Smoking
in the home

New solutions for a
Smokefree Generation

Authors

Karen Buckley, Public Health Specialty Registrar, ASH
Hazel Cheeseman, Director of Policy, ASH

With support from:

Anna Hazelwood, Policy and Research Officer ASH

John Waldron, Policy Assistant ASH

Robbie Titmarsh, Policy Officer ASH

Emma Farrow, MSc Student, UCL

Workshop attendees

Association of Residential Letting Agents	Tim Douglas
British Lung Foundation	Sarah MacFadyen
British Property Federation	Ian Fletcher
Cancer Research UK	Kruti Shrotri
Chartered Institute of Environmental Health	Zena Lynch
Chartered institute of Housing	Martyn Kingsford OBE TD FRICS FCIH
Faculty of Public Health and St.Mungo's	Dr Helen Walters
Fresh Smokefree North East	Lisa Surtees
G15 and Network Homes	Helen Evans
GM Health and Social Care Partnership	Liz Benbow
Greater London Authority	Fiona Wright
Hertfordshire County Council	Mike MacGregor
King's College London	Prof. Ann McNeill
Leicester City Council	Ruth Tennant
London Fire Service	Judith Cosaitis
National Landlords Association	Chris Norris
Public Health England	Sarah Williams
Public Health England	Martin Dockrell
Public Health England	Jo Locker
Salix Homes	Lee Sugden

Organisations endorsing the report

ash. action on smoking and health

Association of Directors of Public Health ADPH Yorkshire and the Humber

Association of Directors of Public Health

British Heart Foundation

British Lung Foundation

Bolton at Home

BPF British Property Federation

Breathe 2025 www.breathe2025.co.uk

Cancer Research UK

Chartered Institute of Environmental Health

Faculty of Public Health

firstchoice HOMES OLDHAM

fresh* Making Smoking History

GMHP Greater Manchester Housing Providers

Hestia

iHV Institute of Health Visiting Excellence in Practice

iPiP

Kent County Council kent.gov.uk

Leicester City Council

the lullaby trust safer sleep for babies – support for families

mental health smoking partnership

NCSCT National Centre for Smoking Cessation and Training

Newcastle City Council

Northern Lincolnshire Smokefree Alliance

Oral Health Foundation Better oral health for all

PCRS

Royal College of Physicians

RCPCH Royal College of Paediatrics and Child Health Leading the way in Children's Health

RSPH Royal Society for Public Health Vision, Voice and Practice

salix homes

smoking in pregnancy challenge group

South Tees Smokefree Alliance

St Helens Tobacco Alliance

tccc tobacco control collaborating centre

THREE RIVERS DISTRICT COUNCIL

UCL Tobacco and Alcohol Research Group

UKCTAS UK Centre for Tobacco & Alcohol Studies

Cross-party introduction

Cllr Nick Forbes, Leader of Newcastle City Council, Labour
A place-based approach to tackling inequalities

Tobacco is locking our most disadvantaged communities into an intergenerational cycle of addiction, poverty, and ill health. In the UK, people living in social housing are twice as likely to smoke compared to the general population.

Poorer smokers tend to be more dependent, smoke more each day and find it harder to quit [1]. Smoking exacerbates deprivation, with spending on tobacco pushing over 7,000 people in Newcastle below the poverty line each year– including around 2,252 dependent children [2]. Children growing up in communities where smoking is socially acceptable are more likely to become smokers themselves [3].

That's why this report is so welcome.

Everyone has the right to live in a smokefree household, and our unique community insight means councils are well placed to protect this right. By adopting a place-based public health partnership approach we can help deliver targeted support to the doorstep of those smokers who find it hardest to quit. This is key to reducing the 10-year life expectancy gap between society's richest and poorest. For anyone committed to reducing these inequalities in our country, this report is a good place to start to turn that intent into practical action.

Cllr Sara Bedford, Leader of Three Rivers District Council, Liberal Democrat
Protecting health at the district level

The majority of Three Rivers' 13,213 adult smokers want to quit smoking; they don't want to expose their children to secondhand smoke. However, in our district we still see almost 700 hospital admissions for smoking-related conditions every year [4].

This report by ASH presents practical solutions for establishing smokefree homes as one method for reducing secondhand smoke exposure and supporting quit attempts. As a District Council we have a unique opportunity to work in new ways to tackle tobacco dependence head on and from different angles.

At Three Rivers District Council, we are already starting to do this. Whilst the district council has control of housing, we work closely with Hertfordshire County Council to signpost smokers to local stop smoking services. However, protecting the universal right to health and the opportunities that good health affords will mean ramping up our efforts to forge new relationships and seek more opportunities for joint working.

Cllr Paul Carter, Leader of Kent County Council, Conservative
Proactive collaboration with our housing colleagues

Exposure to smoke is shaped by where we live, our communities and our peer groups. This report by ASH therefore presents the home as a focal point for cross-sector interventions to reduce the burden of tobacco – a burden which, in Kent, racks up to £346.5m each year [4].

At Kent County Council, our social care and health team already offers free advice and treatment to help people tackle their addiction and protect their families. However, joint working is key to effective tobacco control. Therefore, whilst the County Council does not hold housing responsibilities, we hope to work proactively and pragmatically with the housing function at the district level to support the smokefree housing vision.

I urge other stakeholders from across housing and health, but also fire, trading standards and beyond, to do the same, and heed the recommendations made in this report.

Foreword from the Chairs

Our Chairs, Lee Sugden (Salix Home CEO) and Ruth Tennant (Leicester DPH) have been involved in the formulation of this report and its recommendations from the outset, providing invaluable insight and guidance. Their expertise lies in housing and public health respectively, though they are both united in a shared desire to reduce the burden of tobacco through partnership working.

Lee Sugden, CEO of Salix Homes

Seizing harm reduction opportunities

The social housing sector has a largely untapped and potentially transformative role to play as custodians of health.

Salix Homes strives to embody this approach. With the majority of Salford's 41,024 smokers living in social housing [5], we recently paired up with the Greater Manchester Health and Social Care partnership to provide over one thousand smokers with a free e-cigarette and smoking cessation support. Preliminary results show that smokers from the most deprived areas were 5 times more likely to quit compared to last year – using our unique position as a provider to engage tenants in conversations about smoking paid off.

This ASH report paints a vision in which the housing sector ups its game and routinely seizes opportunities such as these, forging exciting new partnerships with our colleagues in health and beyond to deliver tangible benefits to tenants and to society.

Tobacco dependency is disproportionately harming the communities we house, so if you work for a housing association and care about the wellness of your tenants, promoting smokefree homes is absolutely your business.

Ruth Tennant, Leicester DPH

Working strategically across health and housing

Despite falls in smoking prevalence, the number of people dying from smoking related diseases remains unacceptably high. As well as the clear human costs, this places a significant financial burden across the NHS in hospital admissions, primary care and ambulatory services; as well as placing additional cost-pressures on social care.

Local government's responsibilities around improving health and their wider community leadership role mean that they are well-placed to drive down smoking using the wide range of levers at their disposal. Supporting the establishment of smokefree housing should be part of local tobacco control strategies, and public health can play a leading role in driving this new approach. By convening the relevant stakeholders and encouraging the process of collaboration, we can help to lessen tobacco's social and economic burden and improve the health of local communities.

I therefore welcome this report and urge local authorities and other partners to take its cross-sector recommendations forward, working collaboratively to bring about smokefree housing environments.

Executive Summary

This ASH report explores the impact of smoking in our homes and what policy measures could be taken across all housing tenures to reduce the levels of smoking in the home. This would protect children and adults and support healthy communities.

In the development of this report, we worked closely with professionals across a number of different sectors, we held focus groups with 42 tenants and we analysed national datasets and existing academic work. The final recommendations are based around best practice, proven measures to reduce smoking in the home and feedback from stakeholders and tenants. Our vision is one where smoking in the home is all but a thing of the past.

The challenge

Smoking is the single greatest cause of preventable death and disease in our communities [6]. A lifelong smoker's life expectancy is reduced by an average of 10 years [7].

Smoking also harms non-smokers through exposure to secondhand smoke. This impairs children's health as they develop and can have long term implications into adulthood [8]. Adults exposed to secondhand smoke are also more vulnerable to respiratory and heart conditions while pregnant women are at greater risk of miscarriage and stillbirth.

Great progress has been made in reducing exposure to secondhand smoke in England. In July 2007, a smoking ban in England was introduced which made it illegal to smoke in all enclosed public places. This legislation was transformative, not only in protecting workers and customers, but also in driving a cultural shift that has since seen many more people quit. The smoking ban helped to de-normalise smoking indoors and it changed the way many smokers behave at home. ASH national surveys find that even among smokers a majority now don't smoke in their home. However, significant numbers of children and adults continue to be exposed to secondhand tobacco smoke in the home with around 12% of people surveyed by ASH reporting that someone smokes in the home on most days [9].

Secondhand smoke from members of a household that smoke can also impact on others outside the home. Neighbours' smoke drifting into properties can be a nuisance, causing distress and anxiety for people.

Smoking can also impact on communities through increasing the risk of fire, (smoking-related fires are the main cause of fire fatalities in the home) [10], the presence of illicit tobacco in a community and the impact on the economic wellbeing of households where tobacco makes up a major weekly expense.

Smoking prevalence varies widely between different communities, with wealthier areas typically having a lower proportion of smokers. One in three people living in social housing smoke and this is more than twice as many as the population as a whole [11]. Children living in these communities are not only more likely to be exposed to secondhand smoke but are also more likely to become smokers themselves, locking them into a cycle of disadvantage [8]. Reducing smoking amongst communities with a high concentration of smokers can therefore reduce health inequalities and increase disposable household income, having a positive impact on the wider community.

Key findings and conclusions

Harm to health

» Exposure to secondhand smoke is a major cause of childhood illness costing the NHS nearly £12 million a year [12]. In addition, it is a major risk factor for the development of heart and respiratory conditions in adults and is also a risk factor for miscarriage, stillbirth and sudden infant death.

» Government data shows that 9% of people report being exposed to smoking in their own home and 9% report having had exposure in other people's homes [13].

» However, a recent ASH survey found that 13% of people report some level of secondhand smoke exposure in their own home from someone who lives there [9].

» The Government's regular survey of 11-15 year olds find that 14% report being exposed to secondhand smoke in the home on most days [14]. Rates are likely to be much higher among children of parents who smoke. In 2012 (most recent data available) just over 60% of children with a parent who smoked lived in a smokefree home [15].

» Exposure to smoke in the home for both adults and children has decreased over the last decade, in particular following the introduction of smokefree legislation.

» Smoking is much more common in certain types of housing. While 18% of all people in England live in social housing, among smokers it is almost a third. One of the reasons for this is that while smokers in social housing are equally motivated and equally likely to try to quit as smokers living in other types of housing, they are half as likely to succeed. They are also more likely to be heavily addicted to smoking.

Understanding and engaging with tenants

» There is an appetite for more action to reduce smoking in local communities among both private and social tenants. While preferences vary as to exact policy measures, there is a strong consensus that landlords could take a more proactive approach.

» Few landlords have a policy on managing smoke drifting from a neighbour's property or communal space into a tenant's home. Action to support tenants not wishing to be exposed appears to be limited.

» Few landlords in either the private rented or social housing sectors capture the smoking status of their tenants as a means to signpost people to support, to identify the burden of smoking on income or to manage fire risk.

» Few landlords have an understanding of the role tenants would like them to play in relation to managing smoking in local communities and providing access to help to quit as part of healthy living programmes.

Need for strategic leadership

» There is little national guidance, leadership or action in relation to smoking and housing. There are gaps in relation to national guidance on key issues such as smoke drift and protecting the domiciliary workforce.

» Local councils are the key organising force in their communities, and with both public health and housing responsibilities, they are best placed to take the strategic lead in developing local policies and partnerships to support smokefree homes.

Role of professionals

» There are key groups of professionals who are currently, or could be delivering messages about smoking and smoking in the home to smokers. These include: the fire service, debt advice workers, social care workers, health care professionals and housing professionals.

» Tackling the presence of illicit tobacco in domestic settings involves major challenges. Closer collaboration between landlords and enforcement agencies could improve the quality of both intelligence and enforcement.

» The existing programme of fire service home visits could better identify and support smokers through closer working with landlords and smoking cessation services.

» While most smokers want to quit, not all are ready to do so right now. Directing smokers to harm reduction alternatives such as e-cigarettes or nicotine replacement therapy while in the home can protect others and support smokers in their quit journey.

» There are missed opportunities to communicate evidence-based messages about exposure to smoke in the home to all smokers. These include mass media activity and messages from health professionals.

Smoking and tenancies

» There are major differences in the way smoking is treated in different types of tenancies. While a majority of private landlords report including no smoking clauses in their tenancies, this is not the norm in social tenancies.

» There is no consensus on the need or desirability of social tenancies including smokefree clauses as standard and significant barriers to implementing rules retrospectively. There is greater consensus that consideration should be given to designate certain types of housing or new developments as smokefree.

Supporting the workforce

» There is a significant workforce visiting the homes of people who smoke such as health visitors and care workers. This is particularly true of those working in sectors where smoking remains common, such as mental health workers. Consequently, there is a significant workforce being exposed to secondhand smoke in their place of work.

» While a number of organisations with workers in people's homes developed policies to protect workers from secondhand smoke following 2007 smokefree legislation, these are not always being implemented.

Recommendations

1. Local and national leadership to secure smokefree homes

» Nationally the Government should set a vision for smokefree housing and develop a cross-departmental plan of action. The vision: No child should be exposed to smoke in the home.

» Government should analyse existing data to assess the current level of exposure to smoke in the home among both adults and children to set a realistic target for reducing exposure by 2025. Including a specific target to reduce exposure among children of parents who smoke.

» All local authorities with a responsibility for public health and/or housing should have a clear strategy in place to support the reduction of smoking in the home.

» Strategic approaches to health at a local level should include a focus on smoking and housing.

» Local partnerships should be established across health, housing, fire service and others to support implementation of local strategies.

» Interventions must be properly evaluated to add to the evidence base on what works in supporting people to adopt smokefree homes across all housing tenures and property types.

2. Media campaigns and local health promotion should include smokefree homes messaging

» PHE should consider how national campaigns can communicate the message that smoking in the home poses a risk to the health of others.

» Local authorities should provide support to regional approaches seeking to communicate messages that smoking in the home causes harm.

» Local health promotion campaigns should include smokefree homes messages with clear information about strategies to reduce smoking in the home.

3. Support smokefree housing through smoking cessation

» Stop smoking services should collaborate with housing, regeneration, social landlords and others to target support in communities where smoking is highly concentrated.

» Social housing providers should take a proactive role in engaging with existing smoking cessation provision. They should be ensuring tenants have access in the local area, for example by locating stop smoking clinics in community spaces.

» The public health and housing sectors should consider local incentives to support smokefree homes and quitting.

» Smokefree homes advice should be included in smoking cessation support for those who do not achieve a successful quit attempt or who are not yet ready to quit.

4. Maximise the delivery of brief advice across sectors

» The delivery of brief advice (a short conversation raising the harms from smoking and secondhand smoke and directing people to further support) should be delivered as standard by fire, housing, social care and health professionals. To achieve this, professionals should:
  • be provided with training.
  • know how tenants can access cessation support and be confident referring people to it.
  • have systems to record the delivery of brief advice and any outcomes.

5. Utilise tobacco harm reduction methods to support smokefree homes

» If people do not wish to quit, they should receive advice about establishing a smokefree home and the benefits of using alternative sources of nicotine such as e-cigarettes.

» All organisations working with tenants should promote accurate understanding of the relative safety of using NRT or e-cigarettes compared to continuing to smoke, and this should be reflected in organisational policies.

6. Promote the financial gains from stopping smoking

» Include information and advice on the financial gains from quitting or cutting down as part of financial inclusion/debt advice support.

» Include tobacco use in tenancy affordability tests and plans to manage payment of unpaid rent and other debts, and provide brief advice on cutting down, quitting or switching to save money.

» Have a clear referral route between financial inclusion/debt advice and smoking cessation support.

7. Specific action should be considered for vulnerable groups of tenants

» Where housing and other organisations are supporting people to transition between smokefree environments and their home (for example prisons, mental health inpatient settings) additional support should be provided around smoking.

» For vulnerable groups which also have high rates of smoking, such as people with mental health conditions, substance misuse or experience of homelessness, additional support should be provided and policies reviewed to encourage environments that support quitting over smoking.

8. Standardise the approach to fire safety to reduce smoking in the home

» Landlords should identify whether tenants smoke in the home and make a referral to the Fire and Rescue Service. This may include an assessment of risk and potentially a home visit from the fire service. This should apply to existing tenants and new tenants when they first sign their tenancy agreement.

» Where appropriate, data relating to risk should be shared between landlords and fire service.

» Home visits on fire safety should include an assessment of smoking status in the risk assessment and:

- Ask about whether people want to quit or want support to create a smokefree home.
- Provide advice on creating a smokefree home, e.g. smoking outside, use of alternatives in the home such as e-cigarettes.
- Signpost to smoking cessation support.

» In homes where people want to vape, the fire service should provide advice to landlords, tenants and residents in line with advice from National Fire Chief's Council on e-cigarettes [16], and in addition advise on the impact of vaping on some smoke alarms.

» Landlords and the fire service should promote the safe disposal of cigarette litter in the home and communal areas.

» Fire services should actively participate in local tobacco control alliances and partnerships to address the fire risks from smoking in the home.

9. Local authorities and landlords should improve compliance and enforcement with existing legislation and support neighbours exposed to smoke drift

» Clear signage should be in place in areas where smoking is prohibited, in accordance with the law [18].

» Landlords, freeholders and managing agents should have policies to support residents affected by smoke drift.

» PHE should support the development of national support and guidance on what action can be taken to support those experiencing smoke drift.

» Organisations should advise the relevant staff (such as environmental health, housing officers and landlords) on existing laws regarding smoking in communal areas, and what they can do to support people to live in homes free of smoke drift.

» Reference to smoking and cigarette smoke as hazards should be included in the Housing, Health and Safety Rating system which is used to assess risk in housing and is due to be updated and reviewed in autumn 2018.

» Smoking should be included in cross-sector indoor air pollution policy work including the NICE guidance on Indoor Air Pollution.

10. Social and private landlords should review approaches to smoking within tenancies

» Existing tenancy rules in relation to smoking should be clearly communicated to tenants and enforced, with consequences for breaches such as loss of deposit. Staff must be given appropriate information and skills to manage breaches and support tenants to take positive action (e.g. take smoke outside, access quit support, use e-cigarettes or nicotine replacement therapy while in the home).

» Local authorities should consider whether promotion of smokefree homes can be integrated into existing schemes to improve the quality of the private rented sector.

» Social and private landlords should consult their tenants on their views and preferences regarding smokefree environments. This could include a quantitative survey of existing tenants, gathering the views of prospective tenants, and engaging tenants in public consultation events. Public engagement should also involve other relevant sectors such as the fire service, health and schools.

» Social and private landlords responsible for specialist housing should consider whether this would benefit from becoming smokefree. Examples include: student housing, sheltered housing and hostels for homeless people, and accommodation for people transitioning from prison or inpatient mental health services.

11. Local authorities and landlords should include measures to reduce smoking as part of new housing developments

» Survey the tenants interest in living in a smokefree housing community.

» Consider implementing smokefree home rules in new builds and redevelopments as part of a healthy home package.

» Consider the design of new developments to encourage smokers to go outside to smoke and minimise potential for neighbourhood conflict.

12. Employers should act to protect workers in the home

» All employers with staff routinely entering private homes should have and enforce a policy to protect staff from exposure to smoke in the home in line with existing guidance.

» Unions and workforce membership organisations should work with employers to ensure there are clear policies in place that are appropriately enforced and complied with.

» Frontline and managerial staff should receive training to ensure they are aware, understand, and are empowered to raise the issue of secondhand smoke exposure if the policy is not being complied with.

» Health and social care providers should include a requirement that smokers refrain from smoking before and during visits to the home in their patient care plans.

» At tenant registration, rental contracts and agreements should include a requirement that smokers refrain from smoking before and during visits to the home.

» Employers should implement NICE's guideline on 'smoking: workplace interventions.'

13. Landlords, local government and the police should collaborate to tackle the sale of illicit tobacco in domestic settings

» Housing representatives should be part of local tobacco alliances and illicit tobacco partnerships.

» Frontline workers should be engaged to help identify and tackle the domestic sale of illegal tobacco.

» Landlords and local government should work jointly to gather, develop, and share intelligence around the domestic sale of illegal tobacco with the relevant local partners such as the police and trading standards.

» Support enforcement through:

  • Tenancy rules that clearly state a zero-tolerance attitude to the sale of illicit tobacco from domestic premises.

  • Sharing information with relevant enforcement partners such as the police, trading standards, and HMRC.

» Support local marketing and communications regarding the domestic sale of illegal tobacco in line with article 5.3 of the FCTC Framework Convention, and illicit tobacco more broadly.

References

1. Office for National Statistics. Adult Smoking Habits in Great Britain, 2016. [Online] 2017. [Cited: 18 10 2018.] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016.

2. Action on Smoking and Health. Action on Smoking and Health, Smoking and Poverty Calculator. [Online] [Cited: 19 10 2018.] http://ash.org.uk/download/smoking-and-poverty-calculator/.

3. Royal College of Physicians. Passive smoking and children. [Online] March 2010. [Cited: 19 10 2018.] https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking-and-children.pdf?15599436013786148553.

4. Action on Smoking and Health. The Local Costs of Tobacco ASH Ready Reckoner 2018. [Online] [Cited: 19 10 2018.] http://ash.lelan.co.uk/.

5. Public Health England. Tobacco control profiles 2017. [Online] [Cited: 19 10 2018.] https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000002/ati/102/are/E08000006/iid/113/age/202/sex/4.

6. Department of Health. Healthy Lives Healthy People: A Tobacco Control Plan for England. [Online] 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf.

7. Richard Doll, Richard Peto, Jillian Boreham, Isabelle Sutherland. *Mortality in relation to smoking: 50 years' observations on male British doctors*. 2004, Vol. 328, 1519.

8. Royal College of Physicians. Tobacco Advisory Group of the Royal College of Physicians, Passive smoking and children. [Online] March 2010. https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking-and-children.pdf?15599436013786148553.

9. Action on Smoking and Health. Smokefree GB survey, conducted by YouGov. s.l. : unpublished, 2018.

10. Office for National Statistics. Statistical Bulletin 16/17: Detailed analysis of fires attended by fire and rescue services, England, April 2016 to March 2017. [Online] 2017. [Cited: 19 10 2018.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/650926/detailed-analysis-fires-attended-fire-rescue-england-hosb1617.pdf.

11. Office for National Statistics. Smoking status and housing tenure, England and London, 2015 to 2017. [Online] 2018. [Cited: 19 10 2018.] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/adhocs/007751smokingstatusandhousingtenureenglandandlondon2015to2016.

12. Royal College of Physicians. Hiding in Plain Sight; trating tobacco dependancy in the NHS. [Online] June 2018. [Cited: 19 10 2018.] https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs.

13. NHS Digital. Health Survey for England. s.l. : https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2015 , 2017.

14. NHS Digital. Smoking, Drinking and Drug Use Among Young People in England 2016. [Online] November 2017. [Cited: 19 10 2018.] https://files.digital.nhs.uk/07/49FE46/sdd-2016-rep-cor.pdf.

15. Jarvis, M. J., and Feyerabend, C. *Recent trends in children's exposure to second-hand smoke in England: cotinine evidence from the Health Survey for England*. 2015, Vol. 110, 1484–1492.

16. National Fire Chief Council. NFCC Smoking, Vaping and Tobacco Position Statements. [Online] September 2017.

17. Office for National Statistics. Annual Population Survey. [Online] 2018.

18. Public Health England. The Smoke-free (Signs) Regulations. s.l.: The Stationary Office, 2012.

Introduction

Everyone has the right to live in a safe and secure home. Good housing is crucial to health across the lifecourse [1]. This includes the right to live in a healthy environment, in which children can grow, learn and play, and in which adults can work and contribute to the community. [2].

This includes protection from the dangers from smoking tobacco cigarettes in the home, which creates a polluted home environment. It includes protection from the environmental drivers which mean people are more likely to take up smoking living in one community rather than another placing a disproportionate health and financial burden on some communities. It includes protection from smoking related fires, the leading cause of fire deaths in the homes [3]. It includes an end to the nuisance of smoke drift which can break down neighbour relations.

Every time someone breathes in secondhand smoke, they breathe in over 4,000 chemicals, many of which are highly toxic and over 60 are known to cause cancer [4]. Some of these chemicals are known to take approximately 3 hours to reduce to safe levels [5]. Secondhand smoke is therefore a real and substantial threat. For adults this increases their risk of respiratory and cardiac ill health, including fatal heart attacks [4]. Children are particularly vulnerable to the harms from tobacco smoke because of their developing lungs. Exposure to secondhand smoke in the home is major hazard to children and increases their susceptibility to lower respiratory tract infections such as pneumonia and bronchitis, worsening of asthma, middle ear disease, decreased lung function, bacterial meningitis, and sudden infant death syndrome [6].

Smokefree legislation in this country has been extremely effective at reducing people's exposure to the harms from secondhand smoke. Since the introduction of the smokefree public spaces legislation in England in 2007, smoking rates have declined by around 20% [7; 8]. Adults, children, and workers are no longer exposed in almost all enclosed and substantially enclosed public places and workplaces. It also had an impact on smokers' behaviour at home increasing the number of smokers who no longer smoke inside their home so overall fewer children of parents who smoke are now exposed to smoke in the home [9].

Although social norms following the introduction of Smokefree legislation have shifted the trend in smokers maintaining a smokefree home appears to have reached a plateau and approximately 10% of all children remain exposed to tobacco smoke in the home, and in homes where one or more parent smokes this increases to nearly 40%.

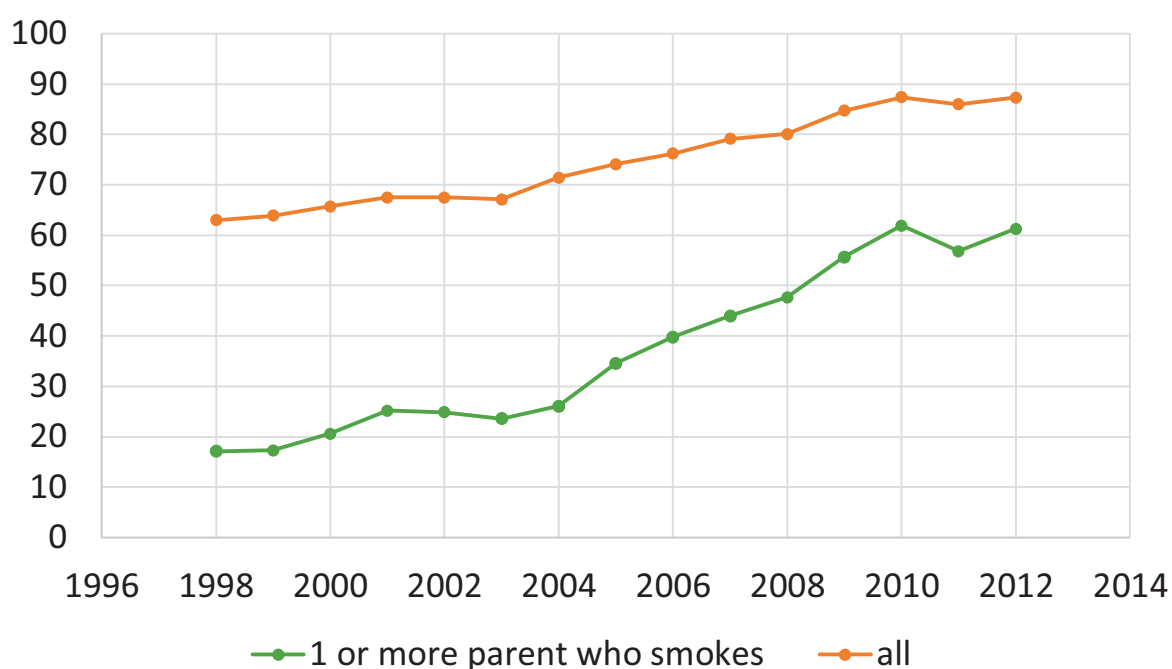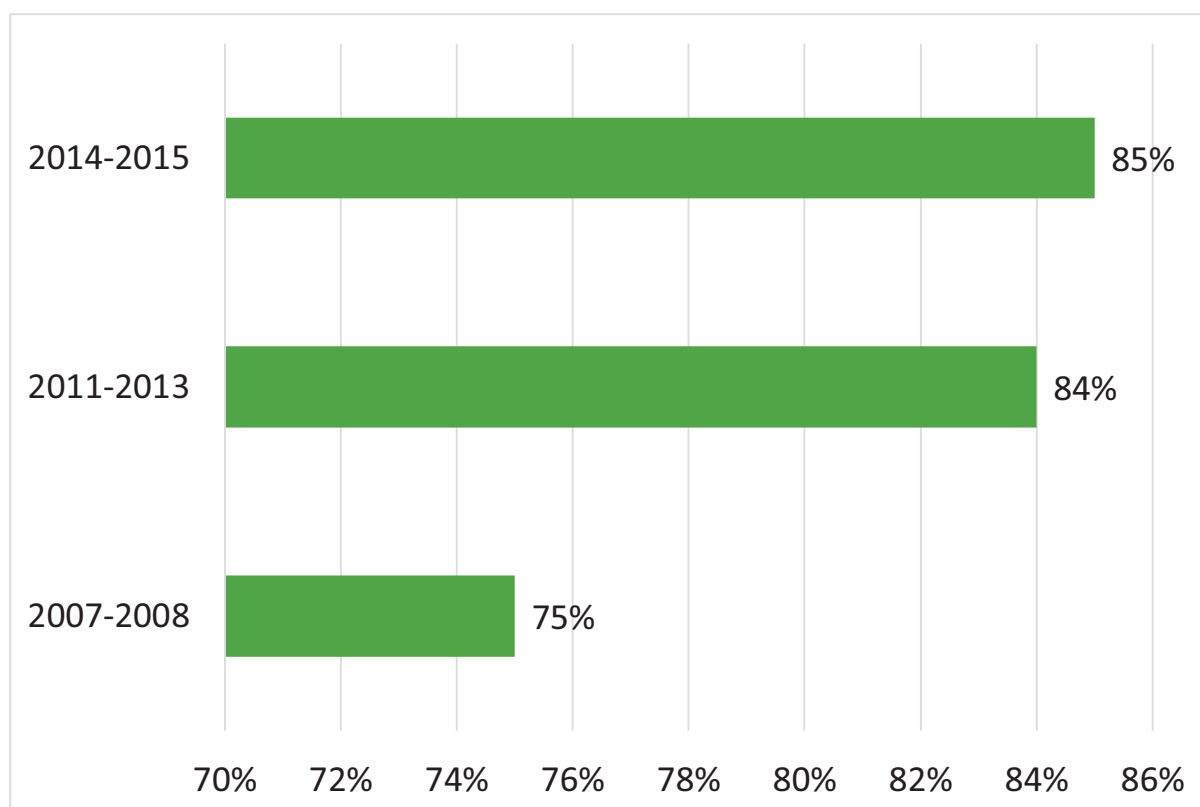Figure 1: Percentage of children living in a smokefree home, England, 2015 [9]

Figure 2: Percentage of children living in a smokefree home, England, 2015 [10]

Adult exposure to secondhand smoke is also of concern, particularly where they have existing poor health. National figures estimate that 9% of people report being exposed to smoking in their own home and 9% report exposure in other people's homes [11]. ASH survey data found that in 2018 13% of people report some level of secondhand smoke exposure in their home from someone who lives there, with 21% reporting exposure in their home from someone smoking elsewhere (e.g. a neighbour) [12].

The places where people live can have a big impact on their choices and behaviours. Smoking is transmitted across the generations in a cycle underpinned by social norms, familiarisation and addiction [13]. Children who live in a home where parents smoke are 90% more likely to start smoking themselves, leading to an uptake of smoking by approximately 109,000 11-15 year olds across England and Wales each year [14]. Smokers living in deprived communities with high rates of smoking are more likely to smoke and less likely to successfully quit smoking [15].

Figure 3: Percentage of smokers that successfully quit by socio-economic group, UK, 2016 [15]
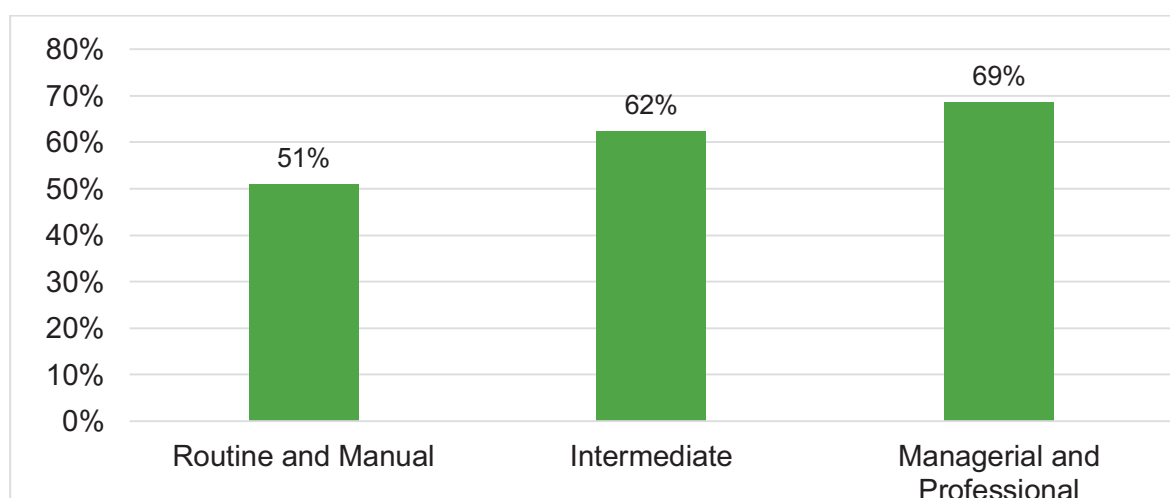
It is therefore unsurprising that the highest rates of smoking by housing tenure are found in social housing where there is also a concentration of other indicators of disadvantage [16]. New analysis presented in this report finds that smoking rates among people in social housing are double that of those living in other tenures and just under a third of all smokers live in social housing although households in the socially rented sector make up around 17% of all households.

Figure 4: Percentage of smokers by tenure and percentage of households by tenure, England and London, 2015 - 2017 [16; 17]
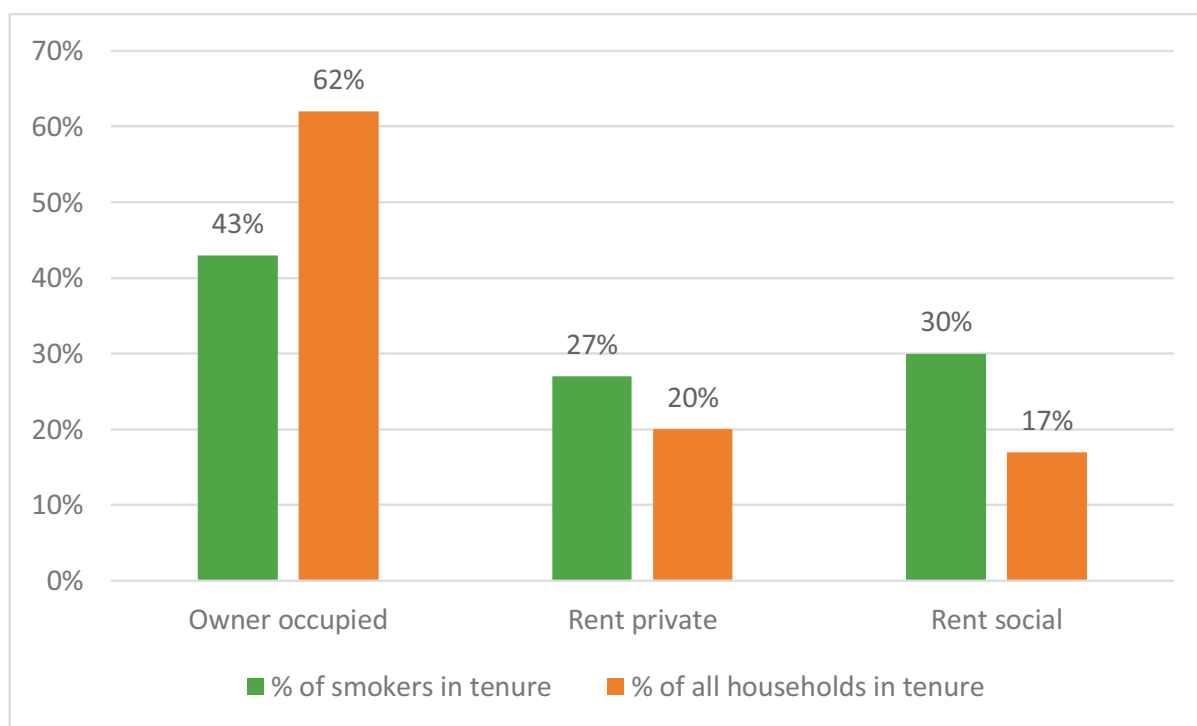
As a consequence children living in social housing are more likely to be exposed to tobacco smoke by someone living in the home than children living in other tenures. Children under 5 years of age living in social housing are 4 times more likely to be exposed to tobacco smoke compared to children living in owner occupied homes. For children aged 6-18, exposure to tobacco smoke is nearly 3 times more likely among children living in social housing compared to owner occupied homes.

Figure 5: Percentage of children exposed to smoke by someone living in the home, England, 2018, by housing tenure classification. [12]
Unweighted base: Owner occupied, children 0-5 (530), children 6-17 (1304), all <18 (1635); private rental, children 0-5 (121), children 6-17 (211), all <18 (291); social housing, children 0-5 (80), children 6-17 (241), all <18 (277)
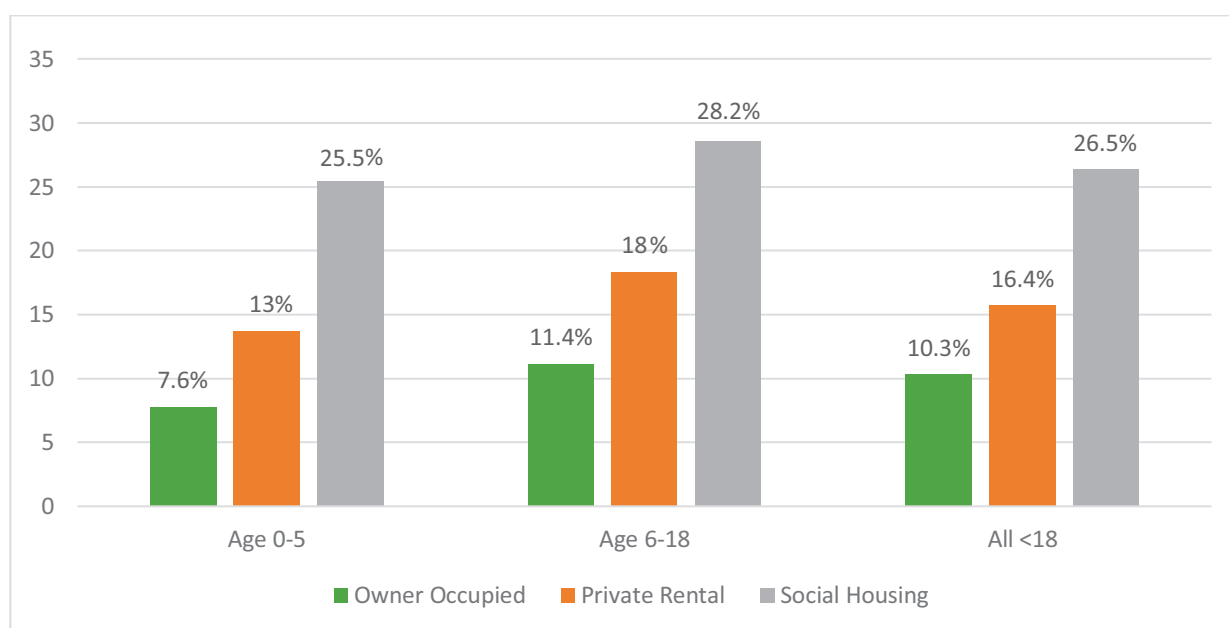
Tackling smoking based on where people live can help to tackle entrenched inequalities in communities where smoking is common, reduce levels of secondhand smoke and have wider benefits such as reducing the risk of fire. This report explores how these goals could best be achieved.

Cross-sector policy recommendations are needed to create an environment and culture that is supportive of communities and individuals living in homes free from tobacco smoke. There is no single 'magic bullet' to address the challenges, but rather a collection of cross-sector measures that together can support taking a place based approach to reducing smoking in the home and supporting more smokers to quit.
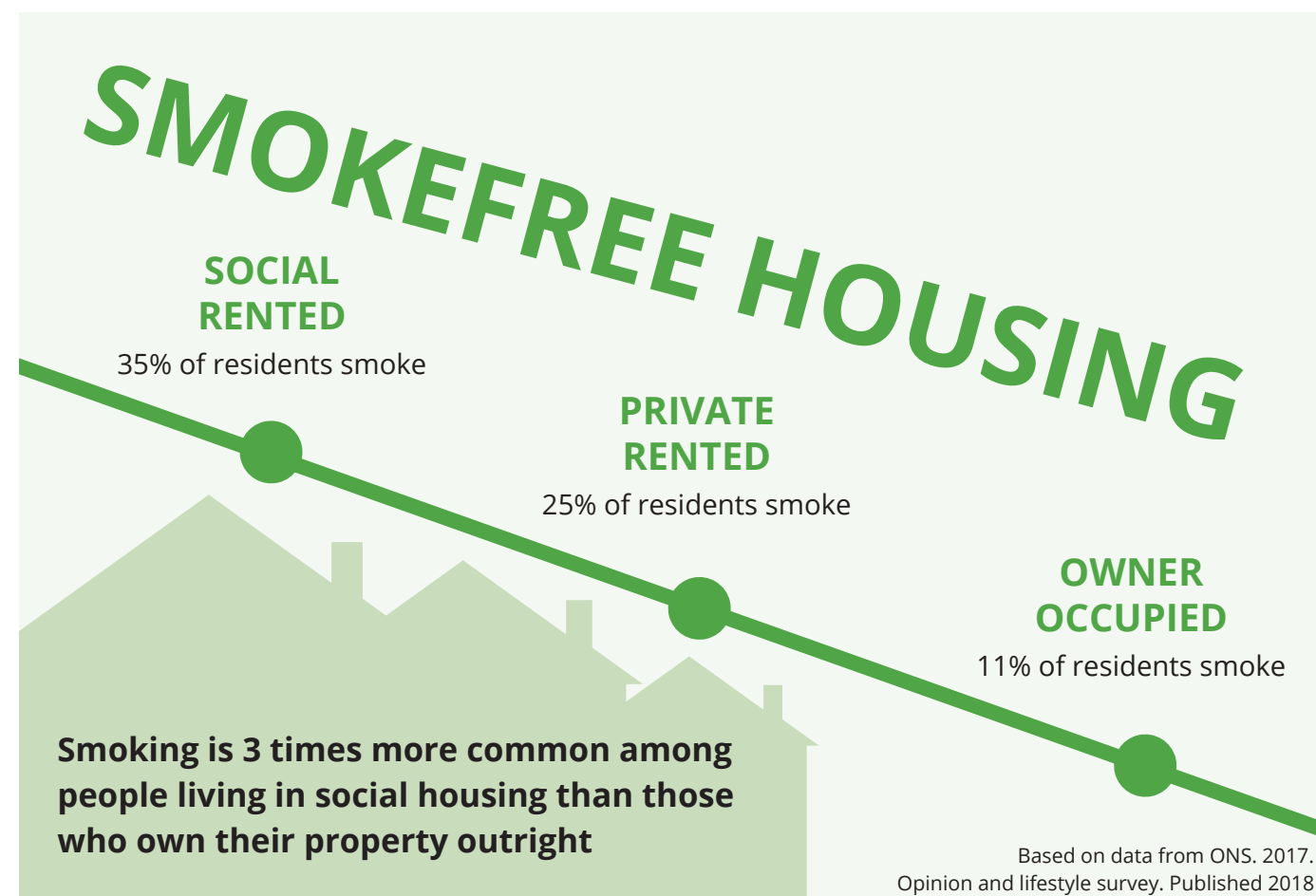
What this report is about

This report presents a range of policy solutions to protect households from the harms from tobacco smoke in the context of where people live. Many of these policy recommendations are low cost solutions based on the evidence of what works, as well as being supported by the public and experts across the sector.

What this report is not about

This report is not about the introduction of any smokefree housing legislation or about imposing blanket bans on people's individual freedom to smoke in their own home.

A 'proportionate universalism' approach has been taken in this report [18]. The social rental sector accounts for 17% of households but around a third of all smokers live in social housing [19]. Therefore, whilst this report is aimed at all partners across the housing sector, some targeted policy approaches are needed to reduce health inequalities that proportionately reflect where smokers live.

In order to reduce health inequalities across housing tenures, actions should be universal, but with a scale and intensity that is proportionate to the level of need [20]. Policy measures are needed to support people across all housing tenures to adopt a smokefree home, but because of the higher rates of smoking in the rental sector, and especially the social rental sector, some targeted policy measures are needed to reduce the existing health inequalities in exposure to secondhand smoke in the home.

SMOKEFREE HOUSING

SOCIAL RENTED
35% of residents smoke

PRIVATE RENTED
25% of residents smoke

OWNER OCCUPIED
11% of residents smoke

Smoking is 3 times more common among people living in social housing than those who own their property outright

Based on data from ONS. 2017. Opinion and lifestyle survey. Published 2018

How this report has been developed

This report has been overseen by Ruth Tennant, Director of Public Health at Leicester City Council and Lee Sugden, Chief Executive of Salix Homes in Salford. It has enormously benefited from their expertise and experience. In addition to the input from the report's chairs we held a workshop for stakeholders to share the evidence gathered for this report and develop policy options. The insights from that workshop have informed the final recommendations.

A wide range of new research has been undertaken as part of the report's development:

» **Interviews with 17 professionals across the housing and public health sector.** This included representation of stakeholders across all housing tenures (private and social rental sector, owner occupiers and developers). Representatives from environmental health, trading standards and the fire service were also interviewed. Thematic analysis was applied, and the following themes were identified; health, safety, communication, tenancies, smoke drift, support services, social norms, legislation, business, and housing type.

» **Delivered five focus groups, totalling 42 people.** People were from across the country. Thematic analysis was used, and the following themes were identified; health, neighbourhood conflict, finances, property, education, support services, harm reduction, social norms, fire, legislation, tenancies, and civil liberties. These themes correlated with the themes identified from the analysis of professionals responses.

» **Large population survey of over 10,000 adults in England.** This quantitative annual population survey on smoking (YouGov 2014-18) was collected and analysed by housing tenure producing new insights into the differences in smoking behaviours across different tenures in England

» **A survey of private and social rental housing sector to establish existing smokefree housing practices.** A full survey was distributed to social housing providers through existing networks. 18 social housing providers responded covering approximately 304,186 homes. A short survey (2-3 questions) was distributed via a range of national membership organisations for the private rental sector; 1069 private landlords responded in total.

» **A review of the scientific literature on policy measures, interventions and behavioural motivators that help people to live in a smokefree home.** This included a systematic search of the literature, including the grey literature across EMBASE, MEDLINE, PubMed, Cochrane Library, EBSCO Discovery, NICE Evidence Search, TRIP Database, and UpToDate. Due to action around the 2007 smokefree legislation, papers searched dated from 2000 to the 5th July 2018, and included English language articles only. The following search terms were used: homes, houses, housing, home, house; tobacco, cigarettes, secondhand smoke, second hand smoke; tenancy agreements, contracts, rules, bans, laws, legislation; motivation, motivators; interventions, schemes, support; advice, campaigns, promotion. 83 research papers and 17 grey literature reports were identified. Relevant papers have been included to inform this report.

» **Case studies** were sought from members of the public between February and July 2018 who have experienced the impact of smoking in the home.

» **Best practice** examples were sought following scoping conversations and interviews with a range of cross-sector stakeholders and include work in local authorities, housing associations and at regional level.

Housing and health

Summary

» There are existing policy frameworks that consider both health and housing. However, these approaches have rarely included reducing tobacco smoke exposure.

» Addressing problems with the housing market remains a high profile national issue and there are challenges in ensuring that there is an adequate supply of high quality housing that meets the needs of all populations.

» Given the high concentration of smoking in more disadvantaged communities approaches to reduce the harms from smoking that focus on where people live need to be both universal and targeted to those communities with the highest level of need.

It is important that people across all housing tenures are living in smokefree homes and with appropriate access to the motivations and support to quit smoking. It has long been acknowledged that good housing is important for good health. Increasingly the relationship between place and health is being examined and public health interventions shaped to take account of the impact of where people live on their health.

Housing and Health are working together, but these partnerships are variable across the country. Under the coalition government (2010-2015) housing, health and social care committed to working together to create the right home environments for health and wellbeing across the lifecourse [21]. In 2016 the All Party Parliamentary Group on Healthy Homes and Buildings was established with a similar aim. The National Housing Federation is also publicly advocating for increased joint working between housing and health, and NHS England has launched the 'NHS England Healthy New Towns' initiative working with ten housing developments across England to plan and build healthier places with the aim to share this learning. NHS England has also collaborated with a range of partners to develop a CCG engagement programme on the role of housing and health [22; 23].

To date this policy approach has often focused on issues like access to healthy foods, promoting physical activity and improving community connectedness and resilience. However, smoking, and quitting, are highly transmitted behaviours, and the environment you live in plays and important role in whether you will take up smoking and how successful you will be in trying to quit. As such focusing on homes and communities provides a useful way to tackling smoking in the places where it is most entrenched.

The right home environment protects and improves health and wellbeing, and prevents physical and mental ill health. It also enables people to:

» manage their own health and care needs, including long term conditions

» live independently, safely and well in their own home for as long as they choose

» complete treatment and recover

» move on successfully from homelessness or other traumatic life events

» access and sustain education, training and employment

» participate and contribute to society

PHE. 2017 Improving health through the home

The housing sector includes developers, private and social landlords who provide homes for rent (for example, housing associations and local authorities), owner occupiers (who own outright or with a mortgage), planning authorities and other bodies that regulate the quality of homes. In 2015, there were 23.5 million homes in England. This includes a mix of owner-occupied, privately rented and socially-rented homes. Of these [17]:

» 62 per cent were owner-occupied

» 20 per cent were privately rented

» 17 per cent were social rented

The social rental sector provides homes at low rents on a secure basis to those who are most in need or struggling with their housing costs. This includes people and families on low incomes and people who are homeless or living in poor conditions. Targeted supported social housing is also available, for example, for people with mental health conditions, people with disabilities, older people and people with drug and alcohol addiction. Social housing is usually provided by council owned properties, arms-length management organisations on behalf of councils or through other not-for-profit organisations such as housing associations.

The private rental sector equally serves a diverse population of tenants, and private rental properties range from luxury apartments to large shared houses. Equally varied are the landlords, who range from large companies with an extensive portfolio of properties to individuals renting out a single property. Much of the private rental sector is actively engaged with membership organisations that promote quality housing. However, there is disparity across the private rental sector with some of the poorest housing conditions in the housing sector found to be in the private rental sector [24; 25]. The private rental sector is also home to many of the most vulnerable people in society [26]. This is contributing to health inequalities with the poorest households the most vulnerable to poor housing in the private rental sector.

The home environment incorporates more than the individual buildings and their condition. It also includes the wider natural and built environment, access to services and employment, a sense of place and social relationships, and the concept of being a 'home' rather than a 'house' [27]. Therefore, issues related to smoking and housing need to be considered within the wider policy context including cultural and environmental conditions, living and working conditions, and social and community networks [28].

Strategic leadership

Summary

» There is little national guidance, leadership or action in relation to smoking and housing. Leadership from national government will be important in engaging a broad range of stakeholders and developing a coherent approach to reducing the harms from smoking based on where people live.

» Local councils are the key organising force in their communities, and with both public health and housing responsibilities, they are best placed to take the strategic lead in developing local policies and partnerships to support smokefree homes

This report seeks to support the Government's Tobacco Control Plan and its vision of a smokefree generation [29]. One of the key goals of the Plan is to reduce the inequalities caused by smoking. Action to reduce smoking and support smokefree homes that is focused on where smokers are most likely to live will necessarily be action that addresses health inequalities given the concentration of smokers in disadvantaged communities.

Nationally, the Government has a role to play across all housing tenures to ensure that everyone is living in a safe and healthy home. However, recent national action has tended to focus on the social housing sector with the Government's recent green paper majoring on issues around quality and tenant empowerment in social housing [30]. Critics have raised concerns about whether the recent commitments to support building of additional housing will meet the needs of the population [31; 32] (see also in this report, Regeneration and Development on page 52)

There are a number of areas where a local authority's existing statutory responsibilities support the goals of this report:

1. Safe from fire

» Under the Fire and Rescue Service Act 2004 (FRSA 2004) Section 6 local authorities have statutory responsibility to 'make provision for the purpose of promoting fire safety' [33]

» Under Section 7 local authorities have statutory responsibility to 'make provision for the purposes of extinguishing fires and protecting life and property' [33]

2. Free from nuisance

» Under the Environmental Protection Act 1990 local authorities must look into complaints about smoke from premises that could be a 'statutory nuisance'.

» Smoke qualifies as statutory nuisance where (i) it unreasonably and substantially interferes with the use or enjoyment of a home or other premises or/and (ii) where it injures health or is likely to injure health [34]

» See also in this report, Compliance and legislation on page 42

3. Free from smoke in communal areas

» Under regulations from the Health Act 2006 all common parts of flats and communal accommodation must be smokefree, and where smoking shelters are provided, these must comply with the requirements to be less than 50% enclosed, otherwise they are deemed 'substantially enclosed' and, therefore, must be smokefree.

» The aforementioned regulations are the five Smoke-Free regulations and in particular The Smoke-free (Premises and Enforcement) Regulations 2006 [SI 2006/3368] [35]

» See also in this report, Compliance and legislation on page 42

4. Protection of the workforce

» Regulations protecting the workforce stem from the Health and Safety at Work Act 1974 (HSWA) and The Health and Safety (Enforcing Authority) Regulations 1998 (EA Regulations) which gives local authorities extended responsibility for enforcing the HSWA

» Under these acts, local authorities are responsible for ensuring "so far as is reasonably practicable the health, safety and welfare at work of their employees, themselves and those not in their employ who may be affected."

» The Health and Safety Executive (HSE) has produced guidance on domiciliary care provided in people's own homes [36].

Local authorities also have a responsibility for the provision of healthy housing for the most vulnerable, including people needing social care or mental health support, people experiencing homelessness, and looked after children. These same vulnerable population groups are also more likely to smoke than the general population.

Local strategic approaches are well placed to implement a joined-up approach to smoking and housing. Some Health and Wellbeing Boards (HWBs) have housing representation and there are opportunities to integrate approaches to smoking and housing through local health strategies, the work of Sustainability and Transformation Partnerships (STPs) and the growing infrastructure of local partnerships working around health [37; 38]. For example, as the NHS takes an increasing role in population health management there are opportunities to focus activities on those communities with high smoking prevalence rates, and establish partnerships with landlords to promote and best implement such activity [39].

The leadership role of both local and national government is important in driving forward action to reduce the harms from smoking where people live. Without this, progress is not inevitable given that multiple stakeholders from different sectors need to take action and shared vision and strategy is needed.

DM, London, Social tenant

"I'm living with two long term conditions…so I'm at home a lot…[the] flats can get quite hot during the summer… so I open my balcony door and I get the smell of cigarette smoke drifting up. And I end up closing it which makes the flat hotter…it makes daily life less pleasant.

"If you can smell smoke…if you're a non-smoker and you have the stale smell of smoke in the corridor whenever you come in or you can actually smell it where you're living…it's unpleasant…there's a possible health risk from passive smoking.

"For me, as a social housing tenant, I would like the housing associations to look at how they could support people to live healthy lives…wouldn't it be great if someone said 'Wow, you live in really nice, attractive, well-run housing with a great community' – and actually anybody would really love to live there."

Recommendations

1. Local and national leadership to secure smokefree homes

» Nationally the Government should set a vision for smokefree housing and develop a cross-departmental plan of action. The vision: No child should be exposed to smoke in the home.

» Government should analyse existing data to assess the current level of exposure to smoke in the home among both adults and children to set a realistic target for reducing exposure by 2025. Including a specific target to reduce exposure among children of parents who smoke.

» All local authorities with a responsibility for public health and/or housing should have a clear strategy in place to support the reduction of smoking in the home.

» Strategic approaches to health at a local level should include a focus on smoking and housing.

» Local partnerships should be established across health, housing, fire service and others to support implementation of local strategies.

» Interventions must be properly evaluated to add to the evidence base on what works in supporting people to adopt smokefree homes across all housing tenures and property types.

Mass media and health promotion

Summary

» Health promotion and mass media messages can improve people's knowledge of harms and increase their likelihood of changing behaviour

» There is evidence of confusion among smokers about what behaviours will fully protect others from the harm from secondhand smoke in the home e.g. a belief that smoking in another room is protective

» Insights suggest hard hitting messages that focus, for example, on children's health could have impact

» Mass media communications such as TV advertising is likely to have the most impact on the public

NICE recommends a coordinated communications strategy to support people to quit smoking [40]. The evidence also shows that people who are informed and aware of the health hazards do not want to be exposed to secondhand smoke in the home and are therefore supportive of action to reduce exposure [41].

The wider recommendations of this report must therefore be supported with information and knowledge on the harms of secondhand smoke in the home and what people can do to reduce these harms. The biggest gains to be made are in the most deprived communities where both smoking and exposure to secondhand smoke remains higher than in other communities [42].

Qualitative interviews with parents have found that while people report a general understanding of the dangers of secondhand smoke, their knowledge is incomplete and confused [43]. The motivators for adopting a smokefree home vary, demonstrating the need for a variety of tailored messages on the effects of smoking in the home. For some groups, house decor and smell were reported to be important motivators to adopting a smokefree home [43], whilst other groups report children's health to be the primary motivator [44]. In all instances motivators were determined by peoples' social and cultural knowledge on the harms from smoking in the home, demonstrating the need for education on the harms from secondhand smoke in the home.

Case study: Regional approach to smokefree homes marketing

The North East local authorities commission a regional tobacco control programme "Fresh" which has had a number of initiatives focussed on smoking in the home over the last decade. This has included the "Take 7 Steps Outside" mass media campaign (in collaboration with Healthier Futures in the North West), the roll out of a Fresh training programme for front line staff (particularly based within children's services) to raise awareness of the impact of secondhand smoke in the home called "Smokefree Families" and to deliver evidence based brief interventions to parents and carers of children. More recently in 2017 Fresh delivered two phases of a mass media campaign titled "Secondhand Smoke is Poison" (utilising a Scottish government TV advert) and continues to promote an interactive website created around a typical family home **www.smokefreefamilies.co.uk** and provide materials for localities.

Case study: Insights work in Somerset

Research from the Bristol Social Marketing Centre for Somerset Primary Care Trust found that whilst smokers were aware of the dangers of smoking in the home, this was often not translated into behaviour change. The study identified various interventions which, when rolled out alongside support from health advisors, would be effective in discouraging smoking in the home. These included distributing leaflets to the home, tapping into the existing desire to set a good example, protect child health and avoid the 'shameful' smell of tobacco; disseminating communication materials from child-friendly locations, such as schools, supermarkets, dentists and community centres; and sending children home from school with information packs. These interventions would vary with child age. For example, ante-natal to 9 months old, midwives could help parents to make the most of the 'rupture' caused by a new baby by using educational leaflets on the issue of cot death and child health, paired with 'reminder' products such as mugs, coasters or fridge magnets branded 'my home is smokefree' or 'no smoking in here.'

What professionals told us about health awareness campaigns and messages

Professionals saw an important role for educational and awareness raising work to complement other strategies to reduce smoking in the home.

"Similar to the debate on smoking in public places, its making it clear that the vast majority of adults in this country are not smokers and nobody, smokers too, want their children to be exposed, so about giving people the ability to live smoke free rather than stopping people, it's about talking about the positives and saying that more people want to live smokefree rather than the other way round...There's something about knowledge, e.g. smoking out a window won't make a difference...It's aligning [smoking in the home] with other things, it's about making it part of the normal discourse of it not being the right thing to do, like leaving your car on outside schools." Public Health 1

Stakeholders voiced the need for consistent messages on the harms from secondhand smoke in the home to support people to adopt a smokefree home:

"The Chartered Institute for Housing could provide these templates so that there is a consistent message... there has got to be more notices, but they have to be clearer on what they say." National Housing Organisation

A range of methods were put forward by stakeholders to effectively communicate smokefree housing messages for example through existing communications channels like tenant magazines, TV screens in lobbies or information on health and wellbeing.

"[It] could be something they could start from the grass roots...When a resident comes in and signs up we could give them leaflets and info to say they are promoting this and what are your feelings about this? [It] might not stop it full stop but [it] could educate and support people not to do it in the home...when people are given the tools and education to understand the ramifications of secondary smoke and how that effects households it gives them food for thought." Social Housing Sector 2

However, a role was also seen for national messages through mass media:

"That advert with the child breathing smoke in the living room, that was a brilliant advert" Focus Group 6, Social Housing 3

What tenants told us about health awareness campaigns and messages

Education and effective communication were ranked highly by all focus groups as a preferred method of supporting people to live in smokefree homes. This was reviewed in more detail in one of the focus groups, and it was messages relating to children that were deemed to be the most powerful motivators to promote behaviour change but also that visible advertising on TV was more highly valued than other routes of communication.

"I would like to see them in the press or on TV." Focus Group 4, Participant 2

"Children are vulnerable and can't move. Babies can't move. Children can't move away from it [secondhand smoke]." Focus Group 4, Participant 1

Recommendations

2. Media campaigns and local health promotion should include smokefree homes messaging

» PHE should consider how national campaigns can communicate the message that smoking in the home poses a risk to the health of others.

» Local authorities should provide support to regional approaches seeking to communicate messages that smoking in the home causes harm.

» Local health promotion campaigns should include smokefree homes messages with clear information about strategies to reduce smoking in the home.

Smoking cessation

Summary

» Smoking is more highly concentrated in disadvantaged populations and as a result smokers are often geographically concentrated.

» Living in communities where smoking is common increases the chances of starting to smoke and decreases the chances of making a successful quit attempt.

» Accessing evidence based quit support increases the chances that people living in the most deprived circumstances will successfully quit.

» Locating support to quit smoking in environments where there are high concentrations of smokers living and encouraging smokers to access this support could improve the success of quitting in deprived communities.

Whilst motivation to quit smoking is similar across housing tenures smokers in social housing are half as likely to succeed [45]. Smokers in social housing are recorded as smoking more cigarettes than smokers in other tenures, an indication of higher levels of addiction [16]. The evidence from elsewhere indicates that less affluent smokers find it harder to quit than others in part because their levels of addiction are greater [15].

Evidence based stop smoking services offer practical support and pharmaceutical treatments on prescription to help smokers to give up. They have been shown to improve the success rate of smokers from the most deprived backgrounds increasing their chances of successfully quitting to similar levels of more affluent groups [46; 47].

While these services were traditionally provided by the NHS and are still frequently referred to as 'NHS stop smoking services', in 2013 responsibility transferred to local authorities. Since then the provision of smoking cessation services across England has declined, with variable provision as a result of spending cuts to public health and local government spending as a whole [48]. In 2017, three quarters of local authorities commissioned a specialist stop smoking service, however only 61% commissioned a universal specialist service open to all smokers in their local area [48; 80].

Stop smoking support is also a highly cost-effective measure to improve health. NICE has estimated that for every £1 invested in specialist stop smoking services and medicines £2.37 will be saved on treating smoking-related diseases and lost productivity [49].

Despite the financial pressures facing stop smoking support the location in local authorities presents opportunities for services to develop a stronger community focus and partner more closely with stakeholders in, for example, housing.

Salford housing associations & stop smoking services, joint e-cigarette pilot

At the start of 2018, the Greater Manchester Health and Social Care partnership funded a 3-month e-cigarette pilot in Greater Manchester, delivered by the Salford local authority stop smoking service and local housing associations.

Vouchers were given out to housing association tenants by community teams. These could then be exchanged for a free e-cigarette from a pharmacy or the local stop smoking service.

Demand to participate was extremely high, with 1022 smokers receiving a voucher. Some participants said they had never previously thought of quitting or had been unable to quit despite numerous attempts. Many said they would not have done so had the e-cigarette not been free.

Participants were carbon monoxide (CO) verified during the first appointment and vouchers were exchanged for a free e-cigarette and 2 weeks' worth of e-liquid. Participants were then incentivised to return for further check-ups with the promise of a further e-liquid.

The final quit rate for the pilot was 63% among those who also engaged with quit support. 69% of users of smoking cessation services were from the most deprived quintile, which compared to 57% prior to the pilot.

Results were variable between service providers. One pharmacy in a very deprived area, that had prior to the pilot not delivered any smoking cessation support, saw 120 people during the pilot, and of the 81% they followed up, 72% quit (CO verified) and 91% stated that they had quit smoking. It was noted that the follow-up and quit rates were especially high for this pharmacy, since the area had a strong sense of community, and the pharmacy had already established good relations with many of the smokers that participated in the pilot. Participants had also expressed a demand for a free e-cigarette and had queued up to participate in the pilot.

When compared to the results from the same quarter the year before, the NHS services that participated in the pilot saw 4 times as many people and 5 times as many successful quits for the most deprived quintile.

What professionals told us about smoking cessation services

Professionals spoke about the need for smoking cessation services to be available as part of any approaches to extend the number of smokefree homes. Stakeholders also highlighted opportunities to embed smokefree homes advice alongside cessation support services:

> *"Could educate and support people not to do it [smoke] in the home."* Social Housing 1

What tenants told us about smoking cessation services

Across the focus groups, the provision of smoking cessation services was ranked highly as a preferred policy solution to support people to live in smokefree homes; either to support quit attempts or to provide advice on making a home smokefree.

> *"I think there should be more smoking cessation centers to help."* Focus Group 5, Participant 8

> *"Drug addicts go into rehab... drinkers get it as well...they have the support [to quit]. What do smokers get?"* Focus Group 5, Participant 1

> *"How can [people] do that [stop smoking] when the NHS is doing job losses [and] budget cuts....we used to have about 30 smoking clinics ... now we've only got 10. Some people can't get to other places to go and stop smoking... In 3 to 5 years there won't be anywhere that people can go to get help to stop smoking."* Focus Group 5, Participant 8

Recommendations:

3. Support smokefree housing through smoking cessation

» Stop smoking services should collaborate with housing, regeneration, social landlords and others to target support in communities where smoking is highly concentrated.

» Social housing providers should take a proactive role in engaging with existing smoking cessation provision. They should be ensuring tenants have access in the local area, for example by locating stop smoking clinics in community spaces.

» The public health and housing sectors should consider local incentives to support smokefree homes and quitting.

» Smokefree homes advice should be included in smoking cessation support for those who do not achieve a successful quit attempt or who are not yet ready to quit.

Brief advice

Summary

» Providing brief advice to all smokers to help motivate them to make a quit attempt is an established and evidence based practice

» The successful application of this approach by a range of professionals outside of health settings demonstrates that it could be used more widely to support smokers

» Effective use of brief advice depends on appropriate training, recording information and clear referral pathways

Brief advice is recommended by NICE to support smokers to quit [50; 51]. It is defined as a short intervention (generally only a few minutes) delivered opportunistically to encourage a change in health behaviour [52; 53]. Providing brief advice on smoking cessation has shown to be effective in promoting quit attempts [54; 51].

Brief advice on smoking generally follows the Ask, Advise, Act evidence-based framework [55; 51]:

1. **Ask** the person about their current smoking status.

2. **Advise** the person about the harms from smoking and the help they can access to support them to quit

3. **Act**, by referring the person to services that can help, or providing them with information to enable them to access those services.

Professionals delivering brief advice need to receive appropriate training [50; 56; 51]. This does not need to be time consuming with short online courses available through the National Centre for Smoking Cessation and Training who have short courses for both brief advice in general [50] and training on raising secondhand smoke in the home specifically [57]. Staff also need to be able to record their interaction and the response provided by smokers so that others can follow up in the future. Finally, they need the information to make appropriate referrals to local services and provide advice on what support is available.

There are multiple examples in this report of brief advice being used to engage smokers by professionals outside of health settings, including the fire service (page 40), Citizens Advice staff (page 33) and housing professionals (page 27).

Case study: Brief interventions by health visitors

The smokefree homes and cars campaign in Somerset highlighted the key role health visitors can play in beginning the conversation around smokefree homes. Two inserts were produced for inclusion in the Personal Child Health Record held by parents and carers. One provided simple advice on how to achieve a smokefree home and explained the benefits of protecting children from smoke in the home. The other surveyed parent's smoking habits, their views on smokefree homes and their interest in receiving help and support to make their homes smokefree. The parents and families involved in the project were keen to engage with health visitors.

What professionals told us about providing brief advice

Stakeholders could see the benefits of embedding brief advice into key points of contact with landlords:

"I think speaking as a former smoker, you're not always aware of the impact it has...Finding a way to show people what their home is actually like could help." Private Housing 1

Different professional groups were seen as having a role to play in delivering brief advice including fire service and housing professionals:

"When someone signs up to a tenancy and they're going into a block, you have a conversation with them with regards to the smoking...telling them that they can't smoke in the communal areas...which is more to do with the fire risk.... As a housing association we would be able to ask people if they smoke and ask them if they wanted to get help, but the only thing we can do is signpost them to the place where people help them stop smoking" Focus Group 5, Social Housing 2

What tenants told us about role of brief advice

There was widespread support among tenants for housing providers taking a more engaged approach to raising smoking with tenants in this way:

"You [housing associations] obviously see your new tenant, you can ask them if they smoke and ask them if they want any help quitting smoking. If you give that help to people or you offer that help, you've got more chances of someone giving up which means your homes would then become smoke free" Focus Group 5, Participant 6

"Maybe it could be a knocking on door thing.... we need to find the people who we need to target to find out if they are informed, not educated but informed, you need to actually find out the people who smoke and find out what incentives would help people give up. Some people won't know how to give up smoking. They might not know there are groups out there, patches, vapes." Focus Group 2, Participant 4/Leaseholder

Recommendations

4.   Maximise the delivery of brief advice across sectors

» The delivery of brief advice (a short conversation raising the harms from smoking and secondhand smoke and directing people to further support) should be delivered as standard by fire, housing, social care and health professionals. To achieve this, professionals should:

- be provided with training.
- know how tenants can access cessation support and be confident referring people to it.
- have systems to record the delivery of brief advice and any outcomes.

Harm reduction

Summary

- » Harm reduction approaches to smoking include supporting people to temporarily abstain, cut down the amount they smoke or use other sources of nicotine long term.
- » Using harm reduction approaches can protect others from secondhand smoke and move smokers closer to quitting. It can also support smokers who have quit to stay smokefree.
- » For smokers who do not want to quit but face barriers to smoking outside using an alternative source of nicotine like patches, gum or e-cigarettes could provide a viable alternative.
- » Accurate messages about the use of other sources of nicotine including e-cigarettes can be communicated by many different stakeholders and should be reflected in organisational policies.

The best way to create a smokefree home is to quit smoking. However, not all smokers are ready to quit. Where someone is not ready to quit, NICE guidance states that health professionals should discuss harm reduction options with them [58]. NICE recommends:

- » temporary abstinence when a person does not smoke in certain environments or for a period of time (for example when they have an operation),
- » cutting down the amount smoked often using other sources of nicotine to substitute; and,
- » using other sources of nicotine long-term to prevent relapse to smoking.

The rationale for using a harm reduction approach with smokers is therefore three-fold:

1. Reducing where and when a person smokes can protect others, for example through encouraging them to take their smoke outside.
2. When smokers engage in harm reduction activity they are more likely to go on to quit than those who don't.
3. When a smoker has completely quit long-term, use of other sources of nicotine can be an effective way to prevent them from relapsing to smoking and will protect their health long-term.

One of the key principles of a harm reduction approach is that other sources of nicotine, such as pharmaceuticals like nicotine patches, gum, sprays or other commercially available products like e-cigarettes, are much safer for smokers to use than continuing to smoke. Where smokers can be supported to replace some or all of their smoking with alternatives then they will be taking steps to protect others and reduce the harm to themselves. However, it is worth remembering that reducing the number of cigarettes smoked in and of itself has not been shown to reduce harm to the individual smoker due a phenomenon called compensatory smoking [59]. But, it has been shown to protect others and move smokers closer to quitting [60].

A predominant message to support a smokefree home has been the advice to "take it outside". However, for those that live in multi-unit housing with difficult or limited access to outdoor space and for those with reduced mobility this can prove to be difficult [61]. For people in these circumstances offering them the option to temporarily abstain from smoking using other sources of nicotine can be very helpful to create a smokefree home and reduce cigarette consumption.

However, qualitative interviews with lower socio-economic smoking parents have revealed a reluctance to adopt a smokefree home with or without NRT support [62]. This study was conducted before the rise in accessibility and popularity of electronic-cigarettes, which could be a useful solution to supporting a smokefree home.

In 2018 there were approximately 3.2 million e-cigarette users in Great Britain [63]. E-cigarettes consist of a battery-powered heating element that is designed to vaporise a solution made of propylene glycol and/or glycerine, water and frequently flavouring and nicotine. This vapour is then inhaled.

> *"People smoke for the nicotine but they die from the tar"* Professor Michael Russell, 1976
>
> There is widespread misunderstanding about the lethal components of cigarettes. Nicotine is the addictive component of smoking but it is not the lethal part. That is the thousands of other chemicals released when the tobacco is burnt (64).
>
> As far back as 1976 experts have been arguing that our approach to smoking needs to separate out the lethal from the addictive and use other sources of nicotine to support smokers to quit smoking.

A range of government and expert bodies have voiced support for e-cigarettes as a form of harm reduction which should be used to support people to quit or reduce their cigarette consumption [65; 66; 67]. An expert independent evidence review published by Public Health England (PHE) concluded that e-cigarettes are at least 95% less harmful to health than tobacco cigarettes and have the potential to help smokers quit [65]. The National Institute of Health and Care Excellence have also revised their smoking cessation guidance to include advice and support for people who are using or are interested in using a nicotine-containing e-cigarette on general sale to quit smoking [58].

One of the reasons why harm reduction approaches using nicotine may be particularly useful when thinking about deprived communities is that in general more deprived smokers have a higher level of nicotine dependence [68; 69]. Results from ASH population survey looking at two of the indicators of nicotine dependence shows a higher level of dependency among people living in social housing (see figure 6).

**Figure 6:** Nicotine dependence in England 2018, by housing tenure classification [12].
Unweighted base: Owner occupied (660), Private rented smokers (260), Social housing smokers (268)
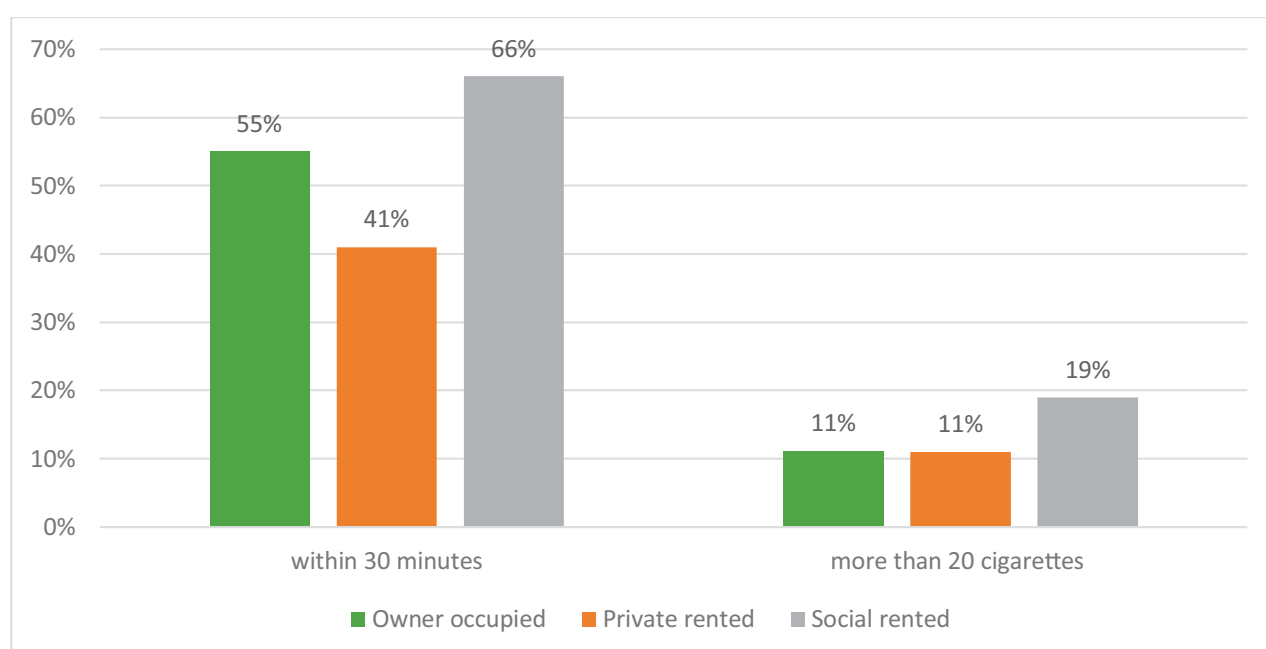
Due to higher levels of dependency on nicotine providing people with alternative sources of nicotine can increase the likelihood that they will ultimately manage to quit smoking completely.

Despite the accumulating evidence that e-cigarettes are less harmful than smoking, 47% (n = 8 representing approximately 135,500 homes) of social housing providers report prohibiting e-cigarettes in buildings (n = 17 representing approximately 284,186 homes). 24% (n = 4 representing approximately 60,000 homes) support staff to vape at work, and 6% (n = 1 representing approximately 5986 homes) have promoted e-cigarettes to tenants.
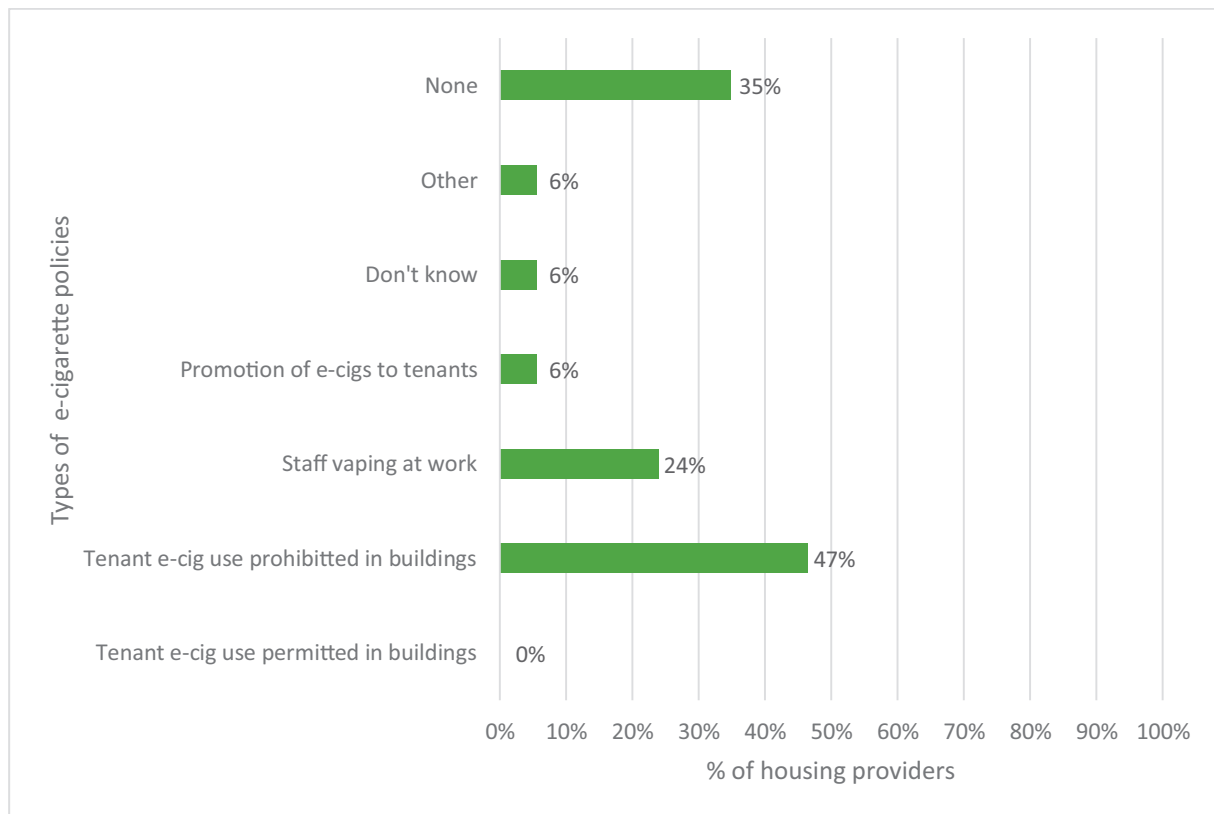
E-cigarettes are also now regulated by the EU Tobacco Products Directive [71] and e-cigarette manufacturers can also apply for products to be licensed as medicines through the Medicines and Healthcare Products Regulatory Agency [72].

Concerns have been expressed about the take up of e-cigarettes in never-smokers, particularly in young people. However, whilst some young people have experimented with e-cigarettes, regular use is rare and current e-cigarette use is confined almost entirely to those who also smoke [73]. In 2018, 4% of young people report using an e-cigarette at least once a month and 0.4% of young people who do not smoke report currently using e-cigarettes [74].

What professionals told us about e-cigarettes

Professionals identified a need to make sure that messages about the relative harms from e-cigarettes compared to smoking were clearly communicated and understood, not just by tenants but by all stakeholders given the widespread misperceptions about the products:

> *"For those not ready to quit, [we] need to think about temporary abstinence to help manage their smoking, the current stop smoking services aren't set up to support these people.....We know that...[there is a] big mistrust of e-cigarettes... so I think that the partnership working with social housing providers [and] with e-cigarettes can reassure people that e-cigarettes have a role to play in supporting people to quit or stop smoking indoors. The fact that e-cigarettes can be used temporarily... [is a] real benefit. [You could] use [one] for several weeks before quitting completely... e-cigarettes are something to be used and [it would] be helpful [to] defeat some of [the] misinformation [out there] by having [a] consistent policy across organisations."* Public Health 3

> *"Having clear policy to delineate smoking and e-cigarettes, the distinction between smoking and vaping is really important, needs to be done in a practical way."* Public Health 3

What tenants told us about e-cigarettes

Not all tenants were supportive of encouraging smokers to use e-cigarettes, reflecting some of the public misunderstanding about the relative safety of the products. However, views were mixed and some did identify the value particularly where people on low incomes could be offered products free of charge:

"Why not offer people e-cigarettes as part of a service? Especially if it is social housing... would be attractive to some... the ones you are going to change are the ones who want to start a family, or save money, or be less isolated... I would certainly think that offering the opportunity of an alternative that is at no cost to them is a way forward."

Focus Group 2, Participant 1

Recommendations

5. Utilise tobacco harm reduction methods to support smokefree homes

» If people do not wish to quit, they should receive advice about establishing a smokefree home and the benefits of using alternative sources of nicotine such as e-cigarettes.

» All organisations working with tenants should promote accurate understanding of the relative safety of using NRT or e-cigarettes compared to continuing to smoke, and this should be reflected in organisational policies.

Financial impact of smoking

Summary

» Smoking places a major financial cost on low-income households potentially undermining their ability to pay rent and the security of their homes.

» All landlords would benefit financially if fewer tenants smoked through reduced wear and tear on properties, lower risk of fire and increased ability of tenants to pay their rent.

» Financial incentives are powerful motivators for smokers to quit and there are missed opportunities to integrate messages about financial management and quitting smoking.

The financial cost of smoking is high with the average smoker spending over £2,000 on cigarettes every year [75]. The personal financial gains from quitting smoking are therefore great, to both the individual smoker and their family.

The financial gains from quitting smoking can have a profound effect on households' quality of life. There are 1.4m households with a smoker in England that fall below the poverty line [13]. If the smoker in these households were to quit, nearly a third would be lifted out of poverty.

Annual cost of smoking cigarettes at price of average pack (£10)

» Smoking 30 a day costs £5,475

» Smoking 20 a day costs £3,650

» Smoking 10 a day costs £1,825

Calculated using: www.nhs.uk/smokefree/why-quit/cost-calculator

Cost of smoking to society

Each year, smoking is estimated to cost society £12.6 billion in England (75):

» £2.5 billion to the NHS, of which £1.7 billion is due to treating smoking related illness via primary and ambulatory care services and £763 million is due to 474,000 hospital admissions for smoking related conditions

» £8.4 billion in lost productivity is a cost to businesses, of which £3.6 billion from smoking breaks, £3.1 billion from early deaths and £1.7 billion from smoking-related absenteeism

» £1.4 billion to social care for smoking related morbidity, of which £760 million is funded through local authorities and £630 million paid by individuals and families

» £330 million from smoking related household fires, of which £169 million is because of loss of life, £90 million because of property damage, £63 million from injuries, and £8 million to the fire service in responding to these fires.

ASH, Ready Reckoner, 2018

In addition to the financial gains from no longer spending on tobacco smokers who quit could also save money through:

» Reduced maintenance and decorating costs from lack of smoke stains and smells

» Reduced insurance costs; life, contents, building

Taken together this increases people's disposal income and their ability to pay rent or mortgage payments. The ability to pay rent or mortgage payments is a priority for landlords and mortgage lenders. Debt advice is available for households who fall behind on rent or mortgage payments. This advice needs to include a question about smoking, and to provide support as appropriate to increase a household's disposal income and ability to make payments.

The vast majority of what people spend on tobacco leaves the local economy in the form of revenue to big tobacco companies or taxation. While the margins on tobacco are significant for manufactures they are very small for retailers [76]. Smokers who switch their spending habits to other products are highly likely to benefit the local economy as a result.

Local authorities are heavily involved in supporting those people in their communities who are on low incomes. In particular, councils have recently been involved in supporting the implementation of new welfare programme Universal Credit. There have been criticisms of the roll out of this scheme by both the National Audit Office and the Local Government Association [77; 78]. There is big concern, for example, that households who see a reduction in monthly income will not be able to meet their housing costs and will place additional pressures on local authority services.

Most councils have implemented some level of support to smooth the transition for their residents and ensure that their income is sustainable longer term. As smoking is more common among people on low incomes and quitting or cutting down can make big household savings councils should consider how they could integrate sign-posting to quit support as part of their work to roll out Universal Credit and support people on low incomes.

Citizens Advice Gateshead, Making Every Contact Count

Citizens Advice Gateshead, supported by Public Health Gateshead, offers an example of ways in which companies can proactively and collaboratively contribute to the smokefree agenda. The organisation is in the process of adopting a 'making every contact count' approach to health care – training its staff to engage with the public and talk to them about their health and wellbeing. To make sure the conversations are happening, case work records will now include a box to be ticked once workers have had the chat with clients about health and wellbeing, including smoking where relevant. By embedding the approach in its everyday business, the aim is to increase the positive impact the organisation has for the client, the local authority, public services and the wider community.

Fiona, a single 48 year old living in a 4 bedroom housing association property with 2 children aged 10 and 15, has experienced this new technique. Fiona had rent arrears of £500, Council Tax arrears of £650, water rates arrears with County Court Judgement of £2,517.16 and High Court Enforcement for a Tax Credit overpayment of £8,000.

The Citizens Advice team discussed financial and health issues around smoking and provided Fiona with further information to take away and read, including where to get smoking cessation support. In the follow up interview, Fiona gave positive feedback. She had successfully used traditional smoking cessation services before but had felt the Citizens Advice service had given her more confidence as well as an understanding of both the financial and health implications of smoking – she reported a positive effect on stress and said she felt she had more knowledge than before. As a result, Fiona was able to reduce her smoking, felt less stressed and anxious, and said she was more able to deal with her financial affairs because of the increase in income from reducing the amount she smoked.

What tenants told us about the financial impact of smoking

The financial costs of smoking were seen by tenants as a major motivator to change behaviour:

"I have never smoked. My best friend of 52 years has [smoked] since he was a kid… We had a competition for every pack he bought I matched it put that money in a box. I went to the Caribbean for 15 days in January and £3.5k later… he was gob smacked. So much so he stopped [smoking]." Focus Group 5, Participant 1

"I stopped smoking cigarettes 4 years ago and I started to vape and that's fine… Plus I've saved loads of money, thousands of pounds a year." Focus Group 4, Participant 3

"The amount I spend on air fresheners and decorating…[A smokefree home would mean] they would smoke less, so it would save money…and you might cut down because you're making yourself go outside. So, perhaps you are…on your way to giving up, which is in the end what people would want." Focus Group 2, Leaseholder

Tenants who had been part of incentive schemes as part of quitting smoking highlighted their additional value.

"I think you need incentives to help people. I went through a support service…A nice lady saying nice things to me, giving me smoking patches, and there was a genuine incentive - It was a sports centre card. Because I passed the test, [I got] a free card for the leisure centre, and I go swimming twice a week. And that was a genuine incentive… that sounds a bit mercenary, and there were times when I really wanted a cig. But I thought to myself, 'don't show yourself up and fail that test…what about that card!' [It] didn't stop [the] cravings, but it did give me an incentive." Focus Group 1, Participant 7

What professionals told us about the financial impact of smoking

Stakeholders from both the private and social housing sector identified a range of costs caused by smoking including the impact of smoking on the condition of properties, impact of people's ability to pay rent, the difficulties of renting a property after a smoker had vacated and potential impact of higher insurance costs if there is a fire.

> *"The condition of the property. People who smoke in their properties tend to need a lot of refurbishment after they have left, and then there's the people themselves - the cost of smoking, some people who are living on very low incomes, it's obviously affecting them financially and putting them into hardship and how are they going to be able to pay the rent."* Social Housing 2

> *"When we have [a] property that becomes empty and it's had smokers in it, [it] costs a lot more to put that property back into a good state of repair than [a non-smoking property]...you could smell the smoke and the ceilings were brown – [it] costs is £10000 rather than £2000 to put that house back to its presentable value."* Focus Group 6, Social Housing 1

Stakeholders also identified value in finding ways to make the most of the financial motivation to quit by providing additional financial incentives:

> *"I think it would be worth doing the maths on it to see, first of all, what figure per week would be a genuine incentive – 3p or £20? What could be a genuine incentive? Could you do it on the price of a packet of fags? And how can you run that into the overall rent policy."* Social Housing 3

Recommendations:

6. Promote the financial gains from stopping smoking

» Include information and advice on the financial gains from quitting or cutting down as part of financial inclusion/debt advice support.

» Include tobacco use in tenancy affordability tests and plans to manage payment of unpaid rent and other debts, and provide brief advice on cutting down, quitting or switching to save money.

» Have a clear referral route between financial inclusion/debt advice and smoking cessation support.

Vulnerable groups

Differences in smoking rates are are responsible for half the gap in life expectancy between rich and poor in the UK. Smoking is the single most important driver of health inequalities and the poorest in society are more likely to live in rental accommodation.

We know that people from a lower socio-economic background are more likely to smoke. And these groups are also less likely to successfully quit, despite the health and financial benefits from doing so.

Figure 8: Likelihood of smoking among different groups in England [79]

Source: Smoking inequalities in England, 2016
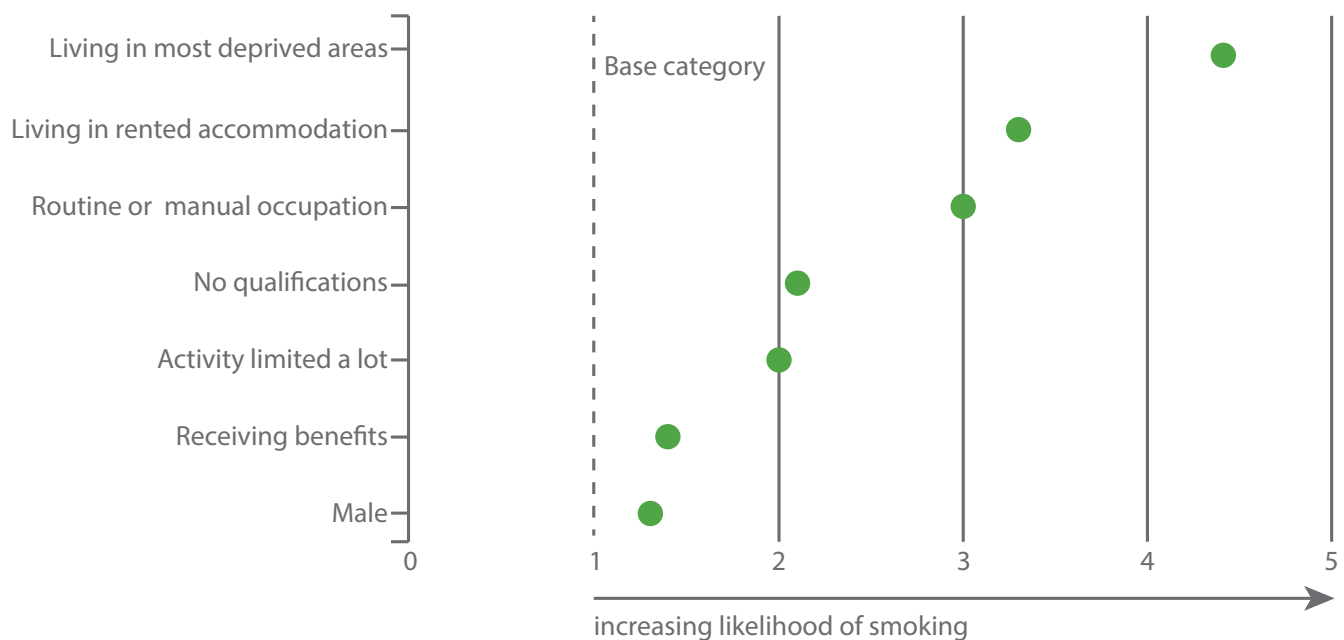
Higher rates of smoking are correlated with nearly every indicator of deprivation and almost all these groups are more likely to be receiving some form of housing support either through social housing or housing benefit.

Groups with an increased likelihood of smoking [13]

- » People with mental health problems
- » People who misuse substances
- » People with smoking related illness
- » People in custodial settings
- » People who are homeless
- » Looked after children

Many environments which vulnerable groups will be regularly accessing have smokefree policies that are likely to limit the amount a person can smoke. For example, NHS hospitals and mental health facilities are moving to implement smokefree grounds policies and all prisons in England and Wales are now smokefree.

For those people with increased vulnerabilities exposure to other people's smoke can be highly distressing and, where they have poor health, potentially bad for their health. Supporting more people to maintain smokefree environments can help to address these issues for some of the most vulnerable people in social housing.

Case study: YP, London, Social tenant

"I'm a carer for my mother and my brother…they have a history of illnesses. [My] brother had a breathing issue last year. He now has asthma. He never used to have this problem before, but I think its [a] combination of issues: the pollution and smoke. We keep the windows closed a lot because we try to avoid smoke coming in, but then you're breathing in the same old mouldy air…

"The first place the smoke drifts in from is the drainage because the flats have shared drainage…so if anyone's smoking [inside their flat] it just comes through the drainage, so even if you close all the windows…there's a lot [of smoke coming in] from there. Additionally, many tenants smoke on balconies and walkways and this drifts through our windows.

"My mum's on benefits and it's not like she can choose where she can stay…she's kind of stuck. My brother is house-bound so can't escape for respite - he suffers from chest infections and severe asthma due to poor ventilation."

Hannah, Devon, Resident of 55+ housing association

"I've got EDS, asthma, [and] hypermobility that effects my lungs and my joints, so I need to do lots of exercise to stop my pain, and obviously to do that I need to be able to breathe properly. I'm extremely motivated to try to be healthy but that's been thwarted somewhat.

"I was in my room and I had a terrible coughing fit and I realised someone was smoking outside, which surprised me because, prior to moving in I had been assured that nobody smoked in the outside area under my windows. I asked the smoker to tell me when he was going to be smoking so that I could close my windows. He got very upset about it and told me he would smoke outside my window even more. So, in summer I have to have the windows closed – it's very stuffy and boiling hot.

"[I have] spoken to the staff and they've said … 'we cannot stop people smoking outside and we cannot stop people smoking in their homes.'

"The whole corridor smells of smoke, [it] means I get a headache, sore throat, sore eyes.

"It's become, frankly, a nightmare situation. I am trapped here with my health declining, which is very distressing, facing quite a lot of aggression.

"I'm very motivated to try to make myself well but I'm thwarted at every level because of this smoke nonsense."

Specialist housing organisations are often supporting people transitioning between institutions with strict smokefree policies and community housing settings. Policies and services can maximise the chances that a person will reduce the amount they smoke or quit while in housing as part of managing that transition. Better coordination of efforts can support the work going on in NHS and prison settings to enable people to be smokefree. More could also be done to support people when they go back into the community.

Some organisations are implementing indoor smokefree policies in housing settings for people with highly complex needs. The homelessness charity St Mungo's – which provides accommodation for highly vulnerable people at risk of homelessness – is now rolling out smokefree rules that will prevent people from smoking in their rooms and encourage them to smoke outside in order to alleviate health and fire concerns.

What professionals told us about health inequalities and exposure to smoke in the home

Health inequalities were frequently raised by stakeholders and the need to reduce the gap between smoking rates and exposure to secondhand smoke in the home in the poorest communities compared to the richest communities.

"I suppose the socioeconomic group of people that live in our properties tend to be higher levels of smokers [than] you might have in others." Social Housing 2

"Smoking [has a] larger impact on those in low SES and [with] poor mental health. Any responsible councillor wants to narrow these....some people have mental health conditions, much more likely to smoke so that's quite tricky but have introduced a smoke ban in hospital and mental health facilities and also seen a big reduction in violence" Politician 2

But there were also concerns that this type of focus could also be stigmatising and actions needed to be taken to prevent it from being so:

"[It's] not about stigmatising people who are already poor and experiencing disadvantage...[we need to ensure that] children in the most deprived areas...have a voice and to capture that." Public Health 4

Recommendations

7.   Specific action should be considered for vulnerable groups of tenants

» Where housing and other organisations are supporting people to transition between smokefree environments and their home (for example prisons, mental health inpatient settings) additional support should be provided around smoking.

» For vulnerable groups which also have high rates of smoking, such as people with mental health conditions, substance misuse or experience of homelessness, additional support should be provided and policies reviewed to encourage environments that support quitting over smoking.

Fire safety

Summary

» Smoking in the home considerably increases the risk of house fires and, in particular, fatal house fires.

» The fire service has a key role to play in supporting smokers to take smoke outside and reduce the risk of fire.

» The messages the fire service deliver on smoking and the action they take could be more consistent across the country and there is an opportunity to learn from best practice. This includes messages around quitting and harm reduction.

» Landlords can help to facilitate the role of the fire service through identifying at risk tenants.

An immediate danger from smoking in the home is the risk of a fire. This is commonly a result of careless disposal or handling of smoking materials. Smoking materials account for around 7% of accidental fires in the home every year and are the fourth most common reason for a fire in a home after cooking appliances and other electrical appliances and faults [3]. This means that every year the fire and rescue service attend approximately 2,000 smoking related fires in the home.

Although smoking accounts for only 7% of house fires it is the single largest cause of fatalities from house fires, being responsible for 36% of all house fire deaths [3]. This is because the smoker is often close to the source of the fire when it starts, for example if they are smoking in bed. Smoking related fires are also more common in homes where the smoker is immobile and less able to move away from the source of the fire [80].

There is also a significant financial cost to house fires, costing society approximately £330 million every year [75]. This cost includes the loss of life (£168 million), the impact from injuries (£63 million), damage to the property (£90 million), costs to the fire service (£8 million) and knock-on costs through higher property insurance premiums.

Options for action

Action to address fires in the home caused by smoking can include enforcing existing smokefree legislation in the communal parts of the buildings [81] and intervening to support smokers to keep their homes smokefree. In many areas the fire service is already leading on the smokefree homes agenda as part of home visits to address smoking in high risk properties. However, there is currently not a standard approach to addressing smoking as part of fire safety visits.

Best practice of fire service home visits embedding smokefree home support

Fire and Rescue Services across the country are delivering home visits in which fire officers give fire safety advice. The aim of these visits is to identify fire safety risks and to provide advice to reduce these risks. This advice is based on individual factors and behaviours in the home environment. A range of issues are covered, including health and wellbeing. The fire service also signposts or refers residents to any relevant services as required.

Where it is identified that someone in the home smokes, the fire service first explores the options of quitting smoking to create a smokefree home. Where people are not ready to quit, other methods to support a smokefree home are explored.

These 'safe and well' visits are an example of the workforce using brief advice and the three A's approach:

» ASK the question on the risk assessment form, 'Do you or anybody else in the household smoke in the home?'

» ADVISE on the advantages of a healthier living environment free of the fire dangers from adopting a smokefree home.

» ACT where someone wants to live in a smokefree home by providing information to assist them, e.g. to smoke outside at least seven steps from doors and windows.

People living in multi-unit housing can face particular barriers to creating a smokefree home due to limited access to outside space. One solution is to support temporary abstinence in the home using pharmacological support such as NRT or methods of harm reduction such as e-cigarettes.

The improved safety of e-cigarettes in comparison to cigarettes could be communicated by fire professionals as part of smokefree homes advice, in line with advice on e-cigarettes from the National Fire Chief's Council. While there have been some reported fires from e-cigarettes they are vastly outnumbered by those caused by cigarette smoking. The fire service reported 113 fires caused by e-cigarettes over a three-year period compared to over 16,000 cigarette smoking related fires over the same period [80].

One of the problems faced by some people switching from smoking to vaping is that some smoke alarms cannot distinguish between cigarette smoke and e-cigarette vapour. This is not because e-cigarette vapour is chemically similar to tobacco smoke, but because opacity smoke detectors pick up the mass of a substance in the air rather than the chemical content and therefore are not able to distinguish between cigarette smoke and e-cigarette vapour.

> ### *Fire and rescue home visits in Greater Manchester*
>
> In providing opportunistic brief advice, information must be tailored to individual needs to promote behaviour change.
>
> As part of Greater Manchester's Fire and Rescue Service home visits, staff are made aware that not all smokers will be willing or ready to quit. They are also trained to consider individual needs, especially recognising where people may have other complex needs which might make it difficult for them quit or adopt a smokefree home. For example, people living with dementia or memory impairment, people who drink alcohol or use drugs, or people whose mobility makes it difficult for them to leave the home.
>
> Staff are encouraged to explore solutions with the individual to meet their unique needs. Options could include agreeing a set of 'rules' with the smoker to help them manage their smoking habits more safely; for example, only smoking outdoors.
>
> They also recognise the role of partner organisations in supporting smokefree homes, including local smoking cessation support services.

What professionals told us about fire risks

The risk of a fire from smoking in the home is reported to be a powerful motivator to encourage a smokefree home for all professional groups interviewed. The tragedy of loss of life, the impact on properties and the cost of insurance all create strong incentives for stakeholders to take action:

> *"[There are] concerns around fires caused by cigarettes spreading in a building...the safety of the residents is important foremost, often not only the person who was smoking is affected by it - it can be 5 or 6 other people sharing, impacting them. It doesn't look good if you're the landlord of a property which has caused loss of life, or damage, or injury. Landlords take precautions to make sure their property is fire safe, however cigarettes...[are] a big cause of fire starting."* Private Housing Sector 3

Concerns about the risks of fires from smoking in communal areas was voiced by stakeholders:

> *"We would be hard pressed to find a borough that hasn't had any smoking related fires. [In my borough we] have had high profile smoking related fires, people smoking where they shouldn't, chucking cigarettes round where they shouldn't."* Public Health 4

What tenants told us about the fire risks

The risk of fire and the harms from smoking related fires were raised as concerns in the tenant focus groups with a number of participants reporting their own near misses or those of neighbours. One participant had a very personal example:

> *"A friend of mine fell into a deep sleep with a cigarette in his hand. The cigarette smouldered onto something and he died in the fire and the whole house went up. His two brothers escaped."* Focus Group 5, Participant 7

What professionals told us about possible solutions

The impact of the fire at Grenfell Tower has prioritised fire safety for both private and social landlords and is leading to some action:

> *"The private sector landlords come together as a group to work on all sorts of things, and they (public heath) have been making the case to them (private sector landlords) to go smokefree...The main relevance to them (private sector landlords) is the risk of fire."* Public Health 4

The role of the fire service in visiting smokers and providing advice about creating a smokefree home was strongly identified as an important lever. However, stakeholders identified that more could be made of these visits with the fire service playing a stronger role in providing advice about smoking.

> *"They [the fire service] are a trusted brand and [the] public accepts they are there to help you. They visit about 10,000 homes a year to give fire safety advice. So every person they speak to gets signposted to stop smoking services if they want. But there could be more they could do. [Such as asking] 'would you consider not smoking in the house?'....we already have public servants crossing the threshold of significant number of houses...every single local authority in this country has fire services crossing the threshold of these homes, and they are more than capable of asking these questions and saying 'have you considered stopping? Would you like us to put you in touch with services?' It's about being joined up, about public health thinking about... [their] advocates who can engage with the public...you are crossing the threshold and people do listen."* Trading Standards

The role of landlords and others in identifying smokers, particularly those who smoke in the home, and referring them to the fire service was also highlighted.

What professionals told us about the role of fire safety and e-cigarettes

Stakeholders saw a role for communication about e-cigarettes as part of fire safety and a further role for the fire service to advise organisations and people on the types of alarms that can and can't be triggered by vapour from an e-cigarette.

"Most incidents for us in terms of smoking ...[are related to the] discarding of smoking materials and falling asleep smoking, [but the] consequences of using e-cigarette [are] not as serious." Fire service

"Having [a] clear policy to delineate...the distinction between smoking and vaping is really important. [It] needs to be done in [a] practical way...[If] smoke alarms go off when people vape...people might not want to vape in their homes." Public Health 3

Recommendations

8. Standardise the approach to fire safety to reduce smoking in the home

» Landlords should identify whether tenants smoke in the home and make a referral to the Fire and Rescue Service. This may include an assessment of risk and potentially a home visit from the fire service. This should apply to existing tenants and new tenants when they first sign their tenancy agreement.

» Where appropriate, data relating to risk should be shared between landlords and fire service.

» Home visits on fire safety should include an assessment of smoking status in the risk assessment and:

  • Ask about whether people want to quit or want support to create a smokefree home.

  • Provide advice on creating a smokefree home, e.g. smoking outside, use of alternatives in the home such as e-cigarettes.

  • Signpost to smoking cessation support.

» In homes where people want to vape, the fire service should provide advice to landlords, tenants and residents in line with advice from National Fire Chief's Council on e-cigarettes [16], and in addition advise on the impact of vaping on some smoke alarms.

» Landlords and the fire service should promote the safe disposal of cigarette litter in the home and communal areas.

» Fire services should actively participate in local tobacco control alliances and partnerships to address the fire risks from smoking in the home.

Compliance with and enforcement of existing legislation

Summary

  » A significant minority of people are exposed to other people's smoke in their home as a result of 'smoke drift'. Those living in social tenancies are twice as likely to be exposed as those living in owner occupied (35% compared to 18%)

  » While not all exposure will be harmful to health it is distressing for people and can be a source of neighbourhood conflict

  » There are existing laws which could be better enforced to help people affected by the impact of smoke drift

  » There is a lack of national guidance, local action and organisational policies to manage the impact of smoke drift

ASH's population survey found that 21% report exposure in their home from someone smoking elsewhere (e.g. a neighbour) [12]. This exposure to other people's smoke in your home is sometimes called smoke drift. Exposure to smoke drift appears to be nearly twice as likely for people in social housing compared to people in owner occupied housing (35% vs 18%).

Figure 9: Percentage of people exposed to smoke drift in the home in England, 2018, by housing tenure

Unweighted base: Owner occupied (6996), Private rental (1421), Social housing (1107)
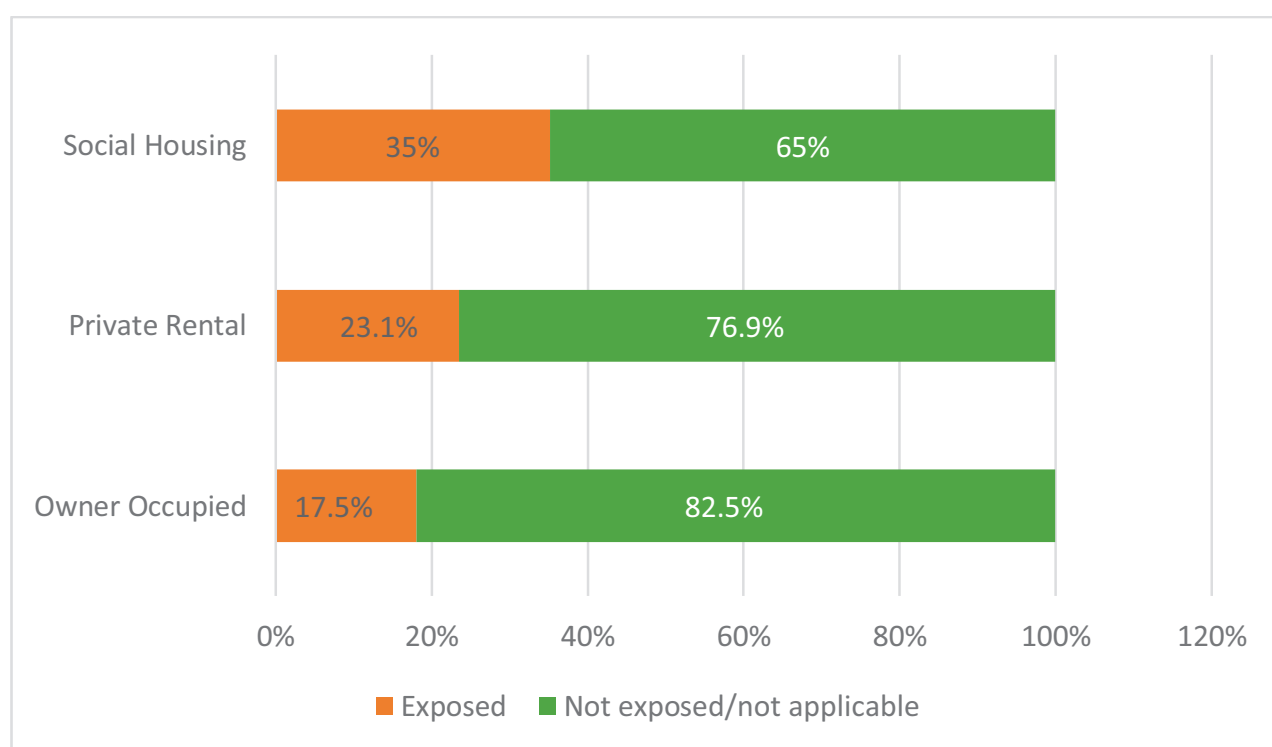
In addition to the potential physical harm and psychological distress caused by exposure to smoke drift, there may also be impacts on the property which have a financial cost such as increased frequency of redecoration.

When approaching their landlord or council people seem generally to be told that there is little landlords or environmental health teams can do. However, there are two areas of law which could plausibly offer some protection. The Environmental Protection Act 1990 looks at activities that could be deemed a statutory nuisance whilst the Smokefree Regulations 2007 cover the communal parts of buildings.

The Environmental Protection Act 1990

A statutory nuisance can be anything that affects an individuals' health, causes a disturbance or affects their enjoyment in their home. Smoke passing from one premises to another (other than smoke from a chimney) may constitute a Statutory Nuisance under section 79 1(b) of The Environmental Protection Act 1990. This includes smoke emitted from premises so as to be prejudicial to health or a nuisance [83]. This can be through open windows or doors, through electrical ducting, via cracks and gaps around window frames, floorboards, skirting boards and ceilings, or through shared ventilation systems.

Local authorities have a duty to take such steps as are 'reasonably practicable' to investigate complaints of 'statutory nuisance' [84]. This duty will usually be carried out by Environmental Health Officers (EHO). If the EHO determines that tobacco smoke is permeating from one building into another, the officer must determine whether the effect of the smoke permeating is such as to be prejudicial to health or a nuisance.

An assessment of 'nuisance' must take into account the views of the accused and the household affected by the smoke drift, and a decision is needed on what is considered to be "reasonable". Assessments of nuisance must also be based on the standards of an average person, not those of someone who is hypersensitive. The source of smoke drift, as well as details regarding its duration, frequency, severity, time of day and locality will all have a bearing on whether the nuisance is actionable.

The second arm of statutory nuisance is that of prejudice to health. Prejudice to health is an absolute and does not take into account reasonableness. However, for smoke drift to be deemed to be prejudicial to health, it must be more than discomfort or annoyance; it requires evidence of an increased probability of disease within the particular circumstances. Therefore, before the local authority can take any action, it must be satisfied there is a case to answer. This is a high bar for action which can be difficult to evidence, and there are no known cases of smoke drift complaints which have been effectively resolved as a result of rulings under the Environmental Protection Act 1990.

Mary, Islington, private tenant

Mary moved into a two bedroom private rented flat in a social housing block in summer 2016 with a friend. From the first night they were in the flat it became clear that large amounts of smoke were coming from the flat below them, particularly into one of the bedrooms. Not only was there a smell of smoke on hair, clothes and furnishings but the smoke was sometimes visibly thick in the air.

Their downstairs neighbour was an elderly disabled social housing tenant who chain smoked during the night. Prior to Mary moving into the flat he had caused a small fire. As a result the fire service visited properties in the building to ensure everyone had working fire alarms.

Mary and her flatmate took the issue up with their lettings agent. The lettings agent wrote to their downstairs neighbour but nothing changed: "We didn't want to make a victim of him in his own home... we had sympathy for him... he was old and disabled so it's not like he could easily go outside."

The lettings agent offered to replace worn carpets but this action was never taken. In the end, lacking options and by this point sharing a bedroom they wanted to be released from their tenancy: "It isn't until you're in this situation that you realise just how powerless you are as a tenant. There is nothing you can point to so action can be taken."

The lettings agent was initially unwilling to release Mary and her flat mate from their tenancy without a Fitness for Habitation Assessment from Islington Council. However, rather than undertake the assessment the council sent a builder round who identified a number of defects in the social housing property occupied by their smoking neighbour but, again, no action was taken.

For Mary and her friend the problem was resolved when they were released from their contract without penalty and able to move on. Mary remains distressed by how powerless they were, paying for a home that was rendered uninhabitable and unable to get serious action taken by their landlord or the local council.

Action taken by landlords

In many of the cases we have gathered landlords have done little to respond to the concerns of people who are experiencing smoke drift. However, in some cases where they have taken action it has failed to solve the problem for those people in distress.

Rebecca, London, Homeowner

"When my neighbour smokes on her balcony the smoke comes directly up to me - it's as if someone is smoking next to me on my own balcony. The smoke comes into [my] room too …[the] smoke is all in the flat. The smell comes in, it penetrates the furniture … even when I'm sat relaxing I'm sat breathing in smoke.

"I'm breathing in others' smoke. I don't feel I should be subject to that in my own home, in my own space. Why is no one protecting me in my own home when I'm protected in public places?"

Rebecca made several unsuccessful attempts to raise her experiences with the housing association. In response to her complaints she has been reminded that whilst her housing association endeavour to keep communal areas free of smoke, the lease does not mention anything that prevents tenants from smoking in non-communal spaces. Though the housing provider wrote to the neighbour in question and asked them to be mindful of the impact of passive smoke:

"[They] have written to [my] neighbour to ask her to be considerate, but [there has been] no change…[We] know smoke travels, [and we know about] the harms of passive smoke…I'm all about…people having rights to do what they wish in their own home, but not when those actions affect other people…[that is] not right."

Donald, London, Supported housing

Donald has reduced lung capacity and has a number of other health problems. The smoke from his neighbours is causing him distress and is also having an impact on his health:

"I've noticed lately my voice is getting croaky – [I] don't know if there's any connection to it – also I've developed cough – my lungs feel quite raw.

"The problem with the smoke in the corridors is that if that neighbour [who smokes in her flat] leaves the door open for 5 or 10 minutes to chat with someone or to let fresh air in, the corridors fill up with smoke. The landlords don't allow the corridor window to be kept open overnight to let it ventilate so I have stopped going out of my room a lot. If I have to go out I will, but I stay in my flat for most of the time."

Donald made a complaint and exchanged emails with the housing association. They were able to offer him the option to move but this wasn't a viable solution for him:

"One of the emails [I received following my official complaint] said 'we can't stop people smoking in their flats, if you're not happy here, we will help you to move to somewhere else.' [But] because I have got many other health problems, to move would be impossible - rearranging my furniture and my belongings."

The Smokefree Regulations 2007

The law which prohibits smoking in workplaces and public places also applies to any parts of premises that are used in common by more than one premise and are used as a workplace by more than one person, or is a place that is open to members of the public [81].

This requirement can apply both to self-contained dwellings within a single structure as well as to houses in multiple occupation (HMOs), halls of residence, nursing homes, etc. The areas that may be required to be smokefree could include:

» common entrance areas such as halls, corridors, stairwells and lifts in blocks of flats;

» facilities shared by the occupants of more than one household such as communal kitchens, bathrooms or laundry rooms.

The Smoke-free (Signs) Regulations 2012 supports the 2007 legislation to ensure that any indoor area that prohibits tobacco smoke has at least one legible no-smoking sign on display [85]. This is the responsibility of landlords, housing providers or residents' management companies.

Connie, West Dunbartonshire, Landlord

"I am an owner occupier and I'm a landlord, so the property I own I let it out. It's a communal property, a tenant building with 6 flats.

"Our nextdoor neighbour smokes continuously on the landing of the property...So the wall is nicotine stained. The first thing you smell when you enter the building is the smell of the smoke...and also the appearance of the building...it's not a nice environment to be in.

"Obviously, I don't live in the property, but I want to be able to rent it out knowing that I can give someone a good environment to live in.

"There is an economic impact as well as a health impact, if you're coming in and you see all that nicotine stain on the walls, it puts buyers off and it puts renters off...it's totally unacceptable.

"From an economic point of view, I have doubts about if I could sell the property. We've actually tried to speak to the neighbours who are smoking, but their attitude's not very good, they've just said 'we can smoke out here if we want.'"

In addition to these existing areas of law the Housing, Health and Safety Rating System (HHSRS) under the Housing Act 2004, is used to assess risk in housing [86], may also be capable of addressing the issue of smoke drift with some reforms. Currently the HHSRS includes 'fire' as one of its 29 hazards, yet it does not directly mention smoking; a common cause of fires in the home. 'Carbon monoxide and fuel combustion products' are another listed hazard. Again, there is no reference to cigarette smoke, a known source of carbon monoxide. There is scope to address this.

Although survey results indicate that smoke drift is fairly common, most people report that they would not complain [87]. This is reinforced by results from the survey of the social housing sector in which 50% of social housing respondents reported complaints about smoke drift are rare (n = 9 covering 174,500 number of homes).

Figure 10: Complaints from tenants about smoke drift, England, 2018 [70]
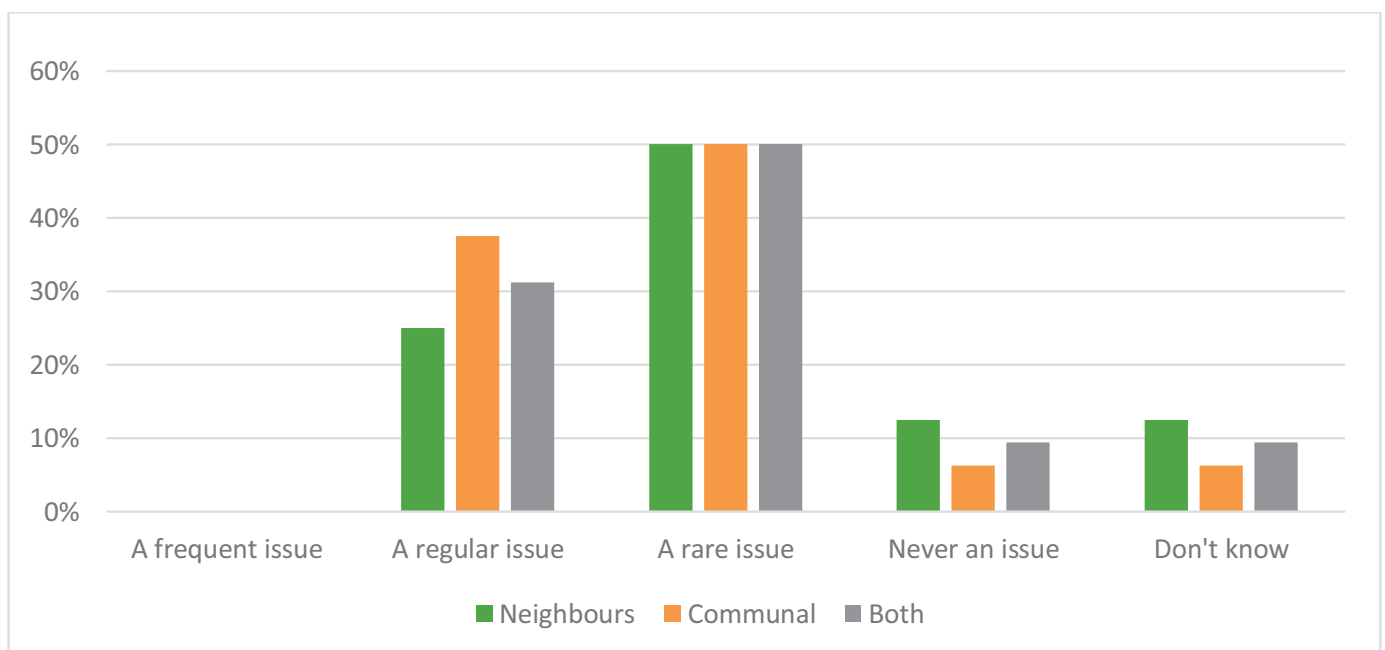
What professionals told us about managing smoke drift

Knowledge of existing legislation was low across the sector:

"People don't know that the legislation exists and I'm not sure a lot of people are aware that it's something that's available to them." Environmental Health

Professionals reported low levels of enforcement, for example in communal spaces. The limited awareness of these laws across the sector perhaps goes some way to explain why existing enforcement of these laws is weak, but professionals also report challenges in carrying out enforcement activity when people breaching laws can be difficult to identify.

"[We have] had complaints that tenants can smell smoke in a communal area. Often they call the police, but in those circumstances...[we] have found it very difficult to evidence...[it] could be that perhaps someone is smoking in their home and it has then drifted out...[into] the communal area, so [you] can't evidence which flat is coming from. Any legal proceedings are always evidence based." Social Housing 1

Stakeholders also reported on the difficulty of collecting the necessary evidence to meet the classification of a statutory nuisance.

Various stakeholders highlighted strategies used to address the issue of smoke drift. These included: dialogue with tenants about where smoking was and wasn't acceptable, improving signage, warning letters, use of CCTV and increased presence from neighbourhood teams.

"It's part of our tenancy agreement that people can't smoke in communal areas. It specifically says that it's banned for them to smoke, and if anyone is, it would be a breach and eventually they'd be putting their home at risk. [We would] warn them, but essentially [they are] putting [their] tenancy at risk of eviction." Social Housing 2

Indoor air pollution is also currently topical. In developing national reports and guidelines on indoor air pollution, the issue of tobacco, one of the biggest known indoor air pollutants, must not be forgotten in supporting people to live in homes free from pollution.

"It's an interesting opportunity for reframing secondhand smoke. To liken it to the air quality debate. People get that – people think they should turn their car [off] when they're sitting near a school. But do people think about smoking near a school?" Public Health 1

What tenants told us about the impact of smoke drift

Tenants voiced the negative impact from being exposed to smoke drift:

"Smoke from next door... as soon as they light a cigarette you can smell it." Focus Group 6, Participant 1

"Sometimes it's about being a considerate smoker as well, you have to watch your surroundings: where you are, if there's children around, not throwing your stuff on the floor." Focus Group 4, Participant 1

Recommendations

9. Local authorities and landlords should improve compliance and enforcement with existing legislation and support neighbours exposed to smoke drift

» Clear signage should be in place in areas where smoking is prohibited, in accordance with the law [18].
» Landlords, freeholders and managing agents should have policies to support residents affected by smoke drift.
» PHE should support the development of national support and guidance on what action can be taken to support those experiencing smoke drift.
» Organisations should advise the relevant staff (such as environmental health, housing officers and landlords) on existing laws regarding smoking in communal areas, and what they can do to support people to live in homes free of smoke drift.
» Reference to smoking and cigarette smoke as hazards should be included in the Housing, Health and Safety Rating system which is used to assess risk in housing and is due to be updated and reviewed in autumn 2018.
» Smoking should be included in cross-sector indoor air pollution policy work including the NICE guidance on Indoor Air Pollution.

Smokefree tenancy rules

Summary

» There are major differences in the way smoking is treated in different types of tenancies. While a majority of private landlords report no smoking clauses in their tenancies this is not the norm in social tenancies.

» There is no consensus on the need or desirability of social tenancies including smokefree clauses as standard and significant barriers to implementing rules retrospectively. There is greater consensus that some buildings or new developments could be designated as smokefree if tenants are appropriately consulted.

One of the most important drivers of smokefree homes in this country was the introduction of workplace smokefree legislation. In England, as has been seen around the world the effective implementation of smokefree workplace legislation coincided with a big drop in the numbers of smokers smoking in their home [88]. However, following this reduction the decline appears to have tailed off, leaving public health experts to consider what else could be done to support smokers to take their smoke outside.

People living in the rental sector (social and private) are subject to various tenancy rules, many of which protect tenant's health and safety. However, there is great variation across the sector depending on:

» The population demographics of tenants, including socio-economic status, age, physical health, mental health, etc.

» The property type, from apartments to shared houses

» Landlord portfolios, from large housing organisations to individual landlords.

Results from our survey of the rental sector (social and private) revealed that 84% of the private sector respondents (n = 1093) had a rule in their tenancy agreements prohibiting smoking in the home, compared to 0% in the social rental sector (n = 18 covering over 304,186 homes). This survey was distributed through three national membership organisations for the rental sector; it was therefore the most engaged landlords that responded.

Results from our population survey reveal that people in the private rental sector are 5 times more likely to believe that they have a rule in their tenancy agreement prohibiting smoking in the home compared to the social rental sector. We also know that people in England are more likely to be exposed to secondhand smoke in the home in social housing (22%) compared to private rental housing (14%) and owner occupied housing (10%) [12].

The higher levels of secondhand smoke exposure reflect the higher levels of smoking in social housing compared to other tenures. It is estimated that 35% of social housing tenants smoke compared with 8% of those who own their homes outright [16]. It's important to note that levels of smoking and exposure to secondhand smoke are also higher in the private rented sector than in owner occupied housing [16].

Figure 11: Proportion of tenants that report having a rule
in their tenancy prohibiting smoking in the home, GB, 2018 [12]
Unweighted base: Social housing (1107), Private rental (1421)
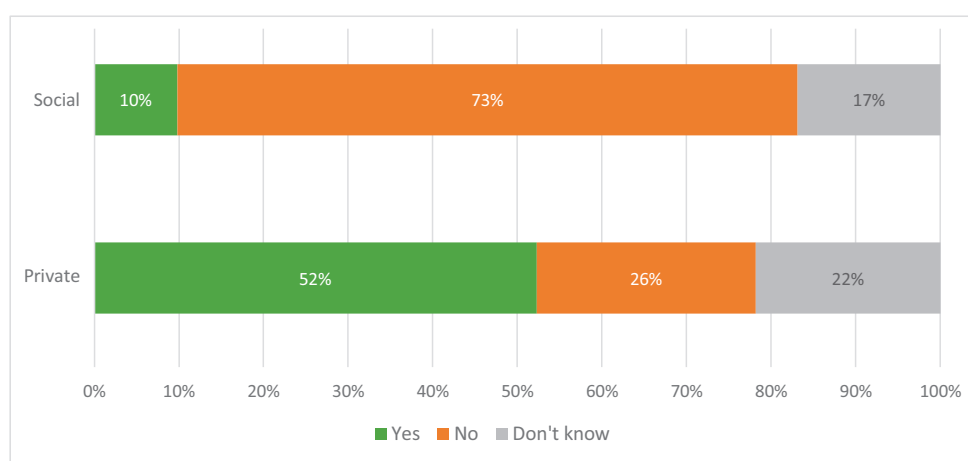
Tenancy rules

While both private and social tenures could prohibit smoking within tenancy agreements our findings show that this is much more common in the private rented sector. Other countries have adopted blanket tenancy rules that prohibit smoking in the home across the social rental sector. For example, the USA has introduced smokefree legislation across all public housing agency homes (equivalent of UK social housing) [89].

The evidence from other jurisdictions on the effectiveness of blanket rules across the social housing sector on reducing smoke in the home is limited at this time. Only a small number of studies have been conducted and they are of varying quality. In general studies indicate that introducing smokefree policies does decrease the level of secondhand smoke exposure in both smoking and non-smoking homes and that it may also promote quit attempts and cessation among smokers [90; 91; 92; 93; 94; 42].

Support for smokefree tenancies has been shown to be greater where they are part of a broader approach and people recognise the benefits of the smokefree housing policy to themselves and their family [61]. The effectiveness of smokefree tenancies has also been shown to be stronger when new and existing tenants adopt a smokefree home tenancy agreement [95]. Results from Canada compared a housing provider that required new leases to be non-smoking and exempted existing leases with a housing provider that required all leases (existing and new) to be non-smoking. Both types of smokefree tenancy agreements helped tenants to reduce and quit smoking. However, exempting existing tenants from the policy created challenges for monitoring compliance and enforcing the policy, and resulted in ongoing secondhand smoke exposure.

Case study: Smokefree tenancy, Salford

"We have got a scheme … where it's shared accommodation for people between 18 and 25 and we have introduced smokefree in that complex…the intention of that scheme is to remove any obstacles to people that age to getting into employment. So… if there's any barriers connected to the housing situation, those barriers are overcome. They have fitted them out to a high specification, and let them on a licence and part of the licence conditions is that they don't smoke in the communal spaces or in the rooms. They refurbished the property, which took about 12-18 months, and [they] started letting them about 12 months ago, so people living in it for about 12 months. It's been accepted in the main…[the] actual compliance with the license … hasn't been a problem" Social Housing 2

Existing schemes covering the private rental sector

While much current Government policy is focused on the social housing sector there have been ongoing concerns about the variability of housing in the private rented sector. The Housing Act 2004 sets out the scheme for licensing private rented properties in a local housing authority area [96]. Selective licensing can be introduced in problem areas that meet any of the following criteria; low housing demand, significant anti-social behaviour, poor property conditions, an influx of migration, high level of deprivation or high levels of crime [97]. Should selective licensing be introduced, landlords in that area are required to obtain a licence from the local authority for each of their properties in that area.

Currently, most selective licensing schemes have focused on health and safety, for example, requesting gas safety certificates and proof that electrical appliances and fire alarms are working.

In some areas rather than introduce mandatory selective licencing schemes local authorities have adopted voluntary accreditation schemes. These schemes might apply more widely than selective licencing but are not mandatory nor do they come with penalties.
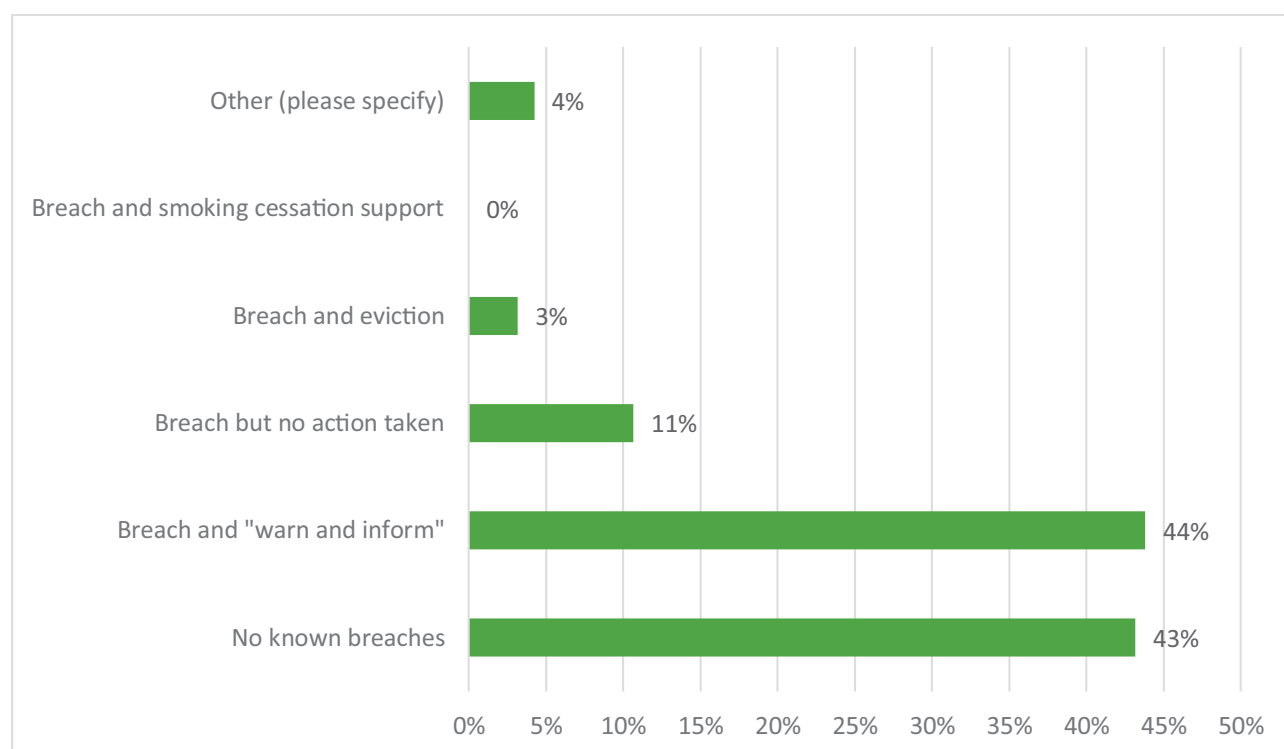
While these approaches to improving the quality of housing in the private rented sector have their criticisms, where such schemes are in place they could be used to promote best practice in relation to smokefree homes and encourage landlords to implement policies most likely to support tenants to maintain a smokefree home.

Enforcing policies

Our survey results across the private rental sector revealed that the dominant method of managing breaches is a "warn and inform" approach, with no one reporting to use the support of smoking cessation services, and only in rare instances would it result in an eviction in the private rental sector and only as part of a package of breaches.

Figure 12: Action taken by private landlords to manage
smokefree tenancy rule breaches, England, 2018 [70]

Category	Percentage
Other (please specify)	4%
Breach and smoking cessation support	0%
Breach and eviction	3%
Breach but no action taken	11%
Breach and "warn and inform"	44%
No known breaches	43%

Example method of enforcement from a USA social housing provider

"Initially, the enforcement policy had four steps. After the first violation, we gave the person in violation another copy of the non-smoking policy; the policy is in their lease. After the second violation, we held a private meeting. If there was a third violation, we would have the smoker sign an agreement not to smoke within the non-smoking area. Only after the fourth violation would we talk to our legal department about penalties or eviction. However, we got a lot of feedback from residents and staff about how this process was taking too long and how it was different from the enforcement of our other policies. In response, we compressed the first three steps into one step. While the compliance isn't always perfect, there have been changes in smoking behaviour, and it is a really effective tool especially to help a resident who is impacted with a negative health consequence by a neighbour who isn't following the policy."

Implementing HUD's Smokefree Policy in Public Housing, HUD Guidebook.

A recent project [98] exploring the opportunities to implement smokefree tenancies concluded there were barriers and enablers.

Barriers to implementing smokefree tenancies	Facilitators to implementing smokefree tenancies
» Difficulty in changing existing tenancies » Concerns about enforcements and penalties » Managing housing supply and demand without being discriminatory » Current social acceptance	» When applied across the rented sector » As part of new developments or regeneration projects

There is evidence to support the case that smokefree tenancies can increase quitting behaviour and reduce smoking in the home, but they are unlikely to be effective on their own. There are a range of practical challenges to introducing rules retrospectively into long-standing social tenancies and concerns about how policies could be equitably enforced.

What professionals told us about smokefree rules in tenancies

A range of views across the different sectors were expressed about having rules in tenancies that restrict a person's smoking behaviour. Some held positive views and discussed the benefits it could bring. For stakeholders in the private sector this was motivated around protection of property while for those in the social sector there was a stronger motivation around the long term wellbeing of tenants:

"Most private landlords are supporting it [smokefree homes] because they don't want the damage done by smoking in their properties, most do have a no smoking clause...on a property condition stance, most landlords are already doing it really." Private Rental Sector 1

"I would be very much in favour of a smokefree clause...because of benefits to staff and households, future generation." Social Rental Sector 1

Some however expressed concerns about smokefree tenancy rules. Of primary importance to stakeholders was respecting people's rights to live in a safe and secure home and a need for consistency across all housing types:

"I think it's difficult to impose something on an individual without [it being] universal for all types of housing tenure." Social Rental Sector 3

"Certainly [you could introduce a smokefree tenancy] in new build of housing where every single tenant was going to be new. [But it would be] much more difficult when you have existing tenants. [I] would definitely be concerned if councillors tried to inflict retrospectively a smokefree policy... new tenants would feel they couldn't smoke, even though their neighbours could." Politician 1

"I think in areas where you've got massive housing shortfalls in social affordable housing sector, you've got to balance the desire of having them smokefree with the ability to offer people accommodation, and if you look at most London boroughs at the moment, they are struggling to sort that basic issue out." Social Housing 3

What professionals told us about the practicalities of introducing smokefree rules in tenancies

How to enforce a smokefree tenancy agreement (across the private and social rental sector) was a key concern voiced by stakeholders. In particular that the final sanction for breaking a tenancy rule is the removal of the tenancy, a step many would be concerned about taking:

"[We] could end [the] tenancy but [we] don't want to be an organisation that causes people to lose their homes." Private Rental Sector 1

"The practicalities of enforcing it would be tricky, in terms of monitoring." Private Rental Sector 2

Two broad opportunities were highlighted as methods to introduce tenancy agreements in the social housing sector;

1. Providing the option when registering for social housing
2. Creating smokefree housing in new builds and redevelopments.

There was a consensus that both methods need to be introduced in consultation with residents, landlords and tenants.

"[It could be] part of [the] application process. [You] could ask "would you be interested in [a] smokefree home and would that be your preference?"...[It's] only [a] case of adding questions to [the] online application process for housing." Social Rental Sector 4

Managing housing supply and demand in the social rental sector was also a key concern voiced by stakeholders with concerns that providing people with the option for a smokefree tenancy may not be practical in areas with an undersupply of housing.

There was a consensus that encouraging compliance with smokefree rules is the best method to prevent the need for enforcement measures and it should be about creating a culture where smokefree housing is the social norm:

"Self-enforcement is always the best way." Politician 1

"Even if we didn't actually enforce it...if the...norm is that it's unacceptable, people don't normally want to be outside that. So even if we couldn't 100% enforce that, and we probably couldn't...the message could still make people stop smoking in the home." Social Housing 2

What tenants told us about tenancy rules

A range of views were also expressed by the public about having rules in tenancies and smokefree housing communities. When asked to rank preferred policies smokefree tenancies consistently came out at the bottom of the list in focus groups:

> *"I'd love to live in one where nobody smokes."* Focus Group 4, Participant 3

> *"There's a lot of private rental where they aren't allowed to smoke."* Focus Group 4, Participant 6

> *"It's a worthy aspiration. And there's potentially things that could be done...you could have new builds that are no smoking; you could have an independent living scheme (what they now call sheltered housing). You couldn't do it over night, you would have to do it incrementally."* Focus Group 1, Participant 7

> *"I think it would be very dangerous to go down that route."* Participant 1, Focus Group 2

> *"If I'm told not to do something, I'll do it. If I'm encouraged not to do it and feel like I'm making my own choices, I'm far more likely to stop."* Social Housing 2, Focus Group 3

Recommendations:

10. Social and private landlords should review approaches to smoking within tenancies

» Existing tenancy rules in relation to smoking should be clearly communicated to tenants and enforced, with consequences for breaches such as loss of deposit. Staff must be given appropriate information and skills to manage breaches and support tenants to take positive action (e.g. take smoke outside, access quit support, use e-cigarettes or nicotine replacement therapy while in the home).

» Local authorities should consider whether promotion of smokefree homes can be integrated into existing schemes to improve the quality of the private rented sector.

» Social and private landlords should consult their tenants on their views and preferences regarding smokefree environments. This could include a quantitative survey of existing tenants, gathering the views of prospective tenants, and engaging tenants in public consultation events. Public engagement should also involve other relevant sectors such as the fire service, health and schools.

» Social and private landlords responsible for specialist housing should consider whether this would benefit from becoming smokefree. Examples include: student housing, sheltered housing and hostels for homeless people, and accommodation for people transitioning from prison or inpatient mental health services.

Regeneration and development

Summary

» The built environment has a role to play in supporting smokefree environments both through limiting smoke drift and supporting smokers to take their smoke outside

» Housing regeneration and new developments are increasingly including health objectives

» Smokefree objectives are not typically being considered within development and redevelopment programmes, but they could be

» There is support for differentiating between current housing stock and new builds and being more aspirational about smokefree environments in new developments

The amount of housing being built, and its quality, is a prominent issue. For a long time there have been concerns about the adequate supply of affordable homes, and since the tragic fire at Grenfell Tower a long overdue spotlight has also been shone on the safety and quality of those homes [99].

Evidence shows that good-quality housing supports improved health [100]. But smoking in the home, one of the leading causes of exposure to pollutants in the home [101] and house fires [3], rarely features in discussions about healthy housing.

New housing developments and redevelopments provide the perfect opportunity to build better quality homes that protect people from the harms of secondhand smoke exposure. There are two key opportunities:

» Building new housing communities that facilitate smokefree homes

» Improved building design to prevent smoke drift

Large scale new housing developments, be they private or social, will involve local authorities. This point was recently reinforced with the Prime Minister's announcement that the cap on how much local authorities can borrow to build new housing will be scrapped [102]. This garnered very positive reactions from organisations such as the Local Government Association (LGA) and the Chartered Institute of Housing (CIH), who publicly acknowledged such action will allow local authorities to play a significantly greater role in building new housing, as has long been their desire [103] and [104]

The NHS England 'Healthy New Towns' programme reflects the role of local authorities in housing development and reinforces their transformative potential by setting out a number of approaches for embedding health objectives into the planning and development process through local government. Few approaches currently appear to include action to reduce exposure to smoke, but these could be easily integrated [105].

There is also interest in targeting housing schemes for particular populations. For example, university halls, NHS worker housing, or social housing for young people [41].

One group where the built environment can particularly support or hinder attempts to be smokefree is multi-unit housing. This housing is often dense and access to outside space can be limited. New developments should consider how the environment can best facilitate smoking outside the home and minimise impact on the neighbourhood and others. In such settings, discussions regarding a safe place for people to smoke which minimises the harms of secondhand smoke exposure need to be a part of consultations with residents.

Case study: YP, London, Social tenant

"The first place the smoke drifts in from is the drainage because the flats have shared drainage…so if anyone's smoking it just comes through the drainage, so even if you close all the windows…there's a lot [of smoke coming in] from there…

Unlike with houses where they have space in between them, [people in] flats don't have a choice…my mum's on benefits and it's not like she can choose where she can stay…she's kind of stuck…

> *Even if you close all the windows these buildings have brick ventilation [to prevent damp] – so [you have] the bricks with the holes and there's nothing you can do about that. You can't cover them up because that will increase damp, so you try to solve one issue but it leads to other issues."*

What professionals told us about housing (re)developments

Many professionals felt that new developments and regeneration activity created opportunities to change social norms around smoking:

> *"When you have new housing there's opportunity to shift the rules a bit... [it] could be a teachable moment, you're moving from your old flat to [a] new property [and we] want to keep you safe and healthy and preserve [the] building, it's important we're serious about that after Grenfell, so it's going to be a smokefree building."* Politician 2

> *"As they develop new buildings, make them a no smoking property and gradually work on that."* Focus group 6, Social Housing 1

There were specific types of developments where respondents could see this approach working well. For example, new housing for university students and houses of multiple occupation:

> *"It's [smokefree new build housing] certainly something that would probably be introduced for licensing of large multiple occupancy housing, but whether the driver behind that is health... I think it's more around fire, so there are other drivers there that would achieve the same aim."* Environmental Health

Beyond tangible rules or the types of build, respondents also felt that smokers moving into such developments should be provided with support:

> *"[Smokefree new housing shouldn't] just [be] an option for those who are non-smokers, it could be for those who are in the process of stopping smoking... [it] could be quite attractive to many people."* Social Housing 1

What professionals told us about smoking in surrounding outdoor spaces

The built environment was considered important when ensuring people had somewhere to take their smoke if they didn't quit.

> *"One of the features of private renting is that it tends to be much denser, so ensuring when you design new properties that you have outdoor space to allow smokers somewhere to go."* Private Housing 1

> *"[We need to] have designated smoking spaces...at high rises in particular."* Public Health 3

What tenants told us about smokefree new developments

Tenants also felt there were options to improve new developments to better support the goals of smokefree housing. They identified opportunities to reduce the transfer of smoke inside buildings, creating spaces where smokers could go away from buildings and ensuring rules were clearly communicated:

> *"It's a worthy aspiration [smokefree housing]...You could have new builds that are no smoking...You couldn't do it over night, you would have to do it incrementally... I haven't even got a sign in my block that says no smoking."* Focus Group 1, Participant 7

Recommendations:

11. Local authorities and landlords should include measures to reduce smoking as part of new housing developments

- » Survey the tenants interest in living in a smokefree housing community.
- » Consider implementing smokefree home rules in new builds and redevelopments as part of a healthy home package.
- » Consider the design of new developments to encourage smokers to go outside to smoke and minimise potential for neighbourhood conflict.

Home as workplace

Summary

» Existing work place regulation on smoking does not protect the workforce going into people's homes.

» Workers from low income backgrounds report higher levels of exposure to secondhand smoke in the work place than those in high income groups.

» Housing and care providers do not always have clear and well communicated policies about how workers going into people's homes should be protected from secondhand smoke.

The introduction of smokefree legislation in 2007 was intended to protect the workforce from exposure to secondhand smoke at work [106]. However, the legislation does not cover the workforce that enter people's homes as part of their role, for example domiciliary carers, housing officers, maintenance staff, emergency workers, etc. There is therefore an inequality in the workforce between those whose jobs bring them into people's homes and those whose jobs do not.

This is particularly relevant for domiciliary workers who enter people's homes on a regular basis and have close personal contact with their clients, as the risks of harm from secondhand smoke are significantly increased by regular, prolonged periods of exposure.

The Health and Safety Executive has promoted the values of health and safety legislation which requires employers to reduce the risk to the health and safety of their employers from secondhand smoke to as low a level as is reasonably practicable [107; 108] There is a duty therefore for employers to reduce the health risks and fire risks from being in a home where tobacco is smoked to levels as low as is reasonably practicable. Tobacco smoke stays in the home for an average of 3 hours [5]. Policies to protect staff going into people's homes need to take this into account. It is not clear that these policies are in place for many domiciliary workers and, if they are, that they are being implemented

Across the social rental sector, policies that protect staff from smoking in the home were more common than other policies relating to smoking but were only cited by a quarter of respondents (n = 18 representing over 200,000 homes).

Figure 13: Proportion of social rental sector with policies
relating to smoking in the home, England, 2018 [70]
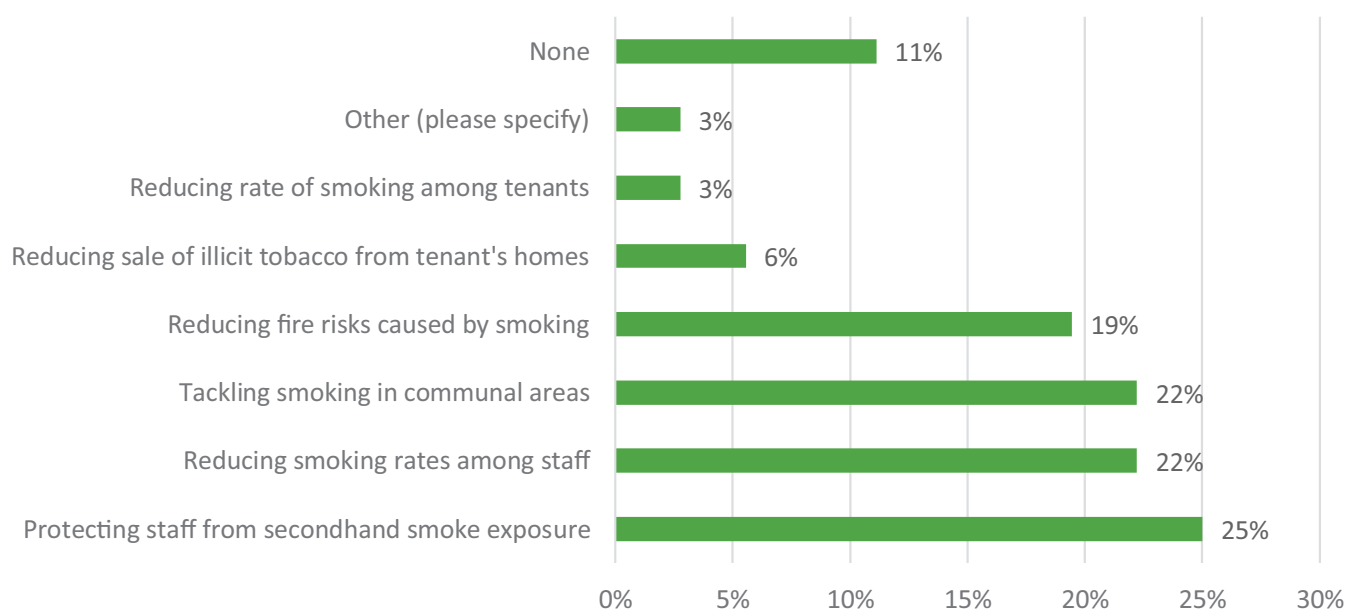
The Health and Safety Executive's advice on protecting employees from the effects of secondhand smoke:

> » Employers should have a specific policy on smoking in the workplace.
>
> » Smoking policy should give priority to the needs of non-smokers who do not wish to breathe tobacco smoke.
>
> » Employers should consult their employees and their representatives on the appropriate smoking policy to suit their particular workplace.
>
> *HSE: Advice on smoking at work*

Case study: Newcastle upon Tyne Hospitals NHS Foundation Trust smokefree policy for community workers

Patient documentation includes information relating to the smoke free policy. A leaflet should be issued to patients and their carers prior to a home visit asking them not to smoke or vape in the room where the treatment is to be undertaken for at least one hour prior to the visit and for its duration (see Appendix 1). Staff should ensure that if patients are not able to read the leaflet then this is explained to them using communication support, such as interpreters and British Sign Language interpreters, where required.

Feedback from community teams suggests this seems to work well in most cases. Where a patient at home persistently refuses to refrain from smoking or vaping in the presence of the community staff the line manager should contact the patient and explain the Trust's Smoke Free policy and the reasons why staff require a smoke-free environment. If the situation persists, the line manager should send a letter advising the patient that the Trust may no longer be able to provide them with care at home and that arrangements will be made for the patient to attend an NHS clinic for their care instead.

If the patient does not accept the alternative arrangements for treatment, they should be advised that the Trust is unable to continue to provide that treatment and they should seek treatment elsewhere.

Case Study: Southern Housing Group smokefree policy for tenants:

The law also requires us to protect our staff - and anyone acting on our behalf - from second-hand smoke whilst at work. This means that they can refuse to carry out services in your home if you smoke during their visit or the air is still polluted by smoke. It is in everyone's interests that we deliver to you any services which have been agreed. If an appointment has been arranged then please create a smoke free environment to protect the health of our staff. We ask that you do not smoke inside your property for an hour before the appointment and ensure that your home is suitably aired before our staff or contractors visit to avoid any problems.

The results of our survey of housing providers found that most respondents felt that protecting the health of their workforce from tobacco smoke was a motivator to support more housing to be smokefree.

What professionals told us about protecting the workforce from secondhand smoke

Stakeholders acknowledged a responsibility for employers to protect staff working in the housing sector who routinely entered people's homes, however some respondents were unclear if their organisation had a policy and if they did whether it was effective or being supported and enforced:

> *"I don't know if there is a policy there to protect them."* Social Housing 1

> *"Ultimately as [an] employer [you] have [a] responsibility to stop people being ill from the work you employ them to do."* Social Housing 4

Feedback from professionals indicated that for policies to be effective staff needed to be aware of policies, understand the reasons for restrictions and be empowered to address the issue if the policy is not being complied with. An effective approach is likely to need to embrace all these factors.

What tenants told us about protecting the workforce from secondhand smoke exposure

Smokers in our focus groups were sympathetic to the impact of staff entering their home:

> *"If I have someone coming in to try and repair something I try to vent it. I wouldn't dream of smoking while they are there doing something. I go outside."* Focus Group 3, Participant 2

Recommendations:

12. Employers should act to protect workers in the home

» All employers with staff routinely entering private homes should have and enforce a policy to protect staff from exposure to smoke in the home in line with existing guidance.

» Unions and workforce membership organisations should work with employers to ensure there are clear policies in place that are appropriately enforced and complied with.

» Frontline and managerial staff should receive training to ensure they are aware, understand, and are empowered to raise the issue of secondhand smoke exposure if the policy is not being complied with.

» Health and social care providers should include a requirement that smokers refrain from smoking before and during visits to the home in their patient care plans.

» At tenant registration, rental contracts and agreements should include a requirement that smokers refrain from smoking before and during visits to the home.

» Employers should implement NICE's guideline on 'smoking: workplace interventions.'

Illicit tobacco in domestic settings

Summary

» Illicit tobacco undermines taxation as a lever to reduce smoking rates. It is more commonly bought by price sensitive smokers, those who are poorer and younger.

» Although levels have declined from their 2000 peak, the size of the illicit tobacco market has remained at around the same level for the previous 7 years, and there remains a significant criminal network in England that distributes illicit tobacco.

» Sale from domestic settings is common and in some parts of the country estimates are that domestic sales are as high as between 30 and 40% of illicit tobacco market.

» Domestic sales of illicit tobacco can be difficult to tackle and collaboration between agencies and housing providers could play an important role in addressing this.

Cheap illicit tobacco fuels teen smoking, widens health inequalities, harms local communities and businesses and is linked to crime [109]. While the size of the illicit market has declined significantly since its 2000 peak [110], the market value for illicit tobacco has remained fairly stable since 2010-11 [111]. HMRC estimate that the current market is around £2.5bn in value [112]. Illicit buyers are more likely to be male, young and from lower socio-economic groups [113].

Illicit tobacco is made up three main types of products:

» Tobacco produced for other markets with lower levels of taxation than the UK and smuggled into the country. Estimated proportion of the illicit market: 71.4% [114]

» Tobacco brands that are 'made for' the illicit market. These are brands that are not available in the UK other than through illicit sources. They are sometimes called 'cheap whites. Estimated proportion of the illicit market: 16.3% [114]

» Counterfeit tobacco products are produced to look like duty paid UK brands but have not been legitimately made. Estimated proportion of the illicit market 12.4% [114]

These different types of illicit products are generally bought into the country at scale by organised criminal networks and then distributed for sale at a local level. Illicit products are often found to be sold in shops, pubs, street sellers and, commonly, through domestic residences.

The tobacco industry likes to claim that illicit tobacco is more harmful to smokers but there is no evidence that this is the case. Tobacco is such a uniquely lethal consumer product that there is little that can be done through the production process to reduce the risk of harm to users. However, illicit tobacco does undermine the health of communities through enabling smokers to access tobacco at cheaper prices reducing the likelihood that they will quit or cut down.

There are increased fire risks from illicit tobacco that may not comply with regulations to reduce the fire risk of manufactured cigarettes [115]. These EU regulations reduced the likelihood that unattended cigarettes continue to burn. Whilst they do not remove the risk of fire from cigarettes they are safer than cigarettes that may not comply with this legislation.

In addition, people visiting domestic premises which sell tobacco can put their safety at risk. Domestic premises selling tobacco often sell other illicit items such as alcohol, drugs and stolen goods and the illicit tobacco trade has strong links with criminal gangs [116; 109]. People exposing themselves to such environments can therefore put themselves into risky situations.

While there is no national estimate of the proportion of illicit tobacco being sold through domestic premises, insight work undertaken in the North East indicates that it is a significant source of illicit tobacco accounting for around 30% to 40% of the illicit market.

Figure 14: Main channel of illicit tobacco purchase in North East

NEMS 2017 market research analysis for Fresh
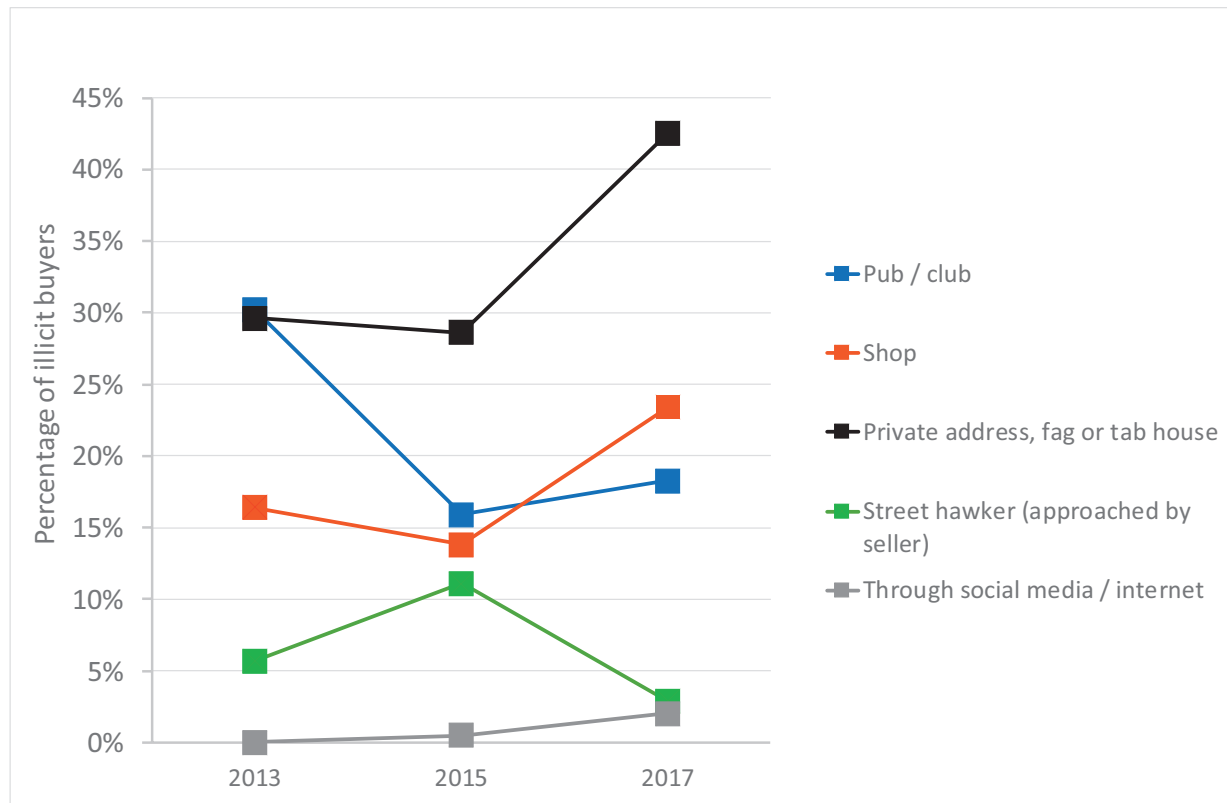
There has been a national enforcement strategy to address the supply of illicit tobacco, [110] however local enforcement activity is under significant pressure with trading standards teams, who take a lead on enforcement at a local level, being severely cut back as a result of cuts to local authority budgets [117].

In addition to local enforcement action, in the North of England an approach to reducing the demand for illicit tobacco from smokers through challenging social norms has been pioneered. This has been shown to be effective in changing social attitudes and encouraging the public to provide intelligence to enforcement agencies about where illicit tobacco is being sold [118].

All forms of illicit trade have a role to play in creating housing communities that promote a smoking environment. However, it is by tackling the sale of illicit tobacco from domestic premises through which housing organisations and landlords can best contribute to tackling illicit tobacco sales. Housing providers must therefore work with trading standards and other enforcement authorities to tackle illicit tobacco.

The need to support enforcement against the sale of illicit tobacco from domestic premises by housing providers and landlords is particularly pertinent given the legal ramifications failure to do so could involve. For example, if landlords allow the sale of illicit tobacco by their tenants, they could be charged with aiding and abetting crime. Furthermore, if they are receiving payments for rent through gains from criminal activity, such as the sale of illicit tobacco, they could be open to charges of money laundering.

Population surveys also show that the public believe we should be doing more to tackle the illicit tobacco trade. 76% think that there are insufficient deterrents to persuade people not to buy illicit tobacco and 61% of smokers agreed that the punishments for the sale of illicit tobacco should be strengthened by introducing rising fines for repeat offenders [119].

What tenants told us about their perception of illicit tobacco

Tenants expressed concerns about the presence of illicit tobacco in communities.

"Organised gangs are into it. It's a way of making money. It's an addiction, things have been replaced with other things because it's cheaper". Focus Group 1, Participant 6

"It's like when I smoked and they knocked up the price [through taxation] I just went to a cheaper brand and that's what [people who purchase illicit tobacco] are doing.....They need to clamp down on the black market so people can't get any cheaper – a lot of cigarette smokers have gone onto baccy [because it's cheaper]." Focus Group 6, Social Housing 3

What professionals told us about the role of education in tackling illicit tobacco

Many stakeholders felt that a key part of tackling the sale of illicit tobacco from domestic premises should be through communicating the harms of illicit tobacco to the public. However, stakeholders often mistakenly believed that illicit tobacco was more harmful to health than other forms of tobacco, indicating that such an approach would require further national or regional guidance.

What professionals told us about identifying and reporting illicit tobacco trade

Methods of identifying and reporting illicit tobacco trade were voiced by stakeholders and because of the complexity and the cross-sector roles of tackling illicit tobacco sales there is a recognised need for joint working:

> *"[We need] more intelligence gathering…closer work between police and other community sectors to gather such intelligence. [There should be a] collaborative approach to this."* Fire Service

Housing providers also stressed that this type of criminal activity was in breach of tenancies and that organisations both could and would take action:

> *"If [we] have info that [it] is happening in [our] housing, [the] tenancy [will] allow us to take legal action on tenants, if [they] used [the] property for such purposes."* Social Housing 4

Recommendations:

13. Landlords, local government and the police should collaborate to tackle the sale of illicit tobacco in domestic settings

» Housing representatives should be part of local tobacco alliances and illicit tobacco partnerships.

» Frontline workers should be engaged to help identify and tackle the domestic sale of illegal tobacco.

» Landlords and local government should work jointly to gather, develop, and share intelligence around the domestic sale of illegal tobacco with the relevant local partners such as the police and trading standards.

» Support enforcement through:
  - Tenancy rules that clearly state a zero-tolerance attitude to the sale of illicit tobacco from domestic premises.
  - Sharing information with relevant enforcement partners such as the police, trading standards, and HMRC.

» Support local marketing and communications regarding the domestic sale of illegal tobacco in line with article 5.3 of the FCTC Framework Convention, and illicit tobacco more broadly.

References

1. Institute of Health Equity. Fair Society, Healthy Lives. s.l. : Institute of Health Equity, 2010.

2. World Health Organisation. Healthy envrionments for children. World Health Organisation. [Online] [Cited: July 13, 2018.] http://www.who.int/features/2003/04/en/.

3. Office for National Statistics. Detailed analysis of fires attended. s.l. : Office for National Statistics by fire and rescue services, England, April 2016 to March 2017, 2017.

4. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, U.S. : Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.

5. Semple S. and Latif N. How long does secondhand smoke remain in household air: Analysis of PM2.5 data from smokers' homes. 10, s.l. : Nicotine and Tobacco Research, 2014, Vol. 16. 1365-70.

6. Tobacco Advisory Group of the Royal College of Physicians. Passive smoking and children. s.l. : Royal College of Physicians, 2010.

7. NHS Digital. Statistics on Smoking - England, 2007. s.l. : NHS Digital, 2007.

8. Annual Population Survey. Smoking Prevalence in adults - current smokers. s.l. : Office for National Statistics, 2018.

9. Jarvis MJ. and Freyerabend C. Recent trends in children's exposure to second-hand smoke in England: cotinine evidence from the Health Survey for England. 2015, Vol. 110, 1484–1492.

10. NHS Digital. Health Survey for England. 2015.

11. NHS Digital. Health Survey for England. s.l.: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2015 , 2017.

12. Action on Smoking and Health. Smokefree GB survey, conducted by YouGov. s.l. : unpublished, 2018.

13. Action on Smoking and Health. Health inequalities and smoking. London : Action on Smoking and Health, 2016.

14. Cancer Research UK Statistical Information Team. Calculation based on data from the Smoking, Drinking and Drug Use in Young People in England survey 2016. [Online] 2018.

15. Office for National Statistics. Adult smoking habits in the UK: 2016. s.l. : Office for National Statistics, 2017.

16. Office for National Statistics Smoking status and housing tenure, England and London, 2015 to 2017. [Online] 2018. [Cited: 10 19, 2018.] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/adhocs/007751smokingstatusandhousingtenureenglandandlondon2015to2016.

17. National Audit Office. Housing in England: overview. [Online] January 2017. [Cited: October 23, 2018.] https://www.nao.org.uk/wp-content/uploads/2017/01/Housing-in-England-overview.pdf.

18. Carey G., Crammond B., De Leeuw E. Towards health equity: A framework for the application of proportionate universalism. 81, s.l. : International Society for Equity in Health, 2015, Vol. 14.

19. Office for National Statistics. Households by housing tenure and combined economic activity status of household members. 2018.

20. Marmot, M. Fair Society, Healthy Lives. s.l. : Institute of Health Equity, 2010.

21. Public Health England. A Memorandum of Understanding (MoU) to support joint action on improving health through the home. s.l. : Public Health England, 2014.

22. NHS England. Health and Housing. NHS England. [Online] [Cited: August 14, 2018.] https://www.england.nhs.uk/commissioning/health-housing/.

23. NHS England. Quick Guide: Health and Housing. 2016.

24. Shelter. Selective licensing for local authorities. A good practice guide . London : Shelter, 2006.

25. Department of Communities and Local Government. Licensing in the private rented sector: consultation on the implementation of selective licensing and Regulatory impact assessment Housing Bill part three. London : Department of Communities and Local Government, 2004.

26. Shelter. Safe and secure? The private rented sector and security of tenure. London : Shelter, 2005.

27. World Health Orgnaisation . Health 2020: Social protection, hosuing and health. Geneva : World Health Orgnaisation , 2016.

28. Dahlgren G., and Whitehead M. Policies and Strategies to Promote Social Equity in Health. Stockholm : Institute for Futures Studies, 1991.

29. Department of Health. Towards a smokefree generation - A tobacco control plan for England. London : Department of Health, 2017.

30. Ministry of Housing, Communities and Local Government. A new deal forsocial housing. London : Ministry of Housing, Communities and Local Government, 2018.

31. Local Government Association. LGA responds to Social Housing Green Paper. [Online] August 2018. [Cited: 10 19, 2018.] https://www.local.gov.uk/about/news/lga-responds-social-housing-green-paper.

32. Architects Journal. Architects criticise social housing green paper as 'more of the same'. [Online] August 2018. [Cited: 10 19, 2018.] https://www.architectsjournal.co.uk/news/architects-criticise-social-housing-green-paper-as-more-of-the-same/10034207.article.

33. UK Government. Excel download: Fire and Rescue Service Act 2004. [Online] [Cited: 10 19, 2018.] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7542/18927821.xls.

34. Department for Environment, Food and Rural Affairs. Nuisance smoke: how councils deal with complaints. [Online] April 2015. [Cited: 10 19, 2018.] https://www.gov.uk/guidance/nuisance-smoke-how-councils-deal-with-complaints.

35. Barbery C., Hartwell-Naguib S., Barber S. Smoking in public places. [Online] March 2015. [Cited: 10 19, 2018.] http://researchbriefings.files.parliament.uk/documents/SN04414/SN04414.pdf.

36. Health and Safety Executive. Domiciliary care provided in people's own homes. [Online] [Cited: 10 19, 2018.] http://www.hse.gov.uk/healthservices/domiciliary-care.htm.

37. Shelter. Health and Wellbeing Boards. [Online] April 2013. [Cited: October 29, 2018.] http://england.shelter.org.uk/professional_resources/working_with_children_and_young_people/childrens_service/influencing_local_and_regional_policy/health_and_wellbeing_boards.

38. NHS England. Sustainability and transformation partnerships. [Online] [Cited: October 29, 2018.] https://www.england.nhs.uk/integratedcare/stps/.

39. NHS England. A population health management approach to ageing. [Online] February 2018. [Cited: October 29, 2018.] https://www.england.nhs.uk/blog/a-population-health-management-approach-to-ageing/.

40. National Institute for Health and Care Excellence. Stop smoking interventions and services. [Online] March 2018. [Cited: October 26, 2018.] https://www.nice.org.uk/guidance/ng92.

41. Bamashmous M., Determinants of support for a smoke-free university policy. 7, s.l. : The Journal of Contemporary Dental Practice, 2018, Vol. 19. 799-807.

42. Vijayaraghavan, M et al. Income disparities in smoking cessation and the diffusion of smoke-free homes among U.S. smokers: Results from two longitudinal surveys. 7, s.l. : PloS ONE, 2018, Vol. 13.

43. Jones L., Atkinson O., Longman J., Coleman T., McNeill A., Lewis S. The motivators and barriers to a smokefree home among disadvantaged caregivers: Identifying the positive levers for change. s.l. : Nicotine and Tobacco Research, 2011. 1-8.

44. Passey M., Longman J., Robinson J., Wiggers J., Jones L. Smoke-free homes: What are the barriers, motivators and enablers? A qualitative systematic review and thematic synthesis. S.I. : British Medical Journal, 2016, Vol. 6.

45. Smith C, Jackson SE, Cheeseman H, West R, Brown J. Finding smoking hotspots: a cross sectional survey of smoking patterns by housing tenure in England. Addiction. In revision.

46. Hiscock R., Dobbie F., Bauld L. Smoking cessation and socioeconomic status: an update of existing evidence from a national evaluation of English Stop Smoking Services. . s.l. : BioMed Research International., In press.

47. Bauld L., Bell K., McCullough L., Richardson L., Greaves L. The effectiveness of NHS smoking cessation services: A systematic review. s.l. : Journal of Public Health, 2010, Vol. 32. 71-82.

48. Cancer Research UK and Action on Smoking and Health. Feeling the Heat: The Decline of Stop Smoking Services in England. London : Cancer Research UK amd Action on Smoking and Health, 2018.

49. Pokhrel S., Owen L., Coyle K. et al. Costs of disinvesting from stop smoking services: an economic evaluation. s.l. : Lancet Public Health , 2016.

50. National Centre for Smoking Cessation and Training. Very Brief Advice training module. [Online] [Cited: September 7, 2018.] http://www.ncsct.co.uk/publication_very-brief-advice.php.

51. National Institute for Health and Care Excellence. Stop smoking interventions and services. s.l. : National Institute for Health and Care Excellence, 2018.

52. Powell K. and Thurston M. Commissioning training for behaviour change interventions. Guidelines for Best Practice. Chester : University College Chester, 2008.

53. National Institute for Health and Care Excellence. Stop smoking interventions and services. s.l. : National Institute of Health and Care Excellence, 2018.

54. Aveyard P., Begh R., Parsons A., West R. Brief opportunistic smoking cessation interventions: A systematic review and meta-analysis to compare advice to quit and offer of assistance. 6, 2011, Addiction, Vol. 107, pp. 1066-73.

55. Michie S., Churchill S., West R. Identifying evidence-based competences required to deliver behavioural support for smoking cessation. 2011, Annals of behavioural medicine, Vol. 41, pp. 59-70.

56. Kaur J., Farley A., Jolly K., Jones L. Primary care healthcare professionals knowledge, attitudes, and practices towards promoting the reduction of children's secondhand smoke exposure: A mixed-methods review and synthesis. 2017, Nicotine and Tobacco Research.

57. National Centre for Smoking Cessation and Training. Secondhand Smoke Training Module.

58. National Institute for Health and Care Excellence. Stop smoking interventions and services. s.l. : National Institute of Health and Care Excellence, 2018.

59. National Institute for Health and Care Excellence. Quality standard topic Smoking harm reduction. [Online] November 2014. [Cited: 10 23, 2018.] https://www.nice.org.uk/guidance/qs92/documents/smoking-harm-reduction-qs-briefing-paper2.

60. National Institute for Health and Care Excellence. Smoking: harm reduction. June 2013.

61. Vaughan R. Predictors of support for a smoking ban among affordable housing residents, pre- and post-adoption. s.l : Harvard School of Public Health, 2017.

62. Atkinson O., Coleman T., McNeill A., Lewis S., Jones L. The role of nicotine replacement therapy for temporary abstinence in the home to protect children from environmental tobacco smoke exposure: A qualitative study with disadvantaged smokers. 262, s.l. : BMC Public Health, 2013, Vol. 13. 1-7.

63. Action on Smoking and Health. Use of e-cigarettes among adults in Great Britain, 2018. [Online] August 2018. [Cited: 10 19, 2018.] http://ash.org.uk/download/use-of-e-cigarettes-among-adults-in-great-britain-2017/.

64. Russell MA. Low-tar medium-nicotine cigarettes: A new approach to safer smoking. 1, s.l. : British Medical Journal, 1976, Vol. 12.

65. McNeill A., Brose LS., Calder R., Bauld L., Robson D. Evidence review of e-cigarettes and heated tobacco products 2018. London : Public Health England, 2018.

66. Royal College of Physicians. Nicotine without smoke, tobacco harm reduction. London : Royal College of Physicians , 2016.

67. National Institute for Health and Care Excellence. Smoking: harm reduction. s.l. : National Institute for Health and Care Excellence, 2013.

68. Kurti A., Davis D., Skelly J., Redner R., Higgins S. Comparison of nicotine dependence indicators in predicting quitting among pregnant smokers. 1, s.l. : Experimental and Clinical Psychopharmacology, 2016, Vol. 24. 12-17.

69. Baker TB., Piper ME., McCarthy DE., Bolt DM., Smith SS., Kim S., Colby S., Toll BA. Time to first cigarette in the morning as an index of ability to quit smoking: Implications for nicotine dependence. 4, s.l. : Nicotine and Tobacco Research, 2007, Vol. 9. 1-30.

70. Action on Smoking and Health. Survey of social housing providers. 2018.

71. European Commission. Legal framework governing medicinal products for human use in the EU. s.l. : European Commission, 2016.

72. Medicines and Healthcare products Regulatory Agency. E-cigarettes: regulations for consumer products. [Online] [Cited: August 20, 2018.] https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products.

73. Eastwood B., Dockrell M., Arnott D., Britton J., Cheeseman H., Jarvis M., McNeill A. Electronic cigarette use in young people in Great Britain. 9, s.I. : Public Health, 2015, Vol. 129. 1150-1156.

74. West R. et al. The Smoking Toolkit Study. Smoking in England. [Online] [Cited: August 20, 2018.] http://www.smokinginengland.info/.

75. Action on Smoking and Health. ASH Ready Reckoner. [Online] 2018. [Cited: August 1, 2018.] http://ash.lelan.co.uk/.

76. Action on Smoking and Health. Counter Arguments How Important is tobacco to small retailers? [Online] October 2016. [Cited: 10 23, 2018.] http://ash.org.uk/download/counter-arguments/.

77. National Audit Office. Rolling out Universal Credit. [Online] June 2018. [Cited: 10 23, 2018.] https://www.nao.org.uk/wp-content/uploads/2018/06/Rolling-out-Universal-Credit-Summary.pdf.

78. Local Government Association. LGA responds to NAO report on Universal Credit. [Online] June 2018. [Cited: 23 10, 2018.] https://www.local.gov.uk/about/news/lga-responds-nao-report-universal-credit.

79. Office for National Statistics. Annual Population Survey. 2017.

80. National Fire Chiefs Council. Smoking, Vaping and Tobacco Position Statements. s.l. : NFCC, 2017.

81. Public Health England. The Smoke-free (Premises and Enforcement) Regulations. s.l. : The Stationary Office, 2006.

82. National Fire Chiefs Council. NFCC Smoking, Vaping and Tobacco Position Statements. [Online] September 2017.

83. The Stationary Office. Environmental Protection Act 1990. s.l. : The Stationary Office, 1990.

84. UK Parliament. The Environmental Protection Act. Norwich : The Stationary Office, 1990.

85. Public Health England. The Smoke-free (Signs) Regulations. s.l. : The Stationary Office, 2012.

86. Department for Communities and Local Government. Housing Health and Safety Rating System. London : Department for Communities and Local Government, 2006.

87. Hennrikus D., Pental PR., Sandell SD. Preferences and practices among renters regarding smoking restrictions in apartment buildings. s.I : Tobacco Control, 2003, Vol. 12. 189-194.

88. University of Waterloo. The International Tobacco Control Policy Evaluation Project. [Online] March 2012. [Cited: 10 23, 2018.] https://itcproject.org/files/ITC_CrossCountry-Smoke-free_Final-web.pdf.

89. Department of Housing and Urban Development. Instituting Smoke-Free Public Housing. USA : Department of Housing and Urban Development, 2012.

90. Borland R., Yong HH., Cummings KM., Hyland A., Anderson S., Fong GT. Determinants and consequences of smokefree homes: Findings from the International Tobacco Control (ITC) four country survey. 3, s.l. : Tobacco Control, 2006, Vol. 15. 42-50.

91. Farkas AJ., Gilpin EA., Distefan JM., Pierce JP. The effects of household and workplace smoking restrictions on quitting behaviours. s.l. : Tobacco Control, 1999, Vol. 8. 261-265.

92. Pizacani BA., Martin DP., Stark MJ., Koepsell T., Thompson B., Diehr P. A prospective study of household smoking bans and subsequent cessation related behaviour: The role of stage of change. s.l. : Tobacco Control, 2004, Vol. 13. 23-28.

93. International Tobacco Control Policy Evaluation Project. Smoke-free Policies: ITC Cross-Country Comparison Report. Ontario, Canada. : University of Waterloo, 2012.

94. Berg CJ. et al. Smoke-free policies in multiunit housing: Smoking behaviour and reactions to messaging strategies in support or in opposition. 25, s.I. : Preventing chronic disease, 2015, Vol. 12.

95. Kaufman P., Kang J., Kennedy R., Beck., Ferrence R. Impact of smoke-free housing policy lease exemptions on compliance. s.l. : Preventive Medicine Reports, 2018, Vol. 10. 29-36.

96. Department for Communities and Local Government. Housing Act 2004. London : Department for Communities and Local Government, 2004.

97. Department for Communities and Local Government. Selective licensing in the private rented sector. London : Department for Communities and Local Government, 2015.

98. Furby L. The impact of enforced smoke-free housing policy and the barriers to policy implementation in London local authority homes: A health policy report. s.l. : MSc Project, 2018.

99. The Guardian. Grenfell Tower tragedy shows social housing system has failed UK citizens. [Online] June 2017. [Cited: October 26, 2018.] https://www.theguardian.com/uk-news/2017/jun/25/grenfell-tower-tragedy-shows-social-housing-system-has-failed-uk-citizens.

100. Buck D., and Gregory S. Housing and health Opportunities for sustainability and transformation partnerships. s.l. : The King's Fund, 2018.

101. Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London : Royal College of Physicians., 2010.

102. Independent. Theresa May lifts borrowing cap on local councils to help 'solve housing crisis'. [Online] October 2018. [Cited: 10 23, 2018.] https://www.independent.co.uk/news/uk/politics/theresa-may-austerity-housing-developments-council-borrowing-house-building-a8566606.html.

103. Local Government Association. LGA responds to scrapping of the housing borrowing cap. [Online] October 2018. [Cited: October 23, 2018.] https://www.local.gov.uk/about/news/lga-responds-scrapping-housing-borrowing-cap.

104. The Chartered Institute of Housing. CIH welcomes news that council borrowing cap will be scrapped. [Online] October 2018. [Cited: 10 23, 2018.] http://www.cih.org/news-article/display/vpathDCR/templatedata/cih/news-article/data/CIH_welcomes_news_that_council_borrowing_cap_will_be_scrapped.

105. NHS England. Putting Health into Place Introducing NHS England's Healthy New Towns programme. [Online] September 2018. [Cited: 10 23, 2018.] https://www.england.nhs.uk/wp-content/uploads/2018/09/putting-health-into-place.pdf.

106. Public Health England. The Smoke-free (Premises and Enforcement) Regulations. s.l. : The Stationary Office, 2006.

107. Health and Safety Executive. Advice on smoking at work. [Online] [Cited: July 26, 2018.] http://www.hse.gov.uk/contact/faqs/smoking.htm.

108. Acts of Parliment. Health and Safety at Work Act. 1974.

109. Smokefree Action Coalition. Smoking: illicit tobacco. s.l. : Action on Smoking and Health, 2012.

110. HM Revenue & Customs and Border Force. Tackling illicit tobacco: From leaf to light. [Online] 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/418732/Tackling_illicit_tobacco_-_From_leaf_to_light__2015_.pdf.

111. HM Revenue & Customs. Measuring tax gaps 2018 edition - tax gap estimates for 2017-18. [Online] 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715742/HMRC-measuring-tax-gaps-2018.pdf.

112. Association of Convenience Stores. HMRC: Illicit Tobacco Market Share Rises to 15% of Overall Consumption. [Online] October 2017. [Cited: October 23, 2018.] https://www.acs.org.uk/news/hmrc-illicit-tobacco-market-share-rises-15-overall-consumption.

113. Iringe-Koko B. Illicit tobacco: Policy responses, consumption and attitudes. s.l. : University College London, 2013.

114. KPMG. Project sun: The illicit cigarette market in the EU, Norway and Switzerland, 2017. [Online] 2017. https://home.kpmg.com/uk/en/home/insights/2018/07/project-sun-2017.html.

115. London Fire and Emergency Planning Authority. Fire Safer Cigarettes, an Update. [Online] March 2014. [Cited: October 23, 2018.] http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=2848.

116. Illicit Tobacco Partnership. Illegal tobacco PR guide. s.l. : Illicit Tobacco Partnership, 2016.

117. Huffington Post. Council Cuts To Trading Standards Leaving Vulnerable At Mercy Of Scammers. [Online] August 2018. [Cited: October 23, 2018.] https://www.huffingtonpost.co.uk/entry/elderly-vulnerable-to-scammers-as-trading-standards-budgets-halved-since-2010_uk_5b7ac255e4b0a5b1febd4f0d.

118. Fresh. Keep it Out Campaign. s.l. : http://www.freshne.com/what-we-do/our-campaigns/keep-it-out/overview , 2018.

119. Partnership, NEMs Market Research on behalf of the Greater Manchester Health and Social Care. The Greater Manchester Illicit Tobacco Study . s.l. : unpublished, 2018.

ash.

action on smoking and health