

Luton's Tobacco Strategy 2023 – 2028



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**Tobacco Free
Luton**

Foreword from Sally Cartwright, Director of Public Health, Luton Council

Smoking continues to be the biggest preventable cause of ill health in Luton. Smoking prevalence has been in overall decline but not in our most vulnerable population groups where the greatest impact is felt.

Having an impactful, comprehensive Tobacco Control Strategy is one of the best things we can do for the public's health. We are therefore pleased to present the Luton Tobacco Control Strategy, which aims to reduce the overall prevalence of smoking in Luton to below 10% by 2028. In doing so, we will achieve our vision of a tobacco free Luton, where our communities do not suffer from the harms of tobacco use and where people lead healthier, longer lives.

The multi-agency Tobacco Free Luton alliance will take responsibility for the overall implementation and monitoring of the Luton Tobacco Control Strategy and action plan. A comprehensive approach to tobacco control is more than providing services or enforcing legislation. This strategy provides a framework for a whole systems approach to tobacco control in Luton, where all partners have a role to play. We thank everyone who has commented and contributed to the development of this Strategy and committed to delivering on its aims.

Our vision:

“A tobacco free Luton, where our communities do not suffer from the harms of tobacco use and where people lead healthier, longer lives”

Our aim:

To reduce smoking prevalence to below 10% by 2028



Why does Luton need a Tobacco Control Strategy?

Smoking remains the leading modifiable cause of ill health and death in our society. Tobacco use affects every aspect of society. Beyond the detrimental effects on health, tobacco also plays a contributory role in poverty, deprivation and health inequality in Luton.

Tobacco control involves reducing tobacco use in Luton through a coordinated and comprehensive, multi-partnership approach.

This strategy aims to improve the health of people living in Luton by achieving a 5% reduction in tobacco use. This relies on involvement from a wide range of partners to accomplish this aim and supports other local strategies including Luton 2040 and the Health Inequalities agenda.

This strategy will be supported by a dynamic, multi-agency action plan, delivered and managed by Tobacco Free Luton and reviewed on a quarterly basis.



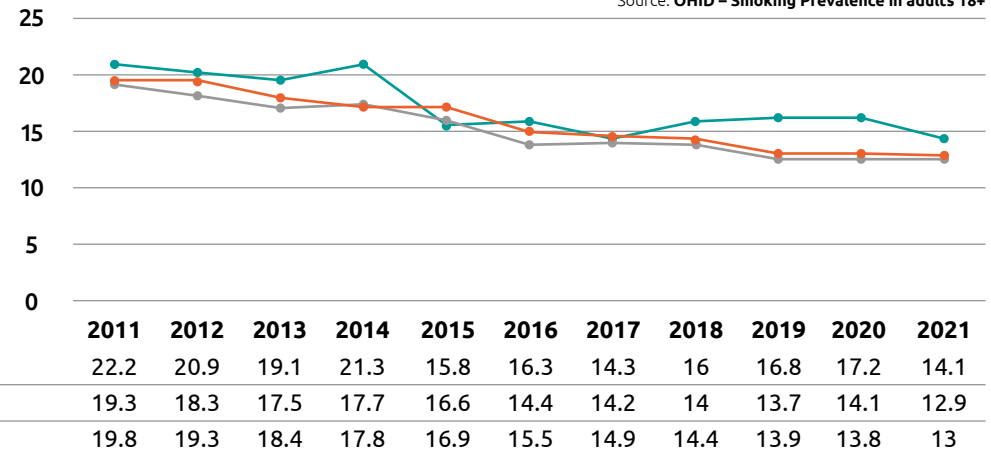
What's The Current Situation

Whilst smoking rates have reduced over time, Luton has a higher rate and subsequently a higher burden of disease and mortality, caused by smoking, than England as a whole.

This burden falls disproportionately on the most deprived in our society.

Smoking rates in Luton are higher than East of England and England

Luton
East of England
England



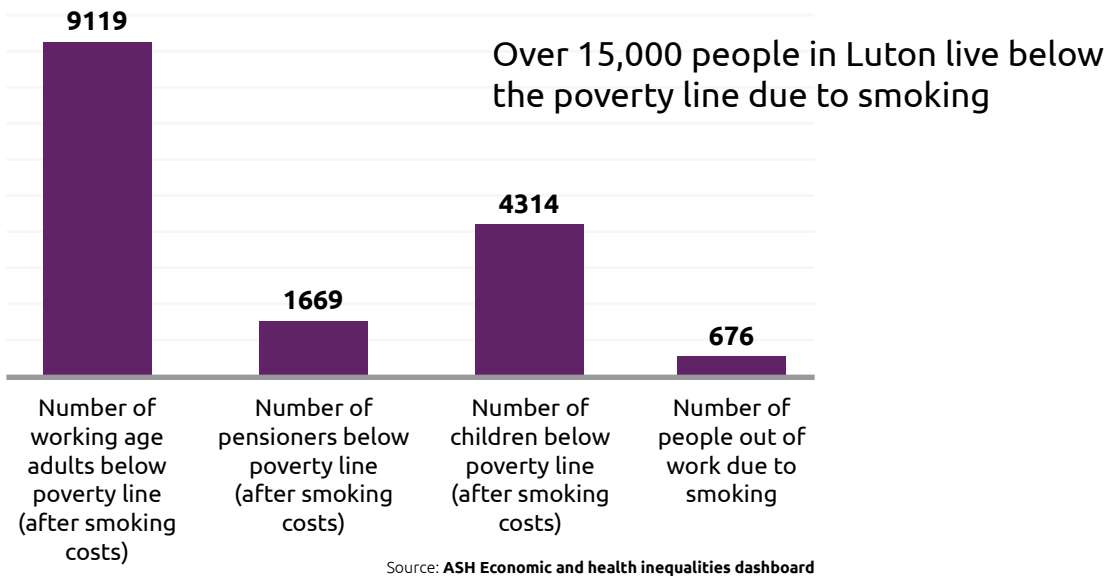
72%
of lung cancer cases in the UK are caused by smoking

1501
hospital admissions in Luton each year due to smoking

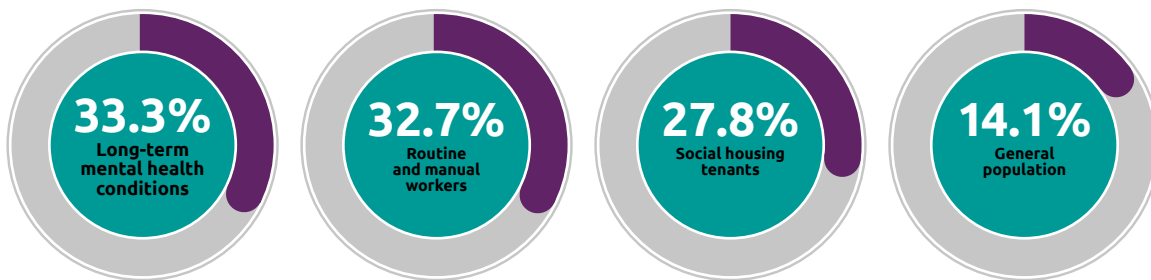
Luton is in the top **20%** of Local Authorities for smoking prevalence in adults 18+

574
deaths in Luton 2017-2019 due to smoking

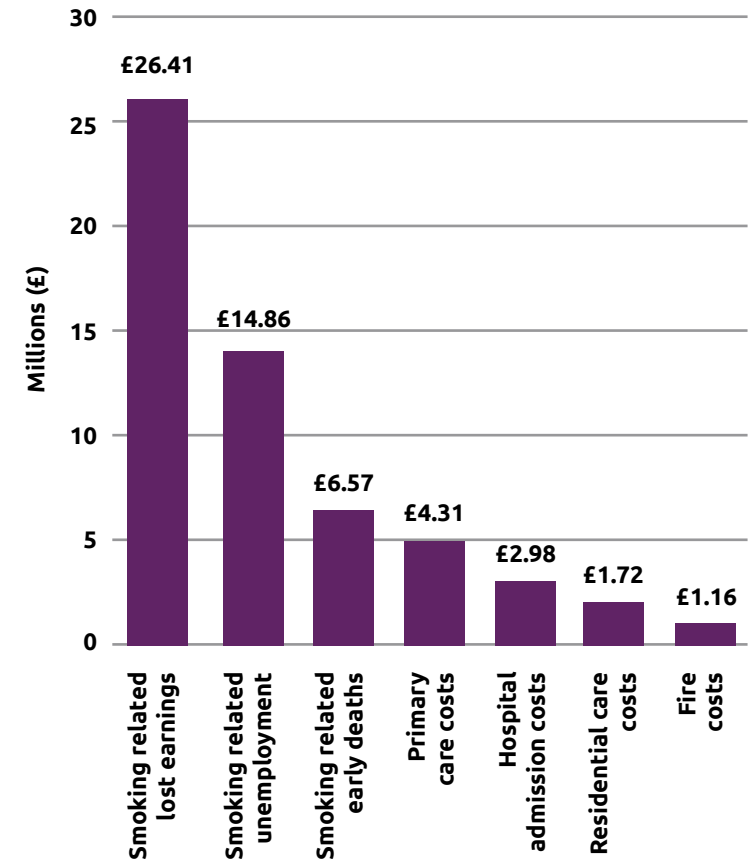
Poverty in Luton due to smoking 2021



The percentage of people who smoke within some populations in Luton is significantly higher than the general population, contributing to greater health inequalities.



Smoking also impacts the wide community in Luton ASH (Action on Smoking and Health) estimates that smoking costs Luton nearly £60 million per year.



What are the aims of this strategy?

- 1) Reduce overall smoking prevalence in Luton in adults 18+ from 14.1 (2020) to 9%
- 2) Reduce smoking prevalence in people from routine and manual groups from 32.7% (2020) to 27%
- 3) Reduce smoking prevalence in people living in social housing from 27.8 to 22

In order to meet these aims we have identified 6 strategic priorities and 5 priority groups.

Strategic priorities

To achieve the aims of this strategy six priorities have been identified.

Working in partnership

- 1.1 We will maintain a strong, multi-agency tobacco control alliance (Tobacco Free Luton) consisting of all relevant council and external partners who are collectively responsible for the delivery of the tobacco control strategy and reducing of local smoking rates and smoking-related inequalities.
- 1.2 We will work with regional partners, including our Integrated Care System, to complement regional action with appropriate tobacco control interventions at a local level.
- 1.3 We will support the NHS to implement the tobacco dependency commitments in the NHS Long Term Plan by supporting local referral pathways for smokers.
- 1.4 We will work with partners to explore all available routes to reach local smokers, with a focus on reaching those living in communities where smoking rates are disproportionately high.
- 1.5 We will endeavour that tobacco control is addressed within all relevant strategies, such as those owned by the Health & Wellbeing Board, Integrated Care System, other partners across the council and the local NHS.
- 1.6 We will work in partnership with local and regional lung cancer work streams to ensure a systems approach to reducing incidence of lung cancer in Luton.



Preventing the next generation of smokers

- 2.1 We will Work to eliminate smoking among under 18s and achieve the first smokefree generation in Luton.
- 2.2 We will reduce the prevalence of smoking during pregnancy to improve life chances for children
- 2.3 We will inform & educate young people on harms of smoking & vaping
- 2.4 We will reduce the number of young people using e-cigarettes and vapes who are not smokers



Supporting every smoker to quit

- 3.1 We will continue to commission a local smoking cessation service which meets best practise standards set by NICE and the NCSCCT and are accessible to groups with high rates of smoking.
- 3.2 We will ensure that all local smokers have access to high quality, evidence-based quitting support, including behavioural support, pharmacotherapies for smoking cessation, and e-cigarettes.
- 3.3 We will ensure that all local smokers, and those with disproportionately high rates of smoking are actively encouraged to engage with local stop smoking services and promote vaping as an effective means of quitting.
- 3.4 We will promote the use of Very Brief Advice and MECC for front-line staff for smoking cessation to increase throughput to stop smoking services.



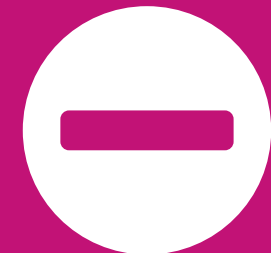
Effective communication

- 4.1 We will develop a comprehensive communications calendar to be utilised and owned by all local partners engaged in tobacco control, making use of all available channels and delivering a variety of partner-specific messaging to ensure that smokers are informed of the full harms from smoking and the benefits of quitting.
- 4.2 We will explore innovative routes for reaching local smokers (for example through GPS and their patient lists, working with Housing Associations).
- 4.3 We will advocate for and explore the possibility of running communication campaigns both locally and across larger footprints (for example across the region or ICS).
- 4.4 Explore option of creating a Tobacco Free Luton website



Tackling Illegal products: tobacco, vapes and shisha

- 5.1 Local Authority trading standards will monitor and collect data on the availability and supply of illicit products locally.
- 5.2 We will work in partnership to carry out test purchases and other enforcement activity to address illicit tobacco products locally and reduce uptake of smoking by young people.
- 5.3 We will raise awareness about illicit products with partners and with the public using evidence-based messaging detailing the wider harms illicit tobacco causes to the community and how it undermines public health interventions.
- 5.4 We will explore opportunities to address illicit products in partnership with other local authorities across a wider geographical/ regional footprint.



Promoting smokefree environments and policy

- 6.1 We will explore opportunities to target stop smoking support and communications to smokers living in social housing.
- 6.2 We will offer training for housing professionals in Very Brief Advice on smoking cessation, establish referral pathways from social housing providers to local stop smoking support and explore further opportunities to support people living in social housing to stop smoking, in partnership with social housing providers.
- 6.3 Review and renew smoke free policies of the council as part of EoE Network to include vaping.
- 6.4 Explore opportunities to create more smoke free environments e.g schools and high footfall areas



Priority groups

Reducing inequalities caused by tobacco use within priority groups

Health inequalities are preventable differences in health outcomes between population groups, with smoking significantly contributing to health inequalities in Luton. Smoking is the leading modifiable risk factor responsible for health inequalities, accounting for half the ten year difference in life expectancy between the most and least disadvantaged in society

Where inequalities exist, action will be taken to support a cultural shift regarding smoking in Luton. The strategy will focus on the following priority groups within the population:

Children and young people



Most people start smoking and become addicted to nicotine when they are children. Those whose parents or siblings smoke are around three times more likely to smoke than children living in non-smoking households. Children who start smoking at the youngest ages are more likely to smoke heavily and find it harder to give up. These smokers are at the greatest risk of developing smoking related diseases. Children are particularly susceptible to the effects of second-hand smoke and are more likely to suffer second-hand smoke related ill-health such as respiratory infections, asthma, severe ear infections and sudden infant death syndrome.

Pregnant women



Smoking is the single most important preventable cause of adverse infant outcomes including stillbirth, pre-term birth,

low birth weight, asthma, childhood respiratory infections and adult cardiovascular disease. Women in the most deprived group are five times more likely to smoke in pregnancy than those in the least deprived.

People living in social housing



The role of housing as a social determinant of health is well established. Of all the socio-economic measures, housing tenure appears to be the strongest independent predictor of smoking in England. As per recommendations of the Smokefree Housing report delivered by ASH, there is a need for Local Authorities to have a clear strategy in place to support the reduction of smoking in the home.

Routine and manual workers



The disparity between smoking prevalence in routine and manual workers and managerial and professional workers has been identified as a major health challenge at both

national and local levels, with a strong link between cigarette smoking and socio-economic group.

In Luton, someone in a routine and manual role is 3.3 times more likely to smoke than someone in another occupation.

People with mental ill health











People with poor mental health die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap. Typically people with a longstanding mental health conditions are twice as likely to smoke. A third of cigarettes smoked in England are smoked by people with a mental health condition. Smoking rate in adults with a long term mental health condition was 33.3% in 2020/2021, compared with 14.1% in the general population.

This is not an exhaustive list. Other groups will be considered during the course of this strategy to ensure local need is met.

How will performance of this strategy be delivered and measured?

The strategy will be delivered by Tobacco Free Luton, with actions and work streams reviewed at quarterly Tobacco Free Luton meetings. The strategy will be accountable to the Health Inequalities Delivery Board, where regular updates on progress will be presented. The strategy will be reviewed annually, and refreshed at the end of the strategy duration.

A number of data sources will be used to measure the effectiveness of this strategy

-  Smoking prevalence adults 18+ - OHID (Office of Health Improvement & Disparities)
-  Smoking prevalence amongst priority groups (mental ill health; routine & manual workers; social housing tenants) - OHID
-  Referrals into Total Wellbeing Luton's Stop Smoking Service
-  Successful four week quits reported by Total Wellbeing Luton to NHS Digital
-  Numbers of pregnant women Smoking at Time of Delivery (SATOD) - OHID
-  Smoking prevalence age 15 years - OHID
-  Smoking attributable mortality - OHID
-  Smoking attributable hospital admissions - OHID

**A big thank you to all our
Tobacco Free Luton partners**

Luton 2040
A place to thrive