

Protecting and improving the nation's health

# **Local Tobacco Control Profiles – February 2017 update**

# Main findings

### Smoking Prevalence – Annual Population Survey (APS)

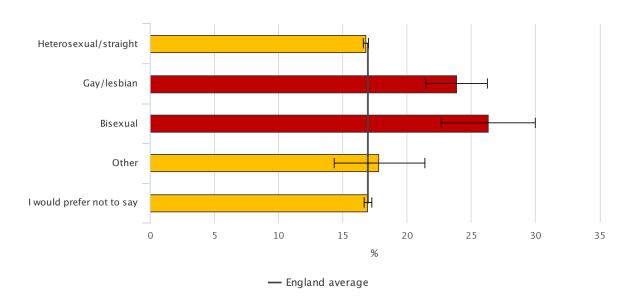
 Smoking prevalence rates were added to the profiles in August and in this update, additional inequality breakdowns at England level for 2015 have been added.

### **Sexual Identity**

- Smoking prevalence was higher in those identifying as bisexual (26.3%) or gay/lesbian (23.9%) compared with heterosexual/straight (16.8%) (see figure 1).
- The prevalence of ex-smokers was highest in those identifying as gay/lesbian (40.5%) and lowest in the 'I would prefer not to say' category (26.4%).
- The prevalence of those who have never smoked was lowest in those identifying as gay/lesbian (35.6%) compared with 56.7% in the 'I would prefer not to say' category.
- When smoking prevalence data for those in routine and manual occupations
  was partitioned by sexual identity; current smoking prevalence was lowest in
  those identifying as heterosexual/straight (26.4%) and highest in those
  identifying as gay/lesbian (40.4%).

Figure 1





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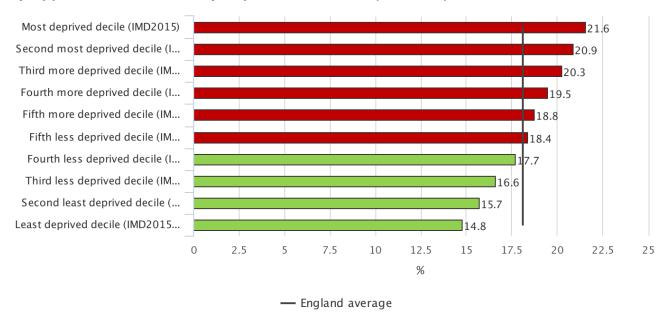
#### Socioeconomic status

- Routine and manual occupations had the highest current smoking prevalence (28.1%) compared to 12.2% for those in managerial and professional occupations.
- The highest rate of ex-smokers was seen in managerial and professional occupations (34.9%) and lowest among those who have never worked and long term unemployed (19.6%).
- The highest proportion of those who have never smoked was among those who in the never worked or long term unemployed category (58.3%) compared to 44.2% in the routine and manual occupations category.

### **Smoking prevalence – Quality Outcomes Framework (QOF)**

- Smoking prevalence in 2015/16 as reported by the QOF was 18.1% in England.
- Prevalence in upper tier local authorities varied from 10.4% in City of London to 26.8% in Blackpool.
- The most deprived decile had a prevalence of 21.6% and this decreased to a prevalence of 14.8% in the least deprived decile (see figure 2).

Figure 2. Smoking prevalence in adults – current smokers (QOF) – England, 2015/16 by upper tier local authority deprivation deciles (IMD2015)

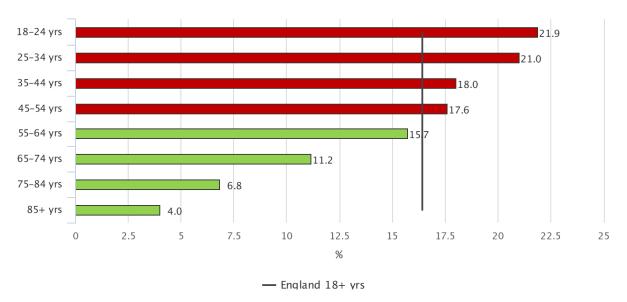


### Smoking prevalence – GP Patient Survey (GPPS)

- Data for 2014/15 and 2015/16 have been added to the Local Tobacco Control Profiles for the following three GPPS indicators: current smokers, ex-smokers and those who have never smoked.
- 2015/16 smoking prevalence via the GPPS (16.4%) showed a statistically significant fall in prevalence from 2013/14 (17.1%).

- Prevalence in upper tier local authorities varied from 8.4% in City of London to 24.1% in Blackpool.
- In 2015/16, as age increased, smoking prevalence decreased. 18-24 year olds had the highest smoking prevalence (21.9%) compared to 4.0% among those aged 85+ (see figure 3).

Figure 3. Smoking prevalence – current smokers (GPPS), England 2015/16, partitioned by age



• In 2015/16, ex-smoker prevalence in upper tier local authorities varied from 14.7% in Newham to 40.1% in Isles of Scilly. The prevalence of those who had never smoked varied from 44.1% in Blackpool to 70.0% in Harrow.

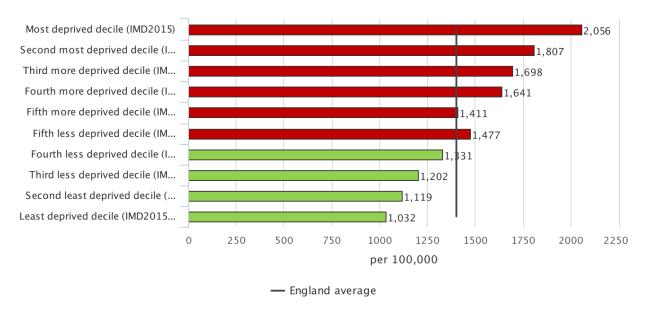
#### Illicit tobacco indicators

- The estimated tobacco tax gap for 2015/16 was estimated to be £1,600 million in 2015/16. This was an increase from £900 million in 2014/15.
- The estimate of percentage share of cigarette sales attributable to illicit tobacco was 13% in 2015/16, and increase from 7% in 2014/15.

#### Potential years of life lost due to smoking related illness

- The England value of 1,399 per 100,000 for 2013-15 was statistically similar to the value for 2012-14 (1,407 per 100,000).
- Rates varied between upper tier local authorities: City of London had the lowest rate of 636 per 100,000 and Manchester had the highest rate of 2,696 per 100,000.
- The most deprived decile had a rate of 2,056 per 100,000 and this decreased to a rate of 1,032 per 100,000 in the least deprived decile (see figure 4).

Figure 4. Potential years of life lost due to smoking related illness – England, 2013-15 by upper tier local authority deprivation deciles (IMD2015)



### Stillbirth rate

- The England stillbirth rate decreased from 5.0 per 1,000 births in 2010-12 to 4.6 in 2013-15.
- Over this period London consistently had the highest rate (5.0 per 1,000 births in 2013-15) compared to the South West, with consistently the lowest rate (3.7 per 1,000 births in 2013-15) – see table 1.

### **Neonatal mortality rate**

- There was a statistically significant reduction in the neonatal mortality rate for England between 2010-12 and 2013-15 (3.0 to 2.7 per 1,000 live births).
- The neonatal mortality rate in the West Midlands was consistently significantly higher than any other region during this period (see table 1).

Table 1: Stillbirth and neonatal mortality rate for England and Regions 2013-15.

Region	Stillbirth rate (per 1000 births)	Neonatal mortality rate (per 1000 live births)
East Midlands	4.4	3.1
East of England	4.1	2.4
London	5.0	2.3
North East	4.3	2.3
North West	4.8	2.8
South East	4.3	2.3
South West	3.7	2.5
West Midlands	4.8	4.2
Yorkshire and the Humber	4.9	2.8
England	4.6	2.7

# 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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