Public Health England

Protecting and improving the nation's health

Local Tobacco Control Profiles – February 2016 update

Main findings

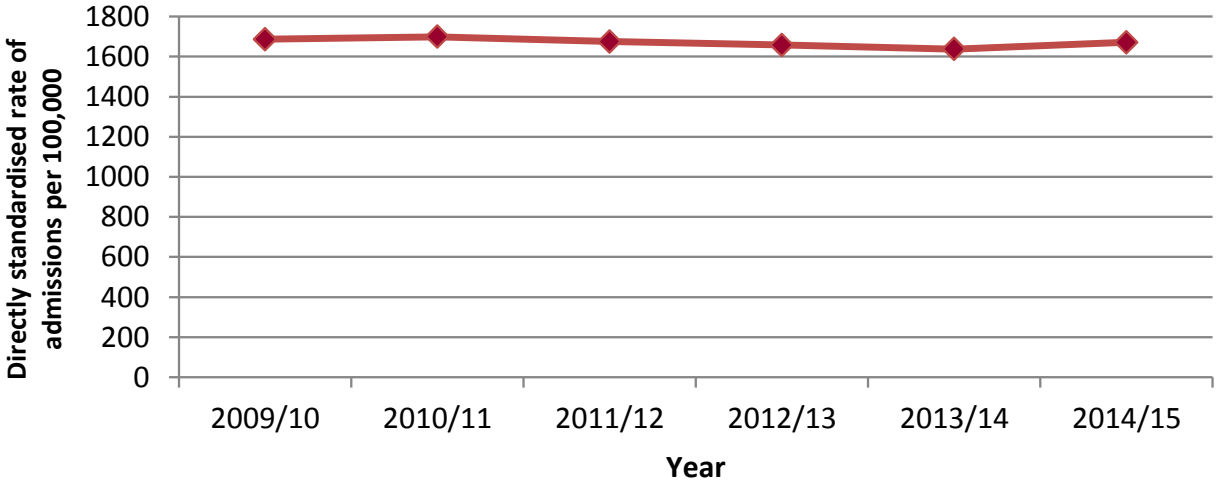
Smoking Prevalence (QOF)

- Recorded smoking prevalence in adults in England fell from 19.2% in 2013/14 to 18.6% in 2014/15, according to the Quality and Outcomes Framework (QOF). However, there remains wide variation between local authorities in England. Prevalence was lowest in the City of London (11.2%) and highest in Blackpool (27.2%).

Smoking attributable hospital admissions

- The directly standardised rate of smoking attributable hospital admissions in 2014/15 rose in England for the first time since 2010/11 to a rate of 1671.21 per 100,000 (figure 1). There was an increase in the rate of smoking attributable hospital admissions in every region except London and the West Midlands.

Figure 1 - Smoking attributable hospital admissions, England 2009/10 - 2014/15



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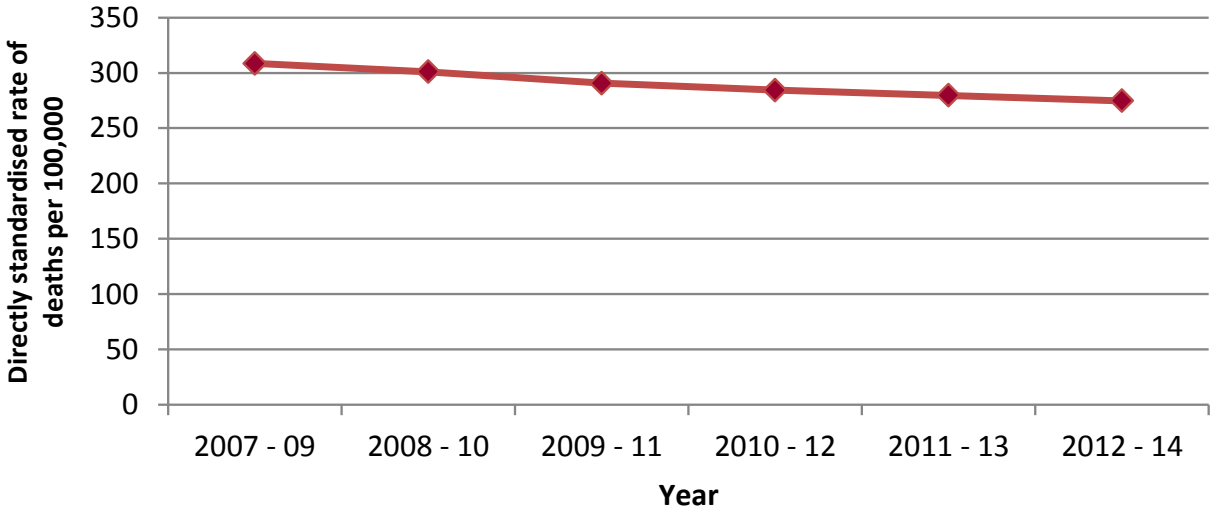
Smoking attributable deaths

- The rate of smoking attributable deaths in England has fallen each year from 308.4 per 100,000 in 2007-09 to 274.8 per 100,000 in 2012-14 (figure 2). Rates have decreased in every England region during the time period however there remains a significant difference between regions with the South West having the lowest rate of 237.5 per 100,000 in 2012-14 compared to the North East which had the highest rate of 359.1 per 100,000 in 2012-14.

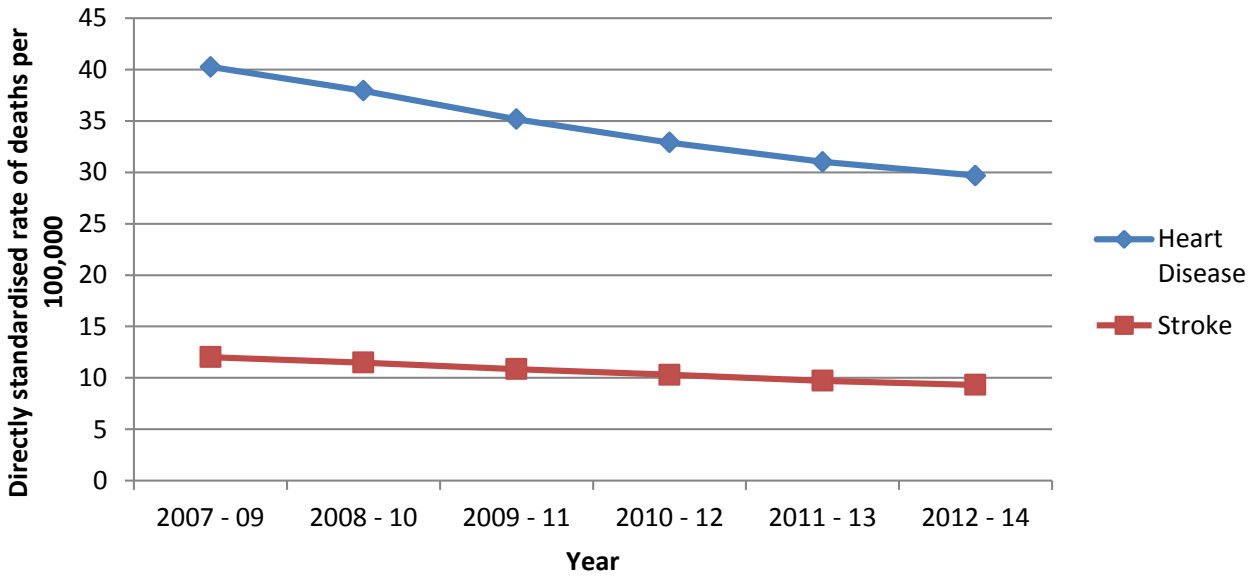
Figure 2 - Smoking attributable deaths, England, 2007-09 to 2012-14



Smoking attributable deaths from heart disease and stroke

- The rate of smoking attributable deaths from heart disease continue to fall steadily from 40.2 per 100,000 in 2007-09 to 29.7 per 100,000 in 2012-14 (figure 3). Similarly smoking attributable deaths from stroke have steadily decreased from 12.0 per 100,000 to 9.3 per 100,000 over the same period (figure 3).
- Latest data shows a greater than twofold difference between the highest and lowest rates of death from heart disease and stroke in upper tier local authorities in England– 18.9 per 100,000 in Kensington & Chelsea compared with 58.1 per 100,000 in Tameside (heart disease) and 6.3 per 100,000 in Buckinghamshire compared with 17.8 per 100,000 in Blackpool (stroke).

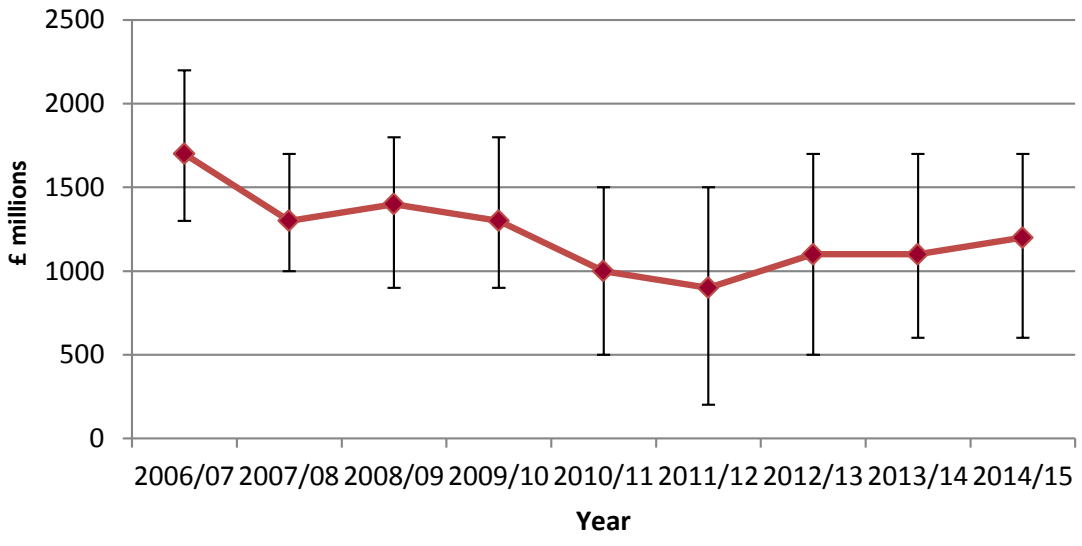
Figure 3 - Smoking attributable deaths from heart disease and stroke, England, 2007-2009 to 2012-2014



Illicit tobacco

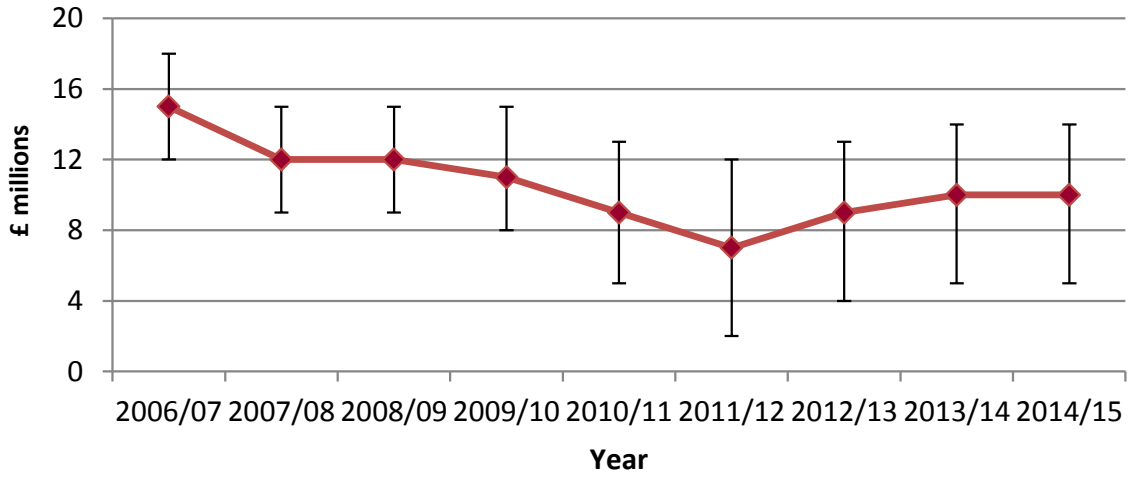
- The trend in illicit tobacco measured via the tax gap (£ millions) in England has remained relatively stable in recent years (figure 4). For 2014/15 the figure was £1,200million.
- Similarly, the illicit tobacco share of cigarette sales (%) has remained stable at 10% for the same period (figure 5

Figure 4 - Illicit tobacco: the tax gap (£ millions), England, 2006/07- 2014/15



HM Revenue & Customs

Figure 5 - Illicit tobacco: share of cigarette sales (%), England, 2006/07- 2014/15



HM Revenue & Customs

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. 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 five indicators; and the addition of two new indicators.

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