HILLINGDON
LONDON

THE HILLINGDON TOBACCO CONTROL STRATEGIC PLAN

2023 – 2026

NAME	JOB TITLE AND ORGANISATION	ACTION
Viral Doshi	Public Health Officer. London Borough of Hillingdon.	Lead Author
Kelly O'Neill	Interim Director of Public Health. London Borough of Hillingdon.	Peer Review
Shikha Sharma	Consultant in Public Health, London Borough of Hillingdon.	Peer Review

TABLE OF CONTENTS

The London Borough of Hillingdon
Tobacco Control Strategic Plan
2023 - 2026

EXECUTIVE SUMMARY.

This plan sets out our ambition to work towards a 'smokefree' Borough by 2030. Through collaboration and local partnerships, we call for a shared commitment to deliver this plan and focus on tobacco control in an effort to make Hillingdon a healthier and safer place to live.

The plan is divided into **3 sections**:

Section 1 sets out here our smokefree strategy and delivery plan and provides a comprehensive review of the health risks of cigarettes and different products, making recommendations for how collectively Hillingdon Health and Care Partnership (HHCP) implement the recommendations, weighting resources to those groups most vulnerable to the health risks of smoking, to improve health outcomes and reduce the burden of ill-health and associated health and care costs associated with smoking.

The recommendations are to:

- Reduce overall smoking prevalence.
- Reduce exposure to second-hand smoke.
- Tackle illicit tobacco sales.
- Tackle the underage sale of cigarettes and e-cigarettes to reduce the risk of young people smoking at a younger age.
- Target groups that are more vulnerable to the health risks from smoking.
- Reduce the promotion of tobacco that results from communication and marketing.
- Contribute to the national challenge of health risk incurred at every stage of the tobacco supply chain; the serious environmental consequences, including deforestation, the use of fossil fuels and the dumping or leaking of waste products into the natural environment; the post consumption, cigarette butt littering that represents not only a public nuisance and exerts hazardous and toxic effects on the environment and ecosystems.

Section 2 recommends a tobacco control strategy for Hillingdon including the implementation of evidence-based activities to reduce overall smoking prevalence inspiring a smoke free generation by 2030.

The vision is to reduce tobacco related harms and protect health across the resident population, focusing on the most vulnerable.

The objectives are to reduce uptake of tobacco, and tackle the smoking-related health inequalities in the Borough by reducing smoking prevalence amongst:

- Children and young people under 18 years.
- Pregnant women, targeting support after childbirth, for new mothers and their partners.
- Residents with mental ill-health including those people with substance misuse needs.
- Residents with disabilities and long-term conditions.
- Residents employed in routine and manual occupations.

Comprehensive Tobacco Control requires strategic decision-making support form a wide range of partners with varied expertise to collaborate and engage at different levels.

Section 3 presents action points for the Hillingdon Tobacco Control Alliance members to implement. This includes actions on:

- Illicit tobacco.
- Second Hand Smoke.
- Smoking and mental Health.
- Smoking in Pregnancy.
- Smokeless and Niche Tobacco Products such as E-Cigarettes, Shisha and smokeless tobacco.
- Smoking Cessation Service.

The overall objective is to ensure that education is delivered, and legislation is being followed. Also, we want to see an increase in uptake into the stop smoking service from the priority groups.

In summary, the strategic delivery plan demonstrates the commitment of statutory and voluntary sector organisations in Hillingdon to work together to achieve our ambition; that smoking no longer affects the health of our population, and together we tackle the inequalities in healthy life expectancy caused by smoking.

The formation of the Tobacco Control Alliance in Hillingdon will be the means through which we bring together agencies as a whole systems partnership approach to address tobacco control, smoking prevention and cessation. The Alliance will oversee the Hillingdon Tobacco Control Strategy and annual action plans in line with local, regional and national policy.

SECTION 1

1. BACKGROUND AND CONTEXT.

Tobacco control is an internationally recognised, evidence-based intervention to tackle the harm caused by tobacco[1]. Comprehensive tobacco control is more than just providing local stop smoking services or enforcing smokefree legislation; it's about reducing the burden of disease, disability and death related to tobacco use[2].

The harmful effects of tobacco on the health of an individual and those around them are widely acknowledged. However, there is reduced awareness of the significant impact and cost to the local economy that further aggravates the burden imposed by tobacco use[3].

This Tobacco control strategic plan brings together local partner expertise through the formation of a Tobacco Control Alliance that will focus on specific work areas, which will:

- Reduce overall smoking prevalence.
- Reduce exposure to second-hand smoke.
- Tackle illicit tobacco sales.
- Tackle the underage sale of cigarettes and e-cigarettes that consequently aims to reduce the risk of young people smoking at a younger age.
- Target groups that are more vulnerable to health risk from smoking; pregnant women, people who experience severe mental health.
- Reduce the promotion of tobacco as a result of communication and marketing.
- Contribute to the national challenges that are a result of every stage of the tobacco supply chain; the serious environmental consequences, including deforestation, the use of fossil fuels and the dumping or leaking of waste products into the natural environment. Post consumption, cigarette butt littering represents not only a public nuisance but are exerting hazardous and toxic effects on the environment and ecosystems where they end up[4].

1.1 National Context.

In May 2021, Professor Sir Chris Whitty, England's Chief Medical Officer, noted that "by the end of last year at least as many and probably more people will have died of smoking-related disease than of COVID-19."[5] For most people that smoke, no other aspect of their life will impact their health as significantly. Smoking prematurely kills half of all long-term users,[6] on average cutting ten years from a person's life.[7] Quality of life is also affected – for every person killed by smoking, another 30 are living with serious smoking related illness.[8]

Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory and heart disease as well as cancers in other parts of the body including the lips, mouth, throat, bladder, kidney, stomach, liver and cervix. About half of all lifelong smokers will die prematurely, losing on average about 10 years of life.

In 2020, tobacco smoking accounted for 74,600 deaths a year in England[9] and killed more people than the following preventable causes of death combined [10]:

- Obesity (34,100)
- Alcohol (6,669)
- Road traffic accidents (1,850)
- Illegal drugs (1,605)
- HIV infection (504)

The Secretary of State for Health and Social Care has set out a commitment to upscale smoking prevention in the NHS Long Term Plan[11]. The NHS Long Term Plan identifies the contribution the NHS can make to tackling tobacco dependence, especially for hospital inpatients, pregnant women and long-term users of mental health services and by focusing on these groups, in time, this will bring new opportunities for reducing local inequalities in smoking prevalence.

Scale of the challenge.

Tobacco smoking remains the leading cause of preventable illness and premature death in England[12]. Almost 7 million people still smoke in England and smoking is one of the largest drivers of health disparities and disproportionately impacts our most disadvantaged families and communities[13].

Smoking accounts for half the difference in life expectancy between the richest and poorest in society. Research on 15,000 UK adults found that the relative mortality rate of smokers in the highest socioeconomic group was (211%), significantly higher than non-smokers in the lowest socioeconomic group (43%), and the general population[14].

The adverse health outcomes of smoking are not impacting communities equally; there are significant differences in rates of smoking across the country. Whilst smokers from the most deprived communities are as likely to want and try to quit, they are significantly less likely to succeed. To tackle the health and wealth inequity, the government must tackle the crippling burden that smoking has on the most disadvantaged communities.

The impact of smoking is clear:

- Approximately one third of adult tobacco consumption is by people with a current mental health condition and 26 % of people with long term mental health conditions are smokers.
- Approximately 10% of pregnant women smoke at the time of giving birth. Smoking in pregnancy increases the risk of stillbirth, miscarriage, and sudden infant death syndrome. Children of parents who smoke are almost 3 times likely to take up smoking.
- People in routine and manual occupations are 2.5 times more likely to smoke than people in other occupations.
- In 2019, a quarter of all cancers were connected to smoking.
- Smokers are 36% more likely to be admitted to hospital and on average, need social care when they are 63 years old, ten years earlier than non -smokers.
- During the pandemic there was an increase of smoking prevalence from 25% to 30% amongst young adults (18- to 24-year-olds) smoking.
- There is a stark correlation between smoking rates and deprivation and as the cost-of-living crisis increases, the impact for smokers will be considerable. The average smoker spends £38 pounds each week (around £2000 per year) on tobacco products

and quitting could restore thousands of pounds to household budgets across the country, an estimated £11.4bn overall.

- Making smoking obsolete in England would lift approximately 2.6 million adults and 1 million children out of poverty.

1.2 Towards a Smokefree Future by 2030

The independent, evidenced based review led by Dr Javed Khan, published on 9th June 2022[15] assessed the government's current tobacco control policies[16] and identified the most impactful interventions for tackling the health disparities associated with tobacco use. The Review recommended actions for the Government to include in the new Tobacco Control plan to deliver a Smokefree 2030 to be published later this year.

In 2019, the government set the objective for England to be smokefree by 2030[17], the target that only 5% of the population will smoke by that date. The current reduction of smoking prevalence is 0.5% per year and the review concludes that at this current rate, England will miss the smokefree 2030 target by at least 7 years, with the poorest areas not achieving smokefree until at least 2044[18].

To meet the smokefree 2030 target there must be a 40% acceleration to the rate of decline of people who smoke. If there is not a significant immediate change in action, by 2030 another half a million people will die due to smoking.

The review is calling for an ambitious, realistic target to:

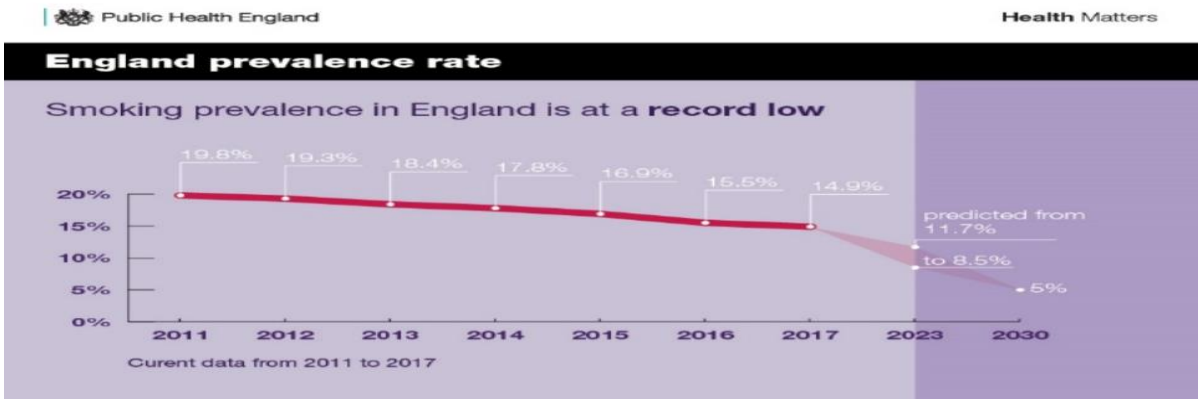
- Ensure that smoking prevalence in every community in every area is below 5% by 2030 – 2035.
- Drive a new ambition to make smoking obsolete by 2040.

Figure 1 below demonstrates that since 2011, there has been a steady decline in smoking prevalence in England. This has been achieved through historical commitments that have now been implemented[19]. These Included:

- The standardised packaging of tobacco which came into effect on 20th May 2016.
- A ban on the sale of cigarettes from vending machines in October 2011.
- A ban on the display of tobacco products at point of sale which came into force on the 6th of April 2015[20].

The recommendations of the Khan review focus on further commitments to achieve a 5% prevalence by 2035.

Figure 1: National Prevalence Rate.

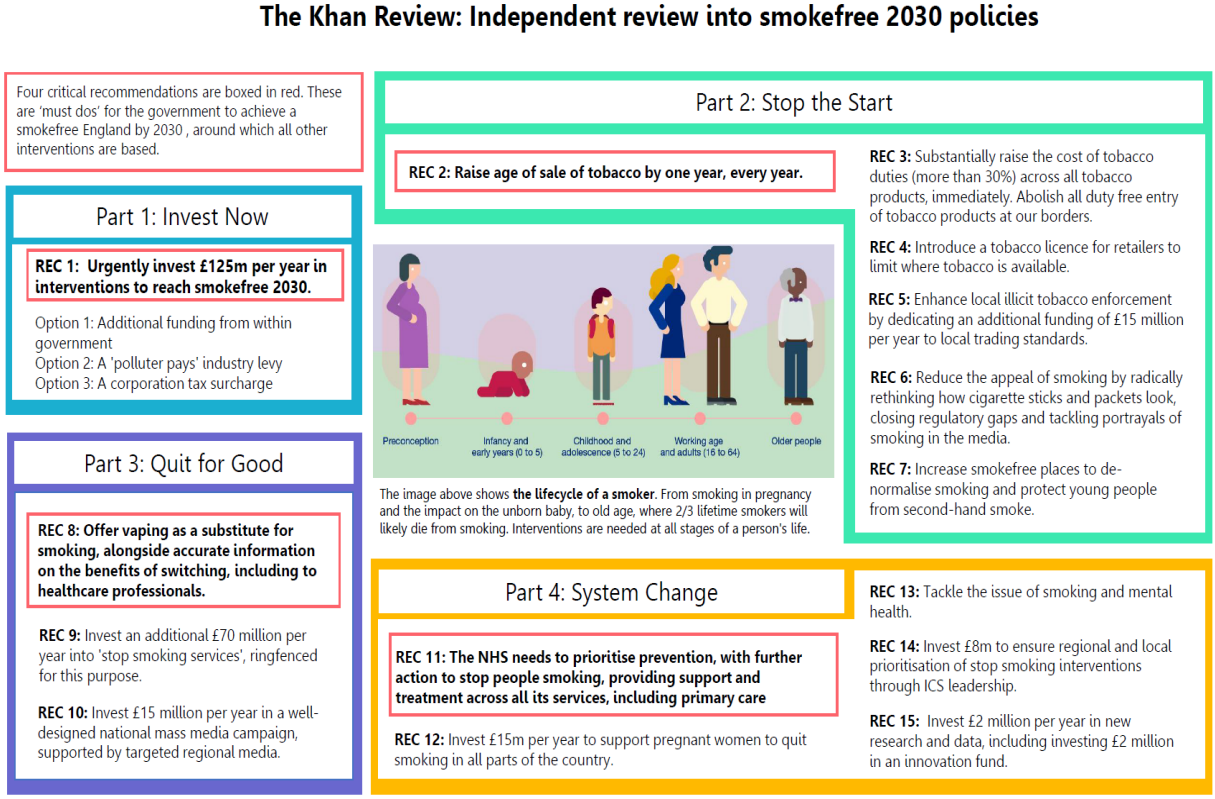


Source: Public Health England

Key messages in The Khan Review:

The Review makes 15 recommendations, of which 4 are referred to as a 'critical Interventions' and 'must dos' for the Government to meet the Smokefree 2030 target.

Figure 2: Making smoking obsolete: A visual summary of recommendations[21]



Khan review Recommendations:

1. **Critical Intervention:** Urgently invest an additional £125 million per year into a comprehensive Smokefree 2030 programme. A tobacco industry Levy is a preferred option to generate funds.

2. **Critical Intervention:** Raise the age of sale of tobacco from 18, and raise this by one year, every year until no one can buy tobacco products in this country (similar to the New Zealand model).

3. **Critical Intervention:** Offer vaping as a substitute for smoking, alongside training all healthcare professionals to provide accurate information on the benefits of switching, prevent uptake by young people, reduce the attractiveness of branding, packaging, and flavouring.

4. **Critical Intervention:** Prevention must become part of the NHS's DNA. To reduce the £2.4 billion that smoking costs the NHS every year, the NHS must deliver on its commitments in the Long-Term Plan by doing more, offering smokers advice and support to quit at every interaction they have with health services, through GPs, hospitals, psychiatrists, midwives, pharmacists, dentists or optometrists. The NHS should invest to save, committing resource for this purpose.

5. Substantially raise the cost of tobacco duties for all tobacco products.

6. Introduce a tobacco license for retailers. Ban supermarkets and online sales of tobacco products.

7. Invest £15M per year to enhance local illicit tobacco enforcement.

8. Reduce the appeal of smoking through tackling positive portrayal in the media and how cigarette sticks, and packs should look:

Figure 3: Cigarette sticks with health warnings – Smoking Kills!

9. Increase smokefree places to denormalise smoking and protect young people from second-hand smoke.

10. Invest an additional £70M per year to provide high quality stop smoking services.

11. Invest £15M per year into mass media campaigns and targeted regional media.

12. Tackle the issue of smoking and mental health.

13. Invest £8M per year to ensure regional and local prioritisation of stop smoking through ICS leadership.

14. Invest £2M per year into new research and data to provide a better understanding of the health impact of shisha, chewed tobacco and the prevalence of vaping among school age children.

15. Invest £15M per year to support pregnant women to quit and offering financial incentives which have shown 2.5 times more likely to quit[22].

Conclusions from the Khan Review.

Whilst there has been considerable success in reducing smoking rates overall, the annual rate of decline is now minimal. If there is no change in the way England tackles smoking, there will be over half a million smoking associated deaths by 2030.

Alongside the emotional impact, the cost to society is considerable and estimated to be billions of pounds. The benefits of making smoking obsolete are massive; overall positive

impact on population health, social or economic benefits, and tackling inequalities; the impact will be significant on the poorest, most deprived families and communities who suffer the most from smoking and its effects. The government's levelling up ambitions cannot be fully delivered without tackling smoking and by implementing the four critical interventions listed in the recommendations. Exponential gains in reducing health disparities can be achieved.

Ministerial speech: Achieving Smokefree 2030: Cutting Smoking and Stopping young people Vaping.

Following the Khan Review, on 11th April 2023, the Public Health Minister[23]:

- Confirmed the government will be rolling out a national "Swap to Stop" scheme to support 1 million adult smokers to quit smoking by switching to vaping. This scheme will initially target at-risk and high smoking prevalence groups[24].
- Pledged to offer financial incentives to all pregnant women who smoke by the end of 2024.
- Confirmed the government will be investing £3m in a comprehensive enforcement package to tackle illicit tobacco and underage vape sales:

    - a commitment to closing a loophole that allows retailers to give free samples of vapes to children[25].
    - reviewing rules around the sale of nicotine free vapes to under 18s and fines for shops selling illicit vapes.
    - increased education and dedicated school police liaison officers to keep illegal vapes out of schools.

- Confirmed the government will be opening a call for evidence on youth vaping.
- Announced as a minimum, all mental health practitioners will be able to signpost to specially developed digital resources to support people with mental health problems to quit smoking.
- Stated the government will be backing joined up working between the NHS and local authorities to support smokers to quit, facilitated by Integrated Care Boards.
- Announced a government consultation on the introduction of mandatory pack inserts with messages and information to help smokers quit.

1.3 Tobacco Control Priorities.

Hillingdon Health and Care Partnership recognises that tackling smoking and tobacco use has a considerable overall impact on residents' health and wealth. By reducing the prevalence of smoking we collectively reduce the economic burden that smoking has on health and care services and support commissioners and providers of services working together through the Tobacco Control Alliance to implement targeted action that tackles the disparities in health experienced by vulnerable population groups who smoke. Our strategic plan will address:

1.3.1 Illicit Tobacco.

Illicit Tobacco described as not having had the duty paid through smuggled or illegally produced products[26] has a serious impact on our ambition to be smokefree.

Illicit tobacco can be categorised under four key types:

- **Smuggling:** The unlawful movement of tobacco products from one jurisdiction to another, without applicable tax being paid.

- **Counterfeiting:** Illegal manufacturing of an apparently lawful and well-known product with 'trademarks' but without consent.

- **Bootlegging:** Legally bought tobacco purchased in one country and transferred to a country with a higher tax rate, in an amount beyond personal use allowances.

- **Illegal Manufacturing:** Tobacco products that are manufactured without declaration to the relevant authorities.

Illicit tobacco is often sold to under-age young people. It is an offence to sell tobacco products to anyone under the age of 18. It is also an offence for an adult to buy tobacco on behalf of someone under 18. The sale of loose cigarettes is illegal[27].

Within the UK in 2016 standardised packaging was implemented, to help law enforcement and other agencies with identifying counterfeit and illicit tobacco[28]. The most commonly employed tobacco industry argument against the introduction of standardised ("plain") packaging of cigarettes and other tobacco products is that it would lead to an increase in illicit trade. However, the key security features on existing packaging that help identify illicit products will also be present on standardised packaging, specifically: a covert mark on each illicit pack, which can be read by enforcement authorities using a simple scanner to determine whether or not a pack is counterfeit.

1.3.2 Second-hand Smoke (SHS).

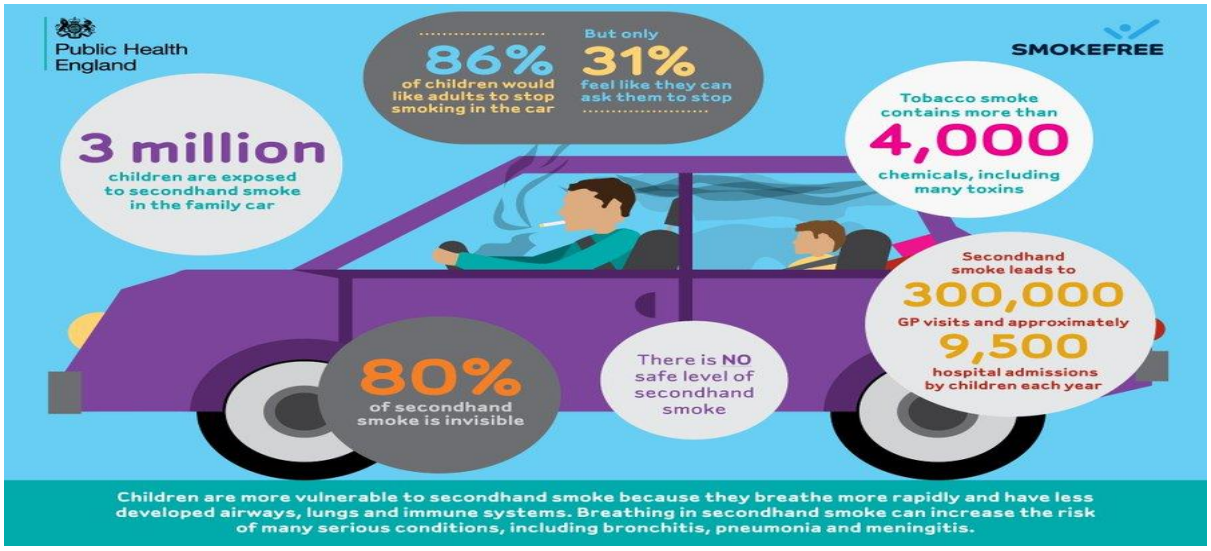
The White Paper, '*Smoking Still Kills[29]'* presents the picture that children and young people are on the front line of the smoking epidemic. Every year, tens of thousands of infants, children and young people are harmed by tobacco[30]; exposed to second-hand smoke in homes and cars over, which they have little control[31].

Breathing in other people's cigarette smoke is called passive, involuntary or second-hand smoking. SHS, also called "environmental tobacco smoke" comprises of "side stream" smoke from the burning tip of the cigarette and "mainstream" smoke which is smoke that has been inhaled and then exhaled by the smoker[32].

The particulates in tobacco smoke include tar. Some of these have marked irritant properties and there are more than 50 cancer-causing chemicals in SHS. This smoke has a devastating effect on young children whereby and exposure increases the risk of, glue ear, asthma and other respiratory disorders, including emphysema later in life and sudden infant death syndrome (SIDS)[33] which is the sudden and unexpected death of a healthy baby.

Research has highlighted significant risks to babies associated with SHS exposure in pregnant women. These include low birth weight, congenital anomalies, smaller head circumferences and increased risk of still birth[34].

Figure 16: The effects of SHS.



Source: Public Health England

Youth smoking: 80% per cent of all adult smokers started smoking before they were 20 years old[35]. People who start smoking at a young age have higher age-specific rates for all types of tobacco related cancers. Young smokers are also exposed to more short and long term respiratory symptoms than their non-smoking peers, such as coughing, wheezing and phlegm. Smoking aggravates asthma symptoms in those already diagnosed and increases the risk of asthma in young people with no history of the condition. It can also lead to impaired lung growth in children and young adults**.**

Evidence shows that children and young people aged 11 to 16 years who smoke can also become dependent on cigarettes, showing signs of addiction within four weeks of starting to smoke. It has even been suggested that smoking a single cigarette is a risk indicator of becoming a regular smoker up to three years later[36].

Starting smoking is associated with a wide range of risk factors including: the ease of obtaining cigarettes, smoking by peer group, socioeconomic status, tobacco marketing, smoking in films, television, and other media**.**

Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households**.** There is a strong association between smoking and other substance use, including alcohol. Young people who truant from school or who had been excluded are twice as likely to smoke regularly compared to those who had never been truant or excluded[37]**.**

1.3.3 Smoking and Mental Health.

Smoking rates amongst people with a severe mental health condition and those who misuse alcohol and drugs is significantly higher than the general population and there is a strong association between smoking and mental health conditions[38].

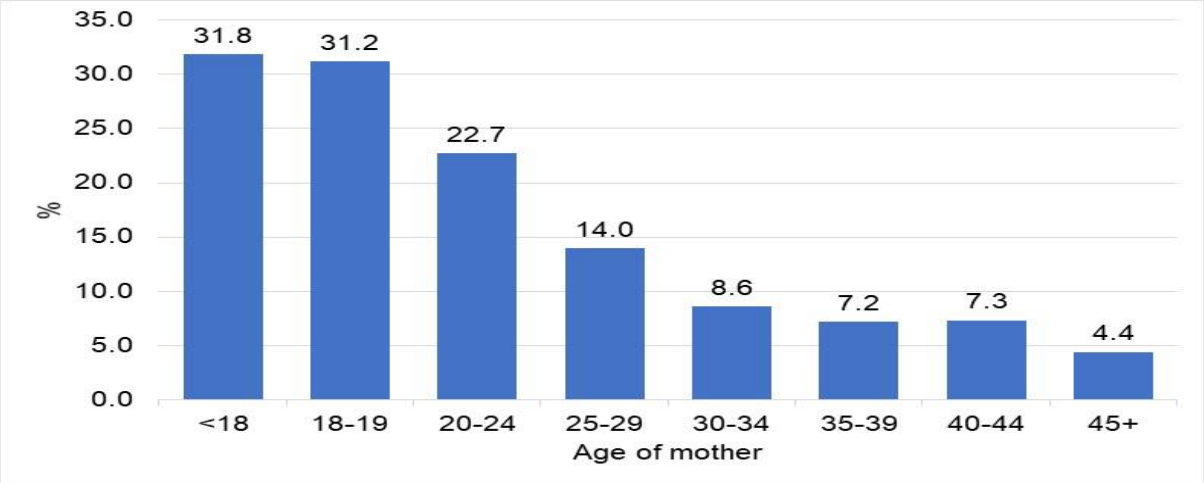
Many vulnerable smokers wish to stop smoking, and this can be achieved with appropriate support. People with mental ill-health need good access to stop smoking services aimed at improving health.

1.3.4 Smoking in pregnancy.

Smoking can affect the health of pregnant women, the unborn child and the health of young children in the family[39].

Smoking during pregnancy is higher amongst routine and manual socio-economic groups and contributes to inequalities in childbirth morbidity and mortality. Smoking in early pregnancy is prevalent in all age groups, **Figure 21**, especially below 18 years to 24 years groups.

Figure 21: Age distribution of women smoking in early pregnancy



Effects of smoking during pregnancy[40]: Smoking even one cigarette exposes the mother and baby to over 4,000 chemicals and means less oxygen and important nutrients can reach the baby through the placenta. If a pregnant woman smokes or is exposed to smoke, there will be increased levels of the poisonous gas carbon monoxide (CO) in the body, and the amount of oxygen that the baby receives will be restricted.

The harmful effects of smoking while pregnant can include[41]:

- Miscarriage.
- Stillbirth.
- Ectopic pregnancy.
- Birth defects in babies.
- Premature birth (before 37 weeks of pregnancy).
- Low birth weight.
- Increased risk of sudden infant death syndrome, or cot death.
- Increased risk of infant mortality.

Longer term effects of smoking whilst pregnant on children: Smoking in pregnancy can have further health implications for the child. Babies and children whose mothers smoke during pregnancy are at increased risk of[42]:

- Asthma, chest and ear infections, pneumonia and bronchitis
- Psychological problems in childhood, such as attention and hyperactivity issues, as well as adverse behaviour and Performing poorly at school.
- When a woman stops smoking during pregnancy[43], all the risks described above decrease.

1.3.5 Smokeless and Niche Tobacco Products.

(A) Smokeless tobacco.

This refers to any product containing tobacco that is placed in the mouth or nose and not burned. Types of smokeless tobacco products most used in the UK often contain a mix of ingredients including slaked lime, areca nut and spices, flavourings and sweeteners[44].

Products include:

• Gutka, Khaini, Pan Masala or Supari (betel quid) - these are sucked or chewed.

• Qiwam, or Mawa (chewed).

• Dantmanjan, Gadakhu (dental products which are used as toothpaste or rubbed on gums).

• Nass (can be used either nasally or sucked or chewed).

Figure 17: Types of smokeless tobacco.

Source: GOV.UK Guidance Chapter 11: Smoking and tobacco use - Updated 9 November 2021

These products are associated with several health problems[45]; nicotine addiction, mouth and oral cancer, periodontal disease, heart attack and stroke, pregnancy and adverse pregnancy outcomes.

A particularly vulnerable group is South Asian women who are 3.67 times more likely to have oral cancer and 2.06 times more likely to have pharyngeal cancer associated with the use of these products: areca nut mixed with South Asian varieties of smokeless tobacco, is linked to the prevalence of oral cancer among this group.

Around 85% of the different product types are sold without any regulatory health warning and are significantly less expensive than cigarettes. There are no local estimates available to show the scale of these products in Hillingdon.

(B) Shisha.

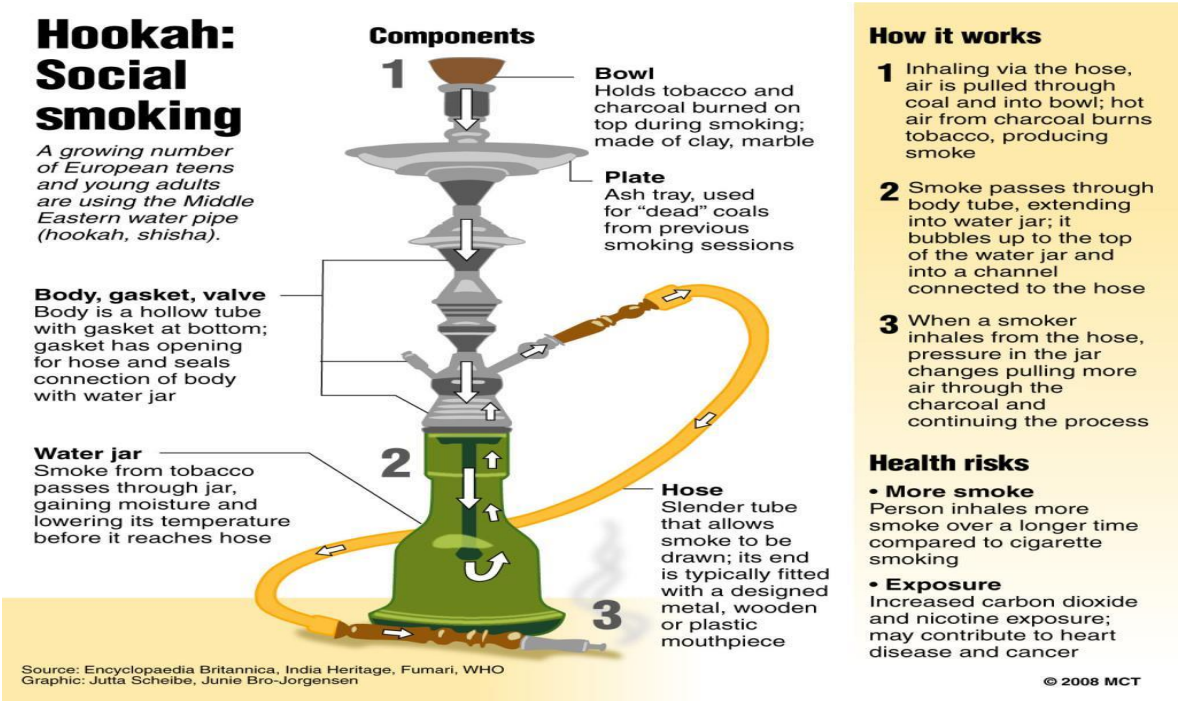
Shisha, referred to as waterpipe, hookah, narghiles or hubble-bubble has traditionally been used in the Middle East and parts of Africa and Asia. Shisha is growing in popularity in western countries and in the UK and appears to be more popular among young people[46].

There is a common belief that shisha smoking is less harmful and less addictive than cigarette smoking. The water does not filter out harmful substances in the smoke and although not as extensively researched as cigarette smoking, preliminary research suggests that shisha smoking is associated with the same risks as cigarette smoking.

This is evidenced through a summary of several studies that estimate that one shisha session, smoked alone for approximately 45 minutes, may produce 22-50 times more tar, 6-13 times more Carbon monoxide (CO) and 1-10 times more nicotine than a single cigarette[47]. Shisha is also known to produce significant levels of cancer-causing chemicals (carcinogens), including 3-39 times more benzo[a]pyrene. Reports also reveals that a Shisha session was equivalent to 100 cigarettes worth of smoke.

A common misconception is that the smoke passing through the bowl of water 'filters' the smoke. In actual fact, it cools the smoke making it more palatable and therefore users deeply inhale and are exposed to 'longer' puff sessions. Some evidence suggests the use of illicit drugs with Shisha as well as the water in the bowl being replaced by alcohol[48].

Figure 18: Shisha apparatus.



Source: Encyclopaedia Britannica

Shisha also has the following health implications[49]:

- **Cancer:** One of the most serious concerns of Shisha is cancer. The smoke increases the risk of various cancers such as lung cancer and cancer of the mouth. In addition to cancer, there are various gum diseases that are linked to Shisha as well as the development of COPD (chronic obstructive pulmonary disease).

- **Addiction:** According to the U.S. News & World Report, Shisha also carries a risk of addiction. Shisha is a danger to health because it can lead to daily water pipe use. In just one puff of shisha, the smoker inhales the same amount of smoke as they would inhale from a whole cigarette. In a shisha session (which usually lasts 20-80 minutes), a shisha smoker can inhale the same amount of smoke as a cigarette smoker consuming over 100 cigarettes.
- **Shisha while pregnant:** Smoking Shisha while pregnant can cause breathing complication and lower birth weight is also reported among the new-borns of Lebanese woman who smokes water-pipes.
- **Secondhand Shisha:** Shisha emits four times the number of carcinogens in comparison to a single cigarette.

Shisha premises are routinely monitored by organisations with health enforcement responsibilities, Licensing, Food and Workplace Safety, Planning enforcement, Trading Standards and Environmental Health. These premises are inspected and supplied with advice on compliance including information on appropriate health warnings that are required on marked tobacco products. Environmental health in partnership with police licensing have the enforcement responsibility to identify and seize illegal tobacco.

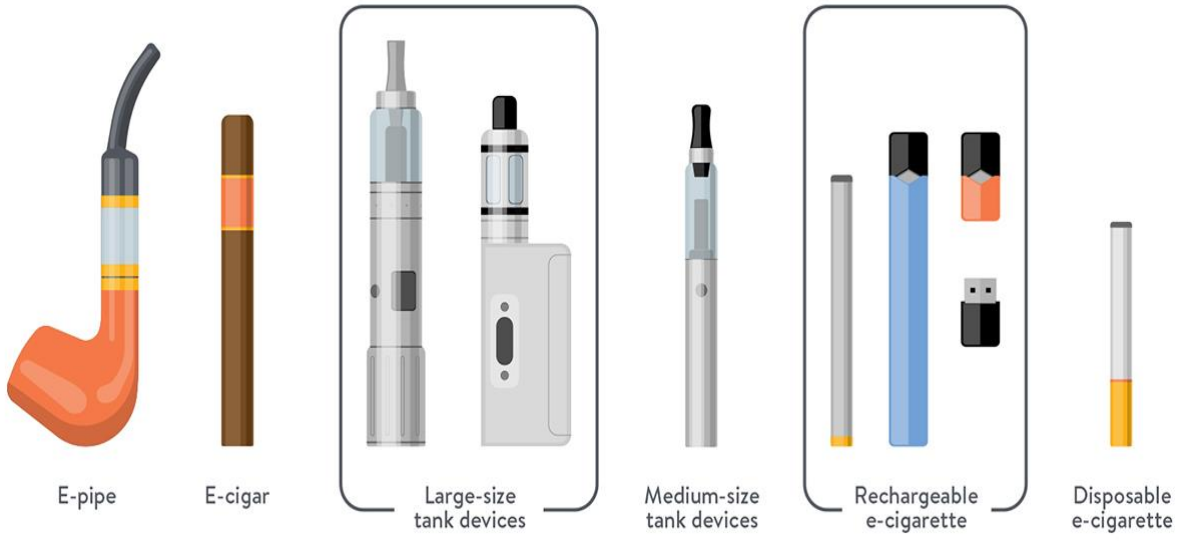
(C) Electronic Cigarettes & Vaping.

E-cigarettes have become a popular effective stop smoking harm reduction aid in the UK. Also known as vapes or e-cigs, they're far less harmful than cigarettes, and can help quit smoking for good. They are not recommended for non-smokers and cannot be sold to people under 18 years old[50].

An e-cigarette is a device that allows inhalation of nicotine in a vapour form rather than smoke. E-cigarettes do not burn tobacco and therefore do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke (which contain over 4000 harmful chemicals).

E-cigarettes come in a variety of models and work by heating a solution (e-liquid) that typically contains nicotine, propylene glycol and or vegetable glycerine and flavourings[51]**.**

Figure 19: Types of E-Cigarettes.



Source: Google images

Data on Vaping in England.

Data from national studies of adults in England shows that[52]for adults:

Adults:

- Smoking prevalence in England (2021) was between 12.7% and 14.9% which equates to between 5.6 and 6.6 million adults who smoke.
- Vaping prevalence in England (2021) was between 6.9% and 7.1%, which equates to between 3.1 and 3.2 million adults who vape.
- The popularity of disposable vaping products has increased among adults who vape, with 15.2% using them in 2022 compared with 2.2% in 2021.
- Tank type products remained the most popular vaping devices (used by 64.3% of adult vapers in 2022).
- Vaping products remain the most common aid used by people to help them stop smoking.
- Stop smoking services (2020 – 2021), quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product).

The latest data from the ASH-Youth 2022 survey of 11- to 18-year-olds in England[53] focuses on smoking amongst young people shows that:

- Current smoking prevalence (including occasional and regular smoking) is 6% in 2022, compared with 4.1% in 2021 and 6.7% in 2020.
- Current vaping prevalence (including occasional and regular vaping) is 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020. *In Hillingdon:* a **2014/15** WAY survey[54] of 15-year-olds showed that (16.6% of 15-year-olds) of young people were currently vaping or have tried. Current data is not available but as seen nationally, it can be presumed that this figure has increased.
- Most young people who have never smoked are also not currently vaping (98.3%).
- Use of disposable vaping products has increased, with 52.8% of current vapers using them in 2022, compared with 7.8% in 2021 and 5.3% in 2020.

Licensing of E-cigarettes.

At present, there are no medicinally licensed e-cigarette products available on the UK market and therefore, are not currently available from the NHS on prescription and cannot be prescribed from a GP unlike Licensed NRT (Nicotine Replacement Therapy) such as Patches, Gum, Lozenges, Sprays etc.

The UK has some of the strictest regulation of e-cigarettes in the world and under the Tobacco and Related Products Regulations 2016[55], e-cigarette products are subject to minimum standards of quality and safety, as well as packaging and labelling requirements to provide consumers with the information they need to make informed choices.

All e-cigarette products must be notified by manufacturers to the UK Medicines and Healthcare products Regulatory Agency (MHRA), with detailed information including the listing of all ingredients[56].

Safety of E-cigarettes:

Leading UK health and public health organisations including the RCGP, BMA and Cancer Research UK now agree that although not completely risk-free, e-cigarettes are far less harmful than smoking. An assessment of the available international peer-reviewed evidence; PHE and the RCGP estimate the risk reduction to be at least 95%[57].

However, the long-term risks of vaping are not yet understood, consequently whilst the use of e-cigarettes is agreed by public health experts as an effective harm-reduction intervention, **it is indicated for use ONLY for those adults ALREADY smoking. E-cigarettes must not be seen as an alternative to smoking for people, especially young people who do not smoke.**

Youth Vaping.

Figure 20: Disposable e-cigarettes are now the most used product among current vapers. Example shown are the most popular 'elf' and 'geek' bar.

Source: Google images

There has been growing concern about the increasing popularity of disposable vapes with young people. Disposable e-cigarettes are now the most used product for vapers and use has increased from 7% of e-cigarette product use in 2020 to 52% in 2022. The overall increase in vaping shown by the survey is a cause for concern and needs close monitoring.

'Just to give it a try' is still the most common reason cited by never smokers for using an e-cigarette (65%). For young smokers the most common reason for using an e-cigarette was 'because I like the flavours' (21%) followed by 'I enjoy the experience' (18%) then 'just to give it a try' (15%), but they stated was 'because I'm trying to quit smoking' (11%) or 'I use them instead of smoking' (9%).

Despite it being illegal to sell vapes to under 18s, the most common source of supply for underage vapers is shops (47%). The Department of Health and Social Care (DHSC), the MHRA (the regulator of e-cigarettes) and trading standards have been monitoring the situation. The Chartered Trading Standards Institute (CTSI) was commissioned to conduct a rapid review of compliance.

Of 442 attempted test purchases of vapes by underage young people conducted between February and March 2022, illegal sales were made on 145 occasions. Underage sales were highest in mobile phone and discount shops at 50% and 52% respectively. A quarter of the products purchased were illicit products not up to UK standards.

The maximum penalty for selling a nicotine inhaling product to a person under 18 years is a fine of £2500.

The ASH policy brief on vaping[58] sets out recommendations for the Government in the light of growing evidence of increases in underage vaping. Recommendations include:

Reducing appeal of vapes to children by:

- Taxing disposable vapes which are the cheapest and most popular vape for children.
- Stricter regulation of advertising and promotion, particularly at point of sale in shops.
- Stricter regulation of packaging, labelling and product design features. New research from Kings college and ASH found that standardising e-cigarette (vape) packaging is associated with a decrease in vapes appeal among teenagers.

Reducing underage access to vapes by:

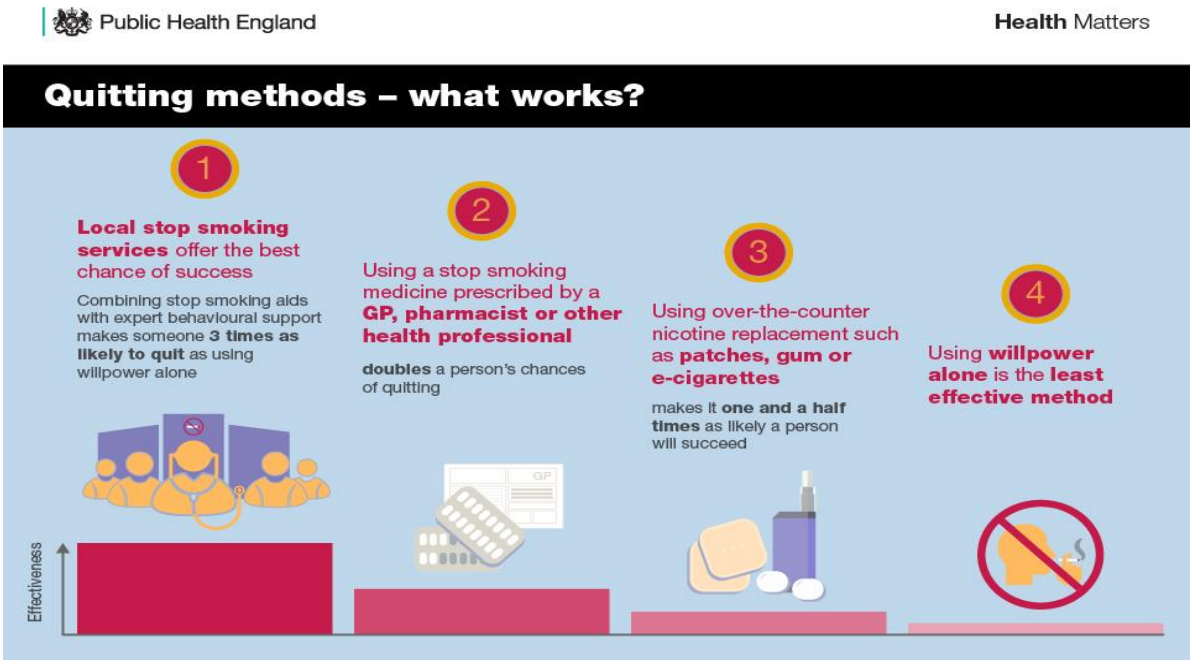
- Adequate funding for enforcement using MHRA e-cigarette notification fees.
- Putting vapes behind the counter.
- Mandatory age verification in shops for anyone looking under 25 years of age.
- Prohibiting free distribution (currently legal to anyone of any age).

1.3.6 Smoking Cessation Service.

NHS stop smoking services provide cost-effective ways for people to stop smoking, whether these people are young, pregnant, have mental ill-health, co-morbidities and whose background places them at risk of health inequalities[59].

Currently, approximately half of all smokers in England try to quit without the support of stop smoking services. Accessing support can significantly increase a person's chances of quitting successfully.

Figure 22: Quitting Methods – what works?



Source: Public Health England

Hillingdon Local Authority commissions a stop smoking service that provides a high quality, targeted and evidenced based approach to smoking cessation.

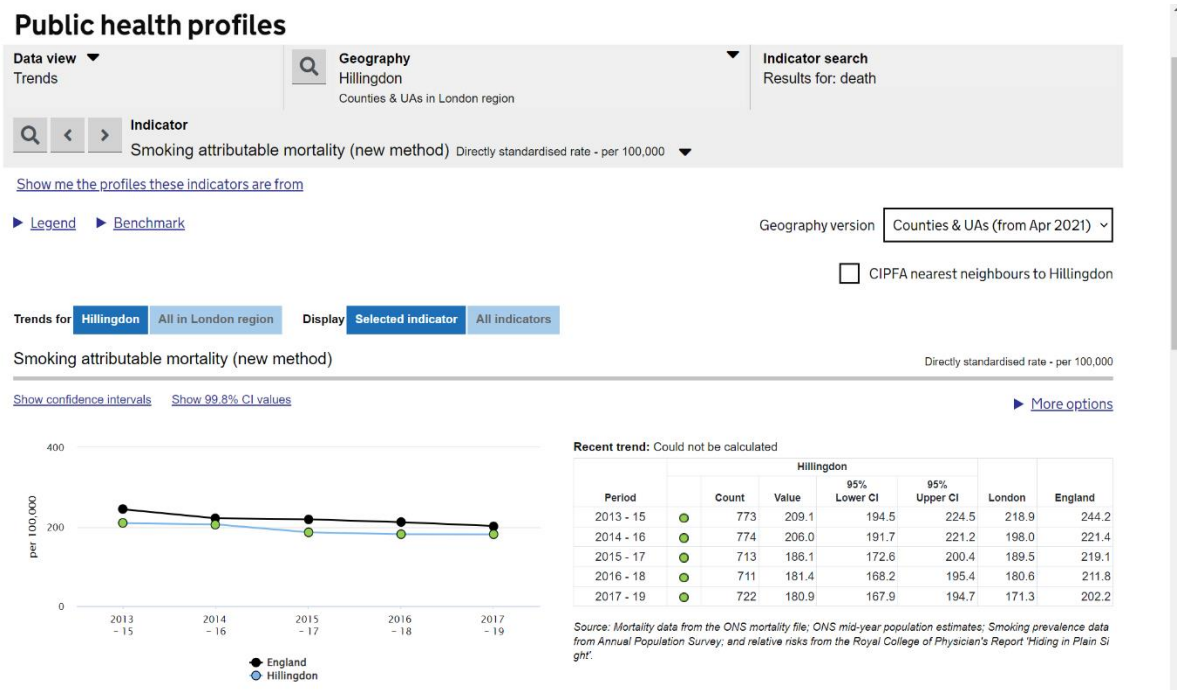
To facilitate a quit attempt, a combination of behavioural support with licensed smoking cessation products is provided to eligible residents of Hillingdon who meet the agreed priority group criteria.

The service' primary aim is to reduce smoking prevalence of people in these priority groups, Borough Pharmacies and specialist core advisors based in ARCH provide expert support to residents through a variety of mechanisms including face to face, text messaging, telephone, video conferencing and mobile phone apps.

1.4 Local Context.

Smoking disproportionately affects the most disadvantaged in the community and contributes to health inequalities in the borough[60]. ONS, Census 2021[61] states that from a Hillingdon population of 305,900, OHID estimates an 11.1% (25,250 people) prevalence of adult smoking, compared to the London prevalence of 11.5% and England, 13.0%[62]. In 2017-19 there were 722 smoking attributable deaths recorded in Hillingdon **(Figure 4):**

Figure 4: Smoking attributable deaths in Hillingdon.

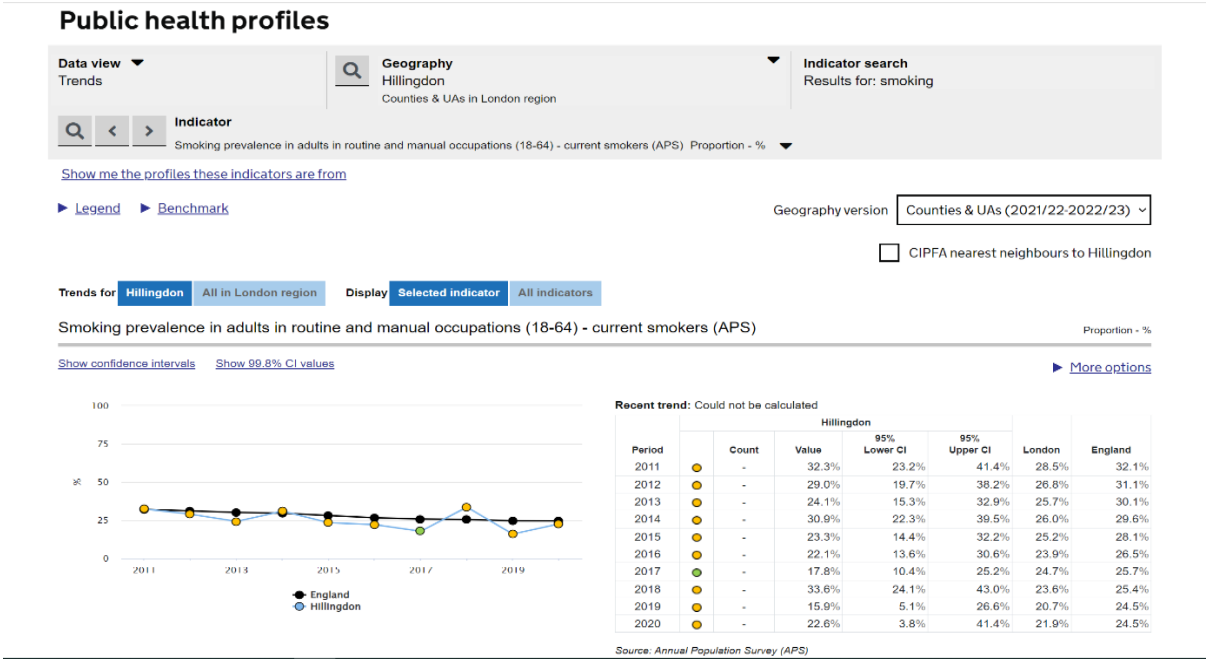


Source: OHID Fingertips Public Health Data[63]

The Government Tobacco Control Plan for England (2017) strategy, targets and guidelines suggest that by the end of 2022, we aim to[6465]:

- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
  Those who are in routine and manual occupations (18-64) in Hillingdon, **Figure 5***, have a smoking prevalence of (22.6%) compared to London (21.9%) and England (24.5%). 2020[66] data.*

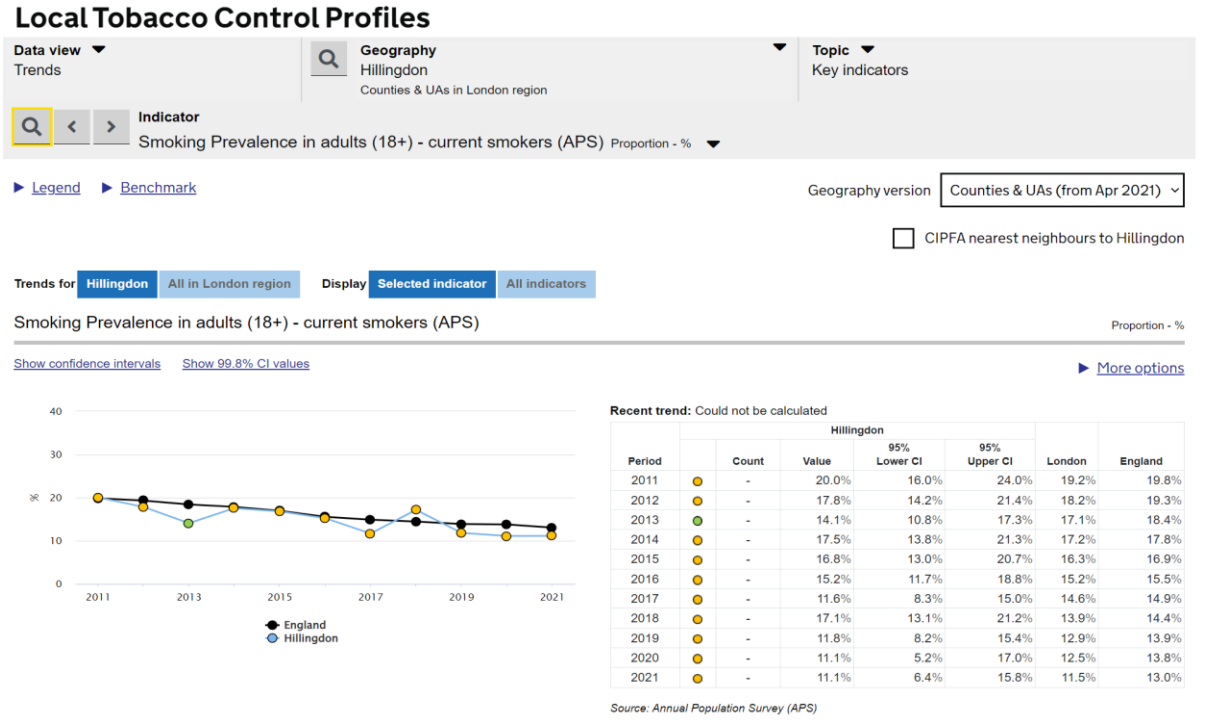
Figure 5: Smoking prevalence in those who are in routine and manual occupations (18-64) in Hillingdon.



Source: OHID Fingertips Public Health Data[67]

➢ Reduce adult smoking prevalence in England from 15.5% to 12% or less.
Currently Hillingdon has achieved the target with a rate of 11.1% (2021) in comparison to 20% (2011) **Figure 6**. *However, a further reduction of 6.1% is required if we are to reach the smokefree ambition of 5% by 2030.*

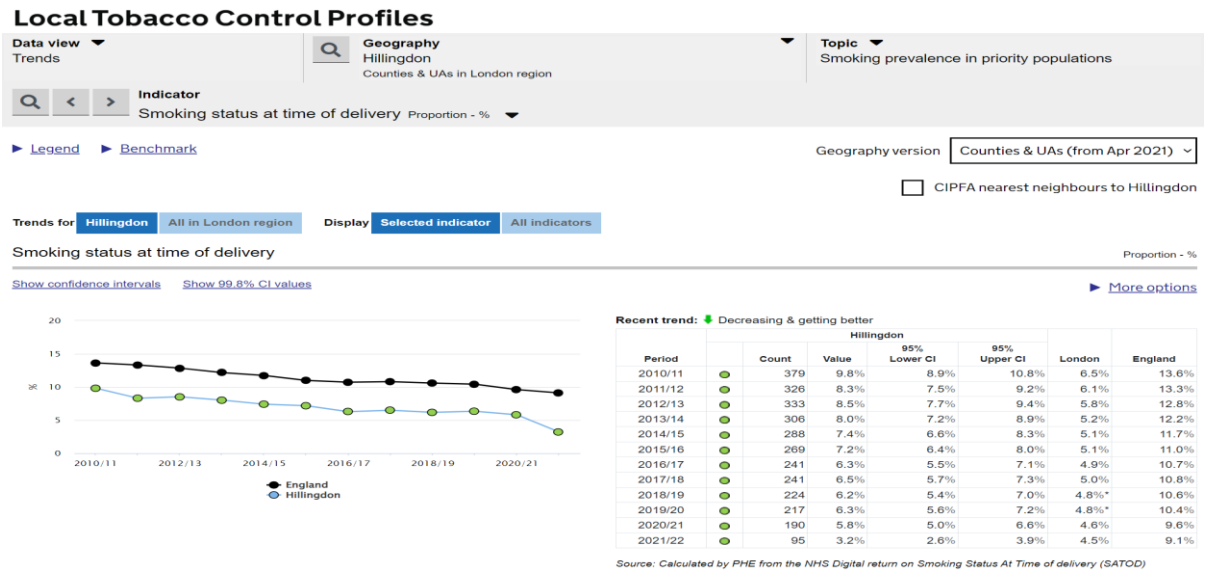
Figure 6: A comparison of Adult Smoking prevalence in Hillingdon vs London and England.



Source: OHID - Local Tobacco Control Profiles[68]

- Reduce the prevalence of smoking in pregnancy (Smoking at Time of Booking (SATOB) from 10.7% to 6% by 2026 and 2% by 2030.
  Currently Hillingdon has a rate of 3.2% (Smoking status at time of delivery 2021/22)[69] which is lower compared to London, 4.5% and England, 9.1% **Figure 7**. *However, this low rate could be due to recording issues.*

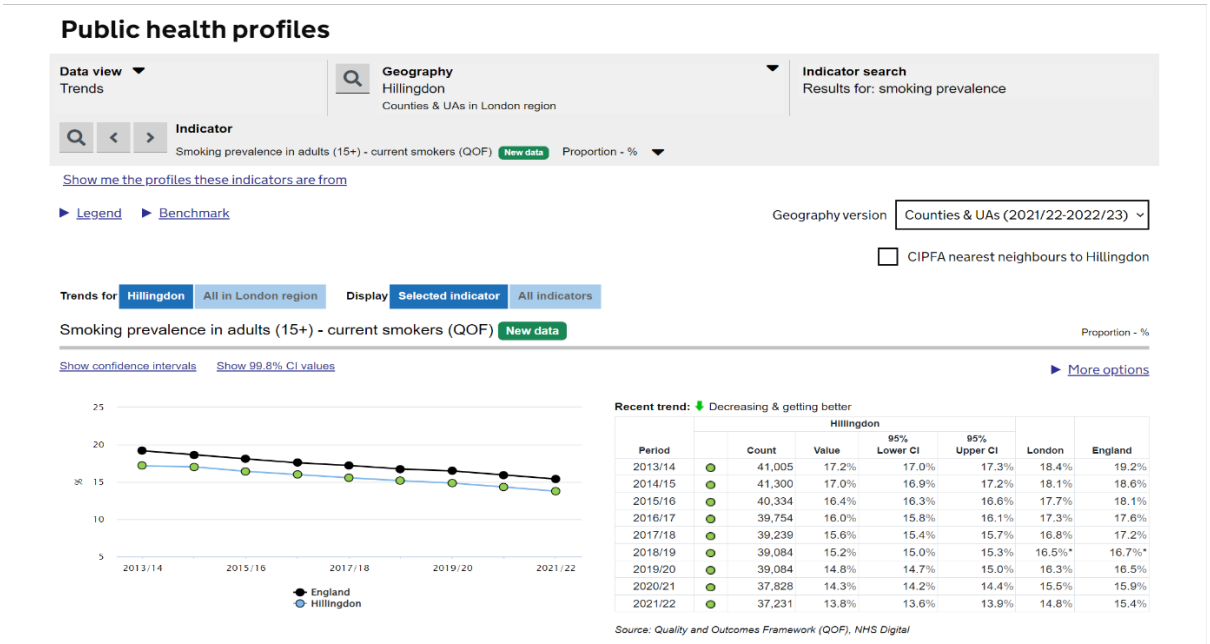
Figure 7: Smoking status at time of delivery for Hillingdon.



Source: Public Health England Fingertips

- Reduce the prevalence of smoking amongst 15-year-olds who regularly smoke from 8% to 3% or less.
  Figure 8 *shows that Currently Hillingdon has a rate of 13.8% (2021/22)[70] lower than London, 14.8% and England, 15.4%.*

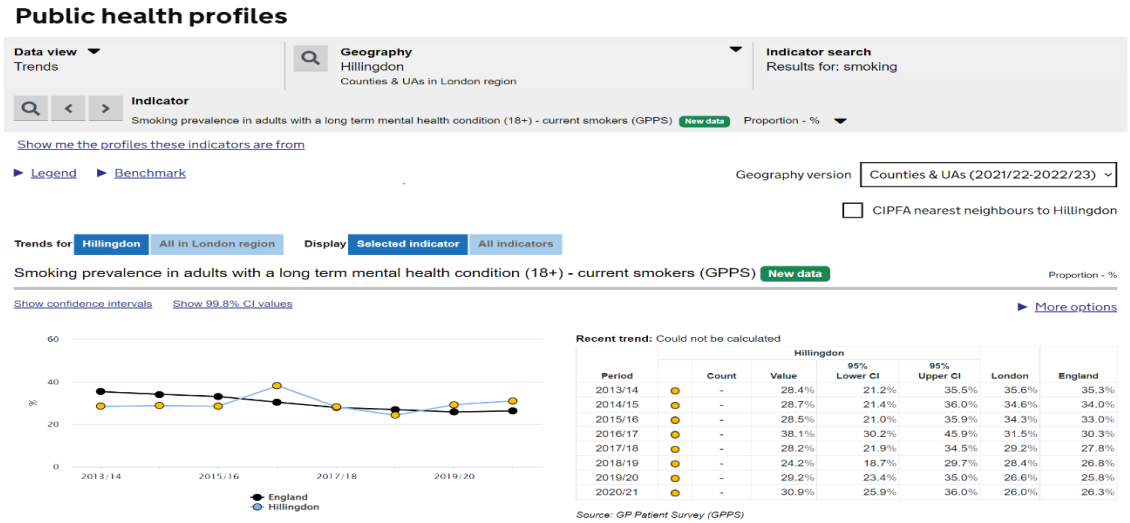
Figure 8: Smoking prevalence of 15+ year-olds who regularly smoke.



Source: OHID: Fingertips Public Health Data

➢ Those with a long-term mental health condition (18+) in Hillingdon, **Figure 9**, has a higher prevalence rate of (30.9%) compared to London (26.0%) and England (26.3%). 2020/21[71] data.

Figure 9: Smoking prevalence in adults with a long-term mental health conditions.



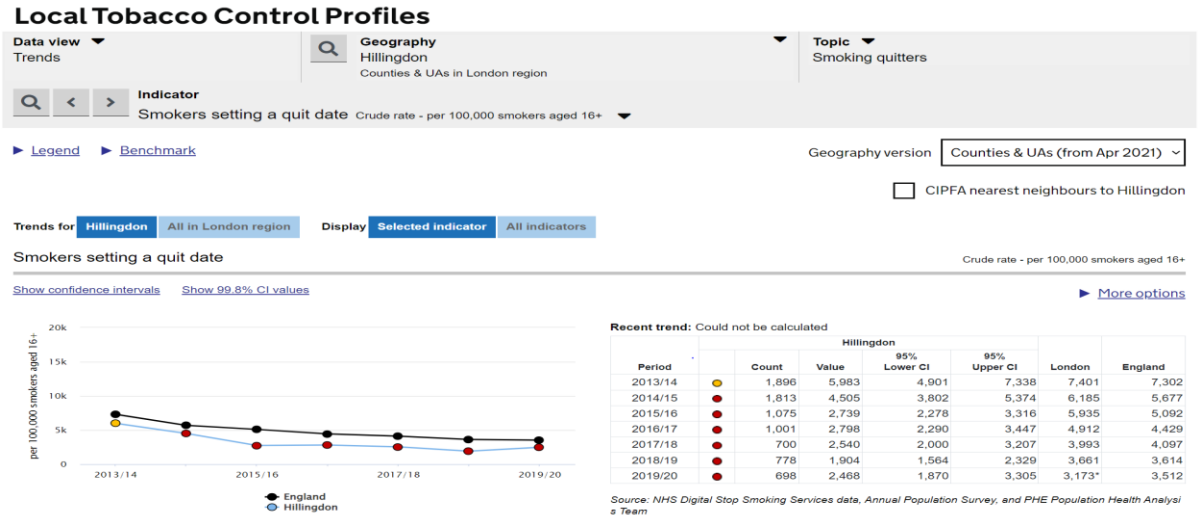
Source: Public Health England Fingertips

The Hillingdon stop smoking service provides a targeted and evidenced based approach to smoking cessation for those people in the agreed priority groups:

- Children and young people under 18 years of age.
- Pregnant women, and targeted support for new mothers and their partners.
- Residents with mental ill-health including people with substance misuse needs.
- Residents with disabilities and long-term conditions.
- Residents employed in routine and manual occupations.

The priority groups are those most at risk and most complex to support to quit smoking. The overall reduction in smokers setting a quit date as illustrated in **figure 10** shows minimal improvement from 2017/2018 (700) to 2019 / 2020 (698).

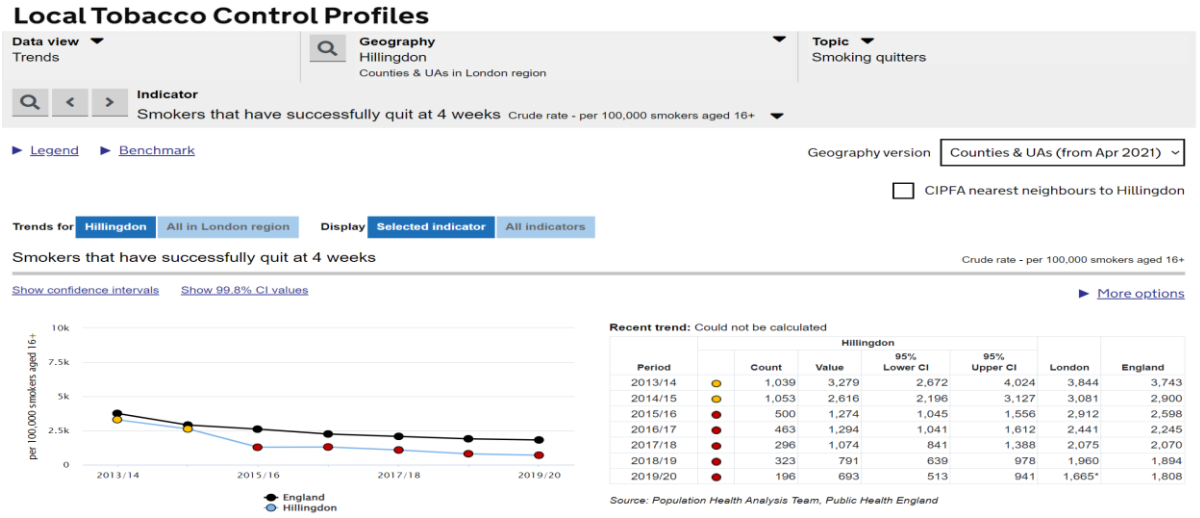
Figure 10: Hillingdon Smokers setting a quit date.



Source: OHID Fingertips Public Health Data[72]

There has been a reduction in the number of Hillingdon smokers that have successfully quit at 4 weeks **Figure 11.** There were 1039 smoking quitters in 2013/14, reducing to 196 quitters in 2019/2020. There are a number of reasons for this decline, ceasing universal access by all smokers and Covid-19.

Figure 11: Hillingdon smokers that have successfully quit at 4 weeks:



Source: OHID - Local Tobacco Control Profiles

The Hillingdon Tobacco Control Plan aims to build on the progress to date and create a platform for innovative evidence-based initiatives that will effectively contribute to reducing the harm caused by tobacco and smoking; reducing the prevalence of smoking and improve health and reduce health inequalities in the borough.

Reducing smoking prevalence needs collaboration between local government and the NHS, recognising that smoking remains the leading preventable cause of ill-health. Reducing smoking is also a means to tackle health inequalities[73].

Figure 12: Hillingdon economic and health inequalities dashboard – May 2023[74].

Source: ASH Dashboard

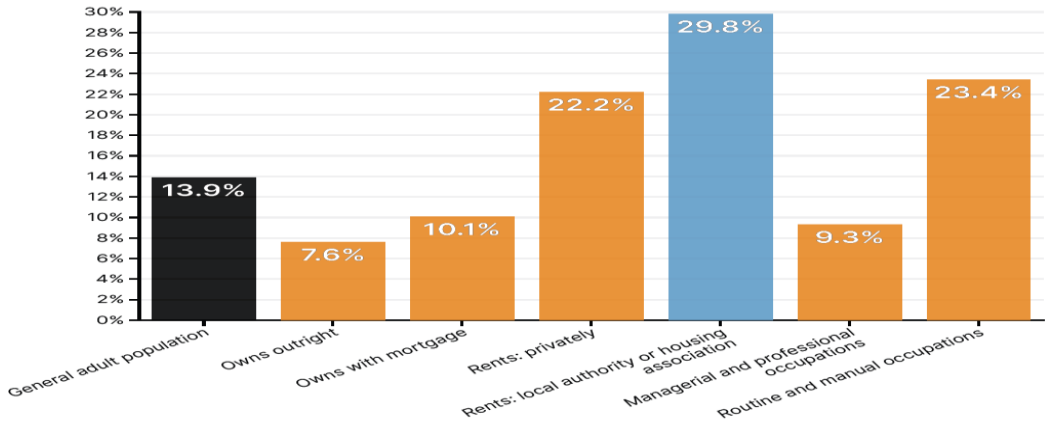
1.5 Smoking and social housing.

The smoking rate among social housing residents is one of the highest in England – around 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their home and 1 in 7 in the general adult population[75].

In May 2021, there were 10,101 council owned, lower cost rented homes in the Hillingdon borough. The council also has 3,341 leaseholders and 98 shared owners.

Higher rates of smoking mean people living in social housing are disproportionately affected by the health and economic inequalities caused by smoking. The rates of smoking between people living in social housing, **Figure 13**, compared with people living in other types of housing has increased, exacerbating inequalities[76].

Figure 13: Smoking Prevalence comparing inequalities in smoking rates by socio-economic measure – 2019 data.



The most disadvantaged groups in the population have higher rates of smoking and have seen significantly slower declines in rates of smoking compared with the rest of the population.

Children growing up in environments where smoking is normalised are more likely to smoke themselves, exacerbating generational inequalities. Successfully delivering on this agenda would radically improve the lives of social housing residents. Therefore, embedding tobacco control within the social housing sector presents an opportunity for all partners across the social housing to radically improve the health, wellbeing, and lives of residents and society.

The Suggested actions include:

- Engage social housing providers to help support residents who smoke to stop.
- Allocate budget for targeted programmes supporting people to quit in social housing.
- Set targets for reducing smoking prevalence in social housing.

1.6 The Cost of Tobacco.

The cost of smoking to society is high. Smoking places a considerable burden not only on individuals, but also on the NHS and the wider economy and society[77]. In Hillingdon there were 1386 smoking attributable hospital admissions in 2020[78]. According to NHS Digital[79] there were an estimated 506,100 smoking-related admissions to hospital in England in 2020,

equating to over 1,300 admissions per day[80]. Smokers are also more likely to see their GP over a third more frequently compared with non-smokers. These costs are a considerable activity and economic burden to a system already dealing with growing demand[81].

Figure 14: Costs of smoking to society.

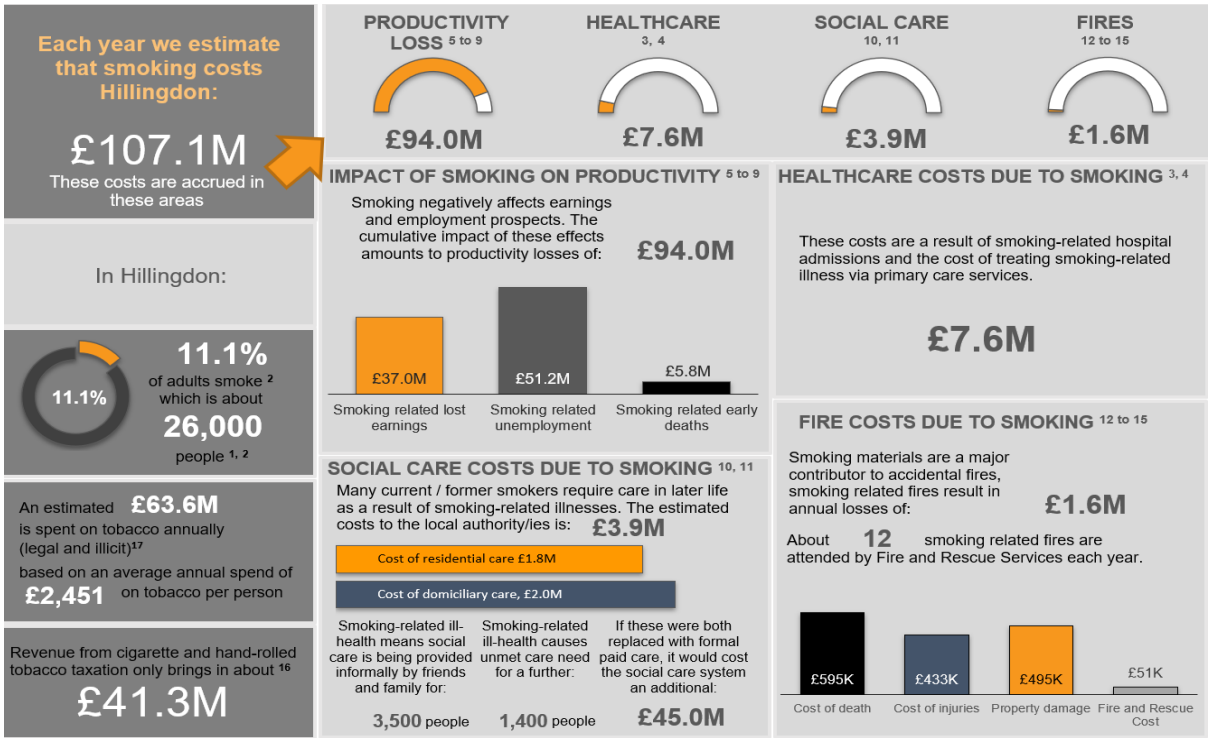
Source: Public Health England

Action on Smoking & Health (ASH) has produced a ready 'reckoner' that provides estimates based on national surveys and research[82]. The ASH model estimates the impact of tobacco control strategies on the number of quitters, the number of new smokers, the level of passive smoking in society and the cost of lost productivity from smoking.

The Hillingdon Joint Strategic Needs Assessment 2022[83] states that in 2020, using the ASH data tool – May 2023, there are an estimated 26,000 (11.1%) adult smokers who generate a cost pressure of £107.1 million pounds annually on the economy e.g. (Healthcare – £7.6M, productivity - £94.0M, social care - £3.9M, House fires - £1.6M).

The burden of tobacco use is not confined to personal health harms alone. Other costs to society which are less apparent includes litter and waste service costs, air quality and criminality and other associated costs including loss of tax revenue of the illicit tobacco trade.

Figure 15: The cost implications to the society of Hillingdon[84].



Source: ASH READY RECKONER

Introduction of a 'polluter pays' levy on tobacco manufacturers[85].

A letter to the secretary of state and social care, coordinated by Action on Smoking and Health (ASH) and Cancer Research UK, highlights the significant financial pressure smoking places on local councils and the NHS, with an estimated £3.6 billion spent on smoking-related health and social care in England every year. In addition to £13.2 billion each year in lost economic productivity resulting from premature death and disability caused by smoking.

The author argues that bold national action to reduce smoking rates would help to ease the pressure on household budgets and put money back into the pockets of struggling families. The average smoker who quits successfully will see their disposable income rise by around £2,450 a year[86].

Smoking is the leading cause of death and cancer in the UK, leading to 125,000 deaths per year and around 150 new cancer cases every day. A 'polluter pays' levy on tobacco manufacturers would raise an estimated £700 million per year which could be used to fund measures to help smokers quit[87]. Tobacco companies should be liable to pay to address the damage caused from addiction.

Tobacco companies should also be liable for the costs of litter created by cigarettes under plans being explored by ministers to protect the environment and save local councils money. The move comes after fresh evidence reveals that cleaning up littered cigarette butts currently costs UK local authorities around £40 million per year.

Littered cigarette filters can persist in the environment for many years and release these chemicals to air, land and water, harming plant growth and wildlife.

SECTION 2

2. THE NEED FOR A TOBACCO CONTROL STRATEGY.

The purpose of a tobacco control strategy is to outline the tobacco control priorities for Hillingdon and to implement comprehensive evidence-based activities to reduce smoking prevalence and work towards a smokefree generation. The strategy supports a reduction in overall smoking prevalence, inspiring a smoke free generation by 2030[88] and reducing exposure to second-hand smoke which will contribute to improving the health of Hillingdon's population.

It is widely understood that people become addicted to smoking tobacco at a younger age and consequently more needs to be done to reduce the uptake of smoking at a younger age. In addition, smoking affects communities differently; those with lower economic background or from certain ethnic groups show higher incidence of smoking and therefore are likely to face severe health consequences of smoking[89].

2.1 Tackling tobacco in Hillingdon.

- **The Vision:** To create smokefree Hillingdon by reducing the prevalence of smoking and tobacco related harms and protecting health across the resident population, focusing on the most vulnerable. To be achieved by de-normalising the use of tobacco and strengthening collaborations, implementing the recommendations that will help achieve smokefree 2030 in Hillingdon that supports wider health and wellbeing priorities.

- **The Objectives:** The objectives of the Hillingdon tobacco control strategy are to:

  - Reduce the adverse effects of tobacco use and consequently improve the health of residents in Hillingdon.
  - Reduce the uptake of tobacco, and health inequalities in the Borough by targeting reduced smoking prevalence amongst:

    - ✓ Children and young people under 18 years.
    - ✓ Pregnant women, targeting support after childbirth, for new mothers and their partners.
    - ✓ Residents with mental ill-health including those people with substance misuse needs.
    - ✓ Residents with disabilities and long-term conditions.
    - ✓ Residents employed in routine and manual occupations.

  - In line with the existing Government Tobacco Control Strategy and the Khan review, lowering the overall smoking prevalence to less than 5% by 2030, pending the new tobacco control plan.
  - Enhance collaborative working with stakeholders to drive forward the Tobacco Control agenda in Hillingdon.
  - Support smokers to quit with support from the Hillingdon Stop Smoking Service with targeted interventions especially for those in the eligible criteria.
  - Tackle Shisha use and use of other forms of tobacco.
  - Build intelligence about vaping use in young people and develop a strategy to reduce uptake.

- **Form a committed Tobacco Control Alliance:** Comprehensive Tobacco Control requires an operational framework that supports strategic decision-making whilst allowing for a wide range of partners with a variety of expertise and interests to engage at different levels.

  The formation of Tobacco Control Alliance in Hillingdon will bring together agencies to address tobacco control, smoking prevention and cessation. The Alliance will oversee the Hillingdon Tobacco Control Strategy and annual action plans in line with local, regional and national policy.

  The Alliance will meet quarterly, and suggested members[90] will include:

  - Trading Standards.
  - Environmental Health.
  - Licensing.
  - The commissioned Hillingdon Stop Smoking Service - ARCH.
  - Social Housing.
  - Local Pharmaceutical Committee including Borough community pharmacists.
  - Public Health.
  - Hillingdon NHS CCG
  - Primary Care Networks (PCN's)
  - HHCP, Healthwatch, H4ALL, The Confederation.
  - Education representatives (Primary, Secondary, College)
  - Fire and rescue Services.
  - Police.
  - Cancer alliances.
  - Children's Centre Services.
  - Parks & Leisure Services.
  - Youth leaders.
  - Locally Elected Members.
  - NHS Trusts, including representatives such as local acute or Mental Health Trusts, Maternity teams and Respiratory Services.

2.2 STRATEGY.

2.2.1 The Hillingdon ambition for 2023 – 2026.

Tobacco control is an umbrella term used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes.

A comprehensive tobacco strategy should include the commissioning of a Stop Smoking Service, an evidence-based approach to e-cigarettes as a tool to quit smoking, activity to tackle the illicit trade in tobacco and local quit campaigns.

Stopping smoking is the single, most effective action that an individual can take to improve their health and well-being and the overall health of a population. The overall aim is to reduce the prevalence of smoking in Hillingdon (currently at 11.1%) to below 5% by 2030.

This Strategy provides a blueprint for whole system working; all partners have a role to play.

Lead members for health are well placed to drive political and financial support for effective tobacco control within the Health and Wellbeing Board, Sustainability and Transformation Partnerships and with wider partners.

Overall Objectives:

The overall objectives of tobacco control strategy are:

- Reduce the adverse effects of tobacco use to the health of residents in Hillingdon.
- Reduce the overall uptake of tobacco, hence reducing the associated health inequalities in the Borough.
- In line with the Khan Review and Government Tobacco Control Strategy, lower the smoking prevalence to 5% by 2030.
- Enhance collaborative working with stakeholders to drive forward the Tobacco Control agenda in Hillingdon.
- Support smokers to quit with support from the ARCH; Hillingdon Stop Smoking Service with targeted interventions especially for those in the eligible criteria.

The Hillingdon Tobacco Control Plan 2023 – 2026 will focus on the following objectives:

1. System leadership
2. Whole systems partnership
3. Supporting delivery
4. Marketing and engagement
5. Evidence base, data and monitoring

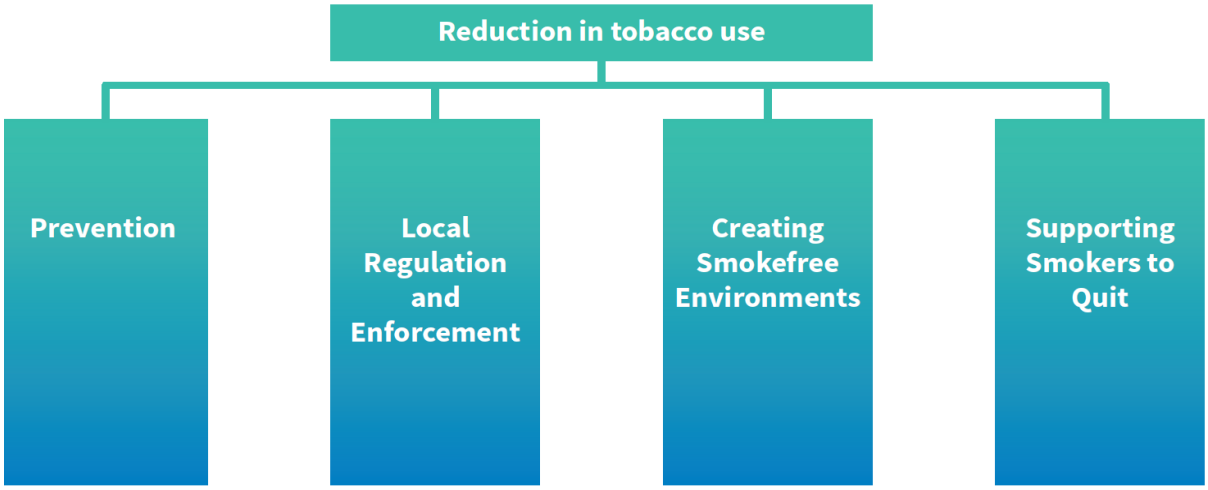
2.2.2 System Leadership.

Actions:

- The Health and Wellbeing Board are asked to endorse this plan and all member organisations to support the goals and ambitions of the plan to support smokefree and tobacco policy implementation across all sectors and organisation.
- Tobacco Control Alliance members to provide information, and work with councillors in understanding the scale and context of the challenge and how best to collaborate with vulnerable communities.
- London Borough of Hillingdon being an exemplar borough, driving a smokefree policy for all staff, residents and visitors who use council premises.

2.2.3 Whole Systems Partnership.

Figure 23: The objectives for reducing tobacco control in Hillingdon will be to adopt a whole system approach across the four pillars shown below:



Local authorities are best placed to create a whole systems approach in tackling tobacco use. The impact of council services is invaluable in raising awareness and promoting quitting smoking through frontline contact with residents, communication, planning and commissioning services.

Example: Establish working relationships across all council departments to promote the Tobacco Control Plan 2023 – 2026.

As well as working intrinsically within the council, collaboration and joint working is essential. Hillingdon has a legacy of successful partnership working and owes the reduced rate of smoking prevalence in the borough to previous successful collaboration. To implement further change, renewed commitment from partners is a priority with shared resources.

Example: Hillingdon Tobacco Control Alliance will involve a wide range of members from community healthcare providers within both primary and secondary care organisations, maternity and acute, the ICB, public health, planning and legislation to ensure the governance of the implementation of Hillingdon Tobacco Control Plan 2023-2026

The NHS Long Term Plan has prioritised preventative action and highlighted the contribution the NHS can make to tackling tobacco dependence, especially for hospital inpatients, pregnant women, and long-term users of mental health services.

Integrated Care systems need to embed tobacco control in their workstreams.

Action Points:

- All health providers and frontline services (such as Housing and Social Care) to support service users to access stop smoking services or signpost users to the Hillingdon stop smoking service.
- Health organisations, council and other partners to support stop smoking campaigns through their communication channels as and when campaigns run (including Stoptober, No Smoking Day and other campaigns).

- Stakeholders collaborating with council and health providers support smokefree workplace (i.e., third sector partners, leisure providers, construction providers and local businesses).
- Elected members to sign up to the Local Government Declaration on Tobacco Control.
- NHS Organisations sign up to the NHS Smokefree Pledge.
- Other organisations (e.g., schools, colleges, and higher education settings) reaching at least 1000 children and young people per year through direct events to prevent uptake of smoking.

2.2.4 Supporting Delivery.

The crucial element of implementing the Hillingdon Tobacco Control Pan 2022 -2025 is to create a seamless pathway of integrated smoking cessation delivery system.

The Hillingdon Tobacco Control Plan 2023 -2026 will focus support to the most disadvantaged communities through innovative methods, and by building workforce capacity, and using the Making Every Contact Count (MECC) approach for smoking cessation.

The focus will be preventative, including outreach to collaborate with schools, workplaces, hospitals, housing estates, community, cultural and religious settings in tackling tobacco use including smoking, shisha and illicit tobacco.

Action includes:

Continue evidenced based smoking cessation support through the borough provider by:

- Supporting quitters relative to the Local Authority Stop smoking service specification targeting the eligible population.
- Educating up to 1000 children and young people on the dangers of smoking and tobacco use.
- Offering Making Every Contact Count (MECC) approach through brief advice training (Level 1) and stop smoking advisor training (Level 2) to frontline staff.
- Ensuring outreach programmes are provided across the borough to engage and reach communities widely.
- Ensuring services are provided in various locations that most benefit residents e.g., Local groups in target areas, GPs, pharmacies, youth services etc.
- Enhancing the referral pathways across healthcare organisations, community services, voluntary organisations, workplaces, local business, faith groups and other stakeholder organisations.

Example: Use of innovative technology to support smokers to quit such as IT formats including, Skype, Teams, Zoom etc.

Collaborative working with the local acute and maternity service at Hillingdon Hospital to continue and further strengthen stop smoking through the NHS Long Term Plan by:

- Signing up to a smokefree NHS.
- Offering mandatory carbon monoxide tests to all newly expectant mothers.
- Offering advice and onward referral to a specialist stop smoking midwife or the Hillingdon Stop Smoking Service.
- Offering second hand smoking advice to partners and family of expectant mothers and provide information on local stop smoking support.
- Encouraging expectant mother to sign up to the smokefree homes and cars pledge.

- Supporting patients admitted to hospitals with stop smoking support including seamless referrals to The Hillingdon Stop Smoking Service.
- Promote level 1 training to all staff including (VBA) Very Brief Advice.
- Increase the number of level 2 trained stop smoking advisors (and specialist smoking in pregnancy advisors).

Example: Work across maternity, health visiting and school nursing teams to ensure every contact with a smoking adult in a home where children live is offered information on local support to quit, encouraged to sign up to smokefree homes and communicate the dangers of passive smoking.

It is important to continue to engage and work in partnership with various council organisations e.g., housing, parks and leisure and open spaces, adult education, social care, regeneration to signpost to local support, promote smokefree environment and smokefree homes and cars through their services.

Ensuring all tobacco used in the borough is lawfully permitted. This work will be robustly monitored through the council's:

- Planning, licensing and enforcement department who provide information and advice to local business such as smoking in public spaces, setting up local shisha bars / lounges, sale of tobacco to over 18 to ensure local business adhere to the law.
- Enforcement when business fail to comply after information and advice is provided with notice of improvement.
- Trading standards departments responsible for ensuring illicit tobacco is not traded locally through wide range of initiatives such as:

    - ✓ Raising awareness of illicit tobacco through training and education.
    - ✓ Taking part in the annual Stop Smoking Campaigns such as 'Stoptober'.
    - ✓ Working in partnership with local business to ensure that they are not trading illicit tobacco.
    - ✓ Joint operation with the police and HMRC in ceasing illicit tobacco in the borough.

2.2.5 Marketing and Engagement.

The Hillingdon Tobacco Control Plan 2023-2026 will support the national and regional tobacco control campaigns to ensure the key messages of the campaigns reach wide across the borough.

The Hillingdon Stop Smoking Service and the Local Authorities communications team will lead on promoting public health stop smoking campaigns and will ensure partners are engaged in this process as well as using innovative communication methods including digital such a display screens across various settings, social media, email, and newsletters.

Behaviour change techniques will be embedded across varied marketing and communication channels to target opportunistic life transitions such as moving home, pregnancy, attending higher education, changing employment, and receiving a health check.

Example: To provide information on all local tobacco control initiatives to new social housing tenants via their handbook.

Action includes:

- 1 or 2 campaigns per year using the most effective communication channels.
to reach the smokers in the borough.
- All stakeholder organisations request to support and augment campaigns.
- All frontline organisations including voluntary sector to ensure that staff have the knowledge and information about the stop smoking services, and how to signpost and refer people.
- Use a range of communication channels to reach people, supported by local data and community experts based on the best way to communicate, using, printed materials, easy read materials, display screens, digital platforms such as websites and social media, text messages, email, regular newsletters, and face to face events.

2.2.6 Evidence base, data and monitoring.

The local tobacco control initiatives will be based on the OHID Local Tobacco Control Profiles and will ensure that programmes are targeted at those who most need it. Use of local intelligence such as GP data, and other local data available to ensure effectiveness of the programmes.

Example: Use GP data to establish best form of communication with patients registered as smokers and invite them to the Hillingdon Stop Smoking Service specialist stop smoking support.

To monitor the progress of the Tobacco Control Plan 2023-2026, PHE'S CLeaR assessment tool will be used to evaluate the effectiveness of local tobacco control initiatives and benchmark progress against other boroughs over time. The tool will provide an opportunity to choose an area to 'deep-dive'; local initiatives that support stop smoking during and after pregnancy, in acute and maternity settings, in mental health settings and tackling the supply of illicit tobacco. CLeaR stands for three linked domains:

- **C**hallenge the existing service provision; whether they are fit for purpose and are grounded on strong up to date evidence.
- **L**eadership for supporting action on tobacco control.
- **R**esults to illustrate outcomes against national and local priorities.

Action Point:

- Continue to review local services to ensure that the most up to date and evidence-based approaches are being used.
- Make use of behavioural insight approaches to increase effectiveness.
- Undertake at least one CLeaR assessment of the Hillingdon services in the plan period (i.e., between 2023 and 2026).

2.2.7 Summary and monitoring:

The Hillingdon Tobacco Control Plan 2023-2026 sets out the aspirations of creating a smokefree generation. Tobacco use has significant impact on the health of individuals and negatively burdens families and society. To reduce inequalities, tackling tobacco use is essential.

This Hillingdon Tobacco Control Plan 2023-2026 builds on the successful work of reducing smoking prevalence in the borough and focuses on both quick wins and long-term system-change.

The implementation of this policy will be governed through the Tobacco Control Alliance and an action plan to develop short-, medium- and long-term outcomes.

Monitoring:

An annual report of this plan will be presented to the Hillingdon Health and Wellbeing Board. The report will comprehensively measure progress against all actions from an initially established baseline measure, using the following on indicators:

- Smoking prevalence in Hillingdon.
- Four-week quitters from each of the 5 eligible categories.
- Number of children and young people educated on the dangers of smoking.
- Number of smokefree homes and cars pledge.
- Number of people trained on level 1 and level 2 smoking cessation.
- Number of campaigns supported i.e., STOPTOBER, No Smoking Day.

The report will also include other outcomes such as:

- New initiatives on tobacco control through joint partnership working.
- Implementation of new approaches embedded within practice to improve the smoking prevalence in Hillingdon and the illicit tobacco traded in the borough.

SECTION 3

3. ACTION POINTS.

3.1 Illicit Tobacco.

Actions:

- To work with the Trading Standards team and determine the measures in place to tackle illicit tobacco sales in Hillingdon. Council Trading Standard services play a key role at a local level detecting and seizing illicit tobacco products as appropriate.
- Tackling the supply of illegally imported tobacco, which is then sold to young people.
- Improved enforcement action against the illegal sale of tobacco.
- Visits to traders and check correct labelling and signage is on display and give information about underage sales.
- Advise retailers on compliant containment and how to hide the display of tobacco products from customers who are present within the shop but are not requesting tobacco products.
- Inspect businesses to establish compliance with the health warnings on tobacco products.

3.2 Second-hand Smoke (SHS).

Action points:

- To provide expert advice through the Tobacco Control Strategy to reduce exposure to young children, underage and illegal sales (trading Standards) and provide mentoring and level 1 smoking cessation education to schoolteachers and youth services so that the harms of smoking can be relayed on to the young.
- The overall aim of this strategy is to reduce the prevalence of 15-year-olds who regularly smoke from 8% to 3% or less. Early intervention in the younger years is a key to success.
- Assertively target settings where families of young people at risk of exposure to SHS may access support, for example Children Centres, Paediatric Unit, Hillingdon Homes and Housing Sector.
- Ensure implementation of the borough wide Smokefree homes initiative.
- Identify opportunities to implement joint strategy in conjunction with key partners (Hillingdon Community Trust, Hillingdon Hospital and Hillingdon council) to address staff and client exposure to SHS, where not covered by legislation.
- Support Hillingdon Environmental Health to maintain high compliance with Smokefree Legislation.
- Support London Borough Hillingdon Fire Service to promote Home Fire Safety Visits
- Apply a range of Smokefree messages that promote a positive health, environmental, financial and ethical approach to reduce tobacco consumption – especially hard to reach groups.
- Training of Maternity HCP's on educating pregnant ladies on the harms of SHS to their babies.
- Deliver Level 1 training to Children Centres front line staff.
- Deliver SHS Very Brief Advice (VBA) training to Health Visitors.
- Continue to promote Smokefree Homes Campaign.
- Work with Veterinarian surgeries to target pet owners.

3.3 Smoking and Mental Health.

Action Points:

- Increase awareness of 'Kick It' and the ability to influence change- ASK, ACT, ADVISE.
- Provide access to training for all health professionals on smoking cessation, particularly those working with mental health patients.
- Tool kit, working with the wider Mental Health Trust to establish effective pathways resulting in a greater success to support smokers in mental health settings.
- Provide appropriate licensed pharmacotherapy and follow NICE guidelines.
- Work with the Mental Health and Smoking Partnership of Royal Colleges, third sector organisations and academic institutions to consider the evidence on how to reduce the prevalence of smoking among people with mental health conditions.
- Support the implementation of commissioning levers, which includes a requirement for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status.

3.4 Smoking in pregnancy.

Actions:

- Collaborative partnership working with secondary care such as the Hillingdon Hospital maternity services.
- Train midwives and improve confidence levels on counselling a pregnant lady on the harms of smoking and the treatment options available such as Nicotine Replacement Therapy.
- Ensure that VBA (Very Brief Advice) on smoking cessation is embedded into every antenatal clinic.
- Ensure that systems are in place so that **ALL** pregnant woman will have a carbon monoxide (CO) check **at their first midwife appointment.** This is part of routine antenatal care.
- Train Children's centre staff on the harms of smoking and pregnancy.
- Robust pathways are in place from secondary care to the Hillingdon Stop Smoking service.

3.5 Smokeless and Niche Tobacco Products.

Smokeless tobacco & **Shisha.**

Actions:

- Work with Trading standards, Licensing team, food and workplace safety and planning enforcement to ensure that Shisha bars in the Borough comply with tobacco regulations and are aware of the fines and closure if they do not adhere to legal requirements.
- Visits to check correct labelling and signage is on display and give information about underage sales.
- Ensure that Shisha bars are aware of the regulations and are not serving or promoting Shisha to under 18-year-olds.
- Educate children and young people regarding the harms of Shisha. Provide level 1 training to schoolteachers and youth workers.
- Educate adults, particularly in the ethnic communities highlighting the harms associated with Chewing tobacco.

- Engage with dentists providing level 1 training on smoking and VBA – Very Brief Advice.

3.6 Electronic Cigarettes & Vaping.

Actions:

- Provide education, guidance and support school policies on vaping.[91]
- Trading Standards and Licensing team continue to ensure that vape shops are selling products to adult residents which are adhering to the defined regulations set up by the Tobacco and Related Products Regulations[92].
- Local policy should aim to prevent the uptake of EC by young people in line with a voluntary code of EC vendors[93] but explore how to best accommodate ECs as an aid to quitting smoking in established smokers**.**
- Explore possible regulation of the number of vape shops within Hillingdon.
- Monitor the impact of regulation and policy on e-cigarettes and novel tobacco products in England, including evidence on safety, uptake health impact and effectiveness of these products as smoking cessation aids to inform our actions on regulating their use.

3.7 Smoking Cessation Service

Actions:

- Evaluate performance relative to the KPI's set out in the contract.
- Identify areas where strategies are necessary to improve quit rates such as advertising through online social networks.
- Ensure collaborative working with partner organisations such as the CCG, PCN's, Confederation, H4ALL, Healthwatch, to increase exposure to residents and increase referral rates into the service.
- Evaluate examples of good practice from other London services with an aim to integrate these ideas into the current Hillingdon service.
- Ensure preparations for PHE campaigns such as: Stoptober and No Smoking Day are fully covered.
- Ensure that the members of the smoking cessation team are actively attending network meetings arranged by ASH, PHE and the London Tobacco control network.
- Ensure collaborative working with GP surgeries ensuring that a referral pathway for their smoking population of patients is in place to the pharmacy or core service.
- Ensure collaborative working with schools and colleges to highlight the harms associated with smoking and education on the take up of vaping.
- Address health inequalities through CORE20Plus5 and population health methodology.
- Ensure that the smoking cessation team are engaged in promoting the service through the Local Authority funded LSCTP[94] (London Smoking Cessation Transformation Programme).
- Ambition to reduce smoking prevalence among adults in Hillingdon to 5% or less
- Reduce the prevalence of 15-year-olds who regularly smoke to 3% or less
- Reduce the prevalence of smoking in pregnancy to 6% or less.
- Work towards the NHS Log Term Plan commitments – by 2025
- Ensure that there are systems in place so that all people admitted to hospital who smoke will be offered NHS funded tobacco dependency treatment support.
- Ensure that a partnership exists with the Hillingdon maternity services so that expectant mothers and their partners, with a new smoke-free pregnancy pathway.
- Ensure that an outpatient stop smoking support offer will be available as part of specialist mental health services including learning disability services.

4.0 REFERENCES:

[1] PDF download: A Comprehensive Guide to Achieving Effective Local Tobacco Control: Evidence, Support & Publications Developed by the Tobacco Control National Support Team

[2] PDF download: Healthy Lives, Healthy People: A Tobacco Control Plan for England

[3] PDF download: Ealing Tobacco Control Strategy 2016 – 2021

[4] https://ash.org.uk/resources/view/tobacco-and-the-environment

[5] Daily Mail. Professor Chris Whitty attacks 'kill for profit' tobacco companies and warns smoking killed 90,000 Brits last year - more than Covid. Published online, 19 May 2021. [Accessed November 2021].

[6] ASH. Smoking in the home: New solutions for a smokefree generation. November 2018.

[7] Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ. 2004 Jun 26;328(7455):1519

[8] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed November 2021].

[9] NHS Digital - Statistics on Smoking, England 2020 – NHS - https://digital.nhs.uk/data-and information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020

[10]https://ash.org.uk/resources/view/smoking-statistics

[11] NHS (2019) NHS Long Term Plan

[12] NHS Digital - Statistics on Smoking, England 2020 – NHS - https://digital.nhs.uk/data-and information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020

[13] The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

[14] https://ash.org.uk/uploads/Smoking-and-health-inequalities-July-2022.pdf?v=1662387660

[15] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete

[16] https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

[17] https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s

[18] https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/tobacco

[19] ASH Fact Sheet on Tobacco Regulation http://ash.org.uk/category/information-and-resources/fact-sheets/

[20] ASH Briefing. Tobacco Displays at the Point of Sale

[21] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete

[22] https://www.cochrane.org/news/featured-review-incentives-smoking-cessation-0

[23] https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-smokefree-2030-cutting-smoking-and-stopping-kids-vaping

[24] https://www.gov.uk/government/news/smokers-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme

[25] https://www.gov.uk/government/news/no-more-free-vapes-for-kids
[26] PDF download – ASH: Illicit tobacco Councillor Briefings – June 2021

[27] https://keep-it-out.co.uk/for-retailers/

[28] https://www.gov.uk/government/publications/packaging-of-tobacco-products

[29] PDF download: A 'white paper on Tobacco' – GOV .UK

[30] http://www.ash.org.uk/files/documents/ASH_416.pdf

[31] Passive smoking in children (2010) Royal College of Physicians
https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking andchildren.pdf?15599436013786148553

[32] PDF download – ASH factsheet - Secondhand smoke March 2020. https://ash.org.uk/information-and-resources/secondhand-smoke/secondhand-smoke/

[33] https://www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/

[34] PDF download – ASH Research Report - Secondhand Smoke: the impact on children – February 2014

[35] PDF download – ASH factsheet - Young People and Smoking – September 2019

[36] Robinson S & Bugler C. Smoking and drinking among adults, 2008. General Lifestyle Survey 2008. ONS, 2010. https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng 2012/smokdrin-drug-youn-peop-eng-2012-repo.pdf - Smoking, drinking and drug use among young people in England in 2012

[37] PDF download – ASH factsheet - Young People and Smoking – September 2019

[38] https://www.gov.uk/government/publications/health-matters-smoking-and-mental-health/health-matters-smoking-and-mental-health

[39] A report by Action on Smoking and Health (ASH) and the Smoking in Pregnancy Challenge Group. February 2021. Getting back on track: Delivering a smokefree start for every child.

[40] PDF download- ASH factsheet - Smoking, pregnancy and fertility – December 2021

[41] https://www.nct.org.uk/pregnancy/food-and-nutrition/smoking-during-pregnancy

[42] https://www.nct.org.uk/pregnancy/food-and-nutrition/smoking-during-pregnancy

[43] NICE - Smoking: stopping in pregnancy and after childbirth – June 2010
https://www.nice.org.uk/guidance/ng209

[44] https://www.dentalhealth.org/mouth-cancer-risk-factors

[45] Paan, bidi and shisha https://www.nhs.uk/live-well/quit-smoking/paan-bidi-and-shisha-risks/

[46] PDF download – ASH factsheet - Tobacco and Ethnic Minorities – April 2019

[47] Barnet Shisha Bars Report – 2016

[48] https://www.bhf.org.uk/informationsupport/risk-factors/smoking/shisha

[49] https://www.bhf.org.uk/informationsupport/risk-factors/smoking/shisha

[50] https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking/

[51] PDF download – ASH factsheet - Use of e-cigarettes among adults in Great Britain – June 2021

[52] https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings

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

[54] https://fingertips.phe.org.uk/search/e%20cigarette

[55] https://www.legislation.gov.uk/uksi/2016/507/contents/made

[56] https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-11-smoking-and-tobacco-use

[57] https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update

[58] https://ash.org.uk/resources/view/ash-brief-for-local-authorities-on-youth-vaping

[59] NHS England Factsheet: Commissioning effective smoking cessation services – February 2014

[60] OHID - Local Tobacco Control Profiles

[61] Hillingdon population change, Census 2021 – ONS

[62] [62] ASH Ready Reckoner 2022 - Action on Smoking and Health

[63] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[64] https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/tobacco-commissioning-support-pack-2019-to-2020-principles-and-indicators

[65] Department of Health and Social Care (2017) Towards a smoke-free generation: a tobacco control plan for England. Smoke-free generation: tobacco control plan for England - GOV.UK (www.gov.uk)

[66] OHID - Local Tobacco Control Profiles - Available at Public Health England Public Health Profiles. Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[67] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[68] Hillingdon Available at Public Health England Tobacco Control Profiles: Local Tobacco Control Profile 'Smoking Prevalence in adults (18+) - current smokers (APS)https://fingertips.phe.org.uk/profile/tobacco-control

[69] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[70] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[71] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[72] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[73] https://ash.org.uk/about/who-we-work-with/smokefree-councillor-network/smokefree-councillor-network-resources/councillor-briefings

[74] https://ash.org.uk/resources/view/economic-and-health-inequalities-dashboard

[75] Smoking and social housing: Supporting residents, addressing inequalities - ASH

[76] Beard E, Brown J, Jackson SE, West R, Kock L, Boniface S, Shahab L. Independent Associations Between Different Measures of Socioeconomic Position and Smoking Status: A Cross-Sectional Study of Adults in England. Nicotine Tob Res. 2021 Jan 7;23(1):107-114. doi: 10.1093/ntr/ntaa030. PMID: 32026943; PMCID: PMC7789954.

[77] Health matters: stopping smoking – what works? - GOV.UK (www.gov.uk)

[78] Fingerips.phe.org.uk/profile/tobacco-control/data

[79] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020

[80] Health matters: stopping smoking – what works? | Quit Right Tower Hamlets (quitrightth.org)

[81] Smoking and tobacco: applying All Our Health - GOV.UK (www.gov.uk)

[82] ASH Ready Reckoner 2022 - Action on Smoking and Health

[83] https://www.hillingdon.gov.uk/article/2979/Joint-Strategic-Needs-Assessment

[84] https://ash.org.uk/resources/view/ash-ready-reckoner

[85] https://ash.org.uk/media-centre/news/press-releases/no-more-delay-we-need-a-tobacco-control-plan-now-urge-local-leaders

[86] Calculations of the average spend per smoker in the UK on cigarettes and hand-rolling tobacco in 2022 by Landman economics. The figure includes both duty paid and illicit tobacco. Calculations are based on national datasets including the Annual Population Survey of Smoking Prevalence, HMRC data on duty paid and illicit tobacco from HMRC, and NEMS survey data on average spend on illicit tobacco.

[87] https://ash.org.uk/resources/view/delivering-a-smokefree-2030-the-all-party-parliamentary-group-on-smoking-and-health-recommendations-for-the-tobacco-control-plan-2021

[88] APPG: Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021 - Action on Smoking and Health (ash.org.uk)

[89] The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

[90] https://ash.org.uk/resources/local-toolkit/comprehensive-tobacco-control-guidance/local-alliances-roadmap/identifying-partners

[91] https://ash.org.uk/resources/view/ash-brief-for-local-authorities-on-youth-vaping

[92] The Tobacco Products and Nicotine Inhaling Products (Amendment) (EU Exit) Regulations 2020. https://www.legislation.gov.uk/ukdsi/2020/9780348212532

[93] https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products

[94] https://www.adph.org.uk/networks/london/programmes__trashed/smoking-cessation/