BRISTOL



JSNA Health and Wellbeing Profile 2022/23

Smoking

Summary points

- 16.4% of Bristol adults smoked in 2021, higher than the national average of 13.0%.
- There is significant variation in smoking prevalence across the city.

Smoking Prevalence

In 2021, 16.4% of adults in Bristol smoked¹, higher than the national rate of 13.0%. Smoking prevalence in Bristol is higher in males, with 19.5% of adult males smoking compared to 13.3% of females. Nationally, 14.9% of males and 11.2% of females smoke.

Data from 2011 onwards shows four years of high smoking prevalence both nationally and locally (2011-14) before significant decreases in 2015 and 2016 (Figure 1). The apparent drop seen in 2017 is thought to be a statistical anomaly and not a true reflection of the prevalence of smokers. Smoking in Bristol was significantly higher than the England average in 2019 and 2020 but decreased slightly in 2021 to fall into the category of 'statistically similar'.

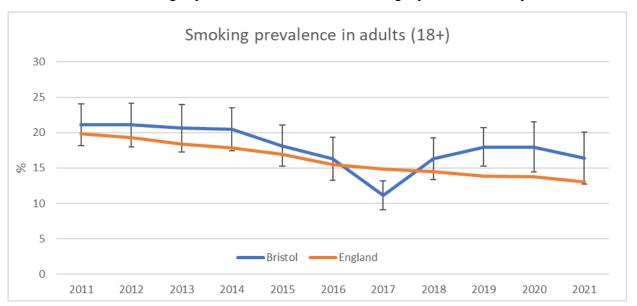


Figure 1: Smoking prevalence in adults. Source: PHE Local Tobacco Control Profiles, January 2023

Women (13.3%) were less likely to smoke than men (19.5%) in 2021 in Bristol¹, a similar picture to 2020, although the reduction in women smoking was more significant than the men's reduction when compared to the previous year. Nationally the gap is smaller, with 13.8% of women smoking in 2021 compared to 14.9% of men.

The Local Quality of Life Survey² data shows there are 15.5% of *households with a smoker* in Bristol, similar to the previous year (15.8%). However, this is significantly higher in the most deprived areas (25.8%) and is lower in the least deprived areas (6.0%). By sub-locality,

¹ Annual Population Survey (APS), via PHE Local Tobacco Control Profiles, January 2023

² Bristol Quality of Life survey 2021/22

prevalence of households with a smoker is highest in the Inner City (19.3%) and lowest in North and West (Inner) (10.5%). The percentage of households with a smoker varies across the city by ward from 4.1% of households in Stoke Bishop to 31.2% in Hartcliffe & Withywood (see figure 2).

Theme: Healthy Lifestyles

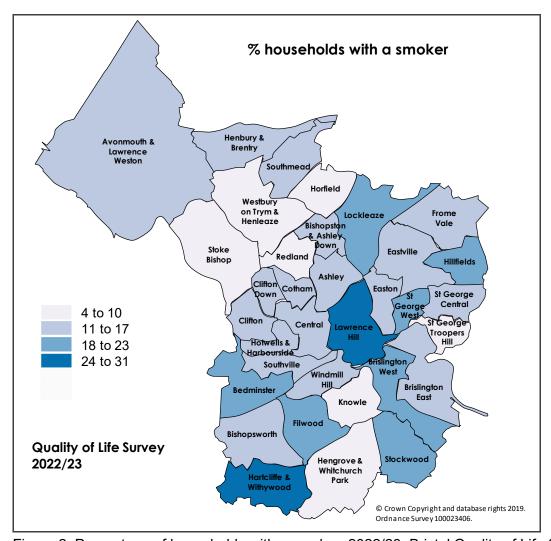


Figure 2: Percentage of households with a smoker, 2022/23, Bristol Quality of Life Survey

Hospital admissions

There were 3,703 smoking attributable hospital admissions³ in Bristol in 2019/20 (the latest published data), a rate of 1,914 per 100,000 population. The Bristol rate continues to be significantly higher than the national average (1,398 per 100,000) and has increased from the previous year whilst the national average has decreased (see figure 3).

Inequalities data is only available at national level and shows that rates of admissions are twice as high for people living in the 10% most deprived deciles in England than for people living in the 10% least deprived areas.

www.bristol.gov.uk/jsna Page | 2

³ Hospital admissions for diseases that are wholly or partially attributed to smoking in persons aged 35 and over, directly age standardised rate per 100,000 population. Source: PHOF, via PHE Local Tobacco Control Profiles

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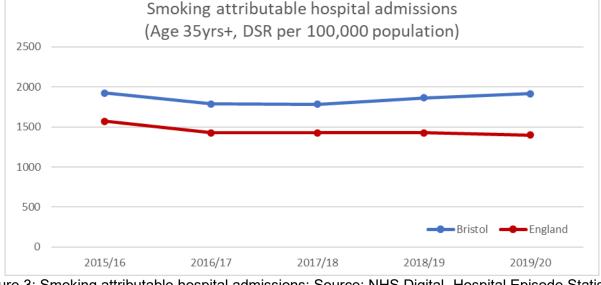


Figure 3: Smoking attributable hospital admissions: Source: NHS Digital- Hospital Episode Statistics (HES), Office for National Statistics (ONS) via PHE Local Tobacco Control Profiles March 2022

Smoking-related deaths

There were 1,315 smoking-attributable deaths⁴ in Bristol in the three-year period 2017-19 (the latest published data). This is a rate of 227 smoking-related deaths per 100,000 which is significantly worse than the England average (202 per 100,000) (see figure 4).

Historically Bristol has had high smoking rates (linked to being a centre for cigarette manufacture) and to at least a limited extent, this may be responsible for our high smokingrelated mortality rates.

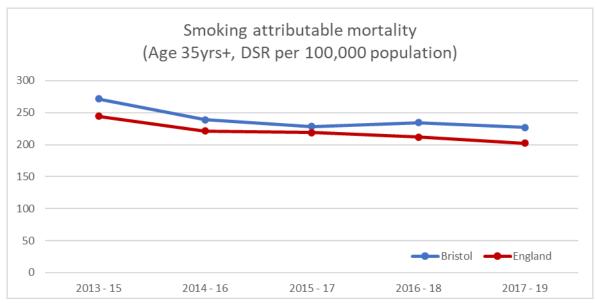


Figure 4: Smoking attributable deaths. Source: PHOF via PHE Tobacco Control Profile (March 2022)

www.bristol.gov.uk/jsna Page | 3

⁴ Public Health England Local Tobacco Control Profile, March 2022

Support to stop smoking services

Nationally there has been a steady decline in numbers accessing support to stop services since the peak of 2011/12 (figure 5).

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Decline in uptake of current services

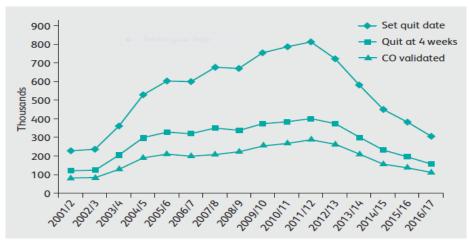


Figure 5: Number of smokers setting a quit date, and self-reported and CO validated quitting at 4 weeks, in NHS Stop Smoking Service in England from 2001/2 to 2016/17. Royal College of Physicians: Hiding in Plain Sight. 2018

In 2017/18 the numbers setting a quit date fell for the sixth consecutive year – a decrease of 11% on 2016/17. In line with the national trend, the rate of successful quitters at 4 weeks per 100,000 smokers in Bristol continued to fall⁵ (1,538 per 100,000 in 2016/17).

The reduction in recent years may be partly due to the increased use of e-cigarettes which are widely available outside of these services.

In response to the drop in numbers quitting through the Stop Smoking Service and to address the higher prevalence of smoking in certain demographics, Public Health has commissioned a targeted Stop Smoking Service which focuses on smoking in pregnant women, their partners and family members and in patients discharged from hospital and those identified through health checks that have long term conditions exacerbated by smoking. (Smoking in Pregnancy is reported in a separate section). A universal offer of support is available through the Bristol City Council Stop Smoking Digital Support information page. This includes signposting to support and advice and downloadable apps which provide daily supportive messages and interactive support.

Further data / links:

 Local Tobacco Control Profiles - a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. See <u>PHE Local</u> <u>Tobacco Control Profiles</u>

www.bristol.gov.uk/jsna Page | 4

⁵ Public Health England Local Tobacco Control Profile, October 2019

Covid-19 impact:

The ongoing impact of the Covid 19 pandemic upon local patterns of smoking behaviour is still to be fully realised. It is possible that the slight decrease in prevalence seen in 2021 is a result of an increased focus upon respiratory health as a consequence of the pandemic, but this remains speculative at this time.

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Date updated: March 2023 Date of next update: March 2024

www.bristol.gov.uk/jsna Page | 5