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Statistics on Smoking, England 2020

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Official statistics

Publication Date: 8 Dec 2020

Geographic Coverage: England

Geographical Granularity: Clinical Commissioning Groups

Date Range: 01 Apr 2019 to 31 Mar 2020

Summary

This report presents newly published information on smoking including:

- Smoking-related hospital admissions from NHS Digital's Hospital Episode Statistics (HES).
- Smoking-related deaths from Office for National Statistics (ONS) mortality statistics.
- Prescription items used to help people stop smoking from prescribing data held by NHS Prescription Services.
- Affordability of tobacco and expenditure on tobacco using ONS economic data.

Two new years of data have been provided for hospital admissions (2018/19 and 2019/20) and deaths (2018 and 2019) and one year of data for prescribing (2018/19) and affordability and expenditure (2019).

The report also provides links to information on smoking by adults and children drawn together from a variety of sources.

Key facts cover the latest year of data available:

- Hospital admissions: 2019/20
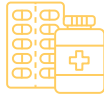- Deaths: 2019
- Prescriptions: 2019/20

Key Facts

506,100 hospital admissions attributable to smoking

Similar to 2018/19 but 10% higher than 2009/10 when it was 461,700

74,600 deaths attributable to smoking

Decrease of 3% from 2018 (77,000) and 9% from 2009 (82,000)

710 prescription items to help people stop smoking dispensed

Decrease of 4% from 2018/19 (740 thousand) and 71% from 2009/10 (2.48 million)

Data Sets

- Statistics on Smoking 2020: Data tables

Resources

- Pre-Release Access List [pdf, size: 97.4 kB]
  <https://files.digital.nhs.uk/FC/A23D1A/Pre-Release%20Access%20List.pdf>

Part 1: Smoking-related ill health and mortality

This part presents information on the number of hospital admissions and the number of deaths that are attributable to smoking. The commentary covers the latest available data (2019/20 for hospital admissions and 2019 for deaths) but the tables provide data from the previous year since this has not been published before.

Figures presented relate to people aged 35 and over because this age group is most likely to be affected by smoking-related ill health and mortality.

- Hospital admissions data is taken from the latest available Hospital Episode Statistics (HES) and is based on the primary diagnosis.
- Mortality data is taken from the Office for National Statistics (ONS) annual extract of registered deaths and is based on original cause of death.

Links to local authority level data data and self-reported health by smoking status are also provided.

Please note that the charts are based on rounded data. Unrounded data are available in the corresponding data tables.

▼ Calculating hospital admissions and deaths attributable to smoking

The estimates of the proportion of hospital admissions and deaths attributable to smoking are calculated following a recognised methodology. This uses the proportions of current and ex-smokers in the population and the relative risks of these people dying from specific diseases or developing certain non-fatal conditions compared with those who have never smoked. See Appendix B for further details.

Smoking related ill health

Hospital admissions estimated to be attributable to smoking, by year

In 2019/20 there were estimated to be 506,100 hospital admissions attributable to smoking.

This is similar to 2018/19 when it was 504,200 and higher than 2009/10 when it was 461,700 (an increase of 10%).

In 2019/20 this represented 4% of all hospital admissions (down from 5% in 2009/10), and 25% of hospital admissions for conditions that can be caused by smoking (down from 31% in 2009/10).

Hospital admissions estimated to be attributable to smoking, by cause

21% of all admissions for respiratory diseases, 14% of all admissions for circulatory diseases, and 9% of all admissions for cancers, were estimated to be attributable to smoking.

47% of admissions for cancers that can be caused by smoking, and 38% of admissions for respiratory diseases that can be caused by smoking, were estimated to be attributable to smoking.

Hospital admissions estimated to be attributable to smoking, by gender

Males - 5% of all admissions, and 29% of admissions for conditions that can be caused by smoking

Females - 3% of all admissions, and 21% of admissions for conditions that can be caused by smoking

Hospital admissions estimated to be attributable to smoking by region and local authority per 100,000 population are provided in Public Health England Fingertips Tool Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control> .

Adult smoking habits in the UK Statistical bulletins
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/previou
provide data on self-reported health by smoking status.

Hospital admissions: Tables 1.1 and 1.2, Statistics on Smoking, England, 2020 <https://digital.nhs.uk/data-and-
information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020/statistics-on-smoking-2020-data-tables>

Smoking related mortality

Deaths estimated to be attributable to smoking, by year

In 2019 there were estimated to be 74,600 deaths attributable to smoking. This is a decrease of 3% from 2018 (77,000) and 9% from 2009 (82,000).

This represents 15% of all deaths in 2019 (down from 18% in 2009), and 32% of deaths for conditions that can be caused by smoking (similar to 2009).

Deaths estimated to be attributable to smoking, by cause

35% of all deaths for respiratory diseases, and 25% of all deaths for cancers, were estimated to be attributable to smoking.

52% of deaths for cancers that can be caused by smoking, 47% of deaths for respiratory diseases that can be caused by smoking, and 43% of deaths for diseases of the digestive system that can be caused by smoking, were estimated to be attributable to smoking.

Deaths estimated to be attributable to smoking, by gender

Males - 19% of all deaths, and 37% of deaths for conditions that can be caused by smoking

Females - 12% of all deaths, and 27% of deaths for conditions that can be caused by smoking

Deaths estimated to be attributable to smoking by region and local authority per 100,00 population are provided in Public Health England Fingertips Tool Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control> .

Tables 1.4 and 1.5, Statistics on Smoking, England, 2020 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020/statistics-on-smoking-2020-data-tables>

Part 2: Prescription items used to help people stop smoking

This section presents information on the number of prescription items used to help people stop smoking, using prescription data held by NHS Prescription Services.

The Net Ingredient Cost (NIC) is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, dispensing costs, prescription charges or fees.

There are three main pharmacotherapies prescribed for the treatment of smoking dependence in England: Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix).

Please note that the charts are based on rounded data. Unrounded data are available in the corresponding data tables.

Prescription items used to help people stop smoking
Prescription items dispensed, by year

The number of prescription items dispensed in England in 2019/20 was 710 thousand, compared to 2.48 million ten years ago.

Prescription items dispensed peaked at 2.56 million in 2010/11.

In 2019/20, 379 thousand items of NRT were dispensed, down from 396 thousand in 2018/19, and around a quarter of the total of ten years ago in 2009/10 (1.56 million).

304 thousand items of Varenicline were dispensed in 2019/20, compared with a peak of 987 thousand items in 2010/11.

Bupropion is the least common item, with 27 thousand dispensed in 2019/20, over a 10% increase from 2018/19 (24 thousand), accelerating the upward trend since 2014/15.

Prescription items dispensed by Clinical Commissioning Group, per 1,000 population

The rate of items dispensed per 1,000 population in 2019/20 was 13 for England.

NHS Bradford City CCG had the highest rate of items dispensed, with 45 per 1,000 population. NHS Manchester, NHS Wakefield (both 36), NHS Stockport, NHS Kernow and NHS Bradford Districts (all 32) had the next highest rates.

NHS Wyre Forest, NHS South Worcestershire, NHS Redditch and Bromsgrove, NHS Stafford and Surrounds and NHS Rotherham all recorded rates of below 1 item per 1,000 population.

Number of Prescription items dispensed by Clinical Commissioning Group, per 1,000 population

- 0 to <4
- 4 to <10
- 10 to <13
- 13 to <19
- 19 to <46

London
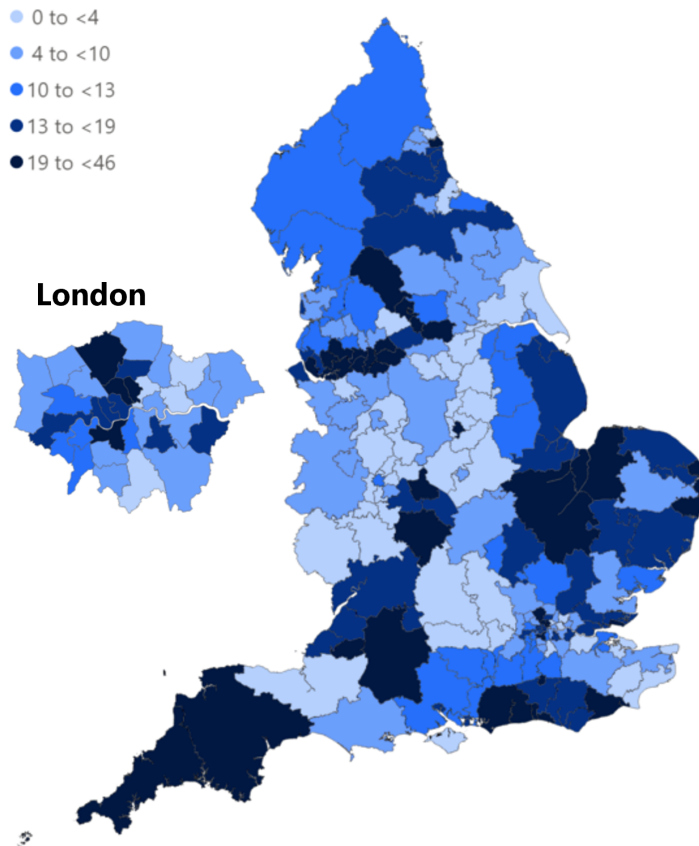
England rate: 13 per 1,000 population

Total cost of prescription items dispensed

£22.5 million was the Net Ingredient Cost (NIC) of all prescription items used to help people quit smoking in 2019/20.

This is a fall of 66% compared to 2010/11 when the NIC of all prescription items peaked at £65.9 million.

Average NIC per item

In 2019/20, the average NIC per item for all pharmacotherapy items was £32.

The average per item was £39 for Bupropion, £36 for Varenicline and £28 for NRT.

For more information on the data in this section: Tables 2.1 and 2.2, Statistics on Smoking, England, 2020 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020/statistics-on-smoking-2020-data-tables>

Part 3: Affordability and expenditure on tobacco

This section looks at the affordability of tobacco and expenditure on tobacco over time.

Links to data on household expenditure on tobacco, availability of tobacco and the illicit tobacco market are provided at the bottom of this page.

Please note that the charts are based on rounded data. Unrounded data are available in the corresponding data tables.

Affordability of tobacco (UK)
Long term trend

In the UK since 1987 (an arbitrarily chosen base year) prices of tobacco, as measured by the tobacco price index, have increased more than the retail price index.

Consequently the Affordability of Tobacco Index has fallen over this period; in other words tobacco has become less affordable. For more information on the Affordability of Tobacco Index see Appendix B: Technical Notes.

Last ten years (2009 to 2019)

Over the last ten years the price of tobacco, based on Tobacco Price Index, has increased by 100%.

The price of tobacco relative to retail prices (Tobacco Price Index Relative to Retail Price Index) increased by 48%, whilst real households' disposable income increased by 8% over the same period.

As a result, tobacco has become 27% less affordable since 2009.

Table 3.1, Statistics on Smoking, England, 2020 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020/statistics-on-smoking-2020-data-tables>

Expenditure on tobacco (UK)
Expenditure on tobacco as a percent of total household expenditure

Tobacco expenditure as a proportion of total household expenditure has decreased over time. It was 1.4% in 2019, decreasing from 2.8% in 1985 (an arbitrarily chosen base year).

Table 3.2, Statistics on Smoking, England, 2020 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020/statistics-on-smoking-2020-data-tables>

Data on the average weekly household expenditure on cigarettes is provided in the Family spending in the UK reports <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure> .

Data on the availability of tobacco is provided in UK Tobacco Duty Statistics <https://www.gov.uk/government/statistics/tobacco-bulletin> which covers duty on cigarettes, cigars, hand rolling tobacco (HRT) and other types of tobacco such as pipe and chewing tobacco.

Data on the illicit tobacco market is provided Tobacco tax gap estimates reports <https://www.gov.uk/government/statistics/tobacco-tax-gap-estimates> which presents estimates of the tax gap for tobacco products. The tax gap is the difference between the amount of tax that should be collected against what is actually collected.

Part 4: Other data sources

Smoking patterns among adults

Adult smoking habits in the UK Statistical bulletins
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/previou
provide data on cigarette smoking habits among adults in the UK, including:

- the proportion of people who smoke
- demographic breakdowns
- changes over time
- use of e-cigarettes

The Organisation for Economic Co-operation and Development (OECD) health statistics database <http://www.oecd.org/els/health-systems/health-data.htm> provides international comparisons of daily smoking prevalence.

Statistics on Women's Smoking Status at Time of Delivery (SATOD) <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england> provides information on the prevalence of smoking among pregnant women.

The Health Survey for England <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england> provides data on adult health-related behaviours including smoking.

Statistics on NHS Stop Smoking Services in England reports <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england> provide data on attempts to quit smoking using NHS Stop Smoking Services.

Smoking patterns among young people

Smoking, Drinking and Drug Use among Young People in England reports <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england> provide information on cigarette smoking patterns among young people including:

- the proportion of young people who smoke including demographic breakdowns and changes over time
- where young people get their cigarettes and family knowledge of their smoking
- smoking behaviours of families and friends and exposure to second-hand smoke
- use of e-cigarettes
- the attitudes of young people to smoking

Data quality statement

Introduction

This document constitutes a background quality report for the **Statistics on Smoking** publication.

Context

This annual compendium report presents newly published information on smoking attributable hospital admissions, smoking attributable deaths, prescribing costs for smoking cessation pharmacotherapies and data on the affordability of tobacco and expenditure on tobacco.

Two new years of data have been provided for hospital admissions (2018/19 and 2019/20) and deaths (2018 and 2019) and one year of data for prescribing (2018/19) and affordability and expenditure (2019).

The report also provides links to information on smoking by adults and children drawn together from a variety of sources such as the Health Survey for England and Adult Smoking Habits.

The report is published on the NHS Digital website at: https://digital.nhs.uk/pubs/smoking20 <https://digital.nhs.uk/pubs/smoking20> .

Purpose of document

This data quality statement aims to provide users with an evidence based assessment of quality of the statistical output included in this publication.

It reports against those of the nine European Statistical System (ESS) quality dimensions and principles appropriate to this output. In doing so, this meets NHS Digital's obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Statistics, and the following principles in particular:

- Trustworthiness pillar, principle 6 (Data governance) which states "Organisations should look after people's information securely and manage data in ways that are consistent with relevant legislation and serve the public good."
- Quality pillar, principle 3 (Assured Quality) which states "Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable, coherent and timely."
- Value pillar, principle 1 (Relevance to Users) which states "Users of statistics and data should be at the centre of statistical production; their needs should be understood, their views sought and acted upon, and their use of statistics supported."
- Value pillar, principle 2 (Accessibility) which states "Statistics and data should be equally available to all, not given to some people before others. They should be published at a sufficient level of detail and remain publicly available."

The Code of Practice for Statistics is available at: https://code.statisticsauthority.gov.uk/ <https://code.statisticsauthority.gov.uk/>

Relevance
This dimension covers the degree to which the statistical product meets user needs in both coverage and content.

This publication is considered to be of particular interest to central and local government, the NHS and independent sector providers in England and to English NHS commissioning organisations. However, data and findings are likely also to be of interest to a much broader base of users and are widely reported in the media.

Accuracy and reliability
This dimension covers the degree to which the statistical product meets user needs in both coverage and content.

This report is a National Statistic and is produced according to the Code of Practice for Official Statistics.

Some of the information in this report has been previously published. The sources of the information are trusted sources; the majority being either National or Official Statistics. Most sources referenced in this report include a Methodology section for further information.

Hospital admissions data

The data presented in this report are for inpatients only.

Further general information on HES data quality can be found here:

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospitalepisode-statistics/the-processing-cycle-and-hes-data-quality <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospitalepisode-statistics/the-processing-cycle-and-hes-data-quality>

Prescription data

Data on the number of prescription items and Net Ingredient Cost (NIC) for drugs prescribed to help people stop smoking give a measure of how often a prescriber writes a prescription and it is not an ideal measure of the volume of drugs prescribed as different practices may use different durations of supply. The NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, prescription charges or fees.

Some prescriptions are recorded against non-CCG cost centres, and include trusts, councils and private companies. This data is included in the national total but will not be allocated to a CCG.

There is no information on drugs supplied direct to patients without prescriptions. Services such as Family Planning Clinics, Out of Hours services, Patient Group Directions, Minor Ailment Schemes can supply direct to patients and do not record these supplies in national datasets.

Survey data

Some of the information signposted to in the report is taken from survey data. Sometimes the mode of data collection used in a survey can have an impact on how respondents answer the questionnaire. For example, surveys conducted via a face-to-face interview such as the Health Survey for England (HSE) provide an opportunity for an interviewer to use a computer to record the respondent's answers which will improve the quality of the data by ensuring all the questions are completed and not allowing any invalid answers. By comparison data collected on paper forms such as the Smoking, Drinking and Drug Use amongst Young People (SDD) survey will have none of these inbuilt validations.

Face-to-face interviews also provide an opportunity to guide the respondent through any interpretation issues, which is more difficult in a non-face-to-face interview.

Both modes however may suffer from respondents being tempted to give answers which are considered to be more socially acceptable. This could occur either through the surveys being completed in the home when other family members are present, or through the interviewer being present at a face-to-face interview. This effect is reduced in surveys such as SDD which is conducted in schools in exam conditions.

Timeliness and punctuality
Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

This compendia report is published annually and presents or signposts the most up-to-date information available.

Accessibility and clarity
Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The report is accessible on the NHS Digital website either in HTML format or as a PDF document. All tables in the report are provided in Excel format and as csv files, as part of the government's requirement to make public data public.

The publication may be requested in large print or other formats through the NHS Digital contact centre: enquiries@nhsdigital.nhs.uk (please include 'Statistics on Smoking' in the subject line).

Coherence and comparability
Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Smoking attributable hospital admissions

HES data is available from 1989-90 onwards.

Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice.

Trade-offs between output quality components
This dimension describes the extent to which different aspects of quality are balanced against each other.

Most previously published sources referenced in this report include a methodology section which will contain specific information about trade-offs.

Assessment of user needs and perceptions
This dimension covers the processes for finding out about users and uses and their views on the statistical products.

The compendia reports on drug misuse, alcohol, smoking and obesity were subject to a National Statistics consultation in 2016. The report on the findings of the consultation and the NHS Digital response are available at:

http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports <http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports>

A further consultation is planned for 2021 to look at possible opportunities for streamlining production of the compendia reports.

NHS Digital is keen to gain a better understanding of the users of this publication and of their needs; feedback is welcome and may be sent to enquiries@nhsdigital.nhs.uk (please include 'Statistics on Smoking' in the subject line).

Performance, cost and respondent burden
This dimension describes the effectiveness, efficiency and economy of the statistical output.

All data used within this report is either already published or is part of an existing dataset. Therefore there are no data collected specifically for this report.

Confidentiality, transparency and security
The procedures and policy used to ensure sound confidentiality, security and transparent practices.

Some of the data contained in this publication are National Statistics. The code of practice for statistics is adhered to from collecting the data to publishing. The code of practice for statistics is available at: https://code.statisticsauthority.gov.uk/ <https://code.statisticsauthority.gov.uk/>

NHS Digital Statistical Governance Policy <https://digital.nhs.uk/data-and-information/find-data-and-publications/publications-supporting-user-documents>

NHS Digital Freedom of Information Process <https://digital.nhs.uk/data-and-information/find-data-and-publications/publications-supporting-user-documents>

NHS Digital Statement of Compliance with Pre-release Order <https://digital.nhs.uk/data-and-information/find-data-and-publications/publications-supporting-user-documents>

NHS Digital Disclosure Control Procedure <https://digital.nhs.uk/data-and-information/find-data-and-publications/publications-supporting-user-documents>

Appendices

Appendix A: Key sources

▼ Definitions

Some of the sources referred to in this publication are National Statistics. National Statistics are produced to high professional standards set out in the Code of Practice for Statistics. The United Kingdom Statistics Authority (UKSA) assesses all National Statistics for compliance with the Code of Practice.

Some of the statistics included in this publication are not National Statistics and are included here to provide a fuller picture; some of these are Official Statistics, whilst others are neither National Statistics or Official Statistics. Those which are Official Statistics should still conform to the Code of Practice for Statistics, although this is not a statutory requirement.

Those that are neither National Statistics or Official Statistics may not conform to the Code of Practice for Statistics. Unless otherwise stated, all sources contained within this publication are considered robust.

1. Sources used in this report

1.1 Hospital Episode Statistics
NHS Digital

Hospital Episode Statistics (HES) processes over 125 million admitted patient, outpatient and accident and emergency records each year.

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. This data is collected during a patient's time at hospital and is submitted to allow hospitals to be paid for the care they deliver. HES data is designed to enable secondary use of this administrative data, i.e. use for non-clinical purposes.

It is a records-based system that covers all NHS trusts in England, including acute hospitals, primary care trusts and mental health trusts. HES information is stored as a large collection of separate records, one for each period of care, in a secure data warehouse.

A detailed record is collected for each 'episode' of admitted patient care delivered in England, either by NHS hospitals or delivered in the independent sector but commissioned by the NHS.

Admitted patient care data is available for every financial year from 1989-90 onwards. HES data is now collected monthly.

Admitted patient care data is converted to smoking attributable hospital admissions using the methodology explained in Appendix B.

Hospital Episode Statistics, Admitted Patient Care Activity publications are National Statistics
https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics>

1.2 Mortality Statistics
Office for National Statistics

The Office for National Statistics produce an annual extract of mortality statistics to NHS Digital detailing the numbers of registered deaths by cause in England. Registered deaths in England are classified using ICD-10 (10th edition of the International Statistical Classification of Diseases and Related Health Problems).

Mortality data is converted to smoking attributable deaths using the methodology explained in appendix B.

ONS mortality data are National Statistics.
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths>

1.3 Prescribing Data
NHS Digital

The prescription data included in this report combines GP prescriptions data, taken from Prescribing Analysis and Cost Tool (PACT), and hospital prescriptions data, taken from Prescription Cost Analysis (PCA) system.

Prescriptions are written on a prescription form known as FP10 and each single item on the form is counted as a prescription item. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income.

PCA data are National Statistics.
https://digital.nhs.uk/data-and-information/areas-of-interest/prescribing <https://digital.nhs.uk/data-and-information/areas-of-interest/prescribing>

1.4 Inflation and Price Indices
Office for National Statistics

A series of publications and datasets showing the rate of increase in prices for goods and services. Measures of inflation and prices include consumer price inflation, producer price inflation, the house price index, index of private housing rental prices, and construction output price indices.

ONS Inflation and Price Indices data are National Statistics.
https://www.ons.gov.uk/economy/inflationandpriceindices <https://www.ons.gov.uk/economy/inflationandpriceindices>

1.5 Consumer trends
Office for National Statistics

Spending on goods and services by UK households including household final consumption expenditure (HHFCE) as a measure of economic growth.
https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/bulletins/consumertrends/previousReleases
<https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/bulletins/consumertrends/previousReleases>

ONS Consumer Trends data are National Statistics.

2. Sources signposted in this report

2.1 Adult smoking habits in the United Kingdom
Office for National Statistics

The data in this report are collected from the Opinions and Lifestyle Survey (OPN) and Annual Population Survey (APS). It examines cigarette smoking among adults aged 16+ for OPN and aged 18+ for APS, including demographic breakdowns, changes over time, and e-cigarette usage. It includes data for the UK and its constituent countries.

Adult Smoking Habits in the UK is a National Statistic.
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/previous
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/previou

2.2 Local Tobacco Control Profiles for England
Public Health England

The Local Tobacco Control Profiles for England provides 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 to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities. The tool allows users to compare one local authority against other local authorities in the region and also compare to the England or regional average.
https://www.gov.uk/government/collections/local-tobacco-control-profiles-for-england <https://www.gov.uk/government/collections/local-tobacco-control-profiles-for-england>

2.3 Health at a glance
Organisation for Economic Cooperation and Development (OECD)

Health at a Glance presents a set of key indicators of health status, determinants of health, health care resources and activities, quality of care, health expenditure and financing in OECD countries.
http://www.oecd.org/els/health-systems/health-data.htm <http://www.oecd.org/els/health-systems/health-data.htm>

2.4 Health Survey for England
NHS Digital

The Health Survey for England (HSE) series is designed to monitor trends in the nation's health, to estimate the proportion of people in England who have specified health conditions, and to estimate the prevalence of certain risk factors and combinations of risk factors associated with these conditions. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public's health and many of the factors that affect health.

Each survey in the series includes core questions and measurements (such as blood pressure, height and weight, and analysis of blood and saliva samples), as well as modules of questions on topics that vary from year to year.

HSE has been carried out since 1993.

HSE is a National Statistic.
https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england>

2.5 Smoking, drinking and drug use among young people in England (SDD)
NHS Digital

Smoking, Drinking and Drug Use Survey among Young People is a survey of secondary school children in England which provides the national estimates of the proportions of young people in school years 7 to 11 (who are mostly aged 11 to 15) who smoke, drink alcohol or take illicit drugs.

The first survey in the series was carried out in 1982 and since 1998 the survey has included questions on drinking and drug use as well as smoking.

As well as these core measures, questionnaires since 2000 have included more detailed questions, with the focus alternating between smoking and drinking in one year and drug use the next. The survey became biennial from 2014 onwards.

SDD reports are National Statistics.
https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england
<https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england>

2.6 Stop Smoking Services
NHS Digital

NHS Stop Smoking Services (formerly known as Smoking Cessation Services) provide counselling and support to smokers wanting to quit, complementing the use of stop smoking aids Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix).

The establishment and development of Stop Smoking Services in the NHS is an important element of the government's strategy to tackle smoking. Monitoring of the NHS Stop Smoking Services is carried out via quarterly monitoring returns. The quarterly reports present provisional results from the monitoring of the NHS Stop Smoking Services, until the release of the annual bulletin when all quarterly figures are confirmed.

NHS Stop Smoking Services reports are Official Statistics.

Prior to October 2005, Statistics on NHS Stop Smoking Services were collected and published by The Department of Health.
https://www.gov.uk/government/publications <https://www.gov.uk/government/publications>

This is now the responsibility of NHS Digital.
https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england>

2.7 Smoking at the Time of Delivery (SATOD)
NHS Digital

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy.

Reducing smoking during pregnancy is one of the three national ambitions in the Tobacco Control Plan published in March 2017, which is "to reduce rates of smoking throughout pregnancy to 6 per cent or less by the end of 2022 (measured at time of giving birth)".

This data collection is designed to provide a measure of the prevalence of smoking among women at the time of giving birth at a local level.

SATOD reports are Official Statistics.
https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

2.8 Family spending in the UK
Office for National Statistics

An insight into the spending habits of UK households, broken down by household characteristics and types of spending. The report considers expenditure by UK constituent country and English region.

Family Spending in the UK is a National Statistic.
https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/april2018tomarch201 <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/april2018tomarch20

2.9 Tobacco tax statistics
HM Revenue & Customs (HMRC)

Data on the availability of tobacco is provided in UK Tobacco Duty Statistics <https://www.gov.uk/government/statistics/tobacco-bulletin> which covers duty on cigarettes, cigars, hand rolling tobacco (HRT) and other types of tobacco such as pipe and chewing tobacco.

Data on the illicit tobacco market is provided Tobacco tax gap estimates reports <https://www.gov.uk/government/statistics/tobacco-tax-gap-estimates> which presents estimates of the tax gap for tobacco products. The tax gap is the difference between the amount of tax that should be collected against what is actually collected.

3. Other resources related to smoking

3.1 ASH (Action on Smoking and Health) Smokefree Great Britain survey
ASH is a health charity working to eliminate the harm caused by tobacco use. They produce several statistical reports and fact sheets. They also run the annual Smokefree Great Britain survey, from which information on the use of electronic cigarettes and vaporisers was presented in the 'Use of e-cigarettes (vaporisers) among adults in Great Britain' factsheet.

This data is not an Official/National Statistic.

This and other ASH smoking resources are available at:
https://ash.org.uk/home/ <https://ash.org.uk/home/>

3.2 Chartered Trading Standards Institute (CTSI)
CTSI has produced various reports relating to its activities around tobacco sales, often in conjunction with Public Health England and/or the Department of Health and Social Care.
https://www.tradingstandards.uk/news-policy/tobacco-control <https://www.tradingstandards.uk/news-policy/tobacco-control>

3.3 Global Health Observatory (GHO) data: World Health Organisation (WHO)
This is WHO's main health statistics repository and includes a section on tobacco control.
http://www.who.int/gho/database/en/ <http://www.who.int/gho/database/en/>

3.4 National Institute for Health and Clinical Excellence (NICE)

NICE has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health:
https://www.nice.org.uk/ <https://www.nice.org.uk/>

3.5 NHS Smoking Helpline

Information and help on quitting smoking is available from the NHS Smoking Helpline: 0800 169 0 169.
https://www.nhs.uk/better-health/quit-smoking/ <https://www.nhs.uk/better-health/quit-smoking/>

3.6 Smoke-free Action

Provides information relating to smoke-free legislation.
https://smokefreeaction.org.uk/ <https://smokefreeaction.org.uk/>

3.7 Smoking Toolkit Study (STS)

The STS tracks national smoking patterns and cessation-related behaviour, and involves monthly interviews of approximately 1,800 adults aged 16 and over in England.

This data is not an Official/National Statistic.
http://www.smokinginengland.info/ <http://www.smokinginengland.info/>

3.8 The Scottish Health Survey: Scottish Government

The Scottish Health Survey (SHeS) provides a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland.
https://www.gov.scot/collections/scottish-health-survey/ <https://www.gov.scot/collections/scottish-health-survey/>

3.9 The Welsh Health Survey: Welsh Government

The Welsh Health Survey (WHS) provides information about the health and health-related lifestyles of people living in Wales.
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Welsh-Health-Survey <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Welsh-Health-Survey>

3.10 World Health Organization (WHO) Framework Convention Alliance for Tobacco Control (FCTC)

In May 2003, the member countries of the World Health Organization adopted an historic tobacco control treaty, the Framework Convention on Tobacco Control (FCTC), to set internationally agreed minimum standards on tobacco control and to ensure international cooperation on matters such as the illegal trade of tobacco.
http://www.fctc.org <http://www.fctc.org>

Appendix B: Technical notes

These notes help to explain some of the measurements used and presented in this report.

1. Estimating smoking-attributable deaths and hospital admissions

1.1 Introduction

Estimates of national smoking attributable NHS hospital admissions and deaths given in Tables 1.1 to 1.6 are based on three pieces of information:

1. Estimates of smoking prevalence for both smokers and ex-smokers
2. Relative risks for deaths and non-fatal diseases for both smokers and ex-smokers compared to someone who has never smoked for those diseases known to be associated with smoking.
3. Observed numbers of hospital admissions or deaths caused by those diseases which can be caused by smoking.

LA level smoking attributable NHS hospital admissions and deaths are available the PHE Tobacco Control Profiles at the link below:
https://fingertips.phe.org.uk/profile/tobacco-control <https://fingertips.phe.org.uk/profile/tobacco-control>

The LA level admissions and deaths will not sum to give the same national estimates in tables 1.1 to 1.6. This is because for both admissions and deaths three years of prevalence data is used to increase the APS sample size at LA level, to ensure the prevalence estimates are robust. Similarly, the LA level deaths are based on three years of deaths data to smooth out any year on year fluctuations at LA level. Work between NHS Digital and PHE is ongoing to harmonise methodologies.

1.2 Smoking Prevalence

Estimates of the prevalence in England of current and ex-smokers by gender and age have been taken from the results of Annual Population Survey (APS) from 2016/17 onwards. The latest smoking prevalence information used in this report is presented in Table B.1.

Prior to 2016/17, the smoking prevalence data used to calculate national level estimates of admissions and deaths was taken from the Opinions and Lifestyle Survey (OPN). It is now based on the Annual Population Survey (APS) in order to take advantage of the much larger sample size and to be more

consistent with the data sources used to produce the LA level estimates. The impact of the change was found to be negligible and more information is given in the methodological change notice which can be found at: https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources/methodological-changes#health-and-lifestyles <https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources/methodological-changes#health-and-lifestyles>

1.3 Relative Risks

Fatal diseases

In 2007 a review of the existing methodologies was undertaken by the Department of Health (DH) which resulted in a revised list of diseases for which there was an excess risk of death for current and ex-smokers compared to those people who have never smoked. This was then used to estimate numbers of smoking attributable fatalities in the Health Profile for England (HPE) . This revised approach has been adopted for this report.

The methodology employed in this report is identical to that used by the DH in the HPE 2008 and HPE 2009. The method differs slightly from the HPE 2007 as it does not reduce the deaths figure to take account of those diseases for which smoking decreases the relative risk, specifically Parkinson's disease and cancer of the uterus.

The values presented in Table B2 represent the risk of a person who smokes or is an exsmoker, dying from that disease (unless listed as a non-fatal disease, see below) compared to someone who has never smoked. That is, a value greater than 1 represents an increased risk of death. The risks are only applicable to people aged 35 and over and therefore only deaths of people aged 35 and over have been used in calculating the estimates.

Non-fatal diseases

The relative risks for non-fatal diseases (Crohn's disease; Periodontal disease/Periodontitis; Age-related cataract; Hip fracture and Spontaneous abortion) are also presented in Table B2 to estimate the numbers of smoking-attributable hospital admissions in England. These risks have been taken from diseases used by Hughes and Atkinson in the report Choosing Health in the South East: Smoking , which was based on an update of a 1996 epidemiological study. These diseases have not since been reclassified by the DHSC review as fatal.

The risks for these non-fatal diseases are presented in the same way as those for fatal disease, however they are not gender-specific (with the exception of hip fracture among the 75+ age group) and so the same risks are used to calculate the attributable proportions for both men and women. In the case of spontaneous abortion, the risk is only given for current female smokers.

In order to be consistent with the methodology for fatal diseases, the risks for non-fatal conditions were only applied for hospital admissions of people aged 35 and over.

For fatal diseases, the risks of death were also applied to calculate smoking-related hospital admissions in England. There are some drawbacks to using mortality risks for health outcomes and these are discussed by Callum and White in Tobacco in London: The Preventable burden

1.4 Admissions and deaths

Figures on hospital admissions are from NHS Digital Hospital Episode Statistics (HES). The data refer to finished admission episodes of people who are resident in England for the specified period, based on the primary diagnosis.

The number of deaths for men and women in each of the specified age groups are taken from an annual extract of Office for National Statistics (ONS) mortality statistics by cause and by registrations. The data used refer to the number of registered deaths in England.

The tenth revision of the International Classification of Diseases (ICD) was used to identify hospital admissions and deaths from the diseases of interest.

In January 2011 ONS introduced a new version of ICD-10 (version 2010) which replaced version 2001.2. This means that some figures for the number of deaths for 2011 onwards will not be directly comparable to figures for 2001 to 2010.

Further details are available from ONS:
http://www.ons.gov.uk/ons/rel/subnational-health3/results-of-the-icd-10-v2010-bridge-coding-study--england-and-wales--2009/2009/index.html <http://www.ons.gov.uk/ons/rel/subnational-health3/results-of-the-icd-10-v2010-bridge-coding-study--england-and-wales--2009/2009/index.html>

1.5 Calculation of Smoking-Attributable Deaths and Admissions

For each of the diseases or groups of diseases shown in Tables B.2, the attributable proportion is calculated as follows:

$$a = [p_{cur}(r_{cur} - 1) + p_{ex}(r_{ex} - 1)]/[1 + p_{cur}(r_{cur} - 1) + p_{ex}(r_{ex} - 1)]$$

where:

a = attributable proportion for each disease
p_{cur} = proportion of current smokers
p_{ex} = proportion of ex-smokers
r_{cur} = relative risk of current smokers
r_{ex} = relative risk of ex-smokers.

The equation is reduced where the risks are only given for 'all smokers' or 'current smokers' (as is the case for some non-fatal conditions).

The estimated number of smoking-attributable hospital admissions or deaths in England is found by multiplying the observed number by the attributable proportion.

2. Affordability of tobacco index

The Affordability of tobacco index, as seen in table 3.1 of this publication, gives a measure of the relative affordability of tobacco, by comparing the relative changes in the price of tobacco, with changes in households' disposable income per capita over the same period (with both allowing for inflation).

The Tobacco Price Index (TPI) shows how much the average price of tobacco has changed compared with the base price (1987).

The Retail Prices Index (RPI) shows by how much the prices of all items have changed compared with the base price (1987).

Both the above indices are produced by ONS.

From this information, we calculate the Relative Tobacco Price Index (RTPI) as follows:

*rtpi = (*tpi/rpi)*100
tpi = tobacco price index
rpi = retail prices index

This shows how the average price of tobacco has changed since the base year (1987) compared with prices of all other items. A value greater than 100 shows that the price of tobacco has increased by more than inflation, during that period.

The Real Households' Disposable Income Index (RHDI) is an index of total households' income, minus payments of income tax and other taxes, social contributions and other current transfers, converted to real terms (i.e. after dividing by a general price index to remove the effect of inflation), which tracks, exclusively, changes in real disposable income. It is produced by ONS.

The adjusted RHDI (ARHDI) used in the affordability of tobacco calculation is calculated by dividing the RHDI index by total number of UK adults (aged 18 and over) to give a per capita measure. Revisions to original population estimates published by ONS are applied to the time series when applicable. As population estimates for the most recent year of data do not become available until after publication, the most recent year of estimates available are used for the most recent year of the adjusted RHDI.

The RHDI is based on an annual total (sum of 4 quarters), with the index base year set as 1987, which is therefore equal to 100. This differs from the TPI and RPI for which the index base represents data as at a particular month (January 1987). The annual values reported for these indices are a mean of 12 monthly index values. Therefore in these cases, the index value for 1987 will not necessarily equal 100.

The Affordability of tobacco index is then calculated as follows:

*at = (arhdi/ rtpi)*100
at* = affordability of tobacco index
arhdi = adjusted real households' disposable income index
rtpi = relative tobacco price index

If the affordability index is above 100, then tobacco is relatively more affordable than January 1987.

More information on the creation of indices used in this calculation can be found on the ONS website at the following link:
https://www.ons.gov.uk/economy/inflationandpriceindices/articles/consumerpriceindicesabriefguide/2017
<https://www.ons.gov.uk/economy/inflationandpriceindices/articles/consumerpriceindicesabriefguide/2017>

3. Affordability of tobacco: Forestalling

Forestalling is a tax avoidance practice; whereby excessive quantities of goods are removed for home-use on payment of duty because an increase in the rate of duty is expected. (HMRC 2014).

Receipts were high in December 1998 following the November Budget and associated forestalling. The next Budget took place in March 1999 but as stocks were still available from the November forestalling, no further forestalling took place. The next Budget took place in March 2000. Manufacturers forestalled against this affecting April receipts. There was therefore no forestalling in the financial year 1999/00.

Appendix C: Government policy, targets and outcome indicators

Targets

The Tobacco Control Plan, 'Towards a smoke-free generation: a tobacco control plan for England, was published on 18 July 2017.

This set out how tobacco control was to be delivered in the context of the new public health system, and set out to achieve the following national ambitions in England by the end of 2022:

- reduce the number of 15-year olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less

https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-forengland
<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-forengland>

Regulation

The Tobacco and Related Products Regulations 2016 came into force on 20 May 2016, implementing the rules set out in the revised Tobacco Products Directive (TPD), which was published in April 2014, and cover tobacco and smokeless tobacco products, herbal products and for the first time regulate e-cigarettes. The Regulations establish new specific product standards and rules for the safety and quality of ingredients, presentation and advertising of consumer e-cigarettes and refill containers.

E-cigarettes that contain more than 20 mg/ml of nicotine and/or make medicinal claims, such as "This product helps you to quit smoking", will be regulated under existing medicines legislation, for which the Medicines and Healthcare products Regulatory Agency (MHRA) is responsible. Such products would be considered medicinal and manufacturers must obtain a license from the MHRA before placing on the market.

Those e-cigarettes not captured by medicines regulation will be regulated as consumer products with additional safeguards. These requirements include six month prior notification of a range of information before e-cigarettes or refills are placed on the market; a size limit for e-liquids of 10ml for dedicated refill containers and 2ml for disposable ecigarettes, cartridges and tanks; the inclusion of health warnings and an information leaflet; child and tamper resistant packaging; and restrictions on the advertisement or promotion of e-cigarettes and refill containers on a number of media platforms.

The Government has adopted regulations to require standardised (plain) packaging of tobacco products for cigarettes and hand rolling tobacco, effective from May 2016. There was a one year transitional period for the sell-through of old stock and from May 2017 all tobacco products on sale in the UK had to

comply with these regulations. These new packs also feature larger graphic warnings and are sold in a minimum pack size for cigarettes at 20 sticks and for hand rolling tobacco at 30g weight.

New legislation came into force in England and Wales on 1 October 2015, introducing a minimum age of sale of 18 for e-cigarettes and prohibiting the purchase of these products and tobacco products on behalf of someone under the age of 18.

In addition, legislation to protect children from second-hand smoke by ending smoking in private vehicles carrying children also came into force on 1 October 2015.

http://ec.europa.eu/health/tobacco/docs/dir_201440_en.pdf <http://ec.europa.eu/health/tobacco/docs/dir_201440_en.pdf>

Local Stop Smoking Services

Stop Smoking Services were first set up in 1999/2000 and rolled out across England from 2000/2001. Services provide free, tailored support to all smokers wishing to stop offering a combination of recommended stop smoking pharmacotherapies and behavioural support.

Following a change in the guidance in December 2005, Nicotine Replacement Therapy (NRT) was made available for the first time to adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease. In September 2006, the European Commission approved Champix, generic name Varenicline, as a new pharmacotherapy to help adults quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in, recommending the use of Champix as an aid to stopping smoking in the NHS.

NICE has since published a range of guidance to support the commissioning and delivery of stop smoking services and this is available on their website http://www.nice.org.uk <http://www.nice.org.uk> .

The National Centre for Smoking Cessation and Training (NCSCT) was established by the Department of Health in 2008 to standardise training for those providing support for and delivering stop smoking services. The full range of training can be accessed at http://www.ncsct.co.uk/pub_training.php <http://www.ncsct.co.uk/pub_training.php> .

The service and delivery guidance for local stop smoking services was updated in 2014 and is available on the NCSCT website – http://www.ncsct.co.uk <http://www.ncsct.co.uk> .

In addition, the local stop smoking services return now includes the use of unlicensed nicotine containing products, such as e-cigarettes, and these have shown to be effective, in combination with behavioural support, in helping people to stop smoking.

Review of electronic cigarette use

In 2015, Public Health England (PHE) published an independent evidence review on electronic cigarettes which concluded that the devices are significantly less harmful than smoking.

The review also found no evidence that electronic cigarettes act as a route into smoking for children or non-smokers. In addition to the evidence review PHE has published its position on electronic cigarettes:
https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>

In July 2016, PHE and other public health organisations, issued a consensus statement on e-cigarettes:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534708/Ecigarettes_joint_consensus_statement_2016.pdf <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534708/Ecigarettes_joint_consensus_statement_2016.pdf>

Appendix D: How are the statistics used?

Users and uses of the report

From our engagement with customers we know there are many users of this report. There are also many users of these statistics who we do not know about. We are continually aiming to improve our understanding of who our users are in order to enhance our knowledge on what the uses of these data are via recent consultations and feedback forms available online.

In 2016 a consultation was implemented to gain feedback on how to make the report more user-friendly and accessible while also producing it in the most cost-effective way. The results of this consultation can be found at the below link.

https://webarchive.nationalarchives.gov.uk/20180307182237/http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports <https://webarchive.nationalarchives.gov.uk/20180307182237/http://content.digital.nhs.uk/article/6770/Consultation-on-Lifestyles-Compendia-Reports>

Below is listed our current understanding of the known users and uses of these statistics. Also included are the methods we use to attempt to engage with the current unknown users.

Department of Health and Social Care (DHSC) - frequently use these statistics to inform policy and planning. The Public Health Outcomes Framework was published in January 2012 which sets out the desired outcomes for public health and how these will be measured. The Department of Health publishes policies such as the Tobacco Control Plan (18 July 2017) and all policies can be found via this link:
https://www.gov.uk/government/policies/reducing-smoking <https://www.gov.uk/government/policies/reducing-smoking>

Public Health England - frequently use these data for secondary analysis and for inclusion in their Local Tobacco Control Profiles:
https://fingertips.phe.org.uk/profile/tobacco-control <https://fingertips.phe.org.uk/profile/tobacco-control> .

Media - these data are used to underpin articles in newspapers, journals and other articles.

Public - all information is accessible for general public use for any particular purpose.

NHS - Use the reports and tables for analyses, benchmarking and to inform decision making.

Public Health Campaign Groups - data are used to inform policy and decision making and to examine trends and behaviours.

Ad-hoc requests – the statistics are used by NHS Digital to answer Parliamentary Questions (PQs), Freedom of Information (FOI) request and ad-hoc queries. Ad-hoc requests are received from health professionals; research companies; public sector organisations, and members of the public, showing

the statistics are widely used and not solely within the profession.

Unknown Users

This publication is free to access via the NHS Digital website https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles> , and consequently the majority of users will access the report without being known to us. Therefore, it is important to put mechanisms in place to try to understand how these additional users are using the statistics and to gain feedback on how we can make these data more useful to them. On the webpage where the publication appears there is a "Contact us" link at the bottom of the page. Any responses are passed to the team responsible for the report to consider.

We also capture information on the number of times the reports are downloaded, although we are unable to capture who the users are from this. Statistics on Smoking 2019 generated 1,066 unique downloads (for the report and/or associated files) in the 4 weeks after publication.

Appendix E: Further information

Comments on this report would be welcomed. Any questions concerning any data in this publication, or requests for further information, should be addressed to:

> The Contact Centre
> NHS Digital
> 1 Trevelyan Square
> Boar Lane
> Leeds
> West Yorkshire
> LS1 6AE
> Telephone: 0300 303 5678
> Email: enquiries@nhsdigital.nhs.uk

Press enquiries should be made to:

> Media Relations Manager:
> Telephone: 0300 303 5678
> Email: enquiries@nhsdigital.nhs.uk

This report is available at:
http://digital.nhs.uk/pubs/smoking20 <http://digital.nhs.uk/pubs/smoking20>

Previous reports on Statistics on Smoking: England can be found on our website:
https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/lifestyles>

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