

Assignment

Academic Essay

Promoting health and preventing ill health

(Public and Local Policy Strategy - Smoking in Bexley)

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Introduction

Public health policy is focused on the promotion and protection of health and the mitigation of risk factors such as smoking, which is a major contributor to preventable ill-health. In the UK, smoking is responsible for more than 78,000 deaths each year and is one of the contributors to the inequitable distribution of health by socioeconomic status (Allender et al., 2009). The key public health policy of the UK that is the focus of the essay is the smoke-free legislation of the Health Act 2006, which bans smoking in all enclosed public places and, as of 2015, in private cars with children. This policy is significant for Bexley, a London Borough with a population of around 250 thousand, where, in 2024, the adult smoking prevalence is 14.5%, slightly above the national average of 13% (Jackson et al., 2025a).

Local Strategy for Implementing the Smoke-Free Policy in Bexley

In executing national smoke-free policymaking, Bexley integrates enforcement, cessation support, and prevention as part of a greater public health approach. Bexley Stop Smoking Service, a Smoking Bexley Initiative, provides subsidised, evidence-based services to all patients of a local GP, funded by the Council. This service comprises a sponsored six to twelve weeks of either individual or group behavioural and pharmacotherapy support (e.g., nicotine replacement therapy) and vaping guidance, which, for complete cessation, includes a funded starter device (e.g., e-cigarettes) for eligible users to facilitate a full switch (NHS, 2024).

Enforcement of the regulations is the responsibility of the Bexley Council and Trading Standards, who may impose a fixed penalty of £50-200 for infractions in public, workplaces, or vehicles, and who may pursue legal prosecution of repeat offenders, in accordance with the Health Act 2006 (Free Smoking Legislation, 2025). Most recently, a closed four (of Bexley's) shops for selling illegally sourced tobacco and vapes were a culmination of over 1,700 counterfeit cigarette packets

and 215 illegal vapes, reflecting Bexley Council's zero tolerance for undermining the affordability of tobacco (Bexley Local Policy, 2025).

Through Policies DP9 and DP10, the Bexley Local Plan (2023) adopted preventative measures that, while indirect, also support the plan's aim to control tobacco use and its consequences. As a result of HIAs that consider health-impacting factors (e.g. community health and air quality) (Local policy 2025), they restrict harmful uses (e.g. fast food outlets, betting shops that also sell tobacco) to to10-5% of units located within the central business districts (CBDs) of surrounding towns. Smoke Free Zones pioneer community safety and normalise non-smoking. As a result of the above, tobacco use prevalence decreased from 18% (2015) to 14.5% (2024), and 54% of those who used tobacco and required cessation services were tobacco-free 4 weeks after the service (Jackson et al., 2025b).

Critique of the Local Strategy in Bexley

In Bexley's local strategy, there are notable strengths in accessibility and integration. However, there are weaknesses concerning the lack of focus on socioeconomic inequality and the under-resourcing of the vaping epidemic. For example, the Stop Smoking Service's provision of comprehensive pharmacotherapy and vaping support is consistent with research demonstrating that support of that nature and level increases the likelihood of sustained cessation by 50–59% in the short term, and is consistent with data from the COVID pandemic (NHS, 2024). Specific enforcement measures, such as the planned 2025 closure of 15 shops known to trade illicitly, help mitigate the adverse impact of such shops. These shops sustain the affordability of vaping products in deprived wards (Knuchel-Takano et al., 2018). The Local Plan's HIA conditions are an example of innovative integration of urban design with health promotion and tobacco outlet reduction,

consistent with Purcell et al.'s (2015) environmentally oriented suggestion to address demand through tobacco control.

In my view, backed by research, the strategy does not adequately tackle the social determinants of the issue at hand, continuing the cycle of inequity. In Bexley, smoking rates are still double that of middle routine class occupations versus professionals, at 25% versus 8% (Jackson et al., 2025a; Reid et al., 2010). Mabhala et al. (2025) describe how deprivation of the UK community advisers report that smoking is viewed as an aid in stress coping, as poverty, mental health problems, and smoking coexist. Of Bexley's patients with severely mentally ill conditions, 40% smoke. There are no mental health services with adequate integration of the smoking cessation programs, which contribute to the paltry 20% quit rates of smokers in this mental illness population (Palmer, 2025).

Critique of the National Smoke-Free Policy

The smoke-free legislation (The Health Act 2006) has, as stated in the literature, transformed the public health sector as it has resulted in the mitigation of secondary smoking and heart-related illnesses, with over 1200 heart-related admission reductions, with 2007 as the baseline, and 98% of compliance to the legislation (Free Smoking Legislation, 2025). The addition of legislation to the confines of vehicles, as it protects children, is in accordance with the wisdom (Allender et al., 2009) that there is no level of smoking exposure that is safe. The 2025 disposable vape ban is one of the recent regulations and is a step in the right direction in addressing gateway risks. It is viewed as highly successful in addressing discriminatory practices by policymakers, as it is an equity-centred policy (2025).

Nevertheless, Clark (2020) points out that the policy insufficiently considers upstream socioeconomic factors, focusing solely on environmental bans. Clark (2020) details the origins of NHS preventive measures in the 1970s, asserting that policies such as duty escalators (proposed

annual increases of 5%) are ineffective at alleviating health loss because the root problem of poverty in impaired smoking communities is not addressed (Knuchel-Takano et al., 2018). In 2022-2024, Jackson et al. (2025) reported that the South East London region lagged behind the rest of the country, with the 1.5% annual decrease in smoking prevalence dropping by only 1.2%, and that the region experienced a rise in smoking prevalence among the lower socioeconomic status (SES) population.

The policy also suffers from the vaping population. Although there are regulations that limit the marketing of vaping products and that vaping is a potential cessation device, the marketing of vaping products as a cessation device may contribute to the renormalisation of nicotine. With the ongoing 2025 grant squeezes, the absence of circa unaffected funds for local implementation is, politically, a barrier to Expansion and aligns with Clark's (2020) prediction of insufficient funding as a loss of the opportunity for preventive measures.

Conclusion

The current advocacy promoting public health has revealed the inequities in smoke-free legislation in Bexley and the underlying strategies that mitigate exposure and support quitting. There continues to be a gap in excessive adaptation and vaping. There is a significant lack of research around the specific necessary targeted adaptations in funded practices that involve mental health and community psychiatric practices. In the current state of Bexley and the National Health Service, with increased duty of care, the co-production of targeted, adapted strategies focused on deprived areas will result in a 50% reduction in smoking prevalence and the creation of a truly preventive paradigm. The necessary and immediate policy adaptations will close gaps and achieve health equity.

References

- Bexley Police (2025), Baxley local poclicies, <https://bexleyvoice.org.uk/assets/documents/bexley-policies-dec-24>, Accessed 17 Nov, 2025
- Clark, P., (2020). ‘Problems of today and tomorrow’: Prevention and the national health service in the 1970s. *Social History of Medicine*, 33(3), pp.981-1000.
- Allender, S., Balakrishnan, R., Scarborough, P., Webster, P. and Rayner, M., 2009. The burden of smoking-related ill health in the UK. *Tobacco control*, 18(4), pp.262-267.
- Davies, N., Murray, R.L., Langley, T., Morling, J. and Bains, M., 2(025). UK policymaker and expert perspectives on the smoke-free generation policy: a qualitative study. *BMJ Public Health*, 3(1).
- Free Smoking Legislations (2025), Policies for anti-smkoing, <https://ash.org.uk/resources/view/smokefree-legislation>, Accessed 17 Nov, 2025
- Jackson, S.E., Brown, J., Buss, V. and Cox, S., (2025). Sociodemographic and Regional Differences in Cigarette Consumption Across Great Britain: A Population Study, 2022–2024. *Nicotine and Tobacco Research*, p.ntaf133.
- Jackson, S.E., Cox, S., Buss, V., Tattan-Birch, H. and Brown, J., (2025). Trends in smoking prevalence and socio-economic inequalities across regions in England: A population study, 2006 to 2024. *Addiction*.
- Knuchel-Takano, A., Hunt, D., Jaccard, A., Bhimjiyani, A., Brown, M., Retat, L., Brown, K., Hinde, S., Selvarajah, C., Bauld, L. and Webber, L., (2018). Modelling the implications of reducing smoking prevalence: the benefits of increasing the UK tobacco duty escalator to public health and economic outcomes. *Tobacco control*, 27(e2), pp.e124-e129.
- Local Policy (2025), Local Policy for smoking, Available at: <https://www.bexley.gov.uk/sites/default/files/2023-07/bexley-local-plan-adopted-26-april-2023.pdf>, Accessed 17 Nov, 2025
- Mabhala, M., Esealuka, W.A., Yohannes, A., Nwufu, A.N., Paulus, L., Tefera, M. and Keeling, J., (2025). Exploring the social context of smoking behaviours: insights from stop-smoking advisors in deprived communities in Northwest of England UK. *BMC Public Health*, 25(1), p.1914.

Mabhala, M., Esealuka, W.A., Yohannes, A., Nwifo, A.N., Paulus, L., Tefera, M. and Keeling, J., 2025. Exploring the social context of smoking behaviours: insights from stop-smoking advisors in deprived communities in Northwest of England UK. *BMC Public Health*, 25(1), p.1914.

NHS (2-24), MS stop taking services, https://www.nuffieldtrust.org.uk/resource/smoking?gad_source=1&gad_campaignid=22352404075&gbraid=0AAAAADwbFHoZNV4IL5woqQnSjj_UwjfqI&gclid=Cj0KCCQiAiebIBhDmARIsAE8PGNKflbXbexYuGz90rDNzgtCS77d-rxDUx3P8JYrm7KwShycZgOj7QccaAvkMEALw_wcB

Palmer, D.A., (2025). Improving physical health-care equity for people with severe mental illness: evaluating a co-produced community initiative in Bexley, UK. *Mental Health and Social Inclusion*, 29(7), pp.49-60.

Purcell, K.R., O'Rourke, K. and Rivis, M., (2015). Tobacco control approaches and inequity—how far have we come and where are we going?. *Health Promotion International*, 30(suppl_2), pp.ii89-ii101.

Reid, J.L., Hammond, D. and Driezen, P., 2010. Socio-economic status and smoking in Canada, 1999–2006: has there been any progress on disparities in tobacco use?. *Canadian Journal of Public Health*, 101(1), pp.73-78.

Report on Smoking and Vape forward (2025), Available at: <https://www.bexley.gov.uk/services/health-and-social-care/bexleys-public-health/emerging-fog-annual-director-public-health-report-smoking-and-vaping-bexley/report-smoking-and-vaping-foreword>, Accessed 17 Nov, 2025