



Local Tobacco Control Profiles – May 2017 update

Main findings

Smoking attributable mortality

- Smoking attributable mortality was 283.5 per 100,000 in England for 2013-15.
- There were 28.9 smoking attributable deaths from heart disease per 100,000 population in 2013-15.
- The rate of smoking attributable deaths from stroke was 9.4 per 100,000 in England in 2013-15.

Smoking attributable hospital admissions

- There were 1,726 smoking attributable hospital admissions per 100,000 population (age 35+) in 2015/16.
- The England rate of emergency admissions for COPD was 411 per 100,000.
- In 2015/16, there were 202.4 hospital admissions for asthma in those under 19 years per 100,000 population.
- A sex breakdown has been added to the data for emergency admissions for COPD and hospital admissions for asthma. Both indicators show that figures for males are significantly higher than females (438 compared to 395 per 100,000 for COPD and 235.4 compared to 167.7 per 100,000 for asthma).

Premature births (less than 37 weeks gestation)

- There were 78.4 premature births per 1,000 live births and stillbirths in England in 2013-15.

Low birthweight of term babies

- 2.8% of live births at term had a recorded birthweight of less than 2500g in 2015.

Cancer registrations

- There were 112,921 lung cancer registrations in the period 2013-15 in England, a rate of 78.9 per 100,000 population.
- 21,411 oral cancer registrations were made in the same period, with a corresponding rate of 14.5 per 100,000 population.

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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