

Smoking in the home

New solutions for a

Smokefree Generation

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- » Stakeholder workshop
- » Professional stakeholder interviews
- » Tenant focus groups

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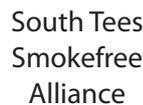
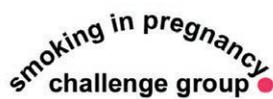
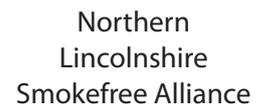
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Organisations endorsing the report



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.

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Workshop attendees

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British Lung Foundation
British Property Federation
Cancer Research UK
Chartered Institute of Environmental Health
Chartered institute of Housing
Faculty of Public Health and St.Mungo's
Fresh Smokefree North East
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GM Health and Social Care Partnership
Greater London Authority
Hertfordshire County Council
King's College London
Leicester City Council
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