



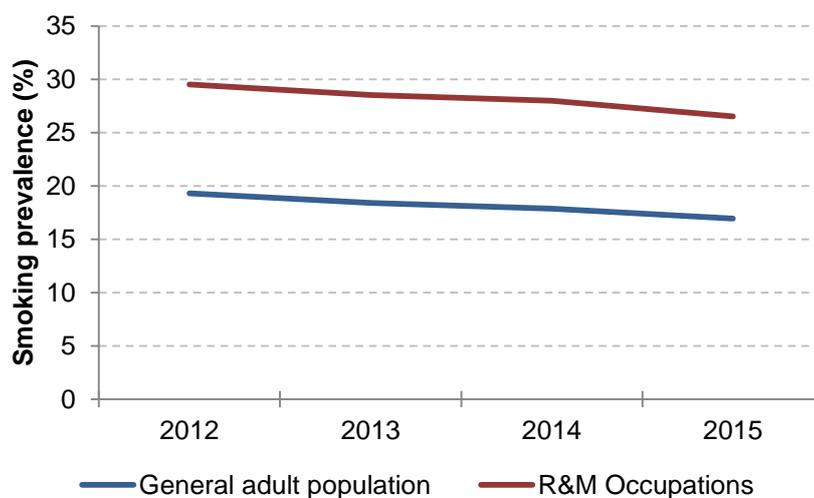
Local Tobacco Control Profiles – August 2016 update

Main findings

Smoking Prevalence - Annual Population Survey (APS)

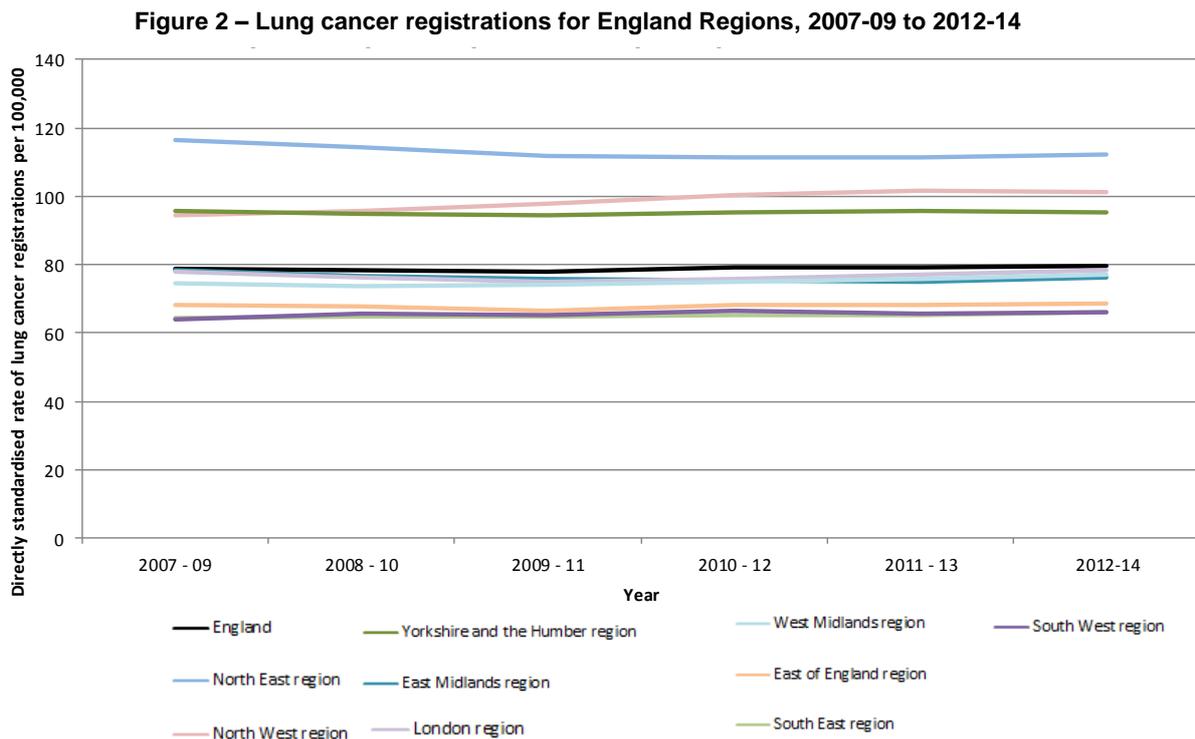
- The Annual Population Survey (APS) smoking prevalence indicators are a new set of indicators for the Local Tobacco Control Profiles.
- In 2013 several survey modules were removed from the Integrated Household Survey (IHS) to leave a dataset solely based upon the Annual Population Survey (APS). Therefore ONS announced it would no longer produce the IHS. Instead the questions formerly regarded as the IHS core will continue to be asked in the APS.
- Some differences in survey coverage, imputation and weighting methodology may result in some discontinuity between the IHS and APS and as a result the two datasets should not be directly compared. ONS have drafted a note (www.tobaccoprofiles.info/documents/IHS_v_APS_Note_on_differences.docx) to explain the differences further.
- The APS is a designated National Statistic and provides a consistent time series of data. Users should therefore replace their previously published historical IHS-based estimates with APS equivalents.

Figure 1 - smoking prevalence in the general adult population and in routine and manual occupational groups, England, 2012-2015



- Similar to other surveys the APS shows that smoking prevalence in the general adult population and in those in routine and manual occupations has been decreasing over the past 4 years (see figure 1). The latest estimate in 2015 of 16.9% shows a statistically significant decrease compared to 2014 (17.8%). There was also a statistically significant decrease amongst routine and manual workers with a 2015 value of 26.5% compared to 28% in 2014.
- There was a large difference in smoking prevalence between upper tier local authorities for the smoking prevalence in adults (APS) indicator in 2015, Wokingham had the lowest level of current smokers (9.5%) and Kingston upon Hull had the highest level (26.8%). For the smoking prevalence in routine and manual occupations (APS) indicator, Bromley had the lowest smoking prevalence at 15.8% and Oldham had the highest with 36.3%
- APS data for 2015 shows those in the most deprived decile of upper tier local authorities had 20.4% smoking prevalence compared to the least deprived decile which had a smoking prevalence of 14.3%.
- In terms of ethnicity those who classed themselves as mixed ethnic origin had the highest smoking prevalence at 22.4% and those who classed themselves as Asian had the lowest at 10.0%.

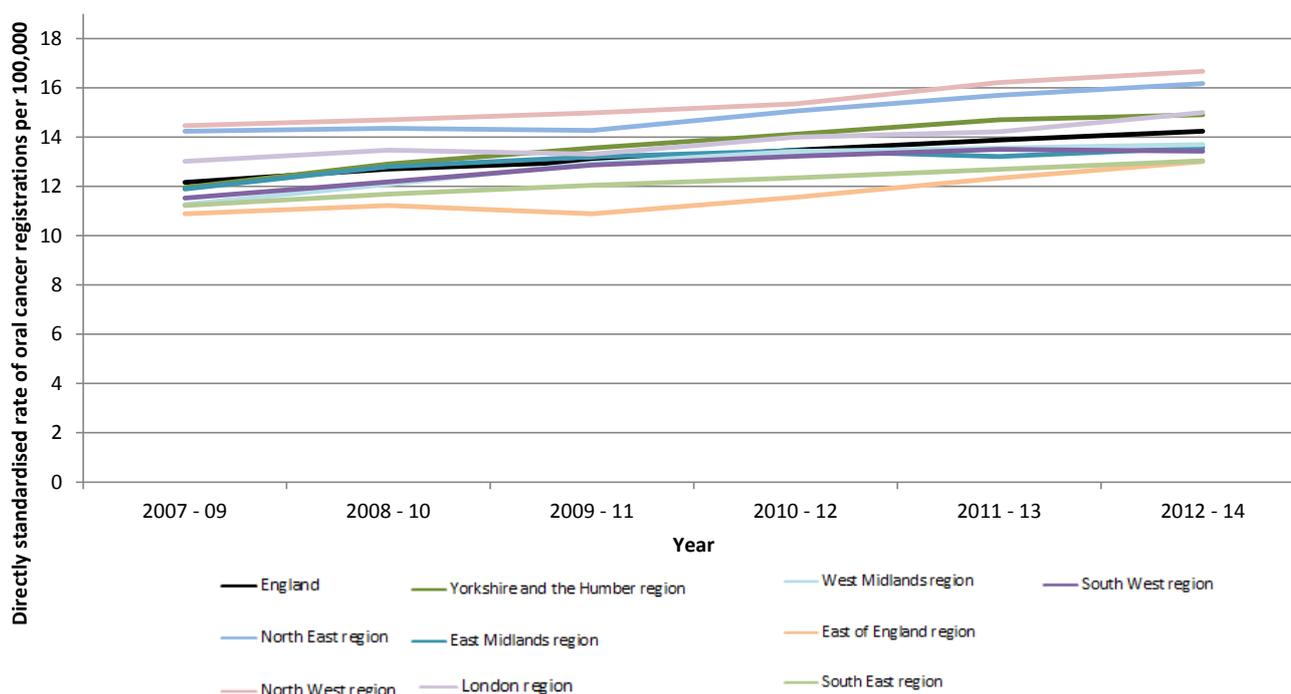
Lung cancer registrations



- The rate of lung cancer registrations in England for 2012-14 was 79.7 per 100,000 representing no significant change from previous years (see figure 2).
- However there remains a significant difference in the rate of lung cancer registrations between regions. The North East has had the highest rate of lung cancer registrations since 2007-09. For 2012-14 the rate was 112.2 per 100,000. The South East and South West have had the lowest rates of lung cancer registrations since 2007-09 with rates of 66.0 and 65.9 per 100,000, respectively in 2012-14.

Oral cancer registrations

Figure 3 – Oral cancer registrations for England Regions, 2007-09 to 2012-14

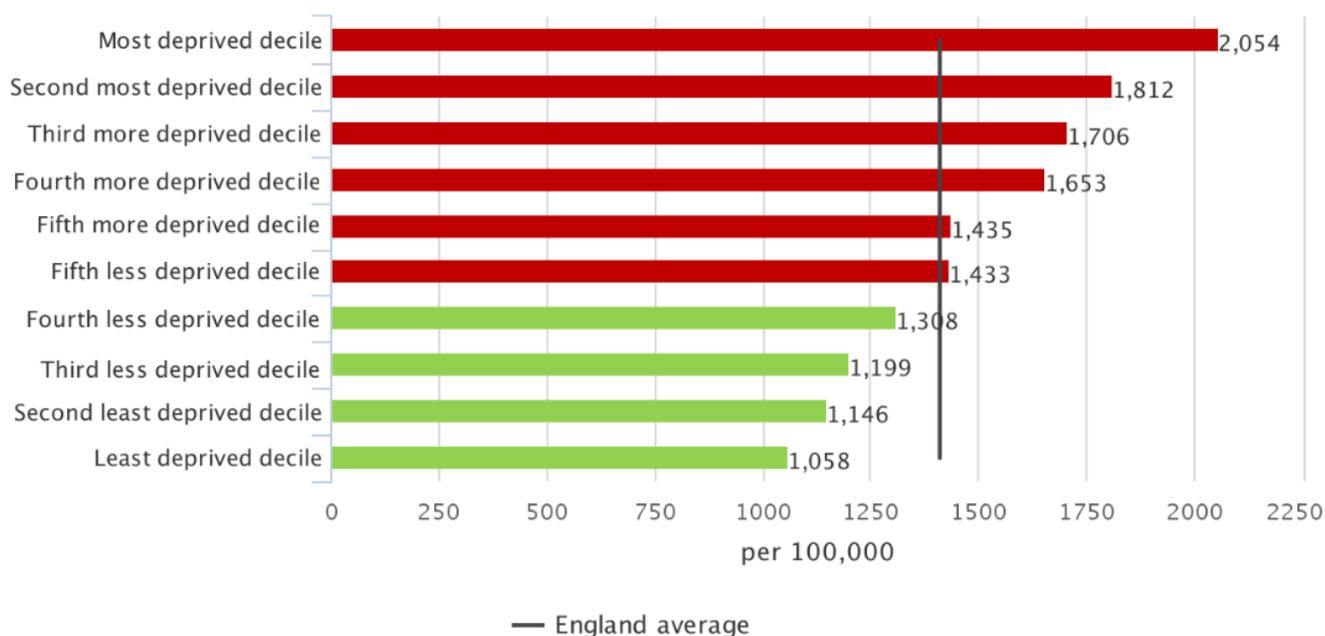


- The rate of oral cancers in England for 2012-14 was 14.2 per 100,000. This was statistically similar to the 2011-13 rate of 13.9 per 100,000 (see figure 3).
- The North West had the highest rates throughout the 6 year time period from 2007-09 to 2012-14 (14.5 to 16.7 per 100,000) and the East of England had the lowest rates (10.9 to 13.0 per 100,000).

Potential years of life lost due to smoking related illness

- The potential years of life lost due to smoking related illness is another new indicator to the local Tobacco Control Profiles. For 2012-14 the directly standardised England rate per 100,000 was 1407.3 (see figure 4).
- Rates vary between upper tier authorities with Isles of Scilly having the lowest rate of 304.3 per 100,000 and Manchester having the highest rate of 2606.6 per 100,000.
- The most deprived deprivation decile had a rate of 2054 per 100,000. This rate decreased with each deprivation decile to a rate of 1058 per 100,000 for the least deprived decile.

Figure 4 – Potential years of life lost due to smoking related illness in England, 2012-14 by County & UA deprivation deciles (IMD2015)



Accidental fires ignited by smoking materials and fatalities from accidental fires

- The two fire indicators have changed since the previous update to appear as percentages rather than counts and data is now available from 2010/11 to 2014/15.
- It is interesting to note that although only 6.7% of accidental fires in the home are ignited by smoking related materials, they account for more than 41.0% of the deaths.

Background

The Local Tobacco Control Profiles (LTCP) for England provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level, such as Local Stop Smoking Services. These profiles have been designed to help local government and health services assess the effect of tobacco use on their local populations. The profiles also show inequalities in health between local authorities and between different population groups. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities. This update presents more recent data for four indicators; and the addition of three new indicators.

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