



Office for Health
Improvement
& Disparities

Tobacco control, smoking cessation and inequalities overview Yorkshire & Humber

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Inequalities and the big picture

National

Smoking inequalities

Smoking tobacco remains the leading cause of health inequalities and premature mortality in England.

The burden of these inequalities is further exacerbated by socioeconomic factors such as deprivation, employment and education.

Furthermore, smoking prevalence and therefore the burden of smoking-related illness can be greater in certain population groups.

In 2021, Gov.UK reported that adult smoking prevalence was higher than the national average (13.9%) in the following ethnic groups:

- Mixed (19.5%)
- White (14.4%)

There is a strong link between cigarette smoking and socio-economic group. In England, people are 2.5 times more likely to smoke if they are in a routine and manual occupation.

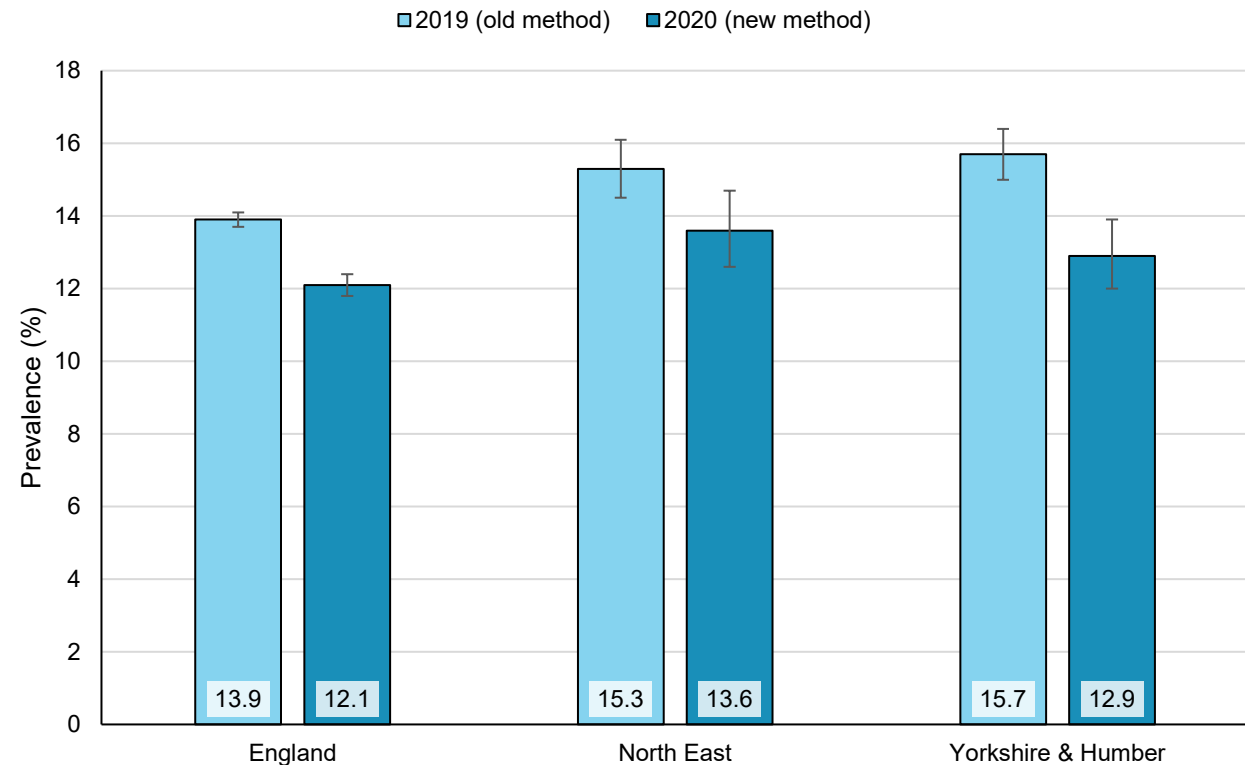
There is long-standing evidence that smoking prevalence is substantially higher among people with mental disorders than in the general population.

Smoking prevalence – 2020 data

Changes to data collection have meant that 2020 smoking prevalence data can not be compared with previous years (*see note below).

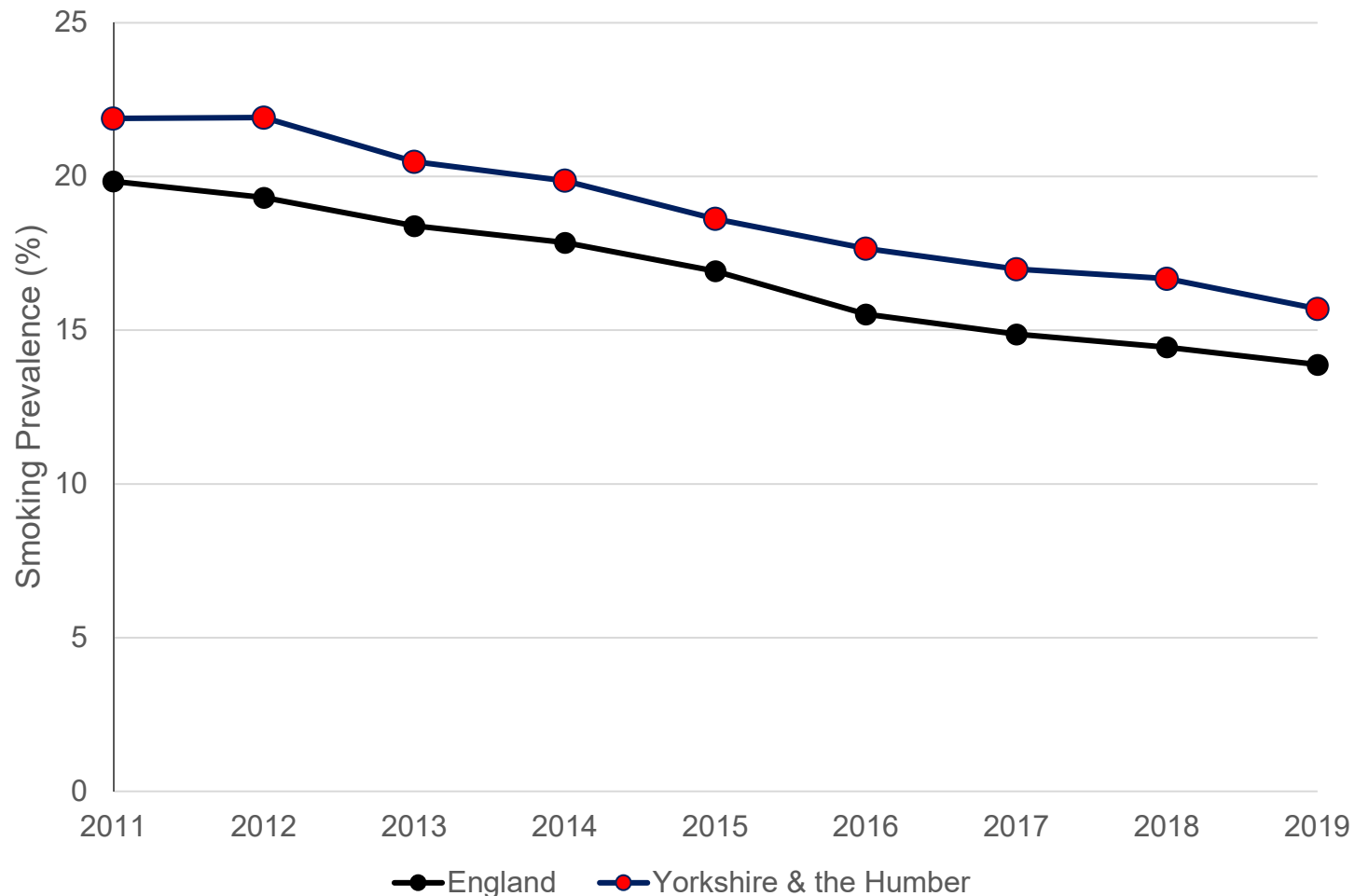
* In 2013 several survey modules were removed from the Integrated Household Survey (IHS) to leave a dataset solely based upon the Annual Population Survey (APS). The APS is designated as a National Statistic and has provided a consistent time series of data for smoking prevalence. However, in 2020 due to the impact of the COVID-19 pandemic the mode of the APS changed from face-to-face interview to telephone only from Q2 2020. Prior to publication ONS have investigated whether there was a relationship between the smoking prevalence estimate and the change in data collection. The conclusion was that the estimates have indeed been impacted by the change in survey mode from face-to-face interview to telephone, and that selection bias will have also influenced the final prevalence figures. The final prevalence figures as published are lower than would have been expected if data collection had stayed the same for 2020.

Smoking prevalence in adults in England (18+), 2019 (old method) and 2020 (new method)



Smoking Prevalence Overview – historical trend

Smoking prevalence in adults in England and the North East (18+), 2011-2019



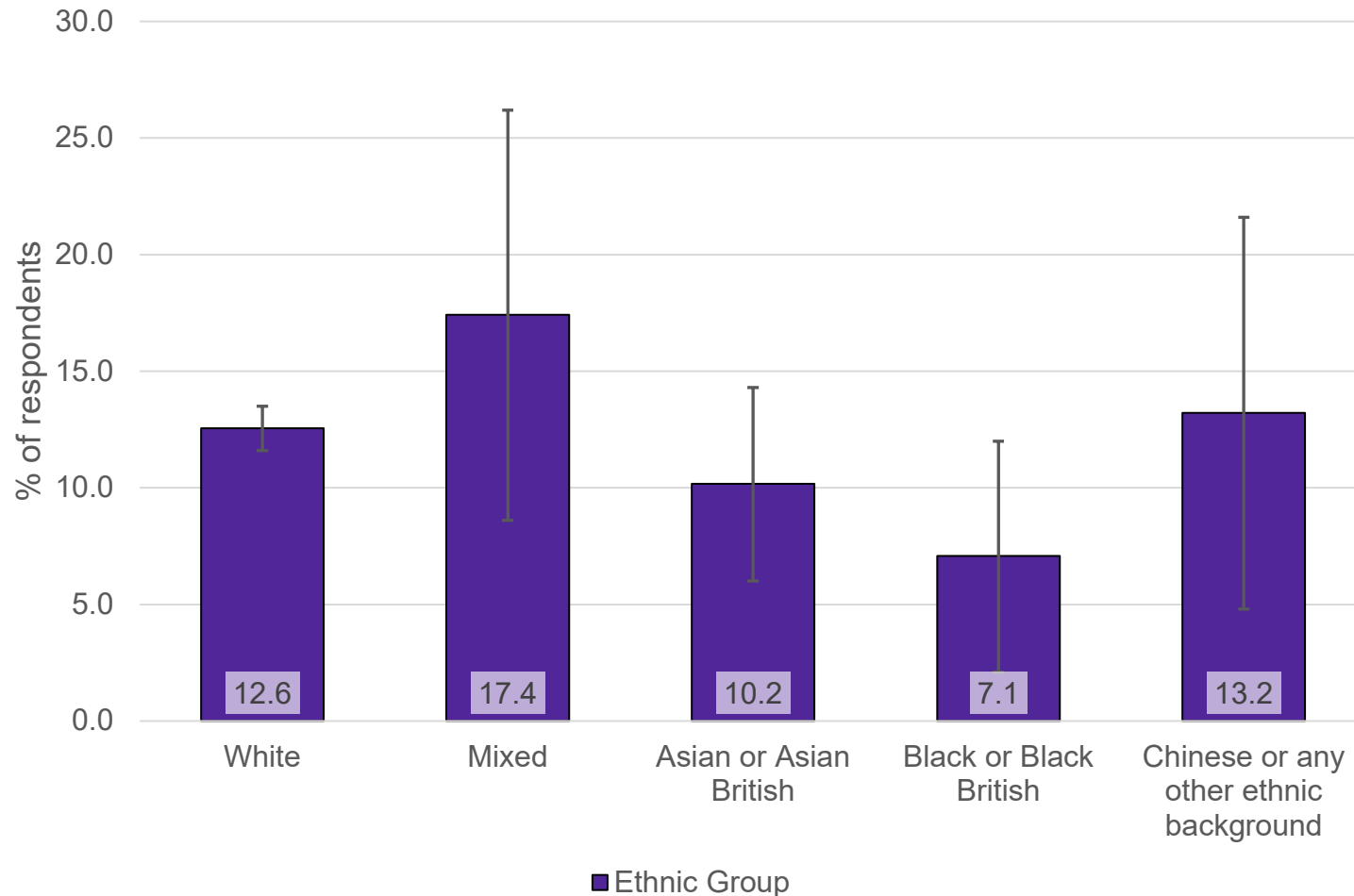
This chart shows the change in smoking prevalence overtime for England and the Yorkshire & the Humber.

Prevalence in Yorkshire & the Humber (15.7%) remained significantly higher than the England average (13.9%), however over the last 10 years prevalence had been decreasing for England and Yorkshire & the Humber.

The gap between England and Yorkshire & the Humber remains fairly steady.

Smoking Prevalence in Ethnic Groups

Percentage of respondents who are current smokers (OPN) in England, by ethnic group (4 week period ending 26/09/21)



The chart shows the smoking prevalence (aged 16+) for different ethnic groups.

The sample size is small, giving rise to large confidence intervals.

Smoking prevalence by country of birth

Smoking prevalence in adults in England (18+), 2020



This chart shows smoking prevalence by county of birth for people living in England (2020).

People born in Poland have a higher smoking prevalence than England and all other areas.

People born in Northern Ireland and India have lower smoking prevalence.

Smoking prevalence by housing tenure

Smoking prevalence in adults in England (18+), 2020



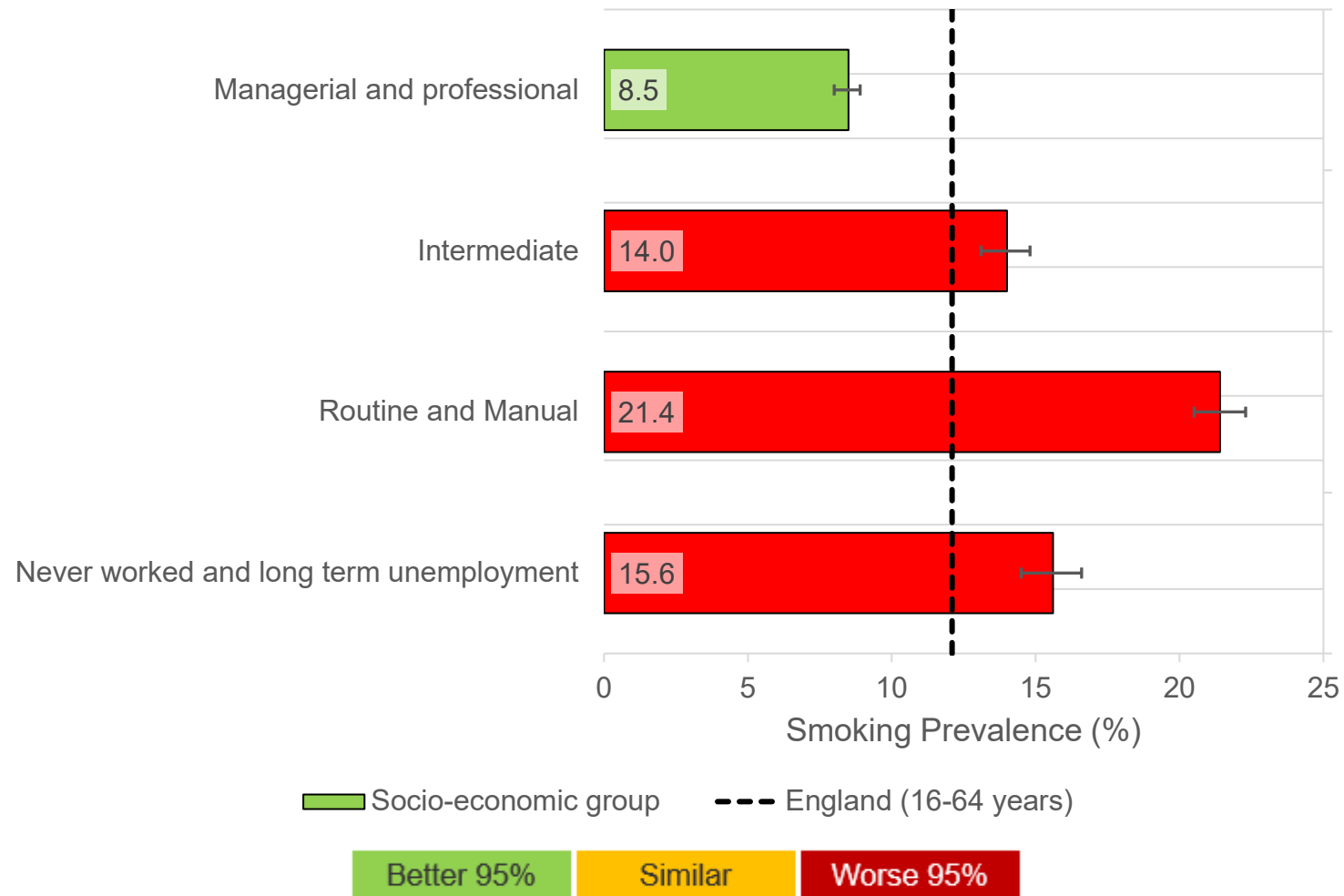
This chart shows smoking prevalence by housing tenure group for people living in England (2020).

Smoking prevalence in people who live in rental property is higher than the England average.

Smoking prevalence in people who own their property is lower than the England average.

Smoking prevalence by socio-economic group

Smoking prevalence in adults in England (18+), 2020



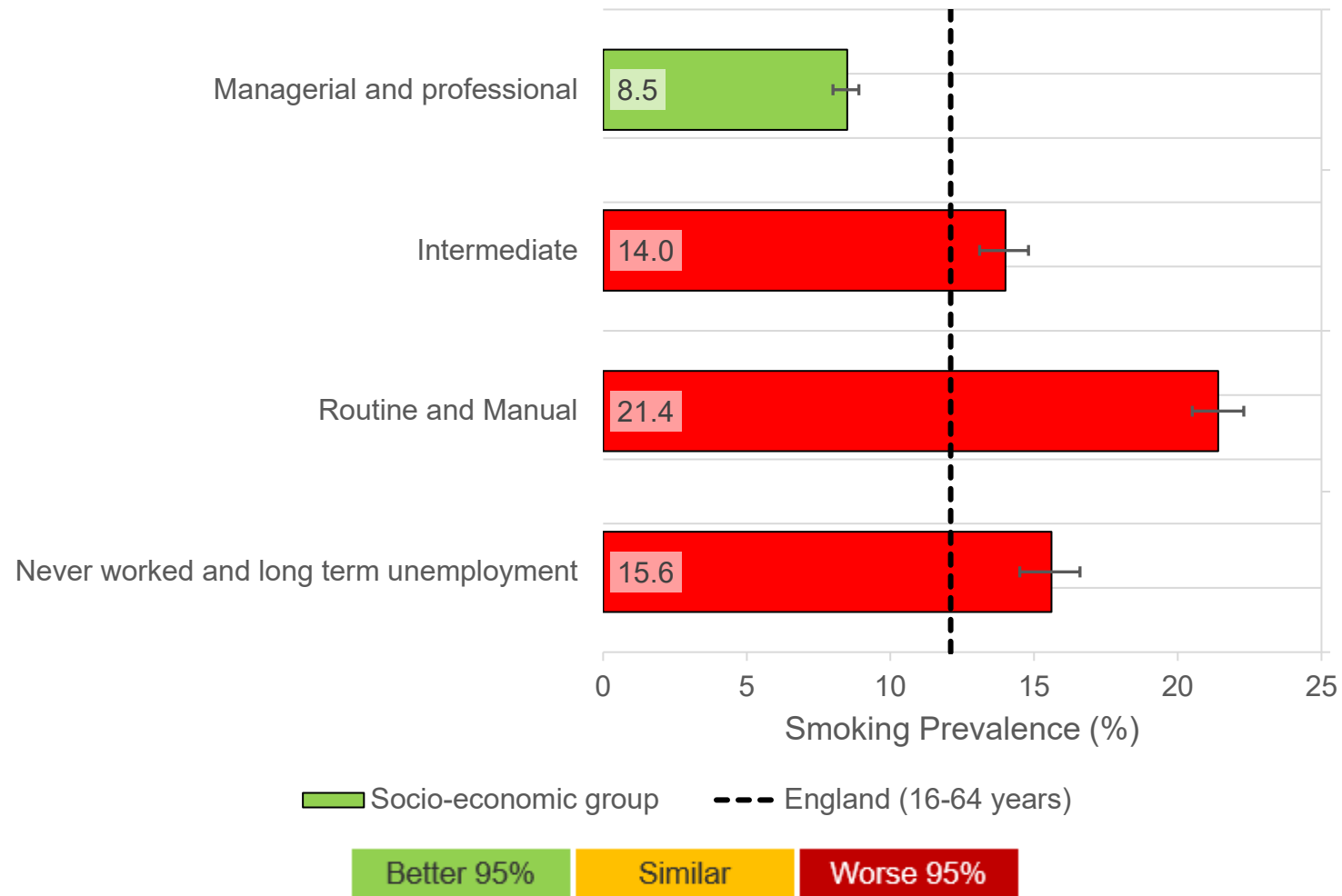
This chart shows smoking prevalence by socio-economic group for people living in England (2020).

Smoking prevalence in people working in managerial and professional occupations is lower than the England average for working age people.

All other categories are higher than the England average

Smoking prevalence by socio-economic group

Smoking prevalence in adults in England (18+), 2020



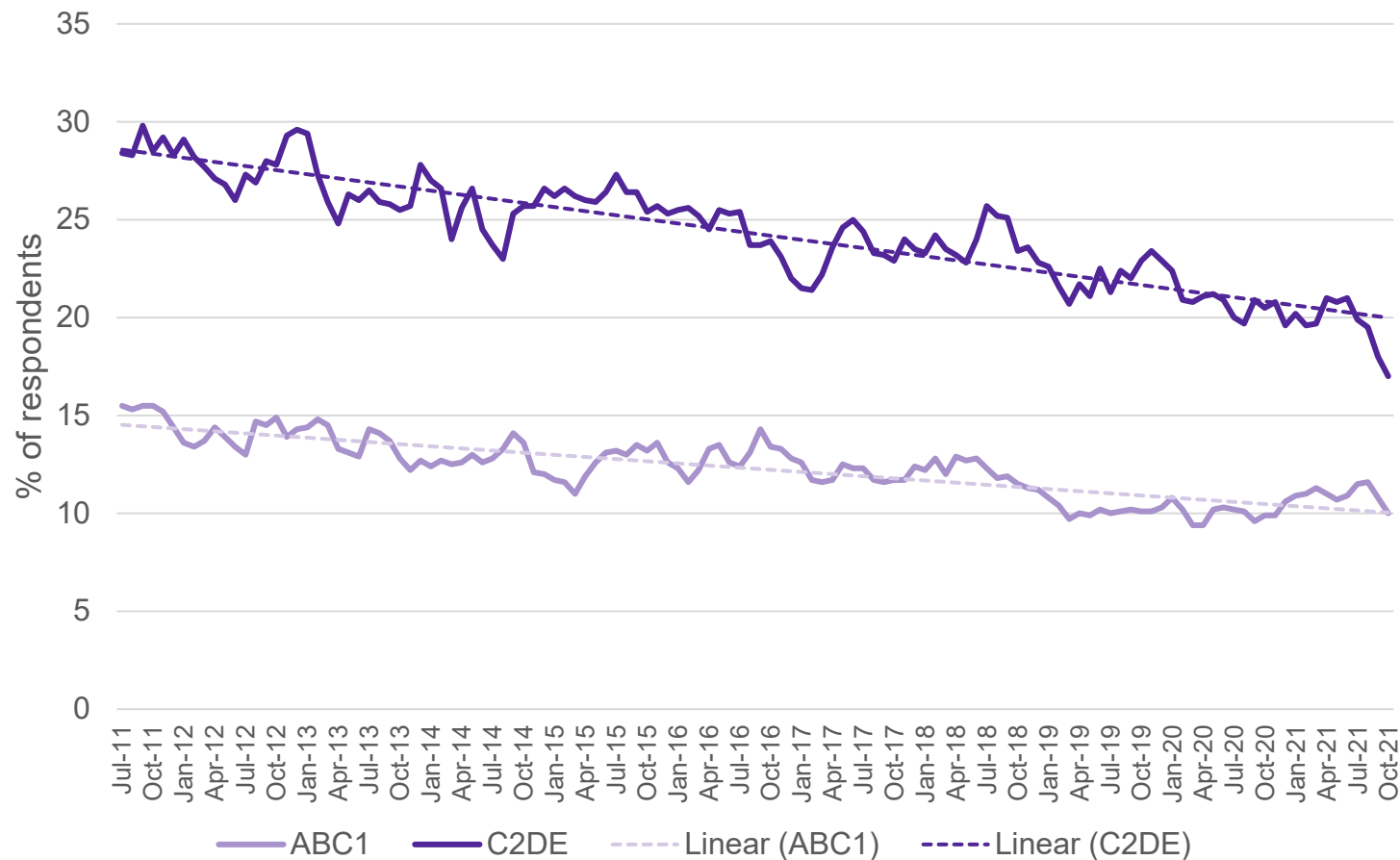
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Prevalence of cigarette smoking trend over time by socio-economic group

Prevalence of cigarette smoking (STS) in England by Social Class, Oct-2021

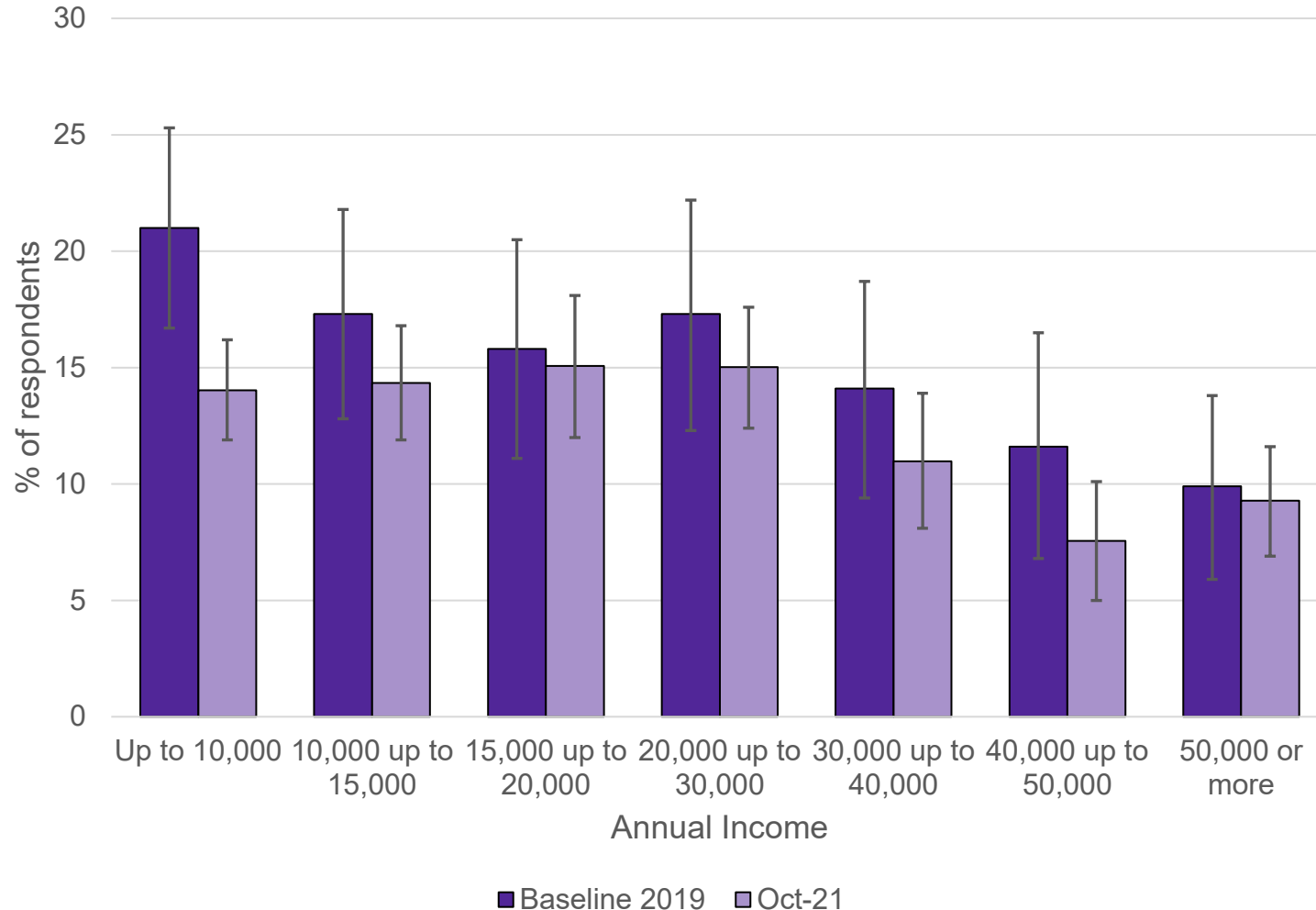


The chart show that whilst the smoking has decreased in each category, prevalence is still much higher in routine and manual groups.

ABC1: higher and intermediate managerial, administrative and professional workers, supervisory, clerical and junior managerial, administrative and professional workers,
C2DE: skilled manual workers, semi-skilled and unskilled manual workers, people on long term state benefits, casual and lowest grade workers, unemployed with state benefits (including pension) only

Prevalence of cigarette smoking by annual income

Percentage of respondents who are current smokers (OPN) in England, by annual income - latest 4 week period compared with 2019



This chart shows smoking prevalence by annual income.

Smoking prevalence has decreased when compared to a baseline 2019 figure for all categories.

However large confidence intervals and small sample sizes make a true picture hard to decipher.

Stop smoking services

Stop smoking services (SSS) are evidence based effective services that help smokers to stop. They are a key element of the Government's tobacco control 5 year plan that will contribute to reducing smoking prevalence. However SSS are not the main driver in reducing smoking prevalence. SSS make a significant contribution to tackling health inequalities and increasing life expectancy.

Rate of prescriptions for nicotine replacement products per 100,000 smokers (18+), 2018

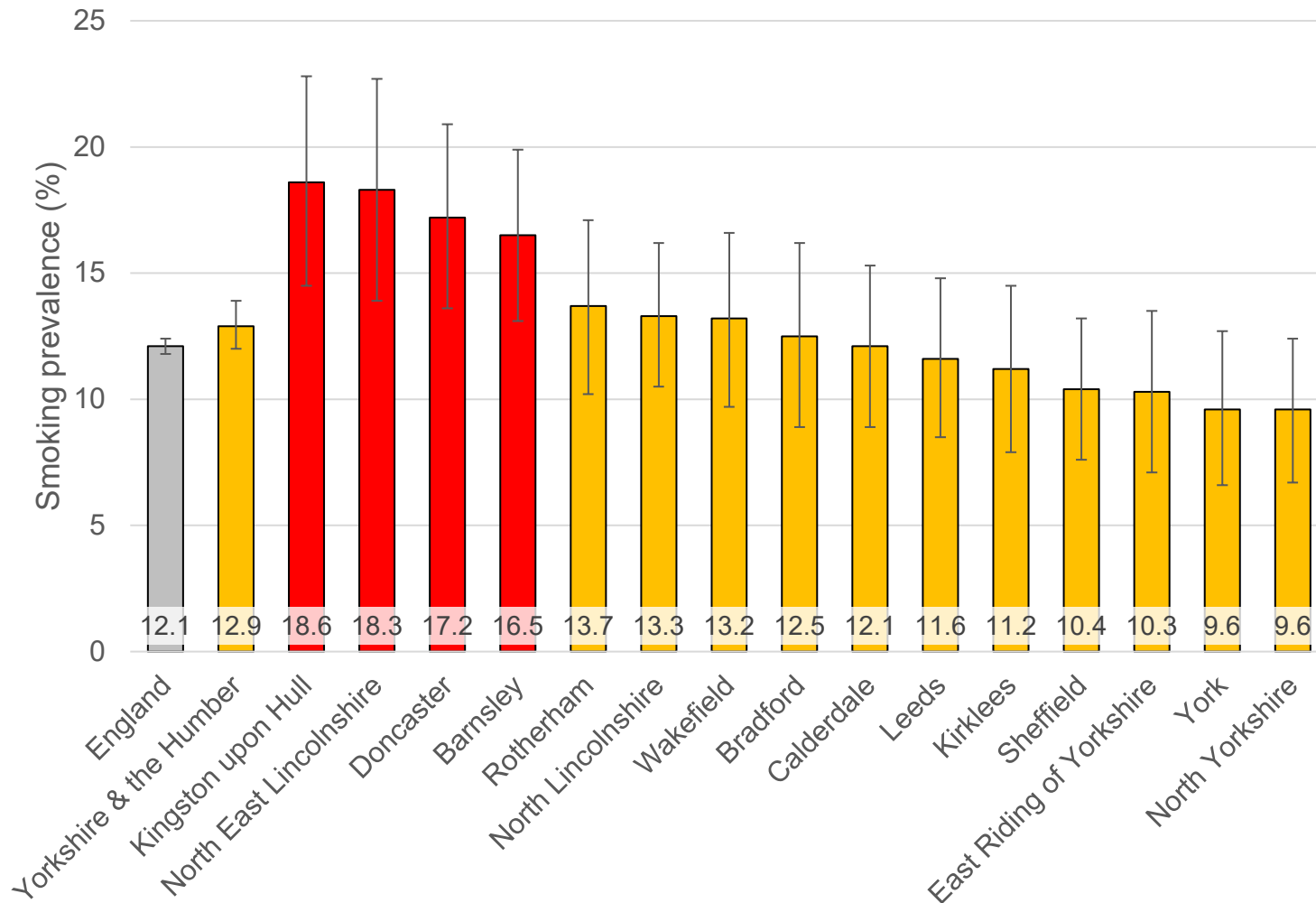


Local Stop Smoking Services data is currently the only published data on prescriptions for smoking cessation, and although it contains some data on nicotine replacement products, it does not contain information on all patients being prescribed nicotine replacement products

Rate of prescriptions for NRT is higher than average in the most deprived decile, but lower in all others.

Smoking Prevalence in Yorkshire and the Humber

Smoking prevalence in adults (18+), by England, Y&H and Local Authority, 2020



The chart shows smoking prevalence by England, Yorkshire and the Humber and for each of the Y&H Local Authorities.

The Y&H average is not statistically significant than that of England, as is the prevalence in 11 of the regional local authorities.

The other Local Authorities are significantly higher than England.



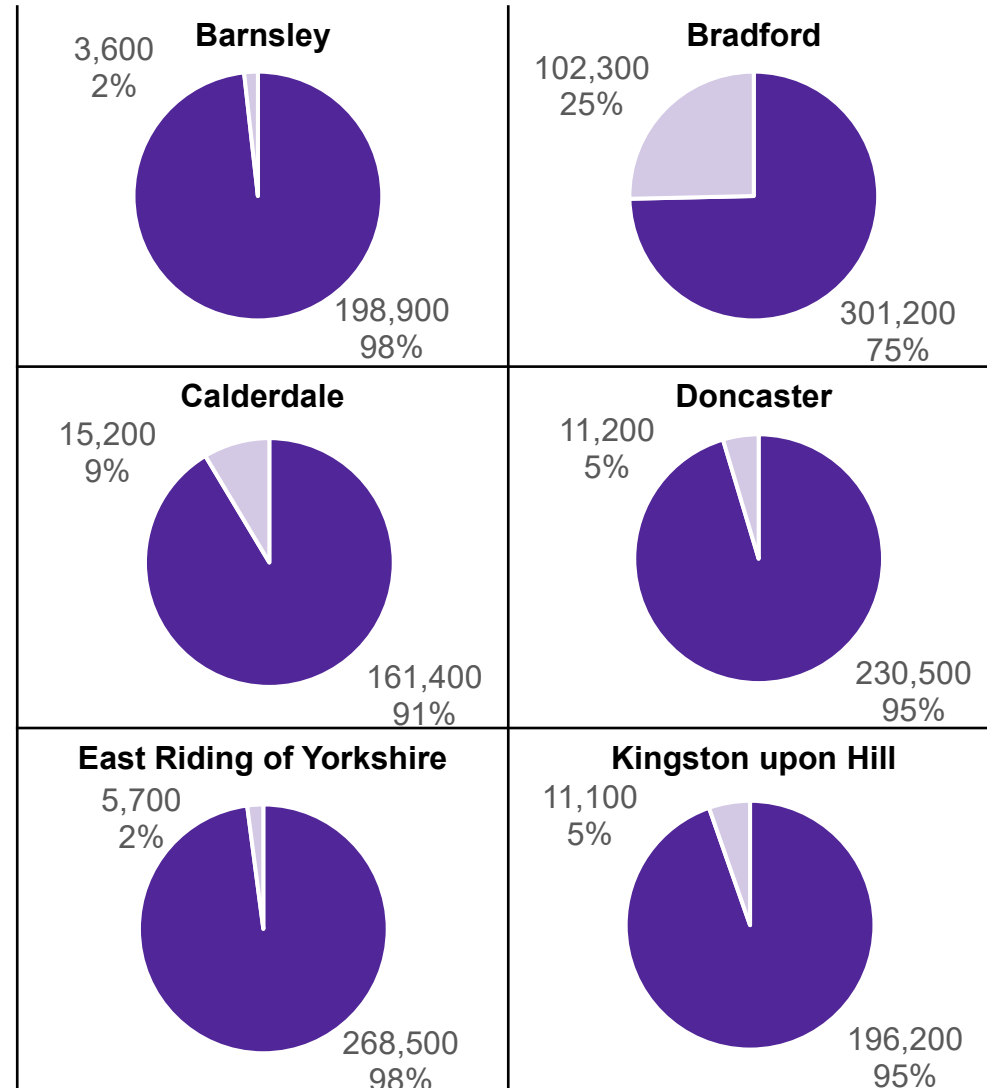
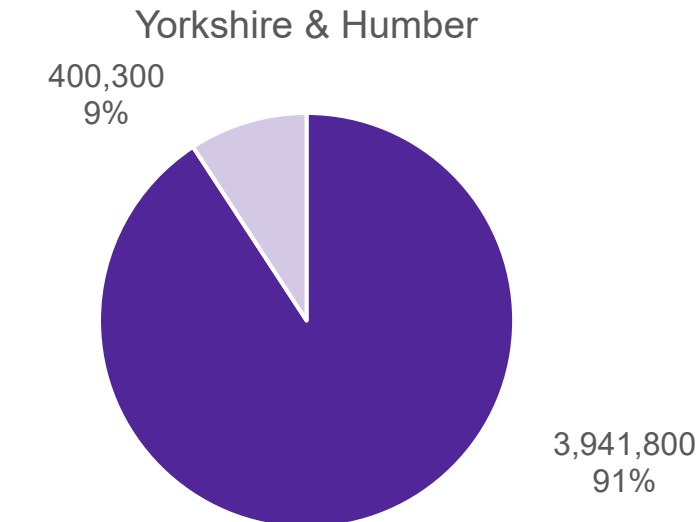
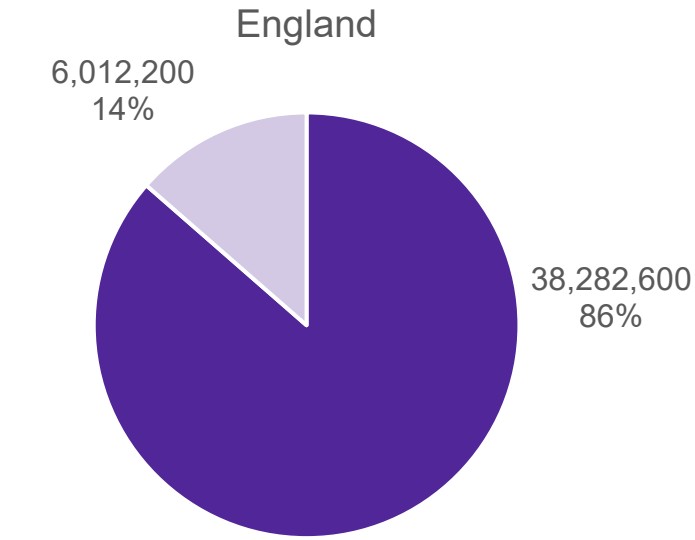
Local inequalities and demographics

Yorkshire & the Humber

Ethnic breakdown of local areas

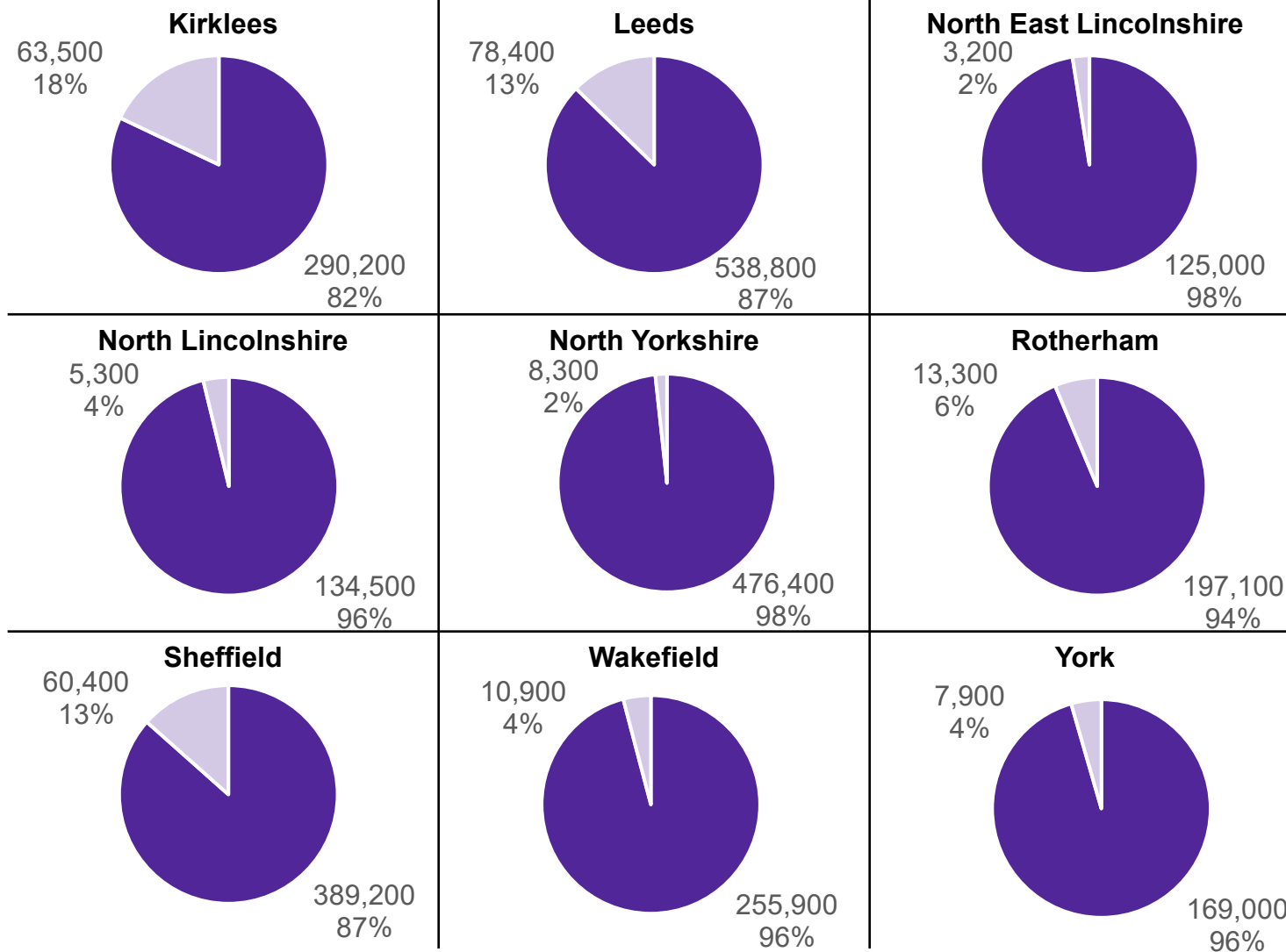
■ White ■ Mixed

Simple breakdown of ethnicity of populations across Yorkshire & the Humber, APS 2016 (16+ years)



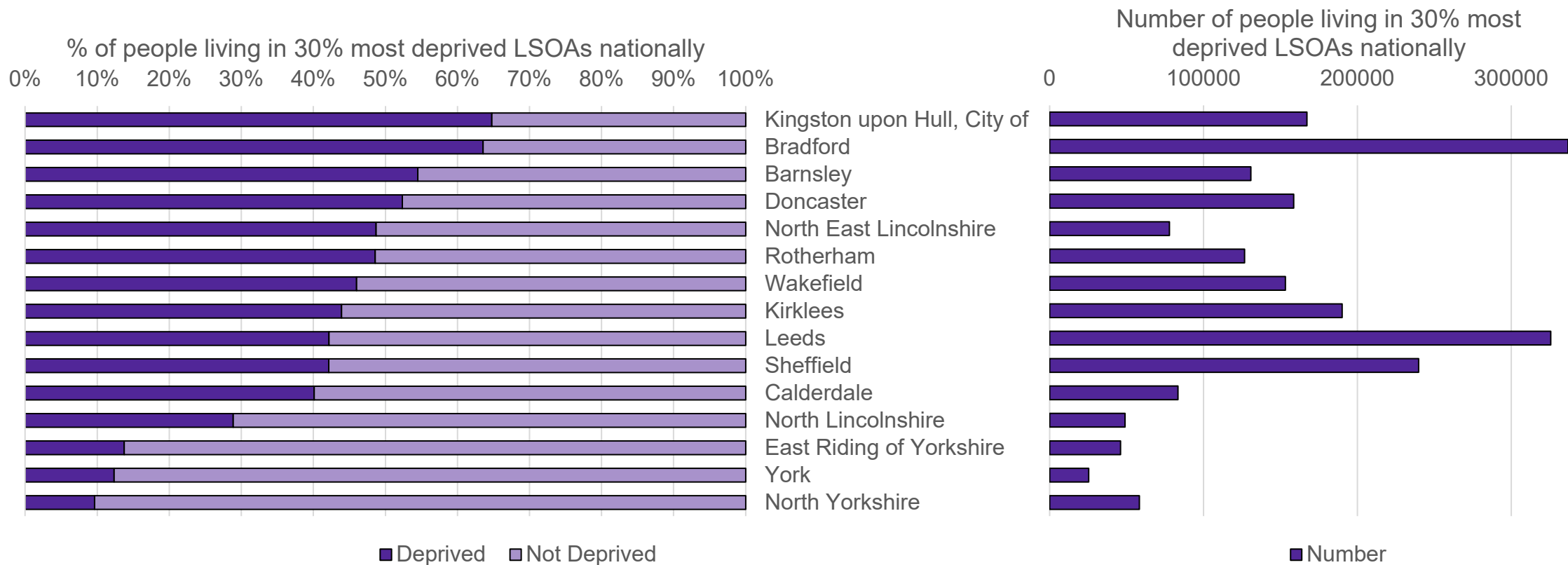
Ethnic breakdown of local areas

Simple breakdown of ethnicity of populations across Yorkshire & the Humber, APS 2016 (16+ years)



Overview of deprivation for Yorkshire and the Humber

Around 40% of the LSOAs in the Yorkshire and the Humber are in the 30% most deprived nationally, with nearly 2,170,000 people living in these areas. This accounts for 2 fifths of the population of Yorkshire and the Humber.



Mental Health Conditions

Key indicators from Mental Health and Wellbeing JSNA Fingertips profile

Indicator	Period	England	Yorkshire & Humber	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	16.9	17.6	19.0	19.5	17.4	19.1	14.2	20.5	18.0	18.2	18.1	16.8	14.1	18.6	18.5	18.3	14.8
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.2	10.7	11.9	11.4	10.7	11.9	9.4	12.7	10.9	10.8	11.0	10.4	9.2	11.6	11.2	11.4	8.8
Depression: Recorded prevalence (aged 18+)	2020/21	12.3	12.6	13.7	12.6	15.8	12.3	10.8	12.0	13.5	11.5	12.0	14.3	11.7	15.9	12.3	13.4	11.5
Depression: QOF incidence (18+) - new diagnosis	2020/21	1.4	1.4	1.4	1.2	1.6	1.4	1.1	1.6	1.5	1.4	1.8	1.6	1.1	1.5	1.3	1.2	1.5
Mental Health: QOF prevalence (all ages)	2020/21	0.9	0.9	0.8	1.1	1.1	0.8	0.7	0.9	1.0	1.0	0.9	0.8	0.8	0.9	1.0	0.9	0.9
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2018	27.3	31.4	36.3	36.9	29.3	32.1	21.2	45.4	28.3	33.4	32.3	21.8	18.9	40.1	34.8	38.7	17.6

There is a higher level of common mental disorders and depression across many of the Y&H local authorities compared to England.

Note that a low level of recorded diagnoses is not indicative of a low prevalence.

Compared with England



Quintiles:



Local tobacco control data

Variation within the region

Tobacco Control

Key indicators from Local Tobacco Control Profile, Fingertips

Indicator Name	Period	England	Yorkshire & the Humber	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingsdon upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Smoking Prevalence in adults (18+) - current smokers (APS)	2020	12.1	12.9	18.6	18.3	17.2	16.5	13.7	13.3	13.2	12.5	12.1	11.6	11.2	10.4	10.3	9.6	9.6
Smoking status at time of delivery	2020/21	9.6	13.1	14.2	13.6	*	14.1	12.3	20.8	11.4	*	19.3	16.9	9.8	14.0	9.8	14.6	10.3
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2020	21.4	22.3	28.5	27.1	26.8	26.3	25.9	25.6	24.3	24.0	20.7	17.6	17.0	16.9	16.8	16.2	13.6
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation	2020	2.1	2.2	2.0	3.7	2.5	1.6	1.7	2.2	1.4	2.9	1.6	1.3	2.0	2.9	2.1	1.7	2.2
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2019/20	25.8	27.6	34.0	29.3	22.1	28.7	20.8	31.6	25.9	29.6	36.6	31.7	19.3	35.9	29.7	22.2	19.3
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	25.8	26.9	26.4	32.8	33.5	25.2	20.2	31.6	28.6	27.1	35.8	26.5	25.0	24.8	23.8	26.5	21.2
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	40.5	42.3	43.7	44.6	*	42.8	38.0	52.3	42.3	42.4	47.8	40.8	35.1	45.0	41.2	42.5	36.7
Smoking attributable mortality (new method).	2017-19	202.2	239.4	266.4	260.3	236.2	273.9	181.3	419.7	221.6	255.2	282.1	250.0	179.1	271.2	224.8	271.2	170.2
Smoking attributable hospital admissions (new method).	2019/20	1398.0	1697.9	2384.0	1841.9	1629.5	2243.6	1236.4	2440.5	1557.9	1266.1	2078.8	2009.0	1424.9	2023.5	1769.0	1794.3	1240.2

Compared with England



Half of Local Authorities across Y&H have higher levels of smoking prevalence than the England average.

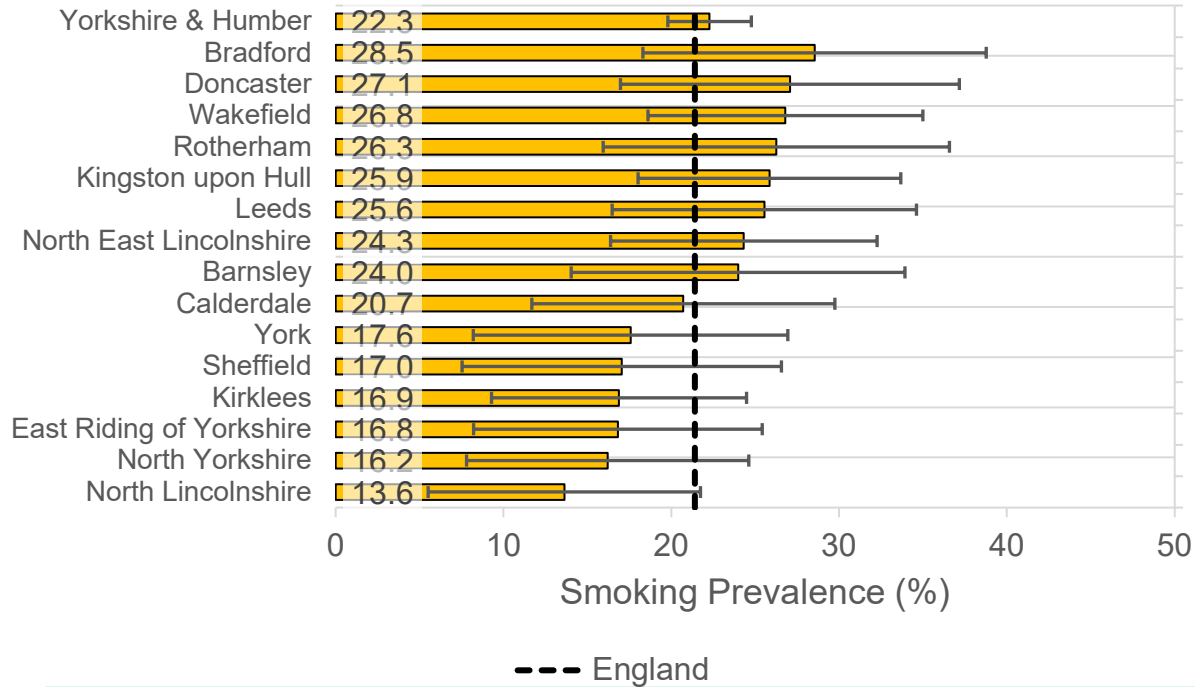
Higher prevalence is also evident across other key metrics including smoking at time of delivery and smoking attributable mortality.

Most areas are significantly worse than England for the rate of smoking attributable hospital admissions.

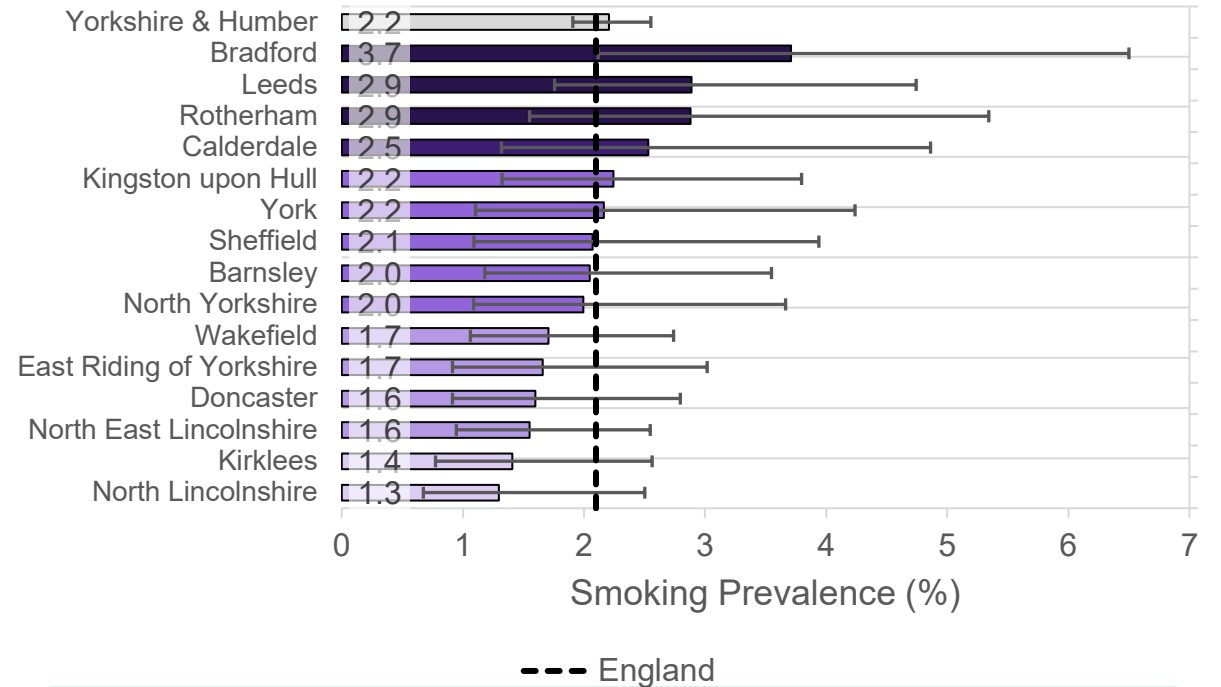
* Data not published for data quality reasons

Focus on socio-economic inequalities

Smoking prevalence in R&M occupations (18-64yrs), 2020



Odds of current smoking (self-reported) among adults with a routine and manual occupation (18-64yrs), 2020



The above chart shows the smoke prevalence in adults working in a routine and manual occupation. Yorkshire & The Humber, and its constituent LAs, are not significantly different to England.

The above chart shows the gap between smokers in routine and manual occupations and other occupations. Bradford has the highest socio-economic gap, with people in R&M occupations nearly 4 times more likely to be smokers.



Focus on socio-economic inequalities 2

Smoking prevalence by socio-economic group (18-64 yrs) by local authority, 2020

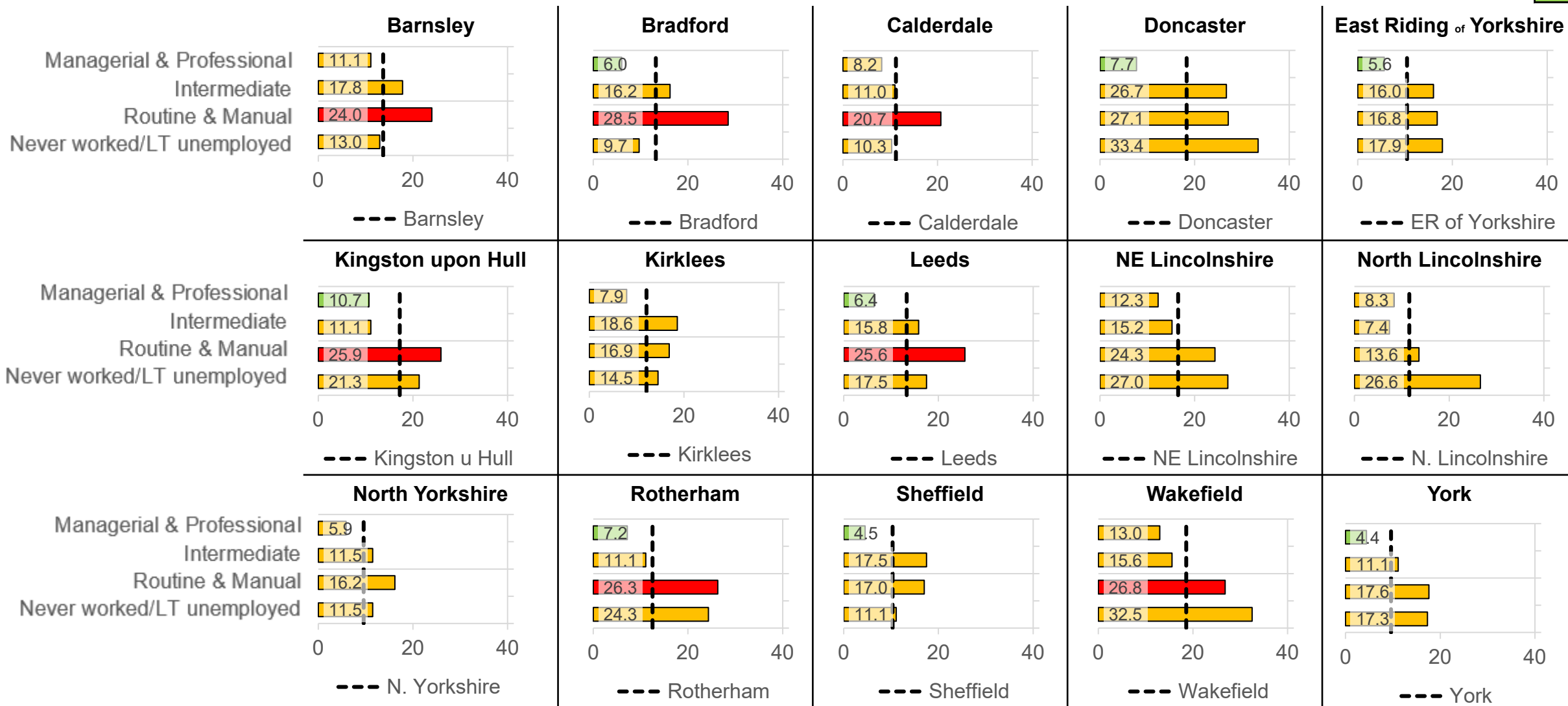
Benchmarking

Confidence intervals

higher than LA value

overlap regional value

lower than LA value

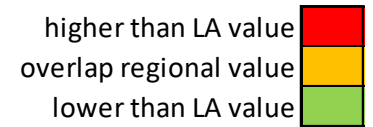


Focus on housing tenure

Smoking prevalence by housing tenure (18+) by local authority, 2020

Benchmarking

Confidence intervals



Focus on sex

Benchmarking

Confidence intervals

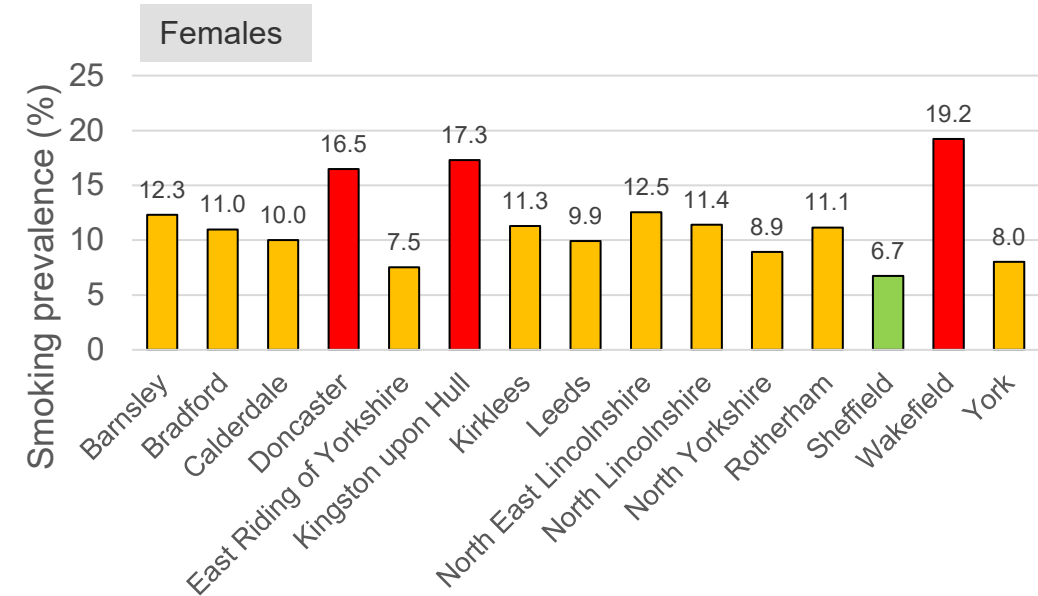
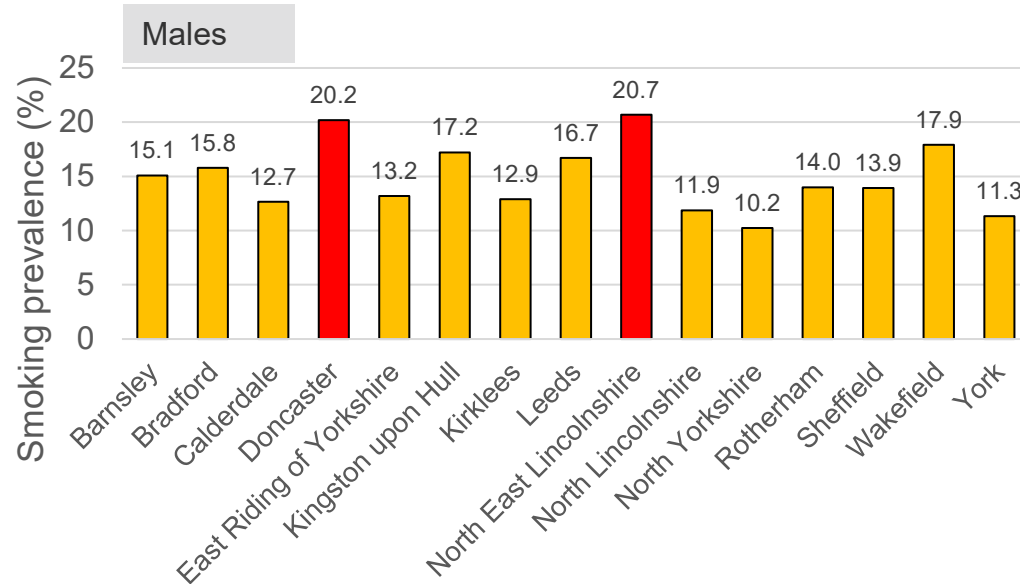
higher than LA value

overlap LA value

lower than LA value



Smoking prevalence by sex (18+) by Local Authority, 2020



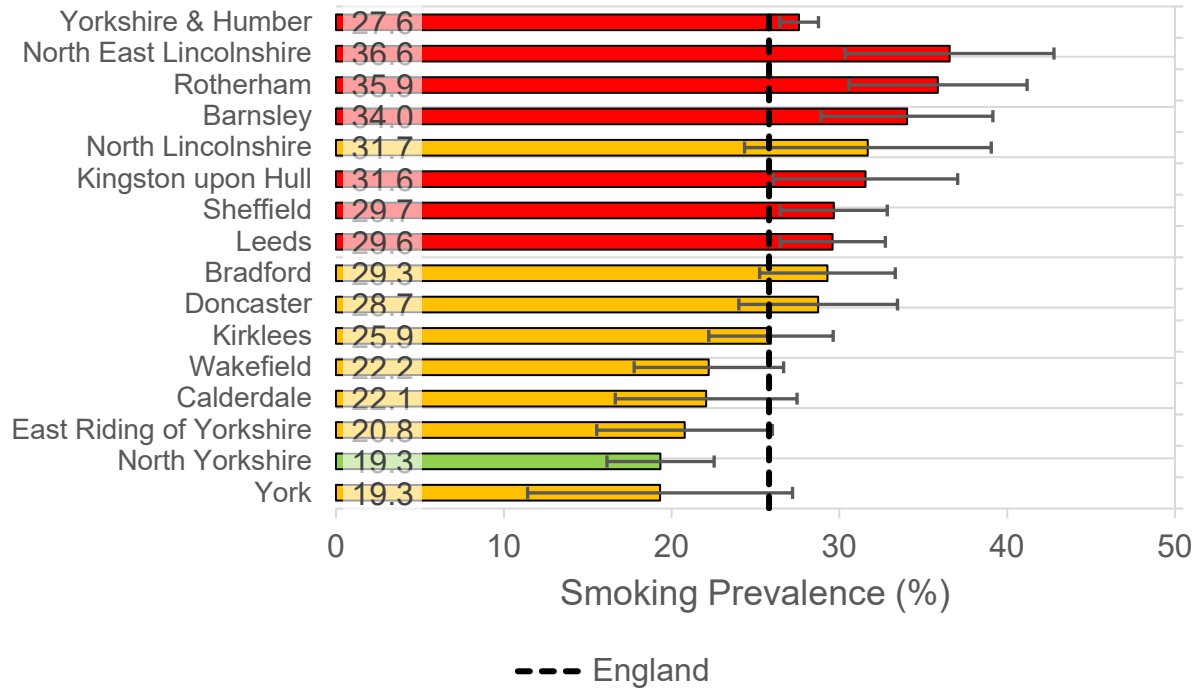
The charts shows the breakdown of smoking prevalence by sex.

Smoking prevalence in Doncaster is significantly higher for both men and women than the England average. Prevalence is significantly higher than England for men in North East Lincolnshire and for women in Kingston upon Hull and Wakefield. It is significantly lower than England for women in Sheffield.

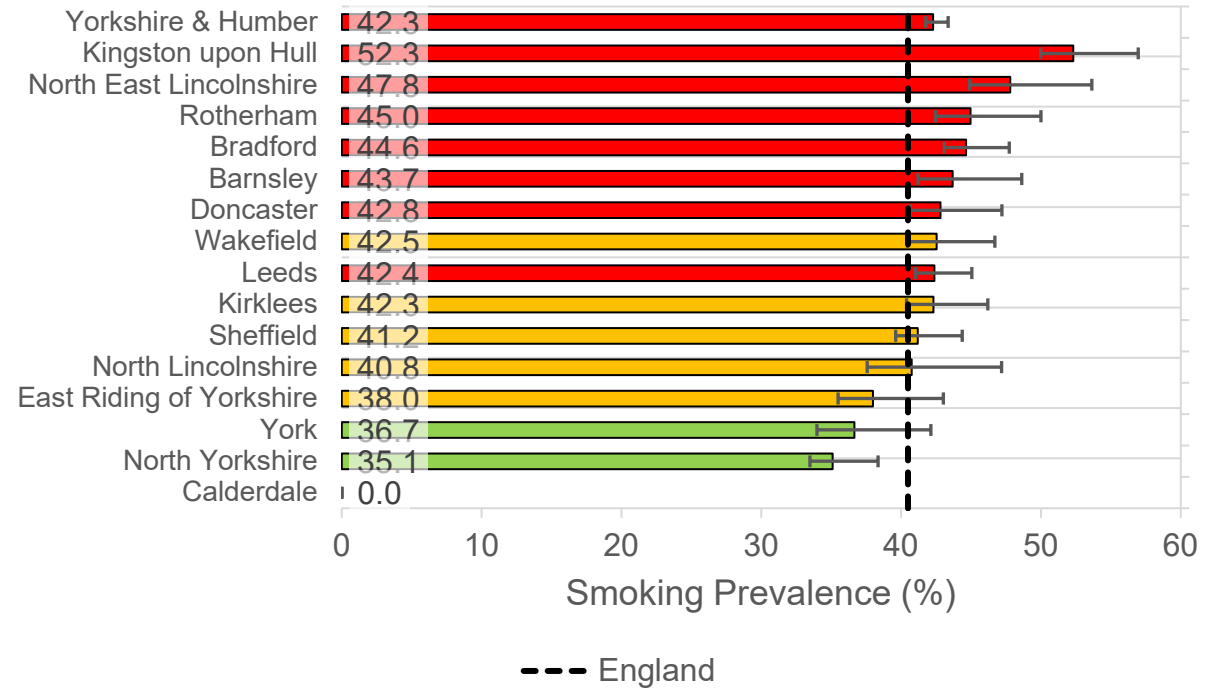
Smoking prevalence is higher in males than females in all local authorities except Wakefield where women have a higher smoking prevalence.

Focus on mental health inequalities

Smoking prevalence adults with a LT mental health condition (18+), 2019/20



Smoking prevalence in adults with serious mental illness (18+ yrs), 2014/15



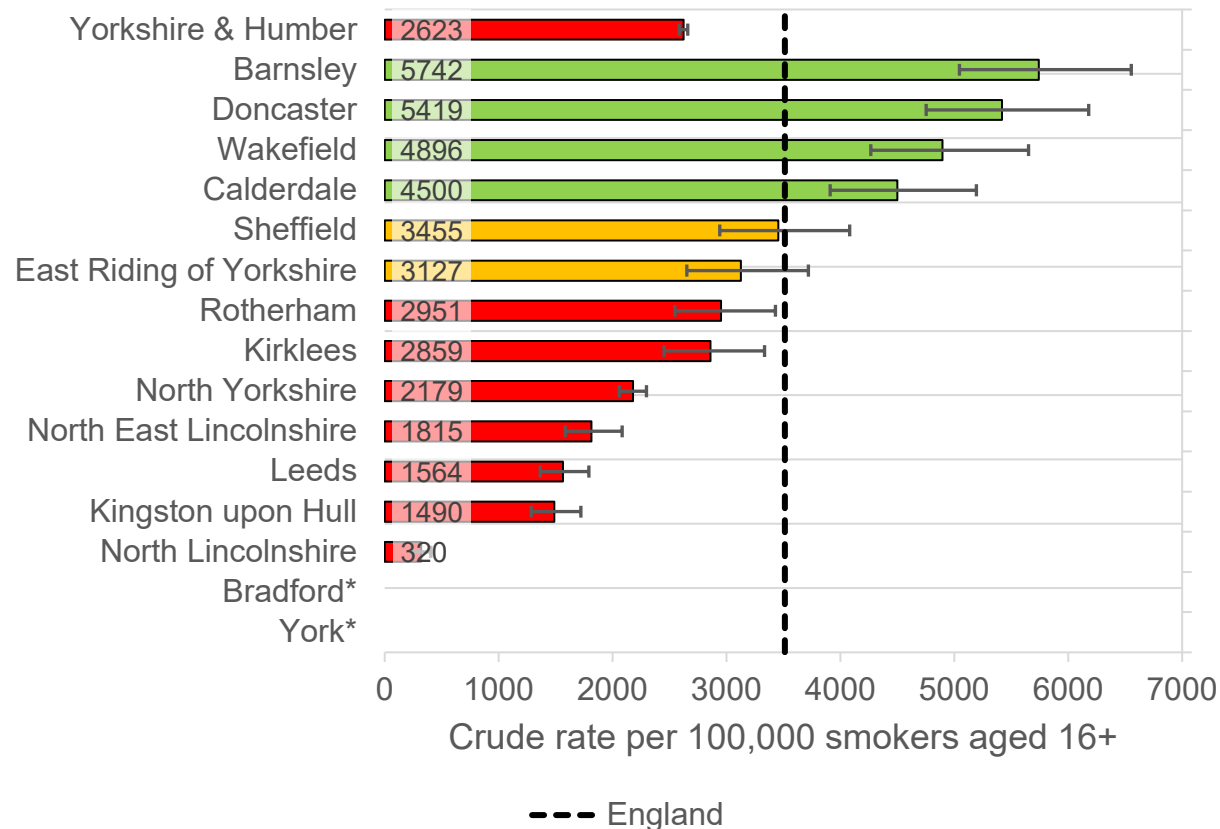
The above chart shows that almost half of the local authorities in the region have significantly higher smoking prevalence in adults with a long-term mental health condition than England. North Yorkshire has a significantly lower prevalence.

The above chart shows that around half of the local authorities in the region have significantly higher smoking prevalence in adults with a serious mental illness. North Yorkshire and York have a significantly lower prevalence.



Setting a quit date

Smokers setting a quit date (16+), 2019/20



* Value missing in source data

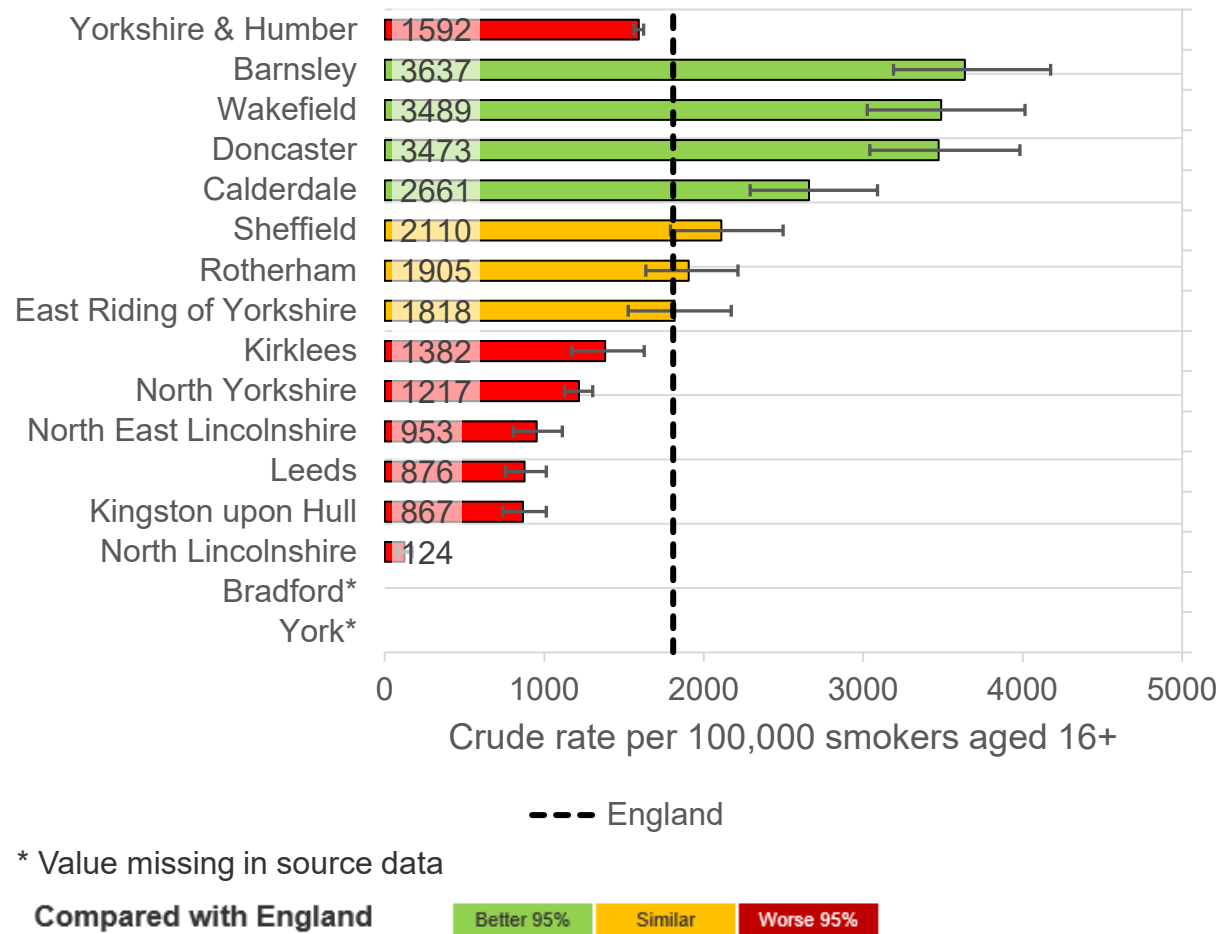
The chart shows the rate of people accessing a Stop Smoking Service and setting a quit date per 100,000 smokers.

There is variation across the region. 4 local authorities have a rate significantly higher than England, however 7 have significantly lower rates.

Local knowledge of SSS is key.

Successful 4 week quitters

Smokers that have successfully quit at 4 weeks (16+), 2019/20



* Value missing in source data

Number of self-reported successful quitters at 4 weeks. Successful quitters are those smokers who successfully quit at the four-week follow-up.

There is variation across the region. 4 local authorities have a rate significantly higher than England, however 6 have significantly lower rates.

What might be expected locally. Ethnicity, an example

	% of smokers that have white ethnicity*	% of smokers that have mixed ethnicity*	Total set a quit date (19/20)	No. who SQD**: white	No who SQD**: mixed
Yorkshire and the Humber region	87.9	12.1	18,331	16,115	2,216
Barnsley	68.5	31.5	2,109	1,445	664
Wakefield	77.1	22.9	2,604	2,009	595
Doncaster	83.0	17.0	2,299	1,907	392
Calderdale	83.5	16.5	1,231	1,028	203
Sheffield	88.7	11.3	2,302	2,042	260
Rotherham	91.6	8.4	1,080	990	90
East Riding of Yorkshire	92.9	7.1	1,126	1,046	80
Kirklees	93.8	6.2	1,429	1,341	88
North Yorkshire	94.0	6.0	1,339	1,259	80
North East Lincolnshire	94.5	5.5	518	490	28
Leeds	94.9	5.1	1,527	1,450	77
Kingston upon Hull	96.6	3.4	687	664	23
North Lincolnshire	97.2	2.8	80	78	2
Bradford	97.6	2.4	*	0	0
York	97.7	2.3	*	0	0

A worked example to suggest the breakdown of ethnicity of those setting a quit date by local authority.

These figures are an estimate that would suggest equity of access.

**% of smokers based on estimated prevalence: Mixed (19.5%), White (14.4%), and local demographics (APS 2016)*

** SQD: Set a Quit Date

* Value missing in source data

Next steps

Consider equity of access across all groups (including deprivation on socio-economic groups)

What data is collected locally

How we can use it to better understand the inequalities in accessing services (and making successful quit attempts)

What recommendations can be drawn to help services reduce inequalities