



Local Tobacco Control Profiles – November 2016 update

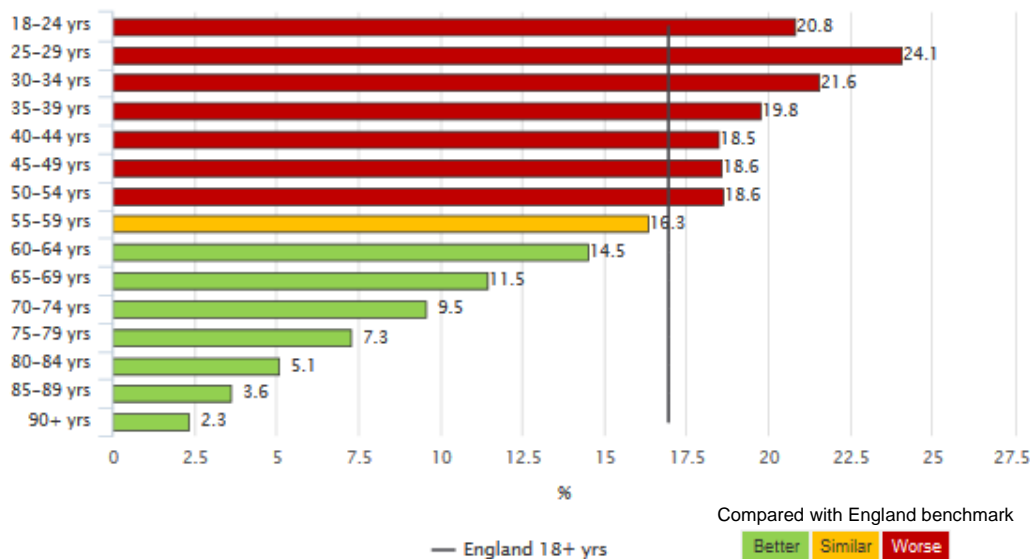
Main findings

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. Smoking prevalence rates for current smokers in the general population and routine and manual workers were added to the profiles in August 2016. For the November 2016 update further inequality data as well as data on ex-smokers and people who have never smoked, have been added.
- For further information about the APS please see www.tobaccoprofiles.info/documents/IHS_v_APS_Note_on_differences.docx

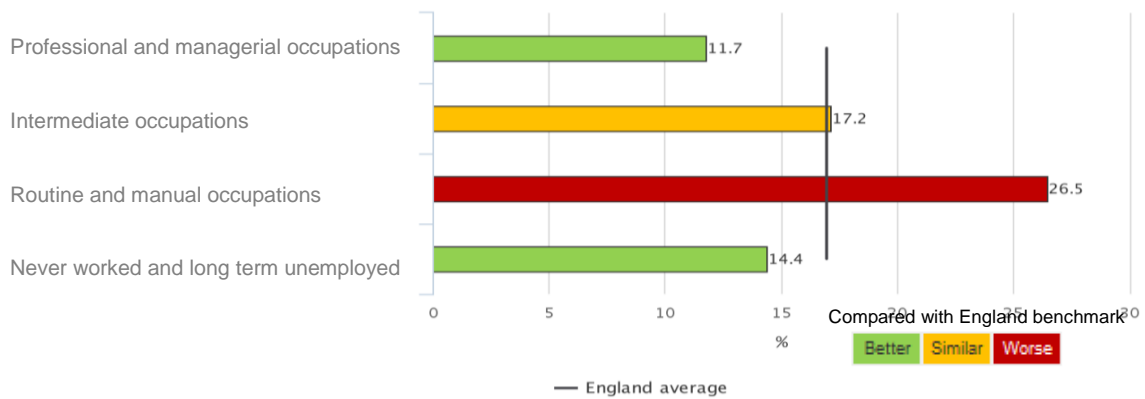
Smoking prevalence in adults – current smokers (APS), additional inequality data

Figure 1 -Smoking prevalence in adults by age - current smokers (APS), England, 2015



Similar to other surveys, the APS shows that smoking prevalence peaks in the 25-29 age group (24.1%) then decreases with age. The lowest smoking prevalence was in the 90+ age group where only 2.3% still classed themselves as current smokers.

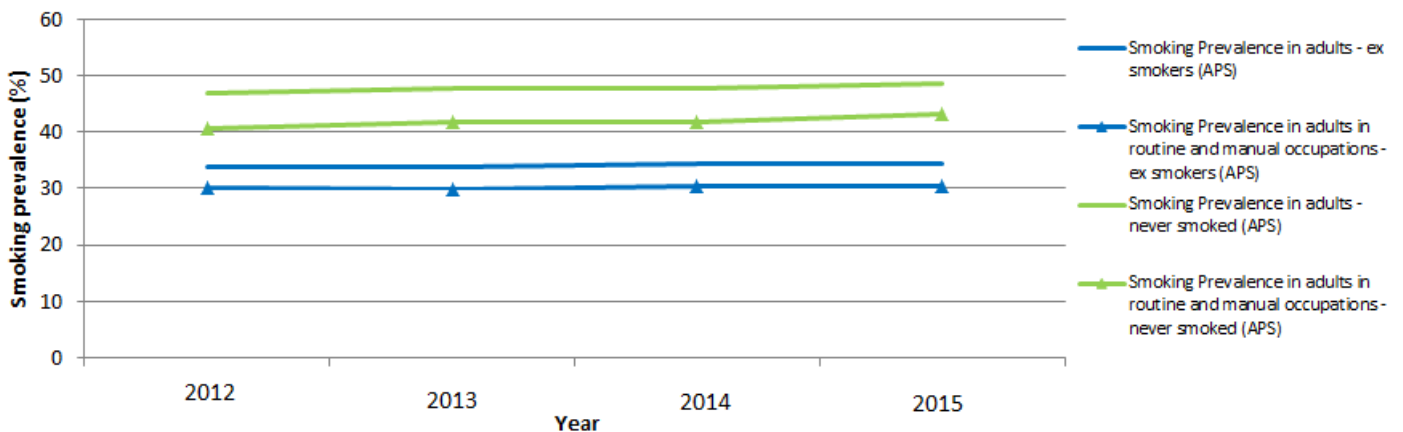
Figure 2 -Smoking prevalence in adults by socioeconomic status - current smokers (APS), England, 2015



- Smoking prevalence continues to be significantly lower amongst those in professional and managerial occupations (11.7%) compared to the England average. Smoking prevalence in routine and manual occupations was significantly higher than the England average at 26.5%.

Smoking prevalence in adults – ex smokers and never smoked (APS)

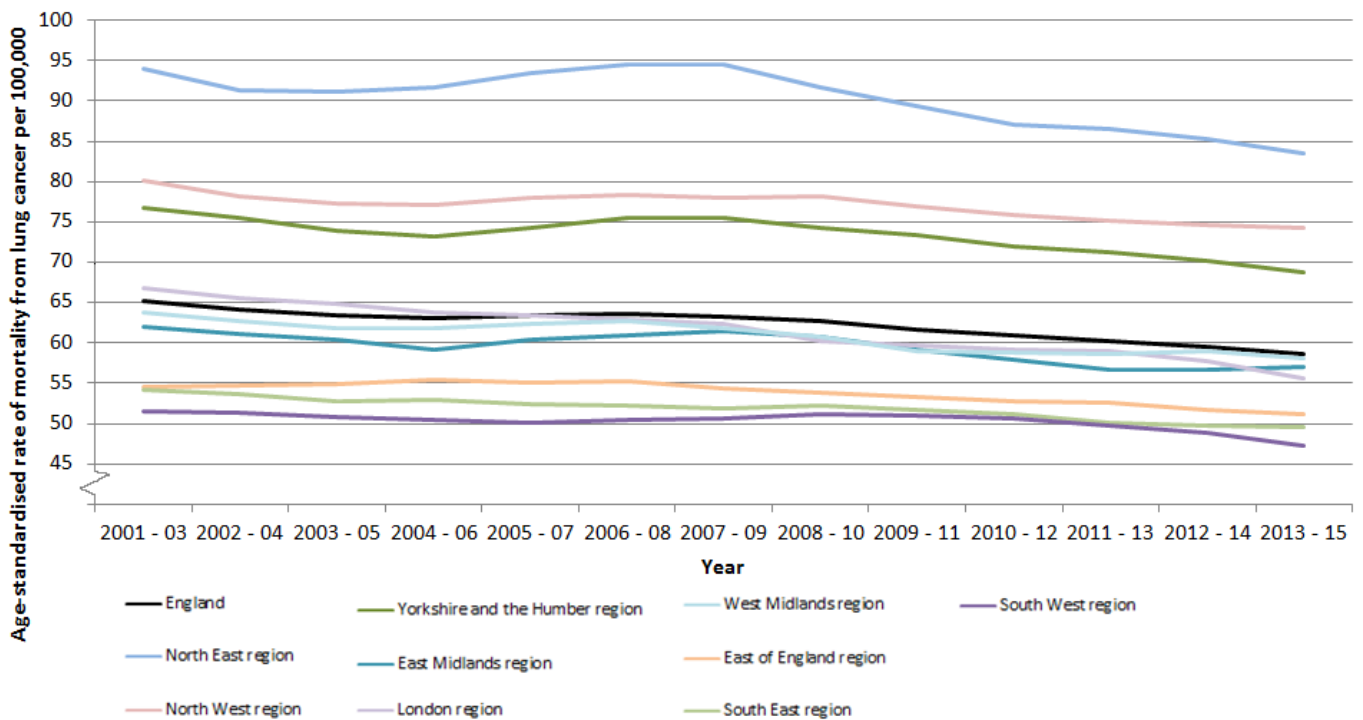
Figure 3 - Adult smoking prevalence in ex smokers and never smoked, England, 2012 to 2015 (APS)



- Ex-smoking prevalence estimates were consistently higher in the general population (34.5% in 2015) than for routine and manual workers (30.4% in 2015).
- When looking at those who have never smoked, there is also a difference between the general population and routine and manual workers. England “never smoked” estimates were 48.6% for the general population and 43.1% for routine and manual workers in 2015. There were significant differences between upper tier local authorities. For example, in Brighton and Hove estimates show only 36.1% of the population have never smoked compared to Newham’s estimate of 66.1%.

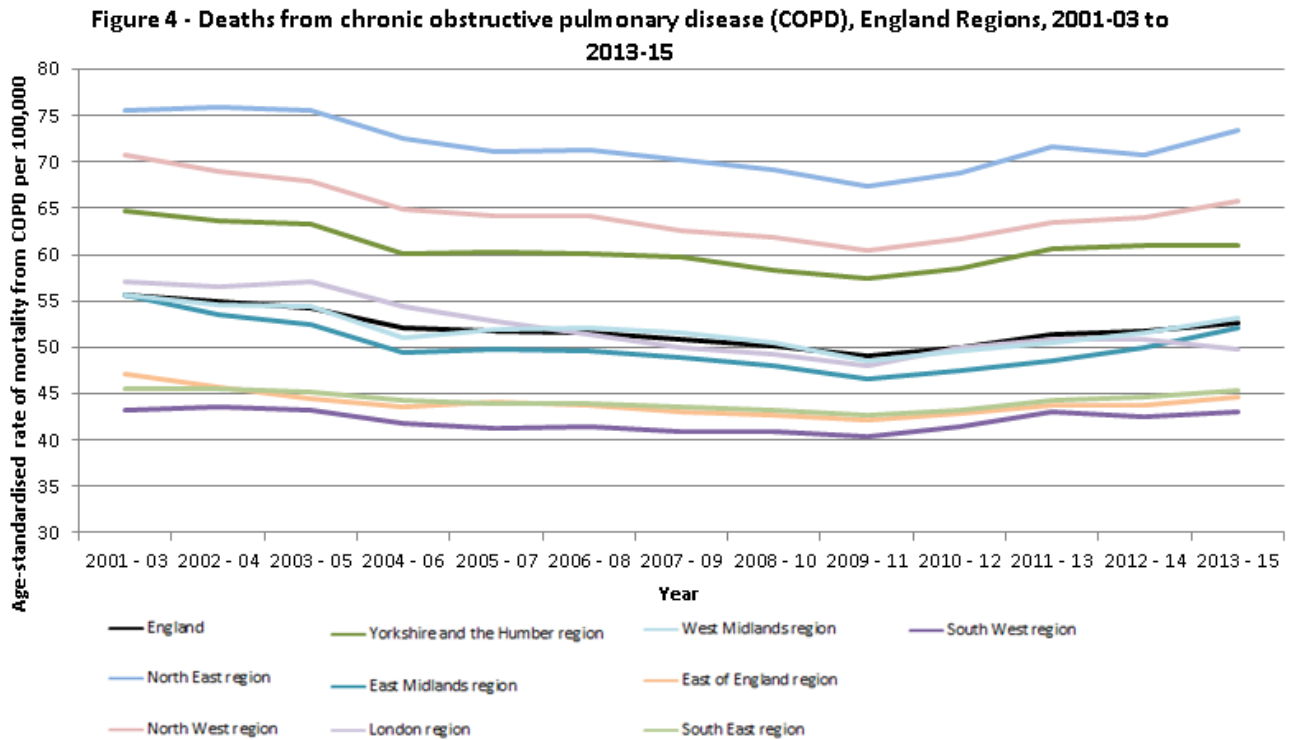
Deaths from lung cancer

Figure 4 - Deaths from lung cancer, England Regions, 2001-03 to 2013-15



- The lung cancer mortality rate in England for 2013-15 was 58.7 per 100,000 representing a statistically significant decrease from the 2012-14 rate of 59.5 per 100,000 (figure 4).
- Each of the three northern regions had rates which were statistically significantly higher than the England rate. In 2013-15, the North East had a rate of 83.6 per 100,000, the North West had a rate of 74.2 per 100,000 and Yorkshire and the Humber had a rate of 68.8 per 100,000. In comparison the South East and South West had the lowest rates of 49.6 and 47.2 per 100,000, respectively.

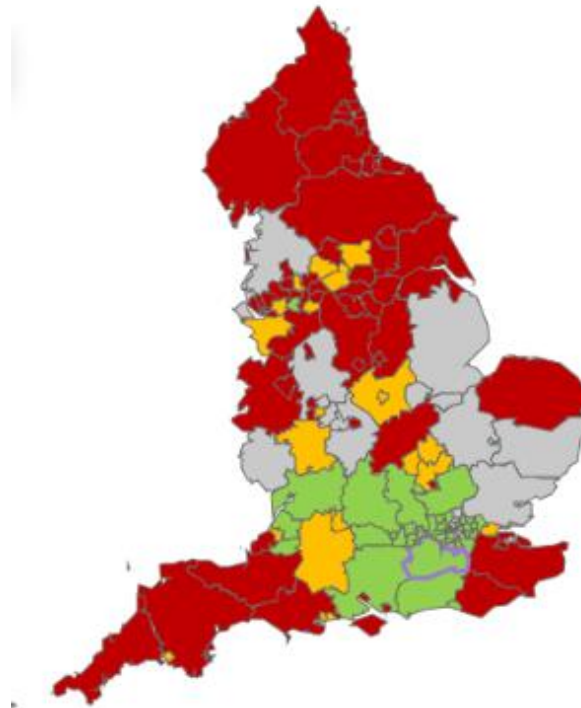
Deaths from chronic obstructive pulmonary disease (COPD)



- The Chronic Obstructive Pulmonary disease (COPD) mortality rate in England for 2013-15 was 52.6 per 100,000 representing a statistically significant increase from 2012-14 rate of 51.7 per 100,000 (figure 5).
- Each of the three northern regions had rates which were statistically significantly higher than the England rate. The North East had a rate of 73.4 per 100,000, the North West had a rate of 65.8 per 100,000 and Yorkshire and the Humber had a rate of 61.1 per 100,000. In comparison the South West and the East of England had the lowest rates of 43.1 and 44.7 per 100,000, respectively.

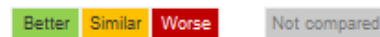
Smoking status at time of delivery

Figure 6 – Map of smoking status at time of delivery in upper tier local authorities, benchmarked against England



Source: Local tobacco control profiles

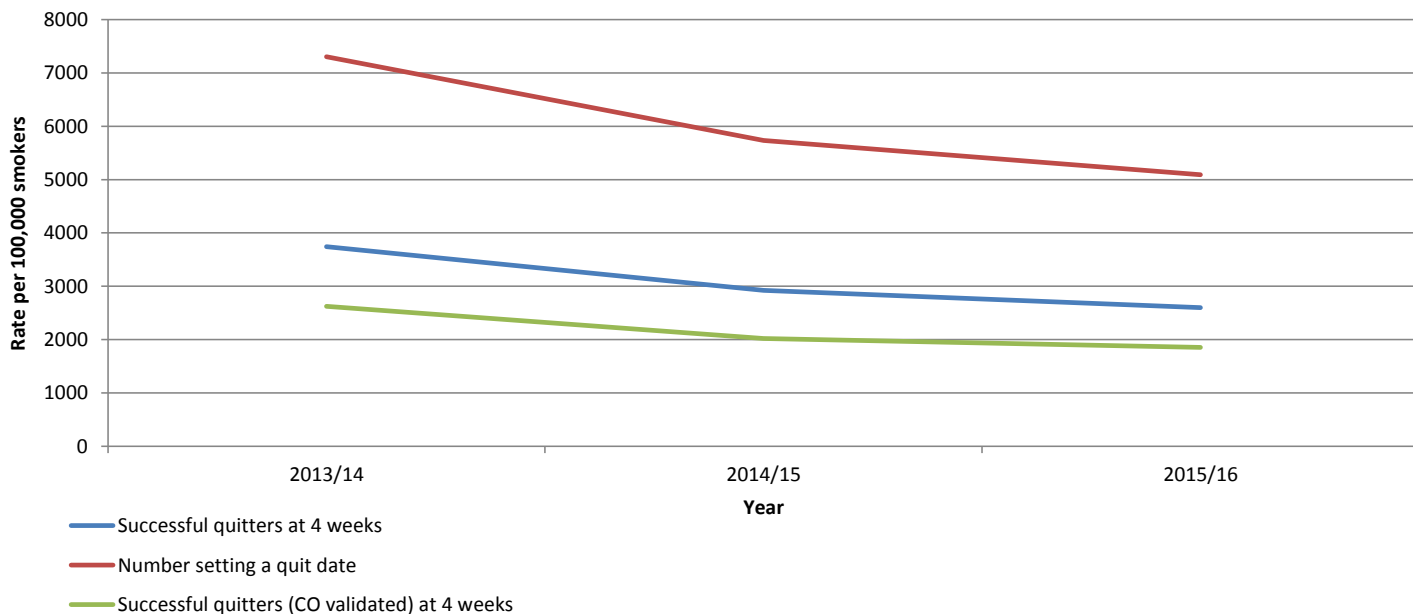
Compared with England benchmark



- The national ambition in the previous Tobacco Control Plan was “to reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015”. The percentage of women recorded as smokers at the time of delivery in 2015/16 was 10.6% which was a significant reduction from 11.4% in 2014/15.
- Upper tier local authority percentages varied from 1.8% in Westminster to 26.0% in Blackpool.
- Values have not been published for 25 upper tier local authorities for data quality reasons.

Local stop smoking services

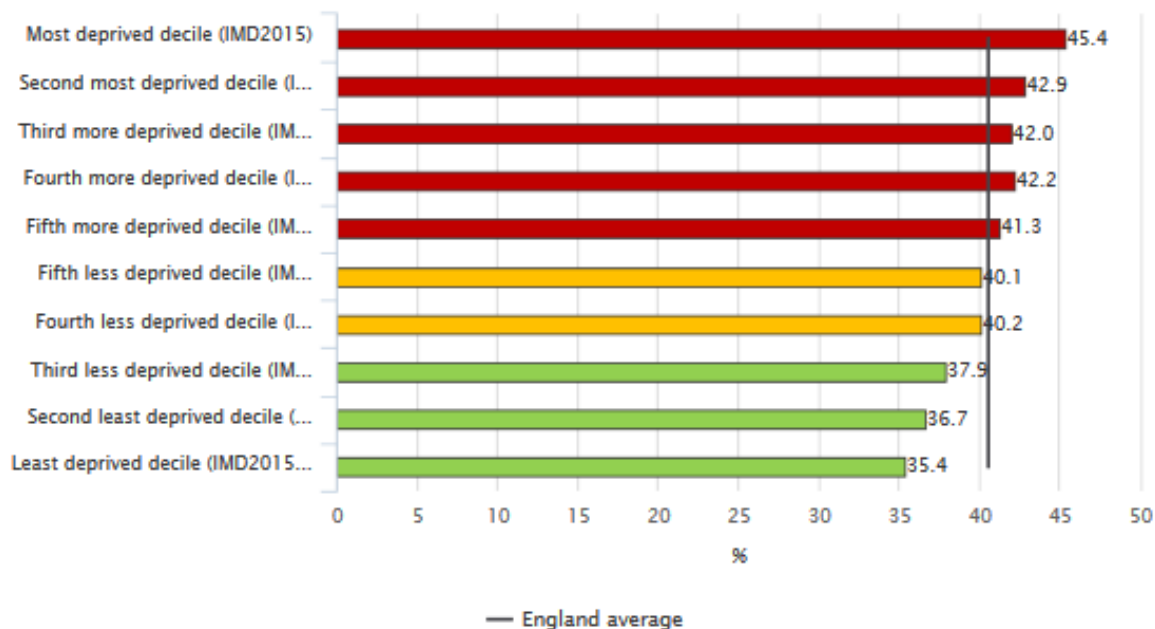
Figure 7 - Stop smoking services data, England, 2013/14 to 2015/16



- The three stop smoking service indicators (number setting a quit date, successful quitters at 4 weeks and successful quitters (CO validated) at 4 weeks) that previously used the Integrated Household Survey (IHS) smoking prevalence population estimates as their denominator have been recalculated with this update to use the Annual Population Survey (APS) smoking prevalence population, this change has been backdated to 2013/14.
- Each of the three indicators has declined from 2013/14 to 2015/16. The number setting a quit date via stop smoking services in England has fallen from 7302.2 per 100,000 in 2013/14 to 5091.8 per 100,000 in 2015/16. The rate of successful quitters at 4 weeks has fallen from 3742.9 per 100,000 in 2013/14 to 2598.1 per 100,000 in 2015/16 and successful quitters (CO validated) at 4 weeks has fallen from 2624.4 per 100,000 in 2013/14 to 1854.2 per 100,000 in 2015/16
- The completeness of NS-SEC recording by stop smoking services has increased in England from 88.3% in 2013/14 to 91.1% in 2015/16.
- Cost per quitter in England has risen from £283.43 in 2013/14 to £479.00 in 2015/16.

Smoking prevalence in adults with serious mental illness (SMI)

Figure 8 – Smoking prevalence in adults with serious mental illness (SMI) in England, 2014/15 by County & UA deprivation deciles (IMD2015)



- Smoking prevalence in adults with serious mental illness is a new indicator to the local Tobacco Control Profiles.
- For 2014/15 smoking prevalence in England for adults with a serious mental illness was 40.5%. This varied between local authorities, with Harrow having the lowest prevalence (27.2%) and Kingston upon Hull having the highest prevalence (52.3%).
- The most deprived deprivation decile of local authorities had a prevalence of 45.4%. This rate decreased with each deprivation decile to 35.4% for the least deprived decile.

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.

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