crucial that a Local Authority has comprehensive tobacco control to reduce the burden of smoking and tobacco on society, such as costs to the health and social care system, it also impacts the local economy through sick days and lost productivity.

There is dualistic approach to tackle smoking in Redbridge of both encouraging and equipping residents to quit smoking as well as preventing smoking uptake especially amongst children and young people.<sup>xii</sup>

The prevalence of smoking in men is 12.4% and 7.1% in women in 2020 however recent engagement with residents show that women from South Asian communities are more likely hide this behaviour due to cultural perceptions and therefore suggesting an underestimation of the true prevalence.xiii

Research shows that 90% of lifetime smoking begins between the ages of 10 and 20 years<sup>xiv</sup>. 12% of pupils aged 11-15 years old have tried cigarettes in London of which only 3% are smokers<sup>xv</sup>.

Redbridge has a lower rate of smoking in pregnancy (3.3%) than the London average (4.4%) and no significant change to the trend over time.<sup>xvi</sup>

The Covid-19 pandemic has emphasised the presence and impact of health inequalities, with those who smokers who are hospitalised with Covid-19 more likely to have severe outcomes than non-smokers. It is argued that many smokers have been motivated to guit since the start of the pandemic due to the increased awareness

of respiratory health and long-term health inequalities.\*\* This is a crucial catalyst for action and awareness of smoking cessation and tobacco control which needs to be actioned as society starts to recover and rebuild follow Covid-19.

The creation of the Ilford Town centre smoke free zone in 2020 has been a key development in local Tobacco Control and highlights the importance and commitment towards tackling smoking and tobacco use in Redbridge.

In Autumn 2021 the Redbridge Tobacco Control Group was formed, the group is a partnership of local organisations within Redbridge and teams within Redbridge Council to work together to reduce smoking rates and tackle health inequalities associated with tobacco use and smoking. The Group have driven the development of this strategy and their commitment to the ambitions is welcomed. The Tobacco Control Group have agreed to implement this strategy and will be accountable for ensuring the delivery and progress of the ambitions and actions outlined.









Safe & Healthy



**Jobs & Skills** 



Homes & Neighbourhoods

Increased residents' satisfaction with the cleanliness of their neighbourhood as a place to live

Reduced total annual amount of waste

Reduced carbon footprint

Improved air quality in the borough

Increased shift to more sustainable forms of transport

Increased average life expectancy

Increased average healthy life expectancy

Increased percentage of residents who feel safe during the day

Increased percentage of residents who feel safe at night

Increased usage of leisure facilities

Increased employment and reduced unemployment levels

Increased percentage of working age residents with a level 3 qualification

Increased percentage of working adults earning the London Living Wage

Reduced percentage and number of young people who are not in employment, education, or training

Increased number of businesses established in the borough and paying business rates

Sustainability rate of businesses

Increased residents' satisfaction as a place to live

Reduced number of households in temporary

Increased percentage of residents who get on well in their neighbourhood

Increased amount of voluntary sector

Increased numbers of new affordable homes and highquality private sector accommodation The Redbridge Plan (2022-26) provides the vision and priorities for Redbridge. They are the top of the golden thread that links the work of individual employees to the vision **Ambitious for Redbridge**.

The Tobacco Control Strategy will link to the Corporate Priorities in the following ways:

Corporate Priorities	How will the Tobacco Control Strategy contribute?
Safe and Healthy	Redbridge approach to tobacco control will have an impact on the following outcome measures:
	<ul> <li>Increased average life expectancy</li> <li>Increased average healthy life expectancy</li> </ul>
	Ambition 4, Ambition 5, Ambition 6
Homes & Neighbourhood	Redbridge approach to tobacco control will have an impact on the following outcome measure:
	Increased residents' satisfaction with their neighbourhood as a place to live
	Ambition 1, Ambition 2, Ambition 8
Clean & Green	Redbridge approach to tobacco control will have an impact on the following outcome measure:
	<ul> <li>Increased residents' satisfaction with the cleanliness of their neighbourhood as a place to live</li> <li>Reduced total annual amount of waste</li> <li>Improve air quality in the borough</li> </ul>
	Ambition 1, Ambition 3, Ambition 5, Ambition 7

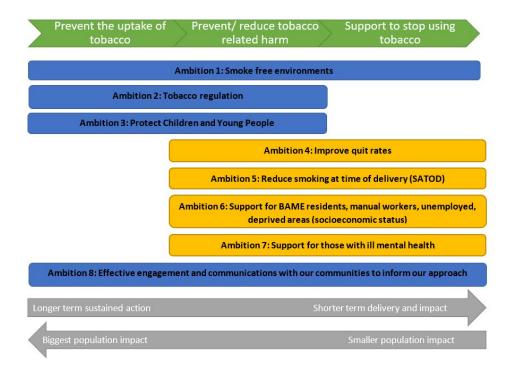
#### **APPROACH**

Smoking is a significant public health challenge due to the impact it has on both smokers and those exposed to smoke. Therefore, it is crucial that a whole system approach to tobacco control is implemented. Our vision remains to make Redbridge a smoke free Borough, where smoking does not cause death, ill-health or economic and social pressure on residents.

Reducing the impact of tobacco use in Redbridge requires an understanding of the current and continuing drivers to start to use tobacco and what opportunities there are to assist individuals and communities to stop using tobacco, without resorting to other damaging behaviours to mitigate current socio-economic challenges.

Multiple interventions across the system are required to have an impact. This requires a whole system approach working with partners and our communities. This strategy outlines 8 ambitions for tobacco control within. Many of these ambitions will take several years before we can demonstrate an impact, and some will require a coordinated approach across the Integrated Care System in North East London. The ambitions cover three main themes: prevention of uptake, prevention and reduction of harm and support in quitting smoking/tobacco use. Further detail on each ambition is included in the next section.

Figure 3: Overview of our ambitions to prevent uptake of tobacco, reduce tobacco related harm and support to stop smoking (Prevention ambitions (in blue) and interventions (in yellow))



#### **AMBITIONS**

#### **Ambition 1: Smoke Free Environments**

Smoking poses a danger to both user and those exposed to smoke. People particularly at risk from the effects of second-hand smoke include pregnant women and people with pre-existing heart or respiratory illnesses such as Asthma. Short-term effects of exposure to second-hand smoke includes eye irritation, headaches, coughs and sore throat. Exposure to second-hand smoke increases the risk of lung cancer in non-smokers by 20-30% and coronary heart disease by 25-35%.

#### Priorities for Action:

- 1. Encourage the establishment of 'Smoke-Free Homes' and "Smoke-Free Playgrounds" to reduce domestic exposure to second-hand smoke especially for children.
- 2. Create smoke free educational establishments and empower workplaces to encourage staff to stop smoking to aid the development of 'smoke-free' cultures and reduce the visibility of smoking, especially environments where vulnerable children are present such as CAMHS units.
- 3. Evaluation of Ilford Town Centre Smoke free zone. Explore expansion to other areas in the borough with high footfall.

- 4. Targeted work in areas with highest rates of smoking: Loxford, Hainault, Clementswood, Goodmayes and Ilford Town. Engagement with residents to understand barriers to creating smoke free environments as well as raising awareness about the dangers of second-hand smoke.
- Work with colleagues in Environmental Health and Refuse to highlight the range of benefits of reduced smoking in public areas of Redbridge such as reduction in litter, improved air quality alongside the health benefits.

- Improvement in physical health of residents, both those who smoke and those exposed to second-hand smoke.
- Reduced incidence of cancer, asthma and other smoking related illnesses which will also reduce pressure on health and social care services.

# **Ambition 2: Tobacco Regulation**

The presence of illicit tobacco in an area can make tobacco cheaper which can make it more difficult for smokers to quit. Illicit tobacco also reduces the effectiveness of public health interventions such as smoking cessation services, impacts legitimate businesses and makes tobacco more easily available to young people. It also is linked to other crimes such as drug dealing and people trafficking which present further issues for local authorities and a further threat to the health and safety of residents. There are a number of illegal Shisha establishments in Redbridge which present enforcement issues. There is also a prevalence of illegal smoking products including hand-rolling cigarettes and vapes.

#### Priorities for Action:

- Consistent investigation of businesses selling cigarettes, to ensure they are operating legally. Alongside increased publicity of how to report sales of illegal tobacco and cigarettes to under 18s. Continued use of police cadets.
- 2. Community Enforcement initiatives to tackle social sharing of smoking products (including e-cigarettes) by those who are underage.
- 3. Community Safety, Police and Enforcement to tackle criminality associated with illegal tobacco and unlicensed establishments such as Shisha bars.

- 4. Increase public awareness of the dangers of illegal tobacco and how to recognise illegal tobacco and increased sanctions for those found trading illegal tobacco.
- 5. Build on the engagement with communities regarding the use of Bidi in the Bangladeshi community and adopt a hyper-local approach.
- 6. Share intelligence with neighbouring boroughs to prevent illegal smoking products entering the market.

- Reduction in smoking related illness due to increased difficulty in accessing unlicenced products. Children and Young People
  will particularly benefit as it would be more difficult to access smoking products and begin smoking.
- Reduction in crime associated with illegal tobacco and illegal establishments such as anti-social behaviour and drugs.
- Increased reporting and penalties of businesses failing to comply with legislation

# **Ambition 3: Protect Children and Young People**

Smoking is a childhood addiction. Children who grow up in a household where parents or siblings smoke are three times more likely to smoke than children who grow up in non-smoking households. Smoking places a financial pressure on households, exacerbating inequality shown by areas in the borough with the highest smoking rates are being the areas of highest deprivation. Data from the Redbridge Stop Smoking Service reveals low numbers of under 25s using the service in particular under 16s have a very small number of service users with only 3 users between July 2020 and June 2021.

#### **Priorities for Action**

- 1. Embed peer-based school interventions within the curriculum. Improve awareness of the dangers of tobacco and ensure the delivery of accurate information regarding e-cigarettes and nicotine.
- Work with the Specialist Stop Smoking Service to improve access, advice and support to children and young people with improved use of technology e.g. SMS and social media.
- 3. Explore the expansion of the Smoke-Free school gate initiative.

- 4. Work with partners to improve targeted promotion of smoking cessation support to families to reduce the health impacts of exposure to second-hand smoke.
- Engagement to understand smoking/vaping behaviours and beliefs among Children and Young People and use this to shape communications and messaging to specifically target Children and Young People.
- 6. Work with Trading Standards to combat underage purchasing of smoking products, including e-cigarettes.

- Reduction in exposure to second hand smoke and uptake of smoking by children and young people which will prevent the onset
  of health issues such as COPD, lung cancer and asthma.
- · Reduced levels of underage smoking and vaping
- Increased use of Specialist Stop Smoking Service services by young people

# **Ambition 4: Improve Quit Rates**

Smoking costs society £17 billion in 2022 and is the largest cause of preventable death in the UK, it is vital that smokers are encouraged and empowered to quit.xxii According to ONS data over 50% of current smokers want to quit.xxii There are approximately 30,000 smokers in Redbridge with high rates of use of non-traditional tobacco products such as shisha and chewing tobacco. Redbridge has a very low self-reported successful quitters and the reported trend has been decreasing since 2015, and smoking rates in Redbridge have not decreased at the same rate as in London and England over recent years. The Government have set the ambition that by 2030 to England will be 'smoke free' meaning less than 5% of the adult population smoke, in order to help achieve this target the quit rate of smokers in Redbridge needs to increase.

#### Priorities for Action

- 1. Increase universal visibility of the Stop Smoking Service throughout the borough
- 2. Increase referrals from primary and secondary care and embed within health and care pathways
- 3. Deliver targeted interventions for residents from underserved and underrepresented communities to reduce barriers to access

- Implement a programme of 'Making Every Contact Count' (MECC)
- 5. Service review and recommissioning and ensure that the service reflect the diverse needs of the borough and changing patterns of smoking
- 6. Work with schools, colleges and parents' forums to prevent children and young people from starting smoking

- Decrease in smoking rates and consequently fewer residents with smoking related illness such as cancers, COPD and heart diseases and subsequently fewer smoking related deaths.
- Reduction in smoking related costs such as health and social care.
- Decline in health inequalities throughout the borough, meaning life expectancy across the borough is more equal and health outcomes for residents are consistent throughout Redbridge.

# Ambition 5: Reducing smoking rates at time of delivery

Smoking remains the single most important modifiable risk factor in pregnancy and can cause serious pregnancy-related health problems including complications during labour and an increased risk of miscarriage, premature birth, still birth, low birthweight and sudden unexpected death in infancy. Redbridge currently has 3.3% of pregnant women as smokers which meets the national ambition of reducing smoking amongst pregnant women to 6% or less by the end of 2022 and is lower than neighbouring boroughs and the London average of 4.4%. \*\*Xiiii\*\* However, the rate of smoking in pregnant women had only very slightly declined since 2017 which is far slower than neighbouring boroughs.

#### Priorities for action

- 1. Increase visibility of stop smoking services in maternity setting such as GP clinics and maternity units
- 2. Review maternity pathways to improve smoking quit rates for pregnant smokers
- 3. Work with NHS partners to ensure continuity of support for pregnant smokers and partners who smoke
- 4. Engage with pregnant smokers and midwives to understand barriers to accessing support
- 5. Explore multiagency opportunities to support pregnant women and their partners to quit e.g., Family Hubs
- 6. Promotion of smoke free homes, collaborating with partners

- Reduce smoking rates at the time of delivery
- Reduced smoking harms affecting babies and mothers such as miscarriage, Sudden infant death syndrome (SIDS) and cancers.
- Contribute to a reduction in health inequalities in the borough

# Ambition 6: Support priority groups access to smoking cessation support (BAME communities, manual workers, unemployed people, those living in deprived areas)

The Marmot report estimates that half of the difference in life expectancy between the lowest and highest income groups is due to smoking<sup>xxiv</sup>. In the UK, 23.4% of adults in routine and manual occupations smoke<sup>xxv</sup>. In Redbridge, this figure is 15.3%<sup>xxvi</sup>. In England, the highest smoking rates are in people of Mixed, White and Other ethnicities<sup>xxvii</sup> In Redbridge, the five wards with the highest rates of smoking have the highest deprivation. Conversely, the three wards with the lowest smoking rates are all in the lowest deprivation quintile in Redbridge<sup>xxviii</sup>.

#### Priorities for action

- 1. Commission a Specialist Stop Smoking Service that meets the diverse needs of the borough which includes outreach and tailored support.
- Conduct engagement work and targeted signposting in areas of highest prevalence (Loxford, Hainault, Clementswood, Goodmayes and Ilford Town)
- 3. Develop a team of stop smoking champions (volunteer health champions) from within the local community groups to influence their peers to make positive changes e.g., stop smoking, shisha etc.
- 4. Work with organisations that come into contact with priority groups to make every contact count (MECC) such as social services, children's services, food banks, job centres, GPs, secondary care, housing organisations and social prescribers
- Work with NHS trusts to provide stop smoking support to NHS staff
- Deliver work based interventions targeted at Routine & Manual workers

- Reduction in smoking prevalence and associated health impacts
- Reduction in health inequalities
- Improvements in general population health which impacts the local economy and use of health service

# Ambition 7: Support for those with ill mental health to quit smoking

There are high rates of smoking in people with severe mental illness \*xix\*14.8% of people in Redbridge with long term mental health conditions smoke this is lower than the England average of 25.8% but higher than general population\*xx. Stopping smoking does not appear to worsen mental health\*xxxi and people with ill mental health are equally motivated to quit\*xxxii. This is a priority at the level with the NHS Long Term Plan highlighting that smoking cessation will be a universal part of specialist mental health services\*xxxiii.

#### Priorities for action

- Specialist Stop Smoking Service provider to develop and maintain strong and consistent relationship with mental health services to ensure smokers are supported in a seamless way for continued support
- 2. Establish Smoke free NHS mental health services

- 3. Work with GPs to ensure those with mental health illnesses are systematically referred to stop smoking (opt out referral)
- 4. Provide Smoking cessation very brief advice (VBA) training to inpatient and community mental health workers

- Improvements in physical health of people with mental health conditions
- Reduction in inequality of life expectancy between people with and without mental illness
- Possible reduction in some psychiatric medication doses for individuals who stop smokingxxxiv
- Possible improvement in mood in those who stop smoking. xxxiv

# **Ambition 8: Effective Engagement and Communication**

Communication and engagement is vital for effective Tobacco Control and is vital in ensuring the Council and necessary partners understand the issues for residents and that residents are aware of support available. It is known that Redbridge has low numbers enrolled in their Stop Smoking Service and hesitancy to engage with services by some users. Communication is a vital tool in supporting people to quit smoking, with campaigns such as Stoptober promoting the benefits of quitting. Through engagement work it has been shown that smoking habits differ throughout the borough with different products favoured in certain communities such as Bidi use prevalent in the Bangladeshi community.

#### Priorities for action

- 1. Continued engagement work throughout Redbridge to gain an insight into smoking and tobacco use in the Borough to inform our approach.
- Ensure communications are consistent across borough and adapted for our underserved and underrepresented communities
- 3. Consistent messaging of harms of tobacco products and regulations throughout LBR, such as promotion of health harms of Shisha and other forms of tobacco e.g. bidi.
- 4. Communication and engagement to be undertaken by local partners with shared agendas e.g. Fire Brigade

- Increased awareness and use of stop smoking services which in turn would increase quit rates and improve health outcomes for smokers.
- Wider reach across borough alongside increased equity of support thus increasing trust in stop smoking services alongside ensuring that all residents needs are being met

#### Authors: Sophie Wroblewski, Sonam Hitendre and Sue Matthews

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1081366/khan-review-making-smoking-obsolete.pdf

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019 [Accessed 7 April 2022].

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/smokinghabitsintheukanditsconstituentcountries [Accessed 7 April 2022].

<sup>1</sup>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/630217/Towards\_a\_Smoke\_free\_Generation\_- A\_Tobacco\_Control\_Plan\_for\_England\_2017-2022\_\_\_2\_.pdf

iihttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/630217/Towards\_a\_Smoke\_free\_Generation\_- A\_Tobacco\_Control\_Plan\_for\_England\_2017-2022\_\_\_2\_.pdf

iii https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health#harm-to-health-caused-by-smoking

iv https://www.cancer.org/cancer/lung-cancer/causes-risks-prevention/risk-factors.html

 $<sup>^{</sup>v} \underline{\text{https://ash.org.uk/wp-content/uploads/2020/03/SecondhandSmoke.pdf}}$ 

vi https://ash.org.uk/wp-content/uploads/2021/03/SocialCare.pdf

vii https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/630217/Towards\_a\_Smoke\_free\_Generation\_-\_A\_Tobacco\_Control\_Plan\_for\_England\_2017-2022\_\_\_2\_.pdf

viiinttps://www.local.gov.uk/parliament/briefings-and-responses/delivery-new-tobacco-control-plan-house-commons-16-november-2021

https://digital.nhs.uk/data-and-information/publications/statistics-on-smoking/statistics-on-smoking-england-2019

<sup>&</sup>lt;sup>ix</sup> The Khan review: Making smoking obsolete. Independent review into smokefree 2030 policies. Dr Javed Khan OBE (9 June 2022).

<sup>\*</sup> ASH 2019. Tobacco and Ethnic Minorities. https://ash.org.uk/uploads/ASH-Factsheet\_Ethnic-Minorities-Final-Final.pdf

xhttps://fingertips.phe.org.uk/profile/tobaccocontrol/data#page/3/gid/1938132885/pat/15/par/E92000001/ati/402/are/E09000026/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

xii ashresources.shinyapps.io/ready\_reckoner/ (Table)

xiiihttps://app.powerbi.com/view?r=eyJrljoiOWEzNDI4MDItZTg5ZC00NmE0LWI0YzktZGY4MWY0ZmExNGMwliwidCl6ImVlNGUxNDk5LTRhMzUtNGIyZS1hZDQ3LTVmM2NmOWRlODY2NilsImMiOjh9&pageName=ReportSection7ed7a88048e2d719ae76

xiv https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/255237/2901304\_CMO\_complete\_low\_res\_accessible.pdf

xv https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018/part-1-smoking-prevalence-and-consumption#pupils-who-are-regular-smokers

xvihttps://fingertips.phe.org.uk/profile/healthprofiles/data#page/4/gid/1938132701/pat/6/par/E12000007/ati/101/are/E09000026/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0 tre-ao-0

xvii https://ash.org.uk/media-and-news/press-releases-media-and-news/pandemicmillion/

xriiihttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/418732/Tackling\_illicit\_tobacco\_-\_From\_leaf\_to\_light\_\_2015\_.pdf

xx https://ash.org.uk/category/information-and-resources/young-people-tobacco-information-and-resources/)

xxi https://ash.org.uk/media-and-news/press-releases-media-and-news/smoking-costs-society-17bn-5bn-more-than-previously-estimated/

xxiihttps://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019#data-on-smokers-who-have-quit-and-smokers-who-intend-to-quit-great-britain-1974-to-2019

xxiv Michael Marmot, Jessica Allen, Peter Goldblatt, Tammy Boyce, Di McNeish, Mike Grady, Ilaria Geddes. Fair Society, Health Lives: The Marmot Review. Institute of Health Equity, 2010.

xxv Ons.gov.uk, 2020, Adult smoking habits in the UK - Office for National Statistics, [online] Available at:

xxvi OHID, 2022. Local Tobacco Control Profiles - OHID. [online] Fingertips.phe.org.uk. Available at: <a href="https://fingertips.phe.org.uk/tobacco-control#gid/1938132885/ati/6">https://fingertips.phe.org.uk/tobacco-control#gid/1938132885/ati/6</a> [Accessed 7 April 2022].

xxvii ONS, 2021. Adult Smoking Habits in the United Kingdom. Quarter 2 (Apr to June) to Quarter 4 (Oct to Dec) 2020 edition of this dataset. [online] Available at:

xxiii Action on Smoking and Health. ASH Ready Reckoner 2019 Edition. ash.org.uk. [Online] Available at https://ash.org.uk/ash-ready-reckoner/ [Accessed 29 September 2021]

xxix Dregan, A., McNeill, A., Gaughran, F., Jones, P., Bazley, A., Cross, S., Lillywhite, K., Armstrong, D., Smith, S., Osborn, D., Stewart, R., Wykes, T. and Hotopf, M., 2020. Potential gains in life expectancy from reducing amenable mortality among people diagnosed with serious mental illness in the United Kingdom. PLOS ONE, 15(3), p.e0230674.

xxx OHID, 2022. Mental Health and Wellbeing JSNA - OHID. [online] Fingertips.phe.org.uk. Available at: <a href="https://fingertips.phe.org.uk/mh-">https://fingertips.phe.org.uk/mh-</a>

jsna#page/1/gid/1938132920/pat/15/ati/201/are/E09000026/iid/20101/age/235/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1> [Accessed 7 April 2022].

- <sup>xxxii</sup> McDermott, M., Marteau, T., Hollands, G., Hankins, M. and Aveyard, P., 2013. Change in anxiety following successful and unsuccessful attempts at smoking cessation: cohort study. British Journal of Psychiatry, 202(1), pp.62-67.
- xxxii Siru, R., Hulse, G. and Tait, R., 2009. Assessing motivation to quit smoking in people with mental illness: a review. Addiction, 104(5), pp.719-733.
- xxxiiii NHS, 2019. The NHS Long Term Plan. [online] Available at: <a href="https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf">https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf</a> [Accessed 7 April 2022].
- xxxiiv NHS, 2021. Stopping smoking for your mental health. [online] nhs.uk. Available at: <a href="https://www.nhs.uk/live-well/quit-smoking/stopping-smoking-mental-health-benefits/">https://www.nhs.uk/live-well/quit-smoking/stopping-smoking-mental-health-benefits/</a> [Accessed 7 April 2022].