

# The impact of the commercial determinants of health on the population of Lewisham



Director of Public Health  
Annual Report 2024–25



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## Foreword

I am pleased to introduce the Lewisham Annual Public Health Report for 2024-25, which focuses on the important topic of the commercial determinants of health. The term ‘commercial determinants of health’ may be a new concept for many and refers to the ways in which private sector activities – through marketing, product design, pricing and lobbying – shape the environments in which we live, work and play.

Our diverse borough faces a complex array of challenges and opportunities as we strive to improve the wellbeing of all our residents. It has become increasingly clear that the choices made by commercial interests – whether in food, alcohol, tobacco, gambling or housing – have a profound impact on our collective health.

In Lewisham, we are committed to working collaboratively across the Council, with our NHS partners, businesses and the voluntary sector to create an environment where healthy choices are the easy choices. This is demonstrated in our new Health and Wellbeing Strategy, which focuses on prevention and the social determinants of health. This means not only supporting individuals but also challenging practices that undermine public health, advocating for responsible business conduct and ensuring our policies put residents’ wellbeing first.

I hope this publication deepens our understanding of the commercial determinants of health, stimulates debate and inspires action. Together, we can build a healthier, fairer Lewisham.



A stylized black ink signature of Dr Catherine Mbema MBE.

**Dr Catherine Mbema MBE**  
Director of Public Health  
Lewisham Council

## Section one: Overview and context

This section sets out the commercial determinants of health, the regulatory policies within which the local authority is responsible and a brief description of the health and wellbeing of the population.



## Overview of the commercial determinants of health<sup>1,2</sup>

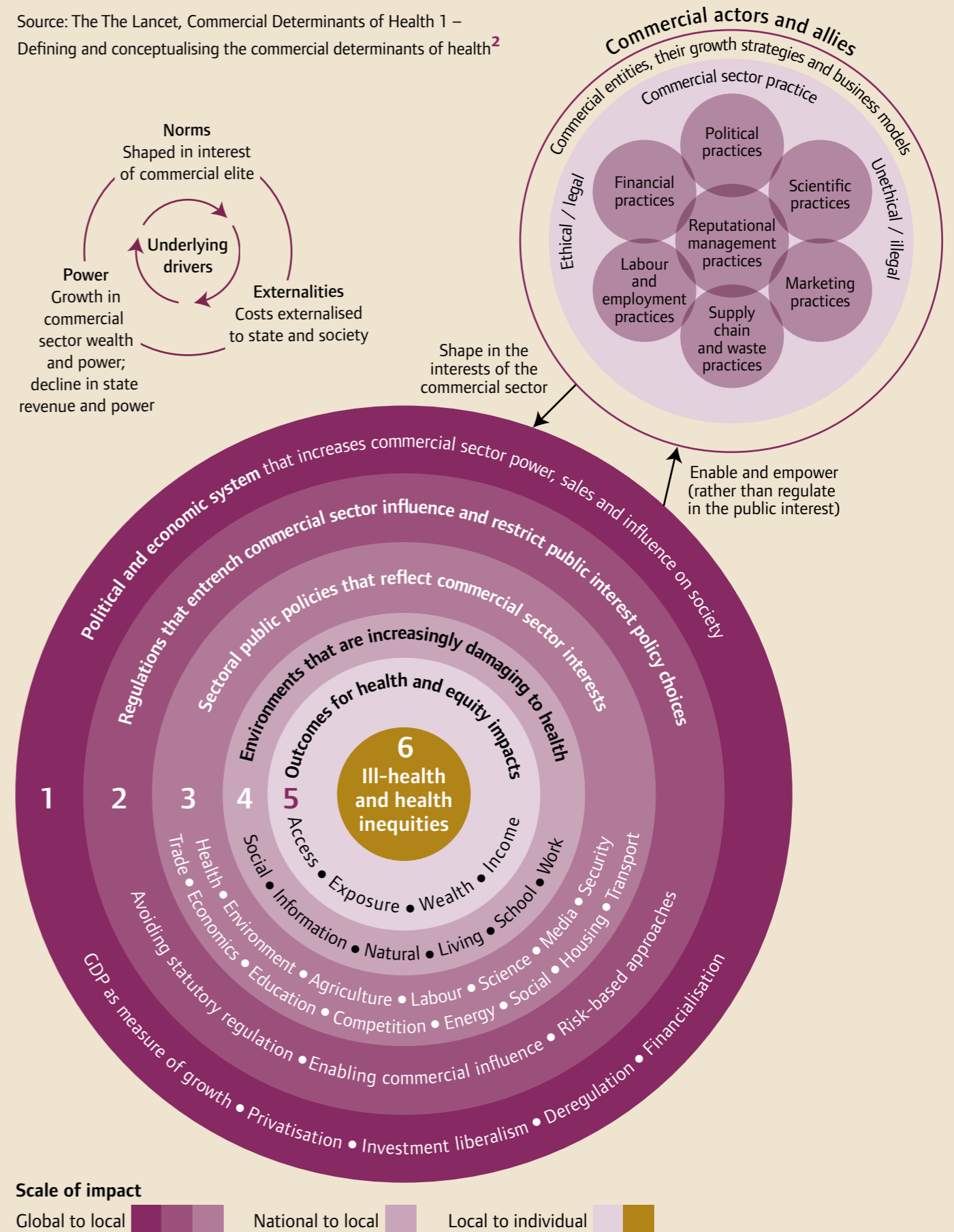
Commercial determinants of health (CDOH) are defined as the private sector activities that affect people’s health, directly or indirectly, positively or negatively.

Businesses and commercial organisations are having a growing impact on our health and wellbeing. From small-scale locally owned businesses to major corporations and financial organisations, they all shape the environments in which people are born, grow, work, live and age through commercial determinants of health.

Figure 1 (page7) shows how our current system works in ways that can harm health. The straight black arrows highlight how commercial actors influence political and economic systems – and how these systems also shape commercial behaviour in return. The circular arrows show how harms to health can grow over time when issues like social norms, power imbalances and negative side-effects are not addressed.

**Figure 1: Model of the Commercial Determinants of Health**

Source: The The Lancet, Commercial Determinants of Health 1 – Defining and conceptualising the commercial determinants of health<sup>2</sup>



1 WHO Commercial determinants of health  
2 The Lancet Commercial determinants of health

Commercial determinants of health can impact a wide range of risk factors of ill health, including smoking, air pollution, alcohol use, obesity and physical inactivity. These risk factors can lead to serious health problems such as heart disease, diabetes, cancer, mental health issues, injuries on roads and from weapons, violence and even infectious diseases. Young people are especially vulnerable, and unhealthy products often make existing inequalities worse – especially for people already facing economic or social disadvantage.

### Positive business contributions

There is clear evidence that good work improves health and wellbeing across people’s lives and



**Regular Cleaning** is a people-and-planet focused cleaning service that offers the highest standards of commercial cleaning to businesses across London. They are a living wage employer, nurture relationships and constantly look for ways to develop and enhance the services they provide. They use the most sustainable cleaning products and equipment and have committed to measuring and reducing their carbon footprint every year, as well as measuring social value impact through their partnership with Planet Mark.

protects against social exclusion. Some companies have taken steps to increase ‘good work’ for their employees and improve health, such as:

- making medicines and health tools more available
- improving product safety (for example, adding seat belts or reducing salt in food)
- offering fair wages, sick pay and parental leave
- creating safer workplaces
- taking action against exploitation and modern slavery

In Lewisham, local businesses are already showing leadership and best practice.

**Mont58** is an award-winning craft roastery founded by husband-and-wife team Shai and Maya (and Whippet Pi). They have been roasting ethical craft coffee for six years in southeast London and use only traceable and ethical beans, as well as recyclable or compostable packaging. They are passionate about great coffee, supporting the local economy and sustainability. Mont58 takes its social responsibility seriously and has a commitment to pay the London Living Wage, use low carbon delivery methods, ethical packaging and B-corp status.



### Harmful business practices

Some organisations make profit by selling products that are harmful to health like tobacco, alcohol, unhealthy food and fossil fuels. These products are responsible for causing at least a third of preventable deaths worldwide each year.

Other harmful practices include:

- aggressive marketing, especially to young people
- locating polluting factories in poorer areas and making respiratory disease worse
- cutting down forests, which – alongside the obvious environmental impact – can spread disease
- promoting gambling or unhealthy food through celebrities and influencers
- intensive farming that harms the environment and public health
- unnecessary packaging and low-quality disposable products that contribute to the harmful environmental impacts of climate change.

### Commercial determinants of health and inequity

The commercial determinants of health can often have the greatest impact on those who are not getting any advantage from a particular service or product. They will suffer the harms of the service

or product instead, and are faced with the burdens of these harms, driving inequity across society. Commercial determinants of health can contribute to factors that shape health and equity through broader economic systems such as income level, employment status, food insecurity, access to housing and gender inequity.

### Private sector influence on health policy

Commercial organisations play an increasing role in public health policy, regulation and outcomes and there are multiple ways in which they can influence policy. They have also been known to influence the direction and volume of research through funding medical education and research.

This can all make it harder for governments to put health first.

### What can be done?

To protect and improve public health, we need to look at the bigger picture and understand how business decisions affect our communities, our health and our wellbeing. By supporting systems and values that prioritise health, we can build thriving, equitable communities for everyone. At the end of each chapter, you’ll find recommendations for what the Council can do and what you can do if you would like to act.



## Policy and regulatory frameworks



### National

The UK Government has clearly signalled its intention to address the commercial determinants of health at a national level through a range of new measures described in the NHS Ten Year Plan<sup>3</sup>

- The Tobacco and Vapes Bill will not only ensure that those turning 16 this year will never legally be sold tobacco in the UK but will also tackle the ways in which vapes and other nicotine products target children and young people.
- Measures to address obesity in children and young people will restrict junk food advertising, ban the sale of high-caffeine energy drinks to under 16s, and introduce mandatory healthy foods sales reporting for all large companies in the food sector.
- New standards for alcohol labelling will be introduced to help address harmful alcohol consumption.

These measures will all require support and enforcement at a local level and can be used as a springboard for further local action.

### Regional

A new London Plan is currently in development, with a draft expected in 2026. It is expected to focus on increasing housing stock across London while remaining informed by the Good Growth objectives<sup>4</sup>, which include “creating a healthy city”.

The Good Growth objectives were developed as a direct response to negative impacts on London and Londoners caused by a focus on economic growth at the expense of residents – described in the document as a failure to consider “what the purpose of economic growth actually is”. Instead of treating all economic growth as equal, the London Plan requires us to think about who benefits from it and what the costs are to local communities.

### Local

The Council has recently adopted a new Local Plan (July 2025)<sup>5</sup>, which sets out a future vision for Lewisham and provides a planning and investment framework to deliver its vision and spatial strategy over a 20-year period (until 2040).

The Plan’s vision and strategic objectives explicitly commit to addressing the wider determinants of physical and mental health and deprivation in an integrated and systematic way to improve the wellbeing of the population, to reduce health and other inequalities, particularly where these are geographically concentrated, and to give children and young people the best start in life.

By setting policies for land use, design, infrastructure and development, the Plan seeks to create environments that support healthier lives. Planning policies seek to secure better health outcomes by:

- **Prioritising active travel and Healthy Streets:** Making walking, cycling and public transport the easiest and safest choices, reducing car dependency and improving air quality.
- **Protecting and enhancing green spaces:** Ensuring access to parks, play areas and nature, which support physical activity, mental wellbeing and social interaction.

- **Requiring high-quality, inclusive and accessible design:** Ensuring that homes, streets and public spaces are safe, welcoming and suitable for all ages and abilities.
- **Managing the location and concentration of uses that can harm health:** Such as restricting hot food takeaways near schools and limiting the clustering of betting shops.
- **Improving air quality and environmental conditions:** Through sustainable design, reducing emissions and managing noise and pollution.
- **Supporting access to healthy food:** By encouraging food growing and restricting unhealthy food environments.
- **Ensuring access to community infrastructure:** Such as healthcare, education, sports and social facilities, especially in areas of deprivation.

To meet these objectives, Lewisham will need to consider the commercial drivers that impact upon our residents’ health and wellbeing. This means taking action to address unhealthy takeaway shops that market directly to children, clusters of betting shops that profit from gambling addiction, pubs and bars whose profits come from those drinking vastly more than current guidelines, and any other commercial enterprise whose business model is based on harming the health of residents.

<sup>3</sup> [www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future](https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future)

<sup>4</sup> <https://www.london.gov.uk/programmes-strategies/planning/london-plan/the-london-plan-2021-online/chapter-1-good-growth#:~:text=Good%20Growth%20objectives:-,GG1%20Building%20strong%20and%20inclusive%20communities,GG6%20Increasing%20efficiency%20and%20resilience>

<sup>5</sup> <https://lewisham.gov.uk/myservices/planning/policy/adopted-local-plan/adoption-of-the-local-plan>

## Key areas of impact

As outlined earlier in the report, the commercial determinants of health are the ways that businesses and industries affect our health and wellbeing – often without us realising. Companies that sell products like tobacco, alcohol, food high in fat, salt and sugar (HFSS), and fossil fuels can contribute to serious health problems such as heart disease, obesity, cancer and mental health issues. These impacts are often worse for people in disadvantaged communities, making existing inequalities even deeper.

In this section, an overview of data for Lewisham will be presented covering indicators that are linked to risk factors that can be impacted by the commercial determinants of health:

- preventable mortality rates i.e. the rates of deaths in those aged under 75 years that are considered preventable through effective public health and primary prevention interventions<sup>6</sup>.

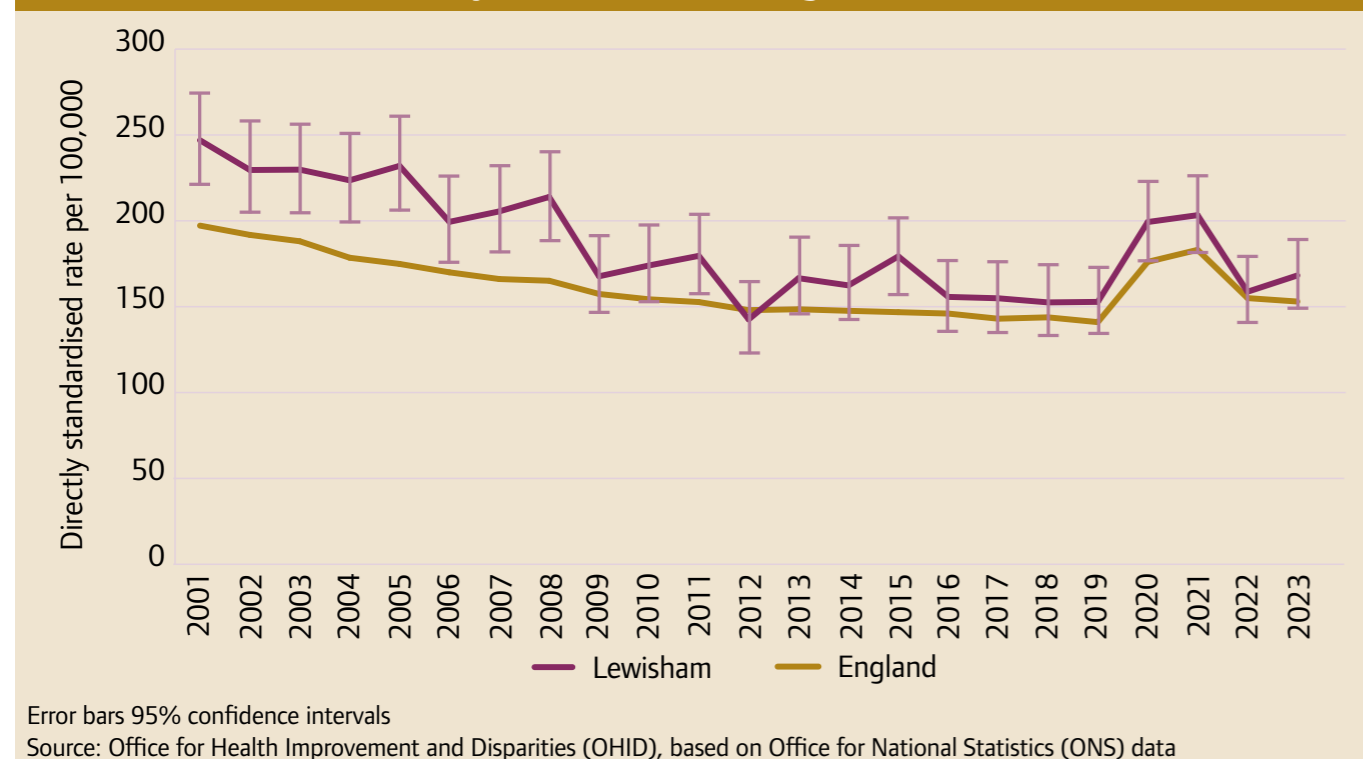
- smoking prevalence
- obesity and overweight prevalence in children and adults
- chronic obstructive pulmonary disease (COPD) prevalence

Additional data in these areas will be presented in later sections of the report.

### Preventable mortality in Lewisham

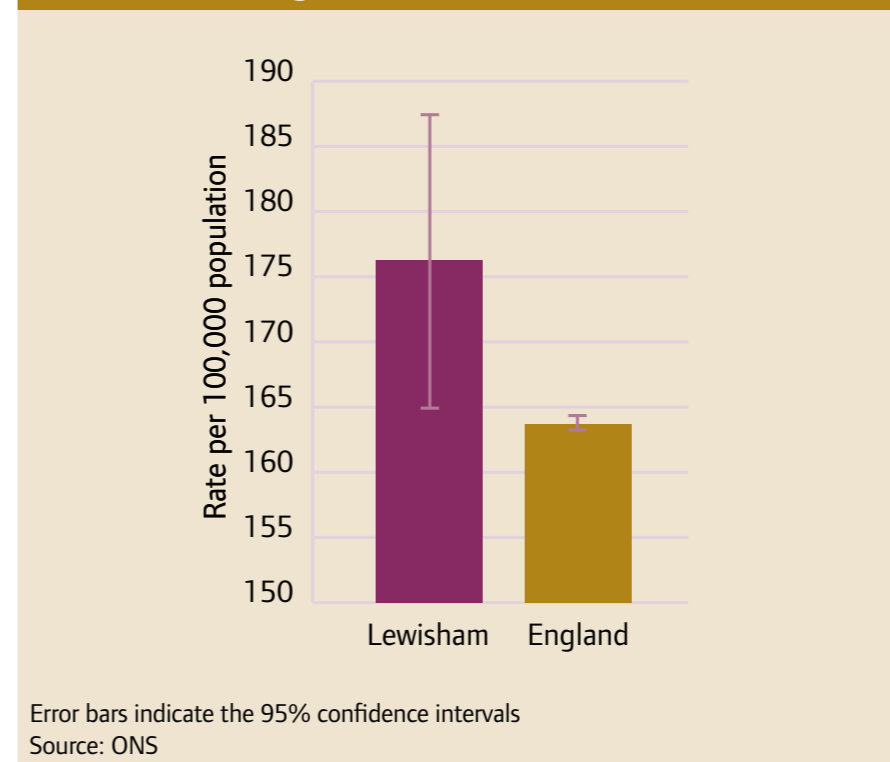
Preventable mortality in Lewisham has seen an overall decreasing trend in the last two decades with more marked upward fluctuations during the COVID-19 pandemic (see Chart 2). The most recently reported data shows that preventable mortality in Lewisham is higher than in England overall (see Chart 1).

Chart 1: Preventable mortality in Lewisham and England 2001–2023



<sup>6</sup> <https://fingertips.phe.org.uk/search/preventable%20mortalities#page/6/gid/1/pat/15/par/E92000001/ati/502/are/E09000023/iid/93721/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

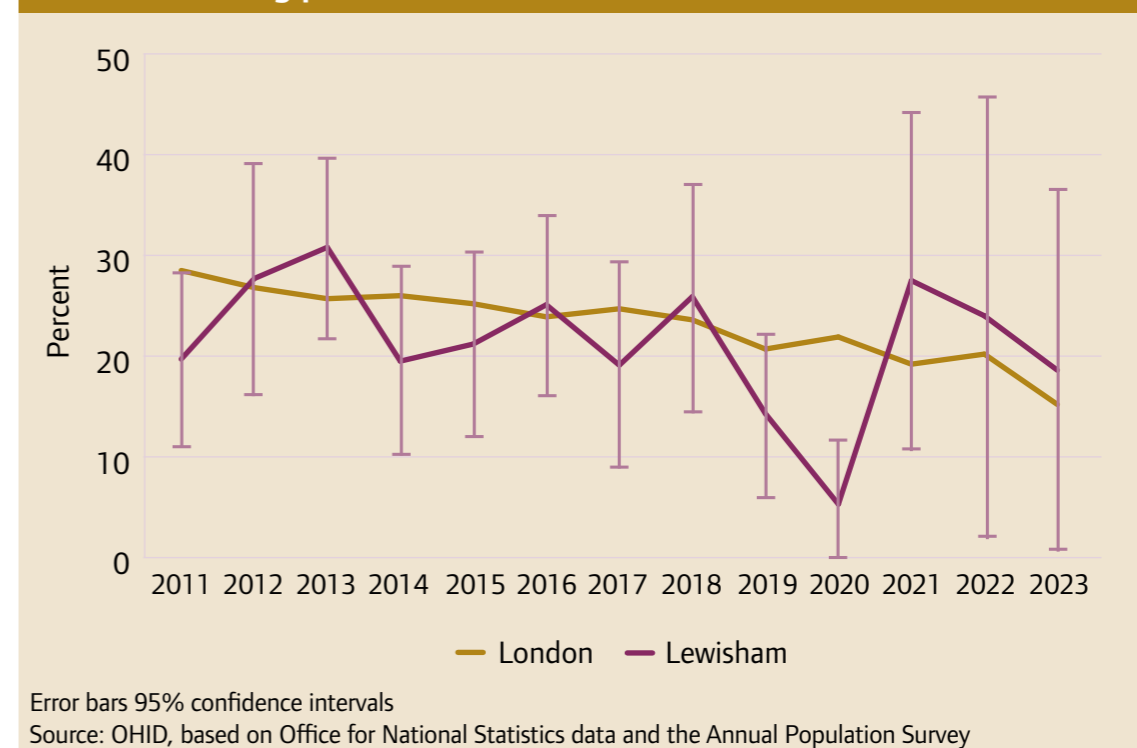
Chart 2: Age standardised preventable mortality for Lewisham and England 2021–23



### Smoking prevalence in Lewisham

Smoking prevalence in adults in Lewisham has seen marked fluctuations in the last 10 years but has been on a downward trajectory for the last two reporting periods in 2022 and 2023.

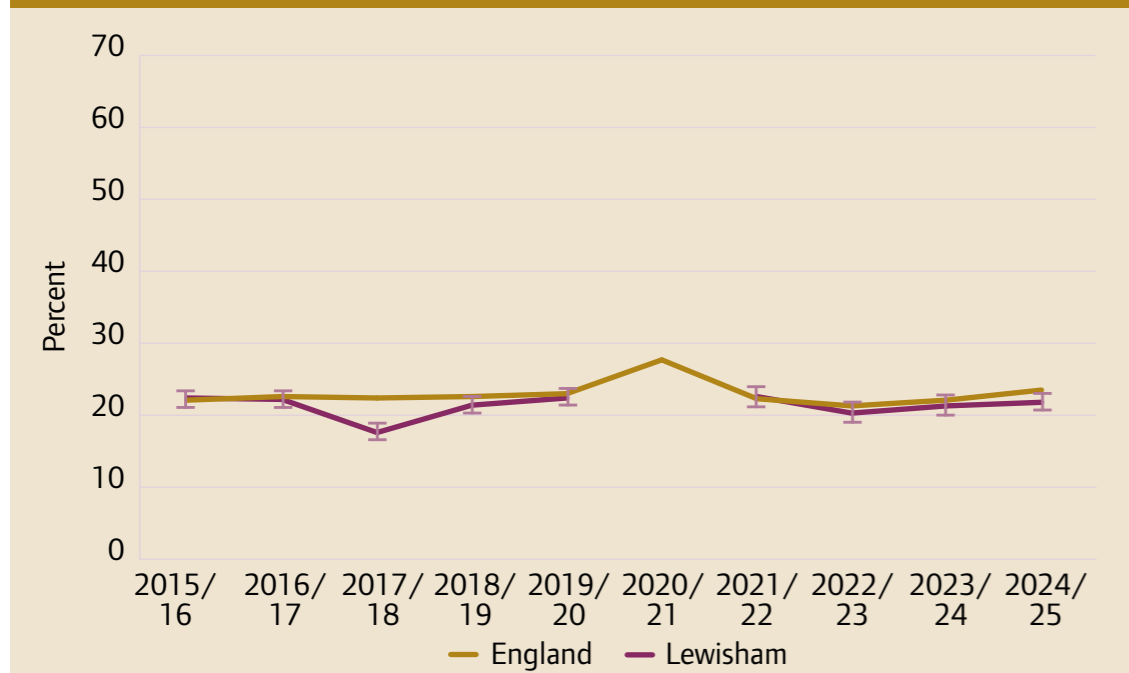
Chart 3: Smoking prevalence in Lewisham and London 2011–2023



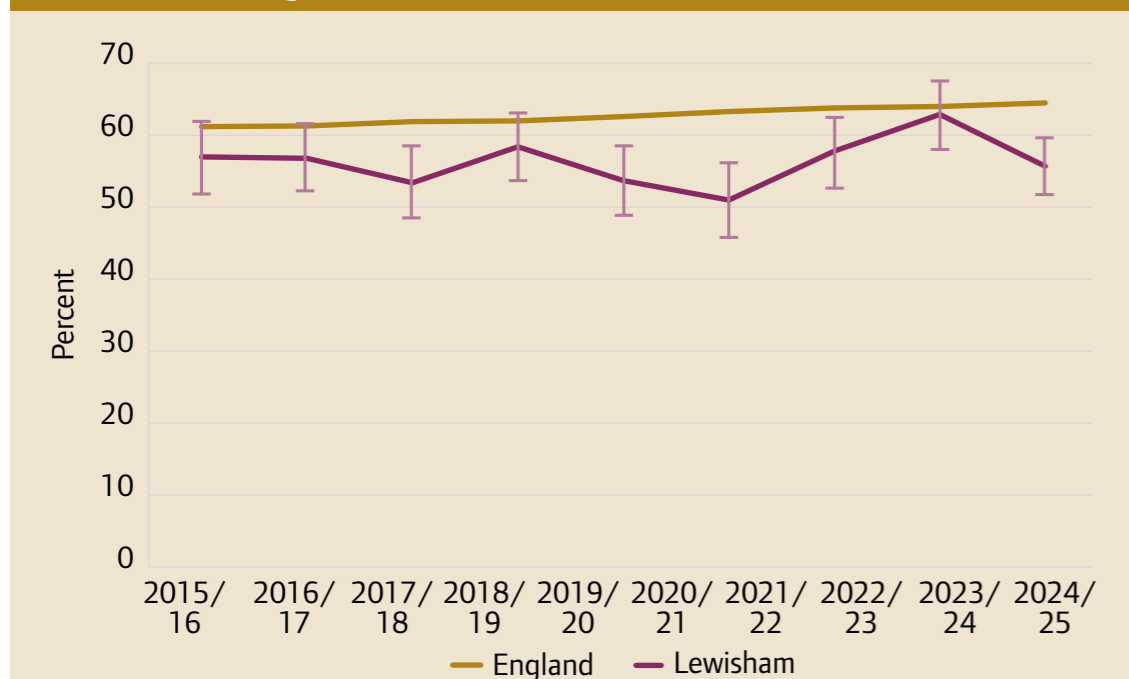
### Overweight (including obesity) prevalence in Lewisham

The prevalence of overweight (including obesity) in Lewisham is lower than in England overall for both reception aged children and adults, however, still represents over 20% of children and 50% of adults in the borough.

**Chart 4: Overweight (including obesity) prevalence in children aged 4-5 years (reception age) in Lewisham and England 2015/16–2024/25**



**Chart 4: Overweight (including obesity) prevalence in adults in Lewisham and England 2015/16–2024/25**

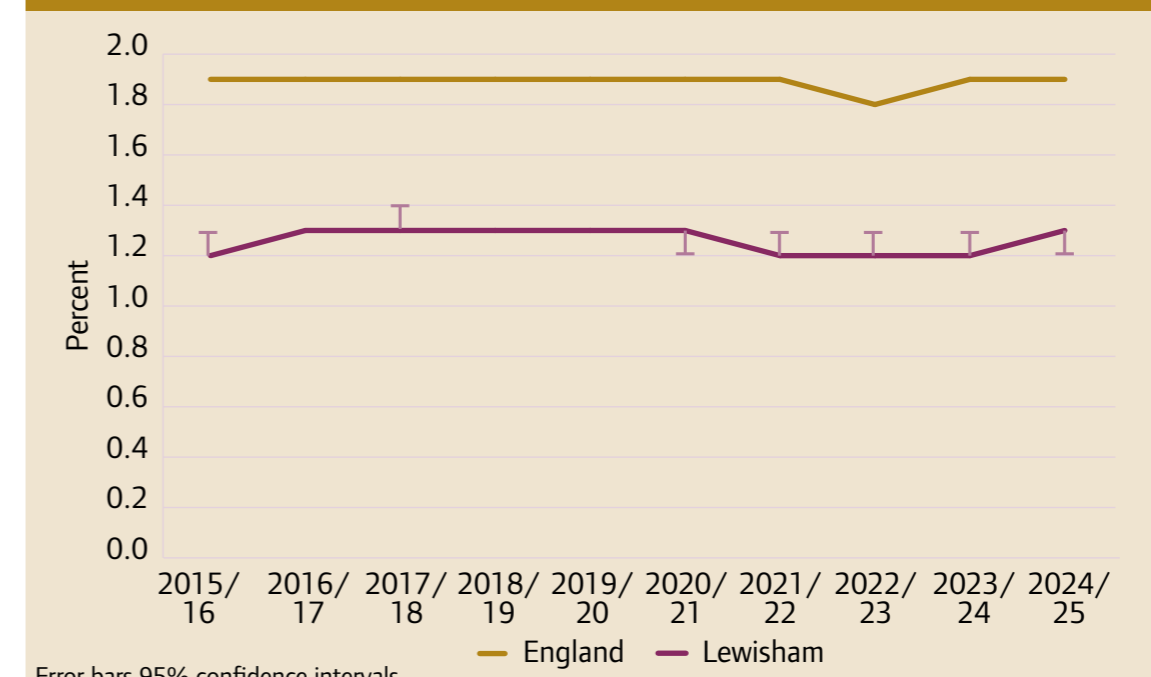


Error bars 95% confidence intervals 2020/21 reception age data is excluded  
Source: OHID, based on Office for National Statistics data

### Chronic obstructive pulmonary disease (COPD) prevalence in Lewisham

The prevalence of COPD (of which 9 out of 10 cases are thought to be caused by smoking<sup>7</sup>) in Lewisham is lower than in England overall in the most recently reported data.

**Chart 5: COPD prevalence in Lewisham and England 2015–16 to 2024–25**



Error bars 95% confidence intervals  
Source: OHID, based on Office for National Statistics data

Businesses can have a positive influence by offering fair wages, safer workplaces and healthier products. Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Insecure and poor-quality employment is also associated with increased risks of poor physical and mental health<sup>8</sup>.

Higher healthy life expectancy is strongly correlated with higher employment rates, particularly for men. On average, for every 10 percentage points higher the employment rate, healthy life expectancy is around 5 years higher<sup>9</sup>.

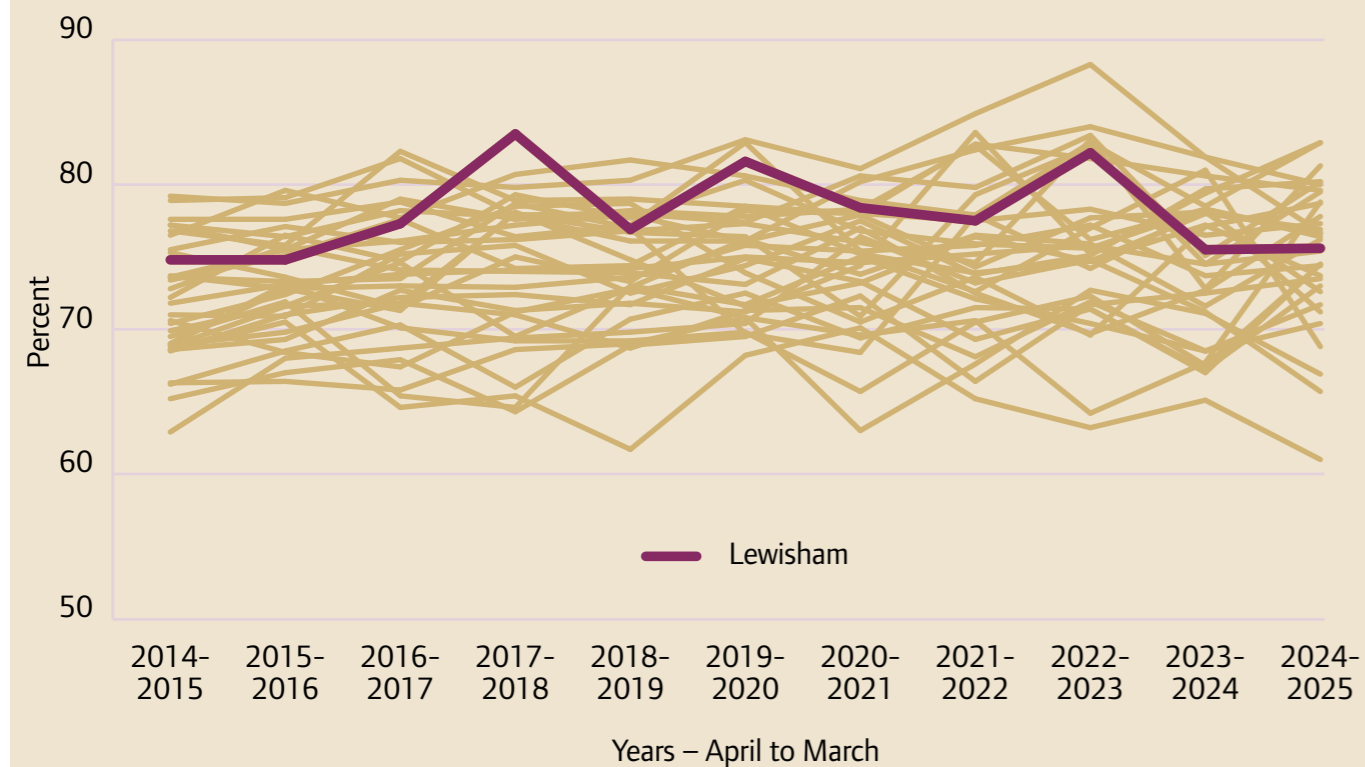
<sup>7</sup> [nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/causes/#:~:text=Smoking,prevent%20COPD%20from%20getting%20worse.](https://nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/causes/#:~:text=Smoking,prevent%20COPD%20from%20getting%20worse.)

<sup>8</sup> Institute of Health Equity, 2010. Fairer Society, Healthy Lives; The Marmot Review.

<sup>9</sup> Health Foundation (2019). How does work affect our health?

### Employment rates of areas in London

Among those aged 16 to 64 years (%), year ending April 2024 to March 2025



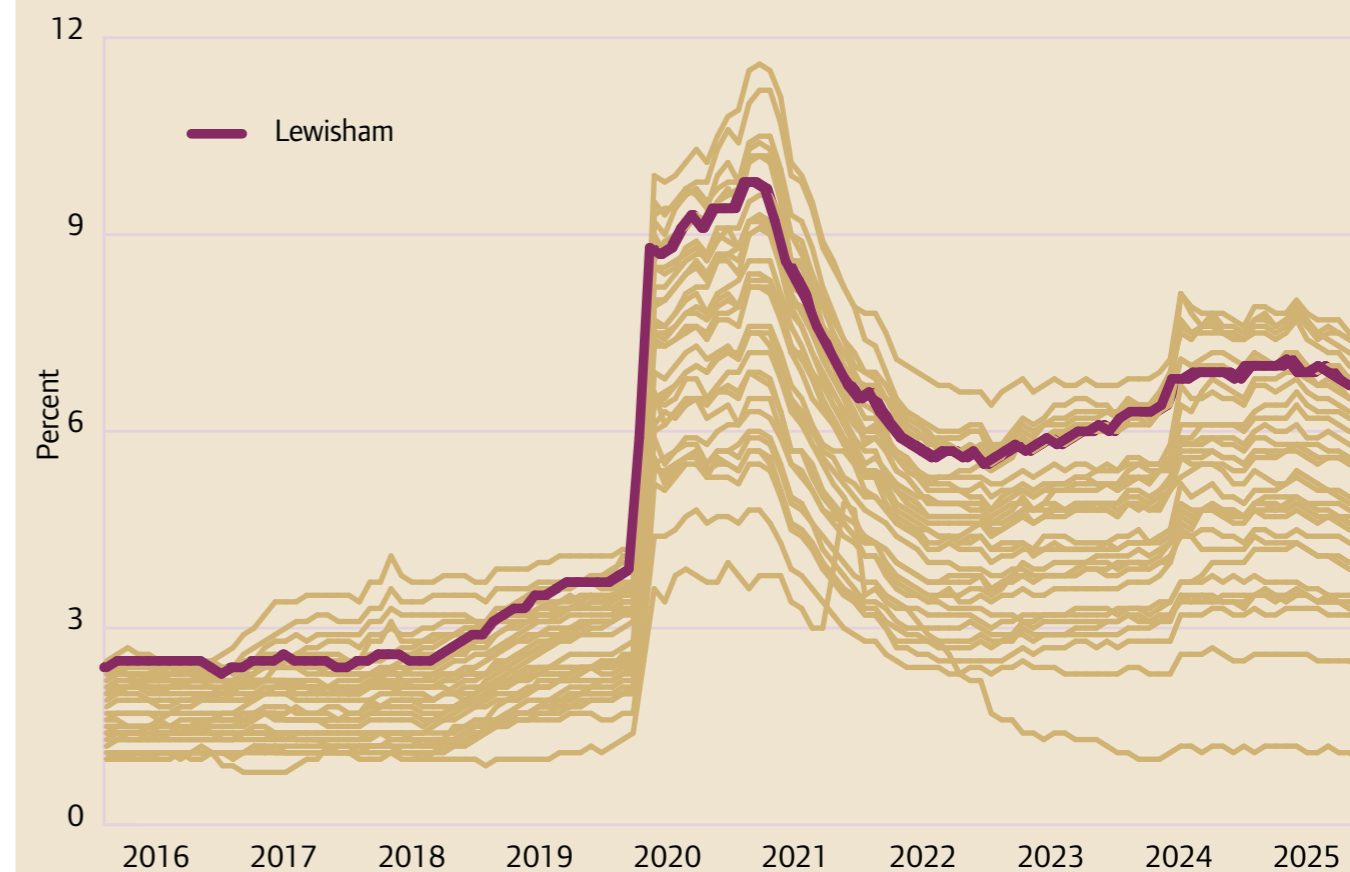
Source: Annual Population Survey from the Office for National Statistics  
 Figures are based on a small number of survey responses in each area and are less precise than national or regional estimates. Ranking, and changes in ranking, may be the result of sampling variability.

The employment rate in Lewisham is 74% which is lower than in previous years. Getting people into work is important for reducing health inequalities. Jobs should be sustainable with a decent living wage and plenty of opportunities for in-work development. They should be flexible, providing a good work-life balance, and they should offer protection from adverse working conditions that can damage health. Rates of unemployment are highest among those with no or few qualifications and skills, people with

disabilities and mental ill-health, those with caring responsibilities, lone parents, people from some ethnically diverse groups, older workers and – in particular – young people. When in work, these same groups are more likely to be in low-paid, poor-quality jobs with few opportunities for advancement, often working in conditions that are harmful to health. The rate of claimant benefits in Lewisham is outlined in the chart below, showing a slight uptick in the last year.

### Claimant Count (%) for areas in London

Among those aged 16 to 64 years (%), January 2016 to December 2025



Source: Claimant Count from Department for Work and Pensions

Understanding these influences helps local authorities make better decisions that protect and improve the health of their communities.

## Section two: Health harming industries (HHI)

This section outlines some of the key health harming industries that have the biggest health impacts on the local population, namely alcohol, tobacco, food and drink high in fat, salt and sugar, and gambling. Each topic chapter sets out the extent of the problem in Lewisham, including how industry influences our decisions.



## Alcohol

### Introduction

Alcohol is a widely consumed substance in the UK, often associated with socialising and relaxation. However, its misuse poses serious risks to both individual and public health. Over 10 million people in England consume alcohol at levels that increase their risk of alcohol-related harm.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse costs the NHS an estimated £3.5 billion per year – it costs society about £21 billion annually.

The estimated number of adults with alcohol dependence in Lewisham in 2019/20 was approximately 3,300 at a rate of 14.8 per 1,000 population.

Data from the National Drug Treatment Monitoring System (NDTMS) suggests that rates of unmet need in Lewisham, i.e. those with alcohol dependence who are not receiving treatment, are around 80%. This suggests that there are over 2,500 alcohol dependent drinkers who are not in treatment in the borough at any point in time.

### Health outcomes associated with alcohol consumption in Lewisham

In Lewisham, alcohol consumption is associated with a range of negative health outcomes, many of which mirror national trends but are often intensified by local inequalities.

Rates of alcohol specific admissions to hospital in Lewisham are higher than the London average, suggesting a need for a strong and established link between secondary and community care treatment services to support people into treatment and recovery.

Outcomes related to long term alcohol dependence in Lewisham suggest that there continues to be a need for improved identification, treatment and recovery in this population group. The rate of alcohol related mortality in Lewisham has increased since 2016. In 2023 it was 41.8 per 100,000 compared with 33.7 per 100,000 in London.

**Alcohol misuse:** This refers to drinking in a way that's harmful, or when a person is dependent on alcohol. To keep health risks from alcohol to a low level, both men and women are advised not to regularly drink more than 14 units a week. A unit of alcohol is 8g or 10ml of pure alcohol, which is about half a pint of lower to normal-strength lager/beer/cider (ABV 3.6%) or a single small shot measure (25ml) of spirits (25ml, ABV 40%)<sup>10</sup>.

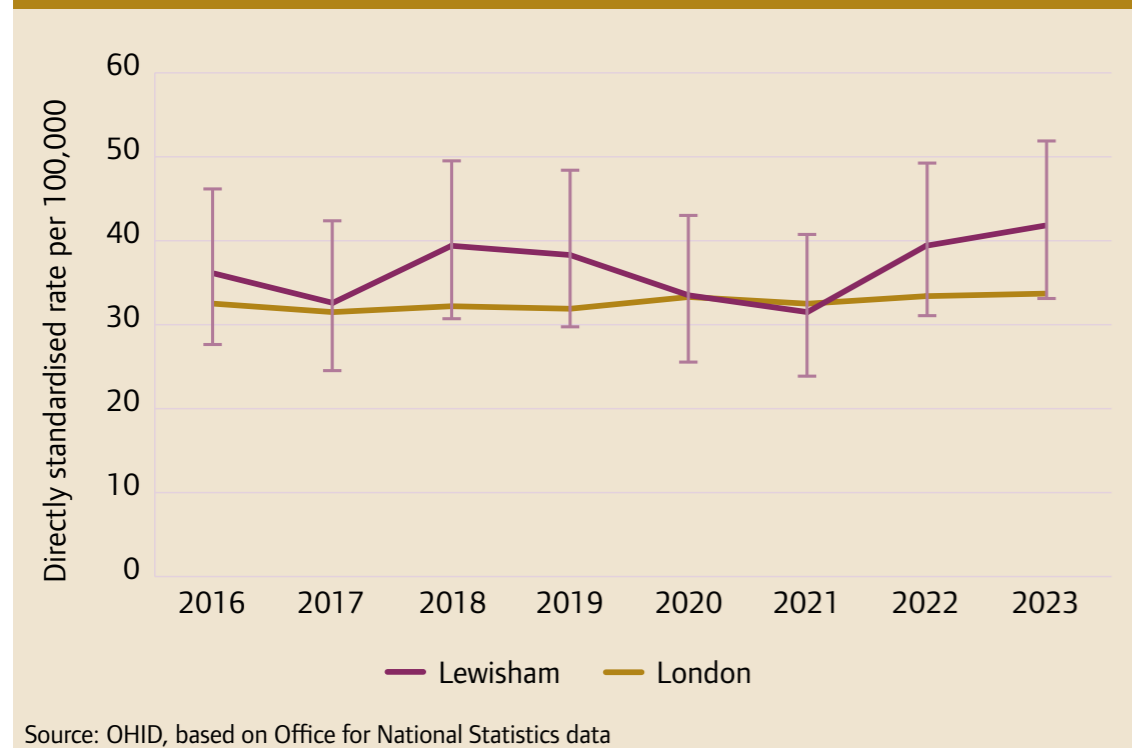
**Alcohol dependence:** This refers to people who lose control over their drinking and have an excessive desire to drink.

**Alcohol related harm:** Alcohol-related harm refers to health conditions that are a direct consequence of alcohol consumption, such as alcohol poisoning, as well as conditions that are partly related to alcohol, such as liver cancer<sup>11</sup>.

<sup>10</sup> [www.nhs.uk/conditions/alcohol-misuse/](http://www.nhs.uk/conditions/alcohol-misuse/)

<sup>11</sup> [www.nuffieldtrust.org.uk/resource/alcohol-related-harm-and-drinking-behaviour-1](http://www.nuffieldtrust.org.uk/resource/alcohol-related-harm-and-drinking-behaviour-1)

Chart 6: Alcohol related mortality in Lewisham and London 2016–2023



### Inequality effects

Alcohol-related harm does not impact all parts of the population equally. The following are evidenced examples of these inequalities:

#### 1. Disproportionate harm in deprived areas

Residents in more deprived parts of Lewisham experience higher rates of alcohol-related illness and death, despite often consuming less alcohol than those in more affluent areas. This paradox is due to compounding factors such as poor access to healthcare, housing instability and co-existing health conditions.

#### 2. Ethnic health inequalities

Black African and Black Caribbean communities in Lewisham are disproportionately affected by alcohol-related harm due to systemic inequalities, including:

- reduced access to culturally appropriate support services
- higher exposure to stressors like discrimination and economic hardship

#### 3. Mental health and social stressors

Alcohol misuse is often a coping mechanism for stress linked to poverty, unemployment and housing insecurity. These stressors are more prevalent in low-income and minority communities, exacerbating the cycle of harm.

#### 4. Youth and intergenerational impact

Young people in deprived areas are more likely to be exposed to alcohol misuse in the home, increasing their risk of:

- poor educational outcomes
- early substance use
- mental health issues

#### 5. Access to support

There are barriers to accessing alcohol treatment services, especially for:

- people from ethnically diverse backgrounds
- those with co-occurring mental health conditions
- individuals without stable housing

### Role of industry

There are a number of ways that the alcohol industry can act to promote alcohol use in populations that should be considered in efforts to reduce alcohol-related harm:

#### 1. Legal challenges to stall policy

The industry has used legal proceedings to delay public health measures. For instance, it took five years for Scotland to implement minimum unit pricing due to industry-led court cases.

#### 2. Advocating for self-regulation

Alcohol companies often push for voluntary codes of practice and self-regulation, which are generally less effective than statutory regulations.

#### 3. Strategic framing and messaging

Common messaging tactics include:

- emphasising personal responsibility rather than systemic change
- downplaying the risks associated with alcohol
- promoting alcohol as part of a “balanced lifestyle”

#### 4. Lobbying and political engagement

The industry engages in lobbying and offers corporate hospitality (such as event tickets) to politicians to gain influence and access.

#### 5. Funding front groups and biased research

Some alcohol companies fund research bodies or public health campaigns that appear independent but promote industry-friendly narratives.

#### 6. Undermining public health advocates

Industry actors may attempt to discredit public health organisations or challenge the evidence base for alcohol harm reduction policies.

### What can the Council do?

- Work with colleagues across the council to assure the responsible authorities are well cited and informed on licence applications.
- Work with public health and other responsible authorities to develop cumulative impact zones across the borough.
- Ensure the Statement of Licensing Policy is reflective of the aims of the Council in relation to the health and wellbeing of the population and in line with the licensing objectives.
- Restrict the availability of high strength alcohol in licensed premises.

### What can you do?

- Familiarise yourself with safe drinking guidelines. Available at [nhs.uk/better-health/drink-less](https://www.nhs.uk/better-health/drink-less)
- Notice how many times you see adverts for alcohol and if that affected your choice to drink.
- Look at the alcohol content of drinks and try to avoid higher strength options.
- Understand your relationship with alcohol and how it affects your moods, relationships and health.
- Speak to your doctor about any worries you may have.
- If you feel in need of help, find your nearest alcohol service.



**Need help?**

**New Direction** provides a flexible and confidential treatment and support service for adults with substance misuse issues living in Lewisham. Our service helps people to make and sustain the changes they need to reduce, and ultimately, stop their drug and alcohol use.

Website: [changegrowlive.org/content/new-direction-lewisham](https://changegrowlive.org/content/new-direction-lewisham)

**Lewisham Primary Care Recovery Service (PCRS)** provides confidential drug and alcohol support services for people living in Lewisham. If you are using drugs or alcohol more than you would like, a specialist PCRS worker will help you develop a treatment plan.

Website: [www.waythrough.org.uk/find-support-near-me/lewisham-primary-care-recovery-service-pcrs](https://www.waythrough.org.uk/find-support-near-me/lewisham-primary-care-recovery-service-pcrs)

**Insight Lewisham** offers a free, friendly and confidential young people’s support service for people under the age of 25. Our service provides information, advice and help for young people who are impacted by or living with drug and alcohol issues, as well as guidance and support with sexual health and relationships. The service is open to young people living in the London borough of Lewisham, as well as family, friends and carers of those affected by someone’s drug and alcohol use.

Website: [insightyoungpeople.org.uk/our-services/insight-lewisham-young-people](https://insightyoungpeople.org.uk/our-services/insight-lewisham-young-people)

**Tobacco**

**Introduction**

Smoking tobacco is one of the leading causes of preventable morbidity and mortality in England. As shown earlier in the report, smoking prevalence (three-year range – 2021-23) in adults in England is approximately 12.4%, while in Lewisham, the prevalence is slightly higher at 12.7%.

Among routine and manual workers in Lewisham, smoking prevalence is 18.6%, highlighting occupational health inequalities and this is higher than for London (15.2%) though lower than the England average for this population group (19.5%).

Pregnant women in Lewisham have a smoking prevalence at the time of delivery of 4.6%, which is higher than the London average of 3.9%, but much lower than England average of 7.4% (2023/24).

**Health risks and concerns**

Smoking and tobacco use is associated with a wide range of serious health outcomes, including:

- cancer (especially lung, throat, and mouth)
- cardiovascular disease (CVD)
- chronic respiratory conditions like Chronic Obstructive Pulmonary Diseases (COPD) or Bronchitis or emphysema
- complications in pregnancy and birth outcomes

**Vaping**

Vapes (also known as electronic cigarettes or e-cigarettes) allow users to inhale nicotine through an aerosol commonly referred to as vapour, rather than smoke. Although vapes contain nicotine – which can be addictive – they don’t contain or burn tobacco and don’t produce the most harmful chemicals in tobacco smoke, like tar and carbon monoxide. While they are not risk free, they are significantly less harmful than smoking and are effective for helping adults who smoke to quit. Figures suggest that 10% of adults vape. In Lewisham, this would be approximately 21,500 people. About half of these will be ex-smokers, while 40% will both vape and smoke tobacco. About 1,000 will have never smoked previously.

**Youth vaping**

Vapes are an adult stop smoking aid and should not be used by children. It is illegal to sell nicotine-containing vapes to under-18s.

Seven percent of 11–17-year-olds in Britain currently vape<sup>13</sup> – nearly 4,000 young people in Lewisham. This is made up of 4% who vape regularly (more than once a week) and 3% who vape occasionally (less than once a week). Overall, 20% of 11–17-year-olds have tried vaping.

Smoking significantly contributes to health inequalities and premature mortality. Research from 2017<sup>12</sup> estimated that treating smoking-related illnesses **costs the NHS £2.6 billion annually**, while the broader economic impact – including lost productivity, tobacco litter and smoking-related house fires – **exceeds £13 billion**. As a result, reducing smoking prevalence remains a vital local public health priority and area of national focus.

<sup>12</sup> Action on Smoking and Health (ASH), 2017 – Economic and health impact estimates on smoking related illness and costs.  
<sup>13</sup> Findings from the annual ASH/YouGov Survey of vaping behaviour among 11-17 years olds in Great Britain. Use of vapes (e-cigarettes) among young people in Great Britain – ASH

### Health risks and concerns of vaping

A major evidence review published by the Office for Health Improvement and Disparities in 2022<sup>14</sup> concluded that vaping poses a small fraction of the risks of smoking in the short and medium term. However, it is not risk-free, particularly for people who have never smoked. The long-term health impacts are currently unknown, although they are likely to be far less harmful than smoking.

The same review found that people who vape are exposed to significantly lower levels of harmful substances linked to cancer, respiratory and cardiovascular conditions than people who smoke.

A 2024 evidence review published by the Royal College of Physicians<sup>15</sup> concluded that there is “clear evidence that e-cigarettes cause less harm to health than combustible tobacco.”

### Impact in Lewisham

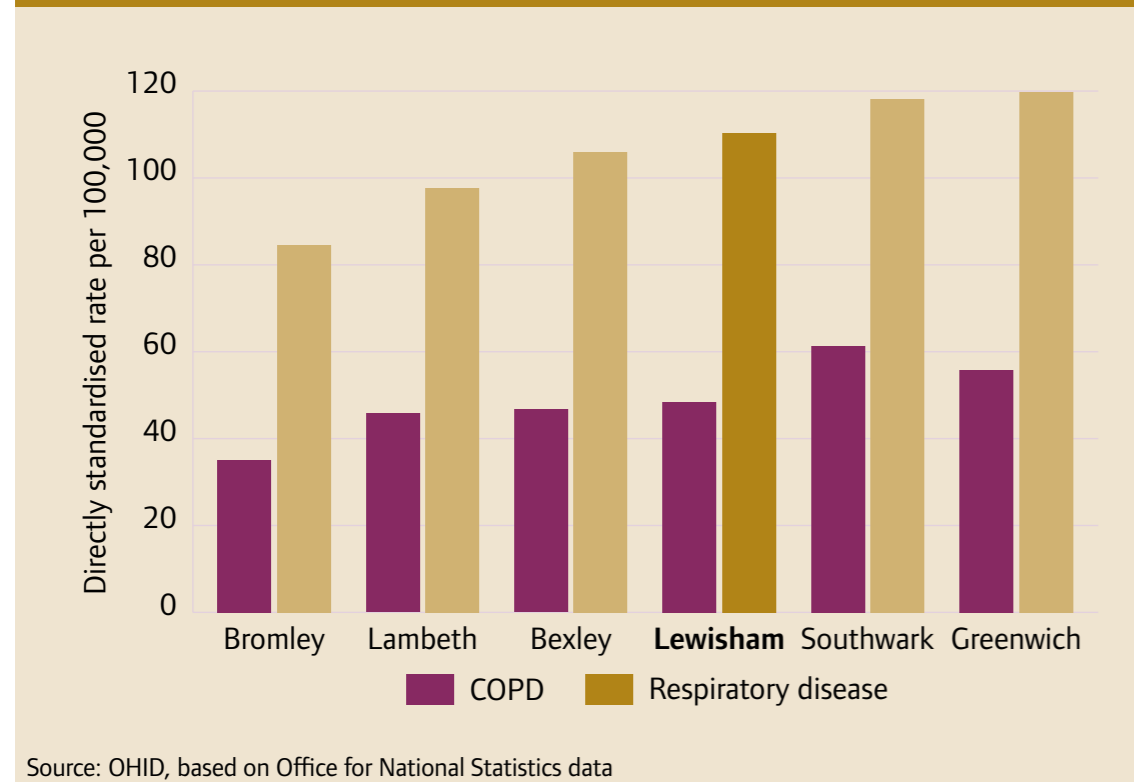
Lewisham experiences a higher-than-average smoking prevalence, particularly among:

- people in routine and manual occupations
- individuals with mental health conditions

This contributes to higher rates of hospital admissions and early deaths from smoking-related illnesses in the borough, particularly from respiratory diseases including chronic obstructive pulmonary disease (COPD).

Smoking and vaping can also lead to fires. In 2025 in Lewisham, there were four waste vehicle fires from batteries which are suspected to have come from lithium vape batteries, affecting public services and outdoor air quality. It’s estimated that nine house fires per year are attended to by the fire service in Lewisham at a (total) cost of approximately £800,000.<sup>16</sup>

**Chart 7: Standardised mortality rates from COPD and respiratory disease in southeast London boroughs 2021–23**



14 Nicotine vaping in England: 2022 evidence update main findings - GOV.UK  
 15 E-cigarettes and harm reduction: An evidence review | RCP  
 16 ashresources.shinyapps.io/ready\_reckoner

### Inequality effects

Smoking is the single largest driver of health inequalities in England, accounting for half of the life expectancy gap between the most and least affluent communities. Smoking is associated with most indicators of disadvantage. While smoking prevalence continues to decline nationwide, the gap between the most and least deprived communities has widened, with reductions occurring more slowly in areas facing greater socioeconomic challenges. In Lewisham, smoking rates are significantly higher in deprived communities, exacerbating existing health and economic disparities. Nationally, people in the most deprived areas are three times more likely to smoke than those in the least deprived.

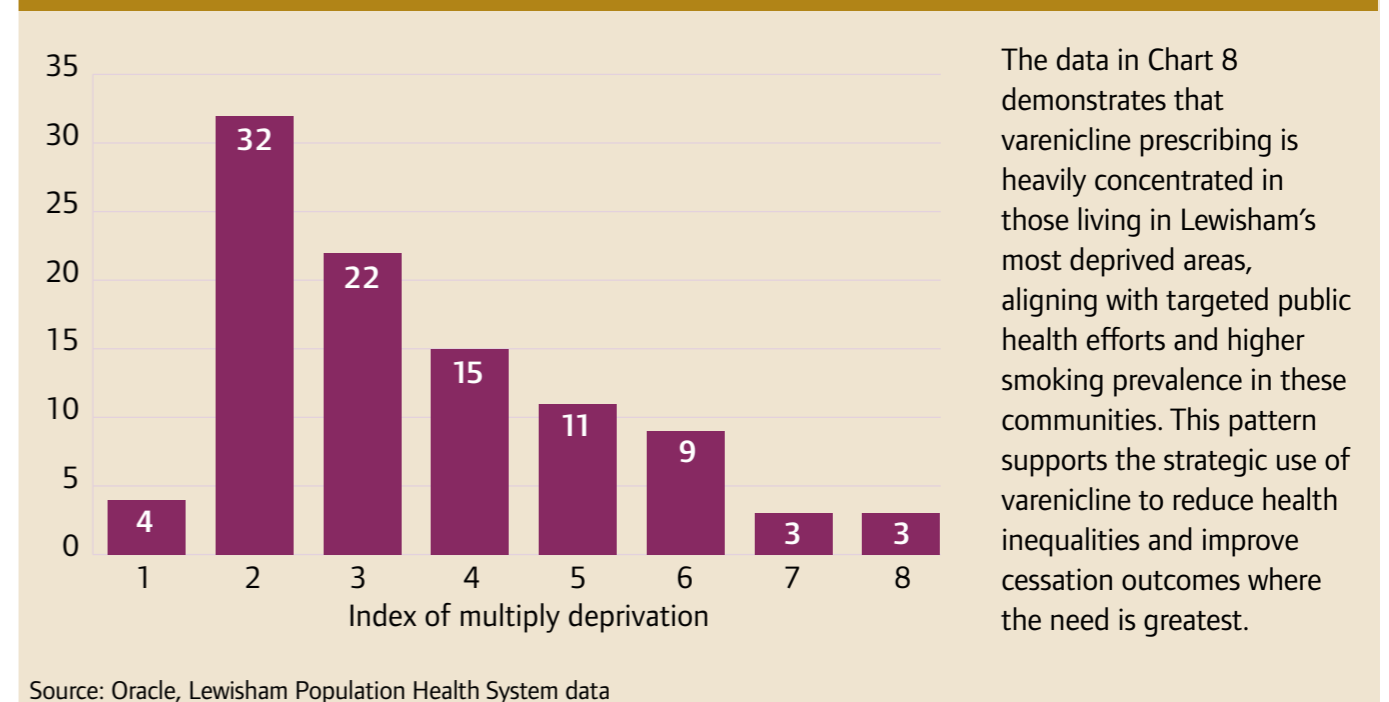
### Role of industry

The tobacco industry has used well evidenced strategies to promote tobacco use in populations, such as aggressive marketing, flavoured products and discounts, to target vulnerable groups, especially young people. Industry actors have redesigned and rebranded products like filters and “light” cigarettes to reduce the perceived risks and undermine tobacco control efforts. Successive legislation around tobacco promotion, sale and use in the UK has aimed to address these industry efforts, for example standardised or plain packaging of cigarettes introduced in 2016.

### Case study of local good practice

The Lewisham Stop Smoking Service – also known as Smokefree Lewisham – has intensified efforts to engage with smokers living in areas of high deprivation in the borough. Varenicline is the most effective single medication for quitting smoking. It reduces cravings by partially stimulating nicotine receptors while blocking nicotine’s rewarding effects. Other medication aids used to support smoking cessation include Nicotine Replacement Therapy (NRT).

**Chart 8: Proportion of varenicline prescription by Index of Multiple Deprivation (IMD) decile (1 – highest deprivation and 8 – lowest deprivation) for area of residence in Lewisham 2024–25.**



### What can the Council do?

The Tobacco and Vapes Bill includes new measures designed to reduce the appeal of vapes to children while ensuring vapes remain available to help adults quit smoking. The Council can support the introduction of this bill and fully implement the actions, including:

- restrictions on vape flavours, packaging and promotion in shops
- a retail licencing scheme for shops selling vapes
- a ban on vape advertising and sponsorship
- a ban on vape vending machines

This is alongside a ban on disposable (single use) vapes which started in June 2025 and a new tax on vape liquid in October 2026.

The Council can work with communities and partners to ensure illicit tobacco and vapes are seized and destroyed.

### What can you do?

- Seek stop smoking support to give up smoking.
- Support the implementation of the Tobacco and Vapes Bill.
- Report illicit tobacco and vapes to the local authority.
- Make sure you put cigarette butts in the bin.
- Dispose of vape batteries in accordance with guidelines.
- Choose a vape that isn't single use.



### Need help?

The Lewisham Stop Smoking Service will offer you support to quit if you live or work in the borough. They will offer free support and medication on prescription.

The Stop Smoking Service can also arrange for you to have specialist support if you are:

- pregnant
- using mental health services
- going into/currently in hospital.

Smokers who are finding it difficult to quit will benefit from seeing an advisor face to face and getting weekly support from the specialist team.

Website: [www.smokefreelewisham.co.uk](http://www.smokefreelewisham.co.uk)

## High fat, sugar and salt food and drink (including breastmilk substitutes)

### Introduction

Food and drink are important determinants of health from pre-conception to old age. How we define foods and our food choices are shaped by a complex and evolving interplay of factors which directly affect food access, consumption patterns and health outcomes.

Unhealthy food and drink products are typically highly processed, low in nutrients and high in fat, salt and sugar – making them a major public health concern.

Lewisham's diverse food landscape includes a high density of fast-food outlets (146.3 per 100,000 population in 2024, compared to 115.9 across England). Meal delivery apps (MDA) and online platforms further expand access, shaping consumption patterns and influencing the local food environment.

People who consume diets high in fat, salt and sugar are more likely to have multiple co-occurring health risk factors, such as tobacco use, harmful alcohol consumption and excess weight. This clustering of multiple unhealthy risk factors is disproportionately experienced by certain groups, for instance those from ethnically diverse backgrounds and living in socially deprived areas. The infographic below illustrates the key interacting factors leading to disproportionate availability and consumption of products high in fat, salt and sugar in Lewisham and underscores the importance of addressing the food environment in Lewisham.

### Key interacting factors leading to disproportionate availability and consumption of products high in fat, salt and sugar in Lewisham



## Health risks and concerns

Taking a life course approach, the following section highlights how these products impact health at every stage of life:

### Pre-conception, pregnancy, infancy and early years

A poor diet, high in fat, sugar and salt products, is associated with excess weight and increases the risk of micronutrient deficiencies, particularly, folate, vitamin B12 and vitamin D. This leads to a higher chance of adverse pregnancy outcomes for both mother and baby, including pre-eclampsia, gestational diabetes, preterm birth and congenital abnormalities. In Lewisham, we commission a universal vitamin D supplementation programme for children under four years of age and pregnant women. This universal approach ensures that families at increased risk of deficiency are supported regardless of income or background, contributing to improved early years health and prevention of long-term health inequalities.

Exclusive breastfeeding (or infant formula if breastfeeding is not possible) is recommended for the first six months of life as it is the only nutrition a baby requires during this period. Marketing baby foods for infants under six months can undermine breastfeeding by:

- creating misleading perceptions that breastmilk is insufficient
- encouraging early introduction to solids which is not aligned with World Health Organisation or UK guidance

Follow-on milks and growing-up milks are often unnecessary and nutritionally inferior to breastmilk or first infant formula. They frequently contain added sugars, flavouring and unnecessary quantities of nutrients which may contribute to:

- poor dietary habits and associated risks
- poor dental health and associated problems
- early development of taste preferences for sugar

Environmental exposures in and out of utero – such as maternal nutrition, obesity, infection, metabolic health, alcohol, tobacco smoke and air pollution – can alter foetal and infant development. These early-life influences increase the risk of chronic diseases including obesity, diabetes and cardiovascular disease.

### Childhood and adolescence

Dietary habits formed in early life often persist, compounding health risks over time.

Adolescents consume the highest levels of sugar-sweetened drinks, and ultra-processed foods contribute around two-thirds of total energy intake, with more deprived groups showing poorer dietary profiles across all measures.

Unhealthy food and drink consumption among adolescents is linked to excess weight, early signs of insulin resistance, poor mental health – including depression and anxiety – and impaired academic performance. It can also contribute to risky behaviours such as substance misuse and substantial micronutrient deficiencies during a key developmental period.

### Adulthood

Unhealthy diets now cause more adult deaths and disability than alcohol and tobacco use combined. Overconsumption of HFSS foods is strongly linked to:

- increased risk of non-communicable diseases such as overweight and obesity, type 2 diabetes, cardiovascular disease, stroke and certain cancers. Lewisham continues to see rising rates of type 2 diabetes and obesity.
- excessive intake of salt, and saturated fats also drives hypertension and high cholesterol.
- micronutrient deficiencies, particularly in iron, calcium and vitamin D, are common and can affect bone health, immunity and energy levels.

## Older age

As people age, their nutritional needs change and reduced appetite can make it harder to reach nutrient requirements that are often lacking in HFSS and ultra-processed foods contributing to:

- frailty and muscle loss
- weakened immune system making infections and illnesses more frequent and severe
- higher risk of falls and fractures due to poor bone health and reduced physical strength
- impaired cognitive function and poor mental health
- increased risk of chronic diseases such as type 2 diabetes, heart disease and hypertension

## Costs to the public sector

While there are no specific cost estimates for consumption of unhealthy food and drink alone, costs can be extrapolated through associated health impacts:

- Obesity and excess weight are estimated to cost the NHS around £12 billion annually, with the total impact of these conditions on the economy and wider society in the UK equivalent to £126 billion.
- The productivity cost of obesity and excess weight to the UK economy is around £31 billion, made up of unemployment, lower productivity while at work, sick days, lost working years due to premature deaths.
- Tooth decay remains the leading cause of hospital admissions for children aged 6-10. NHS dental services cost over 3.4 billion annually, with a significant share attributed to preventable diet-related condition.
- The average cost of tooth extraction in hospital for a child aged 5 and under is £836.

## Inequality effects

Households living in the most deprived areas tend to have poorer diets across all age groups. Consumption of fruit and vegetables is lowest among these groups, while intake of free sugars (as a percentage of energy) is highest. Fast-food outlets, both physical and online, are more concentrated in deprived areas, where obesity rates are also higher.

There is an £80,000 per 1,000 people difference in the cost of obesity between the most deprived and the least deprived 20% of neighbourhoods in the UK. Additionally, 24% of individuals with Type 2 diabetes in England are from the most deprived neighbourhoods, compared to 15% from the least deprived. Those living in the most deprived areas of the country are also 30% more likely to have high blood pressure – the leading modifiable risk factor for heart attacks and strokes.

These inequalities drive differences in both healthy life expectancy and life expectancy. In England, people living in the most deprived areas are nearly four times more likely to die prematurely from cardiovascular disease compared to those in the least deprived areas.

### Ethnically diverse groups

Maternal obesity is significantly more prevalent in deprived populations and among Lewisham’s Black African and Black Caribbean communities. These groups are almost four times likely to experience adverse maternal health outcomes due to factors such as cultural appropriateness and accessibility.

In 2024/25, 54% of women booking for maternity care were overweight or obese in Lewisham, with Black African and Caribbean women over twice as likely to carry excess weight compared to their counterparts as shown in the chart below – this is a sustained trend.

Gestational Diabetes Mellitus (GDM) affects approximately 5-9% of pregnancies across England compared to 15.3% in Lewisham, reflecting the population profile and inequalities in Lewisham.

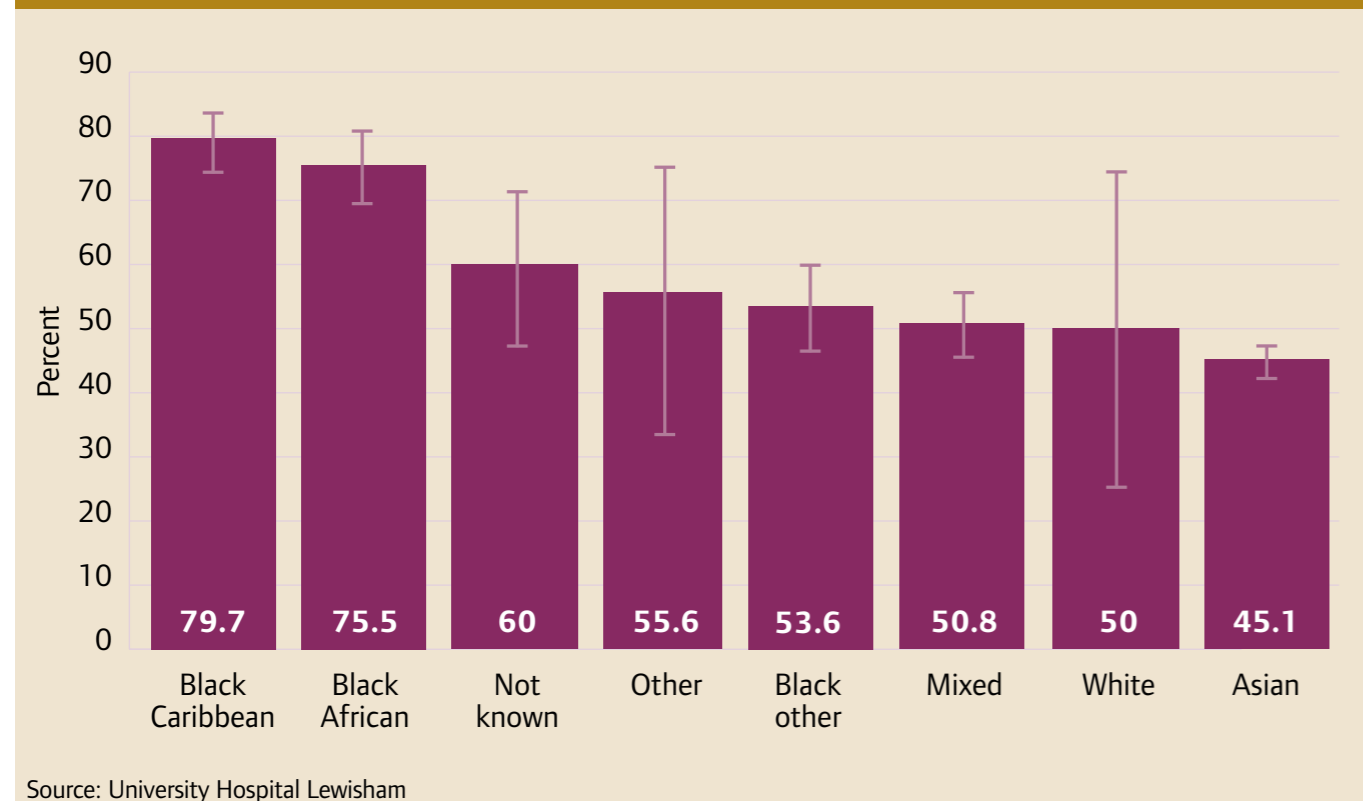
### Children and young people

Children born to mothers with obesity are almost twice as likely to develop obesity themselves. Excess weight gain during infancy can set a trajectory for continued weight gain. Data shows rates are rising fastest in areas of high deprivation.

HFSS in childhood can lead to blood vessel damage and increased arterial stiffness by adolescence, raising the risk of early heart attacks and strokes.

Young people are particularly vulnerable to the aggressive marketing of HFSS products, which drives increased consumption and contributes to a cumulative unhealthy dietary footprint.

**Maternal obesity: persons (<13 weeks gestation) classified as having excess weight as a percentage of all weight categories in each ethnic group, 2024–25**



### Role of industry

Big brands use sophisticated marketing to encourage populations to buy and consume their products. Foods are designed in a way that makes it hard to stop eating, mixing fat, salt, and sugar to make them extra tasty and moreish. This interferes with the body’s natural signals to indicate when a person is full.

HFSS products are often located at eye level or near checkouts to trigger impulse purchases. Promotional tactics such as multi-buy offers, and price discounts disproportionately favour unhealthy products, making them more financially attractive than healthier options.

Packaging and advertising tactics such as using bright colours, cartoon characters to attract children and misleading health claims like “made with real fruit” – create a false sense of healthiness.

A multinational systematic review found that, on average, food made up 22% of all outdoor advertisements, with 63% promoting less healthy options – typically highly processed, energy-dense products<sup>17</sup>. Similarly, in 2018, a local analysis of 154 street-advertising sites across Sydenham station, Southend Lane (Bellingham) and Lewisham High Street/Town Centre – all areas with high levels of child footfall – found that 35% of all the out-of-home adverts promoted food and drink products. Of these, 67% were classified as HFSS food and drink products<sup>18</sup>.

Infant formula and baby food marketing mirrors these tactics. Companies commercialise parental worry, offering products as essential solutions to sleep or feeding issues that are developmentally normal. Healthcare professionals are targeted with sponsored training and free samples, fostering perceived medical endorsement. Influencers and bloggers promote products online, often bypassing advertising regulations<sup>19</sup>.

Branding blurs distinctions between first, follow-on and toddler milks, leading families to buy expensive, unnecessary products. Baby foods often highlight “superfood” ingredients in trace amounts, driving up costs and burdening low-income families, despite being nutritionally inadequate with low levels of iron, vitamin C and protein. Pouches consumed directly from the spout raise concerns about dental health, obesity risk and delayed feeding development, while promoting reliance on ultra-processed foods<sup>20</sup>.

### Case study of good practice

The new Local Plan in Lewisham encourages healthy food and drink consumption through a combination of planning policies that shape the local food environment, restrict unhealthy food outlets and promote opportunities for access to healthier food:

- Restricts hot food takeaways: The plan specifically restricts the overconcentration of hot food takeaways and the location of hot food takeaways near schools.
- Promotes healthier food choices: Where food and drink use is permitted, operators must achieve and operate in compliance with the Healthier Catering Commitment Standard. This is a London-wide scheme that encourages food businesses to offer healthier options (less salt, sugar and fat: more fruit and vegetables).
- Support food growing and access to fresh food: Allotments and community gardens are protected to support sustainable local food growing. Furthermore, major housing and community facility developments are encouraged to include space for community gardening and food growing.

17 Finlay, A. K., et al. (2022). A scoping review of outdoor food marketing: exposure, power and impacts on eating behaviour and health. BMC Public Health, 22, Article 1431. <https://doi.org/10.1186/s12889-022-13784-8>

18 Local survey of HFSS adverts was used to write the EOI for the COTP

19 Rollins N, Piwoz E, Baker P, Kingston G, et al (2023) Marketing of commercial milk formula: a system to capture parents, communities, science, and policy. The Lancet 401(10375); 486-502. Available from: [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01931-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01931-6/fulltext)

20 <https://environment.leeds.ac.uk/download/downloads/id/5151/baby-foods-in-crisis--summary-report-may-2025.pdf>

### What can the Council do?

- Energise Lewisham’s whole systems approach to obesity through strategic ownership, meaningful partner participation and sustained resourcing
- Deliver against the Good Food Lewisham Action Plan recommendations
- Continue to energise the Right to Food motion agreed by full council in 2025
- Make Lewisham a Right to Grow borough
- Implement a healthier advertising policy for the borough starting with council owned assets
- Consider the impact of obesogenic environments in planning and licensing decisions and taking a health-focused approach across council services to reduce unhealthy food exposure. For example, setting exclusion zones for fast food outlets around other locations often frequented by children and families
- Reinvigorate the Healthier Catering Commitment and Sugar Smart campaigns locally
- Consider renewal of the UNICEF baby friendly accreditation in Lewisham

### What can you do?

- Notice how often you see adverts for food on advertising boards and how that affects your eating habits
- Support the local economy by choosing fresh, seasonal foods available at Lewisham’s markets whenever possible
- Support the aims and actions of Lewisham’s Food Justice Action Plan (read the document in full online)
- Make a Good Food Lewisham Pledge, [goodfoodlewisham.org/pledge-options](http://goodfoodlewisham.org/pledge-options)
- Join local food co-ops or community gardens to increase the consumption of locally grown food
- Support local campaigns/initiatives and relevant council consultations
- Utilise Local Support and other initiatives
  - Cooking classes and projects (we have not yet commissioned these)
  - Weight management programmes
  - Slimming World
  - Up!Up!
  - Lewisham Healthy Walks programme
  - NHS Healthy Start vouchers
  - Lewisham Free Vitamin D scheme
  - Breastfeeding Support Drop-in Sessions
  - Health Exercise and Nutrition for the Really Young (HENRY)
  - Healthy Families Growing Up Programme for 5–12 year olds

## Gambling and pay day loan outlets

### Introduction

Gambling-related harm is increasingly recognised as a significant public health issue in the UK, affecting individuals, families and communities. While gambling can be a form of entertainment for many, it carries serious risks for others – particularly when it becomes compulsive or addictive. The harms associated with gambling extend beyond financial loss and include mental health challenges, relationship breakdowns, employment instability and even criminal behaviour.

The UK Government and public health bodies have taken steps to address gambling harms. The Gambling Act 2005 is currently under review to better regulate modern gambling practices, including online platforms. The NHS Long Term Plan includes investment in specialist gambling clinics, and the National Institute for Health and Care Excellence (NICE) has issued guidelines for identifying and treating gambling-related harm. The Office for Health Improvement and Disparities advocate for a population-level approach, focusing on prevention, education, and early intervention.

In a recent qualitative study<sup>21</sup>, the Gambling Commission found that young people are exposed to gambling in a number of ways. They note a “subtle and pervasive normalisation of gambling through unnoticed exposures such as online advertising, sponsorships, and gambling-like features embedded in young people’s daily activities, that would not have happened to their parents.”

### Health risks/concerns

Certain population groups are more vulnerable to gambling harms, including those with mental health conditions and those experiencing poverty or unemployment. Gambling is often used as a coping mechanism for emotional distress, loneliness or financial pressure, which can exacerbate existing

vulnerabilities. Children and young people are also at risk, with an estimated 190,000 affected by problem gambling in Great Britain.

In the UK, around half of adults engage in some form of gambling each year. Although only a small percentage are classified as problem gamblers (approximately 0.3%), a larger group – about 2.8% – are considered at risk. In Lewisham this equates to around 6,800 people. The consequences of gambling addiction can be severe: it is estimated that gambling-related harms cost society between £1.05 and £1.77 billion annually, made up of costs linked to financial, health, employment and education and crime impact<sup>22</sup>.

The influence on young people has broadened significantly, now encompassing celebrities, sports icons and content creators who play a pivotal role in shaping attitudes toward gambling. While early exposure to gambling often takes place in controlled family-supervised settings, the online world now introduces unsupervised interactions. Teenage boys, particularly those aged 16 years and older, are the most vulnerable to early gambling experiences that may not be legal or safe. Their heightened engagement with video games containing gambling-like features such as FIFA (EAFC) packs, loot boxes and virtual currencies fuels a thrill-seeking dynamic.

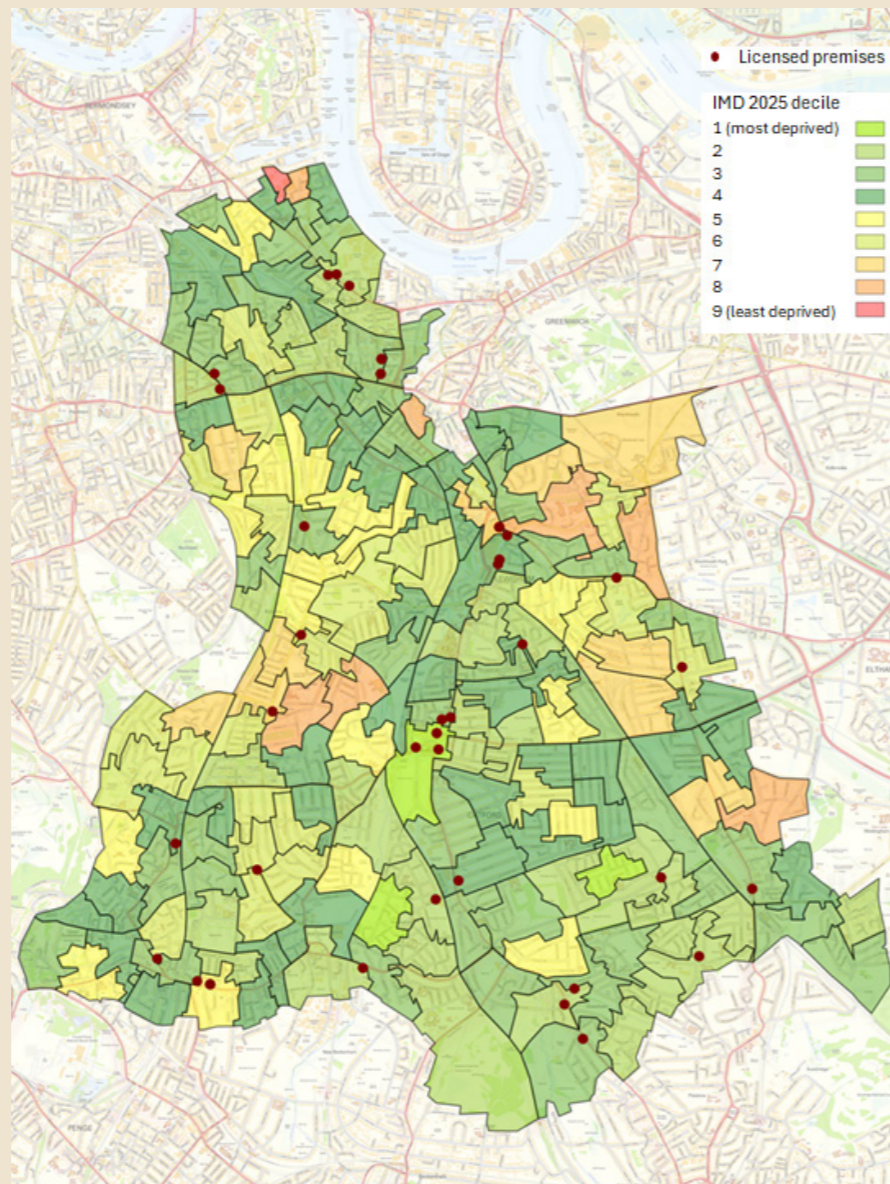
21 Young people and gambling: Qualitative research

22 gov.uk Gambling-related harms evidence review: summary. Updated January 2023. Accessed at Gambling-related harms evidence review: summary - GOV.UK

Figure 2: Map of gambling outlets in Lewisham (2025, Lewisham Council licensing team)

### Impact in Lewisham

There are a significant number of gambling outlets and pay day loan venues in the borough. Betting shops are disproportionately concentrated in communities experiencing higher levels of deprivation, unemployment and social exclusion. This clustering is not coincidental – it reflects a broader pattern in which gambling operators target areas where residents may be more susceptible to gambling as a perceived means of financial relief or entertainment. The map below shows the distribution of gambling outlets in the borough which are licensed. There is some concentration around the south circular but also in areas with higher deprivation, such as north of the borough and in Catford.



### Inequality effects

Gambling-related harm contributes to a range of social inequalities, affecting individuals and communities in complex and disproportionate ways. Gambling outlets like betting shops are often concentrated in more deprived areas, increasing exposure and normalising gambling in those communities. Those from lower-income backgrounds are more likely to engage in gambling but this often leads to worsening financial hardship, including debt, rent arrears and even homelessness.

Gambling harm is closely linked to mental health issues such as anxiety, depression and suicidal thoughts. Individuals already experiencing mental health challenges are more vulnerable to developing gambling problems, creating a cycle of harm that is difficult to break.

Men are statistically more likely to engage in high-risk gambling, but women are increasingly affected, often through different channels such as online games or bingo. Young adults, especially those aged between 18–24 years, are particularly vulnerable due to impulsivity, peer pressure and targeted advertising. The rise of online gambling has made it easier for people to access gambling platforms from home, particularly affecting younger people and those who are socially isolated.

Some ethnic communities may face additional barriers to seeking help, such as language difficulties, cultural stigma or lack of awareness about available support services. These factors can lead to underreporting of harm and reduced access to treatment, making it harder to address gambling-related issues effectively within these groups.

### Role of industry

The gambling industry employs a wide range of methods to attract and retain customers, spanning digital marketing, psychological manipulation and targeted advertising, often blurring the line between entertainment and exploitation.

Following a public consultation led by the Department for Culture, Media and Sport (DCMS), the UK government has introduced a statutory levy to be charged to all licensed gambling activity at varying levels depending on the sector and nature of the gambling activity to ensure impacts are proportionate.

The statutory levy funding will be directed in specific proportions for the purposes of research, prevention and treatment. The priority for the government is to increase the level of investment and strengthen the provision of projects and services to further understand, tackle and treat gambling-related harm.

The levy will be shared with local authorities from April 2026 via a section 31 grant and must be spent on prevention of gambling harms.

### Case study of good practice

The new Local Plan in Lewisham addresses gambling through its approach to managing the location and concentration of betting shops, casinos and bingo halls. The Plan seeks to avoid a harmful overconcentration of gambling premises in any area in Lewisham.

The 2024–2027 Statement of Principles for Gambling for Lewisham emphasises the importance of protecting children and vulnerable individuals from gambling-related harm. The policy outlines a commitment to regulating gambling premises in a way that prioritises public safety and wellbeing. It also highlights the need to consider area-based vulnerability, recognising that certain communities may be more susceptible to gambling harm due to socio-economic factors.

To address these challenges, Lewisham Council will implement a comprehensive Local Area Profile. This will be an assessment of the key characteristics of Lewisham in the context of gambling-related harm. The information obtained for the assessment will help to provide a better understanding of the types of people that are at risk of being vulnerable to gambling-related harm, where they are located and any current or emerging problems that may increase that risk. Our local area profile will help us to further develop our Statement of Licensing Policy and set out our expectations of operators of gambling premises.

### What can the Council do?

- Work with neighbouring local authorities to deliver the requirements set out in the gambling levy from April 2026
- Carry out a joint strategic needs assessment for gambling harms on the Lewisham population
- Consider the cumulative impact areas of Lewisham of gambling in relation to other risk factors of harm
- Ensure those who are vulnerable and experiencing gambling related harm and signposted to support services, including family and friends
- Support young people through education to recognise the signs of risking gambling behaviours and their impact
- Review the council’s policies on sponsorships of sports and gambling

### What can you do?

- Have conversations with family and friends about the subtle ways young people and others are exposed to gambling
- Consider whether you are encouraged to gamble on your phone through apps
- If you use high street gambling outlets, make sure you are gambling within safe limits. Ask the shop staff to help you stay within those limits



### Need help?

#### National Gambling Support Network: 0808 8020 133

Support services are available in Lewisham for individuals affected by gambling. Organisations such as Gambling Addiction Help Lewisham offer specialist rehabilitation services, including tools to block gambling websites, financial counselling, and emotional support. National services like GamCare also provide free and confidential support through various channels, including face-to-face counselling and online resources. Additionally, private rehabilitation options are available for those seeking more intensive treatment.

# Section three: Environmental impacts



## Parks and green spaces

### Introduction

Parks and green spaces are vital for exercise, relaxation and community events, but these benefits can be undermined if park users are exposed to or partake in the use of unhealthy products.

A recent study<sup>23</sup> identified the use of structural characteristics that related to how people use and perceive parks and gardens and therefore affect health and wellbeing. Areas, trails and pathway density can facilitate and encourage physical and social activities. Vegetation and water features can offer restoration and escape from stress. Those with buildings and facilities encourage social activities and improve accessibility.

Commercial practices continue to impact the behaviours and decisions of consumers. However, commercial activity also affects the wider environment, and local government may have a role in curbing excess activities and embracing regenerative business models, respecting regulations to reduce harmful practices.

### Impact in Lewisham

The London borough of Lewisham has 47 parks, 18 nature reserves, 6 designated local nature reserves, 5 churchyards and 37 allotments<sup>24</sup>. The recent Parks and Open Space Strategy has a vision “to be the heart and lungs for Lewisham”.

Unhealthy products and their consumption can have indirect impacts on parks and public spaces. For instance, if a substantial number of park-goers smoke or drink heavily, the park environment can be less healthy and welcoming for others (due to second-hand smoke, litter from cigarette butts or alcohol containers, or anti-social behaviour).

**Table 1: Key statistics for Lewisham parks (ref)**

Average distance to nearest park, public garden or playing field (m)	303.44
Average size of nearest park, public garden or playing field (m <sup>2</sup> )	99,281.67
Average number of parks, public gardens or playing fields within 1,000m radius	4.98
Average combined size of parks, public gardens or playing fields within 1,000m radius (m <sup>2</sup> )	382,708.64

### Inequality effects

The inequalities that can result from the commercial determinants of health extend to the park environments. Who uses parks and how can differ by socio-economic status. If parks in less affluent wards see higher levels of smoking or cheap alcohol consumption, families and children from those areas may have less access to truly healthy public spaces. Meanwhile, more affluent areas might have volunteer groups and resources to deter such activity. Recognising these disparities is crucial in designing interventions – making parks healthy for everyone means focusing on where the needs are greatest.

<sup>23</sup> Dace Kirsteina, Marie A.E. Mueller, Ross S. Purves. Characterising London parks and gardens using open data. Ecological Indicators, Volume 171, 2025,

<sup>24</sup> Lewisham Council. Parks and open spaces strategy 2020-2025. Accessed at ParksAndOpenSpaceStrategy2020.pdf



### What can the Council do?

Balancing commercial offerings in parks with public health requires smart countermeasures that reduce harm without eliminating all enjoyment.

- Lewisham has introduced smoke-free playgrounds so children aren't exposed to smoking role models or second-hand smoke. Signage and community enforcement has helped to shift norms so that parents and other visitors are asked to refrain from smoking around play areas. These smoke-free policies could be extended to whole parks or specific events, building on the idea that clean air should be part of the park experience.
- Lewisham has participated in the Sugar Smart campaign, which encourages local businesses to reduce sugar content and promote free water. They could limit advertising of junk food on park grounds and ensure parks are used to advertise healthy messages.
- Event and vendor management and enforcement and compliance – supporting a healthy park environment.

### What can you do?

- Enjoy your local park
- Join a volunteer group to help collect litter and keep children's playground's clear
- Respect the rules of the park

## Outdoor air quality

### Introduction

Air pollution is a significant environmental concern in England, with long-term exposure linked to thousands of premature deaths annually. While air quality has improved over the years due to stricter regulations, pollution remains a health risk, particularly in urban areas.

Lewisham, like much of London, has seen a decline in pollution levels, but air quality is still a concern. The borough has implemented various measures to improve air quality, including monitoring pollutants including nitrogen dioxide (NO<sub>2</sub>) and particulate levels (PM<sub>2.5</sub> and PM<sub>10</sub>) and enforcing smoke control orders. Vulnerable groups, such as children and those with respiratory conditions, are more affected by poor air quality.

### Health risks/concerns

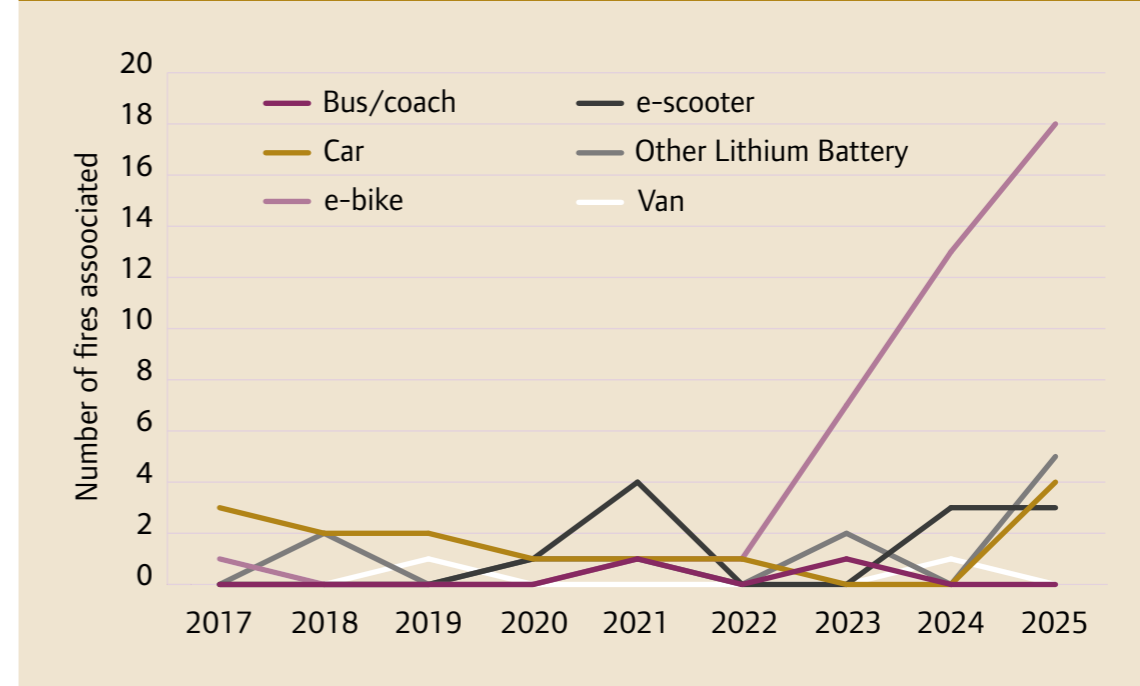
Air pollution is one of the biggest environmental risks to public health in the UK. Long-term exposure can lead to cardiovascular diseases, respiratory conditions and lung cancer, reducing life expectancy. Short-term exposure can trigger asthma attacks, worsen lung function and increase hospital admissions.

The financial burden on the public sector is significant. The NHS and our social care systems face rising costs due to air pollution-related illnesses. Estimates suggest that the health impacts of air pollution could exceed £8 billion to £20 billion annually.<sup>12</sup> Public Health England has developed tools to help local authorities estimate these costs and plan interventions.

One of the more recent increases in causes of fire is linked to the rise of e-scooter and e-bike batteries. This can be seen in the graph on the next page. Fires caused by batteries inappropriately disposed of can lead to increased air pollution as well as cost and danger to public services.



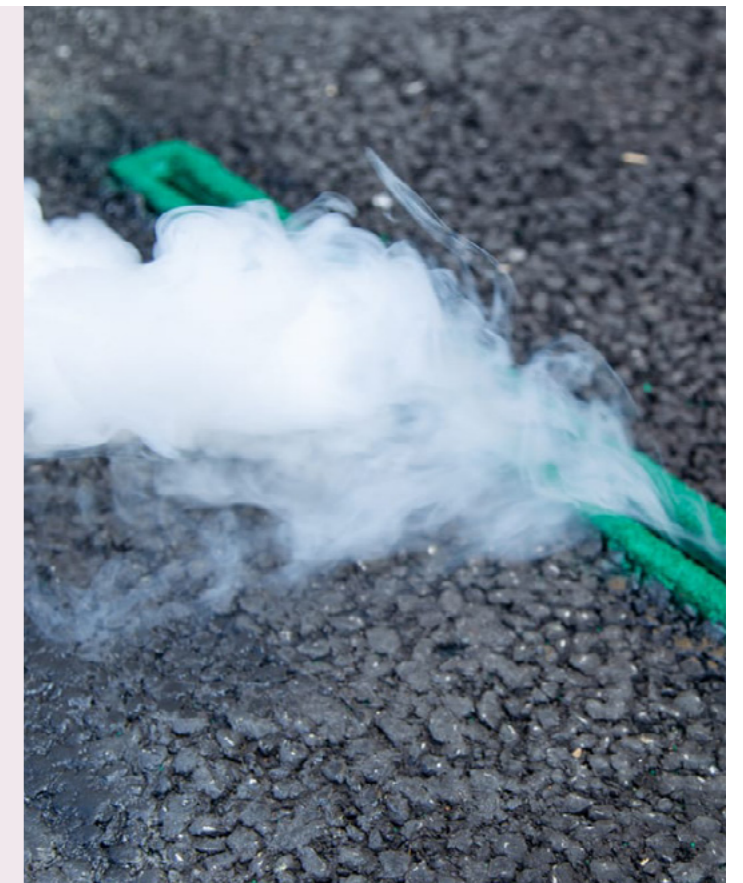
Lithium and electric vehicle fires in Lewisham ass classified by London Fire Brigade data between 2017 and 2025



### Case study of good practice

In 2024, Lewisham Council was awarded a £132,532 grant from the Mayor of London’s Air Quality Fund (MAQF) to implement an innovative pollution mitigation measure, Roadvent, at a location nearby a school or nursery in an Air Quality Management Area (AQMA) and Air Quality Focus Area in Lewisham. The Roadvent product is an infrastructure extraction system that is installed into roads in order to capture and filter emissions from road-based vehicles, including NO<sub>2</sub>, PM<sub>2.5</sub> and PM<sub>10</sub>.

Independent testing has shown that Roadvent reduces human exposure to emissions at the roadside by up to 91%. As well as allowing the public to take part in a citizen science project, it also provides an opportunity to raise awareness and to promote the uptake of active travel considering the vast reduction in personal air pollution exposure during the school commute.



### What can the Council do?

Lewisham has taken several steps to improve air quality, focusing on monitoring, raising public awareness and policy enforcement. Some key initiatives include:

- **Air Quality Action Plan (AQAP) 2022-2027:** This plan outlines measures to reduce pollution, including monitoring and community engagement
- **School Super Zone projects:** Lewisham has worked with schools to conduct air quality audits and install anti-idling signage at 75 locations near schools.
- **Real-time air quality monitoring:** The borough provides live air quality data, allowing residents to stay informed about pollution levels.
- **Smoke control orders:** Regulations are enforced to limit emissions from domestic and industrial sources.<sup>6</sup>

- Lewisham evaluates the success of its air quality initiatives through real-time monitoring, annual reports and public engagement.
- **Continuous air quality monitoring:** The borough tracks pollution levels using automatic monitoring stations, providing real-time data on pollutants like nitrogen dioxide (NO<sub>2</sub>) and particulate matter (PM<sub>2.5</sub>, PM<sub>10</sub>).<sup>25</sup>
- **Annual status reports:** Lewisham publishes yearly air quality reports, assessing trends and reporting on progress against measures within the AQAP.<sup>26</sup>
- **Public consultation and feedback:** Residents and stakeholders contribute to policy reviews, ensuring initiatives align with community needs.
- **School Super Zone impact:** The borough measures improvements in air quality around schools, tracking reductions in vehicle idling and pollution exposure.

### What can you do?

- Choose walking, cycling, or other people powered travel for your daily journeys
- Use public transport where possible for longer journeys
- Don't leave your car engine running when you're not moving. It pollutes the air and causes lung and heart conditions, especially in children
- Drive smoothly, follow speed limits, and avoid hard braking or speeding up suddenly. This saves fuel and reduces pollution. If buying a new car, choose a low-emission or electric one
- Wood burners and coal fires create a lot of pollution. Only use them if you have no other way to heat your home or water



Credit: TFL

<sup>25</sup> Air Quality Annual Status Report (ASR), Lewisham Council

<sup>26</sup> Air Quality Annual Status Report (ASR) Produced annually by the London Borough of Lewisham under statutory Local Air Quality Management (LAQM) requirements

## Indoor air quality

### Introduction

Indoor air quality in Lewisham is an increasingly important public health concern. While much of the focus in air quality policy has historically been on outdoor pollution, indoor environments can be equally as impactful on health and wellbeing.

Common indoor air pollutants in Lewisham homes and buildings include NO<sub>2</sub> (from gas stoves and heaters), particulate matter (from cooking, smoking or candles), volatile organic compounds (from cleaning products and furnishings), and mould spores due to damp conditions. These pollutants can exacerbate asthma, allergies and cardiovascular issues.

### Health concerns and risks

Poor indoor air quality can pose serious health risks, especially in enclosed spaces like homes, schools and offices where people spend most of their time. The key concerns are:

#### Short-term

Respiratory irritation: coughing, sneezing, sore throat and eye irritation.

Worsening of asthma: Indoor triggers such as mould, dust mites and pet dander can exacerbate asthma symptoms, particularly in children and the elderly.

Headaches and dizziness: Volatile organic compounds (VOCs) from cleaning products, paints and furnishings

#### Long-term

Cardiovascular disease: Prolonged exposure to fine particulate matter (PM<sub>2.5</sub>) and carbon monoxide can increase the risk of heart attacks and strokes.

Lung cancer and COPD: Chronic exposure to indoor pollutants is linked to lung cancer and chronic obstructive pulmonary disease.

Developmental issues: Children exposed to poor air quality may experience impaired lung development and cognitive delays.



### Impact in Lewisham

Lewisham has seen elevated rates of respiratory conditions, especially in areas close to busy roads and poorly ventilated housing. In Lewisham, where older housing stock and damp conditions are common, these issues are particularly acute. The Council's Health and Wellbeing Strategy<sup>27</sup> has highlighted the importance of this area and will be working across directorates to tackle damp and mould in their housing stock.

Lewisham is part of the London Woodburning Group and has received funding from the DEFRA Air Quality Fund and Mayors Air Quality Fund (MAQF) to raise awareness about the impact of woodburning in people's homes. This has included education and publicity as part of the MAQF work to support the enforce of the Clean Air Act within the borough.

<sup>27</sup> Lewisham Health and Wellbeing Strategy 2025–2030

### Inequality effect

In Lewisham and across the UK, systemic inequalities mean that some communities are far more exposed to harmful indoor air pollutants than others.

Low-income households are more likely to:

- live in older, poorly ventilated homes that trap pollutants like mould, NO2 and particulate matter
- use cheaper heating or cooking methods (like gas or solid fuels) that increase indoor emissions
- have limited access to resources for home improvements or air purification

In Lewisham, where housing stock includes many older flats and social housing, these risks are especially pronounced.

This unequal exposure contributes to:

- higher rates of asthma and respiratory illness in deprived areas which can be exacerbated when there is also smoking in the home
- increased hospital admissions and missed school/workdays
- long-term health disparities, including cardiovascular disease and mental health impacts.

### What can the Council do?

Lewisham Council has acknowledged the broader air quality challenge through its Air Quality Action Plan, which includes public health education and monitoring efforts. Although the plan primarily targets outdoor sources, it encourages behaviour change and awareness that can positively impact indoor environments, like reducing indoor combustion sources and improving ventilation.

### Industry tactics

Industries play a significant role in shaping indoor air quality for the better but also prioritising cost or image over health.

#### 1. Greenwashing and certification loopholes

Some companies market their buildings or products as “eco-friendly” or “low-emission” without meeting rigorous standards.

#### 2. Minimal compliance

Businesses focus on meeting the bare minimum required by law. This can mean using cheaper materials that emit VOCs or delaying HVAC maintenance until it becomes a legal issue.

#### 3. Selective monitoring

Some facilities only monitor air quality in public-facing areas or during inspections, leaving behind-the-scenes spaces like staff rooms or storage areas untested.

#### 4. Token technology use

Installing air quality sensors or purifiers is a popular move, but without proper integration into building systems or follow-up action these tools become more about optics than impact.

There are forward-thinking companies using smart building systems, real-time monitoring and low-emission materials to genuinely improve indoor environments.

### What can you do?

Indoor air quality is strongly influenced by individual behaviour. Although some sources of indoor air pollution may be outside of your control, such as the materials a building is made of, your actions can directly affect the concentrations of air pollution you experience. Unlike outdoors, where pollution can disperse more easily, indoor spaces have limited dispersion, so even small emissions can result in high levels of indoor air pollution.

Every building is different. However, these are simple, practical steps you can take to improve the quality of the air indoors:

#### Ventilation

- Ventilation is the main way of diluting and removing indoor pollutants.
- It can range from very simple – like opening windows – to complex mechanical systems and filters.
- Use ventilation during and after cooking, cleaning, using cosmetic products or performing activities that produce moisture or pollutants.
- Increase ventilation in new homes, after redecorating or with new furniture.

#### Reduce indoor smoke and VOCs

- Do not smoke indoors or allow others to smoke.
- Avoid burning materials indoors, including wood stoves, open fires, candles or incense. Even smokeless fuels cause high indoor pollution. Only use wood stoves if you have no other way to heat your home or water.
- When cooking, try to cook on a lower heat, with a clean pan to avoid burning food.
- Use household cleaning products carefully, ensuring windows are open or extractor fans are on. If you can, use cleaning products with natural ingredients and avoid sprays.

#### Control moisture, condensation and mould

- Wipe condensation from windows and walls.
- When cooking or boiling water, use an extractor fan and keep lids on pots.
- When showering, keep bathroom doors closed, windows open and extractor fans on.
- When drying clothes, dry them in a room with ventilation or an extractor fan.
- Air rooms, beds and bedding regularly.
- If you see dampness, find and fix the source. If your home is rented and you find black mould, report it promptly to your landlord – they are legally required to fix it quickly.

#### Protect against carbon monoxide

- Make sure you have a carbon monoxide alarm (certified to BS Kitemark or EN 50291), preferably a digital one that shows levels. Test the alarm regularly.
- Have all fuel-burning appliances, including boilers, gas cookers and open fires serviced every year.
- If your alarm sounds or you feel dizzy, sick or have a headache, seek fresh air and medical help immediately.

#### Reduce dust and dust mites

- Change bedding weekly and wash at 60°C or tumble dry on high heat.
- Use allergen-proof covers on your mattress and pillows.
- Vacuum carpets frequently (preferably with a HEPA filter), especially if you have pets.
- Air out bedrooms and bedding daily.

## Climate change

### Introduction

The health impacts of climate change are well established. The UK Health Security Agency report on Health Effects of Climate Change (2023)<sup>28</sup> summarises the strong evidence for the range of impacts associated with extreme temperatures, flooding and drought.

The United Nations International Panel on Climate Change<sup>29</sup> has identified the connection between industry and demand for materials as a key driver of energy consumption and CO<sub>2</sub> emissions, highlighting that the last 25 years have seen rapid growth in material demand with demand for energy-intensive materials increasing 2.5- to 3.5-fold.

There are many examples, identified by a wide range of sources including in medical journals<sup>30</sup>, of the ways individual and community-led actions can prioritise low-carbon choices with substantial health benefits.

### Health concerns and risks

There is strong evidence that human induced climate change is increasing the frequency and severity of events such as flooding, extreme temperature and drought. Other associated impacts include wildfire and economic impacts on basic commodities such as food and energy.

Health impacts associated with these effects of climate change include:

- respiratory and cardiovascular disease
- mental health deterioration
- exposure to emergent vector-borne disease

The impacts of climate change hazards can interact with vulnerabilities in the population, including age, socioeconomic status and ethnicity. This means that the health effects of climate change are not felt equally between different populations.

### Impact in Lewisham

Higher population density and lower access to green spaces can increase the exposure risk to flooding and extreme heat events. As an urban area with a diverse population, Lewisham is particularly exposed to climate risk. Several studies have highlighted these risks<sup>31</sup>.

### Inequality

Older and younger people are at greater risk from extreme temperatures and flooding as are people with long-term health conditions. Lower income households will be hardest hit by financial consequences such as rising bills or damage to property and contents.

28 <https://www.gov.uk/guidance/health-effects-of-climate-change-hecc-report>

29 The International Panel on Climate Change is the United Nations body for assessing the science underpinning climate change. The IPCC publishes an Assessment Report every 5-7 years. Chapter 11 of the The Sixth Assessment published in 2022 relates to Industry <https://www.ipcc.ch/report/ar6/wg3/chapter/chapter-11/>

30 The 2025 Lancet Countdown on Health and Climate Change [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01919-1/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01919-1/abstract) (p.6)

31 <https://www.axa.co.uk/globalassets/pdfs/newsroom/reports-and-publications/axa-climate-risk-report.pdf>

## Role of Industry

Some businesses are leading the way nationally and locally in transforming our economy to reduce environmental impacts. At the same time, less responsible businesses are driving the environmental damage that is impacting on our climate. Examples of this include:

### 1. Greenwashing and certification loopholes

Some companies market their buildings or products as “eco-friendly” or “low-emission” without meeting rigorous standards.

### 2. Built-in obsolescence

Products that are designed to be disposable and have a short usable life, using materials to produce, creating costs in terms of disposal and often needing to be replaced.

### 3. Marketing

Marketing designed to make unsustainable lifestyles desirable equating value with consuming.

## What can the Council do?

The Council’s Climate Action Plan<sup>32</sup> sets out a range of actions to reduce the emissions driving climate change and increase resilience across the borough in relation to the impacts that we are already exposed to.

Our work on climate action includes helping local businesses improve the sustainability of their operations through grant funding<sup>33</sup> and our Community Energy Fund is supporting local community initiatives to increase sustainability and cut carbon emissions.

As an organisation the Council is working with its own supply chain to ensure contractors providing goods and services with the highest associated emissions are measuring, reporting and setting targets for reducing carbon emissions in line with Government policy and our local ambitions.



Installing an air source heat pump at Dalmain Primary School

32 <https://lewisham.gov.uk/-/media/services/environment/climate-emergency/climate-emergency-action-plan-2024.pdf>

33 <https://lewisham.gov.uk/articles/news/refreshed-grants-for-businesses-and-organisations-driving-positive-local-action>

### What can you do?

Climate change is a global issue and a successful response will require everyone pulling in the same direction. While business and industry need to step up, there are things we can all do, particularly through supporting local businesses.

#### Use your voice

Using your voice to campaign for change is vital. Policies and business strategies are often shaped by popular demand, and democratic elections determine which policies become reality. That's why lobbying locally and nationally to make the shift towards a decarbonised economy is crucial. You can make your voice heard in multiple ways:

- Write to your political representatives or visit them in surgery to find out what they are doing to protect future generations from polluted air, unsafe roads and dangerous weather events
- Register to vote
- Sign petitions that demand environmental protection and contribute to consultations on developments in your local area
- Vote with your wallet. Show your support for products and services that prevent and reduce waste and carbon emissions. This sends a message to businesses that there is demand for eco-friendly and resource efficient products and services

#### Reduce your environmental impact

If you are looking for practical suggestions for action on the climate emergency then you probably already know that reducing your environmental impact doesn't have to mean doing less: it can be a way to feel healthier, save money and be more connected to your local area. Examples might include:

- Look into energy efficiency to reduce your energy use. This can save you money on energy bills too
- Try active travel such as walking and cycling
- Try eating a planet friendly diet – which can be healthier! Consider joining Good Food Lewisham to connect with others on local food growing initiatives
- Reduce your waste – check out our recycling pages and our zero-waste guide
- If you want to develop a better understanding of what your environmental impact is, you can measure your carbon footprint using the WWF calculator or Giki Zero, which even allows you to measure as a household. Why not ask your family to join in?

### Glossary

Acronym	Full Form
CDOH	Commercial Determinants of Health
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
COPD	Chronic Obstructive Pulmonary Disease
NDTMS	National Drug Treatment Monitoring System
ABV	Alcohol by Volume
PCRS	Primary Care Recovery Service
MDA	Meal Delivery Apps
HFSS	High Fat, Sugar and Salt (food and drink)
NICE	National Institute for Health and Care Excellence
DCMS	Department for Culture, Media and Sport
MAQF	Mayor of London's Air Quality Fund
AQMA	Air Quality Management Area
AQAP	Air Quality Action Plan
PM2.5	Particulate Matter (particles with diameter $\leq 2.5$ micrometres)
PM10	Particulate Matter (particles with diameter $\leq 10$ micrometres)
NO <sub>2</sub>	Nitrogen Dioxide
DEFRA	Department for Environment, Food & Rural Affairs
GDM	Gestational Diabetes Mellitus
IMD	Index of Multiple Deprivation
HENRY	Health Exercise and Nutrition for the Really Young
RCP	Royal College of Physicians
UNICEF	United Nations International Children's Emergency Fund
IPCC	International Panel on Climate Change
WWF	World Wide Fund for Nature

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