



# ScotPHO Tobacco Profiles

## Second release (January 2015)

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## Background

NHS Boards in Scotland approached NHS Health Scotland in 2012 to ask for local tobacco profiles similar to those developed in England<sup>1</sup>. NHS Health Scotland in turn approached ScotPHO, given their involvement in the development of an interactive online profiling tool to build on their existing health and wellbeing profiles.

A short term steering group was set up, convened by NHS Health Scotland and a consultation over choice of indicators and geography undertaken with wider partners. The first set of local tobacco profiles were then published on the ScotPHO website in June 2013. It was also agreed that these ScotPHO local tobacco profiles would be updated on an annual basis, in conjunction with NHS Health Scotland.

In the second release, a few changes were made to data definitions (see technical report) and new indicators were added. The final list of indicators selected, along with details of their source and definitions, is available in [Appendix 1](#).

This overview report gives a summary of the information available in the ScotPHO second release of the online [tobacco profiles tool](#) and presents comparisons of each NHS Board and Local Authority with the Scottish average. Users of the online tool can additionally compare NHS Board and Local Authority information in one area to that in another, and can look at rank charts and time trends for each indicator. There is a [technical report](#) which includes information on issues with the data, and a [“how to” guide](#) to using the online tool. These are available on the ScotPHO website at [www.scotpho.org.uk/profiles](http://www.scotpho.org.uk/profiles).

It is anticipated that these profiles, particularly through use of the online tool, will aid in:

- monitoring the impact of national and local strategies' tobacco control and smoking cessation activity and progress against targets, through a common framework for all NHS Boards, and will be particularly useful to smaller NHS Boards which may not have a dedicated data analysis/health intelligence team
- planning, especially for targeting of resources for specific groups such as inequalities groups, in line with *A Guide to smoking cessation in Scotland*<sup>2</sup> recommendations
- tobacco research e.g. providing baseline data against which to measure progress/activity
- enabling local benchmarking.

ScotPHO will move to a more dynamic method of updating the tobacco profiles in future, so that indicators are updated when their underlying source is updated, rather than updating all indicators at a fixed point in time.

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<sup>1</sup> <http://www.tobaccoprofiles.info/>

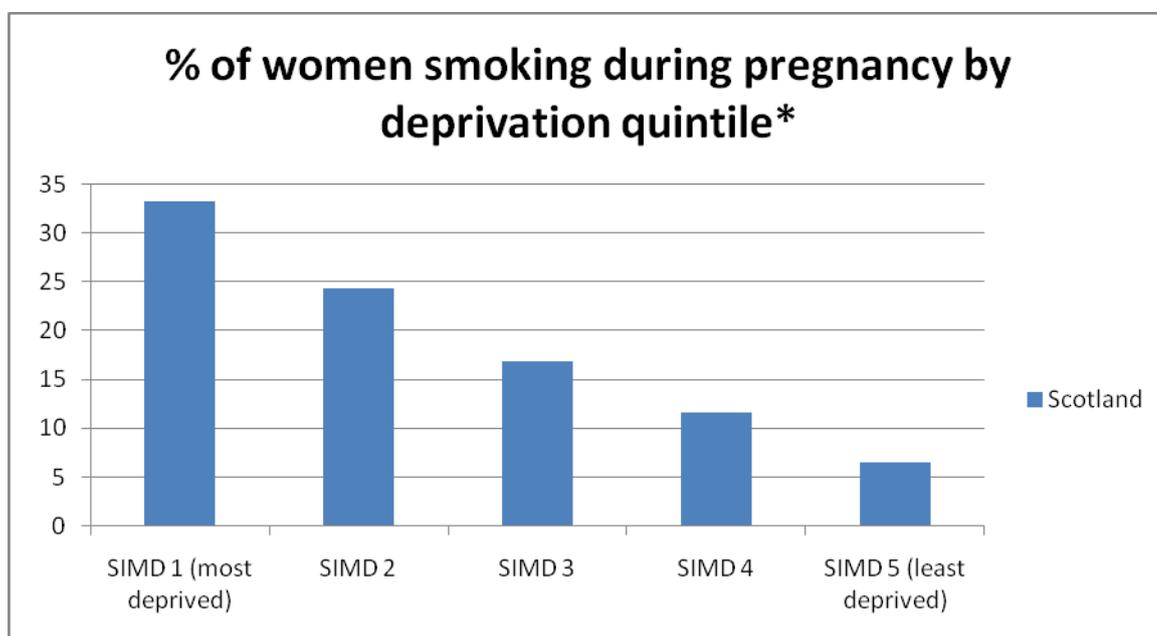
<sup>2</sup> NHS Health Scotland and ASH Scotland (2010). *A Guide to smoking cessation in Scotland 2010*. NHS Health Scotland, Edinburgh: <http://www.healthscotland.com/documents/4661.aspx>

## Scotland trends

Adult smoking prevalence in Scotland declined over the past eight years from 26.0% in 2005-06 to 23.0% in 2012-13 (Scottish Household combined Surveys). The decrease is seen in all age groups and in both males and females. Over the whole time period, smoking prevalence was higher in men compared with women, and in working age adults compared with older adults (aged 65+ years). At Local Authority (LA) level, smoking prevalence during 2012-13 ranged from 9.7% (East Dunbartonshire) to 29.8% (East Ayrshire). At NHS Board (HB) level for the same time period, prevalence ranged from 17.0% (NHS Shetland) to 26.4% (Ayrshire and Arran).

Over the period 2002-04 to 2010-12, the percentage of women who reported they smoked at their antenatal booking appointment had declined from 26.3% to 20.1%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data. At LA level, the percentage of women who reported they smoked ranged from 11.8% (East Renfrewshire) to 28.6% (North Ayrshire). At NHS Board (HB) level, percentages ranged from 12.0% (NHS Shetland) to 26.8% (Ayrshire and Arran).

During 2010-12, women living in the most deprived areas of Scotland were approximately five times more likely to have smoked during pregnancy than those living in the least deprived areas (see chart below). The proportion of women who reported they smoked during pregnancy declined over time in each deprivation quintile, with the biggest decreases seen in the more deprived quintiles. For example, the proportion of women who reported they smoked during pregnancy declined from 43.7% (2002-04) to 33.2% (2010-12) in the most deprived quintile, compared with 9.2% to 6.5% in the least deprived quintile.



\*Based on SIMD2012 Scotland-level quintiles. Please see technical report for a full explanation of SIMD quintiles.

The proportion of women who reported they smoked at their first health visitor appointment (which takes place at around 10 days post birth) was 16.9% for the three year period 2010/11-2012/13 (financial years). This is largely unchanged to the proportion reported in financial years 2008/09-2010/11 (the earliest period available for comparison). For the most recent period, the proportion varied across LAs from 7.0% (East Renfrewshire) to 23.9% (North Ayrshire) and for NHS Boards from 9.2% (NHS Shetland) to 21.9% (NHS Dumfries and Galloway).

Smoking prevalence in children (in school years S2 and S4, based on the Scottish Schools Adolescent Lifestyle and Substance Use (SALSUS) Survey) decreased between 2006 and 2013,

in both boys and girls. In 2013, 5.2% of boys and 5.4% of girls in S2 and S4 combined reported they smoked. The proportion for boys varied across LAs from 3.2% (Stirling) to 9.2% (Renfrewshire) and for NHS Boards from 4.1% (NHS Lothian) to 7.2% (NHS Fife). The equivalent proportion for girls varied in LAs from 2.4% (Aberdeen City) to 9.1% (Falkirk) and from 3.4% (Tayside) to 8.0% (Dumfries and Galloway) in HBs. Furthermore, the percentage of S2 and S4 pupils, who either attempted to buy or successfully bought cigarettes, also decreased from 23.9% in 2010 to 18.2% in 2013.

Over the period of 2008-2012, the number of quit attempts and successful one-month quits made with an NHS smoking cessation service, as a % of total estimated adult smoking population (SHoS, 2012) gradually increased. However, in the last year (2012-2013), a decline was noted (11.7% to 10.1% and 4.5% to 3.8%, respectively), which may be partly explained by the rise in the use of electronic cigarettes. Furthermore, a similar decreasing pattern was also observed in the dispensing of smoking cessation products in Scotland, which has also fallen in recent years from its peak of 6.4 daily doses per 1,000 population in financial year 2011/12 to its current level of 5.0 daily doses per 1,000 population.

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at both one and three month follow-up, over the period 2008-2013 have decreased from (39.4% and 17.6%, respectively) to (37.8% and 11.2%, respectively). However quit rates at twelve month follow up have increased marginally from 5.2% in 2008 to 5.6% in 2012.

Quit rates at one month follow-up, decreased over time, and at a faster rate in those living in the most deprived areas. The proportion in the most deprived areas varied across LA from 27.6% (Angus) to 42.4% (Falkirk) and by NHS Board from 27.8% (NHS Borders) to 41.1% (NHS Forth Valley).

Incidence of and mortality from lung cancer gradually decreased over 2003-05 to 2011-13, whereas the proportion of smoking attributable hospital admissions increased over the same timeframe. Incidence of Chronic Obstructive Pulmonary Disease (COPD) increased slightly over the same period, whereas mortality from COPD was decreasing over time and then slightly increased in the most recent years. The rate of lung cancer deaths varied across LA from 74 deaths per 100,000 population (Perth and Kinross) to 181 (Glasgow City), and by NHS Board from 84 deaths per 100,000 population (NHS Grampian) to 142 (NHS Greater Glasgow and Clyde).

The rate of tobacco retailers (individual establishments) available to the Scottish population in 2013 was 2.2 per 1,000 population. This is largely unchanged to the proportions reported in 2011 (the earliest period available for comparison) and 2012, at 2.5% and 2.6% respectively. For the most recent period the proportion varied across LAs from 1.1% (East Dunbartonshire) to 5.2% (Shetland Islands) and for NHS Boards from 1.8% (Grampian) to 5.2% (Shetland).

Overall, prevalence of smoking continued to decline in Scotland in 2012-13, in children, adults and pregnant women. There is some evidence that smoking cessation services and traditional cessation aids are being used less in the most recent time period. Mortality from lung cancer continued to decrease, but mortality from COPD increased slightly. There are still very wide variations in the prevalence of smoking and smoking-attributable diseases across Scotland.

# NHS Ayrshire and Arran

Ayrshire and Arran has an estimated total population of 372,210.

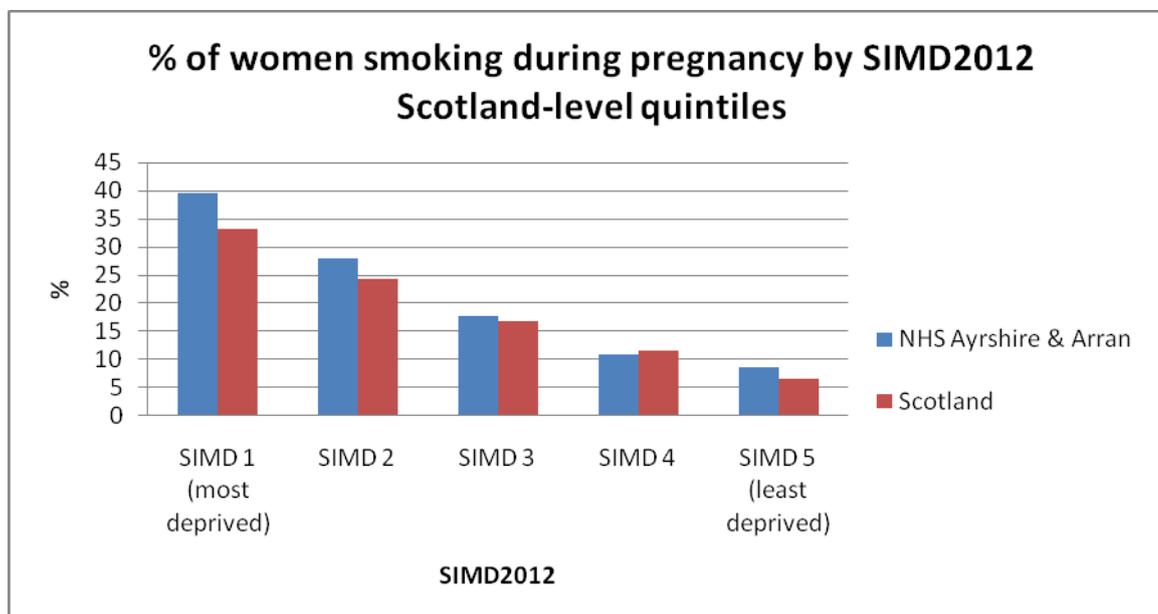
## Adult smoking prevalence

Smoking prevalence among the Ayrshire and Arran adult population (26.4%) for combined survey years 2012/2013 was significantly higher (worse) than the Scottish average (23.0%). Smoking prevalence was also significantly higher (worse) than the Scottish average for females and age groups 16-39 and 16-64. For males and all other age groups, the smoking prevalence was not significantly different from the Scottish average. The adult smoking prevalence has varied over time (lowest 25.0% in 2005/2006 combined surveys and highest 26.7% in 2009/2010 combined surveys).

## Smoking during and post pregnancy

Ayrshire and Arran had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (26.8% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 30.0% but, since the 2007-2009 period, has stabilised around 27.0%, and remains the highest in Scotland. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Ayrshire and Arran increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (13.7%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher in Ayrshire and Arran when compared with the Scottish average (21.9% vs. 16.9%) for financial year period 2010/11-2012/13. Since 2009/10 the post-partum smoking rate has remained constant at around 22.0%.

## Smoking in school children

Smoking prevalence (regular smokers) in S2 pupils (2.5%), as reported in the 2013 SALSUS survey, was not significantly different to the Scottish average, whereas in S4 (10.4%) school pupils in Ayrshire and Arran, prevalence was significantly higher (worse) than the Scottish average (1.8% and 8.7% respectively). The smoking prevalence for boys and girls was not significantly different to the Scottish average. In both cases this refers to S2 and S4 pupils combined. However, the girls were significantly higher (worse) than the Scottish average, although female prevalence has reduced from 12.4% in the 2006 survey to 7.5% in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than the Scottish average (20% vs. 18%, respectively). This represents a fall compared with the 2006 survey (where the percentage was 25%).

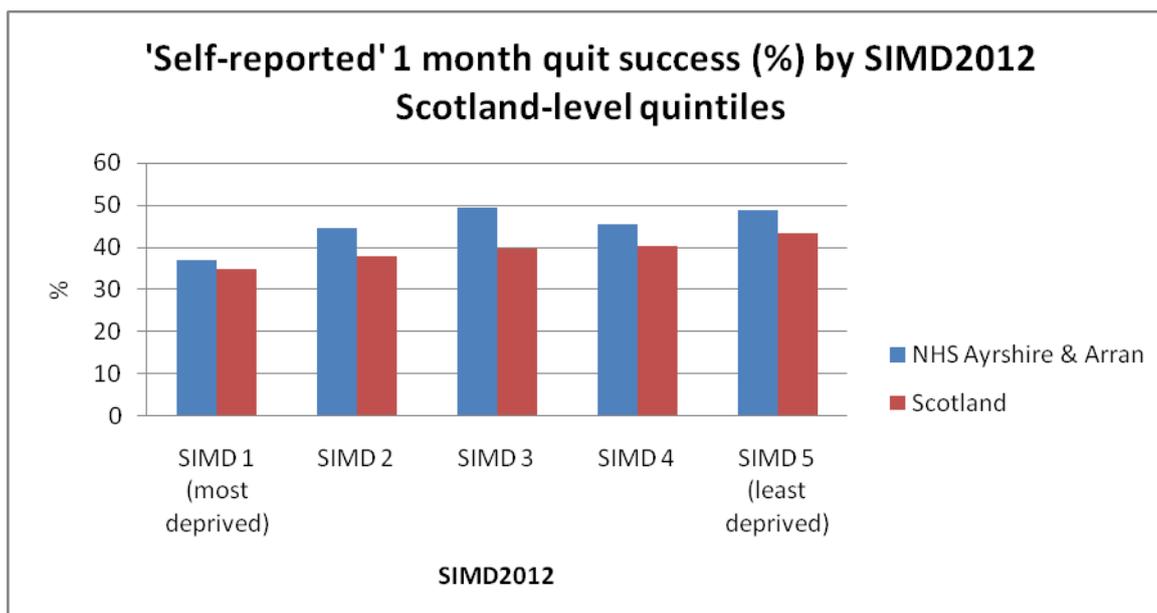
## Smoking cessation

There were 6,257 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 16.6% reduction on 2012, where there were 7,500 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (7.7% compared with 10.1%), as was the successful self-reported one month quits (3.2% vs. 3.8%) again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) in Shetland at one and three month follow-up were significantly higher (better) than the Scottish average; however, at twelve months, they were not significantly different.

Quit rates at one month follow-up were significantly higher (better) than the Scottish average in all deprivation groups apart from quintile 5 (least deprived), where the one month quit outcomes were not significantly different from the Scottish average. The quit rate was 37.1% in the most deprived compared with 48.8% in the least deprived. (See figure below.)



Dispensing of smoking cessation products in Ayrshire and Arran for financial year 2013/14 was significantly higher (better) than the Scottish average (6.4 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation

products dispensed each financial year since 2007/08, with a marked increase between 2010/11 and 2011/12. However, over the last 3 financial years (2011/12-2013/14), the number of products dispensed has remained constant.

### **Smoking attributable deaths and diseases**

There were around 4,400 smoking attributable hospital admissions per 100,000 population in Ayrshire and Arran for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the high recording of diagnostic information in hospital systems in Ayrshire and Arran. The rate of smoking attributable deaths per 100,000 population, was not significantly different than the Scottish average (333 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Ayrshire and Arran was significantly higher (worse) than the Scottish average (478 vs. 391, respectively) (however, please note coding comment above). The number of deaths per 100,000 from COPD was significantly higher (worse) than the Scottish average (87 vs. 78, respectively) and, since 2007, Ayrshire and Arran have been constantly higher than the Scottish average.

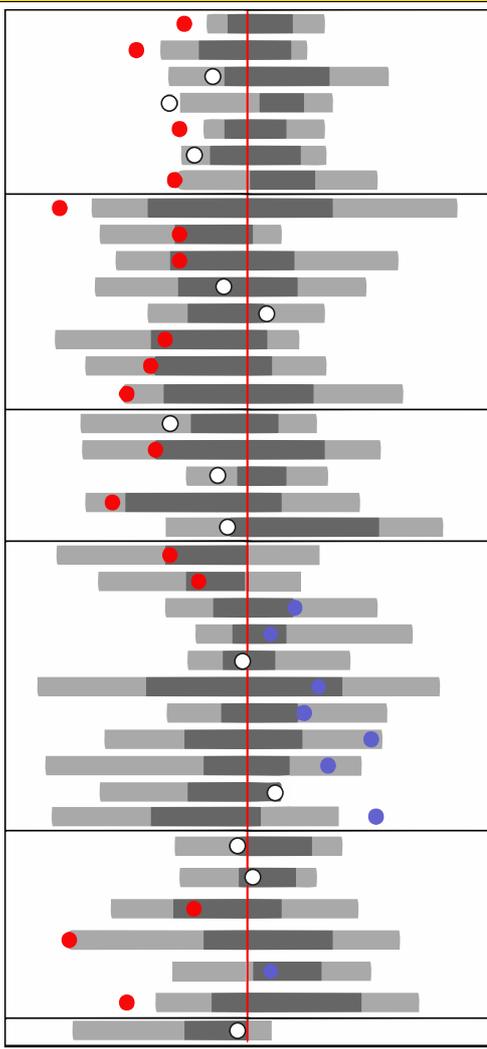
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (125 vs. 133, respectively), and consistently so since 2003-2005. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different than the Scottish average (105 vs. 107 respectively), but the rate over the last three time periods had seen a steady decrease.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Ayrshire and Arran population in 2013 was not significantly different from the Scottish average (2.3 vs. 2.2, respectively). This was a slight reduction on the previous year (2.7).

# NHS Ayrshire & Arran

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	383	26.4	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	130	32.9	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	162	27.0	%	25.3
	4 Smoking prevalence (adults 65+)	2013	74	16.3	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	293	29.5	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	174	27.6	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	208	25.3	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	2,915	26.8	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1,563	39.5	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	848	28.0	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	265	17.7	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	155	11.0	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	83	8.6	%	6.5
	14 Quit attempts from pregnant smokers	2011	400	13.7	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	2,442	21.9	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	29	2.5	%	1.8
	17 Smoking prevalence in S4 pupils	2013	128	10.4	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	66	5.6	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	89	7.5	%	5.4
	20 Attempts to purchase cigarettes	2013	163	19.5	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	6,257	7.7	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	2,626	3.2	%	3.8
	23 Quit rate at 1 month follow-up	2013	2,626	42.0	%	37.8
	24 Quit rate at 3 months follow-up	2013	820	13.1	%	11.2
	25 Quit rate at 12 months follow-up	2012	401	5.4	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	1,051	37.1	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	845	44.5	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	359	49.5	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	226	45.4	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	145	48.8	%	43.3
	31 Availability of Smoking Cessation Products	2013	1,984	6.4	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,441	333.0	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	943	105.1	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	770	86.6	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	40,698	4,395.6	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	1,136	124.6	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	4,476	477.7	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	700	2.3	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## NHS Borders

Borders has an estimated total population of 113,270.

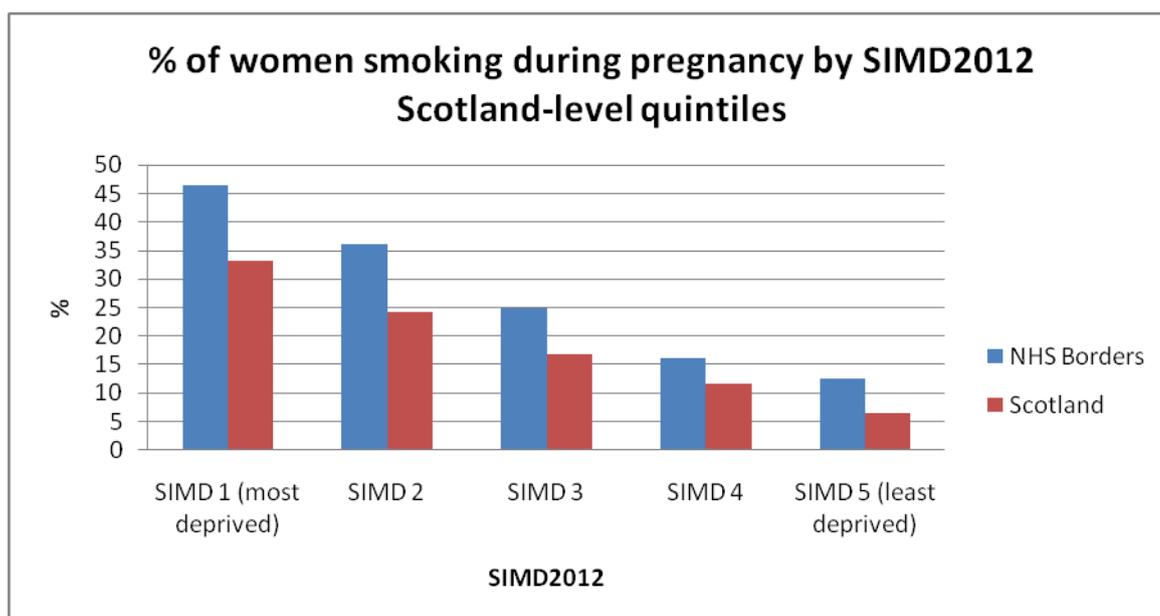
### Adult smoking prevalence

Smoking prevalence among the Borders adult population (19.3%) for combined survey years 2012/2013 was not significantly different than the Scottish average (23.0%), with both sexes and each age grouping being not significantly different from their respective Scottish averages. The adult smoking prevalence has varied over time (lowest 19.3% in 2012/2013 combined surveys and highest 24.7% in 2005/2006 combined surveys).

### Smoking during and post- pregnancy

Borders had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (24.9% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 27.0%, but since 2008 has stabilised around 25.0%, and remains the second highest in Scotland. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Borders increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas. (See figure below.)



Additionally, significantly fewer pregnant women made a quit attempt (17.8%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in Borders when compared with the Scottish average (17.1% vs. 16.9%) for financial year period 2010/11-2012/13. Also, since 2008/2009-2010/2011, the rate of post-partum smoking has remained at approximately 17%.

### Smoking in school children

Smoking prevalence (regular smokers) in both S2 and S4 (9.4%) school pupils in Borders, as reported in the 2013 SALSUS survey, was not significantly different than the Scottish average (1.8% and 8.7% respectively). The smoking prevalence for S2 and S4 pupils was also not significantly different than the Scottish average. In both cases this refers to S2 and S4 pupils

combined. However, male prevalence has reduced from 9.6% in the 2006 survey to 4.9% in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (11.7% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 14.1%).

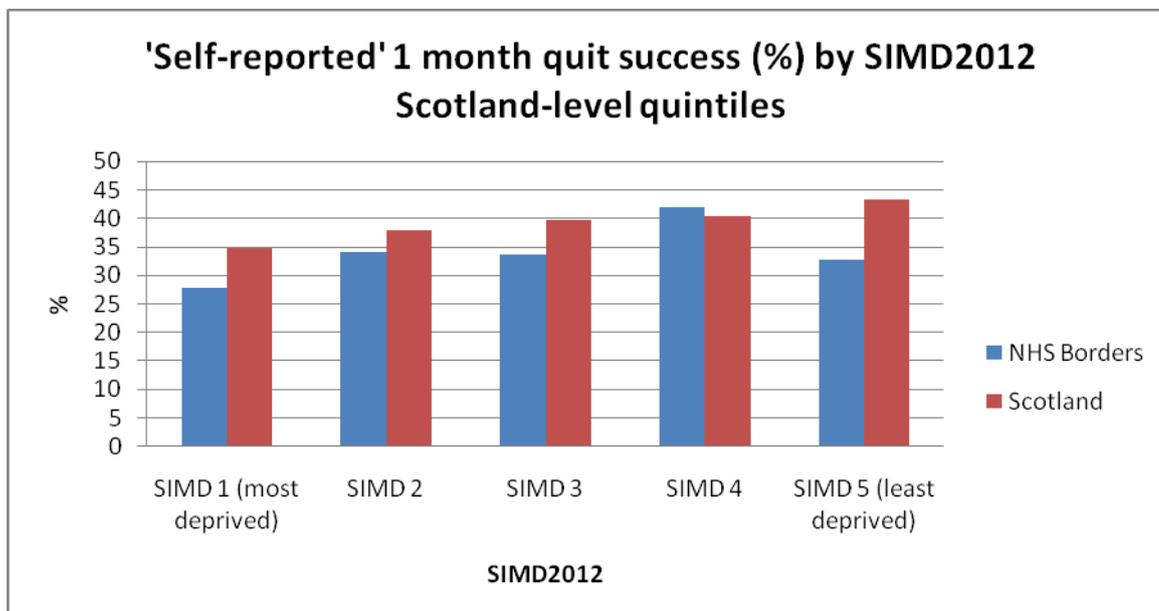
### Smoking cessation

There were 1,677 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 19.8% reduction on 2012, where there were 2,090 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (9.2% compared with 10.1%). The same was true for successful self-reported one month quits (3.2% vs. 3.8%), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) were significantly higher (better) than the Scottish averages at one and twelve months after quit date, while, at three months after quit date, they were not significantly different from the Scottish average.

Quit rates were significantly lower (worse) than the Scottish average in quintiles 1 (most deprived) and 3. However, the differences compared with the Scottish average were non-significant in all other groups. The quit rate is 27.8% in the most deprived compared with 32.7% in the least deprived quintile. (See figure below.)



Dispensing of smoking cessation products in Borders for financial year 2013/14 was significantly lower (worse) than the Scottish average (2.9 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation products dispensed each year since financial year 2007/08, rising from less than 1 daily dose per 1,000 to 3 daily doses per 1,000. However, this year the number of dispensed smoking cessation products has fallen, which could be linked to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 2,500 smoking attributable hospital admissions per 100,000 population in Borders for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the recording of diagnostic information in hospital systems in Borders. The rate of smoking attributable deaths per 100,000 was significantly lower (better) than the Scottish average (280 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Borders was significantly lower (better) than the Scottish average (304 vs. 391, respectively; however, please note coding comment above). The number of deaths per 100,000 from COPD was significantly lower (better) than the Scottish average (58 vs. 78, respectively). The COPD death rate has steadily fallen over the past decade, from a high of 87 per 100,000 in 2003-2005.

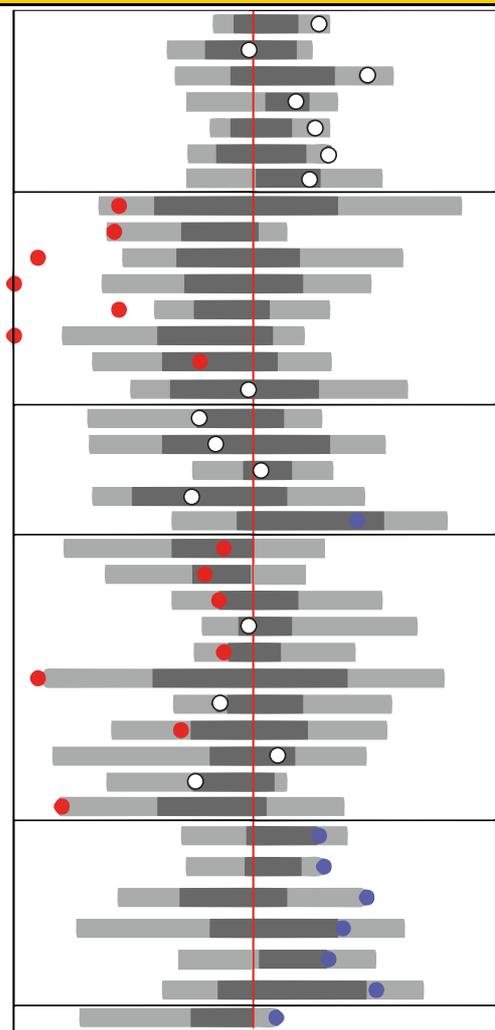
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (106 vs. 133, respectively), and have remained constant since 2005-2007. The rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was significantly lower (better) than the Scottish average (85 vs. 107 respectively), but the rate since 2006-2008 has seen a steady decrease.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Borders population in 2013 was not significantly different from the Scottish average (1.9 vs. 2.2, respectively). This was a slight reduction on the previous year (2.5).

# NHS Borders

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	95	19.3	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	34	26.1	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	38	19.4	%	25.3
	4 Smoking prevalence (adults 65+)	2013	19	11.4	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	71	22.0	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	42	20.2	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	52	18.5	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	692	24.9	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	122	46.4	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	166	36.0	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	225	24.8	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	159	16.2	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	20	12.5	%	6.5
	14 Quit attempts from pregnant smokers	2011	123	17.8	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	538	17.1	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		2.3	%	1.8
	17 Smoking prevalence in S4 pupils	2013	33	9.4	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	17	5.0	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	23	6.4	%	5.4
	20 Attempts to purchase cigarettes	2013	29	11.7	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,677	9.2	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	586	3.2	%	3.8
	23 Quit rate at 1 month follow-up	2013	586	34.9	%	37.8
	24 Quit rate at 3 months follow-up	2013	180	10.7	%	11.2
	25 Quit rate at 12 months follow-up	2012	79	3.8	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	69	27.8	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	137	34.0	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	184	33.7	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	179	41.8	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	17	32.7	%	43.3
	31 Availability of Smoking Cessation Products	2013	272	2.9	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	395	279.6	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	251	84.8	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	171	58.1	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	7,665	2,531.4	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	326	106.0	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	925	303.6	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	177	1.9	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# NHS Dumfries and Galloway

Dumfries and Galloway has an estimated total population of 150,270.

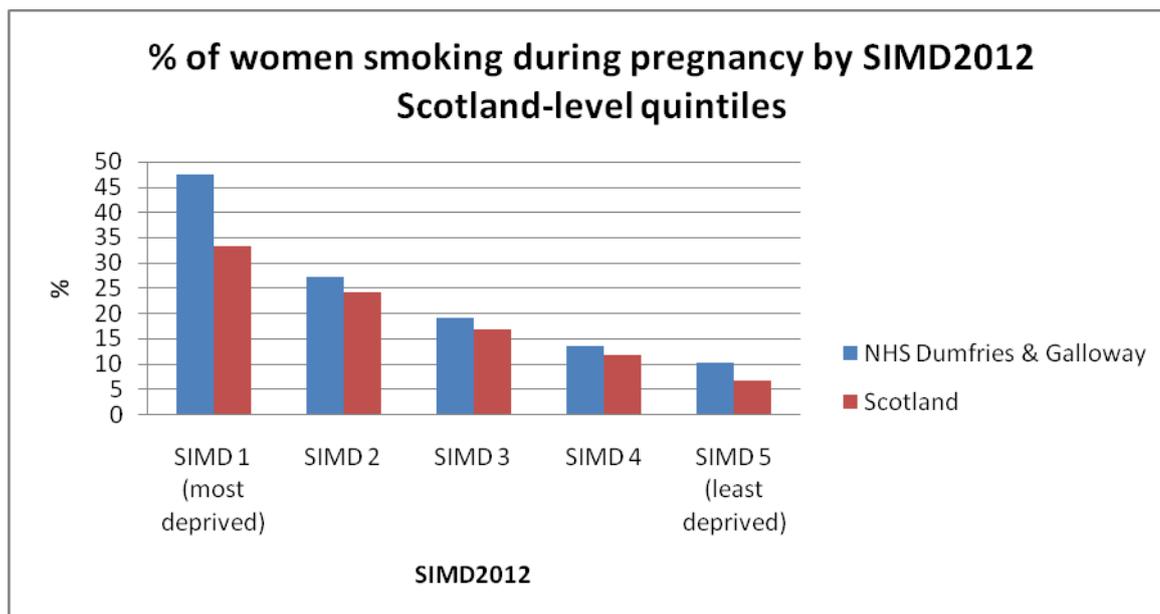
## Adult smoking prevalence

Smoking prevalence among the Dumfries and Galloway adult population (20.3%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). This was also true for both sexes and each age grouping, with no significant differences between each group and their respective Scottish averages. The adult smoking prevalence has varied over time, but was currently at its lowest level since the 2005/06 combined surveys, with a particularly large fall between the 2007/08 and 2009/10 combined surveys.

## Smoking during and post- pregnancy

Dumfries and Galloway had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (23.7% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 27.0% and has steadily declined since 2004-2006. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Dumfries and Galloway increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas. (See figure below).



The number of pregnant women who made a quit attempt with the help of NHS smoking cessation services was not significantly different compared with the Scottish average (24.7% and 23.5% respectively).

Post-partum smoking rates were significantly higher in Dumfries and Galloway when compared with the Scottish average (22.0% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. There has been a slight decline in post-partum smoking rates in Dumfries and Galloway since financial period 2008/09-2010/11, with rates falling from 23.3% to their current level. However, rates remain the highest in Scotland.

## Smoking in school children

Smoking prevalence (regular smokers) in S4 school pupils (11.7%) in Dumfries and Galloway, as reported in the 2013 SALSUS survey, was significantly higher (worse) than the Scottish average (8.7%); however, prevalence in S2 pupils was significantly lower (better) than the Scottish average (1.8%). The smoking prevalence for boys, for S2 and S4 pupils combined, was not significantly different than the Scottish average; however, the equivalent prevalence for girls was significantly higher (worse) than the Scottish average (8.0% vs. 5.4%, respectively). Between the 2010 and 2013 surveys, smoking prevalence has fallen in all groups apart from girls, where it has risen from 7.0% to 8.0%.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (13.9% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 17.8%).

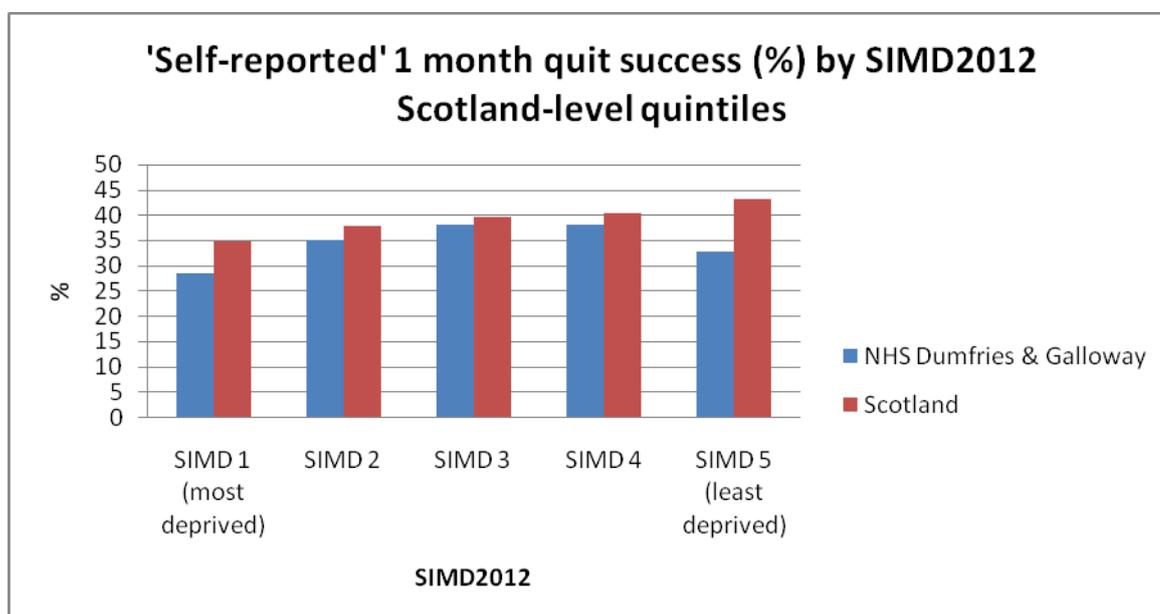
## Smoking cessation

There were 3,198 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 3.5% increase on 2012, where there were 3,089 quit attempts. This increase was in contrast to the overall Scotland decline of 13%.

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly higher (better) than the Scottish average (12.5% vs. 10.1%, respectively). The same was true for the successful self-reported one month quits (4.4% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one month follow-up were significantly lower (worse) than the Scottish average (35.5% vs. 37.8%, respectively). However, quit rates at three months and twelve months were significantly higher (better) than the Scottish average.

The one month quit rates were significantly lower (worse) than the Scottish average in deprivation groups 1 (most deprived) and 5 (least deprived). The quit rate was 28.4% in the most deprived group compared with 32.8% in the least deprived group. However, the highest quit rates are found in quintiles 3 and 4, where the rate 38.1% and 38.0% respectively (see figure below).



Dispensing of smoking cessation products in Dumfries and Galloway for financial year 2013/14 was significantly lower (worse) than the Scottish average (3.6 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation products dispensed each year since financial year 2007/08, with a marked increase between 2010/11 and 2011/12. However, the number of products dispensed has fallen since 2012/13.

### **Smoking attributable deaths and diseases**

There were around 3,600 smoking attributable hospital admissions per 100,000 population in Dumfries and Galloway for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the recording of diagnostic information in hospital systems in Dumfries and Galloway. The rate of smoking attributable deaths per 100,000 was not significantly different than the Scottish average (306 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Dumfries and Galloway was significantly higher (worse) than the Scottish average (422 vs. 391, respectively; however, please note coding comment above). The number of deaths per 100,000 from COPD was not significantly different from the Scottish average (85 vs. 78, respectively). COPD death rates in Dumfries and Galloway have decreased over the last decade, reaching a low of 69 per 100,000 in 2009-2011. However, rates have risen each year since and are now at levels last seen in 2005-2007.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (107 vs. 133, respectively), and after remaining constant since 2007, have fallen this year from 113 per 100,000 to the current level. The rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was significantly lower (better) than the Scottish average (95 vs. 107 respectively) and has stayed constant since 2010-2012.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Dumfries and Galloway population in 2013 was significantly higher (worse) than the Scottish average (3.0 vs. 2.2, respectively). This was a slight reduction on the previous year (3.9 per 1,000 population).

# NHS Dumfries & Galloway

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	95	20.3	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	25	27.4	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	42	21.0	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	20	11.6	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	69	23.5	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	51	23.4	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	43	17.4	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	949	23.7	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	260	47.5	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	304	27.3	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	256	19.2	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	104	13.4	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	23	10.3	%	6.5	
	14 Quit attempts from pregnant smokers	2011	234	24.7	%	23.5	
15 Post-partum smoking rate <sup>2</sup>	2011	908	22.0	%	16.9		
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		0.9	%	1.8	
	17 Smoking prevalence in S4 pupils	2013	56	11.7	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	23	5.1	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	37	8.0	%	5.4	
	20 Attempts to purchase cigarettes	2013	43	13.9	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	3,198	12.5	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	1,134	4.4	%	3.8	
	23 Quit rate at 1 month follow-up	2013	1,134	35.5	%	37.8	
	24 Quit rate at 3 months follow-up	2013	458	14.3	%	11.2	
	25 Quit rate at 12 months follow-up	2012	234	7.6	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	136	28.4	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	365	35.1	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	386	38.1	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	205	38.0	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	42	32.8	%	43.3	
	31 Availability of Smoking Cessation Products	2013	454	3.6	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	601	306.2	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	379	95.0	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	346	85.4	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	14,538	3,553.2	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	438	106.6	sr3	133.3	
37 COPD incidence <sup>2,15</sup>	2012	1,778	421.5	sr3	391.1		
Retailer Information	38 Tobacco retailers per 1,000 population	2013	368	3.0	cr2	2.2	

**Notes:**

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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## NHS Fife

Fife has an estimated total population of 366,910.

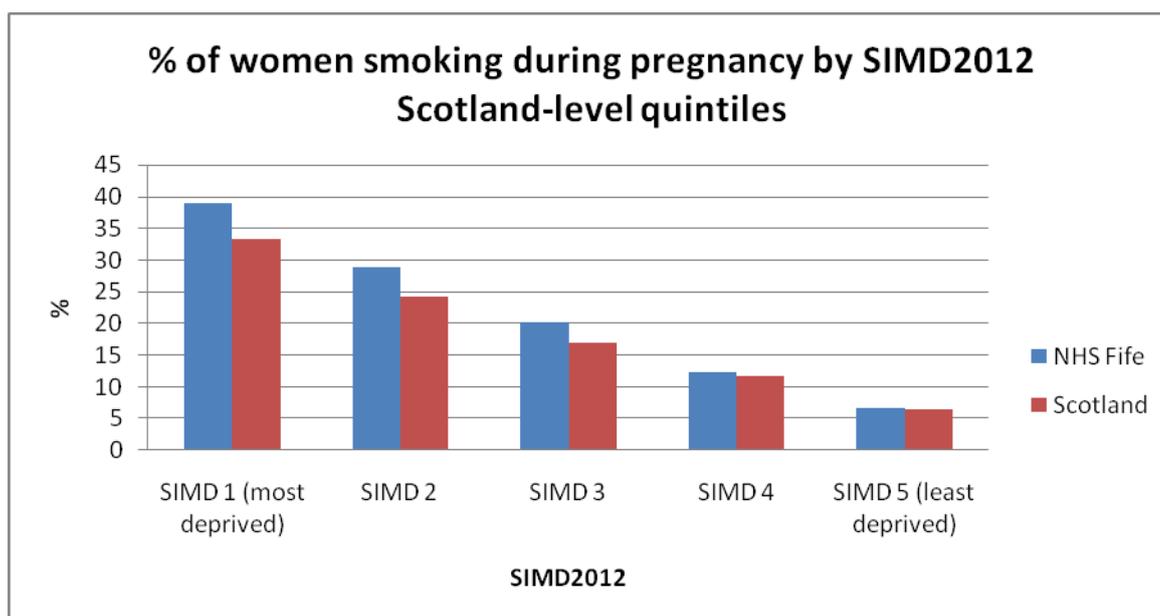
### Adult smoking prevalence

Smoking prevalence among the Fife adult population (22.7%) for combined survey years 2012/2013 was not significantly different in comparison with the Scottish average (23.0%), with both sexes and each age grouping not statistically different from their respective Scottish averages. The adult smoking prevalence has decreased over time from a high of 28.9% in 2005/2006 combined survey years to its current level.

### Smoking during and post pregnancy

Fife had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (23.7% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 29.0%; over time, it also has decreased steadily to around 24.0%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Fife increases as the level of deprivation increases, with those living in the most deprived areas approximately 6 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (15.8%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher in Fife when compared with the Scottish average (21.3% vs. 16.9%) for financial year period 2010/11-2012/13. Since financial year period 2008/09-2010/2011; the post-partum smoking rate has remained relatively constant.

### Smoking in school children

Smoking prevalence (regular smokers) in both S2 (3.1%) and S4 (11.9%) school pupils in Fife, as reported in the 2013 SALSUS survey, was significantly higher (worse) than the Scottish average (1.8% and 8.7 respectively). The smoking prevalence for both boys and girls was also significantly higher (worse) than the Scottish average, with the boys having the highest prevalence in Scotland.

In both cases this refers to S2 and S4 pupils combined. In addition, female prevalence has reduced from 13.9% in the 2006 survey to 7.9% in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different from the Scottish average (17.8% vs. 18.2%, respectively). There has been a drop from 19.2% in the 2010 survey to the current 2013 survey figure (17.8%).

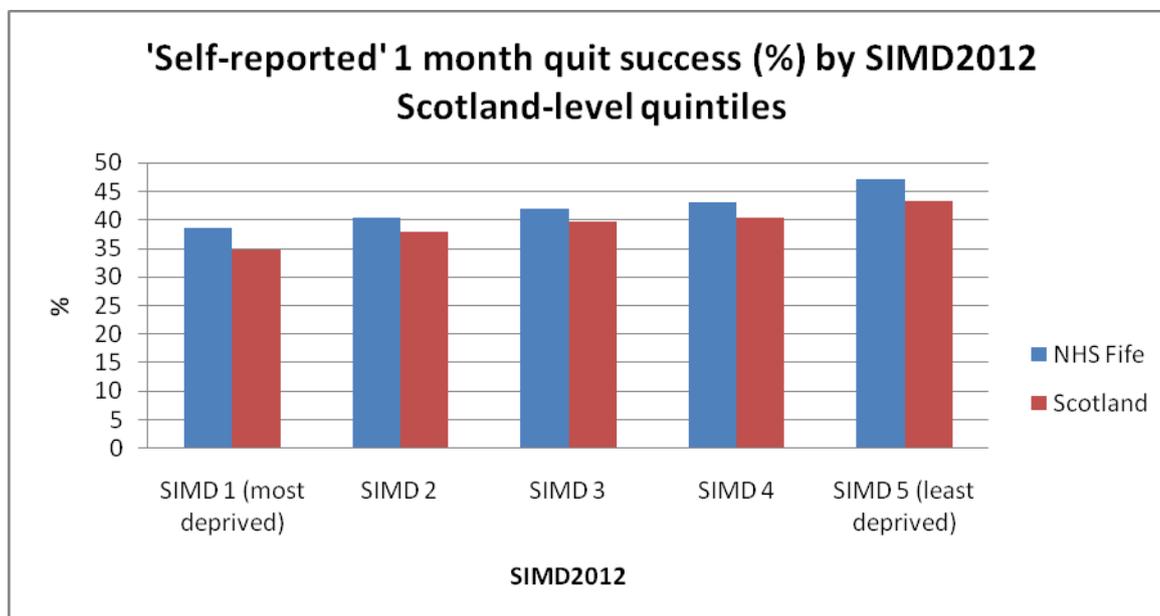
### Smoking cessation

There were 6,537 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 2.1% reduction on 2012, where there were 6,680 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (9.5% vs. 10.1%, respectively). Whereas the successful self-reported one month quits, again as a % of total estimated adult smoking population (SHoS, 2012), was not significantly different to the Scottish average (3.9% vs. 3.8%, respectively).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one and three months after quit date were significantly higher (better) than the Scottish averages.

The one month quit rate were significantly higher (better) in quintiles 1 (most deprived) and 2; however, quintiles 3, 4 and 5 (least deprived) were not significantly different in comparison with their respective Scottish averages. The quit rate was 38.6% in the most deprived group compared with 47.2% in the least deprived group (see figure below).



Dispensing of smoking cessation products in Fife for financial year 2013/14 was significantly lower (worse) than the Scottish average (4.7 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a year on year increase in the number of smoking cessation products dispensed since financial year 2007/08, reaching its highest in 2012/13 (5.5 daily doses per 1,000) and then dropping to 4.7 daily doses per 1,000 of the population in 2013/14.

### **Smoking attributable deaths and diseases**

There were around 3,200 smoking attributable hospital admissions per 100,000 population in Fife for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the recording of diagnostic information in hospital systems in Fife. The rate of smoking attributable deaths per 100,000 was not significantly different than the Scottish average (333 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Fife was not significantly different from the Scottish average (398 vs. 391, respectively); however, please note coding comment above. The number of deaths per 100,000 from COPD was also not significantly different from the Scottish average (77 vs. 78, respectively) and has stayed at a relatively constant rate since from 2009 to 2012 (3-year combined periods).

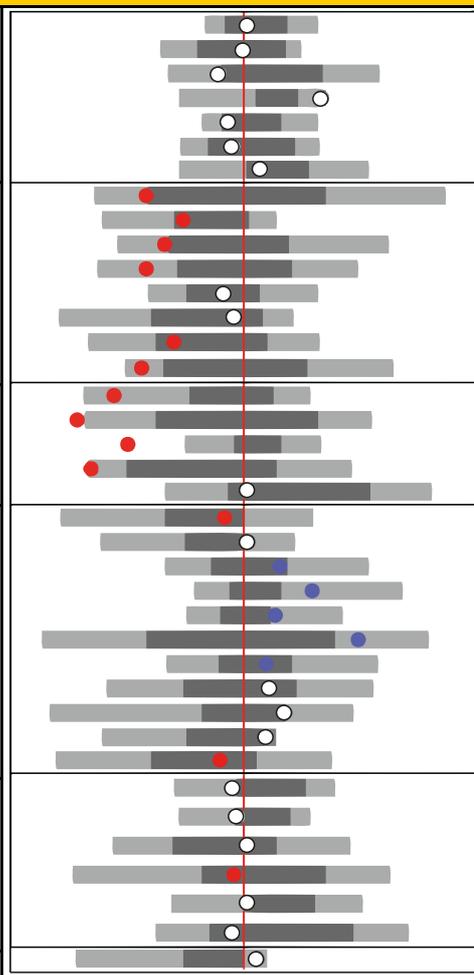
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (131 vs. 133, respectively), and have remained constant since 2008-2010. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years were also not significantly different compared with the Scottish average (109 vs. 107 respectively), but the rate since 2007-2009 has seen a steady decrease.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Fife population in 2013 was not significantly different from the Scottish average (2.1 vs. 2.2, respectively). This was a slight reduction on the previous year (2.4).

# NHS Fife

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	226	22.7	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	74	25.8	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	112	26.6	%	25.3
	4 Smoking prevalence (adults 65+)	2013	29	10.0	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	185	26.2	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	105	25.1	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	118	20.4	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	2,862	23.7	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1,186	39.0	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	831	28.8	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	491	20.3	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	227	12.3	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	127	6.7	%	6.5
	14 Quit attempts from pregnant smokers	2011	453	15.8	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	2,584	21.3	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	36	3.1	%	1.8
	17 Smoking prevalence in S4 pupils	2013	138	11.9	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	83	7.3	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	90	7.9	%	5.4
	20 Attempts to purchase cigarettes	2013	158	17.8	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	6,537	9.5	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	2,684	3.9	%	3.8
	23 Quit rate at 1 month follow-up	2013	2,684	41.1	%	37.8
	24 Quit rate at 3 months follow-up	2013	1,150	17.6	%	11.2
	25 Quit rate at 12 months follow-up	2012	502	7.5	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	811	38.6	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	720	40.4	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	547	42.0	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	338	43.1	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	268	47.2	%	43.3
	31 Availability of Smoking Cessation Products	2013	1,425	4.7	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,283	333.0	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	896	109.2	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	614	77.0	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	27,567	3,226.3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	1,100	131.1	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	3,387	397.6	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	607	2.1	cr2	2.2



**Notes:**

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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

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**Spine Chart Key:**

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- Statistically significantly 'better' than National average



# NHS Forth Valley

Forth Valley has an estimated total population of 299,680.

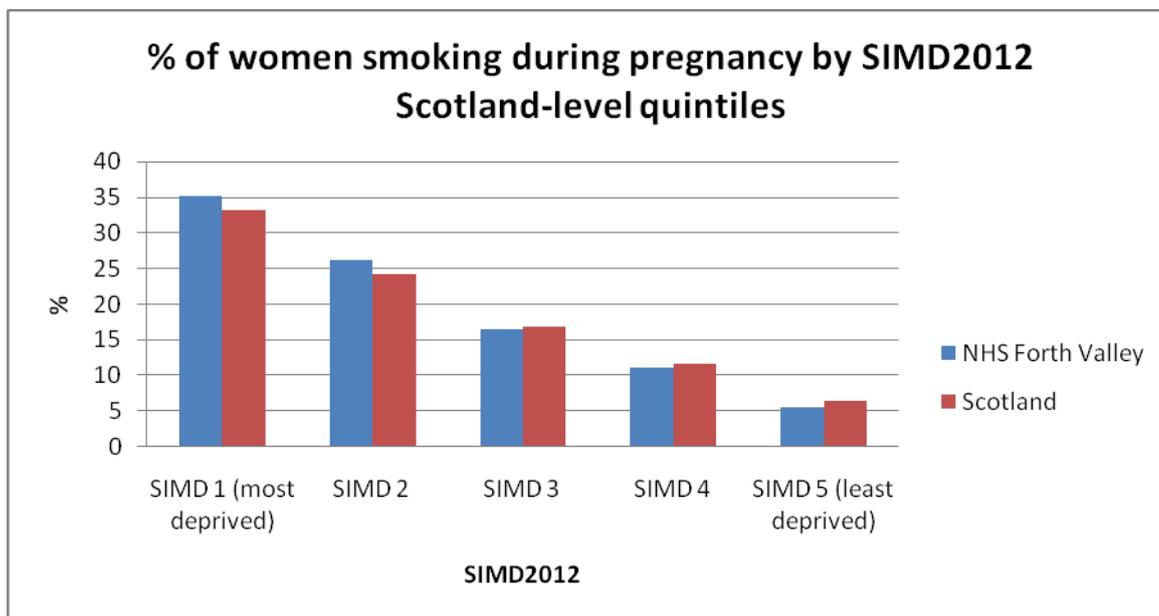
## Adult smoking prevalence

Smoking prevalence among the Forth Valley adult population (20.4%) for combined survey years 2012/2013 was significantly lower (better) than the Scottish average (23.0%), with males also having a significantly lower (better) smoking prevalence than their Scottish average (19.5% and 24.6% respectively). In females and all other age groups, smoking prevalence was not significantly different compared with the Scottish average. The adult smoking prevalence has decreased over time since 2007/2008 (lowest 20.4% in 2012/2013 combined surveys and highest 28.2% in 2007/2008 combined surveys).

## Smoking during and post pregnancy

The percentage of women smoking during pregnancy was not significantly different when compared with the Scottish average (20.1% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 26.0% in 2002-2004, and there has since been a steady decline in prevalence to the current level of 20.1%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Forth Valley increases as the level of deprivation increases, with those living in the most deprived areas over 6 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (13.6%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in Forth Valley when compared with the Scottish average (18.1% vs.16.9%) for financial year period 2010/11-2012/13. There has been a small reduction in post-partum smoking in Forth Valley from 18.5% to 18.1% between financial periods 2008/09-2010/11 and 2010/11-2012/13.

## Smoking in school children

Smoking prevalence (regular smokers) in S2 (1.8%) and S4 (10.1%) school pupils, as reported in the 2013 SALSUS survey, showed no significant difference in comparison with the Scottish average (1.8% and 8.7%, respectively). The smoking prevalence for S2 and S4 pupils combined was not significantly different than the Scottish average for boys, but significantly higher (worse) for girls. However, female prevalence has reduced from 12.5% in the 2006 survey to 7.3% in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than the Scottish average (21.1% vs. 18.2%, respectively). There has been a drop from 27.9% attempts in the 2010 survey in comparison with 21.1% attempts in the 2013 survey.

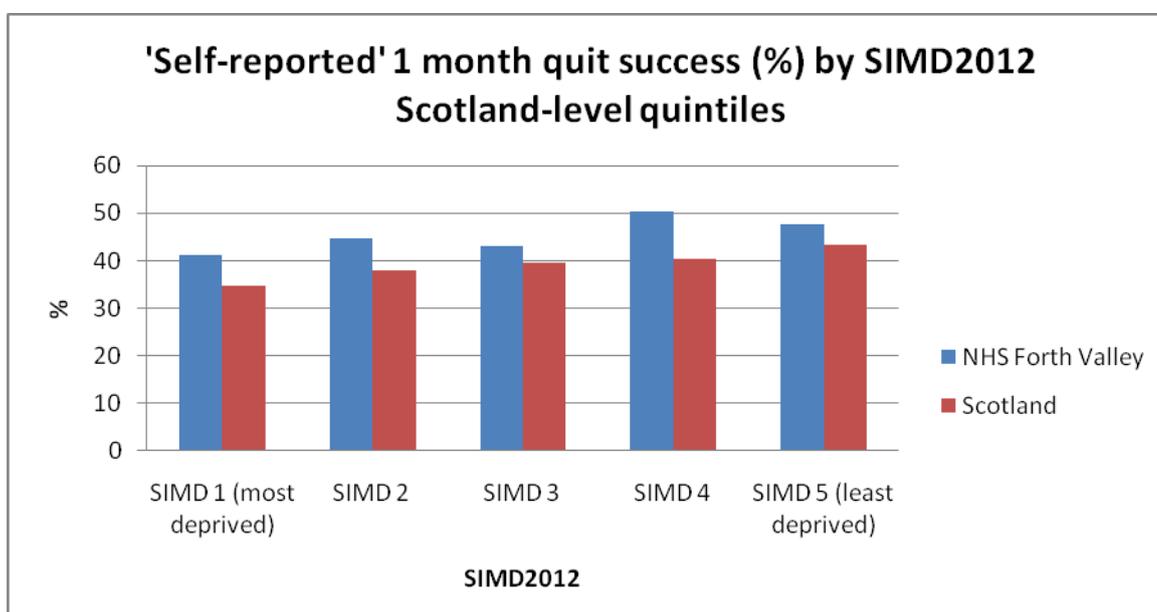
## Smoking cessation

There were 4,028 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 22.5% reduction on 2012, where there were 5,201 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (8.0% vs. 10.1%, respectively). The same was true for successful self-reported one month quits (3.6% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one month after quit date were significantly higher (better) than the Scottish average; however, at three months and twelve months, they were significantly lower (worse).

The one month quit rates were significantly higher (better) than the Scottish average in all deprivation groups except in quintile 5 (least deprived) which it was not significantly different. The quit rate was 41.2% in the most deprived compared with 47.6% in the least deprived (see figure below). This does not, however, follow the linear pattern of the national trend from the most to the least deprived quintiles.



Dispensing of smoking cessation products in Forth Valley for financial year 2013/14 was not significantly different from the Scottish average (5.2 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since 2007/08, with a marked increase between 2010/11 and 2011/12. However, over 2012/13 and 2013/14, the number of products dispensed has reduced from 6.9% to 5.2%.

### **Smoking attributable deaths and diseases**

There were around 2,100 smoking attributable hospital admissions per 100,000 population in Forth Valley for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the recording of diagnostic information in hospital systems in Forth Valley. The rate of smoking attributable deaths per 100,000 was not significantly different to the Scottish average (316 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Forth Valley was significantly lower (better) than the Scottish average (349 vs. 391, respectively); (however, please note coding comment above). The number of deaths per 100,000 from COPD was not significantly different than the Scottish average (79 vs. 78, respectively) and there has been an overall decrease from 104 to 79 between 2003-2005 and 2011-2013.

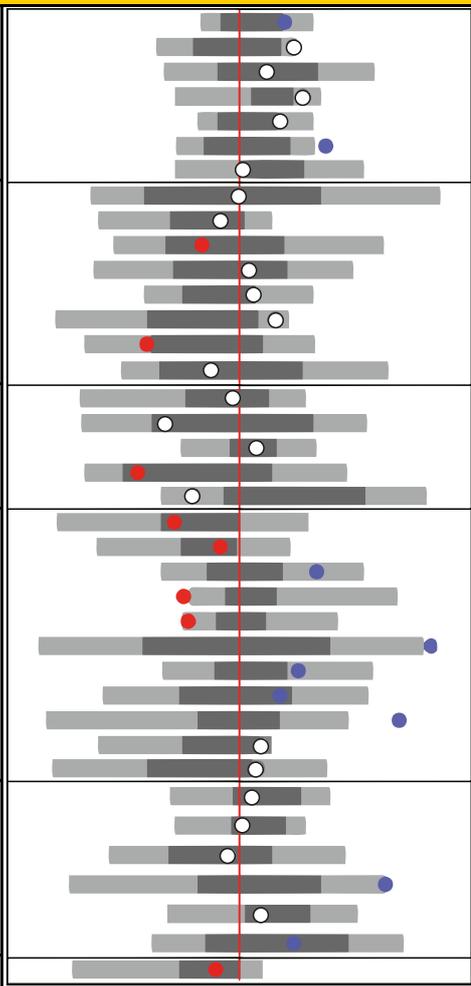
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (126 vs. 133, respectively), and have remained constant over time. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different than the Scottish average (106 vs. 107 respectively). This rate has started to steady out over the 2010-2012 and 2011-2013 combined years.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Forth Valley population in 2013 was significantly higher (worse) than the Scottish average (2.6 vs. 2.2, respectively). This was a slight reduction on the previous year (2.7).

# NHS Forth Valley

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	308	20.4 %		23.0
	2 Smoking prevalence (adults 16-39)	2013	94	22 %		25.7
	3 Smoking prevalence (adults 40-64)	2013	162	23.8 %		25.3
	4 Smoking prevalence (adults 65+)	2013	42	10.6 %		13.2
	5 Smoking prevalence (adults 16-64)	2013	255	23 %		25.5
	6 Smoking prevalence (men aged 16+)	2013	127	19.5 %		24.6
	7 Smoking prevalence (women aged 16+)	2013	183	21.3 %		21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,859	20.1 %		20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	652	35.2 %		33.2
	10 Smoking during pregnancy in quintile 2	2011	636	26.3 %		24.2
	11 Smoking during pregnancy in quintile 3	2011	287	16.6 %		16.9
	12 Smoking during pregnancy in quintile 4	2011	203	11.2 %		11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	80	5.5 %		6.5
	14 Quit attempts from pregnant smokers	2011	252	13.6 %		23.5
15 Post-partum smoking rate <sup>2</sup>	2011	1,734	18.1 %		16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	18	1.8 %		1.8
	17 Smoking prevalence in S4 pupils	2013	102	10.1 %		8.7
	18 Smoking prevalence in S2 and S4 boys	2013	48	4.9 %		5.2
	19 Smoking prevalence in S2 and S4 girls	2013	71	7 %		5.4
	20 Attempts to purchase cigarettes	2013	145	21.1 %		18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	4,028	8 %		10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,790	3.6 %		3.8
	23 Quit rate at 1 month follow-up	2013	1,790	44.4 %		37.8
	24 Quit rate at 3 months follow-up	2013	248	6.2 %		11.2
	25 Quit rate at 12 months follow-up	2012	135	2.6 %		5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	481	41.2 %		34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	576	44.8 %		37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	310	43.2 %		39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	284	50.4 %		40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	139	47.6 %		43.3
	31 Availability of Smoking Cessation Products	2013	1,278	5.2 cr2		5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	930	316.2 sr3		325.4
	33 Lung cancer deaths <sup>2</sup>	2012	665	105.8 sr3		107.1
	34 COPD deaths <sup>2</sup>	2012	473	79.2 sr3		77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	13,603	2,075.5 sr3		3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	808	125.5 sr3		133.3
	37 COPD incidence <sup>2,15</sup>	2012	2,290	348.7 sr3		391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	611	2.6 cr2		2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## NHS Grampian

Grampian has an estimated total population of 579,220.

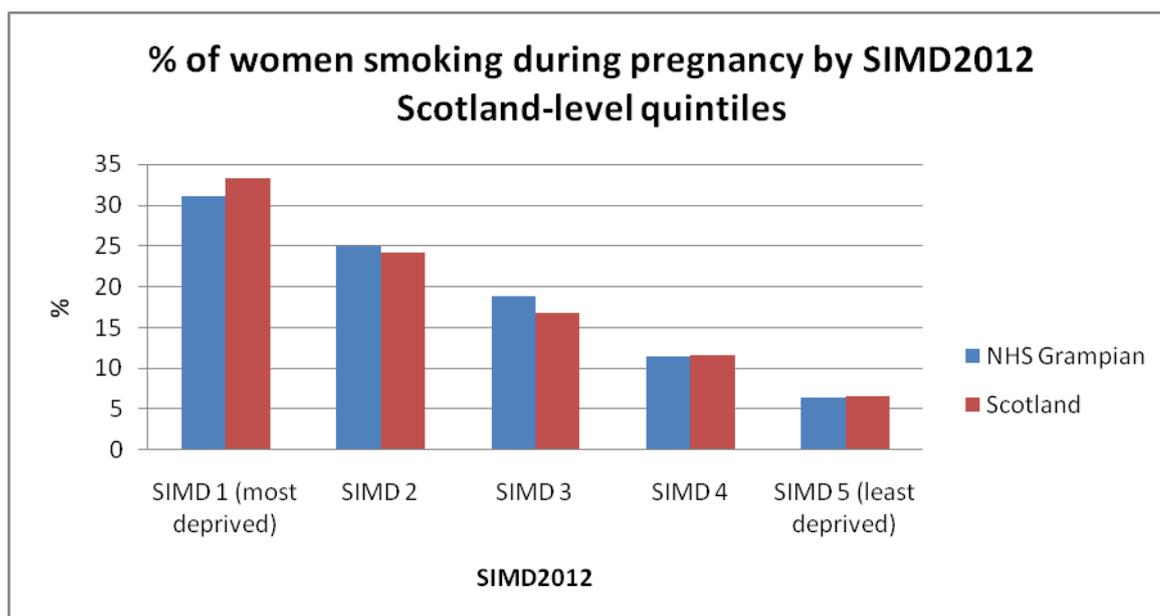
### Adult smoking prevalence

Smoking prevalence among the Grampian adult population (24.2%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping not significantly different from their respective Scottish averages. The adult smoking prevalence has increased from 22.3% (survey years 2005/2006) to its current level.

### Smoking during and post pregnancy

Grampian had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (16% and 20%, respectively) for the 3-year combined period 2010-2012. This was one of the lowest percentages in Scotland and has decreased since the early 2000s when the prevalence was around 24%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Grampian increases as the level of deprivation increases, with those living in the most deprived areas approximately five times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



In NHS Grampian, significantly fewer pregnant women made a quit attempt (17.8%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly lower in NHS Grampian when compared with the Scottish average (13.6% vs. 16.9%) for financial year period 2010/11-2012/13. There has been little change in the post-partum smoking rate in Grampian over the time periods considered, with the rate remaining around 14%.

### Smoking in school children

Smoking prevalence (regular smokers) in S4 (6.8%) school pupils in Grampian, as reported in the 2013 SALSUS survey, was significantly higher (worse) than the Scottish average (8.7%), whereas S2 pupils were not significantly different to Scotland's average. The smoking prevalence in girls, for S2 and S4 pupils combined, was also significantly higher (worse) than the Scottish averages.

However, both male and female prevalence reduced from the 2006 survey (7.7% and 10.0%, respectively) to the 2013 survey (4.5% and 3.8%, respectively).

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (6.7% vs. 18.2%, respectively). A decrease in attempts to buy cigarettes was observed since the 2010 survey (13.4%).

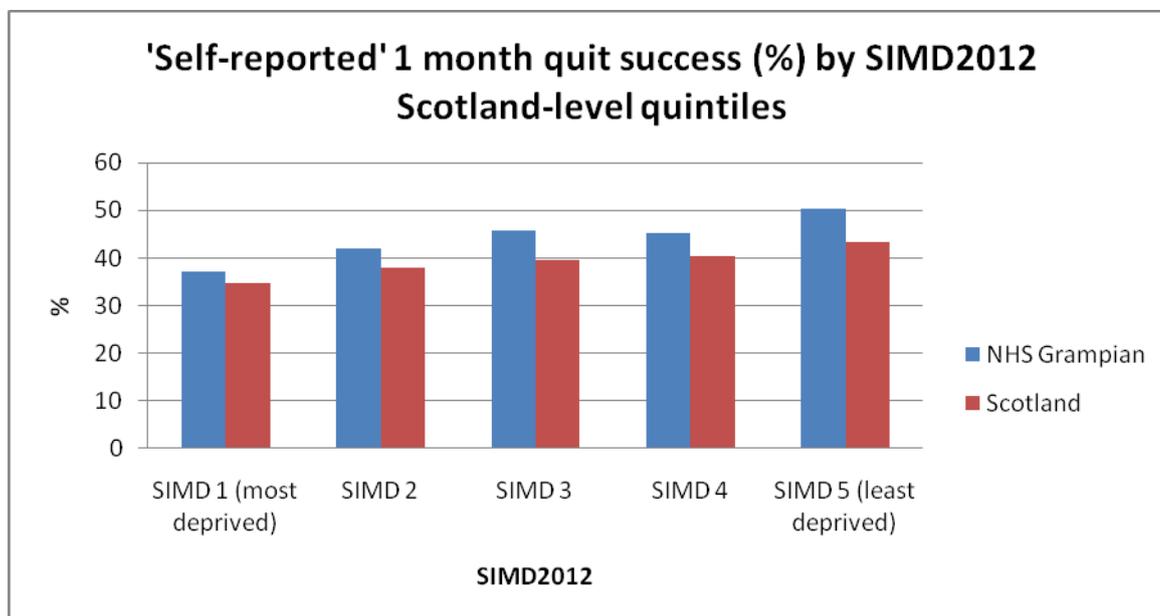
### Smoking cessation

There were 8,680 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 17.6% reduction since 2012, where there were 10,536 quit attempts. This was the first decrease observed in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was also observed at Scotland level).

In NHS Grampian, the number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (7.5% compared with 10.1%). The same was true for the successful one month self-reported quits (3.3% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were significantly higher (better) than the Scottish averages.

The one month quit rates were significantly higher (better) than associated Scotland averages in all deprivation quintiles, except for quintile 1 (most deprived), which was not significantly different from the Scotland average. The quit rate was 37.2% in the most deprived areas compared with 50.2% in the least deprived areas (see figure below).



Dispensing of smoking cessation products in Grampian for financial year 2013/14 was not significantly different from the Scottish average (4.5 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population) for financial year 2013/14. There has been a consistent increase in the rate of smoking cessation products dispensed since financial year 2007/08, with a marked increase between 2010/11 and 2011/12. However, over the last 3 time periods (2011/12 to 2013/14), the rate of products dispensed has remained roughly constant.

## **Smoking attributable deaths and diseases**

There were around 3,400 smoking attributable hospital admissions per 100,000 population in Grampian for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average of 3,100 per 100,000 population; however, this may reflect the recording of diagnostic information in hospital systems in Grampian. The rate per 100,000 population of smoking attributable deaths is significantly lower (better) than the Scottish average (826 vs. 868)

Over the same time period, the COPD incidence rate per 100,000 in Grampian was significantly lower (better) than the Scottish average (324 vs. 391, respectively); (however, please note coding comment above). The number of deaths per 100,000 from COPD was significantly lower (better) than the Scottish average (64 vs. 78, respectively) and has decreased since a rate of approx 67 per 100,000 was observed in both the previous time periods 2009-2011 and 2010-2012.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (97 vs. 133, respectively). Rates have remained relatively constant over the past decade, although they have shown a slight downward trend 2007-2009 to 2010-2012. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly lower (better) than the Scottish average (84 vs. 107 respectively) and had decreased compared with previous periods. Grampian had the lowest lung cancer deaths per 100,000 population in Scotland.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Grampian population in 2013 was significantly lower (better) than the Scottish average (1.8 vs. 2.2, respectively). This was a slight reduction since 2012 (2.5).

# NHS Grampian

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	412	24.2 %	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	153	29 %	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	178	25.5 %	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	59	12.3 %	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	331	27.1 %	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	210	28 %	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	195	20.5 %	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	2,835	15.6 %	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	577	31.1 %	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	690	25 %	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	721	18.8 %	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	504	11.5 %	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	343	6.4 %	%	6.5	
	14 Quit attempts from pregnant smokers	2011	506	17.8 %	%	23.5	
	15 Post-partum smoking rate <sup>2</sup>	2011	2,256	13.6 %	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	24	1.4 %	%	1.8	
	17 Smoking prevalence in S4 pupils	2013	123	6.8 %	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	77	4.5 %	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	67	3.8 %	%	5.4	
	20 Attempts to purchase cigarettes	2013	67	6.7 %	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	8,680	7.5 %	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	3,848	3.3 %	%	3.8	
	23 Quit rate at 1 month follow-up	2013	3,848	44.3 %	%	37.8	
	24 Quit rate at 3 months follow-up	2013	1,940	22.4 %	%	11.2	
	25 Quit rate at 12 months follow-up	2012	799	7.6 %	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	445	37.2 %	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	787	41.9 %	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	1,045	45.7 %	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	833	45.2 %	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	738	50.2 %	%	43.3	
	31 Availability of Smoking Cessation Products	2013	2,142	4.5 cr2	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,581	281.8 sr3	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	1,012	84.1 sr3	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	743	64.1 sr3	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	42,879	3,422.8 sr3	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	1171	97.3 sr3	sr3	133.3	
	37 COPD incidence <sup>2,15</sup>	2012	3,993	323.9 sr3	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	864	1.8 cr2	cr2	2.2	

**Notes:**

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- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
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**Spine Chart Key:**

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# NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde has an estimated total population of 1,137,930.

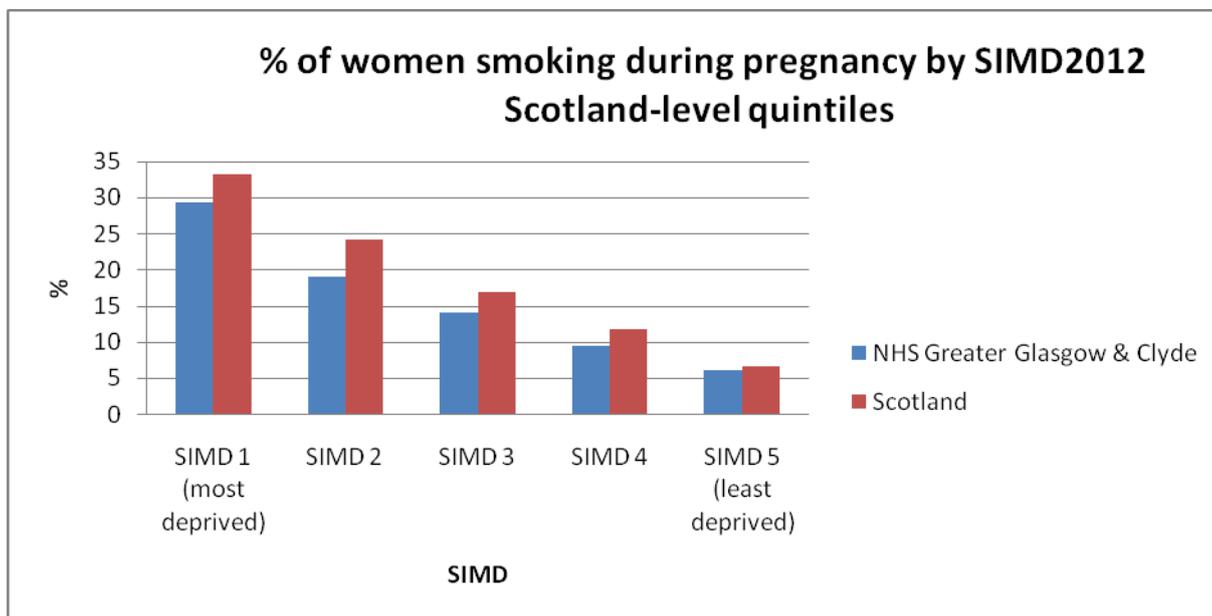
## Adult smoking prevalence

Smoking prevalence among the Greater Glasgow and Clyde adult population (24.4%) for combined survey years 2012/2013 was not significantly different than the Scottish average (23.0%) for combined survey years 2012/2013. Both sexes and all but one age grouping (40-64) were not significantly different from their respective Scottish averages. Age group 40-64 was significantly higher (worse) than the equivalent Scottish average (29.9% vs. 25.3% respectively). Overall, adult smoking prevalence has decreased from around 28% in the combined survey year periods 2005/2006 and 2007/2008 to 25.8% in 2009-2010 and reaching its current low of 24.4% in 2012/2013.

## Smoking during and post-pregnancy

The percentage of women smoking during pregnancy in Greater Glasgow and Clyde was not significantly different than the Scottish average (20.0% and 20.1% respectively) for the 3-year combined period 2010-2012. A year-on-year improvement has been seen since 2002-2004, where the prevalence was 28%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Greater Glasgow and Clyde increased as the level of deprivation increased, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Significantly more pregnant women made a quit attempt (28.9%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%). This has increased since 2007-2009, with a particularly large increase between 2009-2011 and 2010-2012.

Post-partum smoking rates for combined financial years 2010/2011-2012/2013 were significantly lower (better) in Greater Glasgow and Clyde when compared with the Scottish average (15.1% vs. 16.7%).

## Smoking in school children

Smoking prevalence in S2 (1.9%) and S4 (8.4%) school pupils, as reported in the 2013 SALSUS survey, was not significantly different to their respective Scottish averages (1.8% and 8.7%, respectively). The same was also true for boys and girls. In both cases this refers to S2 and S4 pupils combined. In all groups, smoking prevalence rates have fallen compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly higher (worse) than the Scottish average (25.8% vs. 18.2%, respectively). This was a decrease compared with the 2010 survey (32%).

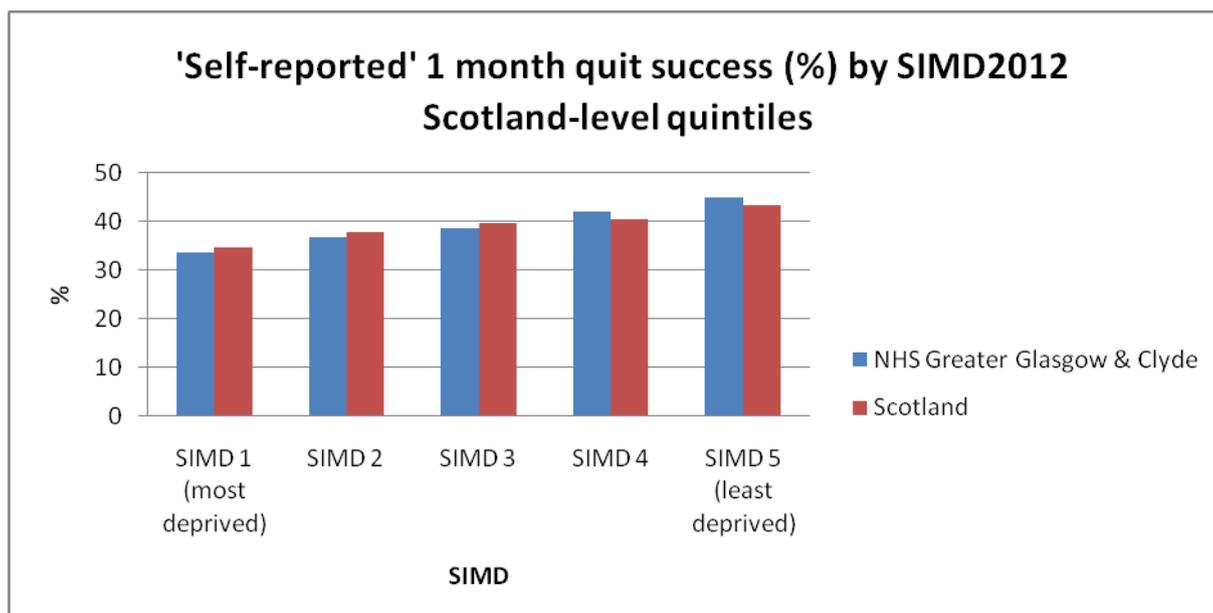
## Smoking cessation

There were 28,533 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 14.3% reduction since 2012, where there were 33,302 quit attempts. This is the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly better than the Scottish average (12.4% compared with 10.1%). The same was true for the successful one month self-reported quits (4.4% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one and three months after quit date were significantly lower (worse) than the Scottish averages but not significantly different at twelve months.

One month quit rates were significantly worse than the Scotland average in quintile 1 (most deprived) but varied non-significantly around the Scotland average in other quintiles. The quit rate was 33.7% in the most deprived quintile (1) compared with 45.1% in the least deprived quintile (5) (see figure below).



Dispensing of smoking cessation products in Greater Glasgow and Clyde for financial year 2013/14 was almost the same as the Scottish average (5.1 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). In the previous two financial years, these had been significantly higher than the Scottish average. There was a consistent increase in the number of

smoking cessation products dispensed each year from 2007/08 until 2011/12 (high of 7.7), when a sharp drop was seen over the next two financial years to its current level. This may be linked to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were approximately 3,400 smoking attributable hospital admissions per 100,000 population in Greater Glasgow and Clyde for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approximately 3,100 per 100,000 population. However, this may reflect a high recording of diagnostic information in hospital systems in Greater Glasgow and Clyde. The rate of smoking attributable deaths per 100,000 was significantly higher (worse) than the Scottish average (390 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Greater Glasgow and Clyde was significantly higher (worse) than the Scottish average (443 vs. 391 respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was also significantly higher (worse) than the Scottish average (94 vs. 78, respectively) and has increased gradually since 2008-2010, from 86 per 100,000 to the current level.

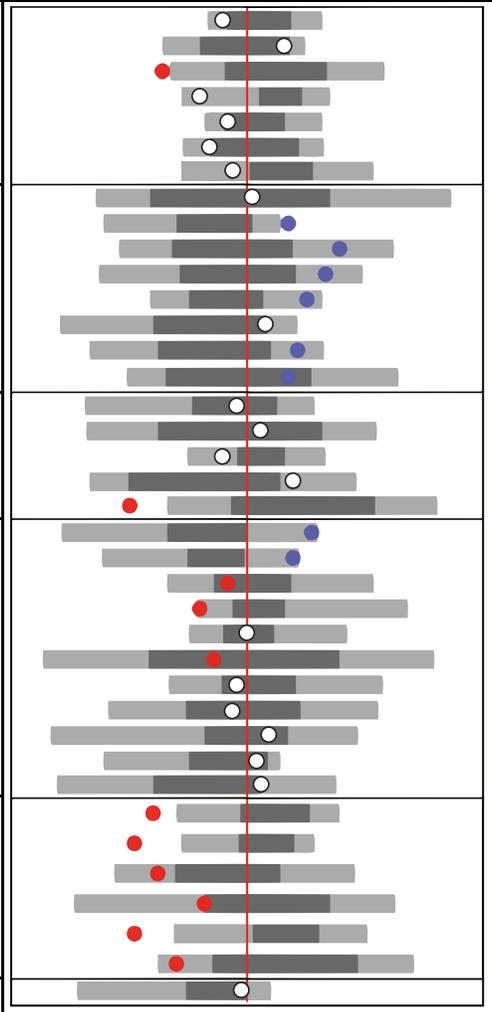
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (175 vs. 133, respectively), and currently the highest in Scotland. Lung cancer registration rates have fallen slightly since 2006-2008; however, they showed a slight increase for the current time period. The rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was also significantly higher (worse) than the Scottish average (142 vs. 107 respectively). Rates have fallen since 2007-2009 (151), although they showed a slight rise in 2011-2013 compared with the previous 3-year combined period (2010-12).

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Greater Glasgow and Clyde population in 2013 was roughly the same as the Scottish average (2.3 vs. 2.2, respectively). There was a slight decrease since 2012 (2.5 per 1,000).

# NHS Greater Glasgow & Clyde

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	1,080	24.4 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	310	23.2 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	568	29.9 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	181	15.2 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	858	26.5 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	517	26.8 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	555	22.2 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	6,926	20 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	4,455	29.3 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	1,154	19 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	653	14.1 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	369	9.5 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	293	6 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	2,002	28.9 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	5,764	15.1 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	66	1.9 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	295	8.4 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	195	5.6 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	164	4.7 %	%	5.4
	20 Attempts to purchase cigarettes	2013	491	25.8 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	28,533	12.4 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	10,259	4.4 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	10,259	36 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	2019	7.1 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	1,882	5.7 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	5,645	33.7 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	1,921	36.7 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	1,204	38.6 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	789	42 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	700	45.1 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	4,853	5.1 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	4,511	389.7 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	3,271	142.3 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	2,148	93.6 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	82,856	3,441.8 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	4,029	174.5 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	10,679	443.1 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	2,102	2.3 cr2	cr2	2.2



### Notes:

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# NHS Highland

Highland has an estimated total population of 321,000.

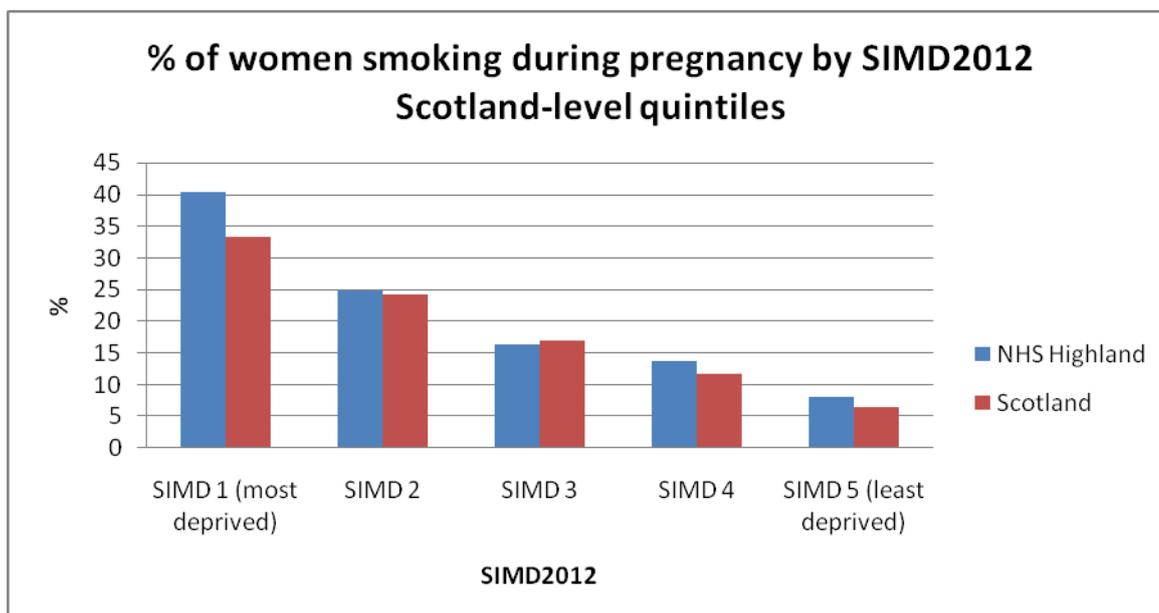
## Adult smoking prevalence

Smoking prevalence among the Highland adult population (20.7%) was not significantly different from the Scottish average (23.0%) for combined survey years 2012/2013, with both sexes and most age groupings being not significantly different from their respective Scottish averages. However, smoking prevalence in age group 40-64 was significantly higher (better) than the Scottish average (20.8% vs. 25.3% respectively). The adult smoking prevalence has decreased over time (highest 25.0% in 2005/2006 combined surveys and lowest 20.7% in 2012/2013 combined surveys).

## Smoking during and post pregnancy

Highland does not have a significantly different percentage of women smoking during pregnancy when compared with the Scottish average (19.9% vs. 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 35%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Highland increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women make a quit attempt (27.0%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in Highland when compared with the Scottish average (16.6% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. There has been a gradual reduction in post-partum smoking rates in Highland since financial year period 2008/09-2010/11.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 (1.2%) school pupils in Highland, was not significantly different than the Scottish average (1.8%), whereas S4 (10.8%) school pupils have a significantly higher smoking prevalence than the Scottish average (8.7%). In S2 and S4 pupils combined, the smoking prevalence for boys was no different than the Scottish average (5.1% and 5.2% respectively), while the prevalence for girls was significantly higher than the Scottish average (7.4 vs. 5.4% respectively). For all groups, smoking prevalence has fallen compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (10.9% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 15.1%).

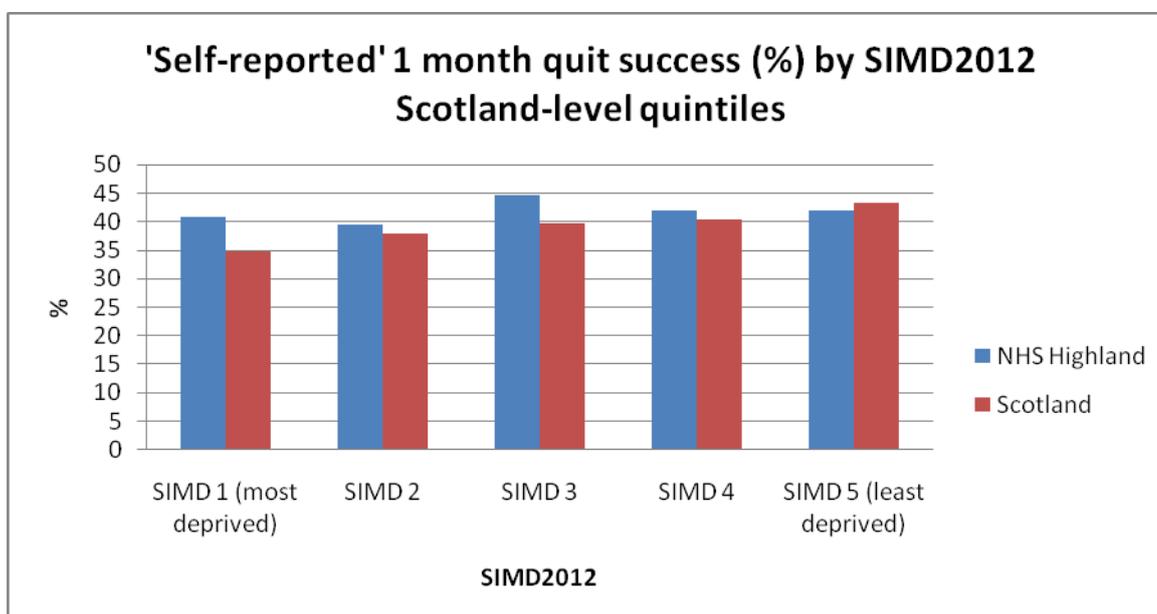
## Smoking cessation

There were 4,318 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 19.4% reduction on 2012, where there were 5,357 quit attempts. This is the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (7.8% compared with 10.1%). The same was true for the successful one month self-reported quits (3.3% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one month (41.8%) and three months (14.8%) after quit date were significantly higher (better) than the Scottish average (37.8% and 11.2% respectively), while the quit rate at twelve months after quit date was not significantly different from the Scottish average.

The one month quit rate was significantly higher (better) than the Scottish average in quintiles 1 (most deprived) and 3. However, quintiles 2, 4 and 5 were not significantly different from the Scottish average. There was very little variation in the quit rate across quintiles, with a quit rate of 40.9% in the most deprived compared quintile to 41.9% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in Highland was significantly higher (better) than the Scottish average (5.8 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population) for financial year 2013/14. There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2006/07. However, the number of products dispensed has fallen since 2012/13. This was the first decline since 2006/07, and may be linked to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 2,800 smoking attributable hospital admissions per 100,000 population in Highland for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the recording of diagnostic information in hospital systems in Highland. The rate of smoking attributable deaths per 100,000 population is lower (better) than the Scottish average (265 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Highland was significantly lower (better) than the Scottish average (278 vs. 391, respectively); however, please note coding comment above. The number of deaths per 100,000 population from COPD was significantly lower (better) than the Scottish average (58 vs. 78, respectively). The rate has dropped to its current low from a high of 78 per 100,000 population in 2003-2005.

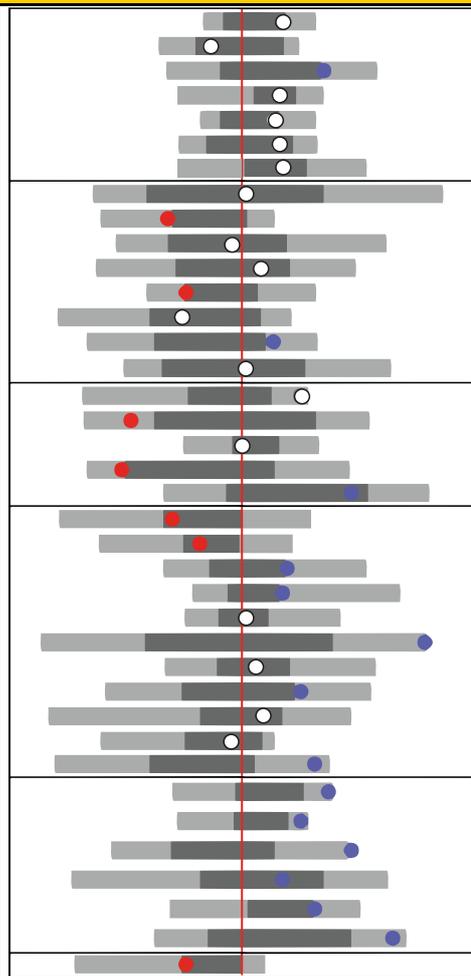
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (105 vs. 133, respectively), and have remained constant since 2009-2011. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly lower (better) than the Scottish average (88 vs. 107 respectively), and has seen a steady decrease since 2008-2010.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Highland population in 2013 was significantly higher (worse) than the Scottish average (3 vs. 2.2, respectively). This was a slight reduction on the previous year (3.7).

# NHS Highland

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	224	20.7 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	70	27.8 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	102	20.8 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	40	11.7 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	174	23.6 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	113	22.3 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	111	19.2 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,786	19.9 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	458	40.3 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	491	24.9 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	441	16.3 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	348	13.7 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	48	8.0 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	482	27.0 %	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	1,536	16.6 %	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	12	1.2 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	120	10.8 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	52	5.1 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	79	7.4 %	%	5.4
	20 Attempts to purchase cigarettes	2013	84	10.9 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	4,318	7.8 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,805	3.3 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,805	41.8 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	641	14.8 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	317	5.9 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	291	40.9 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	459	39.4 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	520	44.6 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	445	42.0 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	90	41.9 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	1,558	5.8 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	996	265.0 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	695	87.5 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	447	58.0 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	23,078	2,844.4 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	841	105.2 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	2,272	278.1 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	769	3.0 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# NHS Lanarkshire

Lanarkshire has an estimated total population of 652,580.

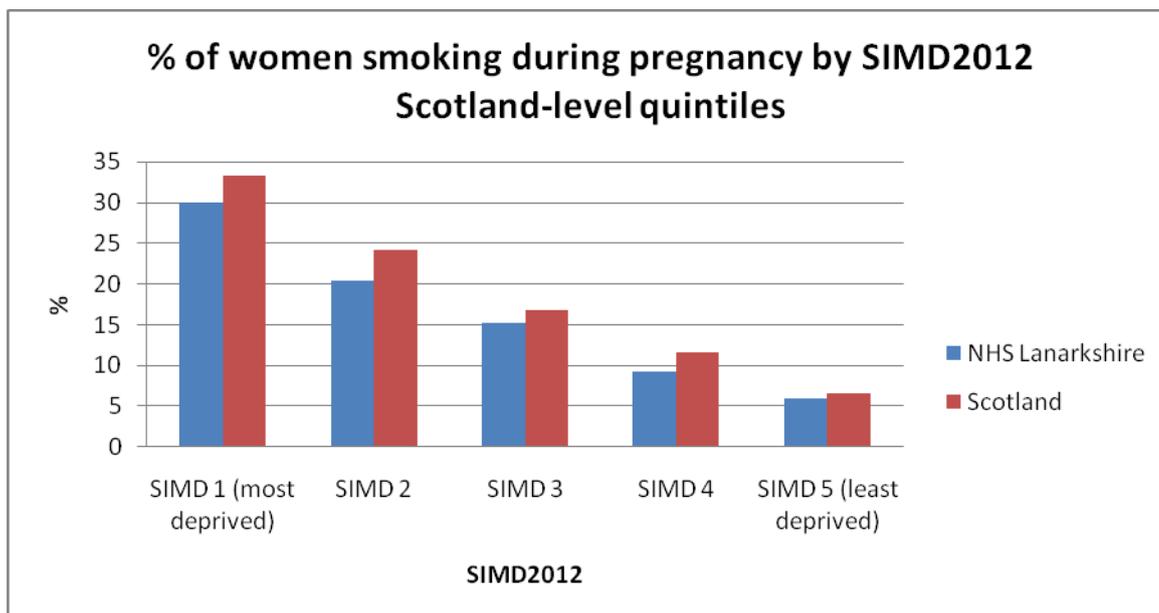
## Adult smoking prevalence

Smoking prevalence among the Lanarkshire adult population (24.5%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with males and all age groups not significantly different from their respective Scottish averages. However smoking prevalence in females was significantly higher (worse) (25.0%) than the Scottish average (21.5%). The adult smoking prevalence has fallen since the 2007/08 combined surveys, with a particularly large drop between the 2009/10 and 2012/13 combined surveys.

## Smoking during and post pregnancy

The percentage of women smoking during pregnancy in Lanarkshire was not significantly different when compared with the Scottish average (19.7% vs. 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 28%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Lanarkshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women made a quit attempt (31.0%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in Lanarkshire when compared with the Scottish average (16.6% vs. 16.9%) for financial year period 2010/11-2012/13. Post-partum smoking rates have consistently declined since financial year 2009/10, from a high of 18% to their current level.

## Smoking in school children

Smoking prevalence rates (regular smokers), as reported in the 2013 SALSUS survey for S2 (1.5%) and S4 (9.4%) school pupils in Lanarkshire, were not significantly different than the

Scottish average (1.8% and 8.7%, respectively). The smoking prevalence for both boys and girls was also not significantly different than the Scottish average. In both cases this refers to S2 and S4 pupils combined. However, smoking prevalence has reduced in all groups compared with the 2006 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, were significantly higher (worse) than the Scottish average (21.9% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 28%).

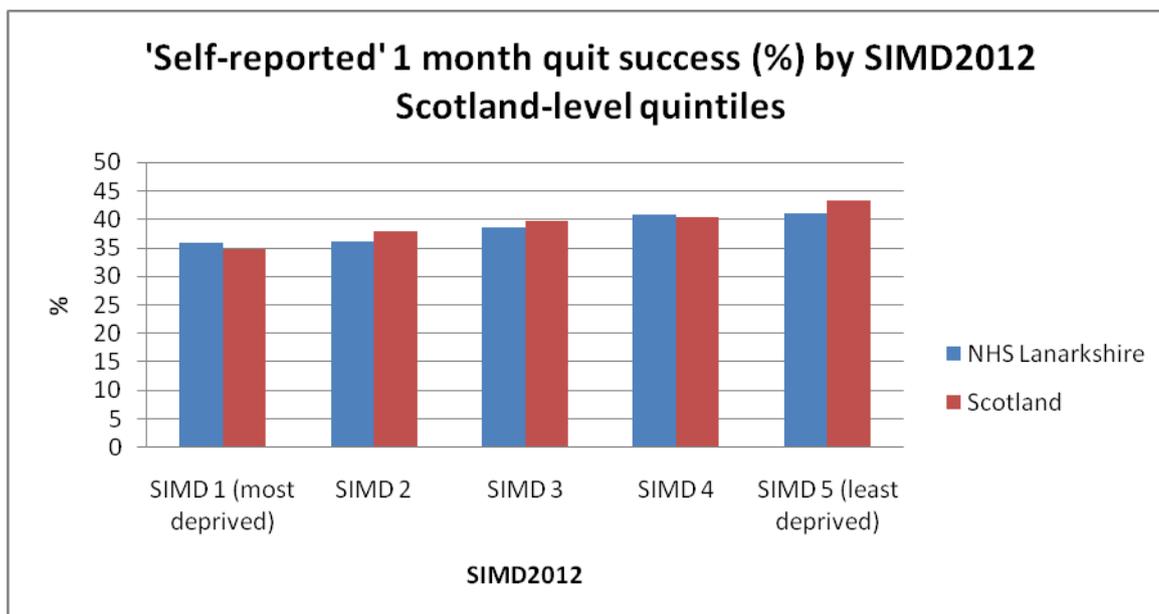
### Smoking cessation

There were 17,001 quit attempts made with the help of NHS smoking cessation services in 2013. This was an 18.8% reduction on 2012, where there were 20,942 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly higher (better) than the Scottish average (13.0% compared with 10.1%). The same was true for the successful one month self-reported quits (4.8% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were not significantly different from their respective Scottish averages.

The one month quit rate was not significantly different compared with the Scottish average in all deprivation groups. This is apart from quintile 2 which is significantly lower (worse) than the Scottish average (36.0% vs. 37.9, respectively). The quit rate is 35.8% in the most deprived compared with 41.1% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in Lanarkshire was not significantly different than the Scottish average (both 5.0 daily doses per 1,000 population) for financial year 2013/14. There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, in the last financial year (2013/14), the number of products dispensed has started to decrease. This may be linked to the fall in quit attempts described above.

## **Smoking attributable deaths and diseases**

There were around 3,000 smoking attributable hospital admissions per 100,000 population in Lanarkshire for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the recording of diagnostic information in hospital systems in Lanarkshire. The rate of smoking attributable deaths per 100,000 was higher (worse) than the Scottish average (363 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Lanarkshire was significantly higher (worse) than the Scottish average (428 vs. 391, respectively); however, please note coding comment above. The number of deaths per 100,000 population from COPD was significantly higher (worse) than the Scottish average (92 vs. 78, respectively) and has consistently increased since the combined 3-year period 2009-2011, from 85 per 100,000 population to the current level.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (151 vs. 133, respectively), with the current rate similar to that in 2003-2005 (150 per 100,000 population). The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly higher (worse) than the Scottish average (118 vs. 107, respectively). Over the time period 2003-2005 to current period (2011-2013) the rate has dropped from 128 to 118 per 100,000 population.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Lanarkshire population in 2013 was not significantly different from the Scottish average (both 2.2). This was a slight reduction on the previous year (2.3).

# NHS Lanarkshire

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	410	24.5	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	146	29.0	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	178	24.7	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	70	15.6	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	327	26.7	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	178	23.9	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	233	25.0	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	3,764	19.7	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1,833	30.0	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	1,001	20.4	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	594	15.3	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	237	9.3	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	99	6.0	%	6.5	
	14 Quit attempts from pregnant smokers	2011	1,167	31.0	%	23.5	
	15 Post-partum smoking rate <sup>2</sup>	2011	3,548	16.6	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	32	1.5	%	1.8	
	17 Smoking prevalence in S4 pupils	2013	212	9.4	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	116	5.4	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	127	5.8	%	5.4	
	20 Attempts to purchase cigarettes	2013	319	21.9	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	17,001	13.0	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	6,297	4.8	%	3.8	
	23 Quit rate at 1 month follow-up	2013	6,297	37.0	%	37.8	
	24 Quit rate at 3 months follow-up	2013	1,889	11.1	%	11.2	
	25 Quit rate at 12 months follow-up	2012	1,186	5.7	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	2,396	35.8	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	1,829	36.0	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	1,169	38.6	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	599	40.9	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	304	41.1	%	43.3	
	31 Availability of Smoking Cessation Products	2013	2,673	5.0	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,992	363.2	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	1,596	118.2	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	1,168	91.7	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	43,112	3,082	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	2,031	151.5	sr3	133.3	
	37 COPD incidence <sup>2,15</sup>	2012	6,034	427.6	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	1,117	2.2	cr2	2.2	

### Notes:

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# NHS Lothian

Lothian has an estimated total population of 849,700.

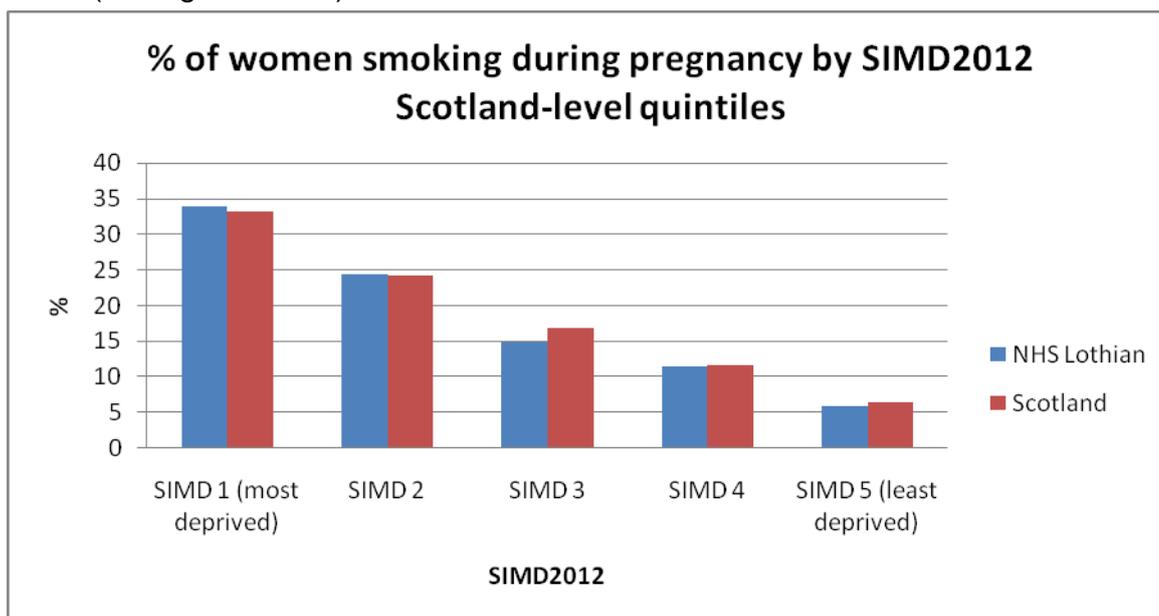
## Adult smoking prevalence

Smoking prevalence among the Lothian adult population (20.5%) for combined survey years 2012/2013 was significantly lower (better) than the Scottish average (23.0%), with males and age groupings 16-39 and 16-64 being significantly lower (better) than their respective Scottish averages. The adult smoking prevalence has fallen over time, from a high of 24% (2005/06 combined surveys) to the current level.

## Smoking during and post pregnancy

Lothian had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (17.5% and 20.1%, respectively) for the 3-year combined period 2010-2012. The rate had remained around 15% for the period 2003-2005 to 2008-2010, but increased in the last two time periods to a level similar to that in 2002-2004. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Lothian increases as the level of deprivation increases, with those living in the most deprived areas approximately 6 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (19%) with the help of NHS smoking cessation services compared with the Scottish average (24%).

Post-partum smoking rates were significantly lower in Lothian when compared with the Scottish average (15.1% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. There has been a very slight reduction in post-partum smoking rates since 2008/09-2010/11, from 16.0% to the current level.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 (1.4%) school pupils in Lothian, was not significantly different in comparison with the Scottish average (1.8%). However, S4 (6.7%) school pupils in Lothian are significantly higher (worse) than the Scottish average (8.7%). The smoking prevalence for both boys (4.1%) and girls (4.1%), for S2 and S4 pupils combined, are significantly lower (better) than their respective Scottish averages

(5.2% and 5.4%, respectively). In all groups, prevalence has reduced compared with the 2006 and 2010 surveys.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, were not significantly different than the Scottish average (17.9% and 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 25%).

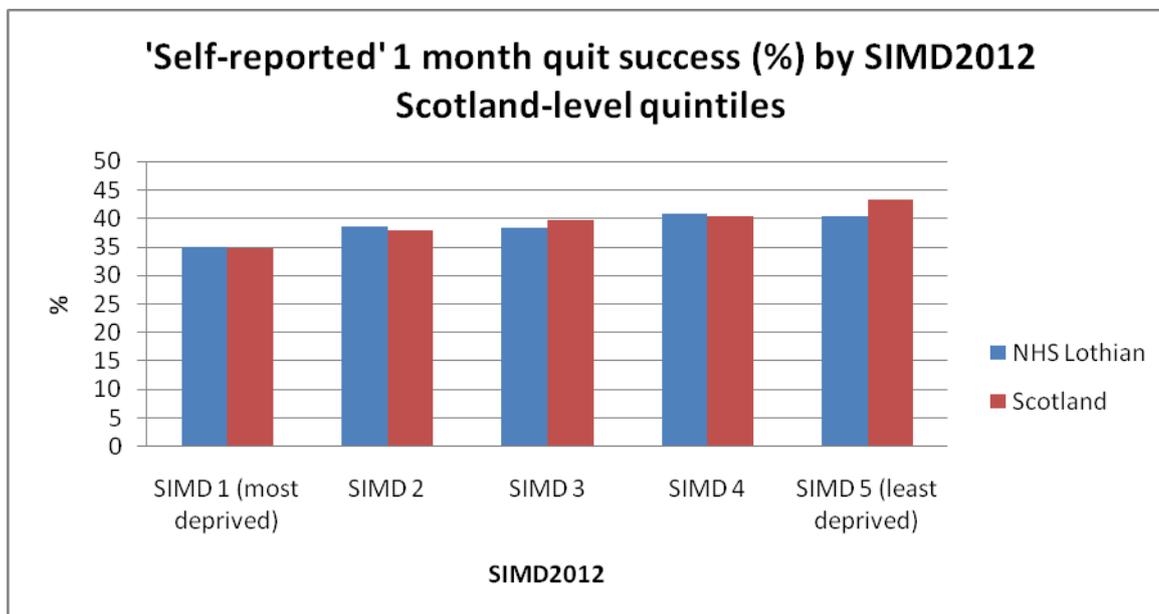
### Smoking cessation

There were 13,436 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 4.6% increase on 2012, where there were 12,851 quit attempts. This was in contrast to the 13% reduction seen at Scotland level.

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (9.3% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.6% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one month after quit date were not significantly different to the Scottish average (38.2 vs. 37.8%, respectively). However, quit outcomes at three (9.7%) and twelve months (4.1%) after quit date were significantly lower (worse) than their respective Scottish averages (11.2% and 5.6%, respectively).

The one month quit rates were significantly lower (worse) than the Scottish average in quintile 5 (least deprived). However, quit outcomes were not significantly different compared with the Scottish average in all other deprivation groups. The quit rate is 34.9% in the most deprived group compared with 40.4% in the least deprived group (see figure below).



Dispensing of smoking cessation products in Lothian was significantly lower (worse) than the Scottish average (4.8 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population) for financial year 2013/14. There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, since 2011/12, the number of products dispensed has begun to fall.

## **Smoking attributable deaths and diseases**

There were approx 2,900 smoking attributable hospital admissions per 100,000 population in Lothian for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the recording of diagnostic information in hospital systems in Lothian. The rate of smoking attributable deaths per 100,000 population was lower (better) than the Scottish average (303vs.325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Lothian was significantly lower (better) than the Scottish average (364 vs. 391, respectively); however, please note coding comment above. The number of deaths per 100,000 population from COPD was also significantly lower (better) than the Scottish average (70 vs. 78, respectively) and has fallen over the last decade, although rates have stayed relatively constant since 2009-2011.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (137 vs. 133, respectively), and have shown a decrease since 2009-2011. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different from the Scottish average (106 vs.107 respectively), and have been gradually decreasing since 2008-2010.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Lothian population in 2013wasnot significantly different from the Scottish average (2.3 vs. 2.2, respectively). This was a slight reduction on the previous year (2.6 per 1,000 population).

# NHS Lothian

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	590	20.5	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	214	22.1	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	258	22.4	%	25.3
	4 Smoking prevalence (adults 65+)	2013	94	12.4	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	471	22.2	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	281	21	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	308	20	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	4752	17.5	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1652	33.9	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	1419	24.4	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	764	15	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	501	11.5	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	413	5.9	%	6.5
	14 Quit attempts from pregnant smokers	2011	919	19.3	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	4412	15.1	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	35	1.4	%	1.8
	17 Smoking prevalence in S4 pupils	2013	169	6.7	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	98	4.1	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	106	4.1	%	5.4
	20 Attempts to purchase cigarettes	2013	255	17.9	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	13436	9.3	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	5127	3.6	%	3.8
	23 Quit rate at 1 month follow-up	2013	5127	38.2	%	37.8
	24 Quit rate at 3 months follow-up	2013	1305	9.7	%	11.2
	25 Quit rate at 12 months follow-up	2012	532	4.1	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	1115	34.9	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	1564	38.6	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	1044	38.2	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	752	40.7	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	652	40.4	%	43.3
	31 Availability of Smoking Cessation Products	2013	3365	4.8	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	2358	303	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	1758	106.1	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	1130	69.9	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	49310	2,880	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	2232	136.6	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	6191	363.8	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	1588	2.3	cr2	2.2

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



### Notes:

2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

# NHS Orkney

Orkney has an estimated total population of 21,570.

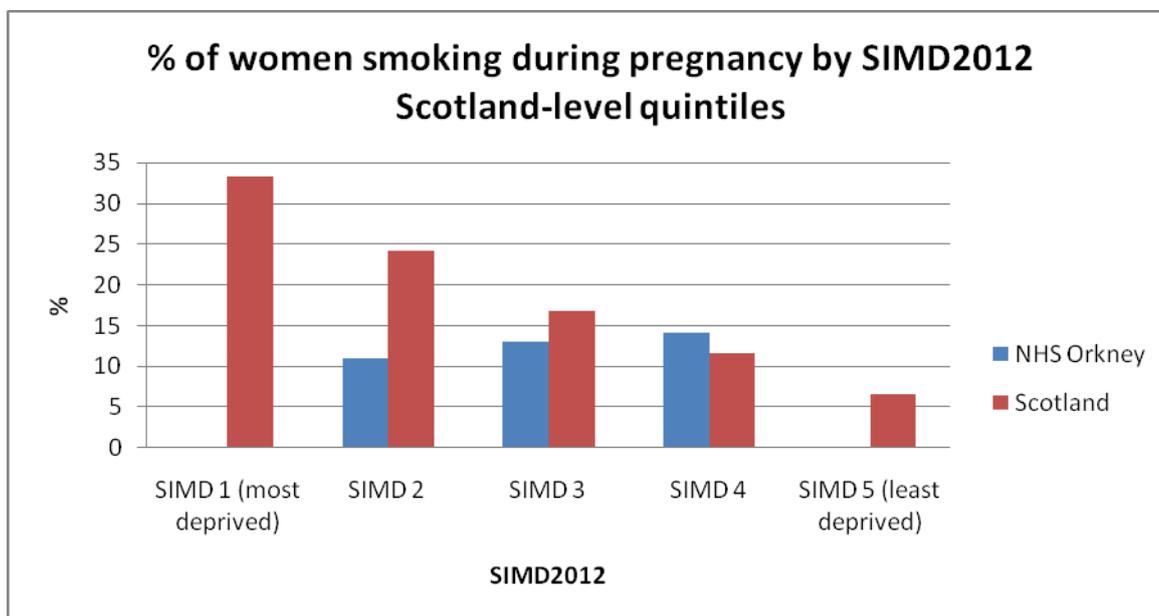
## Adult smoking prevalence

Smoking prevalence among the Orkney adult population (19.9%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with males and each age grouping being not significantly different from their respective Scottish averages. Females, however, had a significantly lower (better) smoking prevalence compared with the Scottish average (14.5% vs. 21.5% respectively). The adult smoking prevalence has varied over time and has increased compared with the 2009/2010 combined surveys (15.5% vs. 19.9% in the 2012/13 combined surveys).

## Smoking during and post pregnancy

Orkney had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (12.9% vs. 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 17%, although the prevalence has consistently been lower than the Scottish average. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Orkney does not follow the Scotland trend for the percentage of women smoking during pregnancy; unusually, smoking rates increase as the level of deprivation decreases, although there is very little variation in the rates themselves (11.0%, 13.0% and 14.2% for quintiles 2, 3 and 4, respectively). The difference between the Orkney rate and the Scotland rate is significant only for quintile 2 (11.0% compared with 24.2%).



Of those women in Orkney who smoked during pregnancy, significantly fewer made a quit attempt (6.8%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly lower in Orkney when compared with the Scottish average (11% vs. 17%) for financial year period 2010/11-2012/13. The rate of post-partum smoking in Orkney decreased slightly since the previous survey (2008/09 to 2010/11) reported the rate as 12.7%.

## Smoking in school children

Smoking prevalence (regular smokers) among S2 pupils in Orkney, as reported in the 2013 SALSUS survey, was significantly lower (better) than the Scottish average (0.0% vs. 1.8%, respectively), whereas S4 school pupils were not significantly different than the Scottish average (8.7%). The smoking prevalence in both boys and girls were not significantly different to the Scottish average (5.2% vs. 5.4%, respectively). In both cases this refers to S2 and S4 pupils combined.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (18.2%).

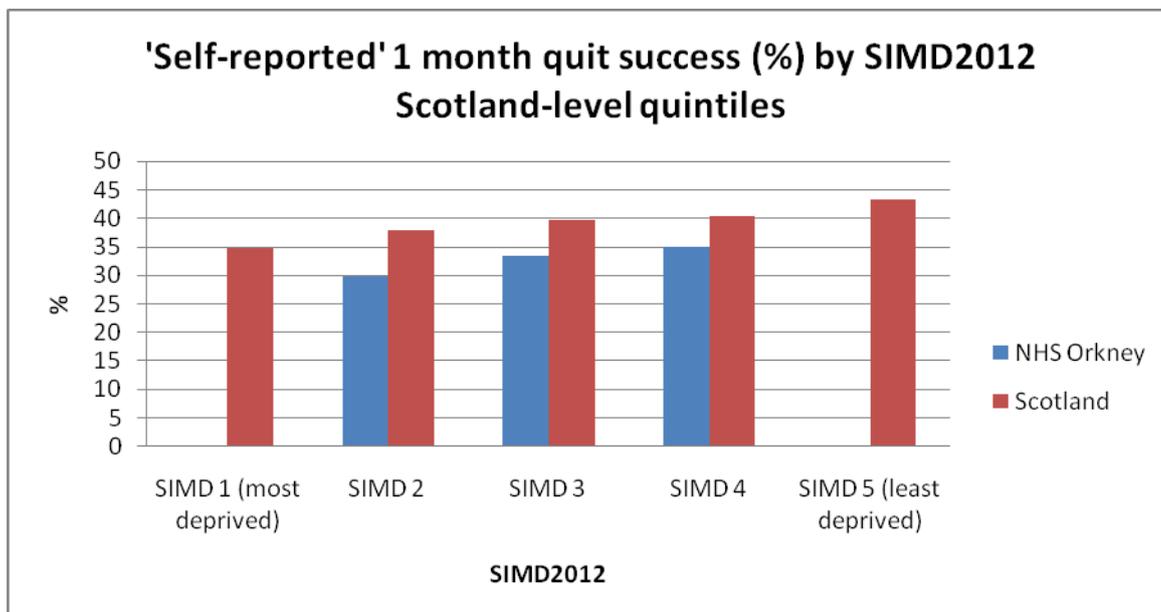
## Smoking cessation

There were 144 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 22.0% increase on 2012, where there were 119 quit attempts.

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (4.0% compared with 10.1%). The same was true for the successful one month self-reported quits (1.3% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were not significantly different from the Scottish average.

The one month quit rates were lower but not significantly different from the Scottish average in each deprivation group registering a population (quintiles 2, 3 and 4). The quit rate increased as deprivation levels decreased at 29.7%, 33.3% and 35.1% for quintiles 2, 3 and 4 respectively (see figure below).



Dispensing of smoking cessation products in Orkney for financial year 2013/14 was significantly lower (worse) than the Scottish average (3.8 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). The number of smoking cessation products dispensed over the financial year period 2003/4 to 2013/14 has generally risen from 2.4 to its current levels, which was a drop on the previous financial year (4.4).

## **Smoking attributable deaths and diseases**

There were around 4,400 smoking attributable hospital admissions per 100,000 population in Orkney for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approximately 3,100 per 100,000 population. However, this difference may reflect the differential recording of diagnostic information between hospitals in different locations. The rate of smoking attributable deaths per 100,000 was also significantly lower (better) than the Scottish average (249 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Orkney was significantly lower (better) than the Scottish average (326 vs. 391, respectively) (however, please note coding comment above). The number of deaths per 100,000 population from COPD was not significantly different from the Scottish average (116 vs. 78, respectively). This is an increase from 2010-2012, where the COPD death rate was 88 per 100,000.

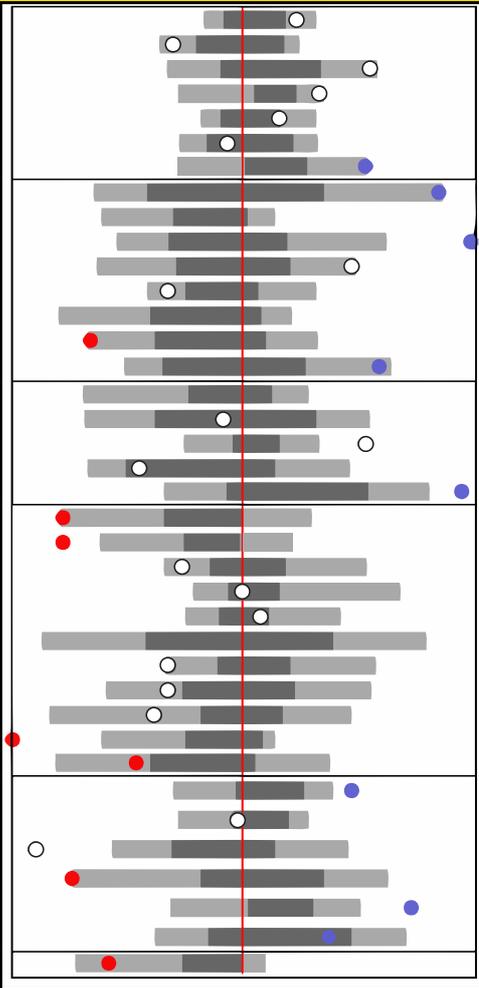
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (70 vs. 133, respectively), and decreased compared with the period 2009-2010. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different from the Scotland rate of per 100,000 population (108 vs. 107, respectively). There has been some fluctuation in Orkney lung cancer death rates since 2006-2008; this year's 3-year combined rate represents an increase from 2010-2012, when lung cancer death rates were 101 per 100,000 population.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Orkney population in 2013 was significantly higher (worse) than the Scottish average (3.9 vs. 2.2, respectively). The rate of tobacco retailers has shown little change since 2011, when it was 3.8 per 1,000 population.

# NHS Orkney

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	114	19.9	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	42	30.4	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	46	18.3	%	25.3
	4 Smoking prevalence (adults 65+)	2013	18	9.9	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	91	23.2	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	68	25.5	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	44	14.5	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	73	12.9	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	n/a		%	33.2
	10 Smoking during pregnancy in quintile 2	2011	13	11.0	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	18	13.0	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	42	14.2	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	n/a		%	6.5
	14 Quit attempts from pregnant smokers	2011	5	6.8	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	58	10.9	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8
	17 Smoking prevalence in S4 pupils	2013			%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013			%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013			%	5.4
	20 Attempts to purchase cigarettes	2013			%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	144	4.0	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	47	1.3	%	3.8
	23 Quit rate at 1 month follow-up	2013	47	32.6	%	37.8
	24 Quit rate at 3 months follow-up	2013	16	11.1	%	11.2
	25 Quit rate at 12 months follow-up	2012	8	6.8	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013			%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	11	29.7	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	9	33.3	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	27	35.1	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013			%	43.3
	31 Availability of Smoking Cessation Products	2013	68	3.8	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	61	248.5	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	32	108.4	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	35	115.7	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	2,408	4,371.8	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	37	70.0	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	160	325.8	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	69	3.9	cr2	2.2

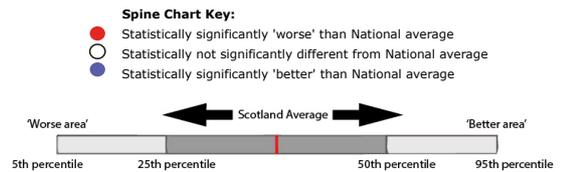


**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013



# NHS Shetland

Shetland has an estimated total population of 23,200.

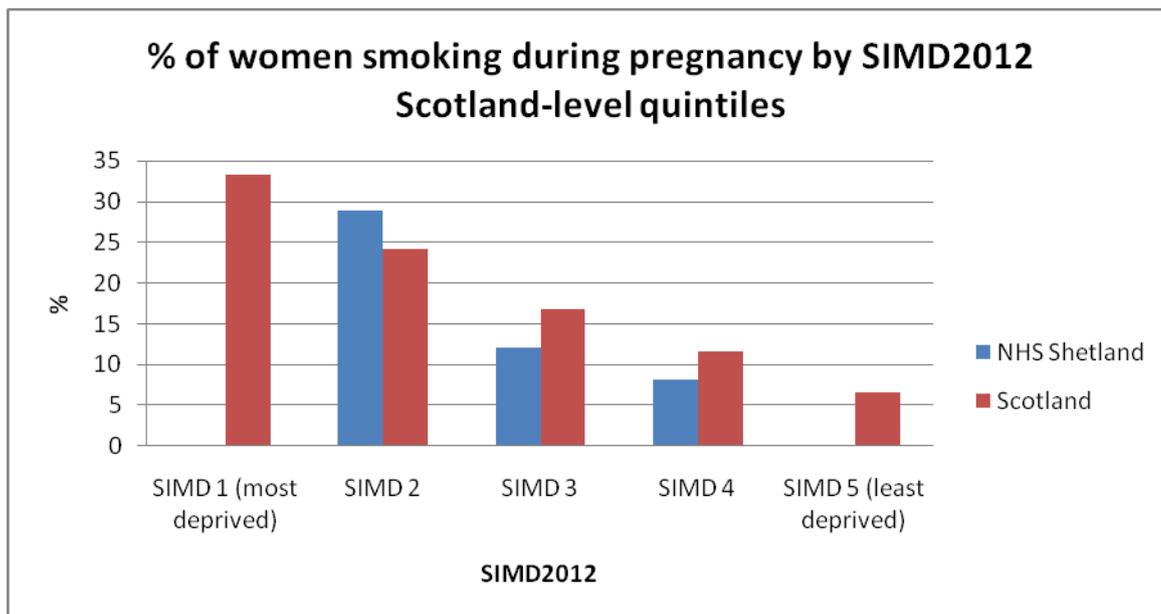
## Adult smoking prevalence

Smoking prevalence among the Shetland adult population (17.0%) for combined survey years 2012/2013 was significantly lower (better) than the Scottish average (23.0%), with age groupings 16-64 and 40-64 being significantly lower (better) than their respective Scottish averages. The adult smoking prevalence has increased since the 2009/10 combined surveys (14.9%), although has not reached the peak seen in 2005/06 (19.3%).

## Smoking during and post pregnancy

Shetland had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (12.1% vs. 20.1%, respectively) for the 3-year combined period 2010-2012. There has been some variation in the prevalence since the early 2000s, with a high of 17.6% in 2007-2009 combined. However, there has been a steady downward trend since, and the prevalence of women smoking during pregnancy in Shetland is now at the lowest level since the early 2000s. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Shetland increases as the level of deprivation increases (8.2%, 12.2% and 28.9% for quintiles 4, 3 and 2, respectively). See figure below.



Additionally, significantly fewer pregnant women made a quit attempt (6.7%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly lower (better) in Shetland when compared with the Scottish average (9.3% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Post-partum smoking rates have fallen slightly from 11% in 2008/09-2010/11(11.3%) to their current level.

## Smoking in school children

Smoking prevalence, as reported in the 2013 SALSUS survey for S2 and S4 school pupils in Shetland, was not significantly different than their Scottish averages (1.8% and 8.7%, respectively). The smoking prevalence in both boys and girls was not significantly different to the Scottish averages (5.2% and 5.4%, respectively). In both cases this refers to S2 and S4 pupils combined.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (18.2%).

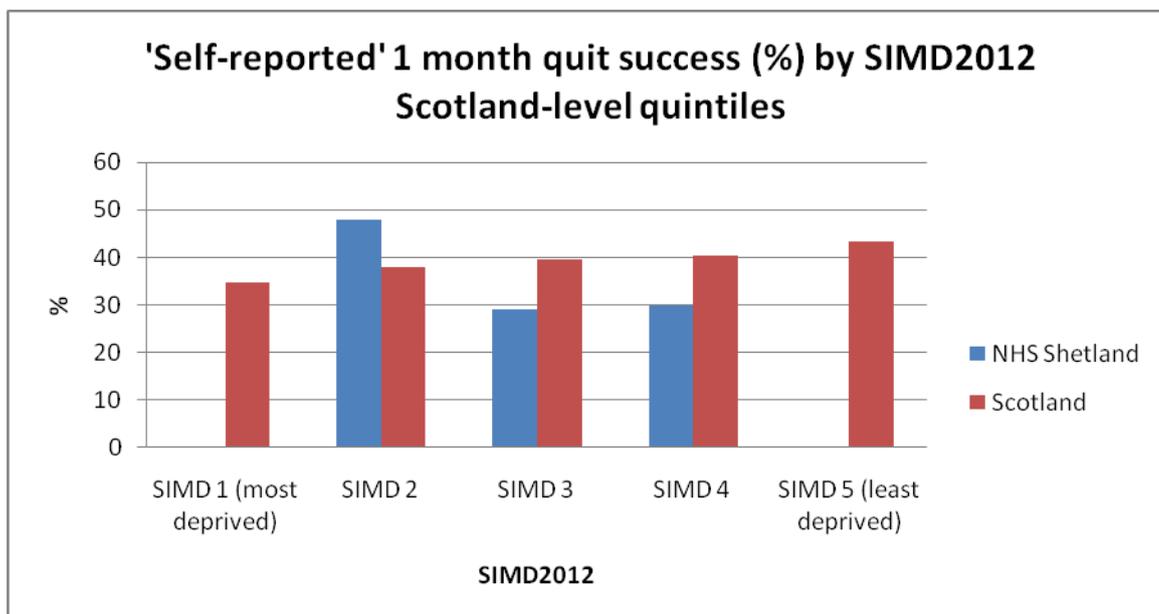
### Smoking cessation

There were 213 quit attempts made with the help of NHS smoking cessation services in 2013. This is a 27.1% reduction on 2012, where there were 292 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (6.7% vs.10.1%, respectively). The same was true for the successful one month self-reported quits (2.2% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) in Shetland at one month and three months after quit date were not significantly different from their respective Scottish averages. The quit rate at twelve months after quit date was significantly lower (worse) than the Scottish average.

The one month quit rates were significantly lower (worse) than the Scotland average in deprivation quintiles 3 and 4, while the difference was non-significant for quintile 2. The quit rate was 48.0% in quintile 2 compared with 29.8% in quintile 4 (see figure below).



Dispensing of smoking cessation products in Shetland for financial year 2013/14 was significantly lower (worse) than the Scottish average (2.8 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). The number of smoking cessation products dispensed each year has remained relatively constant since financial year 2008/09, at around 3 daily doses per 1,000 population.

## **Smoking attributable deaths and diseases**

There were around 2,500 smoking attributable hospital admissions per 100,000 population in Shetland for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this difference may reflect the differential recording of diagnostic information between hospitals in different locations. The rate of smoking attributable deaths per 100,000 was not significantly different than the Scottish average (275 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Shetland was significantly lower (better) than the Scottish average (286 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 population from COPD was not significantly different from the Scottish average (85 vs. 78, respectively). The COPD death rate has fallen from a high of 142 per 100,000 population in 2004-2006 combined years to their current level of 85 per 100,000 population, nearing the lowest rate seen back in 2005-2007 (79.9).

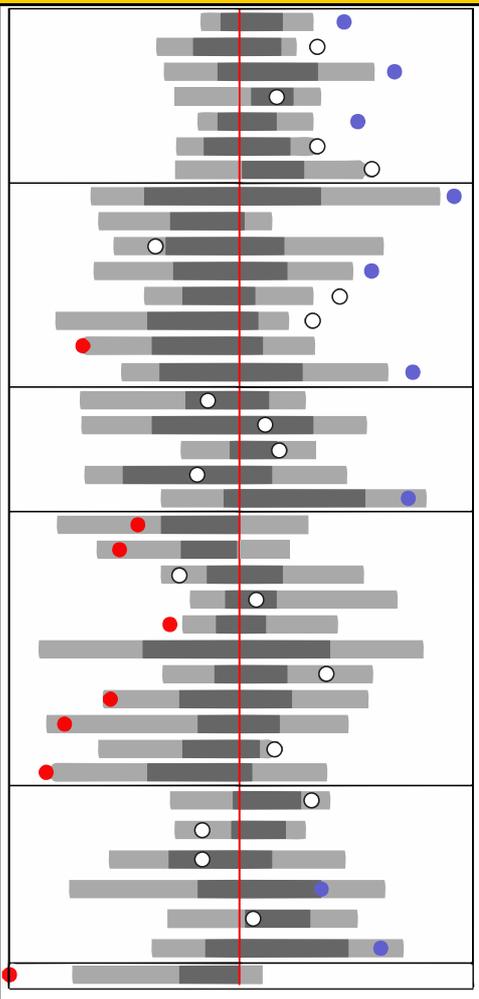
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different compared with the Scottish average (128 vs. 133, respectively). Lung cancer registrations in Shetland have been gradually rising since 2005-2007, from around 55 per 100,000 population to their current level. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different from the Scottish average (119 vs. 107, respectively). The rate has increased from a low of 83 in 2007-2009 to 144 in 2010-2012; however, a drop was seen in the current time period (2011-2013).

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Shetland population in 2013 was significantly higher (worse) than the Scottish average (5.2 vs. 2.2, respectively). Rates have been gradually increasing since 2011.

# NHS Shetland

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	92	17.0 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	33	20.5 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	42	16.7 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	16	11.6 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	75	18.4 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	53	20.0 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	38	13.9 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	89	12.1 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	n/a	%	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	26	28.9 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	36	12.2 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	25	8.2 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	2	4.7 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	6	6.7 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	73	9.3 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013		%	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013		%	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013		%	%	5.4
	20 Attempts to purchase cigarettes	2013		%	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	213	6.7 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	69	2.2 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	69	32.4 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	27	12.7 %	%	11.2
	25 Quit rate at 12 months follow-up	2012		%	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013		%	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	12	48.0 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	25	29.1 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	28	29.8 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013		%	%	43.3
	31 Availability of Smoking Cessation Products	2013	53	2.8	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	59	275.2	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	46	119.1	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	18	84.8	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	1,331	2,543.4	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	61	127.7	sr3	133.3
37 COPD incidence <sup>2,15</sup>	2012	122	286.1	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	95	5.2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# NHS Tayside

Tayside has an estimated total population of 412,160.

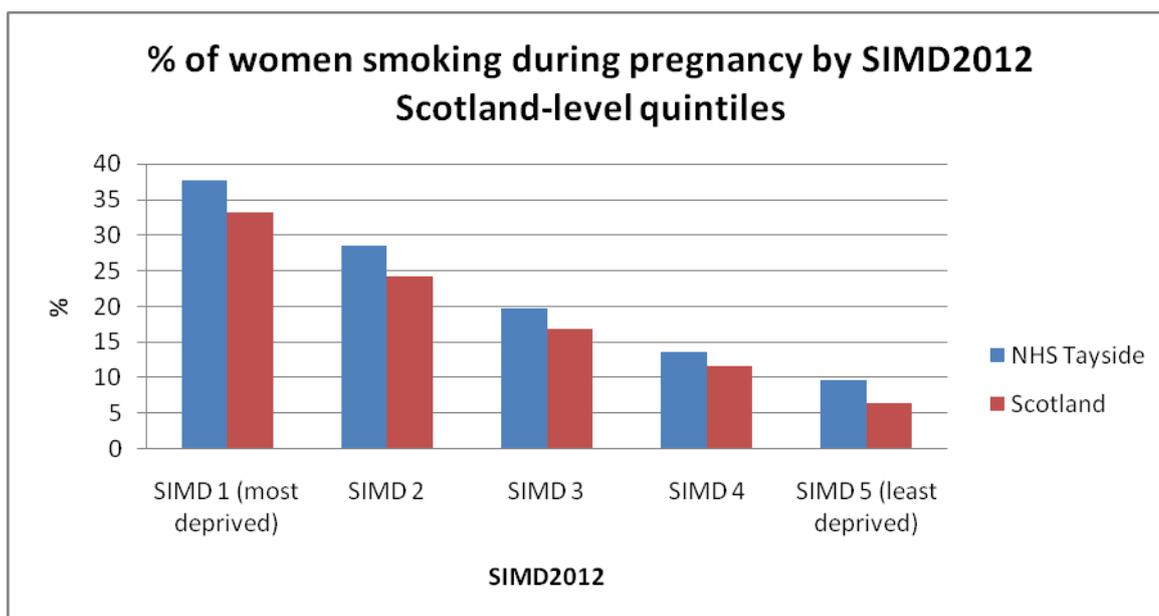
## Adult smoking prevalence

Smoking prevalence among the Tayside adult population (23.4%) was not significantly different from the Scottish average (23.0%) for combined survey years 2012/2013. The same is true for both sexes and all age groupings, with none being significantly different from their respective Scottish averages. The adult smoking prevalence has varied over time, but is currently at its lowest level since 2005/2006 combined survey years (where the prevalence was 26.0%).

## Smoking during and post pregnancy

Tayside had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (23.4% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 29% and has shown a steady downward trend since 2004-2006. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Tayside increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



However, the number of pregnant women, who made a quit attempt with the help of an NHS smoking cessation service, was significantly higher (better) than the Scottish average (34.1% vs. 23.5%, respectively).

Post-partum smoking rates were significantly higher in Tayside for financial year period 2010/11-2012/13 when compared with the Scottish average (20.9% vs. 16.9%, respectively). Post-partum smoking rates in Tayside have remained stable at around 21% since 2008/09-2010/11.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 (1.6%) school pupils in Tayside, was not significantly different to the Scottish average (1.8%); however, S4 (6.3%) school pupils in Tayside was significantly lower (better) (8.7%). Smoking prevalence rates are also significantly lower than the Scottish average for girls, but for the boys there was no

significance difference in comparison with the Scottish average. In both cases this refers to S2 and S4 pupils combined. In all groups, smoking prevalence rates have fallen compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than the Scottish average (17.3% vs. 18.2% respectively). This represents a fall compared with the 2010 survey (where the percentage was 23.6%).

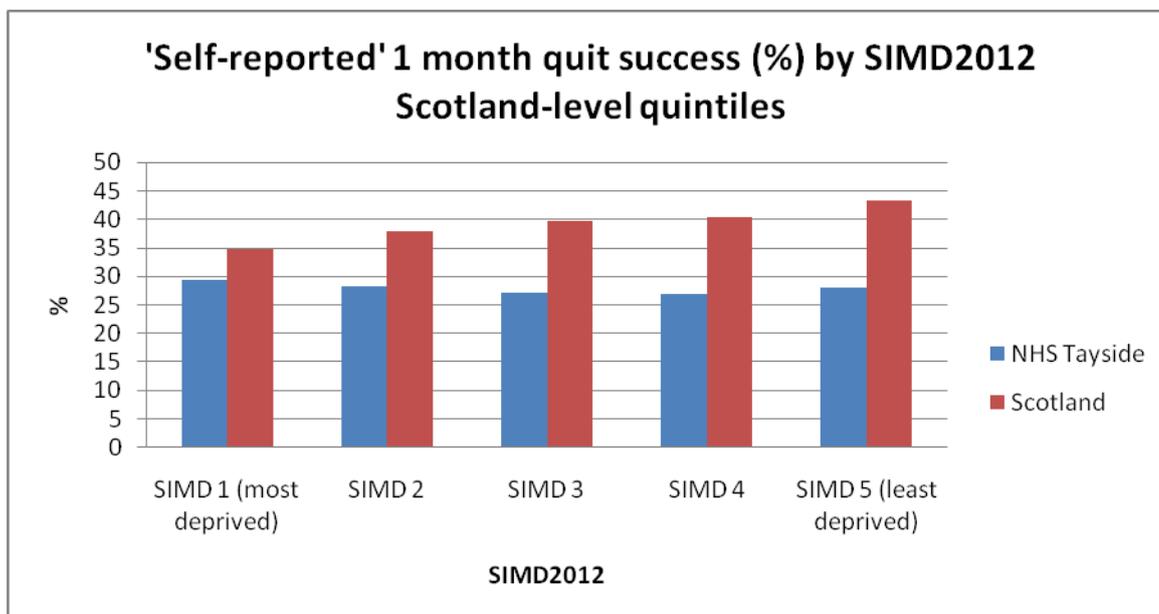
### Smoking cessation

There were 8,480 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 27.1% reduction on 2012, where there were 9,889 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly higher (better) than the Scottish average (10.5% vs. 10.1%, respectively). However the successful one month self-reported quits was significantly lower (worse) than the Scottish average (3.0% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits as based, on all quit attempts set through a smoking cessation service) at one (28.2%), three (8.5%) and twelve (4.6%) months after quit date were significantly lower (worse) than the Scottish average (37.8%, 11.2% and 5.6% for one, three and twelve months respectively).

The one month quit rates were significantly lower (worse) compared with the Scotland level outcomes in all deprivation groups. There was very little difference in one month quit outcomes across deprivation quintiles, with quit rates ranging from highest 29.5% in quintile 1 (most deprived) to approx 27% (in quintile 3 and 4). (See figure below.)



Dispensing of smoking cessation products in Tayside for financial year 2013/14 was significantly higher (better) than the Scottish average (5.3 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08, although rates have fallen this year. This is the first fall in recent years, and could be related to the fall in quit attempts described above.

### Smoking attributable deaths and diseases

There were around 2,400 smoking attributable hospital admissions per 100,000 population in Tayside for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this difference may reflect the differential recording of diagnostic information between hospitals in different locations. The rate of smoking attributable deaths per 100,000 was significantly lower (better) than the Scottish average (288 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Tayside was not significantly different compared with the Scottish average (384 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was also not significantly different compared with the Scottish average (77 vs. 78, respectively). COPD death rates have been gradually rising since combined years 2008-2010, although they have remained stable from 2010-2012 onwards.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (115 vs. 133, respectively), and have seen falls since 2008-2010 from 121 per 100,000 to a current low of 115. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly lower (better) from the Scottish average (90 vs. 107 respectively), and have been gradually decreasing since a high of 109 in 2005-2007 to its current low.

#### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Tayside population in 2013 was not significantly different compared with the Scottish average (2.3 vs. 2.2, respectively). This was a slight reduction on the previous year (2.7).

# NHS Tayside

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	345	23.4 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	111	27.8 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	157	25.8 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	59	12.7 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	270	26.7 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	177	25.9 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	167	21.1 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	2,906	23.4 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1,223	37.6 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	714	28.5 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	394	19.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	428	13.6 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	145	9.7 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	992	34.1 %	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	2,652	20.9 %	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	18	1.6 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	85	6.3 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	60	4.7 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	43	3.4 %	%	5.4
	20 Attempts to purchase cigarettes	2013	119	17.3 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	8,480	10.5 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	2,390	3.0 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	2,390	28.2 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	723	8.5 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	456	4.6 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	806	29.5 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	558	28.3 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	402	27.1 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	447	27.0 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	177	27.9 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	1,810	5.3 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,352	288.2 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	887	89.9 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	735	76.5 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	23,805	2,382.2 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	1,146	115.2 sr3	sr3	133.3
37 COPD incidence <sup>2,15</sup>	2012	3,904	384.1 sr3	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	761	2.3 cr2	cr2	2.2

**Spine Chart Key:**  
 ● Statistically significantly 'worse' than National average  
 ○ Statistically not significantly different from National average  
 ● Statistically significantly 'better' than National average



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

## NHS Western Isles

Western Isles has an estimated total population of 27,400.

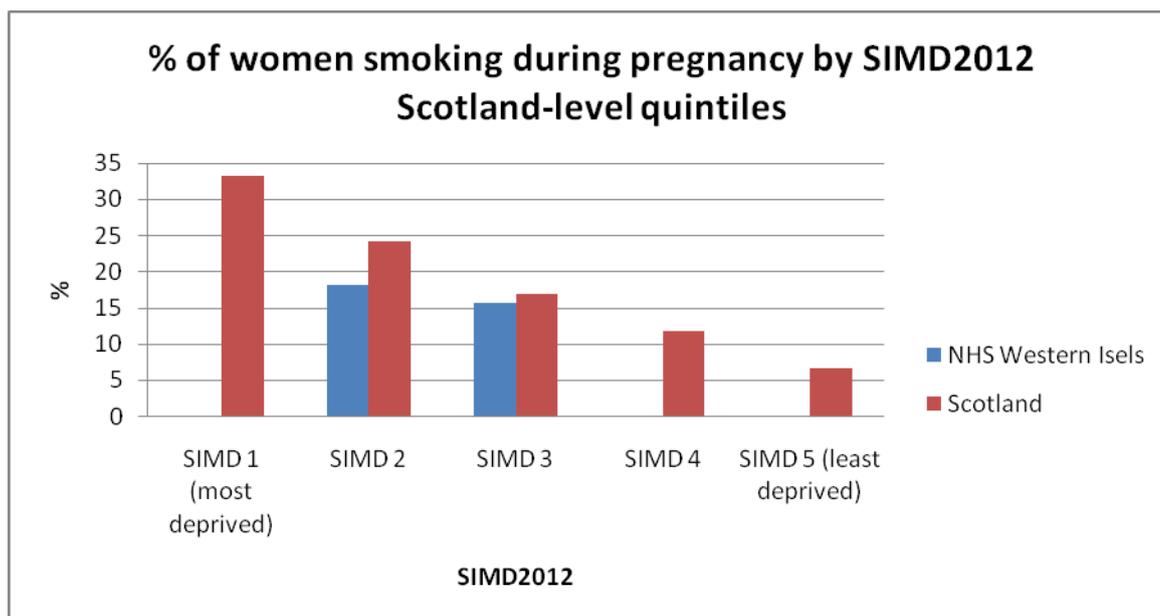
### Adult smoking prevalence

Smoking prevalence among the Western Isles adult population (21.9%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping being not significantly different from their respective Scottish averages. The adult smoking prevalence has fallen greatly compared with the 2009/10 combined surveys, from 33.4% to 21.9%.

### Smoking during and post pregnancy

Western Isles had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (16.9% vs. 20.1%, respectively) for the combined 3-year period 2010-2012. The percentage of women smoking during pregnancy has been steadily rising since 2005-2007, from a low of 14.6%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Compared with Scotland, the Western Isles has a lower percentage of women smoking during pregnancy in deprivation quintiles 2 and 3 (see figure below). The difference is significant in quintile 2 only.



The number of pregnant women who made a quit attempt with the help of NHS smoking cessation services was not significantly different from the Scottish average (17.8% vs. 23.5%, respectively).

The same was true for post-partum smoking rates for financial year period 2010/11-2012/13, where rates were not significantly different compared with the Scottish average (12.2% vs. 16.9%, respectively). Post-partum smoking rates have varied since financial year 2009/10, showing a slight increase followed by a slight decrease.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 and S4, was not significantly different to the Scottish averages (5.6% and 8.7% respectively). Also, the smoking prevalence within boys and girls was not significantly different from the Scottish average (5.2% and 5.4% respectively). In both cases this refers to S2 and S4 pupils combined.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was also not significantly different from the Scottish average (18.2%).

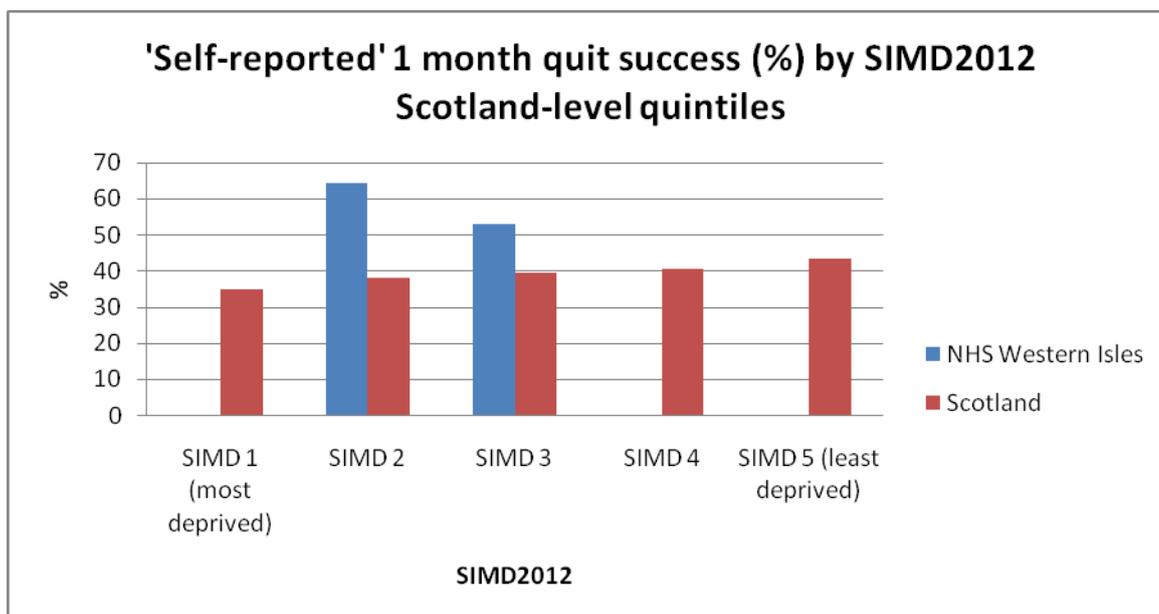
### Smoking cessation

There were 188 quit attempts made with the help of NHS smoking cessation services in 2013 in the Western Isles. This is a 39.9% reduction on 2012, in which there were 313 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (3.7% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (2.2% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one (58.0%), three (31.9%) and twelve (19.5%) months after quit date were significantly higher (better) than the Scottish average (37.8%, 11.2% and 5.6% for one, three and twelve months respectively).

The one month quit rates were significantly higher (better) than the Scotland level outcomes in each deprivation group registering a population. The quit rate for deprivation group 2 is 64.3% (compared with 37.9% for Scotland) and 52.9% in group 3 (compared with 39.6% for Scotland). (See figure below.)



Dispensing of smoking cessation products in Western Isles for financial year 2013/14 was not significantly different from the Scottish average (4.5 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). The number of smoking cessation products dispensed in the last decade has varied, but reached a peak of 6.01 per 1,000 population in financial year 2011/12 and has been declining each year since.

### Smoking attributable deaths and diseases

There were around 2,000 smoking attributable hospital admissions per 100,000 population in Western Isles for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking

attributable deaths per 100,000 was not significantly different than the Scottish average (313 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Western Isles was significantly lower (better) than the Scottish average (247 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was not significantly different from the Scottish average (93 and 78 respectively). This is a fall compared with combined years 2010-2012, where the rate was 114 per 100,000.

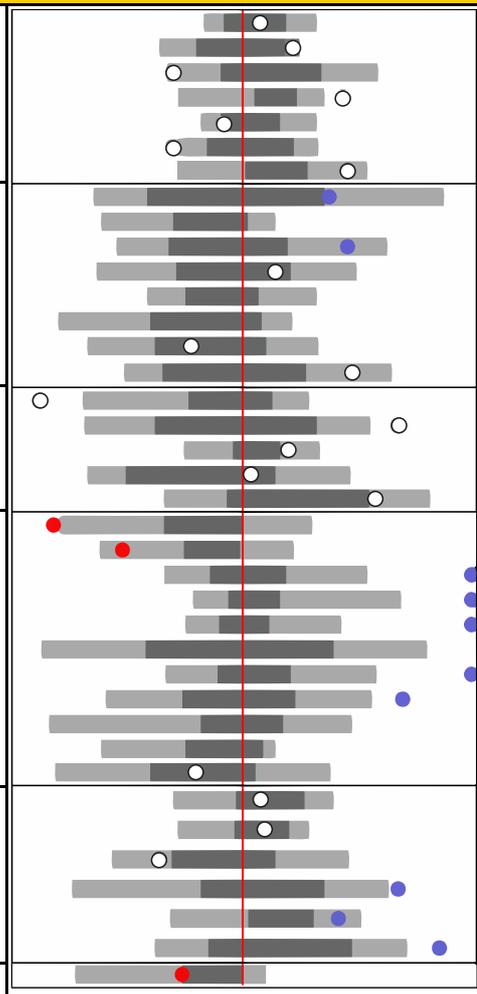
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (98 vs. 133, respectively), and have fallen from a high of 128 per 100,000 in combined years 2007-2009. The rate of lung cancer deaths per 100,000 population for the combined 3-year period 2011-2013 was not significantly different from the Scottish average (99 vs. 107, respectively). There has been a downward trend in lung cancer death rates since 2008-2010, when the rate was 157 per 100,000.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Western Isles population in 2013 was significantly higher (worse) than the Scottish average (3.0 vs 2.2, respectively). The number of retailers per 1,000 population has been marginally increasing since 2011.

# NHS Western Isles

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	118	21.9	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	24	22.4	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	73	29.1	%	25.3
	4 Smoking prevalence (adults 65+)	2013	17	9.0	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	95	26.6	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	71	28.7	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	46	15.5	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	107	16.9	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	n/a		%	33.2
	10 Smoking during pregnancy in quintile 2	2011	59	18.1	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	48	15.7	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	n/a		%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	n/a		%	6.5
	14 Quit attempts from pregnant smokers	2011	19	17.8	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	84	12.2	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8
	17 Smoking prevalence in S4 pupils	2013			%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013			%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013			%	5.4
	20 Attempts to purchase cigarettes	2013			%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	188	3.7	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	109	2.2	%	3.8
	23 Quit rate at 1 month follow-up	2013	109	58.0	%	37.8
	24 Quit rate at 3 months follow-up	2013	60	31.9	%	11.2
	25 Quit rate at 12 months follow-up	2012	61	19.5	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013			%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	54	64.3	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	55	52.9	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013			%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013			%	43.3
	31 Availability of Smoking Cessation Products	2013	102	4.5	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	112	312.9	sr3	3.25.4
	33 Lung cancer deaths <sup>2</sup>	2012	50	99.3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	46	92.7	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	1,516	2,023.8	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	74	97.5	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	172	246.5	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	67	3.0	cr2	2.2



**Notes:**

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- 13. Indicator based on HB boundaries prior to April 2014
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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## Aberdeen City

Aberdeen City has an estimated total population of 227,130.

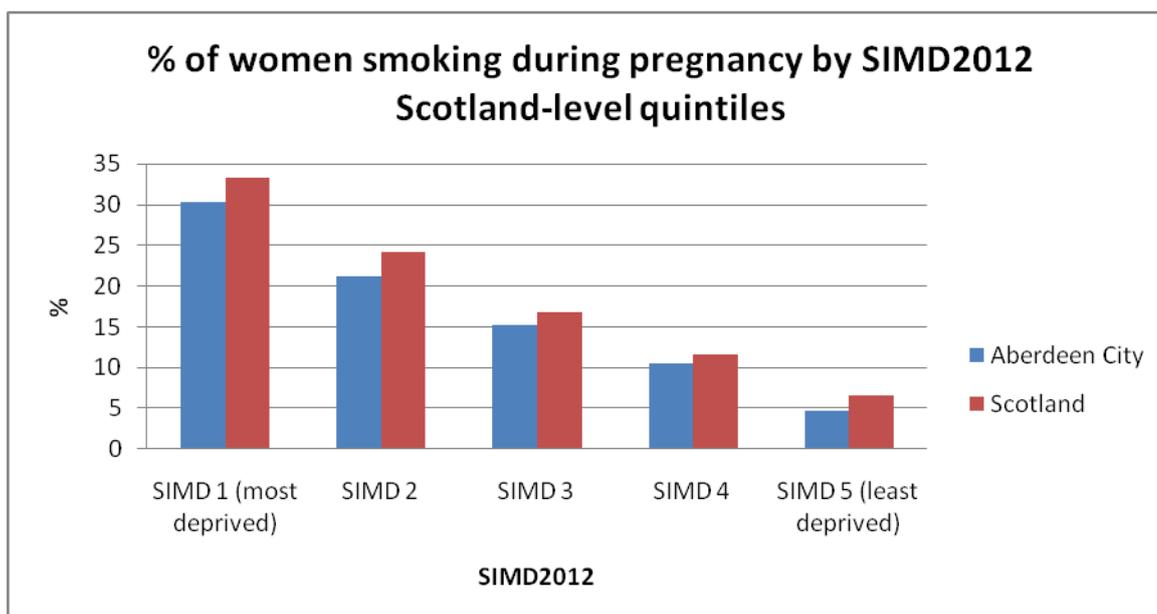
### Adult smoking prevalence

Smoking prevalence among the Aberdeen City adult population (25.6%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). Smoking prevalence was significantly lower (better) than the Scottish average in the 65+ age group (6.9% vs. 13.2% respectively). In all other age groups, smoking prevalence differed non-significantly from the respective Scottish averages. Smoking prevalence rates have reached their lowest (current rate), dropping from a high of 33.4% in the previous combined survey years (2009/2010).

### Smoking during and post pregnancy

Aberdeen City had a significantly lower (better) percentage of women smoking during pregnancy compared with the Scottish average (15.1% and 20.1%, respectively) for the 3-year combined period 2010-2012. Prevalence started falling from a high of 27.5% in the early 2000s and continued gradually to the current level in 2010-2012 (15.1%). There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend for 2010-2012, the percentage of women smoking during pregnancy in Aberdeen City increased as the level of deprivation increased, with those living in the most deprived areas approximately seven times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



In the period 2010-2012, significantly fewer pregnant women made a quit attempt (15.1%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly lower (better) in Aberdeen City compared with the Scottish average (13.7% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. The rate has increased over time from 12.3% (2008/09-2010/11) to the current level (13.7%).

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 pupils, was not significantly different to the Scottish average (1.8%), whereas the S4 pupils (4.9%) were significantly lower (better) than the Scottish average (8.7%). The smoking prevalence in boys, S2 and S4 combined, was also not significantly different to the Scottish average; however, prevalence in the girls was significantly lower (better) than the Scottish average.

In 2013, the percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (8.9% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 16.7%).

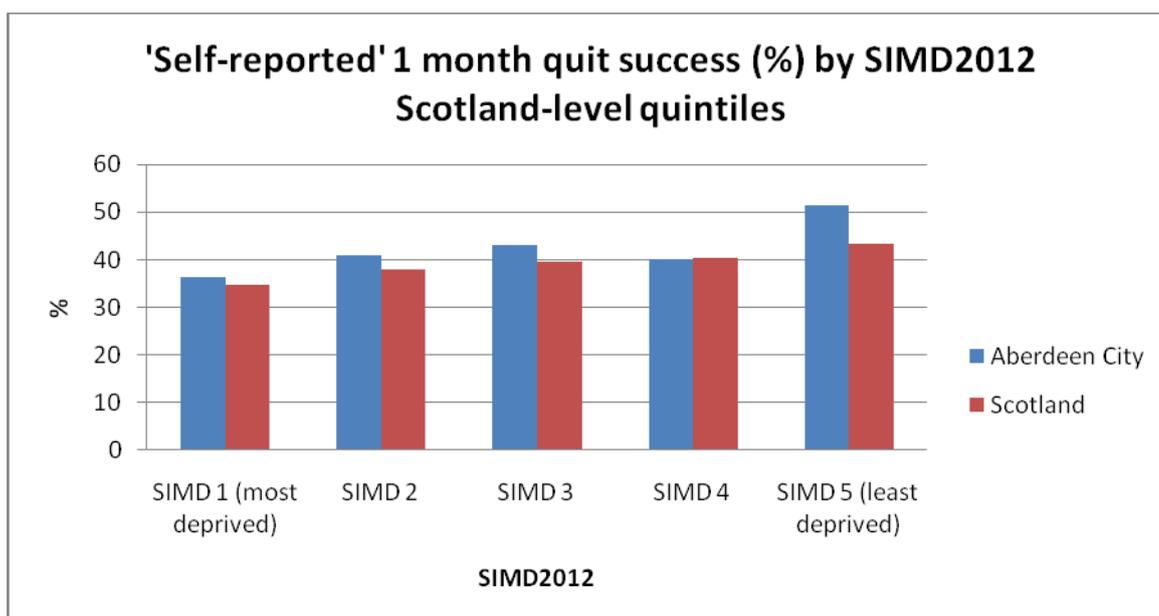
## Smoking cessation

There were 3,576 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 21.6% reduction from 2012, where there were 4,563 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (7.2% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.0% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were significantly higher (better) than the Scottish averages.

The one-month quit rates were significantly higher (better) than the Scottish average for quintiles 2 and 5. In all other quintiles, differences were non-significant. The quit rate was 36.4% in the most deprived communities compared with 51.4% in the least deprived (see figure below).



In financial year 2013/14, the rate of smoking cessation product dispensing in Aberdeen City was not significantly different from the Scottish average (4.9 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). The rate of smoking cessation products dispensed has increased since financial year 2007/08, with a marked increase between 2010/11 and 2012/13. However, over the last financial year, the number of products dispensed has fallen from a high of 5.9 to the current level of 4.9. This may be linked to the decline in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 3,900 smoking attributable hospital admissions per 100,000 population in Aberdeen City for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was not significantly different than the Scottish average (316 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Aberdeen City was not significantly different from the Scottish average (390 vs. 391 respectively). Similarly, the number of deaths per 100,000 from COPD was not significantly different compared with the Scottish average (75 vs. 78, respectively). The rate of deaths has dropped from a high of 93 in 2006-2008 to its current low (75) in 2011-2013.

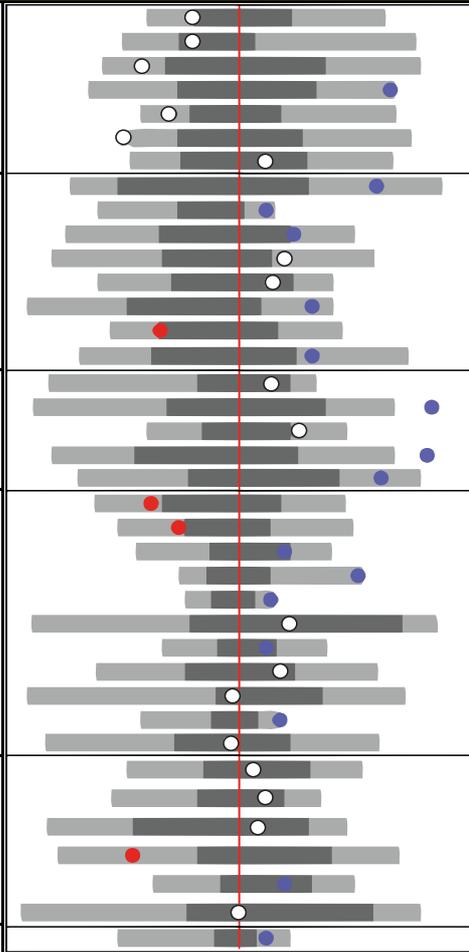
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (117 vs. 133, respectively), and have consistently decreased since 2007-2009 from 133 per 100,000 to their current level. Rates of lung cancer deaths per 100,000 for 2011-2013 combined years were not significantly different from the Scottish average (99 vs. 107, respectively) and have been consistently falling since 2008-2010, from a high of 113 per 100,000 population to their current level.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Aberdeen City population in 2013 was significantly lower (better) than the Scottish average (1.9 vs. 2.2, respectively). This was a slight reduction from 2012, when rates were 2.5 per 1,000 per 1,000 population.

# Aberdeen City

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	156	25.6 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	64	28.7 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	71	30.6 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	11	6.9 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	135	29.6 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	87	31.4 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	67	20.0 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,243	15.1 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	476	30.4 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	343	21.1 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	197	15.3 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	96	10.5 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	131	4.6 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	188	15.1 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	941	13.7 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	31	4.9 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	24	4.1 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	16	2.5 %	%	5.4
	20 Attempts to purchase cigarettes	2013	23	8.9 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	3,576	7.2 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,492	3.0 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,492	41.7 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	781	21.8 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	337	7.4 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	357	36.4 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	422	40.9 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	273	42.9 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	134	40.1 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	306	51.4 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	948	4.9 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	633	316.1 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	418	99.0 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	318	74.7 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	17,756	3,908.6 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	502	117.0 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,723	389.5 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	365	1.9 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

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- Statistically significantly 'better' than National average



## Aberdeenshire

Aberdeenshire has an estimated total population of 257,740.

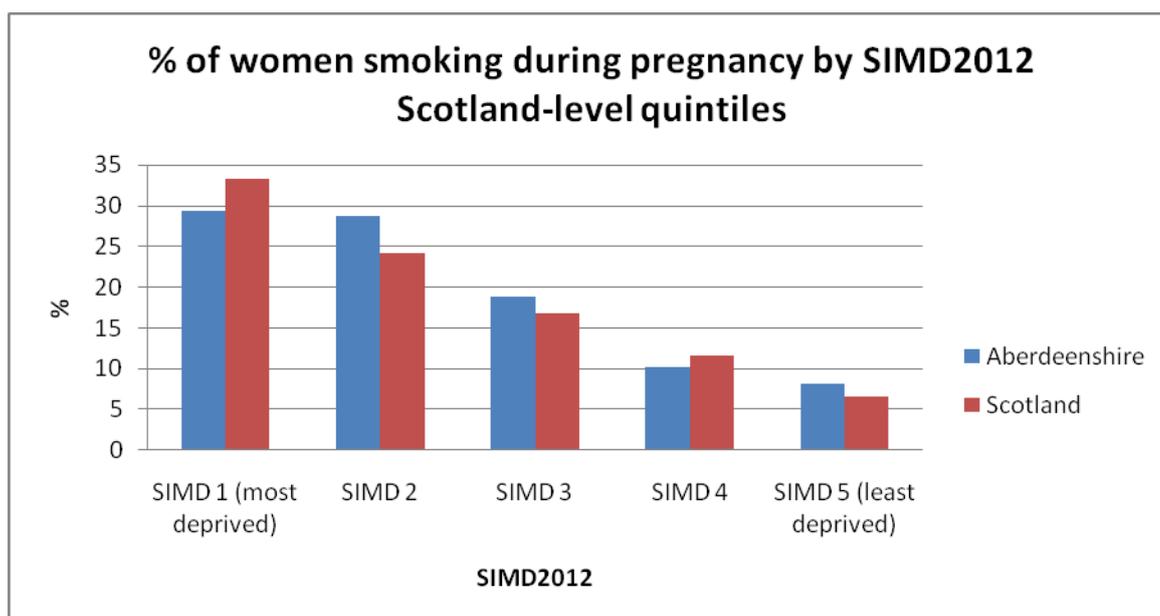
### Adult smoking prevalence

Smoking prevalence among the Aberdeenshire adult population (23.3%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23%), with both sexes and each age grouping being non-significantly different from their respective Scottish averages. After being relatively constant in each 2-year period since 2005/2006, the adult smoking prevalence has increased since 2009/2010 from 19.5% to its current level.

### Smoking during and post pregnancy

Aberdeenshire had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (14% and 20%, respectively) for the 3-year combined period 2010-2012. Prevalence fell gradually in the early 2000s from a high of 21.2% to 14.2% in 2009-2011 and has remained around this level since. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Aberdeenshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



The number of pregnant women who made a quit attempt (24.3%) with the help of NHS smoking cessation services was not significantly different from the Scottish average (23.5%).

Post-partum smoking rates were significantly lower (better) in Aberdeenshire when compared with the Scottish average (12.2% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Post-partum smoking rates have decreased slightly over time, from 13.7% in 2008/09-2010/11 to their current level.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 and S4 (7.0%) school pupils in Aberdeenshire, was not significantly different than the Scottish averages (1.8% and 8.7% respectively). The smoking prevalence for girls, for S2 and S4 pupils combined, was significantly lower (better) than the Scottish average. In all groups, prevalence

rates have declined compared with the 2010 survey, with particularly noticeable falls in girls and S4 pupils.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (5.7% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 12.5%).

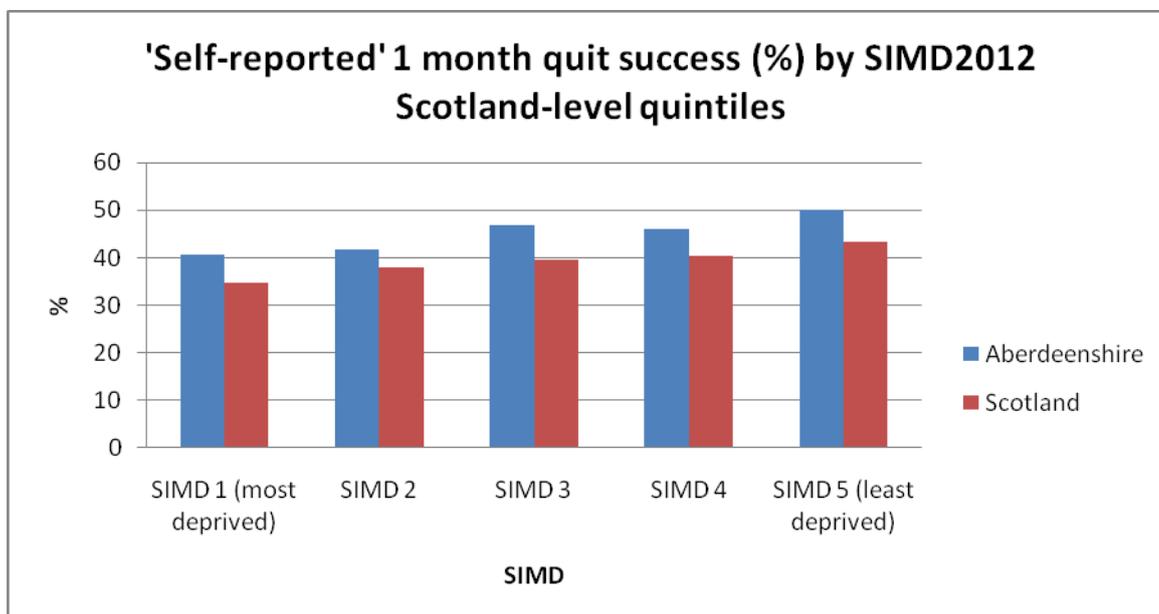
### Smoking cessation

There were 3,712 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 16.2% reduction from 2012, where there were 4,427 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (7.6% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.5% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were significantly higher (better) than the Scottish average.

The one month quit rates in all quintiles were higher (better) than the Scottish average but only significantly so for quintiles 3, 4 and 5 (least deprived). The quit rate is 40.6% in the most deprived group compared with 50.1% in the least deprived group (see figure below).



Dispensing of smoking cessation products in Aberdeenshire was significantly lower (worse) than Scottish average (4 daily doses per 1,000 population vs. 5 daily doses per 1,000 population) for financial year 2013/14. There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08, with a marked increase between 2010/11 and 2011/12. However, over the last year, the number of products dispensed has fallen. This may be linked to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 2,700 smoking attributable hospital admissions per 100,000 population in Aberdeenshire for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the high recording of diagnostic information in hospital systems in Aberdeenshire. The rate of smoking attributable deaths per 100,000 was also significantly lower (better) than the Scottish average (254 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Aberdeenshire was significantly lower (better) than the Scottish average (275 vs. 391, respectively; however, please note coding comment above). The number of deaths per 100,000 from COPD was also significantly lower (better) than the Scottish average (59 vs. 80, respectively) and has stayed at a relatively constant rate since 2008-2010 combined 3-year period.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (84 vs. 133, respectively), however they have been gradually rising since 2008-2010 from 81 per 100,000 to their current level. The rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was also significantly lower than the Scottish average (74 vs. 107 respectively). Lung cancer death rates have seen a marked drop in 2008-2010. A further slight decrease was noted in 2009-2011; however, since then is gradually increasing.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Aberdeenshire population in 2013 was significantly lower (better) than the Scottish average (1.7 vs. 2.2, respectively). This was a reduction from 2012, when rates were 2.3 per 1,000.

# Aberdeenshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	141	23.3 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	47	29.5 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	58	22.3 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	29	15.6 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	106	25.3 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	67	25.7 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	73	21.0 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,015	13.8 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	67	29.4 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	211	28.7 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	279	18.9 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	277	10.3 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	181	8.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	247	24.3 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	883	12.2 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	58	7.0 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	41	5.1 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	24	2.9 %	%	5.4
	20 Attempts to purchase cigarettes	2013	28	5.7 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	3,712	7.6 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,715	3.5 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,715	46.2 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	849	22.9 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	367	8.3 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	73	40.6 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	248	41.7 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	505	46.9 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	496	46.1 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	393	50.1 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	849	4.1	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	647	253.7	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	405	74.3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	300	59.1	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	16,248	2,862.4	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	463	84.2	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,532	275.3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	356	1.7	cr2	2.2

**Notes:**

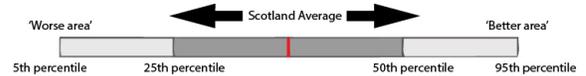
- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Angus

Angus has an estimated total population of 116,240.

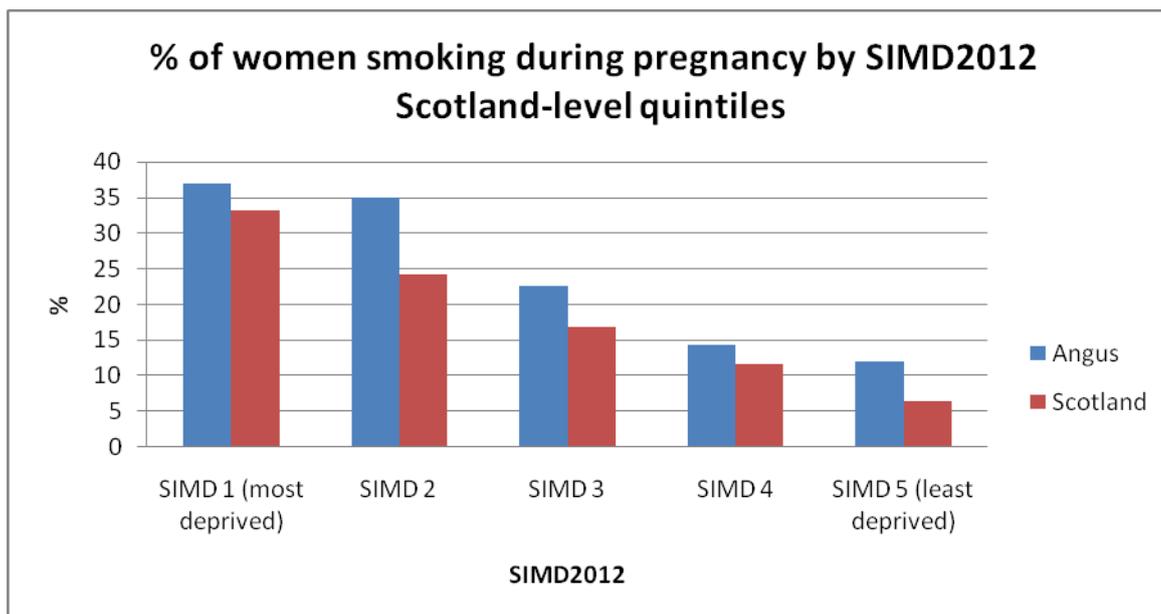
## Adult smoking prevalence

Smoking prevalence among the Angus adult population (21.4%) for combined survey years 2012/2013 was not significantly different compared with the Scottish average (23.0%), with both sexes and all age groups being not significantly different from their respective Scottish averages. Smoking prevalence rates in Argyll and Bute have been showing a downward trend since the 2007/08 combined surveys.

## Smoking during and post pregnancy

Angus has a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (23.9% and 20.1%, respectively) for the 3-year combined period 2010-2012. However, rates of women smoking during pregnancy have seen a gradual fall from a high of 28.5% in 2004-2006, to their current low (23.9%) in 2010-2012. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Angus increases as the level of deprivation increases, with those living in the most deprived areas approximately 3 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



The percentage of women, who made a quit attempt with the help of an NHS smoking cessation service, was significantly higher (better) than the Scottish average (32.1% vs. 23.5%, respectively).

Post-partum smoking rates were significantly higher (worse) in Angus for financial year period 2010/11-2012/13 when compared with the Scottish average (20.9% vs. 16.9%). Rates of post-partum smoking have remained largely stable since financial year 2009/10.

## Smoking in school children

Smoking prevalence (regular smokers) as reported in the 2013 SALSUS survey for S2 school pupils, was not significantly different to the Scottish average (1.8%). The same was true for S4 school pupils (6.3% vs. 8.7%) although they have fallen since the 2010 survey. The smoking

prevalence for boys, S2 and S4 pupils combined, was also not significantly different to the Scottish average (4.3% vs. 5.2%, respectively). However, smoking prevalence for girls (3.5%) is significantly lower (better) than Scotland's average (5.4%). In both of these groups, prevalence rates have fallen compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (12.1% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 22.1%).

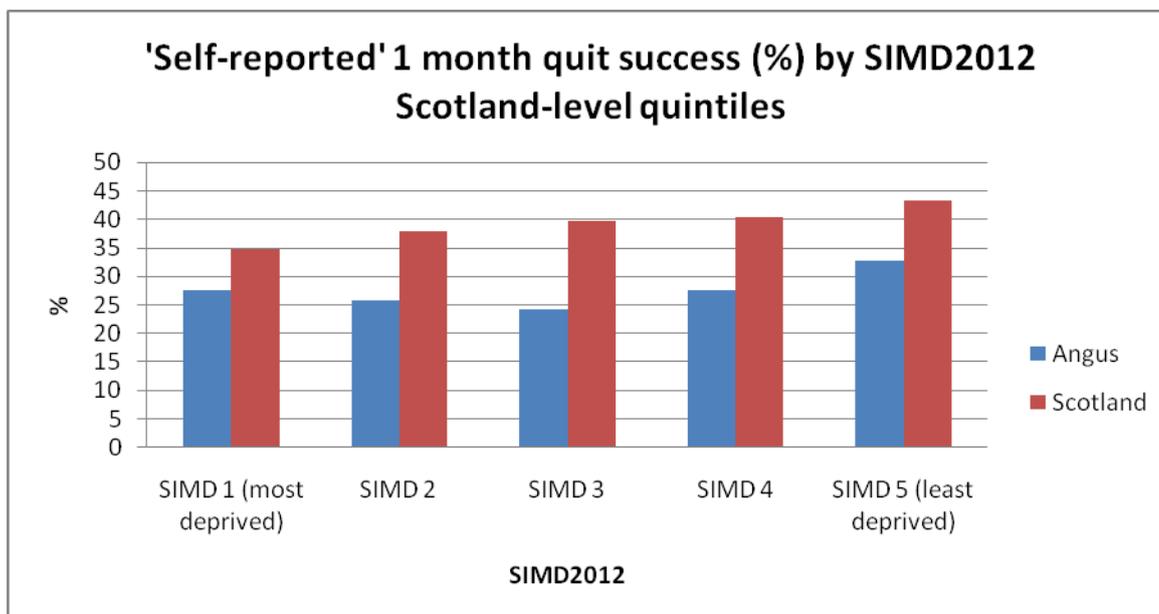
### Smoking cessation

There were 2,435 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 10.2% reduction compared with 2012, where there were 2,771 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly higher (better) than the Scottish average (11.8% compared with 10.1%). However the successful one month self-reported quits was significantly lower (worse) than the Scottish average (3.1% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one (26.6%) and three months (8.5%) after quit date were significantly lower (worse) than the Scottish average (37.8% and 11.2%, respectively). Twelve month quit outcomes were not significantly different from the Scottish average.

The one month quit rates were significantly lower (worse) than the Scotland level outcomes in all deprivation groups. The highest quit rate is found in quintile 5, the least deprived group (32.7%), while the lowest quit rate is in quintile 3 (24.3%) (see figure below).



Dispensing of smoking cessation products in Angus for financial year 2013/14 was not significantly different from the Scottish rate (both 5 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, in the last financial year, the number of dispensed smoking cessation products has fallen from 6 per 1,000 population to 5 per 1,000 population. This may be linked to the decline in quit attempts described above.

## **Smoking attributable deaths and diseases**

There were around 2,000 smoking attributable hospital admissions per 100,000 population in Angus for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was significantly lower (better) than the Scottish average (259 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Angus was significantly lower (better) than the Scottish average (339 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was significantly lower (better) than the Scottish average (66 vs. 78, respectively). COPD death rates have shown a gradual downward trend in the last decade, from a high of 86 per 100,000 in the 2003-2005 combined period to its current low.

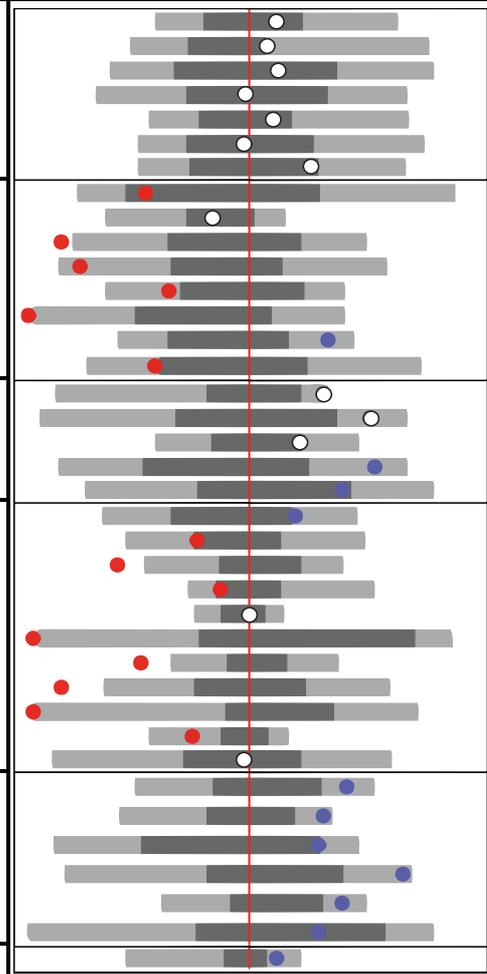
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (99 vs. 133, respectively), and have been steadily falling since 2007-2009, when they were at a high of 114 per 100,000 population. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly lower (better) than the Scottish average (84 vs. 107 respectively). The current rate (84) has dropped from a high of 111 in 2005-2007.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Angus population in 2013 was significantly lower (better) than the Scottish average (1.9 vs. 2.2, respectively). This was a reduction on the previous year (2.4).

# Angus

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	101	21.4 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	28	24.5 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	48	23.7 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	21	13.4 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	76	24.0 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	53	24.8 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	47	18.2 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	798	23.9 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	159	36.9 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	283	34.9 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	166	22.6 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	153	14.4 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	37	12.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	256	32.1 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	708	20.9 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	24	6.3 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	15	4.3 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	13	3.5 %	%	5.4
	20 Attempts to purchase cigarettes	2013	20	12.1 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	2,435	11.8 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	648	3.1 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	648	26.6 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	208	8.5 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	158	5.7 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	125	27.7 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	156	25.7 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	150	24.3 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	166	27.6 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	51	32.7 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	479	5.0	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	362	259.0	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	234	84.3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	175	65.7	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	6,032	2,035.6	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	293	98.9	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,011	338.8	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	181	1.9	cr2	2.2



**Notes:**

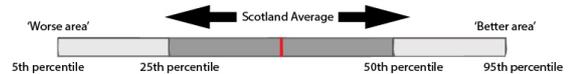
- 2. Three-year combined number, and three-year average annual measure
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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## Argyll and Bute

Argyll and Bute has an estimated total population of 88,050.

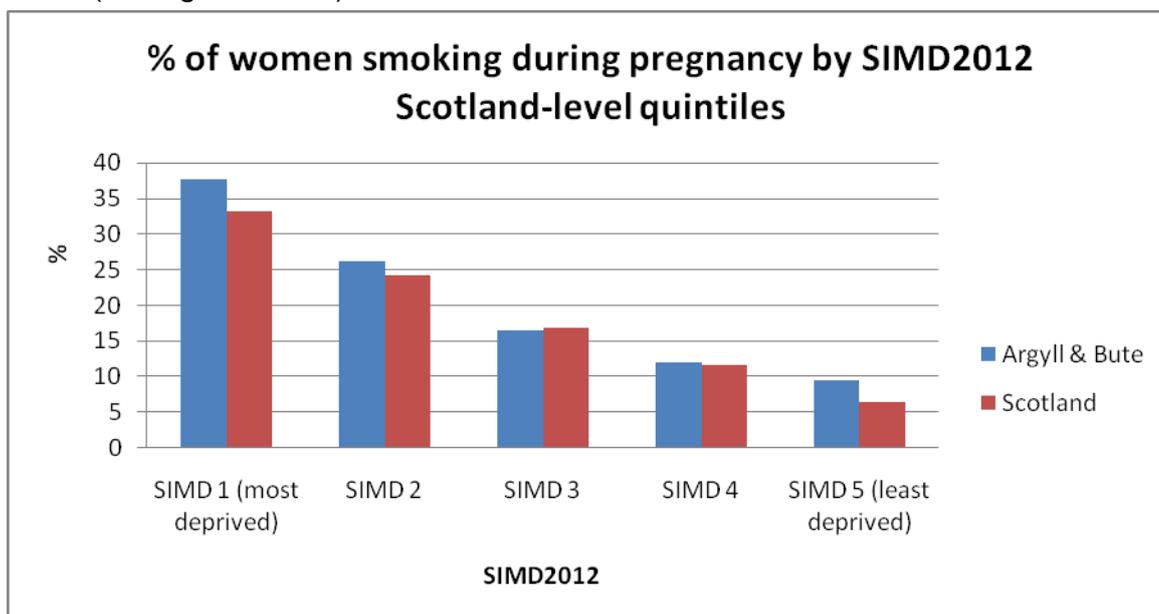
### Adult smoking prevalence

Smoking prevalence among the Argyll and Bute adult population (25.2%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and most age groupings not differing significantly from their respective Scottish averages. However, the smoking prevalence for the age group 16-64 (30.9%) was significantly higher (worse) than the Scottish average (25.5%). The adult smoking prevalence has varied over time (lowest 20.9% in 2007/2008 combined surveys and highest 29.4% in 2005/2006 combined surveys).

### Smoking during and post pregnancy

The percentage of women smoking during pregnancy in Argyll and Bute was not significantly different compared with the Scottish average (20.0% and 20.1% respectively) for the 3-year combined period 2010-2012. This has been declining steadily since combined years 2007-2009, from a high of 23.4%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Argyll and Bute increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women make a quit attempt (37.0%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates for combined financial years 2010/11-2012/13 were not significantly different in Argyll and Bute compared with the Scottish average (17.9% vs. 16.9%). There has been a slight reduction in post-partum smoking rates from 19.0% (2008/09-2010/11) to the current level.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S4 school pupils, was significantly higher (worse) than the Scottish average (12.9% vs. 8.7% respectively), whereas the smoking prevalence for S2 pupils is significantly better than the Scottish average

(1.8%). The smoking prevalence for both boys (6.1%) and girls (8.1%), for S2 and S4 pupils combined, were not significantly different than their respective Scottish averages (5.2% and 5.4% for boys and girls respectively). In all groups, smoking prevalence has fallen compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (11.0% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 15.4%).

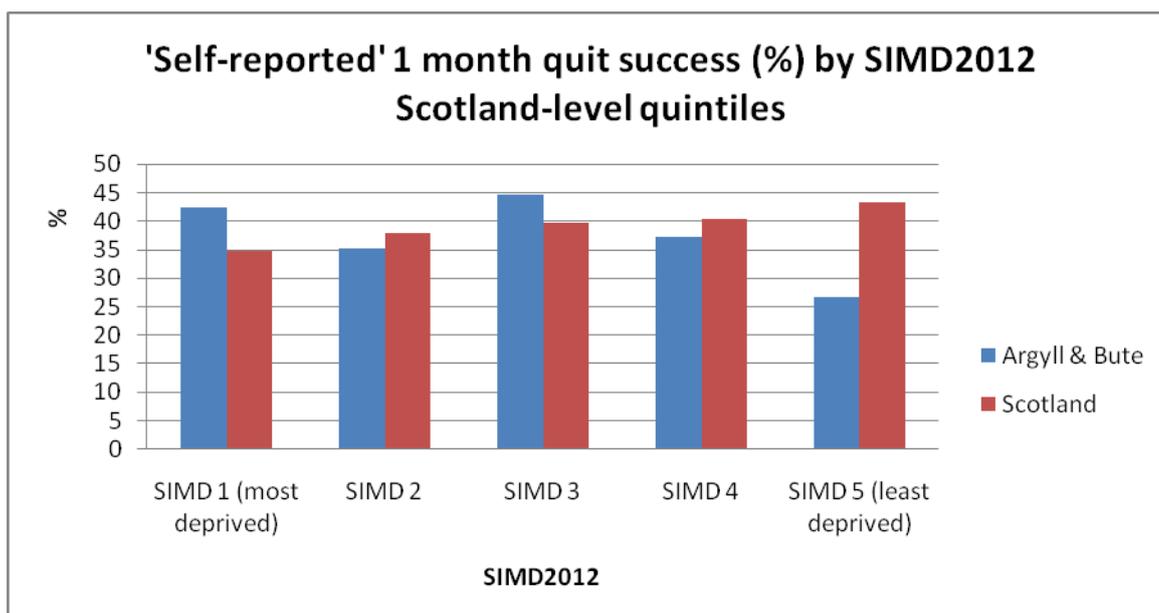
### Smoking cessation

There were 1,157 quit attempts made with the help of NHS smoking cessation services in 2013. This is a 23.4% reduction on 2012, where there were 1,511 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (6.2% vs. 10.6%, respectively). The same was true for the successful one month self-reported quits (2.5% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month and twelve months post quit date were not significantly different from the Scottish average. However, quit rates three months after quit date were significantly higher (better) than the Scottish average (2.5% vs. 3.8% respectively).

The one month quit rates are significantly higher (better) than the Scottish average in quintiles 1 (most deprived) and 3. However, quit outcomes in quintile 5 (least deprived) were significantly lower (worse) than the respective Scottish average. Quintiles 2 and 4 were not significantly different from the Scottish average. The quit rate was 42.4% in the most deprived quintile compared with 26.8% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in Argyll and Bute for financial year 2013/14 is significantly higher (better) than the Scottish average (6 daily doses per 1,000 population vs. 5 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, the number of products

dispensed since 2012/13 has fallen. This is the first fall in recent years and could be related to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 2,200 smoking attributable hospital admissions per 100,000 population in Argyll and Bute for the combined 3-year period 2011-2013. This is significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the recording of diagnostic information in hospital systems in Argyll and Bute. The rate of smoking attributable deaths per 100,000 population was significantly lower (better) than the Scottish average (282 vs.325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Argyll and Bute is significantly lower (better) than the Scottish average (266 vs. 391, respectively); however, please note coding comment above. The number of deaths per 100,000 population from COPD is significantly lower (better) than the Scottish average (60 vs. 78, respectively) and has reduced from a high of 83 in 2003-2005 to its current low of 60.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 are significantly lower (better) than the Scottish average (109 vs. 133, respectively), and have remained relatively constant over the last decade. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years is not significantly different from the Scottish average (95 vs. 107 respectively), although the rate has decreased since the 2010-2012 period.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Argyll and Bute population in 2013 was significantly higher (worse) than the Scottish average (3.8 vs. 2.2, respectively). This was a slight reduction on the previous year, where the rate was 4.1 per 1,000 population.

## Argyll & Bute

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	125	25.2	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	43	35.0	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	61	28.1	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	15	9.8	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	104	30.9	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	68	28.7	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	56	21.8	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	400	20.0	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	94	37.6	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	124	26.2	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	121	16.4	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	48	12.1	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	13	9.4	%	6.5	
	14 Quit attempts from pregnant smokers	2011	148	37.0	%	23.5	
	15 Post-partum smoking rate <sup>2</sup>	2011	391	17.9	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8	
	17 Smoking prevalence in S4 pupils	2013	39	12.9	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	17	6.1	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	23	8.1	%	5.4	
	20 Attempts to purchase cigarettes	2013	26	11.0	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,157	6.2	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	458	2.5	%	3.8	
	23 Quit rate at 1 month follow-up	2013	458	39.6	%	37.8	
	24 Quit rate at 3 months follow-up	2013	158	13.7	%	11.2	
	25 Quit rate at 12 months follow-up	2012	98	6.5	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	86	42.4	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	91	35.1	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	171	44.5	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	95	37.3	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	15	26.8	%	43.3	
	31 Availability of Smoking Cessation Products	2013	440	5.9	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	318	281.9	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	215	94.7	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	139	59.7	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	5,432	2,246.3	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	259	108.6	sr3	133.3	
	37 COPD incidence <sup>2,15</sup>	2012	620	265.5	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	280	3.8	cr2	2.2	

### Notes:

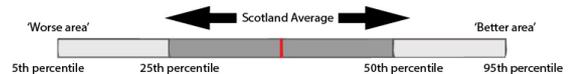
2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Clackmannanshire

Clackmannanshire has an estimated total population of 51,280.

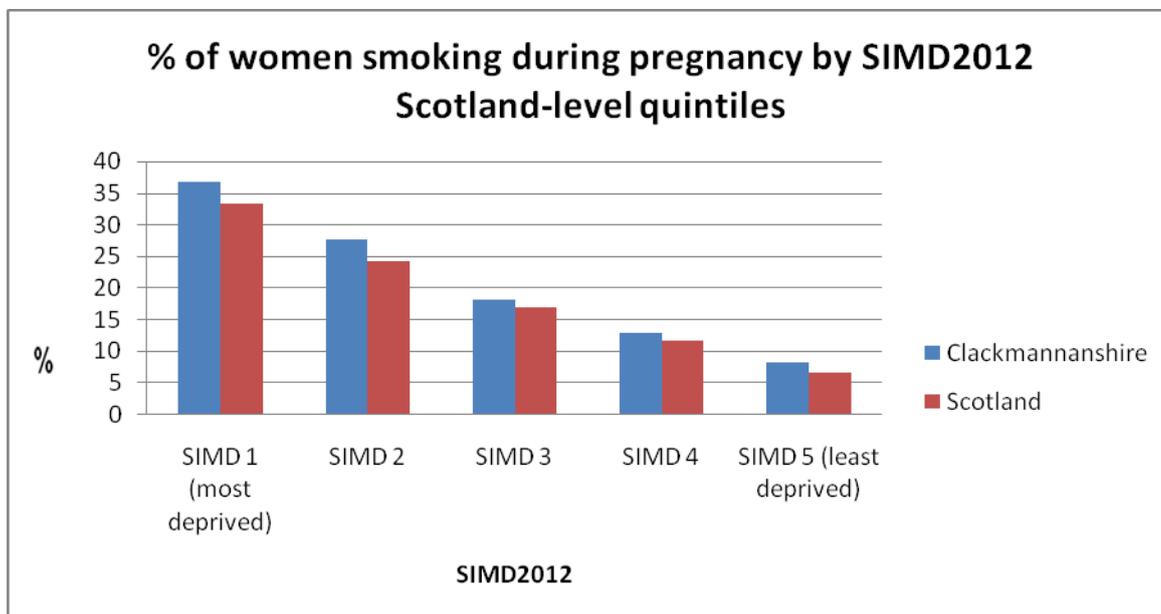
## Adult smoking prevalence

Smoking prevalence among the Clackmannanshire adult population (25.5%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). The same was true for both males and females, as well as each age grouping, where all differences were non-significant compared with the respective Scottish averages. Smoking prevalence rates in Clackmannanshire have varied over time; rates have dropped from around 30% in the 2005/06 and 2007/08 combined surveys to their current level of 25.5% in 2012/13 albeit with a lower percentage of 23.7% in 2009/10.

## Smoking during and post- pregnancy

Clackmannanshire had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (25% and 20%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 35% but, since then, it has consistently decreased to its current level of 25%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Clackmannanshire increases as the level of deprivation increases, with those living in the most deprived areas over 4.5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (12%) with the help of NHS smoking cessation services compared with the Scottish average (24%).

Post-partum smoking rates were significantly higher (worse) in Clackmannanshire when compared with the Scottish average (23.7% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Post-partum smoking rates have remained at a similar level from financial years 2008/09-2010/11 combined through to the current timeframe 2011/12-2012/13.

## Smoking in school children

Smoking prevalence, as reported in the 2013 SALSUS survey for S2 and S4 (8.5%) pupils, was not significantly different to their respective Scottish averages (1.8% and 8.7%). Also, both boys and girls (S2 and S4 combined) was not significantly different than the Scottish average (5.8% vs. 5.2%) and (6.5% vs. 4.4%) respectively. In all groups, prevalence rates have declined compared with the 2010 survey, with noticeable falls in girls and S2 pupils.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than the Scottish average (16.9% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 34.5%).

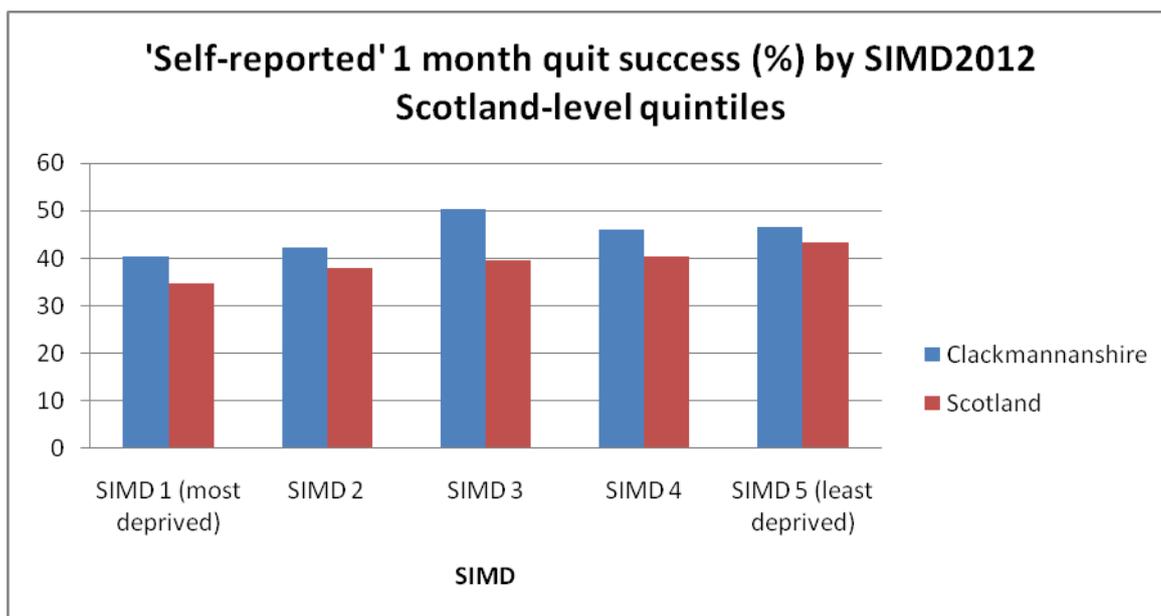
### Smoking cessation

There were 897 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 12.4% reduction from 2012, where there were 1024 quit attempts. This was the first decrease seen since 2010, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly lower (worse) than the Scottish average (8.4% vs. 10.1%). However the successful one month self-reported quits were not significantly different, again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month after quit date were significantly higher (better) than the Scottish average; however, at three and twelve months, they were significantly lower (worse) than their respective Scottish averages.

The one month quit rates were significantly higher (better) than their respective Scottish averages for quintiles 1 (most deprived) and 3. The quit rate was 40.4% in the most deprived quintile compared with 46.5% in the least deprived quintile (see figure below). This does not, however, follow the linear pattern of the national trend from the most to the least deprived quintiles.



Dispensing of smoking cessation products in Clackmannanshire for financial year 2013/14 was not significantly different compared with the Scottish average (5.5 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08 up to 2012/13, with a marked increase between 2012/13 and 2013/14. However, over the last year, the number of products dispensed has fallen. This may be linked to the fall in quit attempts described above.

## **Smoking attributable deaths and diseases**

There were approx 2,000 smoking attributable hospital admissions per 100,000 population in Clackmannanshire for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the high recording of diagnostic information in hospital systems in Clackmannanshire. The rate of smoking attributable deaths per 100,000 was not significantly different to the Scottish average (329 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Clackmannanshire was statistically no different than the Scottish average (364 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was again not significantly different from the Scottish average (100 vs. 78, respectively), and has risen since 2010-2012, from 90 per 100,000 to the current level of 100 per 100,000.

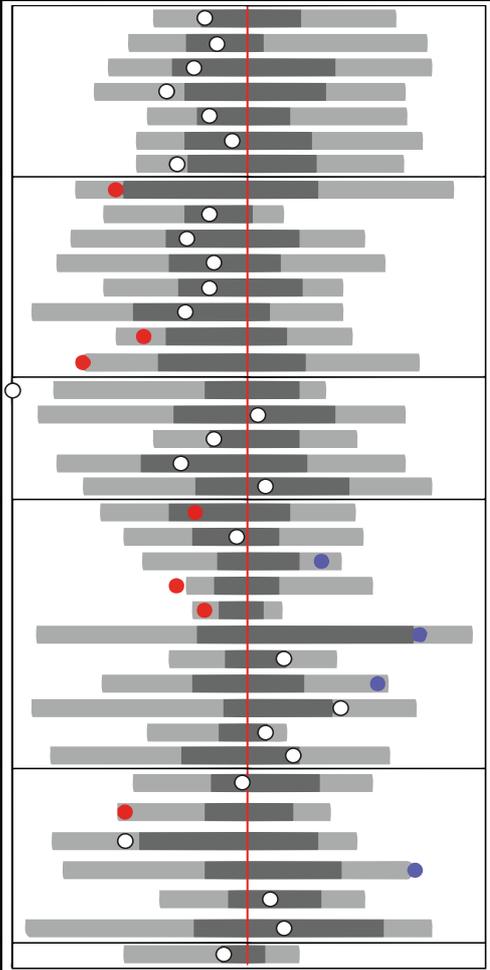
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (124.6 vs. 133.3 respectively). The rate has dropped from 144.1 in 2003-2005 to its current level. However, the rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly higher (worse) than the Scottish average (145.2 vs. 107.1) and has been gradually increasing since 2008-2010, from a low of 124.3 per 100,000 population to its current level of 145.2 per 100,000 population.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Clackmannanshire population in 2013 was not statistically different from the Scottish average (2.5 vs. 2.2, respectively). This was similar to the rate observed in 2012.

# Clackmannanshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	137	25.5 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	44	27.5 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	68	28.1 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	23	16.4 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	111	27.8 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	56	25.5 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	81	25.4 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	436	24.8 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	222	36.8 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	96	27.7 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	70	18.0 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	38	12.9 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	10	8.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	54	12.4 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	432	23.7 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	16	8.5 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	11	5.8 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	12	6.5 %	%	5.4
	20 Attempts to purchase cigarettes	2013	24	16.9 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	897	8.4 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	397	3.7 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	397	44.3 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	43	4.8 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	32	3.1 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	141	40.4 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	75	42.4 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	114	50.4 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	47	46.1 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	20	46.5 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	233	5.5 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	170	328.8 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	120	145.2 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	83	99.7 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	2,209	1,955.9 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	140	124.6 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	394	364.3 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	107	2.5 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## Dundee City

Dundee has an estimated total population of 148,170.

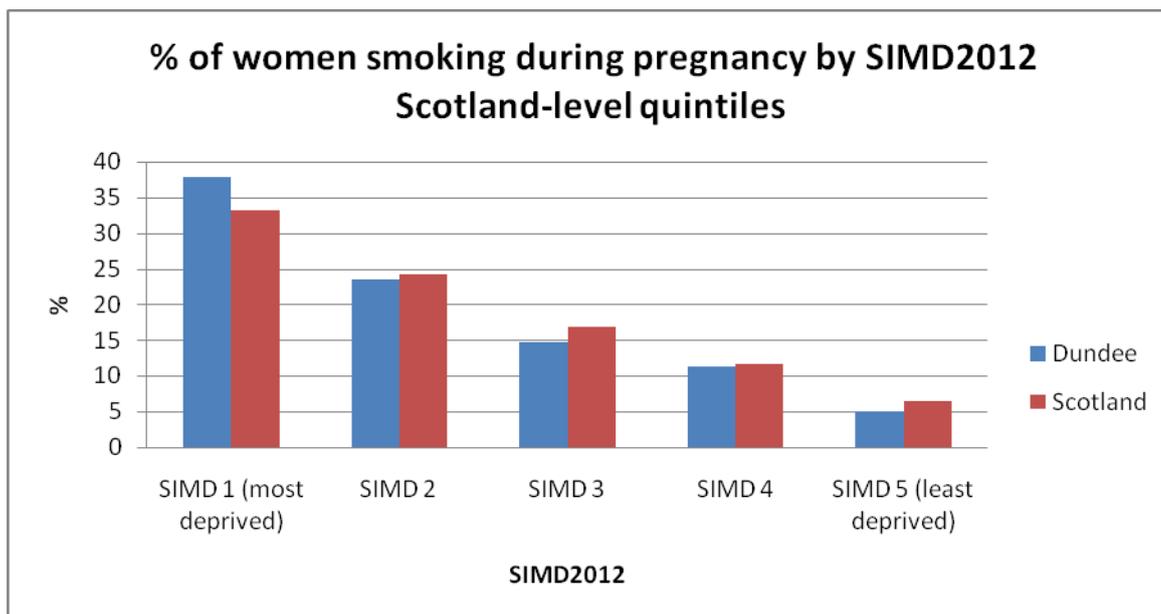
### Adult smoking prevalence

Smoking prevalence among the Dundee adult population for combined survey years 2012/2013 was not significantly different from the Scottish average (25.7% vs. 23.0% respectively), with both sexes and each age grouping being not significantly different from their respective Scottish averages. The adult smoking prevalence has varied over time, but has seen a drop compared with the last combined survey, from 30.5% in 2009/10 to 25.7% in 2012/13.

### Smoking during and post pregnancy

Dundee had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (26.2% and 20.1%, respectively) for the 3-year combined period 2010-2012. The percentage of women smoking during pregnancy has shown a steady decline since the early 2000s, when the prevalence was around 35%.

Following the Scotland trend, the percentage of women smoking during pregnancy in Dundee increases as the level of deprivation increases, with those living in the most deprived areas approximately 7 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below). There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.



However, significantly more pregnant women made a quit attempt (27.1%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher in Dundee when compared with the Scottish average (23.7% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Post-partum smoking rates in Dundee have declined slightly since financial year 2009/10, from 25% to their current level.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 school pupils in Dundee, was significantly lower (better) than the Scottish average (1.8%). However, in S4 (5.5%) school pupils in Dundee are not significantly different than the Scottish average (8.7% respectively). The smoking prevalence for boys, for S2 and S4 pupils combined, was also not significantly different than the Scottish average; however, the girls are significantly lower (better) than the Scottish average. For both boys and girls, smoking prevalence has fallen compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different to the Scottish average (24.5% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 30.5%).

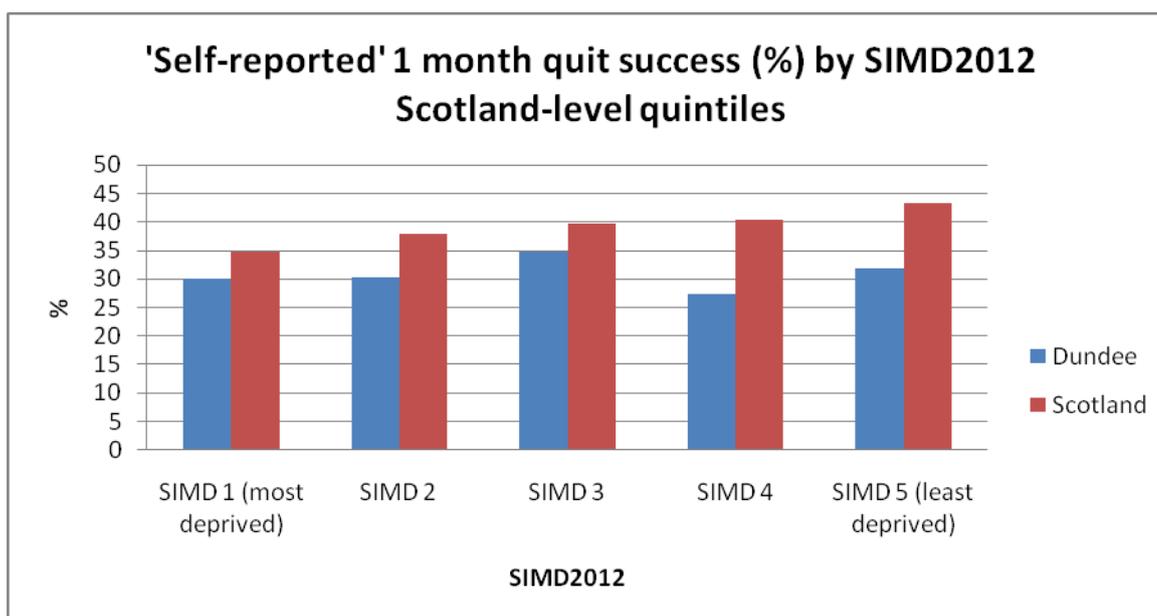
## Smoking cessation

There were 3,382 quit attempts made with the help of NHS smoking cessation services in 2013. This was an 8.9% reduction on 2012, where there were 3,714 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly higher (better) than the Scottish average (10.6% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.2% vs. 3.8%), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one, three and twelve months were significantly lower (worse) than the Scottish average.

The one month quit rates were significantly lower (worse) than the Scotland level outcomes in all deprivation quintiles apart from quintile 3, where the difference was non-significant. The highest one month quit rate is observed in deprivation quintile 3 (34.7%) and the lowest in quintile 4 (27.4%). (See figure below.)



Dispensing of smoking cessation products in Dundee for financial year 2013/14 was significantly higher (better) than the Scottish average (6 daily doses per 1,000 population vs. 5 daily doses per

1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed each financial year since 2007/08, with a marked increase between 2010/11 and 2011/12. However, over the last 3 financial years (2011/12-2013/14), the number of products dispensed has fallen from 8 daily doses per 1,000 population to 6 per 1,000 population. It is possible that this could be related to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 2,900 smoking attributable hospital admissions per 100,000 population in Dundee for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 population was significantly higher (worse) than the Scottish average (358 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Dundee was significantly higher (worse) than the Scottish average (558 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was significantly higher (worse) than the Scottish average (101 vs. 78, respectively). COPD death rates have been increasing gradually since the combined 3-year period 2008-2010, although they have remained relatively stable from 2010-2012 onwards.

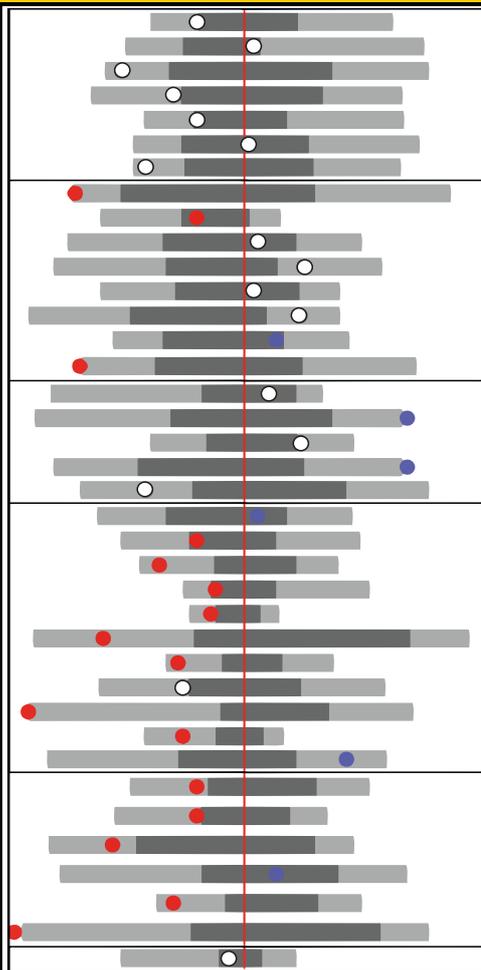
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (158 vs. 133, respectively). Registration rates have remained relatively stable over the last decade, with an increase between 2007-2009 and 2008-2010. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was also significantly higher (worse) than the Scottish average (122 vs. 107 respectively), although rates have been decreasing since 2008-2010.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Dundee population in 2013 was not significantly different from the Scottish average (2.4 vs. 2.2, respectively). This was a slight reduction on the previous year (2.8).

# Dundee City

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	126	25.7	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	44	25.1	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	57	31.9	%	25.3
	4 Smoking prevalence (adults 65+)	2013	22	16.1	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	100	28.2	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	55	24.3	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	71	26.9	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,330	26.2	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	919	37.9	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	238	23.5	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	80	14.7	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	67	11.3	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	25	5.1	%	6.5
	14 Quit attempts from pregnant smokers	2011	360	27.1	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	1,214	23.7	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8
	17 Smoking prevalence in S4 pupils	2013	24	5.5	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	17	4.2	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	12	2.9	%	5.4
	20 Attempts to purchase cigarettes	2013	34	24.5	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	3,382	10.6	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,030	3.2	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,030	30.5	%	37.8
	24 Quit rate at 3 months follow-up	2013	293	8.7	%	11.2
	25 Quit rate at 12 months follow-up	2012	136	3.7	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	583	30.1	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	218	30.4	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	99	34.7	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	71	27.4	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	59	31.9	%	43.3
	31 Availability of Smoking Cessation Products	2013	765	6.2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	538	357.5	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	380	122.3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	306	101.2	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	9,377	2,931.7	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	498	158.0	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,780	557.6	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	301	2.4	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

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**Spine Chart Key:**

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## East Ayrshire

East Ayrshire has an estimated total population of 122,440.

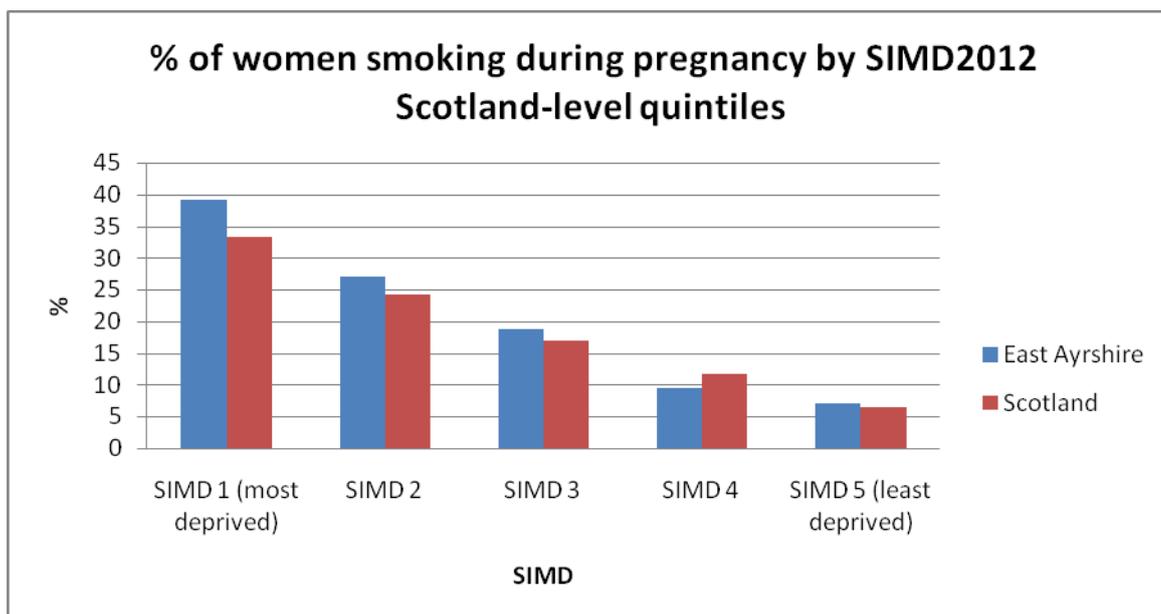
### Adult smoking prevalence

Smoking prevalence among the East Ayrshire adult population (29.8%) for combined survey years 2012/2013 was significantly higher (worse) than the Scottish average (23.0%). However, both sexes and each age grouping were not significantly different from their respective Scottish averages. The adult smoking prevalence has been rising in each 2-year period since 2007-2008, from a low of 25.4% to the current level of 29.8%.

### Smoking during and post pregnancy

East Ayrshire had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (26.5% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 30%, but since the 2007-2009 combined period had stabilised around 27.0%, and remains one of the highest in Scotland. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in East Ayrshire increases as the level of deprivation increases, with those living in the most deprived areas more than 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (16.5%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher in East Ayrshire when compared with the Scottish average (21.9% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. The post-partum smoking rate has remained steady around 22.0% since financial years 2008/09-2010/11.

### Smoking in school children

Smoking prevalence rates, as reported in the 2013 SALSUS survey for both S2 (3.6%) and S4 (9.8%) school pupils in East Ayrshire, was not significantly different from the respective Scottish averages (1.8% and 8.7%, respectively). The same was true for both boys and girls (S2 and S4

pupils combined), where prevalence rates were 6.4% for boys and 6.9% for girls, with respective Scottish prevalence rates of 5.2% and 5.4%. Compared with the 2010 survey, smoking prevalence rates have decreased for S4 pupils and girls, decreased only marginally for boys and increased in S2 pupils.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different from the Scottish average (21.4% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 28.6%).

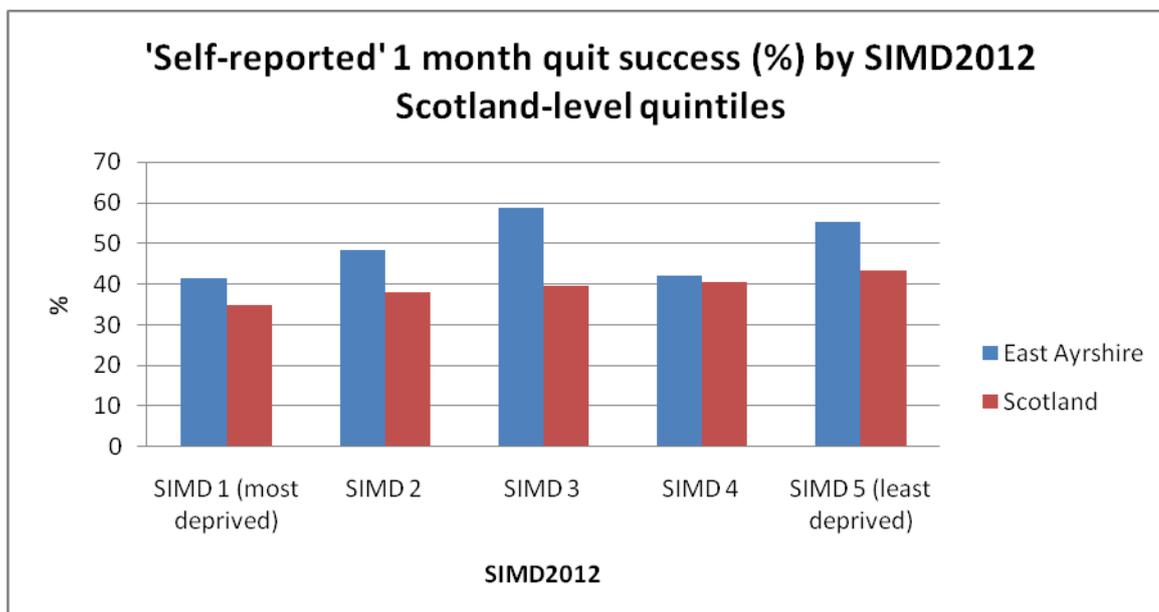
### Smoking cessation

There were 2,211 quit attempts made with the help of NHS smoking cessation services in 2013. This was a reduction on 2012, where there were 2,683 quit attempts. This was the second decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (7.3% vs. 10.1%, respectively). The same was true for the successful one month self-reported (3.4% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one and three months after quit date were significantly higher (better) than the Scottish average; however, quit outcomes twelve months after quit date were not significantly different from the Scottish average.

The one month quit rates were significantly higher (better) than the Scottish average in deprivation groups 1 (most deprived), 2, 3 and 5 (least deprived). The quit rate was 41.4% in the most deprived quintile compared with 55.4% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in East Ayrshire for financial year 2013/14 was significantly higher (better) than the Scottish average (6.8 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation products dispensed each year since financial year 2007/08, with a marked increase between financial years 2010/11 and 2011/12. However, over the last 3 financial years (2011/12-2013/14), the number of products dispensed has remained constant.

### **Smoking attributable deaths and diseases**

There were around 4,800 smoking attributable hospital admissions per 100,000 population in East Ayrshire for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,150 per 100,000 population. However, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was significantly higher (worse) than the Scottish average (362 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in East Ayrshire was significantly higher (worse) than the Scottish average (551 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was also significantly higher (worse) than the Scottish average (97 vs. 78, respectively) and has stayed at a relatively constant rate since 2009-2011 combined years.

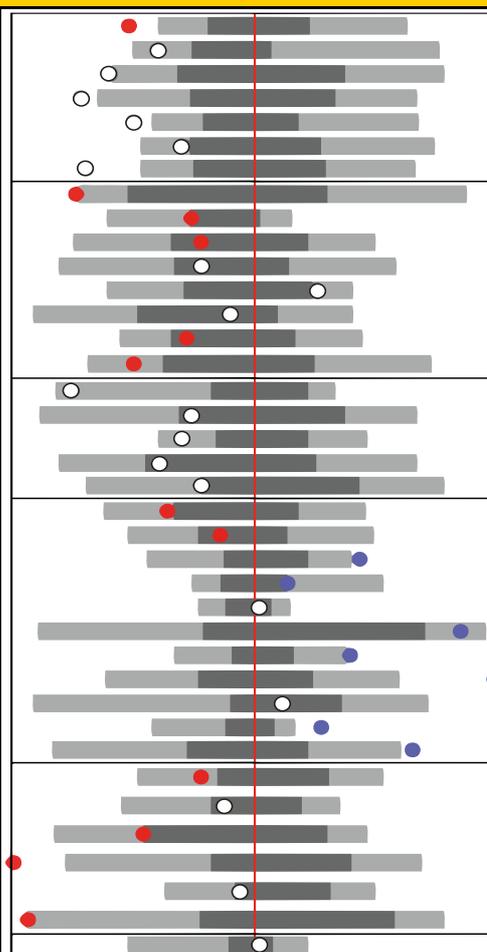
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (139 vs. 133, respectively) and have seen a slight increase since 2008-2010, from 134 per 100,000 population to their current level. The rate of lung cancer deaths per 100,000 population was not significantly different from the Scottish average (116 vs. 107) for 2011-2013 combined years. Lung cancer death rates have fallen slightly since 2007-2009 combined years, from a high of 126 per 100,000 population, although have remained stable since the 2009-2011 combined years.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the East Ayrshire population in 2013 was not significantly different to the Scottish average (both 2.2). This was a slight reduction on the previous year (2.5).

# East Ayrshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	124	29.8 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	36	32.0 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	62	32.9 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	24	20.1 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	97	32.5 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	50	28.8 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	74	30.7 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,001	26.5 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	547	39.2 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	308	27.1 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	73	18.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	46	9.5 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	27	7.2 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	165	16.5 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	863	21.9 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	13	3.6 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	38	9.8 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	23	6.4 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	27	6.9 %	%	5.4
	20 Attempts to purchase cigarettes	2013	59	21.4 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	2,211	7.3 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,028	3.4 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,028	46.5 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	314	14.2 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	157	5.9 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	387	41.4 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	366	48.4 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	146	58.6 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	67	42.1 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	62	55.4 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	683	6.8 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	471	361.6 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	306	116.1 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	259	96.7 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	13,787	4,815.6 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	375	138.7 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,575	550.7 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	222	2.2 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## East Dunbartonshire

East Dunbartonshire has an estimated total population of 105,860.

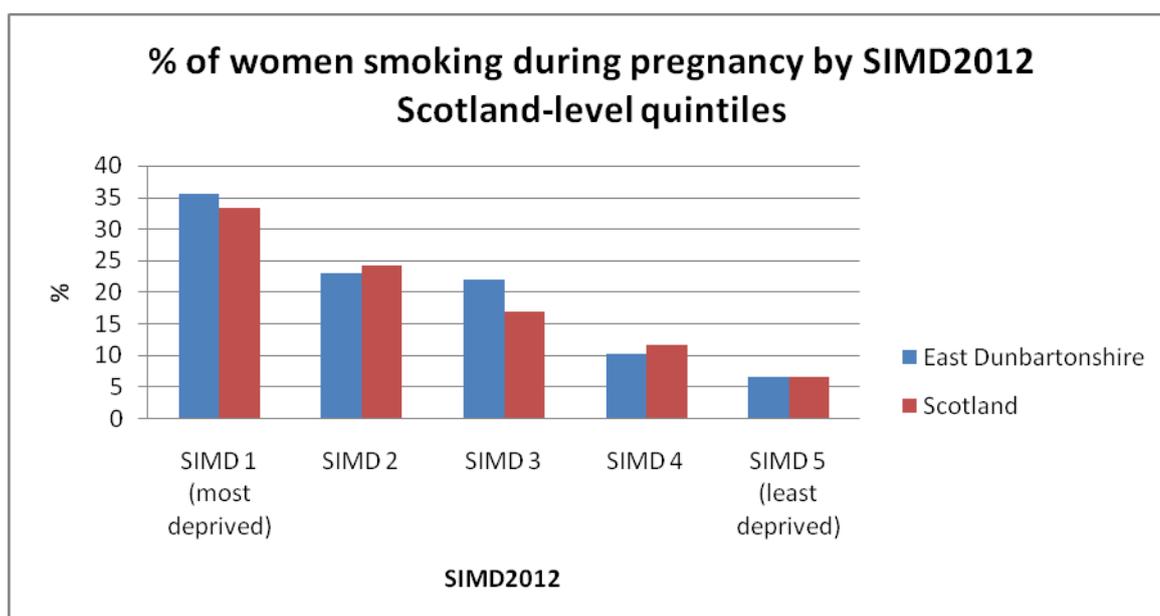
### Adult smoking prevalence

Smoking prevalence among the East Dunbartonshire adult population (9.7%) for combined survey years 2012/2013 was the lowest (best) prevalence in Scotland, significantly better than the Scottish average (23.0%), with both sexes and each age grouping significantly lower than their respective Scottish average and in each case the best in Scotland. The adult smoking prevalence has gradually fallen over time, from 16.4% in 2007/2008 combined surveys to the current level of 9.7% (2012/2013).

### Smoking during and post pregnancy

East Dunbartonshire had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (13.9% and 20.1%, respectively) for the 3-year combined period 2010-2012. Prevalence fell gradually from a high of 18.1% in 2002-2004 combined years to 13.1% in 2009-2011, then increasing to the current level of 13.9%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in East Dunbartonshire increases as the level of deprivation increases, with those living in the most deprived areas at least 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women made a quit attempt (29.0%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates for combined financial years 2010/2011-2012/2013 were significantly lower (better) in East Dunbartonshire when compared with the Scottish average (9.6% vs. 16.9%). Post-partum smoking rates in East Dunbartonshire have seen a slight decrease since financial year 2008/09-2010/11, from 10.9% to their current level of 9.6%.

### Smoking in school children

Smoking prevalence rates, as reported in the 2013 SALSUS survey for S2 and S4 (7.9%) pupils, were not significantly different to their respective Scottish averages (1.8% and 8.7%). The smoking prevalence rates for boys and girls were similar to the Scottish average (5.1% and 5.2%

respectively). In both cases this refers to S2 and S4 pupils combined. In all groups, prevalence rates have declined compared with the 2010 survey, with particularly large falls in girls and S4 pupils between the 2006 and 2010 surveys; however, none significantly so.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, were not significantly different than the Scottish average (20.1% vs. 18.2%, respectively). There has been a 5% drop in purchase attempts since the 2010 survey (25.1%).

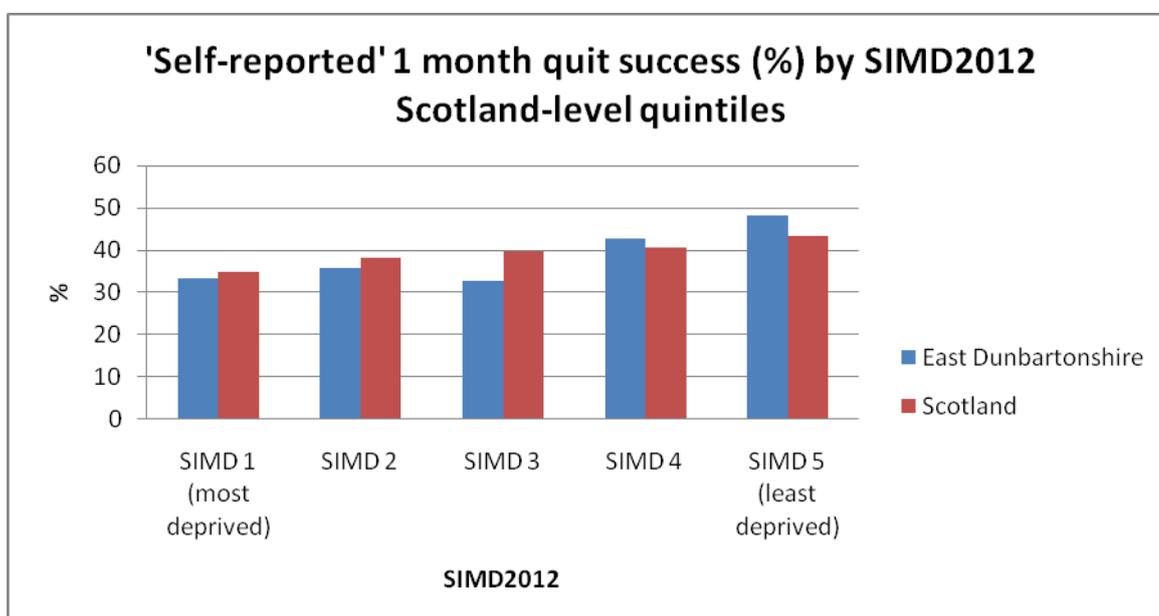
### Smoking cessation

There were 1,529 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 14.9% reduction on 2012, where there were 1,797 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (18.0% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (7.8% vs. 3.8%, respectively), both the best in Scotland.

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month after quit date were not significantly different from the Scottish average, while quit outcomes at three months and twelve months after quit date were significantly worse and significantly better than their respective Scottish averages.

The one month quit rates in quintile 3 were significantly lower (worse) but the others vary on either side of the Scottish average, with all other quintiles being not significantly different from their respective Scottish averages. The quit rate is 33.2% in the most deprived quintile compared with 48.0% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in East Dunbartonshire for financial year 2013/14 was significantly lower than the Scottish average (2.8 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08 to 2011/12 (1.9 to 4.4, respectively). However, over the last 2 financial years (2012/2013 and 2013/14), the number of products dispensed has fallen. This may be linked to the decline in quit attempts described above.

### Smoking attributable deaths and diseases

There were around 2,000 smoking attributable hospital admissions per 100,000 population in East Dunbartonshire for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. The rate of smoking attributable deaths per 100,000 was also significantly lower (better) than the Scottish average (185 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in East Dunbartonshire was significantly lower (better) than the Scottish average (221 vs. 391, respectively). This was the lowest rate in Scotland. The number of deaths per 100,000 from COPD was also significantly lower (better) than the Scottish average (50 vs. 78, respectively) and, after decreasing from a high of 70 per 100,000 over the last decade, the rate has stayed relatively constant since 2008-2010.

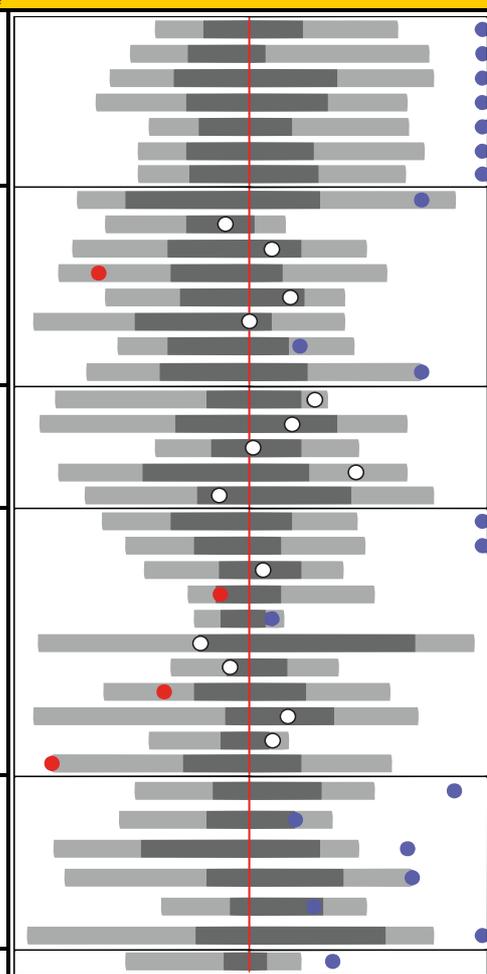
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (110 vs. 133 respectively). Lung cancer registration rates in East Dunbartonshire have been gradually rising since 2009, from a low of 97 per 100,000. The rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was also significantly lower than the Scottish average (92 vs. 107). Lung cancer death rates have increased between 2008-2010 and 2010-2012, but dropped slightly to the current level.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the East Dunbartonshire population in 2013 was significantly lower (better) than the Scottish average (1.2 vs. 2.2, respectively). This was similar to previous years.

# East Dunbartonshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	49	9.7 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	12	10.1 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	29	12.8 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	6	3.6 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	39	11.6 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	25	11.0 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	24	8.5 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	321	13.9 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	60	35.5 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	102	23.0 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	48	21.9 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	40	10.1 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	71	6.6 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	93	29.0 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	260	9.6 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	31	7.9 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	19	5.1 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	15	3.8 %	%	5.4
	20 Attempts to purchase cigarettes	2013	42	20.1 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,529	18.0 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	596	7.0 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	596	39.0 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	131	8.6 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	123	6.8 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	67	33.2 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	187	35.8 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	64	32.7 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	109	42.6 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	169	48.0 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	243	2.8 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	234	185.0 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	239	92.1 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	111	49.6 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	5,282	1,978.6 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	293	109.7 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	583	221.2 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	103	1.2 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## East Lothian

East Lothian has an estimated total population of 101,360.

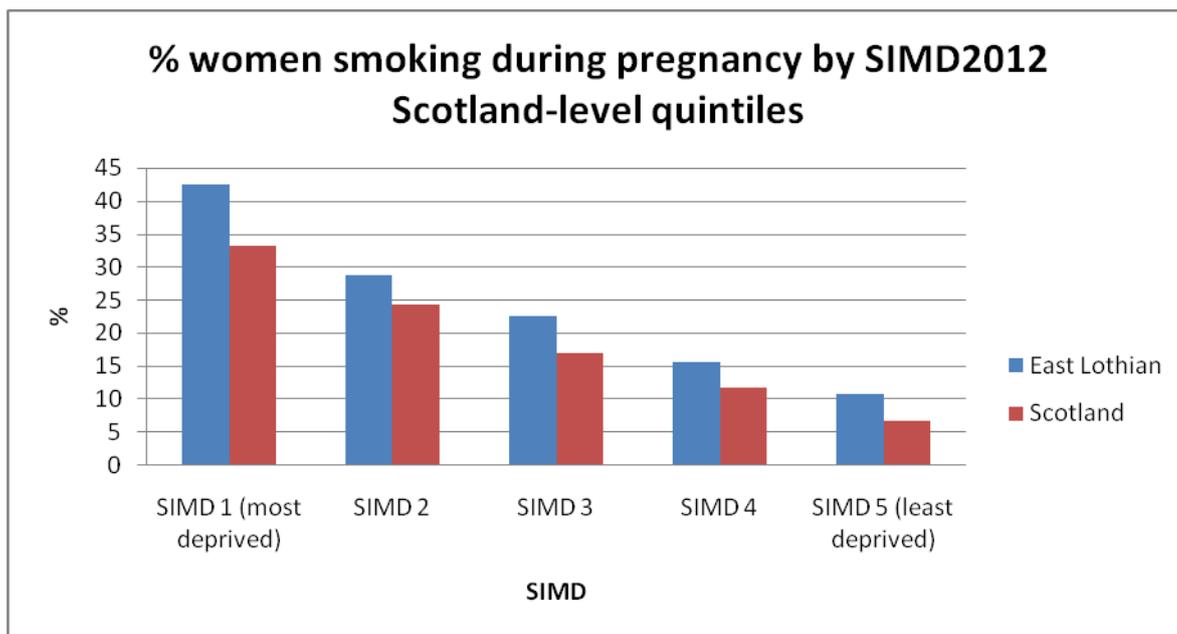
### Adult smoking prevalence

Smoking prevalence among the East Lothian adult population (19.1%) for combined survey years 2012/2013 was not significantly different compared with the Scottish average (23.0%), with both sexes and each age grouping not significantly different from their respective Scottish averages. The adult smoking prevalence has varied over time - currently being at the lowest level (19.1%) and at its highest of 22.0% in 2005/2006 combined surveys.

### Smoking during and post pregnancy

East Lothian had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (22.3% and 20.1%, respectively) for the 3-year combined period 2010-2012. Rates increased sharply in between the 3-year periods 2007-2009 and 2009-2011, with a slight drop since. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in East Lothian increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (14.6%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in East Lothian when compared with the Scottish average (17.1% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Since 2008/09, there has been a slight decline in post-partum smoking rates in East Lothian.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey, for S2 and S4 (9.5%) school pupils in East Lothian, were not significantly different to the Scottish average (1.8% and 8.7%, respectively). The smoking prevalence for both boys and girls (6.4% and 4.8%), for S2 and S4 pupils combined were not significantly different than the Scottish average (5.2% and

5.4%). Male prevalence remains on a constant level; however, female prevalence has reduced from 11.2% in the 2006 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, were not significantly different than the Scottish average (16.6% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 27%).

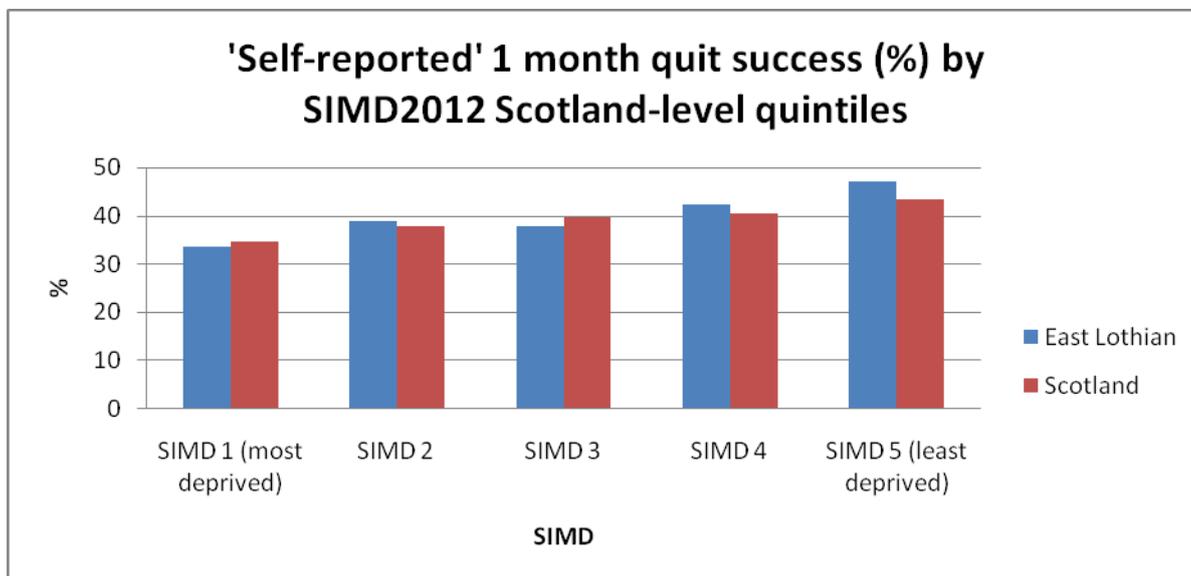
### Smoking cessation

There were 1,695 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 4.7% increase on 2012, where there were 1,616 quit attempts. This is contrary to the trend seen at the Scotland level where, for the first time in recent years, there has been a decrease, which could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012), was significantly higher (better) than the Scottish average (10.7% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (4.3% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month after quit date were not significantly different from the Scottish average. However, quit outcomes at three (8.4%) and twelve months (3.7%) were significantly lower (worse) than the Scottish average (11.2% and 5.6%, respectively).

The one month quit rates were not significantly different from the Scottish average in any deprivation quintiles. The quit rate was 33.7% in the most deprived compared with 47.1% in the least deprived quintile (see figure below).



The rate of dispensing of smoking cessation products in East Lothian for financial year 2013/14 was not significantly different from the Scottish average (both 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed each financial year since 2007/08. However, over the last 3 years (2011/12 to 2013/14), the number of products dispensed has been decreasing.

### Smoking attributable deaths and diseases

There were around 2,700 smoking attributable hospital admissions per 100,000 population in East Lothian for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 population was significantly lower (better) than the Scottish average (277 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in East Lothian was significantly lower (better) than the Scottish average (334 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was significantly lower (better) than the Scottish average (64 vs. 78, respectively) and has fluctuated over the last decade with the highest rate in 2006-2008 combined years (89) and lowest in 2010-2012 combined years (57).

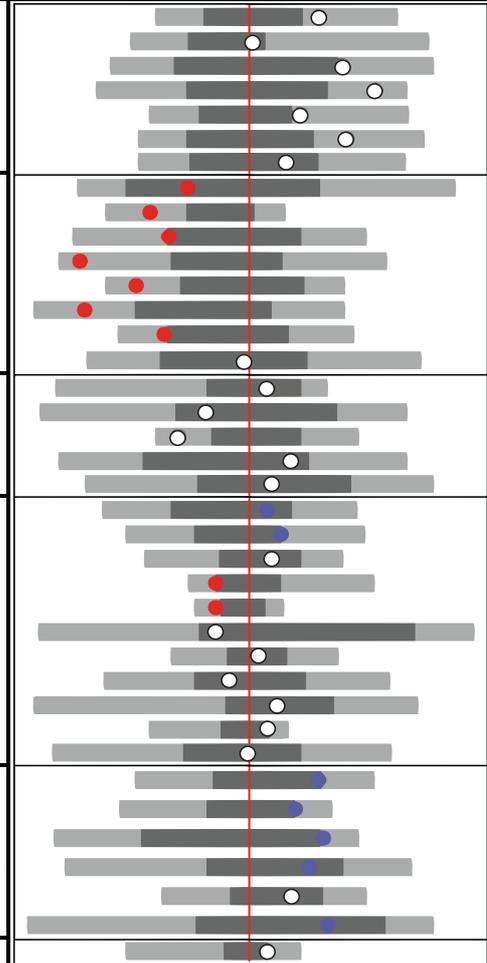
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different compared with the Scottish average (119 vs. 133, respectively). However, the rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly lower (better) than the Scottish average (93 vs. 107 respectively). After a period of stability, lung cancer death rates have been declining since 2009-2011, from a high of 105 per 100,000 population.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the East Lothian population in 2013 was not significantly different from the Scottish average (2.0 vs. 2.2, respectively). This was a slight reduction on the previous year (2.2).

## East Lothian

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	90	19.1 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	26	25.4 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	46	20.2 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	11	8.1 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	74	22.4 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	42	18.8 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	48	19.4 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	536	22.3 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	83	42.6 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	186	28.7 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	133	22.5 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	99	15.5 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	35	10.7 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	78	14.6 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	568	17.1 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	29	9.5 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	19	6.4 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	15	4.8 %	%	5.4
	20 Attempts to purchase cigarettes	2013	36	16.6 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,695	10.7 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	671	4.3 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	671	39.6 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	143	8.4 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	59	3.7 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	56	33.7 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	215	38.8 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	171	37.9 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	155	42.2 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	74	47.1 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	412	5.0	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	307	276.5	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	219	92.5	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	140	64.8	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	6,406	2,720.5	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	280	118.8	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	773	333.6	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	167	2.0	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## East Renfrewshire

East Renfrewshire has an estimated total population of 91,500.

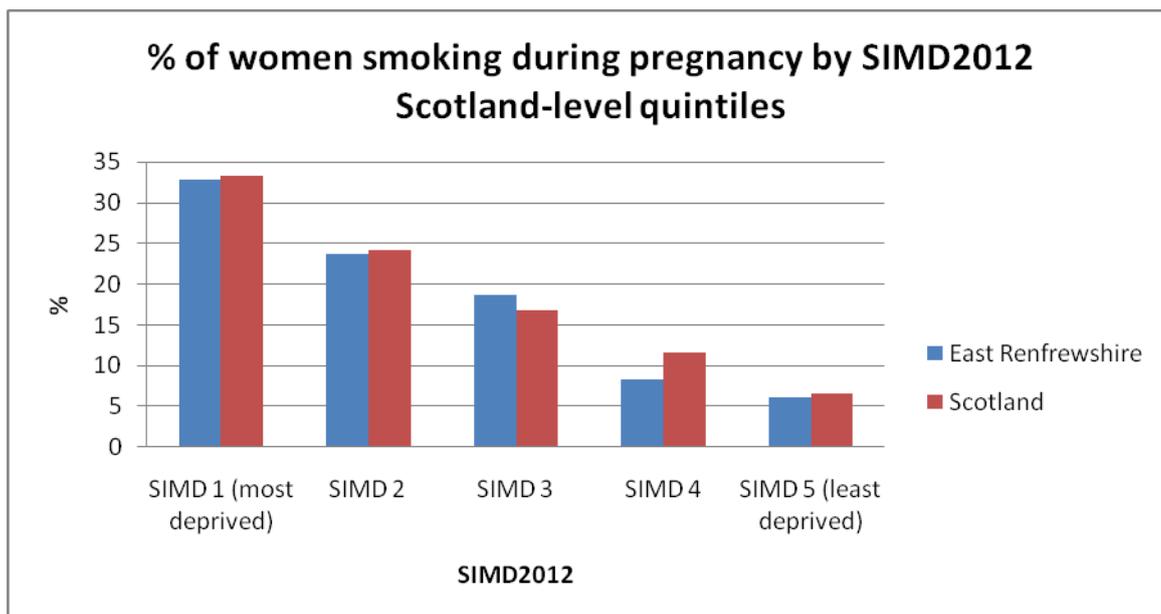
### Adult smoking prevalence

Smoking prevalence among the East Renfrewshire adult population (11.0%) for combined survey years 2012/2013 was significantly lower (better) than the Scottish average (23.0%), with both sexes and each age grouping significantly exceeding their respective Scottish averages. The adult smoking prevalence has varied over time (lowest 11.0% in 2012/2013 combined surveys and highest 19.0% in 2007/2008 combined surveys).

### Smoking during and post pregnancy

East Renfrewshire had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (11.8% and 20.1%, respectively) for the 3-year combined period 2010/2012; this is also the lowest within Scotland. This has remained constant over the last decade. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in East Renfrewshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, slightly fewer pregnant women made a quit attempt (20.8%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates for combined financial years 2010/11-2012/13 were significantly lower in East Renfrewshire when compared with the Scottish average (7.0% vs. 16.9%, respectively). Since 2009, the rate has remained constant and was the lowest in Scotland for 2010/11-2012/13.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 and S4 (7.3%) school pupils in East Renfrewshire, was not significantly different to the Scottish average (1.8% and 8.7 respectively). The smoking prevalence for boys was significantly lower

(better) than the Scottish average (3.3% and 5.2%, respectively); however smoking prevalence for girls was not significantly different. In both cases this refers to S2 and S4 pupils combined.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than that of the Scottish average (22.2% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 31.0%).

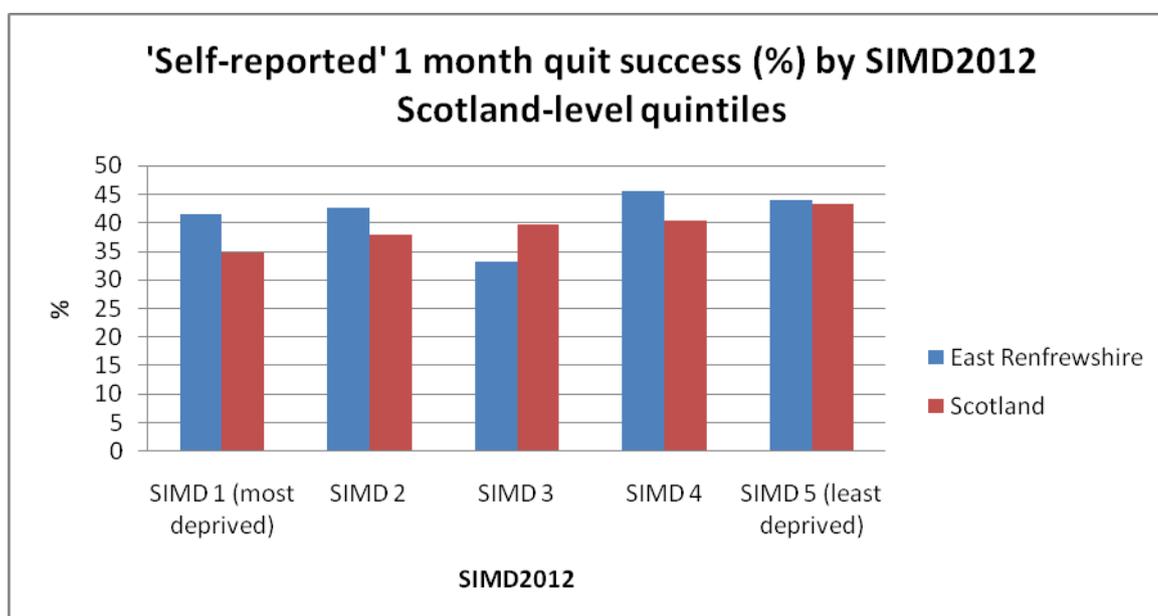
### Smoking cessation

There were 1,104 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 12.3% reduction on 2012, where there were 1,259 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (13.7% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (5.7% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) vary in comparison with the Scottish average - significantly higher (better) than the Scottish average at one month, significantly worse at three months and not significantly different at twelve months.

The one month quit rates in the most deprived quintile was significantly higher (better) than the Scottish average. However, the differences compared with the Scottish average were non-significant in all other groups. The quit rate is 41.4% in the most deprived quintile compared with 44.0% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in East Renfrewshire for financial year 2013/14 was significantly lower (worse) than the Scottish average (2.3 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population, respectively), and was the lowest rate of dispensing in Scotland. There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08 to a high of 4.1 daily doses per 1,000. However, this was followed by a decrease in each of the next 2 financial years (2012/13 and 2013/14).

### Smoking attributable deaths and diseases

There were around 2,700 smoking attributable hospital admissions per 100,000 population in East Renfrewshire for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. This may, however, reflect a high recording of diagnostic information in hospital systems in East Renfrewshire. The rate of smoking attributable deaths per 100,000 was significantly lower (better) than the Scottish average (225 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in East Renfrewshire was significantly lower (better) than the Scottish average (261 vs. 391, respectively; however, please note coding comment above). The number of deaths per 100,000 from COPD was also statistically lower (better) than the Scottish average (61 vs. 78, respectively). The COPD death rate over the time period 2003-2005 to 2011-2013 has increased from 49 to 61 per 100,000 population.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (116 vs. 133, respectively); however, they have increased from 108 per 100,000 in 2009-2011. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was 91 vs. 107 for the Scottish average, hence it was significantly lower (better) than the Scotland average. The rate of lung cancer deaths over the time period 2003-2005 to 2011-2013 has dropped from 106 to 91 per 100,000 population.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the East Renfrewshire population in 2013 was significantly lower (better) than the Scottish average (1.4 vs. 2.2, respectively) but not significantly so. This was similar to the previous two years.

# East Renfrewshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	51	11.0 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	9	10.1 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	31	14.1 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	10	6.2 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	38	12.4 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	22	11.1 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	29	10.9 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	274	11.8 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	74	32.7 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	52	23.7 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	38	18.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	31	8.4 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	79	6.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	57	20.8 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	175	7.0 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	30	7.3 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	13	3.3 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	20	4.9 %	%	5.4
	20 Attempts to purchase cigarettes	2013	46	22.2 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,104	13.7 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	464	5.7 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	464	42.0 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	89	8.1 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	84	6.7 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	99	41.4 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	82	42.5 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	46	33.1 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	77	45.6 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	160	44.0 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	172	2.3 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	227	225.1 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	176	90.7 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	114	61.2 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	5,676	2,663.5 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	244	116.4 sr3	sr3	133.3
37 COPD incidence <sup>2,15</sup>	2012	552	260.9 sr3	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	100	1.4 cr2	cr2	2.2

**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# City of Edinburgh

City of Edinburgh has an estimated total population of 487,500.

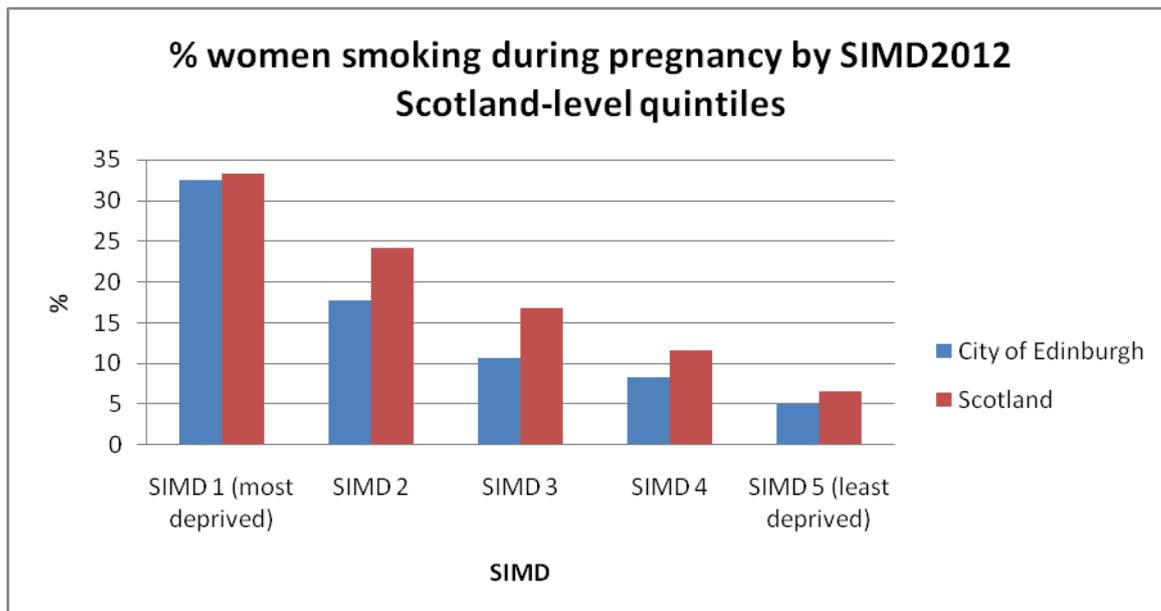
## Adult smoking prevalence

Smoking prevalence among the City of Edinburgh adult population (19.7%) for combined survey years 2012/2013 was significantly lower (better) than the Scottish average (23.0%), with age groupings 16-39, 40-64 and 16-64 also being significantly lower (better) than their Scottish averages. In all other groups the differences were non-significant compared with the Scottish averages. Over time, the adult smoking prevalence has dropped from 21.8% (2005/2006 combined surveys) to its current level (2012/2013 combined surveys).

## Smoking during and post pregnancy

City of Edinburgh had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (13.6% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has increased since 2008-2010 combined, when the prevalence was around 10%, to its current level of 13.6%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in City of Edinburgh increases as the level of deprivation increases, with those living in the most deprived areas approximately 6 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (16.2%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly lower in the City of Edinburgh when compared with the Scottish average (12% vs. 17%, respectively) for financial year period 2010/11-2012/13. There has been a small reduction in post-partum smoking in the City of Edinburgh since 2008/09-2010/11, from 13.2% to the current level.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 (1.3%) school pupils in the City of Edinburgh, was not significantly different to the Scottish average (1.8%); however, S4 (6.0%) school pupils in the City of Edinburgh were significantly lower (better) than the Scottish average (8.7%). The smoking prevalence for both boys and girls, were also significantly lower (better) than the Scottish average. In both cases this refers to S2 and S4 pupils combined. Male prevalence has reduced from 6.8% in the 2006 survey to 3.8% in the 2013 survey, and female prevalence has reduced from 10.5% in the 2006 survey to 3.6% in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than the Scottish average (18.8% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 25.5%).

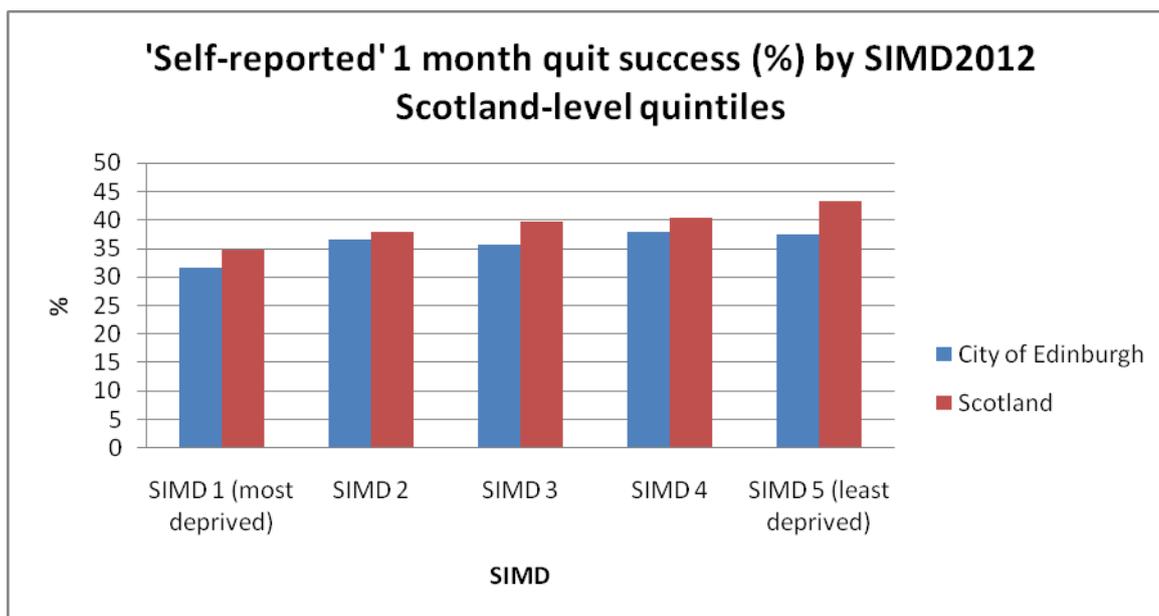
### Smoking cessation

There were 6,456 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 5.1% increase on 2012, where there were 6,145 quit attempts. This was contrary to the trend seen at the Scotland level where for the first time in recent years there has been a decrease, which could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (7.9% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (2.8% vs. 3.8%), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were significantly lower (worse) than the Scottish average.

The one month quit outcomes were significantly lower (worse) than the Scotland average in quintiles 1 (most deprived), 3 and 5 (least deprived). The quit rate is 31.5% in the most deprived quintile compared with 37.4% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in the City of Edinburgh for financial year 2013/14 was significantly lower (worse) than the Scottish average (4.0 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population, respectively). There has been a consistent increase in the

number of smoking cessation products dispensed since financial year 2007/08. However, over the last financial year, the number of products dispensed has decreased.

### **Smoking attributable deaths and diseases**

There were around 2,700 smoking attributable hospital admissions per 100,000 population in the City of Edinburgh for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was significantly lower (better) than the Scottish average (293 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in the City of Edinburgh was significantly lower (better) than the Scottish average (337 vs. 391, respectively, however, please note coding comment above). The number of deaths per 100,000 population from COPD was significantly lower (better) than the Scottish average (67 vs. 78, respectively). COPD death rates dropped from a high of 84 in the 2003-2005 combined years to a low of 65 in 2012-2013 combined years, increasing to its current level in the last time period (2011-2013).

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different compared with the Scottish average (137 vs. 133, respectively). The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was also not significantly different from the Scottish average (both approximately 107 per 100,000). Lung cancer death rates have fallen since 2009-2011, although have remained relatively stable since.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the City of Edinburgh population in 2013 was not significantly different compared with the Scottish average (2.3 vs. 2.2, respectively). This was a slight reduction on the previous year (2.7).

## City of Edinburgh

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	289	19.7 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	127	20.7 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	109	21.1 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	47	13.9 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	236	20.9 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	144	20.5 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	145	19.0 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	2,316	13.6 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1,034	32.5 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	461	17.8 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	313	10.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	215	8.3 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	291	5.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	375	16.2 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	1,972	11.9 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	16	1.3 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	80	6.0 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	46	3.8 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	50	3.6 %	%	5.4
	20 Attempts to purchase cigarettes	2013	127	18.8 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	6,456	7.9 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	2,272	2.8 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	2,272	35.2 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	600	9.3 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	247	4.0 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	609	31.5 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	512	36.6 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	411	35.6 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	313	38.0 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	427	37.4 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	1,648	4.0 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,267	292.7 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	974	107.4 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	603	67.9 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	26,063	2,755.0 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	1,230	137.4 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	3,168	337.3 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	962	2.3 cr2	cr2	2.2

### Notes:

2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent  
 cr2 = crude rate per 1,000 population  
 sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Falkirk

Falkirk has an estimated total population of 157,140.

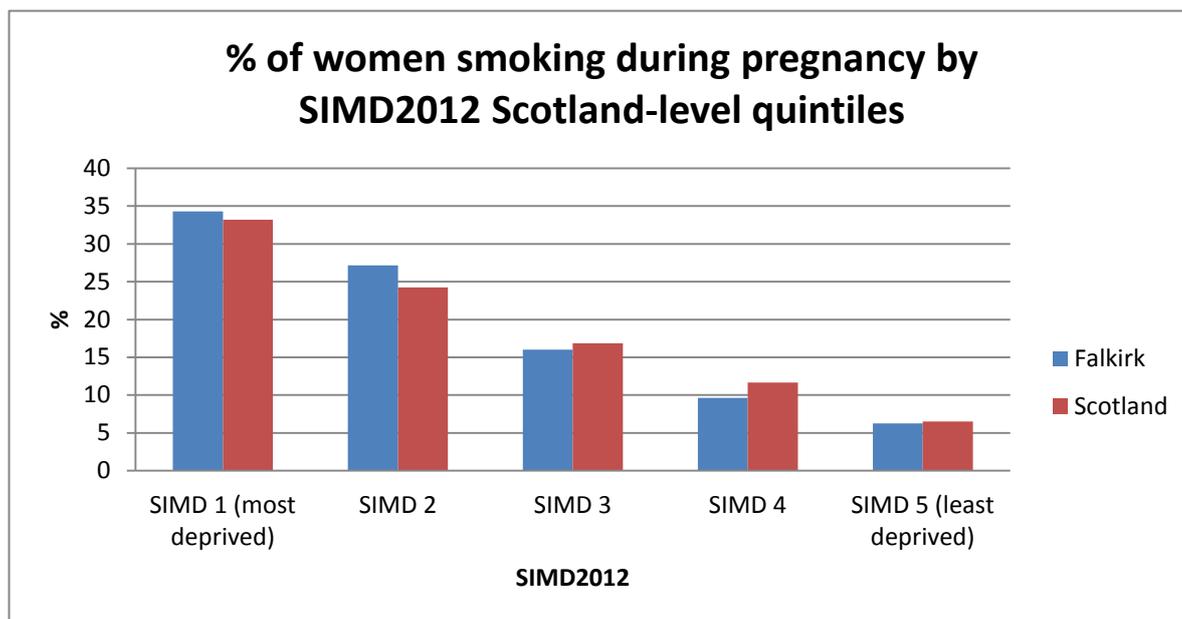
## Adult smoking prevalence

Smoking prevalence among the Falkirk adult population (19.9%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). This was also true of both sexes and all age groupings, with none being significantly different from their respective Scottish averages. The adult smoking prevalence has fallen over time, from a high of 30.3% in 2007/08 combined surveys to the current level of 19.9% in 2012/13.

## Smoking during and post pregnancy

Falkirk had a similar percentage of women smoking during pregnancy for the 3-year combined period 2010-2012 when compared with the Scottish average (19.6% vs. 20.1%, respectively), a difference which was not statistically significant. Prevalence has fallen in the early 2000s from a high of 25.8% in 2002-2004 to 19.6% in 2010-2012. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Falkirk increases as the level of deprivation increases, with those living in the most deprived areas at least 5.5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (13.3%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates for financial combined year period 2010/11-2012/13 were not significantly different in Falkirk when compared with the Scottish average (17.8% vs. 16.9%). The rate has decreased from the first recorded time period 2008/09-2010/11 (18.7%) to its current level (17.8%).

## Smoking in school children

Smoking prevalence, as reported in the 2013 SALSUS survey for S4 pupils (13.2%) and girls (S2 and S4 pupils combined) (9.1%), were significantly higher (worse) than their respective Scottish averages (8.7% and 5.4%, respectively); however, for S2 pupils and boys (S2 and S4 pupils

combined), the prevalence was not significantly different than the Scottish average. Compared with the 2010 survey, smoking prevalence rates decreased in S2 pupils and boys, but increased for girls and marginally increased in S4 pupils.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly higher (worse) than the Scottish average (23.6% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 26.7%).

### Smoking cessation

There were 1,909 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 28.8% reduction from 2012 where there were 2,682 quit attempts. This was the most recent decrease seen, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (7.5% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.2% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) at one month after quit date were significantly higher (better) than the Scottish average; however, at three and twelve months, they were significantly lower (worse) than their respective Scottish averages.

The one month quit rates were significantly higher (better) than the Scottish average for deprivation quintiles 1 (most deprived), 2 and 4, but were not significantly different from the Scottish average for quintiles 3 and 5 (least deprived). The quit rate was 42.4% in the most deprived quintile compared with 45.9% in the least deprived quintile (see figure below). This does not, however, follow the linear pattern of the national trend from the most to the least deprived quintiles.



Dispensing of smoking cessation products in Falkirk for financial year 2013/14 were statistically no different from the Scottish average (5.0 daily doses per 1,000 vs. 5.0 daily doses per 1,000). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08 (4.0) to 2012/13 (6.7). However, over the last year, the number of products dispensed has fallen. This may be linked to the fall in quit attempts described above.

## **Smoking attributable deaths and diseases**

There were around 2,200 smoking attributable hospital admissions per 100,000 population in Falkirk for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the high recording of diagnostic information in hospital systems. The rate of smoking attributable deaths per 100,000 was not significantly different than the Scottish average (341 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Falkirk was not significantly different from the Scottish average (400 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was significantly higher (worse) than the Scottish average (97.0 vs. 78, respectively), but have been consistently decreasing since 2006-2007 from a high of 122.7 per 100,000 to its current level.

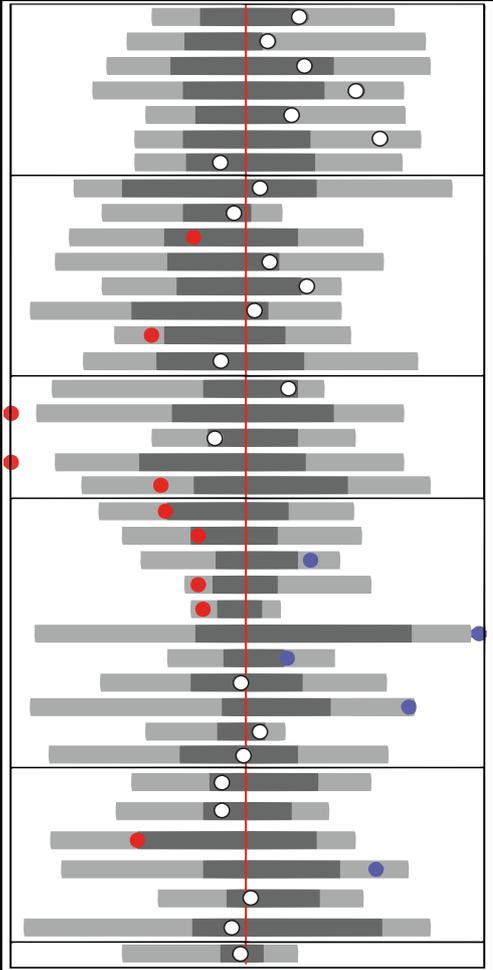
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (132.0 vs. 133.3, respectively). They have slightly increased since 2006-2008, but have decreased from a high of 141 per 100,000 in 2009-2011 to its current level in 2010-2012. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years were not significantly different from the Scottish average (115 vs. 107). Lung cancer death rates have gradually increased from a low of 108 per 100,000 in 2008-2010 to its current level of 115 in 2011-2013.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Falkirk population in 2013 was similar to the Scottish average (2.3 vs. 2.2, respectively) and was not statistically different. This was a reduction from 2012, when rates were 2.4 per 1,000.

# Falkirk

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	96	19.9 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	28	24.0 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	51	22.0 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	11	8.5 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	79	22.8 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	37	16.7 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	59	22.9 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	989	19.6 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	318	34.3 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	377	27.1 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	150	16.0 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	88	9.6 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	55	6.2 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	132	13.3 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	936	17.8 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	64	13.2 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	27	5.7 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	44	9.1 %	%	5.4
	20 Attempts to purchase cigarettes	2013	84	23.6 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,909	7.5 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	826	3.2 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	826	43.3 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	130	6.8 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	79	3.0 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	218	42.4 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	282	42.9 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	134	39.2 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	120	50.4 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	72	45.9 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	640	5.0 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	514	340.5 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	362	114.8 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	293	97.0 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	7,530	2,208.7 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	440	132.0 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,351	400.3 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	299	2.3 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Glasgow City

Glasgow City has an estimated total population of 596,550.

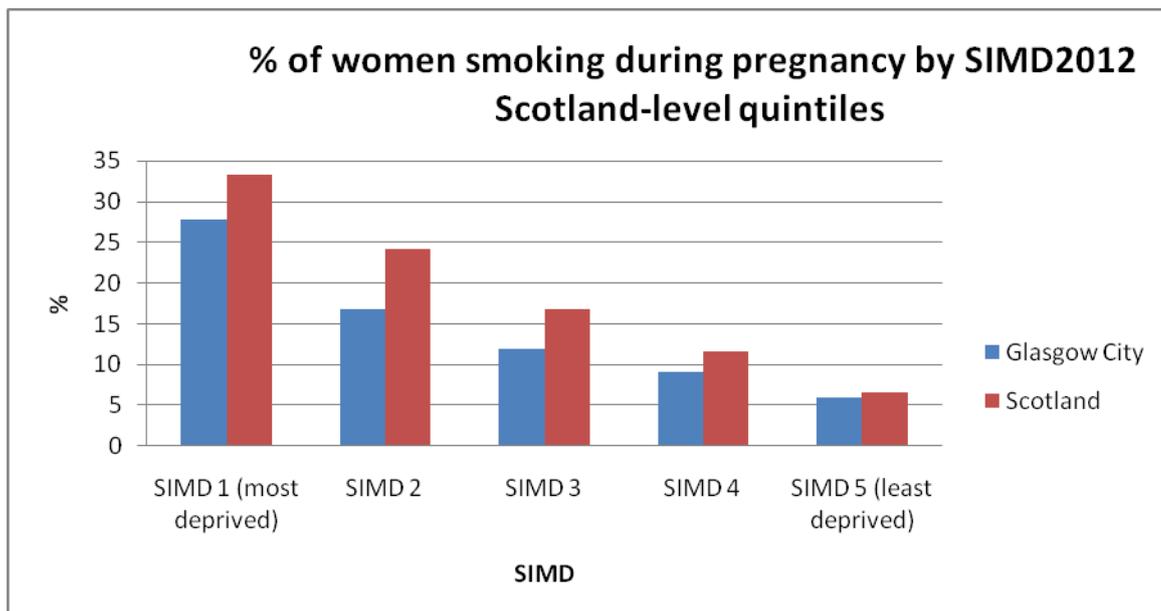
## Adult smoking prevalence

Smoking prevalence among the Glasgow City adult population (27.9%) for combined survey years 2012/2013 was significantly higher (worse) than the Scottish average (23.0%). Smoking prevalence rates were significantly higher (worse) than the Scottish average for both sexes and all age groups, except for the age group 16-39, where prevalence was not significantly different from the Scottish average. Smoking prevalence rates in the adult population have fallen over time, from a high of 31.9% in the 2007/08 combined surveys.

## Smoking during and post pregnancy

The percentage of women smoking during pregnancy in Glasgow City for the 3-year combined period 2010-20, was not significantly different when compared with the Scottish average (20.5% and 20.1% respectively). Prevalence has fallen sharply in the last decade, from a high of 31.4% in 2002-2004, although has remained largely stable since 2008-2010. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Glasgow City increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Significantly more pregnant women made a quit attempt (29%) with the help of NHS smoking cessation services compared with the Scottish average (24%).

Post-partum smoking rates for combined financial years 2010/11-2012/13 were significantly lower (better) in Glasgow City when compared with the Scottish average (15.2% vs. 16.9%, respectively). Post-partum smoking rates in Glasgow City have seen a continual decrease since financial year period 2008/09-2009/10, from a high of 17.6% to their current level.

## Smoking in school children

Smoking prevalence rates, as reported in the 2013 SALSUS survey for S2 pupils (2.3%), were not

significantly different compared with the Scottish average (1.8%), while prevalence rates in S4 pupils were significantly lower than the Scottish average (7.3% vs. 8.7%, respectively). The smoking prevalence rate for boys (S2 and S4 combined) was similar to the Scottish average (5.2%), while the equivalent rate for girls was lower than the Scottish average (5.4%). In all groups, prevalence rates have declined compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly higher (worse) than the Scottish average (25.6% vs. 18.2%, respectively). However, purchase attempts have fallen compared with the 2010 survey, from 33.0% to their current level.

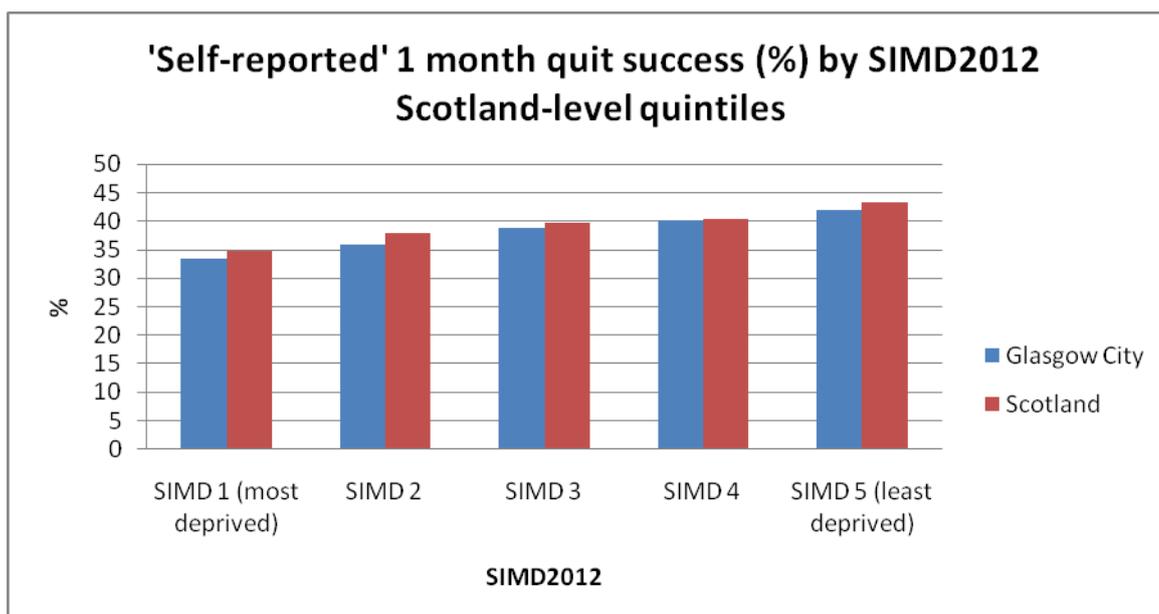
### Smoking cessation

There were 17,273 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 13.8% reduction on 2012, where there were 20,046 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (12.4% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (4.3% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one and three months were significantly worse than the Scottish average, while twelve month quit outcomes were not significantly different compared with the Scottish average.

The one month quit rates were significantly lower (worse) than the Scottish average in deprivation quintiles 1 (most deprived) and 2, while quintiles 3,4 and 5 (least deprived) were not significantly different to the Scottish average. The quit rate was 33.3% in the most deprived quintile compared with 41.9% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in Glasgow City for financial year 2013/14 was significantly higher (better) than the Scottish average (5.5 daily doses per 1,000 population vs. 5 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, the number of products dispensed has shown a sharp fall each financial year since 2011/12, which may be linked to the

decline in quit attempts described above, as well as the increased use of e-cigarettes as an alternative.

### **Smoking attributable deaths and diseases**

There were around 4,100 smoking attributable hospital admissions per 100,000 population in Glasgow City for the combined 3-year period 2011-2013. This was significantly higher than the Scottish average of approx 3,100 per 100,000 population. The rate of smoking attributable deaths per 100,000 was significantly higher (worse) than the Scottish average (484 vs. 325, respectively). However, this may reflect a high recording of diagnostic information in hospital systems in Glasgow City.

Over the same time period, the COPD incidence rate per 100,000 in Glasgow City was significantly higher (worse) than the Scottish average (553 vs. 391 respectively). The number of deaths per 100,000 from COPD was also significantly higher (worse) than the Scottish average (119 vs. 78, respectively). Rates have decreased since 2003-2005 (132 per 100,000 population); however, they have risen again in the current period (2011-2013).

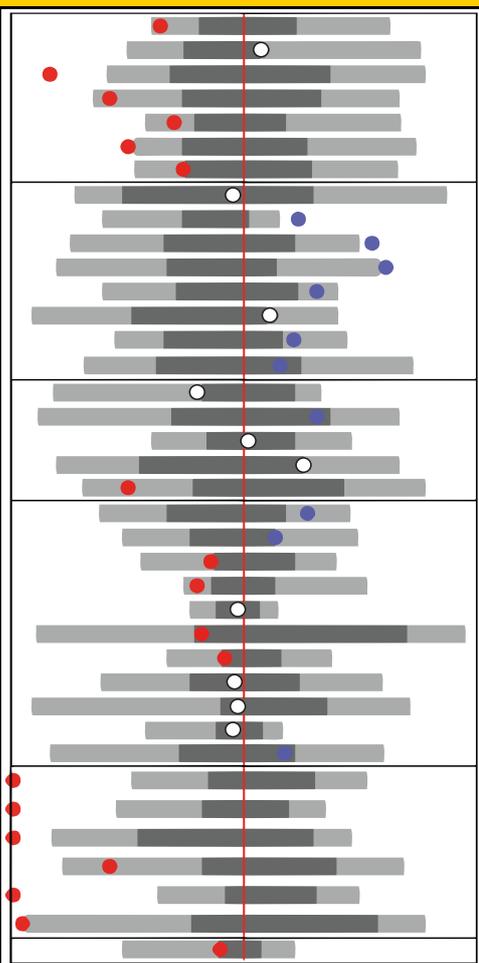
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (218 vs. 133 respectively). Lung cancer registration rates in Glasgow City have increased slightly over the last decade, although have remained constant since 2009-2011. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was also significantly higher (worse) than the Scottish average (181 vs. 107), which is currently the highest in Scotland. Lung cancer death rates have varied over time, reaching a peak of 195 per 100,000 in 2006-2008 and a low of 173 per 100,000 in 2010-2012.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Glasgow City population in 2013 was significantly higher (worse) than the Scottish average (2.5 vs. 2.2, respectively). This was a slight fall compared with 2012, where the rate was 2.7 per 1,000 population.

# Glasgow City

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	508	27.9 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	166	24.5 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	265	35.9 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	77	18.8 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	420	29.7 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	253	31.3 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	251	24.8 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	3,958	20.5 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	2,865	27.8 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	563	16.8 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	276	11.9 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	171	9.1 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	83	5.9 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	1,144	28.9 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	3,334	15.2 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	36	2.3 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	117	7.3 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	84	5.1 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	69	4.5 %	%	5.4
	20 Attempts to purchase cigarettes	2013	212	25.6 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	17,273	12.4 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	6,000	4.3 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	6,000	34.7 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	1,223	7.1 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	1,068	5.3 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	3,914	33.3 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	1,008	35.9 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	556	38.8 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	350	40.1 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	172	41.9 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	2,741	5.5 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	2,419	484.3 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	1,902	180.5 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	1,276	119.4 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	46,617	4,128.7 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	2,324	218.4 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	6,200	553.3 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	1,269	2.5 cr2	cr2	2.2



**Notes:**

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**Key:**

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**Spine Chart Key:**

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- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Inverclyde

Inverclyde has an estimated total population of 80,310.

## Adult smoking prevalence

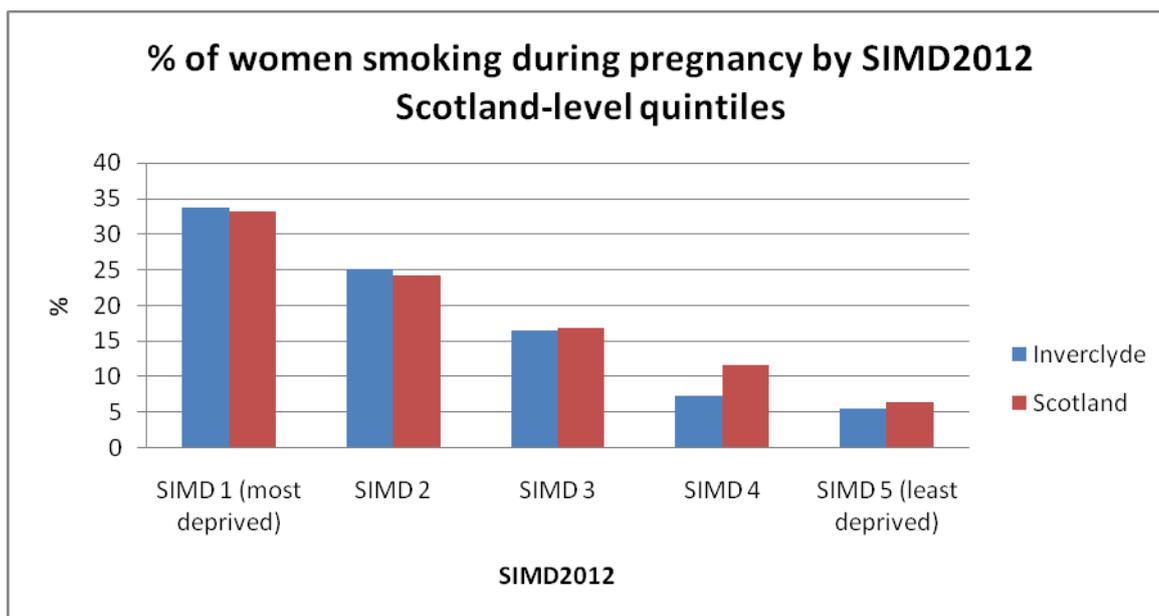
Smoking prevalence among the Inverclyde adult population (27.6%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping being not statistically different from their respective Scottish averages.

Smoking prevalence in Inverclyde has varied over time, with a low of 24.6% in combined survey years 2007/08 and a high of 30.9% in 2009/10 combined survey years.

## Smoking during and post pregnancy

Inverclyde has a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (24.5% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 28%, but since combined years 2007-2009 has stabilised around 24%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Inverclyde increases as the level of deprivation increases, with those living in the most deprived areas 6 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women made a quit attempt (29.9%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates for combined financial years 2010/11-2012/13 were significantly higher (worse) in Inverclyde when compared with the Scottish average (21% vs. 17%). Since 2008/09-2010/12, there has been a steady rate of around 21%.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 and S4 (9.8%) school pupils in Inverclyde, was not significantly different from the Scottish average. The same was true for both boys (6.4%) and girls (4.8%), (with Scottish rates of 5.2% and 5.4%, respectively). In both cases this refers to S2 and S4 pupils combined. In all groups, smoking

prevalence has reduced between the 2006 and 2013 surveys, with the largest reductions between the 2006 and 2010 surveys.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly higher (worse) than the Scottish average (32.4% vs. 18.2%, respectively). There has been a drop in prevalence from 35.8% since the 2010 survey.

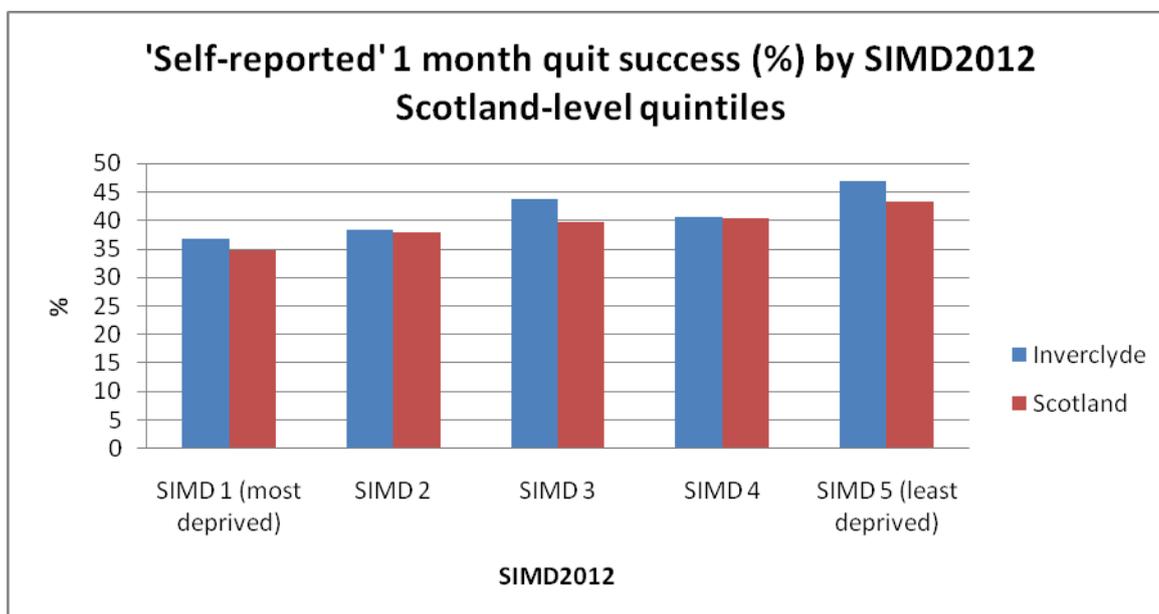
### Smoking cessation

There were 1,819 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 23.7% reduction on 2012, where there were 2,383 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was not significantly different from the Scottish average (9.8 vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.8% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one and twelve months after quit date were not significantly different from the Scottish average. However, at three months, they were significantly lower (worse) at 5.5% vs. Scottish average of 11.2%, again as a % of total estimated adult smoking population (SHoS, 2012).

The one month quit rates in all deprivation groups were not significantly different from the respective Scottish averages. The quit rate was 36.7% in quintile 1 (most deprived) compared with 46.8% in quintile 5 (least deprived). (See figure below.)



Dispensing of smoking cessation products in Inverclyde for financial year 2013/14 was not significantly different to Scottish average (both 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2008/09, with a marked increase between 2010/11 and 2011/12. However, at each financial year since, the number of products dispensed has steadily declined. This may be linked to the fall in quit attempts described above.

## **Smoking attributable deaths and diseases**

There were around 2,700 smoking attributable hospital admissions per 100,000 population in Inverclyde for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect a recording of diagnostic information in hospital systems in Inverclyde. The rate of smoking attributable deaths per 100,000 population was not significantly different than the Scottish average (383 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Inverclyde was not significantly different from the Scottish average (393 vs. 391, respectively). The number of deaths per 100,000 from COPD was significantly higher (worse) than the Scottish average (110 vs. 78, respectively) and has been increasing steadily since 2006-2008.

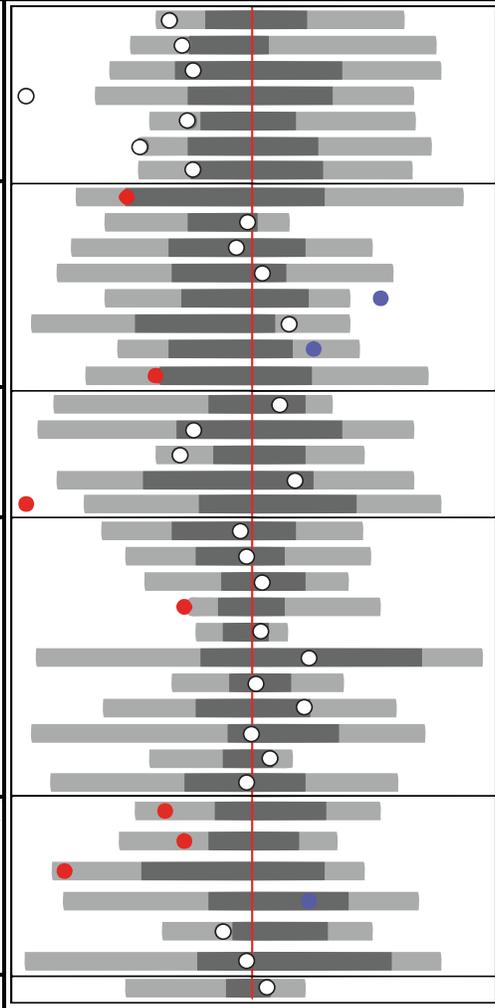
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (143 vs. 133, respectively), and have remained relatively constant over each period since 2008-2010. The rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was significantly higher (worse) than the Scottish average (127 vs. 107 respectively) and an increase on 2010-2012 rate. Over the time period 2003-2005 to 2011-2013, the rate has dropped from 148 per 100,000 population to the current level.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Inverclyde population in 2013 was not significantly different from the Scottish average (2.1 vs. 2.2, respectively). This was a slight reduction on the previous year (2.3).

# Inverclyde

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	147	27.6 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	40	30.2 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	66	28.2 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	37	22.2 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	107	29.1 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	75	30.8 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	71	24.7 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	555	24.5 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	394	33.7 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	84	25.2 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	44	16.5 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	22	7.4 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	11	5.6 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	166	29.9 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	485	20.8 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	24	9.8 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	16	6.4 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	12	4.8 %	%	5.4
	20 Attempts to purchase cigarettes	2013	45	32.4 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,819	9.8 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	698	3.8 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	698	38.4 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	100	5.5 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	146	6.1 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	421	36.7 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	100	38.3 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	82	43.6 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	58	40.6 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	37	46.8 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	333	5	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	326	383.3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	225	127.5	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	180	109.9	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	5,293	2,740.6	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	266	143.3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	748	393.2	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	139	2.1	cr2	2.2



**Notes:**

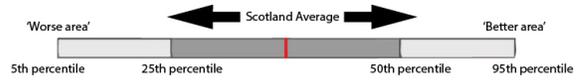
- 2. Three-year combined number, and three-year average annual measure
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**Key:**

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**Spine Chart Key:**

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## Midlothian

Midlothian has an estimated total population of 84,700.

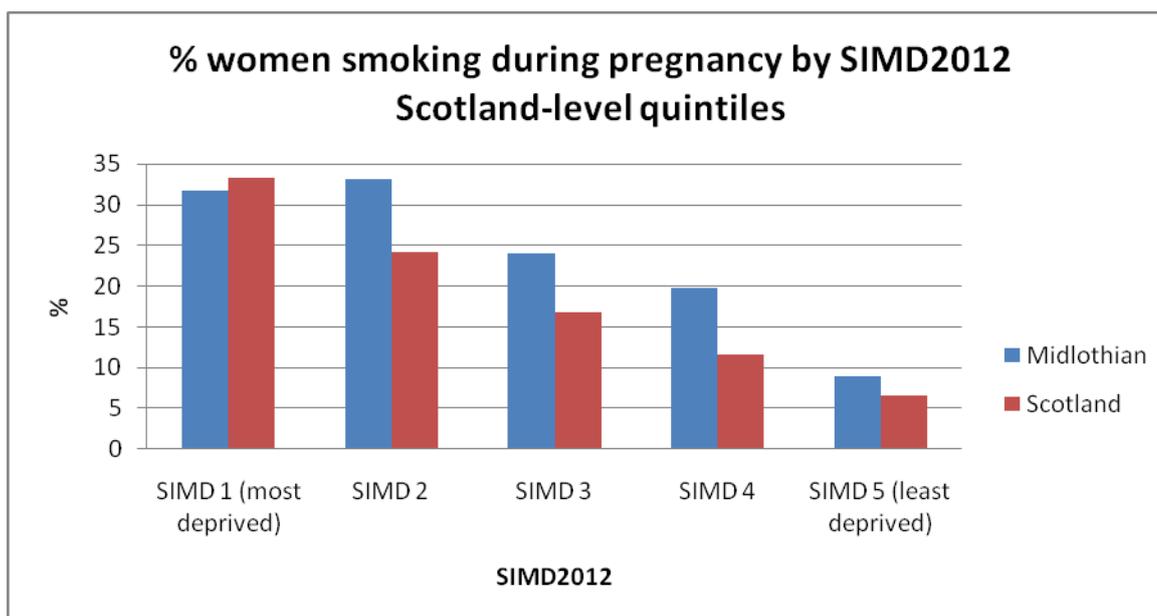
### Adult smoking prevalence

Smoking prevalence amongst the Midlothian adult population (25.4%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping being not significantly different from their respective Scottish averages. The adult smoking prevalence has been around 25% over time; however, in 2007/2008 combined surveys, it increased to 28%.

### Smoking during and post pregnancy

Midlothian had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (26.1% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has increased since the early 2000s when the prevalence was around 17%, but, since 2010, has stabilised around 26%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Midlothian increases as the level of deprivation increases. However, the highest percentage is in the second most deprived area (33.1%). Those living in the most deprived areas are approximately 3 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (19.3%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher in Midlothian when compared with the Scottish average (21% vs. 17%, respectively) for financial year period 2010/11-2012/13. However, since financial year 2009/10, the rate of post-partum smoking has remained constant.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 and S4 (6.5%) school pupils in Midlothian, was not significantly different from the Scottish average (1.8% and 8.7% respectively). The smoking prevalence for girls, for S2 and S4 pupils combined, was not significantly different to the Scottish average (5.4%). However, the smoking prevalence for boys, with S2 and S4 pupils combined, was significantly lower (better) than the Scottish average

(5.2%). Female prevalence has reduced from 19.2% in the 2006 survey to 4.9% in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different to the Scottish average (15.3% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 21%).

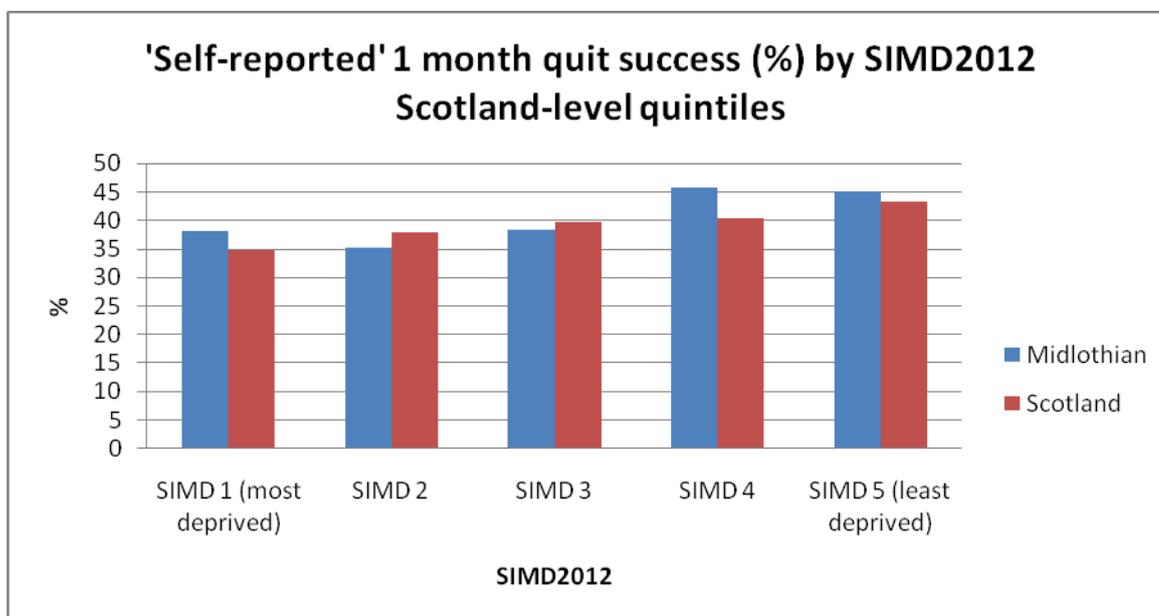
### Smoking cessation

There were 1,874 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 3.8% increase on 2012, where there were 1,805 quit attempts. This was contrary to the trend seen at the Scotland level where for the first time in recent years there has been a decrease, which could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (10.8% vs. 10.1, respectively). The same was true for the successful one month self-reported quits (4.1% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at three (9.0%) and twelve months (3.9%) after quit date were significantly lower (worse) than the Scottish average (11.2% and 5.6%, respectively); however, at one month they were not significantly different from the Scottish average.

The one month quit rates in all deprivation quintiles were not significantly different compared with the Scottish average. The quit rate was 38.2% in the most deprived group compared with 45.2% in the least deprived group (see figure below).



Dispensing of smoking cessation products in Midlothian for financial year 2013/14 was significantly higher (better) than the Scottish average (6 daily doses per 1,000 population vs. 5 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed each financial year since 2007/08. However, over the last 2 financial years (2012/13-2013/14), the number of products dispensed has been falling.

## **Smoking attributable deaths and diseases**

There were around 3,300 smoking attributable hospital admissions per 100,000 of the population in Midlothian for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,150 per 100,000 population; however, this may reflect the high recording of diagnostic information in hospital systems. The rate of smoking attributable deaths per 100,000 was not significantly different to the Scottish average (360 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Midlothian was significantly higher (worse) than the Scottish average (444 vs. 391, respectively, however, please note coding comment above). The number of deaths per 100,000 from COPD was not significantly different from the Scottish average (86 vs. 78, respectively). Over time, the rate has dropped to its current level (78) from 128 in 2003-2005 combined years.

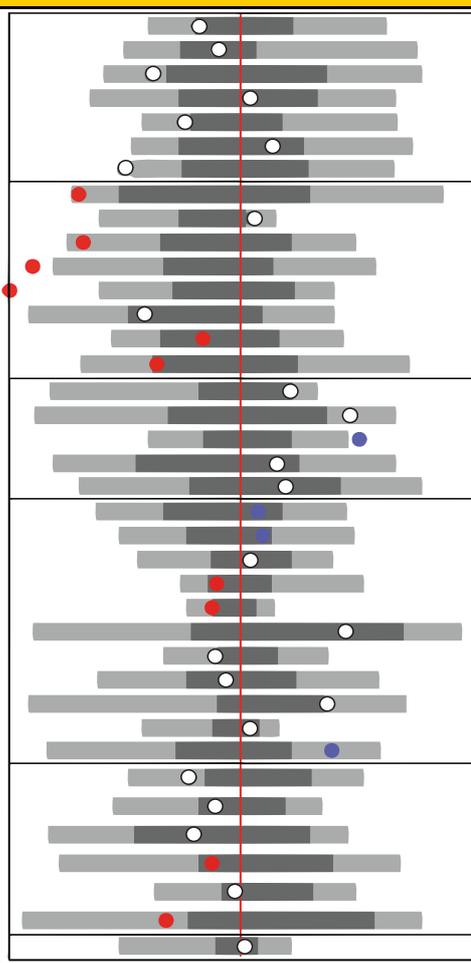
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (135 vs. 133, respectively), and have been decreasing since 2008-2010. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different from the Scottish average (114 vs. 107 respectively), with rates showing a decrease over the last decade, from a high of 152 in 2004-2006.

## **Retailer Information**

The rate of tobacco retailers per 1,000 of the population available to the Midlothian population in 2013 was not significantly different from the Scottish average (both 2.2 per 1,000). This was a slight reduction on the previous year (2.4).

# Midlothian

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	113	25.4	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	32	27.3	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	55	30	%	25.3
	4 Smoking prevalence (adults 65+)	2013	19	12.9	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	86	28.8	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	45	22.6	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	69	28	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	622	26.1	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	114	31.7	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	292	33.1	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	111	24	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	81	19.8	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	24	9	%	6.5
	14 Quit attempts from pregnant smokers	2011	120	19.3	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	611	20.5	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8
	17 Smoking prevalence in S4 pupils	2013	20	6.5	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013			%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	14	4.9	%	5.4
	20 Attempts to purchase cigarettes	2013	26	15.3	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,874	10.8	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	722	4.1	%	3.8
	23 Quit rate at 1 month follow-up	2013	722	38.5	%	37.8
	24 Quit rate at 3 months follow-up	2013	169	9	%	11.2
	25 Quit rate at 12 months follow-up	2012	71	3.9	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	120	38.2	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	281	35.2	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	141	38.4	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	110	45.8	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	70	45.2	%	43.3
	31 Availability of Smoking Cessation Products	2013	414	6	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	306	360.6	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	196	114	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	143	86	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	6,266	3,336.5	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	251	134.9	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	823	444.1	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	149	2.2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Moray

Moray has an estimated total population of 94,350.

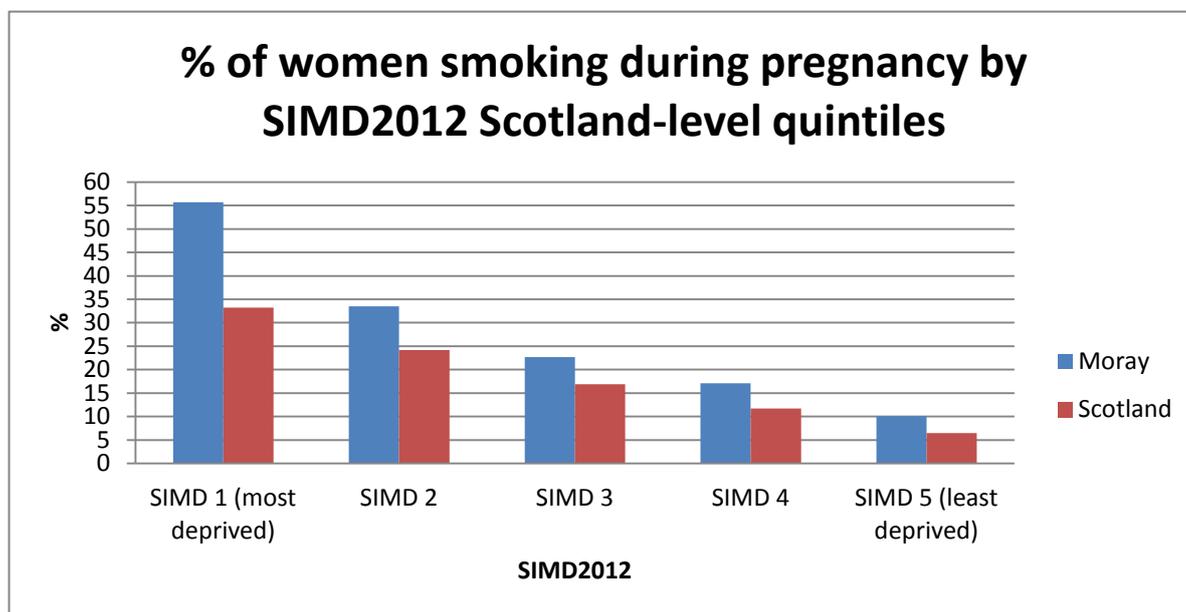
## Adult smoking prevalence

Smoking prevalence among the Moray adult population (23.1%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping being non-significantly different from their respective Scottish averages. After consistently increasing in the three previous combined survey year timeframes (2005/2006 onwards), the adult smoking prevalence in Moray has seen its first decrease from a high of 28.2% in 2009/2010 to its current level (2012/13) of 23.1%.

## Smoking during and post pregnancy

Moray had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (22.1% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was 25.7% (2002-2004), but between 2006-2008 and 2009-2010 has been stabilised around 23% with a slight decline to its current level of 22.1% in the most recent timeframe of 2010-2013. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Moray increases as the level of deprivation increases, with those living in the most deprived areas approximately 5.5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below). The prevalence in each of the deprivation quintiles is significantly worse than each of the corresponding Scottish national averages, with the most deprived quintile the worst in Scotland.



Additionally, significantly fewer pregnant women made a quit attempt (12.3%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates in Moray were not significantly different from the Scottish average (17.7% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Since 2008/09-2010/2011, post-partum smoking rates have fallen from 20.7%, but since 2009/10-2011/12, have remained stable at around 18%.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 and S4 (9.7%) school pupils in Moray, was not significantly different than the Scottish average (1.8% and 8.7% respectively). In S2 and S4 pupils combined, smoking prevalence rates were significantly higher (worse) in girls compared with the Scottish average (8.6% vs. 5.4%), while prevalence rates for boys were not significantly different than the Scottish average (3.8% and 5.2% respectively). In all groups, prevalence rates have declined compared with the 2010 survey, with noticeable falls in boys and S4 pupils.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly lower (better) than the Scottish average (6.6% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 9.5%).

## Smoking cessation

There were 1,392 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 9.7% reduction from 2012, where there were 1,546 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (7.8% vs. 10.1%, respectively). Whereas the successful one month self-reported quits was not significantly different to the Scottish average (3.6% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one and three months after quit date were significantly higher (better) than the Scottish averages, while quit outcomes after twelve months were not significantly different from the Scottish average.

The one month quit rates were significantly higher (better) than the Scottish average for deprivation quintiles 2, 3 and 4, although they differ non-significantly from the Scottish average for quintiles 1 and 5. The quit rate was 39.5% in the most deprived compared with 42.9% in the least deprived quintile (see figure below). As the three middle quintiles have the highest quit rates, this does not follow the linear pattern of the national trend of increasing quit rates from the most to the least deprived quintiles.



Dispensing of smoking cessation products in Moray for financial year 2013/14 was significantly lower (worse) than the Scottish average (4.3 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed from financial year 2007/08, with a marked increase until 2011/12, after which a decline set in, particularly between 2012/13 and 2013/14. However, over the last year, the number of products dispensed has fallen. This may be linked to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 3,900 smoking attributable hospital admissions per 100,000 population in Moray for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was significantly lower (better) when compared with the Scottish average (288 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in Moray was significantly lower (better) than the Scottish average (328 vs. 391, respectively) (however, please note coding comment above). The number of deaths per 100,000 from COPD was also significantly lower (better) than the Scottish average (64 vs. 78, respectively), which could be the result of a sharp decline in COPD deaths (from 73 to 64) between 2010-2012 and 2011-2013.

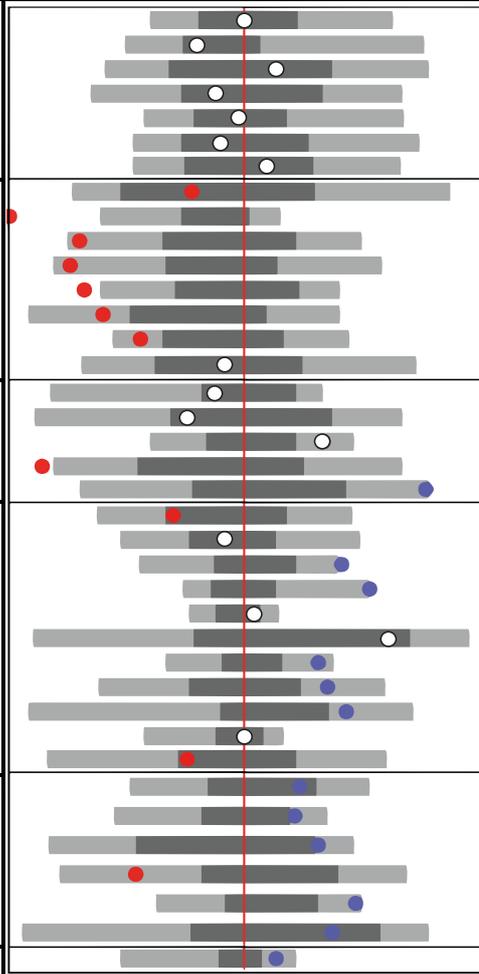
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (93 vs. 133, respectively) and have been consistently decreasing since 2008-2010 from 109 per 100,000 to their current level. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years were also significantly lower (better) than the Scottish average (91 vs. 107), showing a noticeable decline since 2010-2012).

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Moray population in 2013 was significantly lower (better) than the Scottish average (1.8 vs. 2.2, respectively). This was a reduction from 2012, when rates were 2.9 per 1,000.

# Moray

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	112	23.1 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	41	28.8 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	48	23.5 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	20	14.3 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	90	25.8 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	56	26 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	55	20.3 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	577	22.1 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	34	55.7 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	136	33.5 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	245	22.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	131	17.1 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	31	10.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	71	12.3 %	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	434	17.7 %	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8
	17 Smoking prevalence in S4 pupils	2013	34	9.7 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	13	3.8 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	28	8.6 %	%	5.4
	20 Attempts to purchase cigarettes	2013	17	6.6 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,392	7.8 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	641	3.6 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	641	46.1 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	310	22.3 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	95	6.1 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	15	39.5 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	117	46.3 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	267	46.4 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	203	46.8 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	39	42.9 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	337	4.3	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	299	288.1	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	189	90.8	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	125	64.4	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	8,874	3,926.0	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	206	93	sr3	133.3
37 COPD incidence <sup>2,15</sup>	2012	738	328.1	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	142	1.8	cr2	2.2



**Notes:**

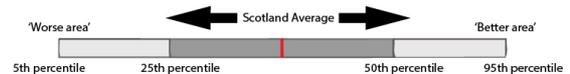
- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## North Ayrshire

North Ayrshire has an estimated total population of 136,920.

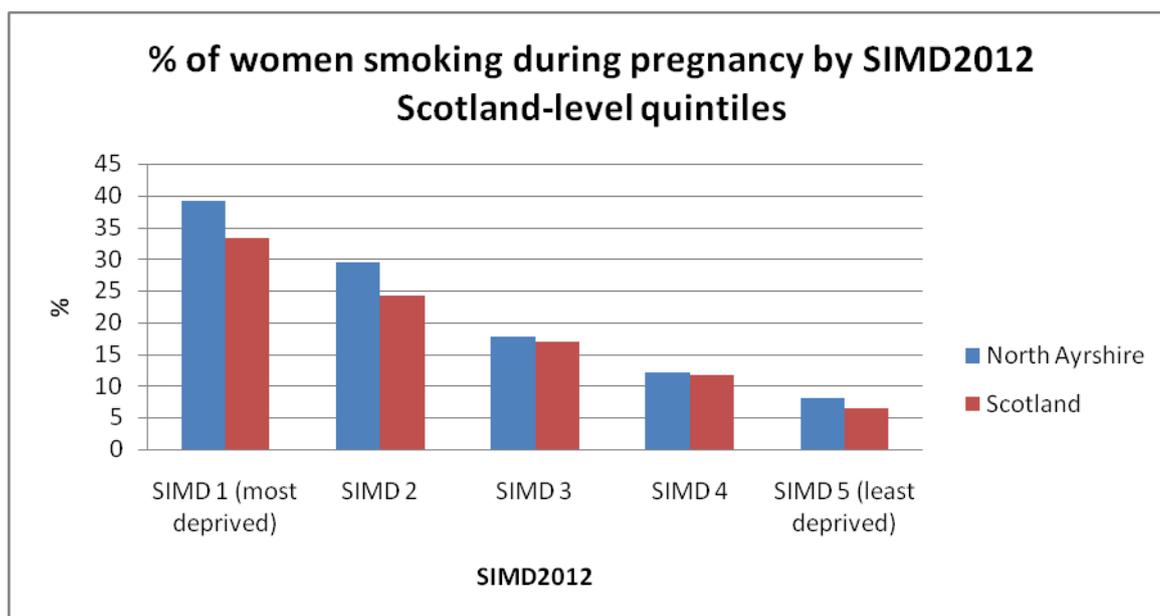
### Adult smoking prevalence

Smoking prevalence among the North Ayrshire adult population (28.8%) for combined survey years 2012/2013 was significantly higher (worse) than the Scottish average (23.0%). Females and age group 16-64 were also significantly higher (worse) than their respective Scottish averages. The adult smoking prevalence has varied over time (lowest 23.9% in 2009/2010 combined surveys and highest 31.1% in 2007/2008 combined surveys).

### Smoking during and post- pregnancy

North Ayrshire had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (28.6% vs. 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 32.0%, but since 2008 has stabilised around 29.0%, and remains the highest in Scotland. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in North Ayrshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (12.5%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher in North Ayrshire when compared with the Scottish average (24.0% vs. 16.9%) for financial year period 2010/11-2012/13. Since financial years 2008/09-2010/11 combined, post-partum smoking rates have remained constant at around 24.0%.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 (2.8%) and S4 (11.2%) school pupils in North Ayrshire, was not significantly different from the Scottish average (1.8% and 8.7%, respectively). The smoking prevalence for S2 and S4 pupils combined was significantly higher (worse) than the Scottish average for girls but not significantly different for boys. In both groups, however, smoking prevalence rates have fallen from the 2010 survey, from 10.6% (2010) to 8.3% (2013) for girls and from 7.5% (2010) to 5.9% (2013) for boys.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different from Scottish average (18.8% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 23.5%).

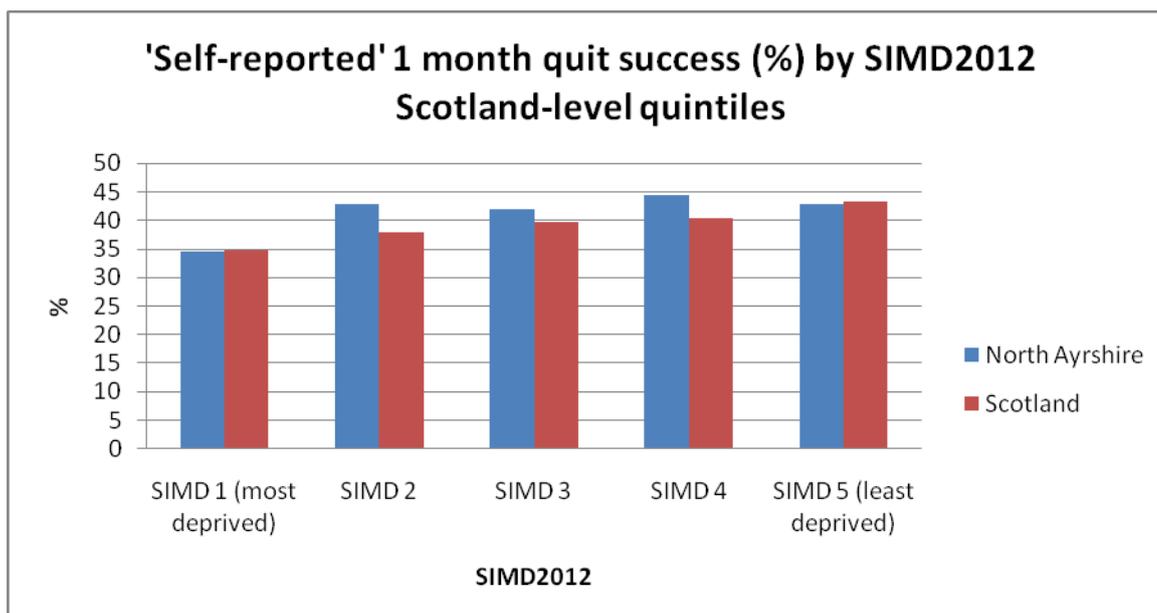
## Smoking cessation

There were 2,707 quit attempts made with the help of NHS smoking cessation services in 2013. This was a reduction on 2012 (14.6%), where there were 3,170 quit attempts. This was the second decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (8.3% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.2% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service), at one and three months after quit date, were not significantly different from the Scottish averages. However, at twelve months, quit rates were significantly lower (worse) than the Scottish average (4.0% compared with 5.6%).

The one month quit rates were not significantly different from the Scotland average for deprivation groups 1 (most deprived), 3, 4 and 5 (least deprived). However, quit outcomes were significantly higher (better) than the Scottish average in quintile 2 (42.9% and 37.9%). (See figure below.)



Dispensing of smoking cessation products in North Ayrshire for financial year 2013/14 was significantly higher (better) than the Scottish average (7.2 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking

cessation products dispensed each year since financial year 2007/08, with a marked increase between financial years 2010/11 and 2011/12. The number of smoking cessation products dispensed has increased again this financial year, contrary to the Scotland trend, where the number of products dispensed has fallen.

### **Smoking attributable deaths and diseases**

There were around 4,600 smoking attributable hospital admissions per 100,000 population in North Ayrshire for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was not significantly different than the Scottish average (352 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in North Ayrshire was significantly higher (worse) than the Scottish average (500 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was significantly higher (worse) than the Scottish average (98 vs. 78, respectively) and has risen since the combined 3-year period 2010-2012, from 91 per 100,000 to the current level.

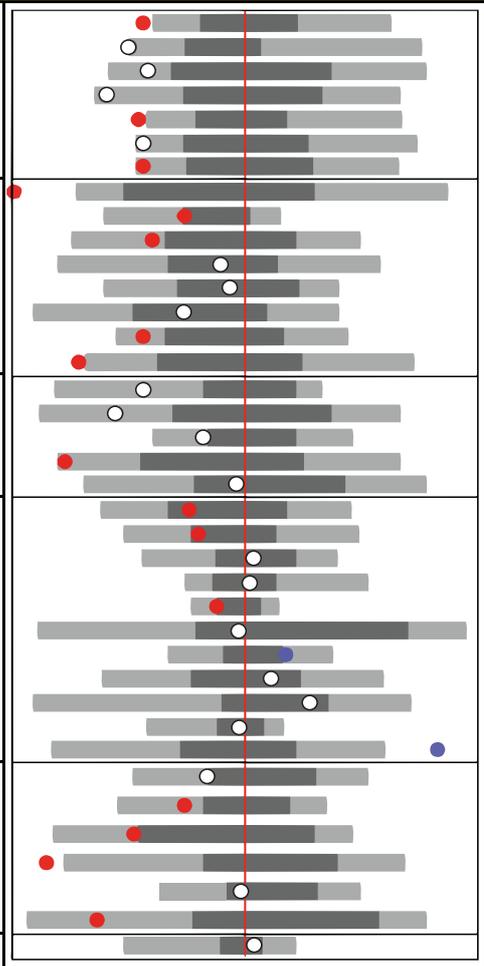
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (134 vs. 133). Lung cancer registration rates have varied over the years, with a range of 142 per 100,000 to 131 per 100,000. The rate of lung cancer deaths per 100,000 population was significantly higher (worse) than the Scottish average (126 vs. 107 respectively) for combined years 2011-2013. Over the time period 2003-2005 to 2011-2013, lung cancer death rates reached a low of 109 per 100,000 population in 2008-2010, but have since increased to the current high of 126 per 100,000 population.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the North Ayrshire in 2013 population was not significantly different from the Scottish average (2.1 and 2.2 respectively). This was a slight reduction on the previous year (2.3 per 1,000 population).

# North Ayrshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	156	28.8 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	48	33.6 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	66	30.5 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	34	18.9 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	115	31.9 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	72	30.6 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	84	27.3 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,179	28.6 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	714	39.2 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	281	29.5 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	93	17.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	74	12.1 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	17	8.1 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	147	12.5 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	990	24 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	12	2.8 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	50	11.2 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	25	5.9 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	35	8.3 %	%	5.4
	20 Attempts to purchase cigarettes	2013	60	18.8 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	2,707	8.3 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,039	3.2 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,039	38.4 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	310	11.5 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	127	4 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	515	34.6 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	275	42.9 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	109	41.9 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	96	44.4 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	44	42.7 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	819	7.2 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	540	351.4 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	368	125.5 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	289	97.5 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	15,376	4,565.9 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	446	134.3 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,681	500.3 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	241	2.1 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## North Lanarkshire

North Lanarkshire has an estimated total population of 337,730.

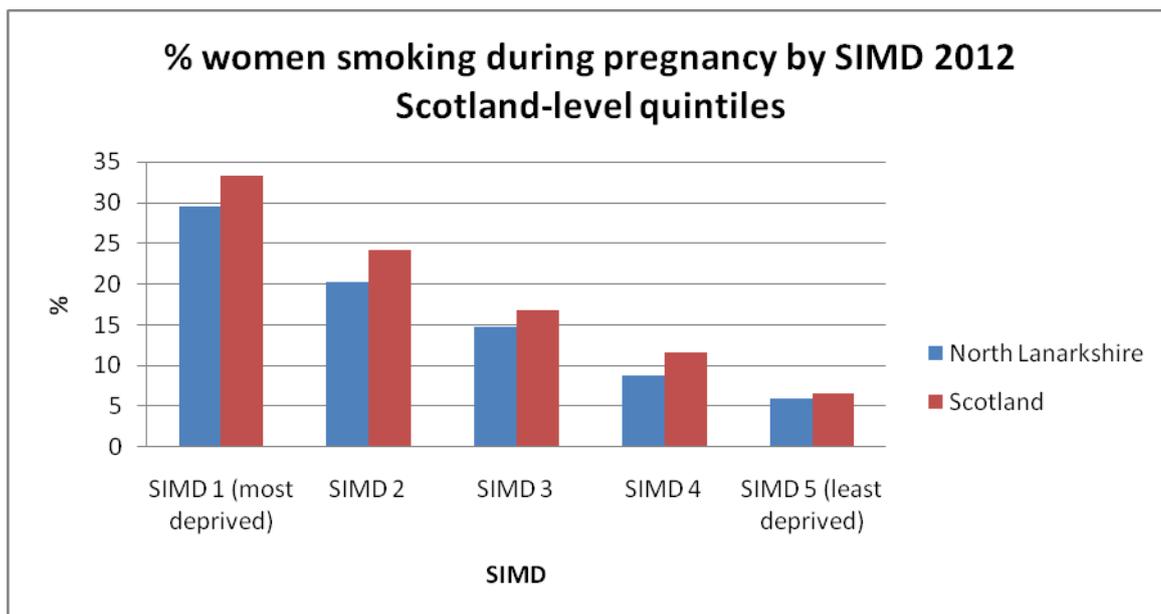
### Adult smoking prevalence

Smoking prevalence among the North Lanarkshire adult population (26.2%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping not significantly different from their respective Scottish averages. The adult smoking prevalence was decreasing over time (from 32.2 % in 2005/2006 combined surveys and 26.2% in 2012/2013 combined surveys).

### Smoking during and post pregnancy

North Lanarkshire had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (21.0% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 30%, but, since combined years 2009-2011, has stabilised around 21%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in North Lanarkshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below). The rates for quintiles 1 (most deprived) to 4 are significantly lower (better) than the Scottish average.



Additionally, significantly more pregnant women make a quit attempt (33.7%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly higher in North Lanarkshire when compared with the Scottish average (18% vs. 17%, respectively) for the financial year period 2010/11-2012/13. Since 2008/09-2010/11, there has been around an 11% reduction in post-partum smoking in North Lanarkshire.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 school pupils (1.5%), was not significantly different than the Scottish average (1.8%) and in S4 school pupils (11%) is significantly higher (worse) than the Scottish average (9%). The smoking prevalence for both boys and girls was not significantly different than the Scottish average. In both cases this refers to S2 and S4 pupils combined. However, female prevalence has reduced from 15.1% in the 2006 survey to 6.5% in the 2013 survey, and male from 12.4% to 6.1%.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly higher (worse) than the Scottish average (21.6% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 28.8%).

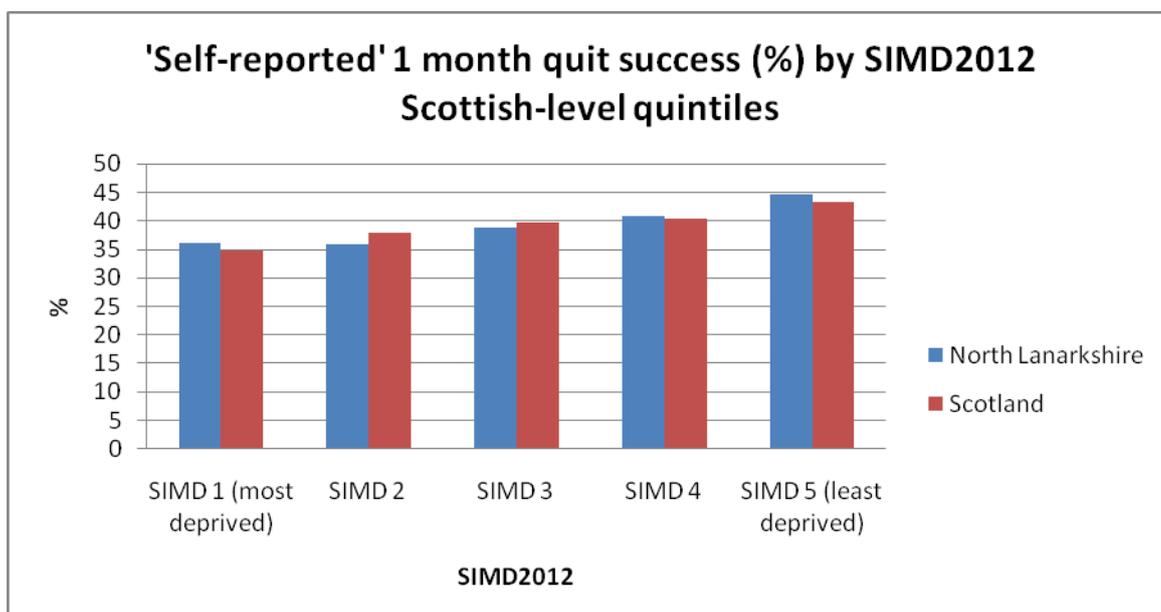
## Smoking cessation

There were 10,171 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 16.2% reduction on 2012, where there were 12,134 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (14.2% compared with 10.1%). The same was true for the successful one month self-reported quits (5.2% vs. 3.8%), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month after quit date were not significantly different compared with the Scottish average (37 % vs. 38% respectively). Quit rates at three months (10.5%) and twelve months (5.1) after quit date were significantly lower (worse) than their respective Scottish averages (11.2% and 5.6%, respectively).

The one month quit rates in all quintiles other than quintile 2 were not statistically different from the Scottish average. The one month quit outcomes in quintile 2 were significantly lower (worse) than the Scottish average (35.8% vs. 37.9%, respectively). The quit rate was 36.1% in the most deprived compared with 44.5% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in North Lanarkshire for financial year 2013/14 was significantly higher (better) than the Scottish average (6.6 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population, respectively). There has been a consistent increase in the number of smoking cessation products dispensed each year between 2007/08 and 2011/12, with constant levels in 2012/13 and a drop in 2013/14.

### **Smoking attributable deaths and diseases**

There were around 3,400 smoking attributable hospital admissions per 100,000 population in North Lanarkshire for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 is significantly higher (worse) than the Scottish average (393 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in North Lanarkshire were significantly higher (worse) than the Scottish average (461 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 population from COPD was significantly higher (worse) than the Scottish average (96 vs. 78, respectively) and has been increasing since combined years 2009-2011.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (155 vs. 133, respectively), although they have fallen since 2009-2011. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly higher (worse) than the Scottish average (124 vs. 107 respectively). Lung cancer death rates have fallen from a high of 135 per 100,000 population in the 2003-2005 period to their current levels.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the North Lanarkshire population in 2013 was not significantly different from the Scottish average (2.3 vs. 2.2, respectively). This was similar to the previous year.

## North Lanarkshire

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	219	26.2	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	69	27.2	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	100	28.6	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	44	18.8	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	167	27.9	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	99	26.9	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	119	25.5	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	2,067	21	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	1,160	29.4	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	544	20.2	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	241	14.8	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	89	8.8	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	33	6	%	6.5	
	14 Quit attempts from pregnant smokers	2011	696	33.7	%	23.5	
	15 Post-partum smoking rate <sup>2</sup>	2011	1,976	17.5	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	17	1.5	%	1.8	
	17 Smoking prevalence in S4 pupils	2013	128	10.7	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	69	6.1	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	75	6.5	%	5.4	
	20 Attempts to purchase cigarettes	2013	179	21.6	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	10,171	14.2	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	3,762	5.2	%	3.8	
	23 Quit rate at 1 month follow-up	2013	3,762	37	%	37.8	
	24 Quit rate at 3 months follow-up	2013	1,069	10.5	%	11.2	
	25 Quit rate at 12 months follow-up	2012	619	5.1	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	1,636	36.1	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	1,106	35.8	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	600	38.9	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	306	40.8	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	114	44.5	%	43.3	
	31 Availability of Smoking Cessation Products	2013	1,793	6.6	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,195	393.2	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	813	123.5	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	606	96.1	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	23,494	3,401.4	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	1,025	154.6	sr3	133.3	
	37 COPD incidence <sup>2,15</sup>	2012	3,193	461.1	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	621	2.3	cr2	2.2	

### Notes:

2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## Perth and Kinross

Perth and Kinross has an estimated total population of 147,750.

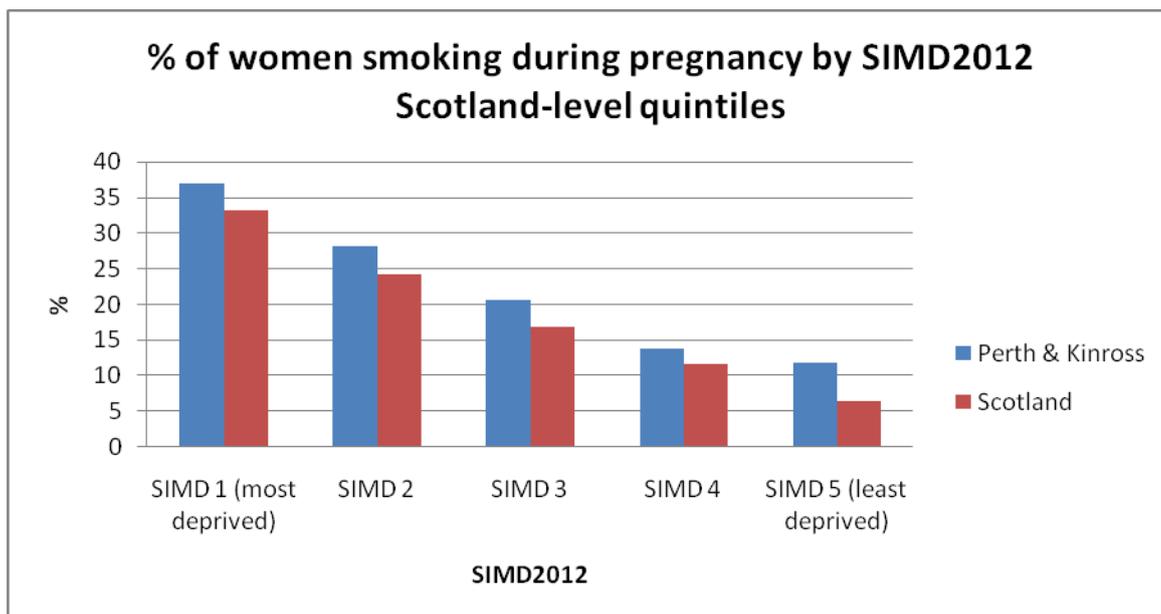
### Adult smoking prevalence

Smoking prevalence among the Perth and Kinross adult population for combined survey years 2012/2013 was not significantly different from the Scottish average (22.8% and 23.0%, respectively), with both sexes and each age grouping being not significantly different from their respective Scottish averages. Prevalence rates showed a continued decline between the 2005/06 and 2009/10 combined surveys. However, the latest figures show a rise from 20.5% in 2009/10 to 22.8% in 2012/13.

### Smoking during and post pregnancy

The percentage of women smoking during pregnancy for combined years 2010-2012 was not significantly different from the Scotland average (19.5% vs. 20.1%, respectively). Rates have fallen from a high of 24.2% in 2005-2007 to reach their current levels. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Perth and Kinross increases as the level of deprivation increases, with those living in the most deprived areas approximately 3 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



However, significantly more pregnant women made a quit attempt (48.3%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates in Perth and Kinross for financial year period 2010/11-2012/13 were not significantly different from the Scottish average (17.5% vs. 16.9%, respectively). Rates have shown a gradual increase since financial year 2009/10.

### Smoking in school children

Smoking prevalence (regular smokers) in Perth and Kinross, as reported in the 2013 SALSUS survey for S2 and S4 (7.0%) pupils, was not significantly different than the Scottish average (1.8% and 8.7%, respectively). Smoking prevalence for boys (S2 and S4 pupils combined) was not significantly different than the Scottish average (5.5% and 5.2%, respectively), while the equivalent

prevalence for girls is lower than the Scottish average (3.8% and 5.4%, respectively). Smoking prevalence rates for girls have fallen compared with the 2010 survey, while smoking prevalence rates for boys have remained constant.

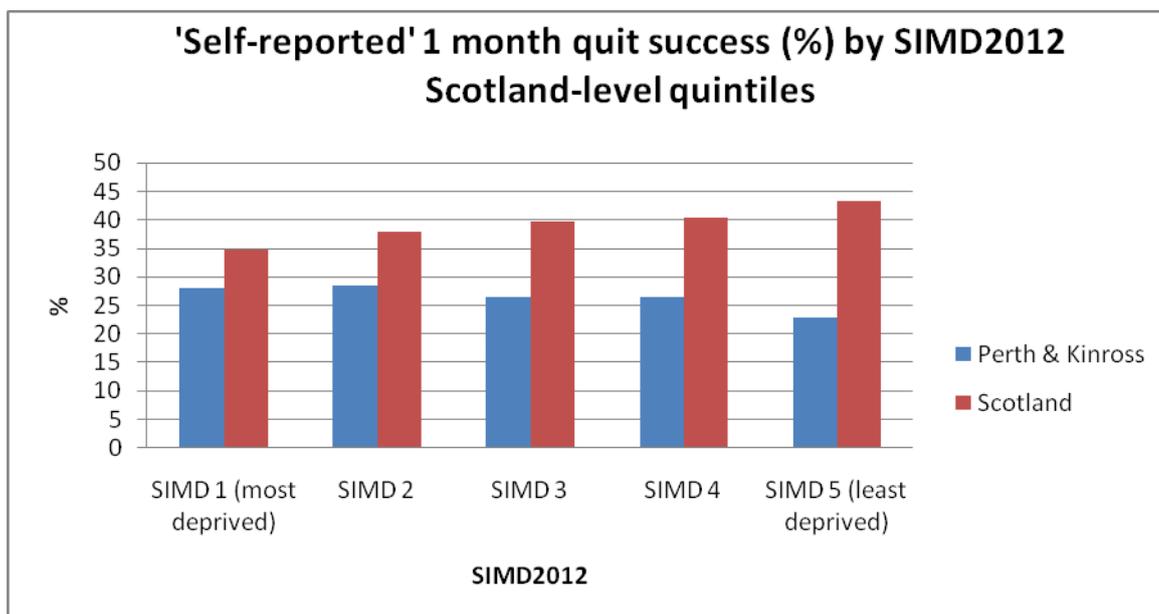
### Smoking cessation

There were 2,663 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 21.8% reduction on 2012, where there were 3,404 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (9.5% compared with 10.1%). The same was true for the successful one month self-reported quits (2.5% vs. 3.8%), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one, three and twelve months after quit date were significantly lower (worse) than the Scottish averages.

The one month quit rates were significantly lower (worse) than Scotland level outcomes in all deprivation groups. Quit rates range from 22.9% in deprivation quintile 5 (least deprived) to 28.6% in quintile 2 (see figure below). Increased one-month quit success was achieved in Perth & Kinross as the level of deprivation increased; this was the reverse to the Scotland trend, which saw increased one-month quit success as the level of deprivation decreased.



Dispensing of smoking cessation products in Perth and Kinross for financial year 2013/14 was not significantly different from the Scottish average (4.6 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since 2007/08, with a marked increase between 2010/11 and 2011/12. However, the number of products dispensed has fallen since 2012/13 (from approx 6 per 1,000). This may be related to the decrease in quit attempts described above.

### Smoking attributable deaths and diseases

There were around 2,200 smoking attributable hospital admissions per 100,000 population in Perth and Kinross for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the

differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 population was significantly lower (better) than the Scottish average (253 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Perth and Kinross was significantly lower (better) than the Scottish average (290 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 population from COPD was not significantly different from the Scottish average (70 vs. 78). The COPD death rate has varied over time, but has been gradually rising since the combined period 2009-2011, from 60 per 100,000 to the current level.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (93 vs. 133, respectively), and have remained relatively constant since the financial year 2007-2009. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly lower (better) than the Scottish average (74 vs. 107 respectively). Lung cancer death rates have dropped from a high of 91.0 in 2004-2006 to the current low of 74.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Perth and Kinross population in 2013 was not significantly different from the Scottish average (2.3 vs. 2.2, respectively). This was a slight reduction on the previous year (2.6).

## Perth & Kinross

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	117	22.8	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	38	33.5	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	51	22.4	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	16	9.3	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	93	27.2	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	69	28.4	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	47	17.5	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	778	19.5	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	145	36.9	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	193	28.2	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	148	20.6	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	208	13.9	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	83	11.9	%	6.5	
	14 Quit attempts from pregnant smokers	2011	376	48.3	%	23.5	
	15 Post-partum smoking rate <sup>2</sup>	2011	719	17.5	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8	
	17 Smoking prevalence in S4 pupils	2013	37	7	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	28	5.5	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	19	3.8	%	5.4	
	20 Attempts to purchase cigarettes	2013	64	17.1	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	2,663	9.5	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	712	2.5	%	3.8	
	23 Quit rate at 1 month follow-up	2013	712	26.7	%	37.8	
	24 Quit rate at 3 months follow-up	2013	222	8.3	%	11.2	
	25 Quit rate at 12 months follow-up	2012	162	4.8	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	98	28	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	184	28.6	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	153	26.4	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	210	26.4	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	67	22.9	%	43.3	
	31 Availability of Smoking Cessation Products	2013	566	4.6	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	450	253.2	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	273	73.5	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	254	69.9	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	8,396	2,213.4	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	355	93	sr3	133.3	
Retailer Information	37 COPD incidence <sup>2,15</sup>	2012	1,113	290.2	sr3	391.1	
	38 Tobacco retailers per 1,000 population	2013	278	2.3	cr2	2.2	

### Notes:

2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Renfrewshire

Renfrewshire has an estimated total population of 173,900.

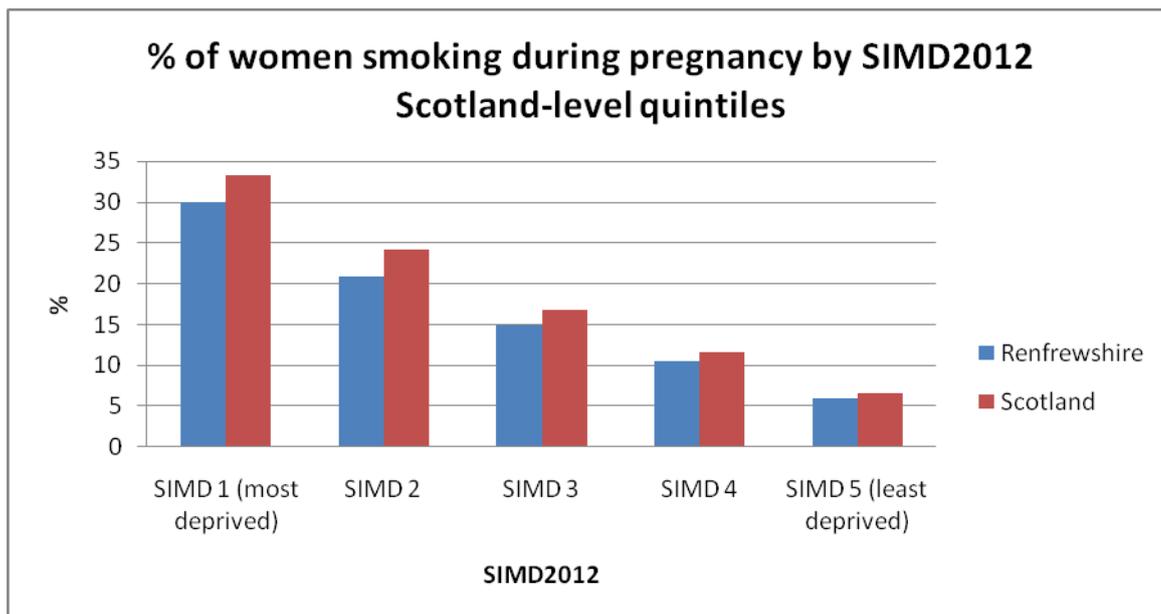
## Adult smoking prevalence

Smoking prevalence among the Renfrewshire adult population (25.0%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping not statistically different than their respective Scottish averages. The adult smoking prevalence has remained fairly constant over time.

## Smoking during and post pregnancy

The percentage of women smoking during pregnancy was not significantly different compared with the Scottish average (19.5% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has improved since the early 2000s when the prevalence was around 26%, and has steadily decreased to 19.5%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Renfrewshire increases as the level of deprivation increases, with those living in the most deprived areas at least 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women made a quit attempt (31.4%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

There was only a marginal, non-significant difference in post-partum smoking rates in Renfrewshire when compared with the Scottish average (16.5% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. There has been a steady decline in post-partum smoking rates since combined financial years 2008/09-2010/11, from 18.3% to its current level.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 school pupils (2.0%) in Renfrewshire, was not significantly different from the Scottish average, while smoking prevalence in S4 pupils was significantly higher (worse) than the Scottish average (12.5% vs. 8.7%, respectively). The smoking prevalence for girls, in S2 and S4 pupils combined, was not significantly different from the Scottish average (5.5% and 5.4%, respectively), while the

equivalent prevalence for boys was significantly higher than the Scottish average (9.3% and 5.2% respectively). Compared with the 2010 survey, smoking prevalence has fallen in all groups; however, male prevalence was the highest in Scotland in the 2013 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly higher (worse) than the Scottish average (33.2% vs. 18.2%, respectively). There has been a slight drop from 35.7% in the 2010 survey to 33.2% in the 2013 survey; however, Renfrewshire was the highest in Scotland for pupils who attempted to buy cigarettes.

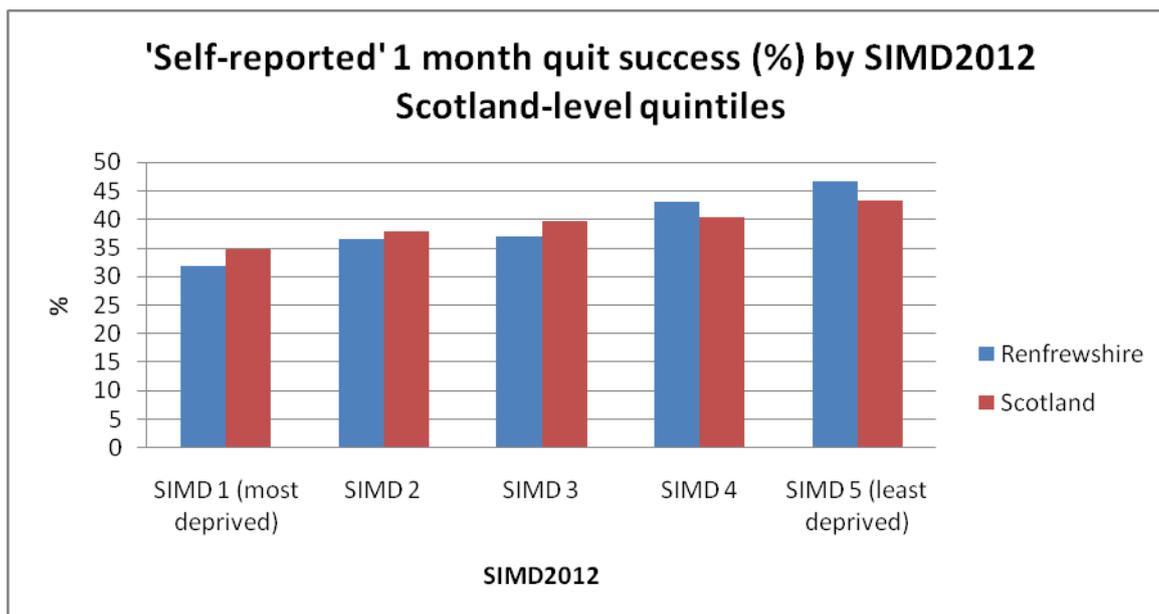
### Smoking cessation

There were 4,391 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 9.1% reduction on 2012, where there were 4,833 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (12.2% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (4.4% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one (35.6%) and three (6.1%) months after quit date were significantly lower (worse) than their respective Scottish averages (37.8% and 11.2%, respectively); however, at twelve months they were not significantly different from the Scottish average.

The one month quit rates were significantly lower (worse) than the Scottish average in quintile 1 (most deprived), but not significantly different from average in the other deprivation quintiles. Quit rates increased in line with deprivation levels, with the most deprived quintile (1) having the lowest quit rate and the least deprived quintile (5), having the highest quit rate. The quit rate was 31.9% in the most deprived group compared with 46.8% in the least deprived group (see figure below).



Dispensing of smoking cessation products in Renfrewshire was not significantly different from the Scottish average (4.7 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a marked increase in the number of smoking cessation products dispensed since financial year 2007/08, reaching a high of 6.2 per 1,000 population in 2011/12, and then

decreasing to its current level, similar to that back in 2003/04. This may be linked to the decline in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 3,400 smoking attributable hospital admissions per 100,000 population in Renfrewshire for the combined 3-year period 2011-2013. This was significantly different when compared with the Scottish average at approx 3,100. The rate of smoking attributable deaths per 100,000 was not significantly different to the Scottish average at 348 vs. 325, respectively). However, this may reflect a high recording of diagnostic information in hospital systems in Renfrewshire.

Over the same time period, the COPD incidence rate per 100,000 in Renfrewshire was significantly higher (worse) than the Scottish average (429 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was not significantly different from the Scottish average (81 vs. 78, respectively) and has stayed at a relatively constant rate since combined years 2007-2009.

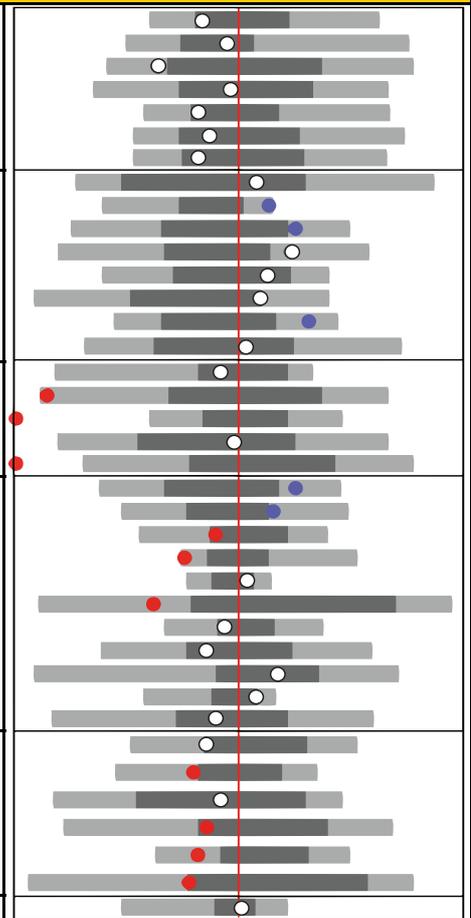
Lung cancer registrations per 100,000 for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (148 vs. 133, respectively). The rate over the time period 2003-2005 to 2010-2012 has increased from 142 to 148 per 100,000; however, it dropped from a high of 161 per 100,000 in 2008-2010. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly different when compared with the Scottish average (122 vs. 107), The rate over the time period 2003-2005 to 2011-2013 has dropped from 130 to 122 per 100,000 population.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Renfrewshire population in 2013 was not significantly different from the Scottish average (2.2). This was a slight decrease from the previous two calendar years.

# Renfrewshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	144	25 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	44	26.2 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	74	29.7 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	21	13.5 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	117	28 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	62	26.3 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	80	23.8 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,078	19.5 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	601	30 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	188	20.9 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	164	15 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	78	10.5 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	46	5.9 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	338	31.4 %	%	23.5
	15 Post-partum smoking rate <sup>2</sup>	2011	932	16.5 %	%	16.9
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	11	2 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	70	12.5 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	50	9.3 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	30	5.5 %	%	5.4
	20 Attempts to purchase cigarettes	2013	119	33.2 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	4,391	12.2 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	1,562	4.4 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	1,562	35.6 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	269	6.1 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	300	6.2 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	682	31.9 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	288	36.6 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	299	37 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	150	43.1 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	143	46.7 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	678	4.7 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	614	347.9 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	453	121.9 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	281	80.9 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	13,418	3,397.1 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	565	148 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	1,681	428.9 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	316	2.2 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## South Ayrshire

South Ayrshire has an estimated total population of 112,850.

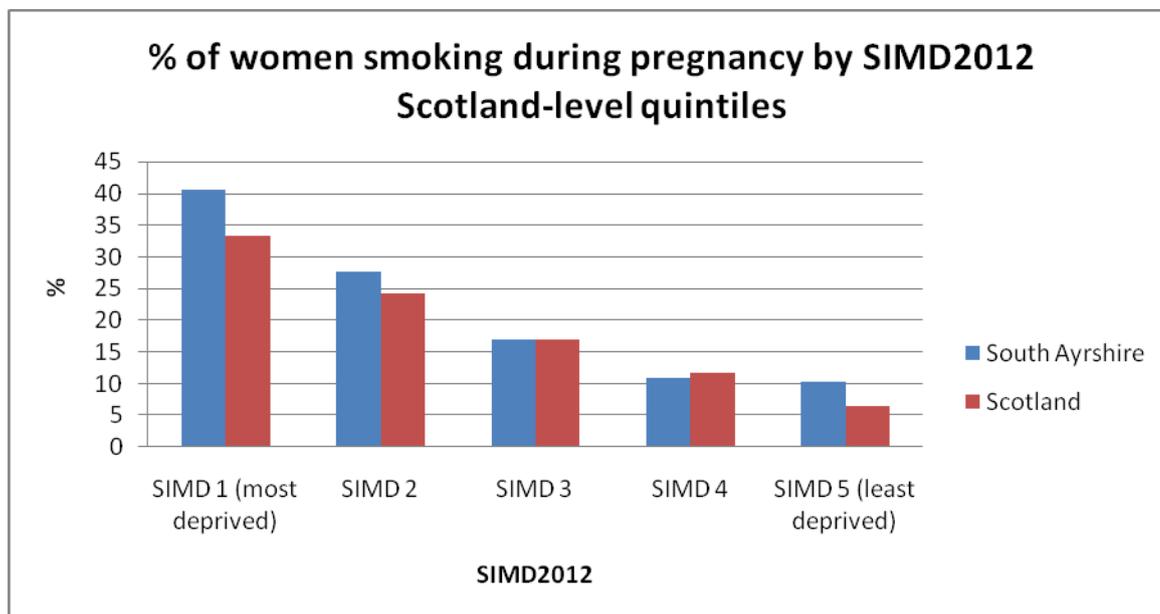
### Adult smoking prevalence

Smoking prevalence among the South Ayrshire adult population (19.8%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). Smoking prevalence was significantly lower than the Scottish average only in the 40-64 age group. Smoking prevalence rates in South Ayrshire have varied over time, ranging between 19.8% (lowest and current level) for 2012/2013 combined survey years to 26.2% (highest) for 2005/2006 combined survey years.

### Smoking during and post pregnancy

South Ayrshire had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (24.8% and 20.1%, respectively) for the 3-year combined period 2010-2012. Rates of women smoking during pregnancy have improved since 2004-2006 combined years, although there has been some variance over the last 4 combined years, with rates fluctuating between 24.0% and 25.0%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in South Ayrshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (12.0%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in South Ayrshire compared with the Scottish average (19.1% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Post-partum smoking rates have seen a gradual fall over the last decade, from 22% to their current level of 19%.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S4 school pupils in South Ayrshire, was not significantly different from the Scottish average (10.2% and 8.7%, respectively). The same was true for S2 and S4 pupils combined, with rates of 7.2% for girls (5.4% Scottish average) and 4.6% for boys (5.2% Scotland average). In all groups, the smoking prevalence has increased since the 2010 survey.

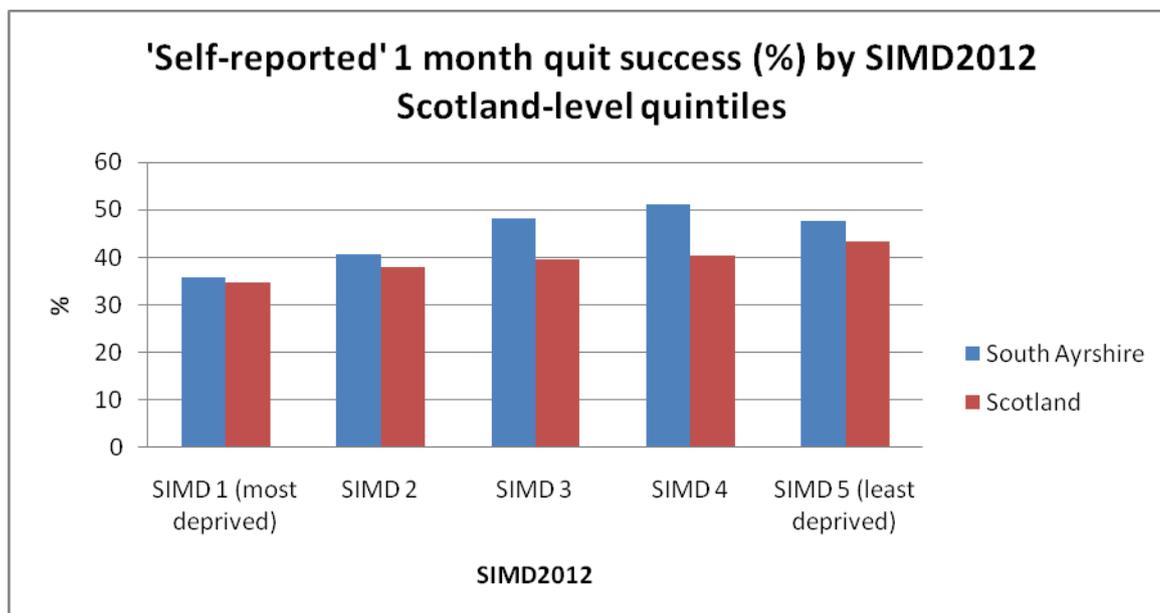
The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different from the Scottish average (18.4% vs. 18.2%, respectively). This was a decrease compared with the 2010 survey, where 21.8% of pupils attempted to buy cigarettes from these sources.

## Smoking cessation

There were 1,339 quit attempts made with the help of NHS smoking cessation services in 2013. This was an 18.1% reduction on 2012, where there were 1,647 quit attempts. This was the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (7.1% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (3.0% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one, three and twelve months were significantly higher (better) than the Scottish average. The one month quit outcomes were significantly higher (better) than the Scottish average in quintiles 3 and 4. The quit rate was 35.9% in the most deprived group compared with 47.6% in the least deprived group (see figure below).



Dispensing of smoking cessation products in South Ayrshire for financial year 2013/14 was significantly not different from the Scottish average (5.1 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, over the last 3 financial years (2011/12-2013/14), the number of products dispensed has remained constant. This may be linked to the decline in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 3,800 smoking attributable hospital admissions per 100,000 population in South Ayrshire for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average at approx 3,100 per 100,000 population. However, this may reflect the differential recording of diagnostic information in different hospital systems in South Ayrshire. The rate of smoking attributable deaths per 100,000 was significantly lower (better) compared with the Scottish average (289 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 in South Ayrshire was not significantly different compared with the Scottish average (398 vs. 391). However, please note coding comment above. The number of deaths per 100,000 from COPD was also not significantly different compared with the Scottish average (77 vs. 78, respectively), and has stayed at a relatively constant rate since the 2010-2012 combined 3-year period.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (102 vs. 133, respectively), and have remained relatively constant since 2008-2010. The rate of lung cancer deaths per 100,000 population was also significantly lower (better) than the Scottish average (91 vs. 107 respectively) for combined years 2011-2013. There have been some minor fluctuations in lung cancer death rates since 2005-2007 combined years, with a high of 94 per 100,000 in 2008-2010 a low of 88 per 100,000 in 2010-2012.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the South Ayrshire population in 2013 was not significantly different from the Scottish average (2.5 vs. 2.2, respectively). This was a reduction from 2012, when rates were 2.9 per 1,000 population.

# South Ayrshire

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	98	19.8 %	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	46	32.9 %	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	32	16.2 %	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	16	10.1 %	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	78	23.3 %	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	51	22.9 %	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	47	17.1 %	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	735	24.8 %	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	302	40.6 %	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	259	27.7 %	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	99	17 %	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	35	11 %	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	39	10.3 %	%	6.5	
	14 Quit attempts from pregnant smokers	2011	88	12 %	%	23.5	
15 Post-partum smoking rate <sup>2</sup>	2011	582	19.1 %	%	16.9		
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8	
	17 Smoking prevalence in S4 pupils	2013	41	10.2 %	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	17	4.6 %	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	27	7.2 %	%	5.4	
	20 Attempts to purchase cigarettes	2013	44	18.4 %	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,339	7.1 %	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	559	3 %	%	3.8	
	23 Quit rate at 1 month follow-up	2013	559	41.8 %	%	37.8	
	24 Quit rate at 3 months follow-up	2013	196	14.6 %	%	11.2	
	25 Quit rate at 12 months follow-up	2012	117	7.1 %	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	149	35.9 %	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	204	40.6 %	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	104	48.2 %	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	63	51.2 %	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	39	47.6 %	%	43.3	
	31 Availability of Smoking Cessation Products	2013	482	5.1	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	425	289.4	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	269	91	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	222	77	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	11,535	3,807.3	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	315	101.7	sr3	133.3	
37 COPD incidence <sup>2,15</sup>	2012	1,220	398.2	sr3	391.1		
Retailer Information	38 Tobacco retailers per 1,000 population	2013	234	2.5	cr2	2.2	

**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
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- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

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**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## South Lanarkshire

South Lanarkshire has an estimated total population of 314,850.

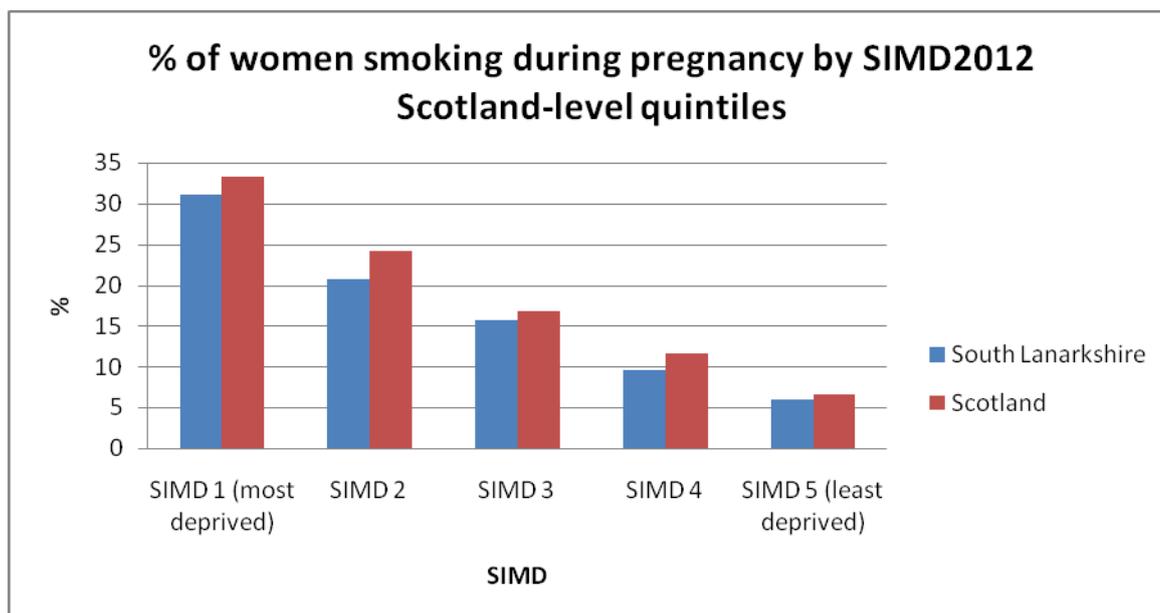
### Adult smoking prevalence

Smoking prevalence among the South Lanarkshire adult population (22.6%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). The same was true for both sexes and all age groups, apart from the 40-64 age group, where smoking prevalence is significantly lower (better) than the Scottish average (20.6% vs. 25.3%). The adult smoking prevalence has been consistently decreasing since the 2007/2008 combined surveys (26.5%).

### Smoking during and post pregnancy

South Lanarkshire had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (18.3% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has been consistently improving since the early 2000s when the prevalence was around 25%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in South Lanarkshire increases as the level of deprivation increases, with those living in the most deprived areas approximately 5 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly more pregnant women make a quit attempt (27.8%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly lower in South Lanarkshire when compared with the Scottish average (15.6% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. The rate has decreased from 16.7% to its current level.

### Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for both S2 (1.6%) and S4 (7.9%) school pupils in South Lanarkshire, was not significantly different than the Scottish average (1.8% and 8.7% respectively). The smoking prevalence for both boys and girls were also not significantly different than the Scottish average. In both cases this refers to S2 and

S4 pupils combined. For both boys and girls, prevalence has reduced from the 2006 survey (from 8.8% to 4.5% and from 11.4% to 5.0% respectively).

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was significantly higher (worse) than the Scottish average (22.4% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 28.0%).

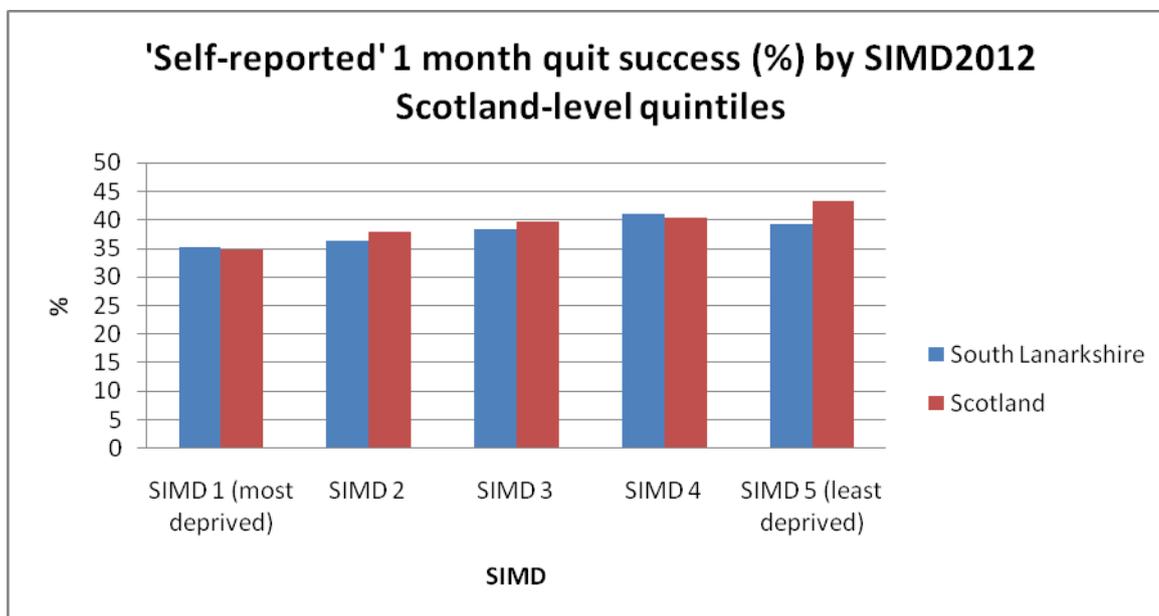
### Smoking cessation

There were 6,830 quit attempts made with the help of NHS smoking cessation services in 2013. This is approximately 22.5% reduction on 2012, where there were 8,808 quit attempts. This is the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (11.6% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (4.3% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at three (12.0%) and twelve months (6.4%) after quit date were significantly higher (better) than the Scottish average (11.2% and 5.6%, respectively); however, at one month, they were not significantly different compared with the Scottish average.

The one month quit rates were not significantly different from the Scottish average in all deprivation groups. The quit rate was 35.2% in the most deprived compared with 39.3% in the least deprived quintile (see figure below).



Dispensing of smoking cessation products in South Lanarkshire in financial year 2013/14 was significantly lower (worse) than the Scottish average (4.5 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population, respectively). There has been a consistent increase in the number of smoking cessation products dispensed each year since financial year 2007/08. However, within the last year, the number of products dispensed has fallen (from 6.5 daily doses per 1,000 population in 2012 to 4.5 daily doses per 1,000 population in 2013/14).

## **Smoking attributable deaths and diseases**

There were around 2,800 smoking attributable hospital admissions per 100,000 population in South Lanarkshire for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 is significantly higher (worse) than the Scottish average (348 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in South Lanarkshire was significantly higher (worse) than the Scottish average (397 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 population from COPD was significantly higher (worse) than the Scottish average (96 vs. 78, respectively), and has shown a consistent increase since the 2009-2011 combined period.

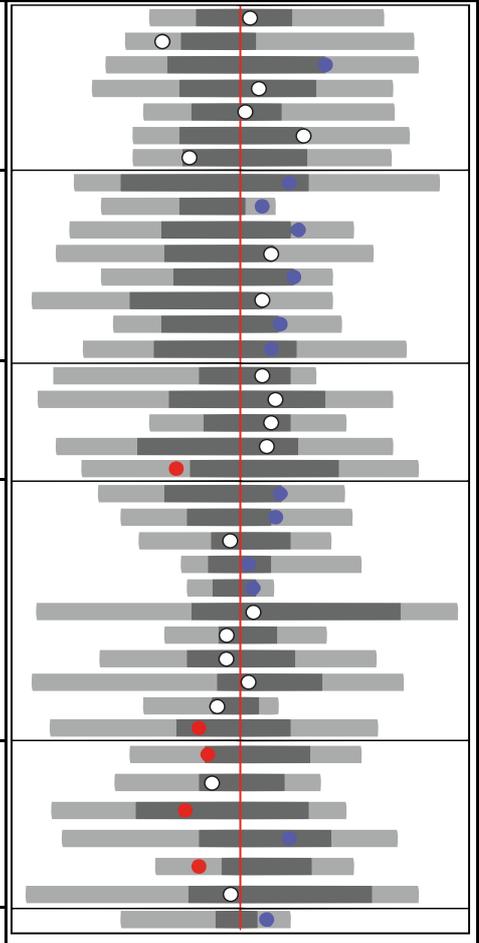
Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (155 vs. 133, respectively). Lung cancer registration rates have been increasing steadily since 2005-2007; however, they have fallen this year for the first time in recent years, from 163 to 155 per 100,000 population. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was significantly higher (worse) than the Scottish average (124 vs. 107, respectively). Lung cancer death rates have been falling steadily since 2009-2011, from 135 per 100,000 population to their current level.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the South Lanarkshire population in 2013 was significantly higher (worse) than the Scottish average (2.3 vs. 2.2, respectively). This was a slight reduction on the previous year (2.1).

## South Lanarkshire

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	190	22.6 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	78	31.1 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	77	20.6 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	27	12.5 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	158	25.3 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	78	20.7 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	113	24.4 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,697	18.3 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	673	31.1 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	457	20.7 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	353	15.7 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	148	9.7 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	66	5.9 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	471	27.8 %	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	1,572	15.6 %	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	16	1.6 %	%	1.8
	17 Smoking prevalence in S4 pupils	2013	84	7.9 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	46	4.5 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	52	5 %	%	5.4
	20 Attempts to purchase cigarettes	2013	141	22.4 %	%	18.2
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	6,830	11.6 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	2,535	4.3 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	2,535	37.1 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	820	12 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	567	6.4 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	760	35.2 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	723	36.4 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	569	38.3 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	293	40.9 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	190	39.3 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	1,166	4.5 cr2	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	1,102	348.3 sr3	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	783	115.3 sr3	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	562	88.2 sr3	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	19,620	2,772.2 sr3	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	1,006	148.3 sr3	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	2,841	397.1 sr3	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	496	1.9 cr2	cr2	2.2



**Notes:**

- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



# Stirling

Stirling has an estimated total population of 91,260.

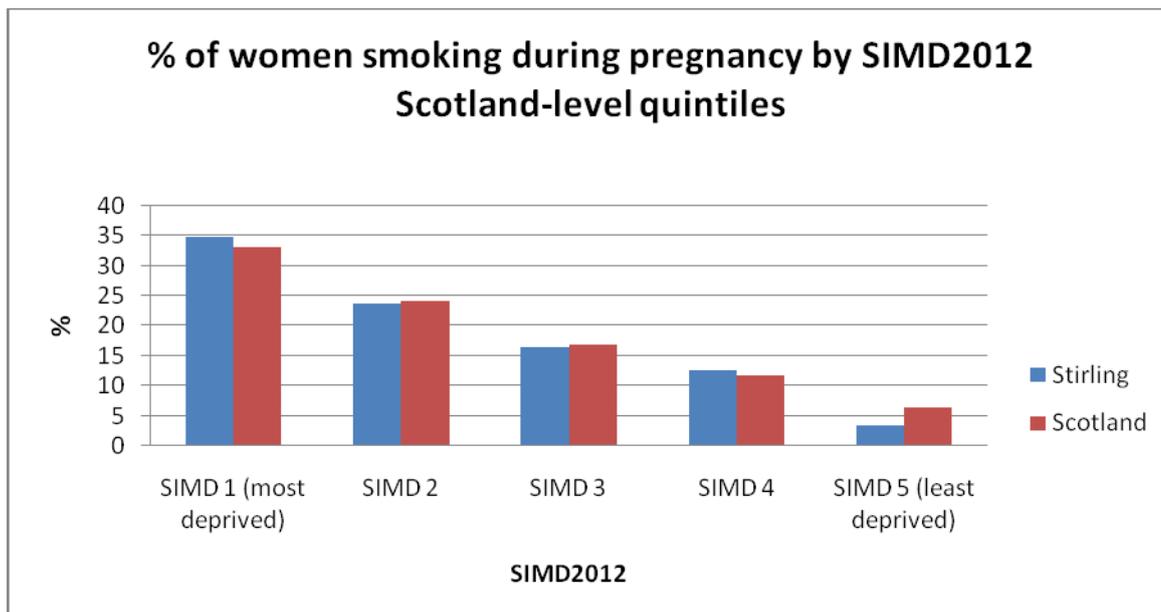
## Adult smoking prevalence

Smoking prevalence among the Stirling adult population (18.5%) for combined survey years 2012/2013 was significantly lower (better) than the Scottish average (23.0%). The same is true for age groups 16-39 and 16-64, where smoking prevalence rates were also significantly lower (better) than their respective Scottish averages. In both sexes and all other age groups, smoking prevalence was not significantly different from the Scottish average. The adult smoking prevalence has gradually fallen over time, from 23.9% in 2005/06 to the current level of 18.5%.

## Smoking during and post pregnancy

Stirling had a significantly lower (better) percentage of women smoking during pregnancy when compared with the Scottish average (17.6% and 20.1%, respectively) for the 3-year combined period 2010-2012. Prevalence fell gradually in the early 2000s from a high of 22.7% in 2002-2004 to approx 18% in 2008-2010, and has remained around this level since. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in Stirling increases as the level of deprivation increases, with those living in the most deprived areas over 10 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



Additionally, significantly fewer pregnant women made a quit attempt (15.2%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates in Stirling were not significantly different when compared with the Scottish average (14.5% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. The rate has remained stable at around 15% over the financial years 2008/09-2010/11 to 2010/11-2012/13.

## Smoking in school children

Smoking prevalence (regular smokers), as reported in the 2013 SALSUS survey for S2 and S4 (6.5%) school pupils in Stirling, were not significantly different than the Scottish averages (1.8% and 8.7%, respectively). The smoking prevalence for boys, for S2 and S4 pupils combined, were

significantly lower (better) than the Scottish average (3.2% vs. 5.2%, respectively); however, the smoking prevalence for girls was not significantly different to the Scottish average (4.4% vs. 5.4%, respectively). In all groups, prevalence rates have declined compared with the 2010 survey, with noticeable falls in both boys and girls, for S2 and S4 pupils combined.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different than the Scottish average (19.5% vs. 18.2%, respectively). This represents a fall compared with the 2010 survey (where the percentage was 26.6%).

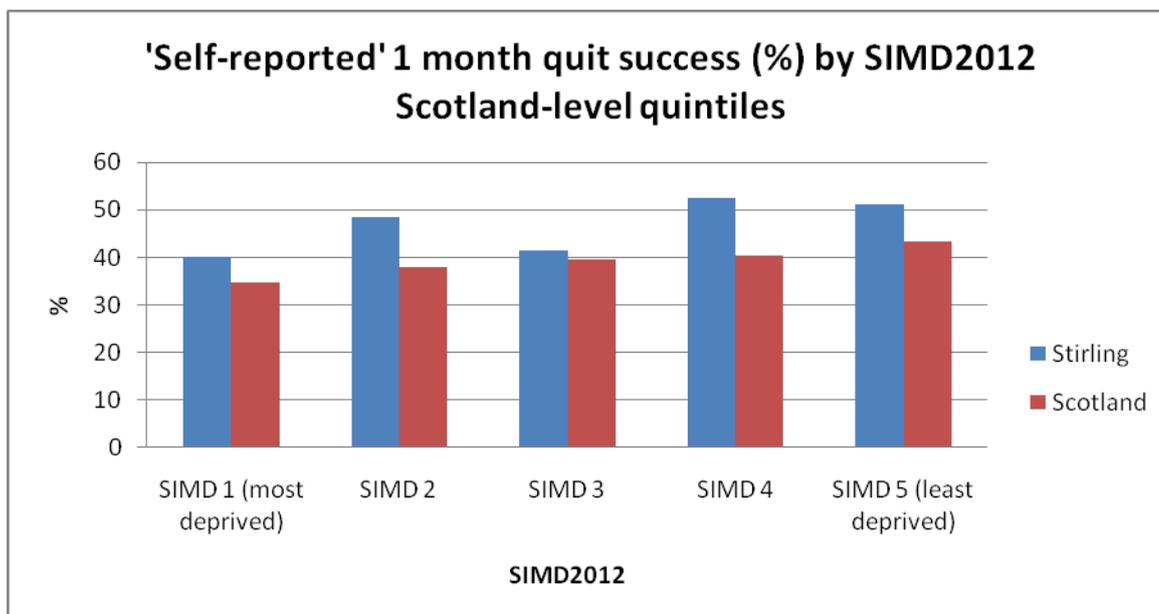
### Smoking cessation

There were 1,222 quit attempts made with the help of NHS smoking cessation services in 2013. This was an 18.3% reduction from 2012, where there were 1,495 quit attempts. This was the second decrease seen in recent years. The reduction from 2012 could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly lower (worse) than the Scottish average (8.7% vs. 10.1%). Whereas the successful one month self-reported quits was not significantly different to the Scottish average (4.1% vs. 3.8%, respectively).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month after quit date were significantly higher (better) than the Scottish average; however, at three and twelve months, they were significantly lower (worse) than the respective Scottish averages.

The one month quit rates were significantly higher (better) than the Scottish average for quintiles 2 and 4. The quit rate was 40.0% in the most deprived compared with 51.1% in the least deprived quintile (see figure below). This does not, however, follow the pattern of the national trend of increasing quit rates from the most to the least deprived quintiles.



Dispensing of smoking cessation products in Stirling was not significantly different from the Scottish average (5.4 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial years 2007/08 (3.3) to 2011/12 (6.7). However, over the last timeframe (2012/13 to 2013/14), the number of products dispensed has fallen. This may be linked to the fall in quit attempts described above.

### **Smoking attributable deaths and diseases**

There were around 1,900 smoking attributable hospital admissions per 100,000 population in Stirling for the combined 3-year period 2011-2013. This was significantly lower (better) than the Scottish average at approx 3,100 per 100,000 population; however, this may reflect the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 was significantly lower (better) than the Scottish average (273 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in Stirling was significantly lower (better) than the Scottish average (268 vs. 391, respectively) (however, please note coding comment above). The number of deaths per 100,000 population from COPD was also significantly lower (better) than the Scottish average (57 vs. 78, respectively) which can be attributed to a decline observed since 2010-2012.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly lower (better) than the Scottish average (115 vs. 133, respectively), and have varied over the last decade with a range of 111 per 100,000 population to its current level of 115. However, the rate of lung cancer deaths per 100,000 population for combined years 2011-2013 was not significantly different from the Scottish average (98 vs. 107). Lung cancer death rates have experienced minor fluctuations since 2006-2008, with a decline (from 103 to 98 per 100,000) between 2010-2012 and 2011-2013.

### **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the Stirling population in 2013 was significantly higher (worse) than the Scottish average (2.7 vs. 2.2, respectively). This was a reduction from 2012, when rates were 3.1 per 1,000 population.

# Stirling

Domain	Indicator	Period	Number	Measure	Type	National Average
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	91	18.5 %	%	23.0
	2 Smoking prevalence (adults 16-39)	2013	25	16.1 %	%	25.7
	3 Smoking prevalence (adults 40-64)	2013	51	24.5 %	%	25.3
	4 Smoking prevalence (adults 65+)	2013	14	11 %	%	13.2
	5 Smoking prevalence (adults 16-64)	2013	74	20.6 %	%	25.5
	6 Smoking prevalence (men aged 16+)	2013	43	21 %	%	24.6
	7 Smoking prevalence (women aged 16+)	2013	46	16.3 %	%	21.5
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	434	17.6 %	%	20.1
	9 Smoking during pregnancy in most deprived quintile (1)	2011	112	34.9 %	%	33.2
	10 Smoking during pregnancy in quintile 2	2011	163	23.7 %	%	24.2
	11 Smoking during pregnancy in quintile 3	2011	67	16.5 %	%	16.9
	12 Smoking during pregnancy in quintile 4	2011	77	12.7 %	%	11.7
	13 Smoking during pregnancy in least deprived quintile (5)	2011	15	3.4 %	%	6.5
	14 Quit attempts from pregnant smokers	2011	66	15.2 %	%	23.5
15 Post-partum smoking rate <sup>2</sup>	2011	352	14.5 %	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013		%	%	1.8
	17 Smoking prevalence in S4 pupils	2013	22	6.5 %	%	8.7
	18 Smoking prevalence in S2 and S4 boys	2013	11	3.2 %	%	5.2
	19 Smoking prevalence in S2 and S4 girls	2013	15	4.4 %	%	5.4
20 Attempts to purchase cigarettes	2013	36	19.5 %	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	1,222	8.7 %	%	10.1
	22 Smokers successfully quitting at 1 month follow-up	2013	567	4.1 %	%	3.8
	23 Quit rate at 1 month follow-up	2013	567	46.4 %	%	37.8
	24 Quit rate at 3 months follow-up	2013	75	6.1 %	%	11.2
	25 Quit rate at 12 months follow-up	2012	24	1.6 %	%	5.6
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	122	40 %	%	34.8
	27 Quit rate at 1 month follow-up in quintile 2	2013	219	48.5 %	%	37.9
	28 Quit rate at 1 month follow-up in quintile 3	2013	62	41.3 %	%	39.6
	29 Quit rate at 1 month follow-up in quintile 4	2013	117	52.5 %	%	40.5
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	47	51.1 %	%	43.3
	31 Availability of Smoking Cessation Products	2013	405	5.4	cr2	5.0
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	245	272.5	sr3	325.4
	33 Lung cancer deaths <sup>2</sup>	2012	183	97.8	sr3	107.1
	34 COPD deaths <sup>2</sup>	2012	97	57	sr3	77.9
	35 Smoking attributable admissions <sup>2,15</sup>	2012	3,864	1,912.1	sr3	3,149.4
	36 Lung cancer registrations <sup>2</sup>	2011	228	114.9	sr3	133.3
	37 COPD incidence <sup>2,15</sup>	2012	545	267.8	sr3	391.1
Retailer Information	38 Tobacco retailers per 1,000 population	2013	205	2.7	cr2	2.2

**Notes:**

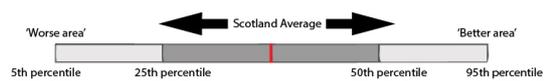
- 2. Three-year combined number, and three-year average annual measure
- 13. Indicator based on HB boundaries prior to April 2014
- 14. Two-year combined number, and two-year average annual measure
- 15. All 6 diagnosis codes used in the analysis; please see technical report for more information

**Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

**Spine Chart Key:**

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## West Dunbartonshire

West Dunbartonshire has an estimated total population of 89,810.

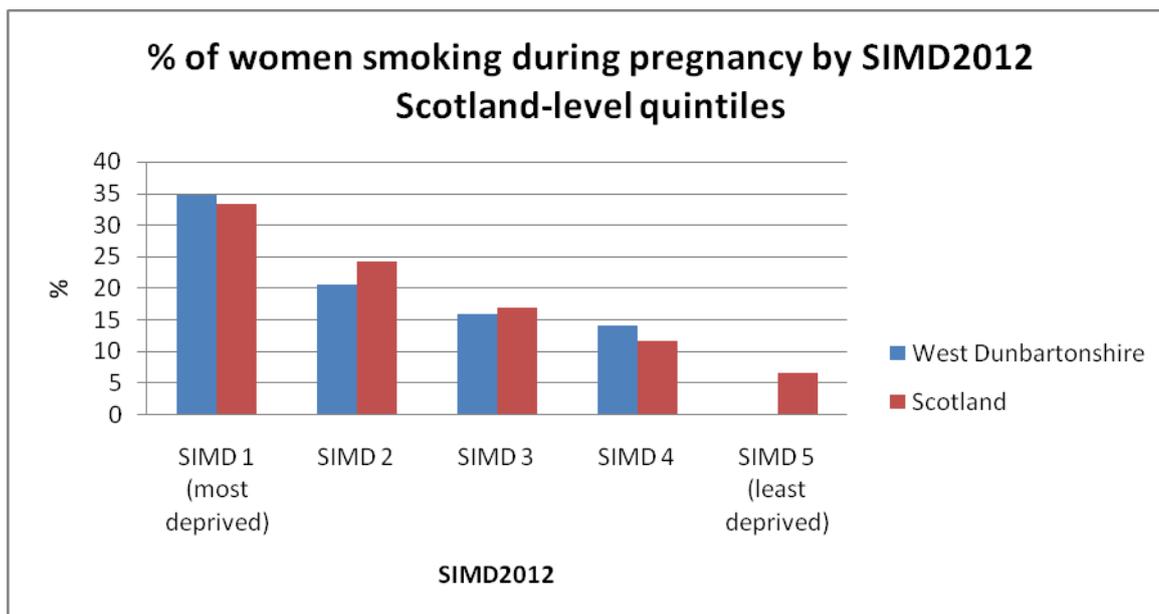
### Adult smoking prevalence

Smoking prevalence among the West Dunbartonshire adult population (27.0%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%). Both sexes and each age grouping were also not significantly different compared with their respective Scottish averages. Smoking prevalence in West Dunbartonshire has been on a downward trend since combined survey years 2005/06, but has risen for the first time this year, from 23.7% to the current level.

### Smoking during and post pregnancy

West Dunbartonshire has a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (25.1% vs. 20.1%, respectively) for the 3-year combined period 2010-2012. Rates of women smoking during pregnancy have shown a consistent downward trend since the 2006-2008, falling from 31.7% to their current level. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data

Following the Scotland trend, the percentage of women smoking during pregnancy in West Dunbartonshire increases as the level of deprivation increases. The percentage of women smoking during pregnancy is significantly lower (better) than the Scottish average in quintile 2 (20.5% vs. 24.2%, respectively). (See figure below).



Additionally, significantly more pregnant women made a quit attempt (27.6%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were not significantly different in West Dunbartonshire when compared with the Scottish average (18.8% vs. 16.9%, respectively) for financial year period 2010/11-2012/13. Post-partum smoking rates have remained relatively constant in West Dunbartonshire since combined financial years 2008/09-2010/11.

### Smoking in school children

Smoking prevalence, as reported in the 2013 SALSUS survey in both S2 and S4 (7.6%) pupils, was not significantly different from their respective Scottish averages (1.8% and 8.7%, respectively). Smoking prevalence for both boys and girls was not significantly different from the

Scottish average. In both cases this refers to S2 and S4 pupils combined. In all groups, smoking prevalence has reduced compared with the 2010 survey.

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, was not significantly different from the Scottish average (16.9% vs. 18.2%, respectively). There has been an 8% drop in prevalence since the 2010 survey, from 24.9% to the current level.

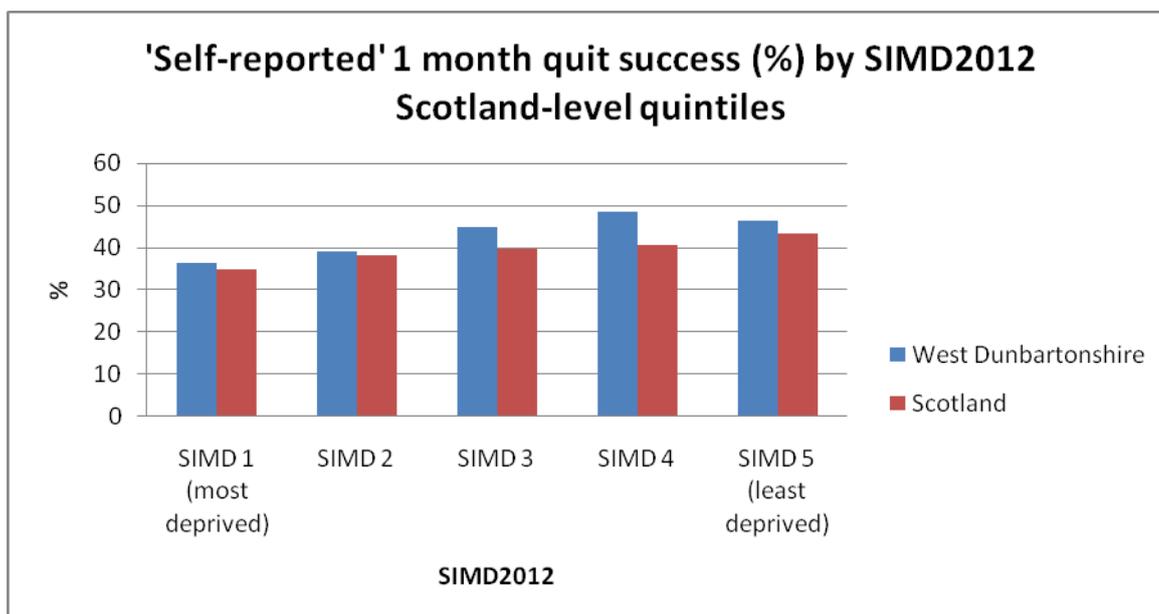
### Smoking cessation

There were 2,417 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 19.0% reduction on 2012, where there were 2,984 quit attempts. This was the second decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes (a 13% reduction was seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (12.1% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (4.7% vs. 3.8%, respectively), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month and twelve months after quit date were not significantly different from the Scottish average. However, quit rates at three months following the quit date were significantly worse than the Scottish average (8.6% and 11.2%, respectively).

The one month quit rates were not significantly different from the Scottish average in all deprivation groups apart from quintile 3, where quit outcomes were significantly higher (better) at 44.9% vs. 39.6% respectively. The quit rate was 36.3% in quintile 1 (most deprived) compared with 46.3% in quintile 5 (least deprived). It is worth noting that the highest quit rate (48.4%) was seen in quintile 4 (see figure below).



Dispensing of smoking cessation products in West Dunbartonshire for financial year 2013/14 was not significantly different compared with the Scottish average (5.2 daily doses per 1,000 population vs. 5.0 daily doses per 1,000 population). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, over the last 3 financial years (2011/12-2013/14), the number of products dispensed has fallen. This may be linked to the fall in quit attempts described above.

## **Smoking attributable deaths and diseases**

There were around 3,300 smoking attributable hospital admissions per 100,000 population in West Dunbartonshire for the combined 3-year period 2011-2013. This was significantly higher (worse) than the Scottish average of 3,100. The rate of smoking attributable deaths per 100,000 population was significantly higher (worse) than the Scottish average (413 vs. 325, respectively), although this may reflect a high recording of diagnostic information in hospital systems in West Dunbartonshire.

Over the same time period, the COPD incidence rate per 100,000 population in West Dunbartonshire was significantly higher (worse) than the Scottish average (459 vs. 391, respectively). However, please note coding comment above. The number of deaths per 100,000 from COPD was also significantly higher (worse) than the Scottish average (108 vs. 78, respectively) and has risen since combined years 2009-2011, from 81 to 108 (current level) per 100,000 population.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were significantly higher (worse) than the Scottish average (173 vs. 133, respectively). This represents a rise since 2009-2011. The rate of lung cancer deaths per 100,000 for 2011-2013 combined years was also significantly higher (worse) when compared with the Scottish average (151 vs. 107 respectively). This was also an increase since 2009-2011, from a low of 133 per 100,000.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the West Dunbartonshire population in 2013 was not significantly different from the Scottish average (2.3 vs. 2.2, respectively). This was a slight decrease on the previous year (2.7 per 1,000 population).

## West Dunbartonshire

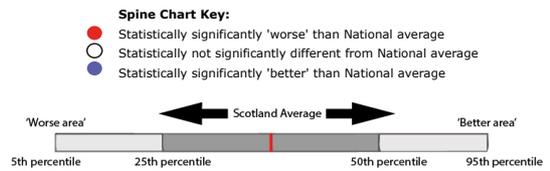
Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	142	27	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	40	25.7	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	76	32.5	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	24	17.7	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	115	29.4	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	60	28.1	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	82	26.1	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	740	25.1	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	461	34.6	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	165	20.5	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	83	15.8	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	27	14	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	3	3.4	%	6.5	
	14 Quit attempts from pregnant smokers	2011	204	27.6	%	23.5	
	15 Post-partum smoking rate <sup>2</sup>	2011	577	18.8	%	16.9	
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013			%	1.8	
	17 Smoking prevalence in S4 pupils	2013	23	7.6	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	12	4.3	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	17	5.8	%	5.4	
	20 Attempts to purchase cigarettes	2013	27	16.9	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	2,417	12.1	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	939	4.7	%	3.8	
	23 Quit rate at 1 month follow-up	2013	939	38.9	%	37.8	
	24 Quit rate at 3 months follow-up	2013	207	8.6	%	11.2	
	25 Quit rate at 12 months follow-up	2012	161	5.4	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	462	36.3	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	256	38.9	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	157	44.9	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	45	48.4	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	19	46.3	%	43.3	
	31 Availability of Smoking Cessation Products	2013	383	5.2	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	368	413.3	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	276	150.7	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	186	107.5	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	6,568	3,279.0	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	337	173.4	sr3	133.3	
37 COPD incidence <sup>2,15</sup>	2012	915	458.8	sr3	391.1		
Retailer Information	38 Tobacco retailers per 1,000 population	2013	169	2.3	cr2	2.2	

### Notes:

2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013



## West Lothian

West Lothian has an estimated total population of 176,140.

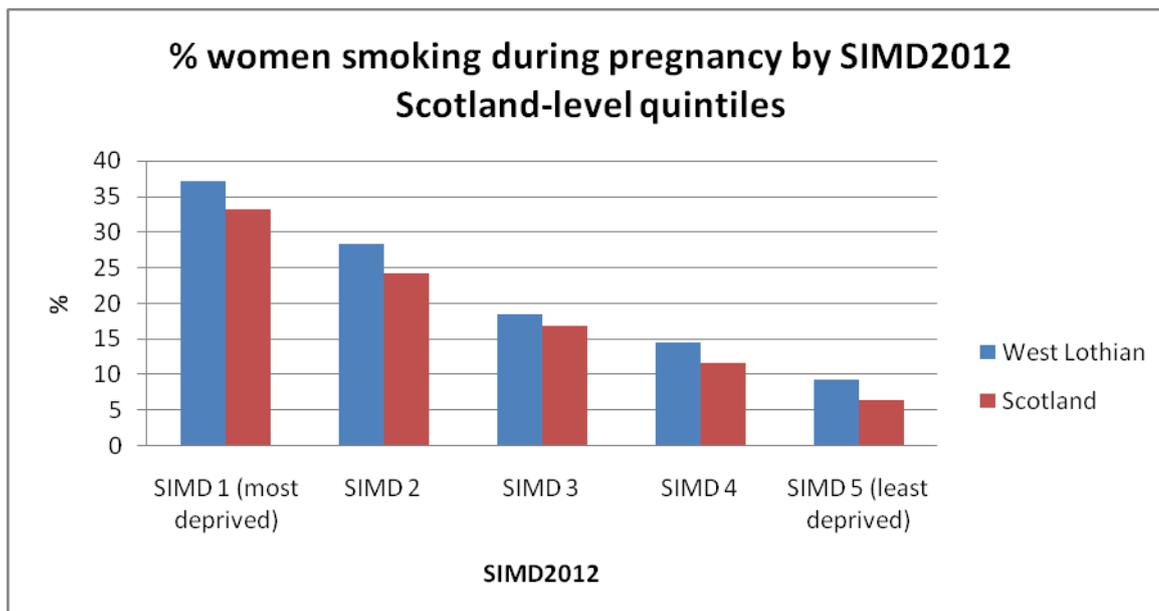
### Adult smoking prevalence

Smoking prevalence among the West Lothian adult population (21.1%) for combined survey years 2012/2013 was not significantly different from the Scottish average (23.0%), with both sexes and each age grouping being not significantly different from their respective Scottish averages. The adult smoking prevalence has been continually decreasing since the 2005/2006 combined surveys, from a high of 28.7%.

### Smoking during and post pregnancy

West Lothian had a significantly higher (worse) percentage of women smoking during pregnancy when compared with the Scottish average (23.8% and 20.1%, respectively) for the 3-year combined period 2010-2012. This has been consistently increasing since the combined period 2008-2010, when it was around 23%. There is evidence of under-reporting by women of their smoking behaviour at the booking appointment (see the latest [ISD births report](#)). This issue is being addressed, and has improved in recent years. This may have had an effect on prevalence levels and therefore trend data.

Following the Scotland trend, the percentage of women smoking during pregnancy in West Lothian increases as the level of deprivation increases, with those living in the most deprived areas approximately 4 times more likely to smoke during pregnancy than those in the least deprived areas (see figure below).



However, significantly more pregnant women made a quit attempt (27.1%) with the help of NHS smoking cessation services compared with the Scottish average (23.5%).

Post-partum smoking rates were significantly higher (worse) in West Lothian for financial year period 2010/11-2012/13 when compared with the Scottish average (20% vs. 17%). This figure has remained relatively constant since 2008/09-2010/11.

### Smoking in school children

Smoking prevalence in West Lothian (regular smokers), as reported in the 2013 SALSUS survey for S2 (1.8%) and S4 (6.8%) school pupils, was not significantly different to the Scottish average (1.8% and 8.7%, respectively). The smoking prevalence for both boys and girls was also not significantly different than the Scottish average. In both cases this refers to S2 and S4 pupils

combined. Both boys and girls have noted a reduction since the 2006 survey (for boys from 9.4% to 4.1%, for girls from 13.9% to 4.5%, respectively).

The percentage of S2 and S4 pupils, which either attempted to buy (and were refused) or successfully bought cigarettes from a shop, supermarket or van in the previous 4 weeks, were not significantly different to the Scottish average (both 18.2%). This represents a fall compared with the 2010 survey (where the percentage was 24.2%).

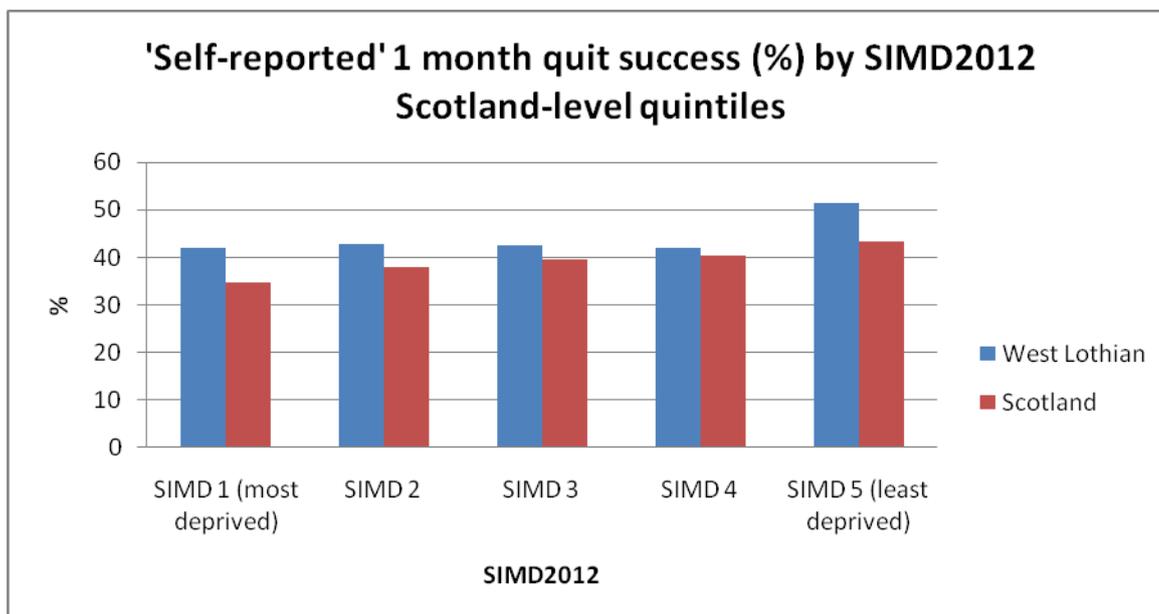
### Smoking cessation

There were 3,411 quit attempts made with the help of NHS smoking cessation services in 2013. This was a 3.8% increase on 2012, where there were 3,285 quit attempts. This was contrary to the trend seen at the Scotland level, where for the first time in recent years there has been a decrease, which could be partly explained by the rise in use of electronic cigarettes (a 13% reduction is seen at Scotland level).

The number of quit attempts made with an NHS smoking cessation service in 2013, as a % of total estimated adult smoking population (SHoS, 2012) was significantly higher (better) than the Scottish average (11.5% vs. 10.1%, respectively). The same was true for the successful one month self-reported quits (4.9% vs. 3.8%), again as a % of total estimated adult smoking population (SHoS, 2012).

Quit rates (the percentage of self-reported quits, as based on all quit attempts set through a smoking cessation service) at one month after quit date were significantly higher (better) than the Scottish average. Quit rates at three months after quit date were not significantly different from the Scottish average, while at twelve months (4.7%) they were significantly lower (worse) than the Scottish average (5.6%).

The one month quit rates were significantly higher than the Scottish average for quintiles 1 (most deprived), 2 and 5 (least deprived). The quit rate was 42.1% in the most deprived group compared with 51.3% in the least deprived group (see figure below).



Dispensing of smoking cessation products in West Lothian for financial year 2013/14 was significantly higher (better) than the Scottish average (6 daily doses per 1,000 population vs. 5 daily doses per 1,000 population, respectively). There has been a consistent increase in the number of smoking cessation products dispensed since financial year 2007/08. However, over the last year, the number of products dispensed has decreased.

## **Smoking attributable deaths and diseases**

There were around 3,100 smoking attributable hospital admissions per 100,000 population in West Lothian for the combined 3-year period 2011-2013, which was not significantly different from the Scottish average. However, this may be affected by the differential recording of diagnostic information in different hospital systems. The rate of smoking attributable deaths per 100,000 population was not significantly different than the Scottish average (320 vs. 325, respectively).

Over the same time period, the COPD incidence rate per 100,000 population in West Lothian was significantly higher (worse) than the Scottish average (428 vs. 391, respectively; however, please note coding comment above). The number of deaths per 100,000 population from COPD was not significantly different from the Scottish average (84 vs. 78, respectively) and has stayed at a relatively constant rate since combined years 2010-2012.

Lung cancer registrations per 100,000 population for the combined 3-year period 2010-2012 were not significantly different from the Scottish average (145 vs. 133, respectively). Rates have been steadily reducing since 2008-2010, from a high of 160 per 100,000 population to their current level. The rate of lung cancer deaths per 100,000 population for 2011-2013 combined years was not significantly different from the Scottish average (116 vs. 107 respectively). Lung cancer death rates in West Lothian have been steadily decreasing since 2007-2009 from 139 per 100,000 to their current level.

## **Retailer Information**

The rate of tobacco retailers per 1,000 population available to the West Lothian population in 2013 was not significantly different from the Scottish average (2.1 vs. 2.2, respectively). This was a slight reduction on the previous year (2.2).

## West Lothian

Domain	Indicator	Period	Number	Measure	Type	National Average	
Adult Prevalence	1 Smoking prevalence (adults 16+)	2013	106	21.1	%	23.0	
	2 Smoking prevalence (adults 16-39)	2013	32	23	%	25.7	
	3 Smoking prevalence (adults 40-64)	2013	53	23.3	%	25.3	
	4 Smoking prevalence (adults 65+)	2013	15	11.4	%	13.2	
	5 Smoking prevalence (adults 16-64)	2013	85	23.2	%	25.5	
	6 Smoking prevalence (men aged 16+)	2013	49	23	%	24.6	
	7 Smoking prevalence (women aged 16+)	2013	55	19.4	%	21.5	
Smoking During & After Pregnancy	8 Women smoking during pregnancy	2011	1,278	23.8	%	20.1	
	9 Smoking during pregnancy in most deprived quintile (1)	2011	421	37.1	%	33.2	
	10 Smoking during pregnancy in quintile 2	2011	480	28.3	%	24.2	
	11 Smoking during pregnancy in quintile 3	2011	207	18.4	%	16.9	
	12 Smoking during pregnancy in quintile 4	2011	106	14.5	%	11.7	
	13 Smoking during pregnancy in least deprived quintile (5)	2011	63	9.3	%	6.5	
	14 Quit attempts from pregnant smokers	2011	346	27.1	%	23.5	
15 Post-partum smoking rate <sup>2</sup>	2011	1,242	19.7	%	16.9		
Smoking in School Children	16 Smoking prevalence in S2 pupils	2013	10	1.8	%	1.8	
	17 Smoking prevalence in S4 pupils	2013	41	6.8	%	8.7	
	18 Smoking prevalence in S2 and S4 boys	2013	24	4.1	%	5.2	
	19 Smoking prevalence in S2 and S4 girls	2013	27	4.5	%	5.4	
	20 Attempts to purchase cigarettes	2013	65	18.2	%	18.2	
Smoking Cessation & Smoking Cessation Products	21 Smokers making quit attempts	2013	3,411	11.5	%	10.1	
	22 Smokers successfully quitting at 1 month follow-up	2013	1,462	4.9	%	3.8	
	23 Quit rate at 1 month follow-up	2013	1,462	42.9	%	37.8	
	24 Quit rate at 3 months follow-up	2013	393	11.5	%	11.2	
	25 Quit rate at 12 months follow-up	2012	155	4.7	%	5.6	
	26 Quit rate at 1 month follow-up in most deprived quintile 1	2013	330	42.1	%	34.8	
	27 Quit rate at 1 month follow-up in quintile 2	2013	556	42.9	%	37.9	
	28 Quit rate at 1 month follow-up in quintile 3	2013	321	42.4	%	39.6	
	29 Quit rate at 1 month follow-up in quintile 4	2013	174	41.9	%	40.5	
	30 Quit rate at 1 month follow-up in least deprived quintile 5	2013	81	51.3	%	43.3	
	31 Availability of Smoking Cessation Products	2013	886	6.3	cr2	5.0	
Smoking Attributable Deaths & Diseases	32 Smoking attributable deaths <sup>13,14</sup>	2012	477	319.8	sr3	325.4	
	33 Lung cancer deaths <sup>2</sup>	2012	369	115.9	sr3	107.1	
	34 COPD deaths <sup>2</sup>	2012	244	83.7	sr3	77.9	
	35 Smoking attributable admissions <sup>2,15</sup>	2012	10,574	3,102.8	sr3	3,149.4	
	36 Lung cancer registrations <sup>2</sup>	2011	471	145.2	sr3	133.3	
	37 COPD incidence <sup>2,15</sup>	2012	1,426	428.3	sr3	391.1	
Retailer Information	38 Tobacco retailers per 1,000 population	2013	295	2.1	cr2	2.2	

### Notes:

2. Three-year combined number, and three-year average annual measure
13. Indicator based on HB boundaries prior to April 2014
14. Two-year combined number, and two-year average annual measure
15. All 6 diagnosis codes used in the analysis; please see technical report for more information

### Key:

- % = percent
- cr2 = crude rate per 1,000 population
- sr3 = age-sex standardised rate per 100,000 population to ESP2013

### Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average



## Appendix I – Definitions, geography, years and sources

Ind No	Description	Definition	Geog	Years	Source
1-7	Smoking prevalence	Percentage of adults (aged 16+, 16-39, 40-64, 65+, 16-64 years; males, females) participating in the Scottish Household Survey answering yes to the question "Do you smoke cigarettes nowadays?"	Local Authority, HB2014, Scotland	2005&2006 up to 2012&2013	Scottish Household Survey
8	Women smoking during pregnancy	Percentage (from 3 year combined totals) of all women with a known smoking status at first antenatal booking appointment who are recorded as a 'current smoker'	Local Authority, HB2014, Scotland	2002-2004 to 2010-2012	ISD Scotland (SMR02)
9-13	Smoking during pregnancy by SIMD (1=most deprived; 5=least deprived)	Percentage (3 year average) of all women with a known smoking status at antenatal booking appointment and living within each deprivation quintile, who are recorded as a 'current smoker' (based on Scottish SIMD. i.e. most deprived includes women living in the 20% most deprived datazones in Scotland).	Local Authority, HB2014, Scotland	2002-2004 to 2010-2012	ISD Scotland (SMR02)
14	Quit attempts from pregnant smokers	Number of quit attempts with an NHS smoking cessation service where the client was a pregnant woman, expressed as a percentage of all women recorded as a 'current smoker' at antenatal booking appointment	Local Authority, HB2014, Scotland	2008-2010 to 2010-2012	ISD Scotland Smoking Cessation Database and ISD Scotland (SMR02)
15	Post-partum smoking rate	Percentage (from 3 year combined totals) of all women with a known smoking status at postnatal appointment (health visitor First Visit review) who are recorded as a 'current smoker'.	Local Authority, HB2014, Scotland	2003/04 - 2005/06 to 2010/11-2012/13	CHSP-PS (Child Health Systems Program Pre-School system)
16-19	Smoking prevalence in: S2 pupils; S4 pupils; and by sex	Percentage of S2 and S4 pupils participating in the sampling frame for SALSUS (Scottish Schools Adolescent Lifestyle and Substance Use Survey), who report they are regular smokers (i.e. smoke one or more cigarettes per week)	Local Authority, HB2014, Scotland	2006, 2010 and 2013	SALSUS
20	Attempts to purchase cigarettes	Percentage of S2 and S4 pupils participating in the sampling frame for the SALSUS (Scottish Schools Adolescent Lifestyle and Substance Use Survey) survey, who bought or tried to buy cigarettes from any kind of shop, supermarket or van in the last 4 weeks (at the time of the survey).	Local Authority, HB2014, Scotland	2006, 2010 and 2013	SALSUS
21	Smokers making quit attempts	Percentage of the adult population (aged 16+) who smoke as defined by the Scottish Household Survey (see indicator 1 above), who made a quit attempt with an NHS smoking cessation service.	Local Authority, HB2014 of residence, Scotland	2008, 2009, 2010, 2011, 2012 and 2013	ISD Scotland Smoking Cessation Database and Scottish Household Survey
22	Smokers successfully quitting at 1 month follow-up	Percentage of adult population (aged 16+) who smoke as defined by the Scottish Household Survey (see indicator 1 above), who are recorded as a successful quit at one month after the quit date (i.e. Not smoked in the last 2 weeks) with an NHS Smoking Cessation Service.	Local Authority, HB2014 of residence, Scotland	2008, 2009, 2010, 2011, 2012 and 2013	ISD Scotland Smoking Cessation Database and Scottish Household Survey
23	Quit rate at 1 month follow-up	Percentage of quit attempts aged 16+, who are recorded as a successful quit at one month after the quit date (i.e. Not smoked in the last 2 weeks), with an NHS Smoking Cessation Service.	Local Authority, HB2014 of residence, Scotland	2008, 2009, 2010, 2011, 2012 and 2013	ISD Scotland Smoking Cessation Database

24	Quit rate at 3 months follow-up	Percentage of quit attempts aged 16+, who are successfully still quit at the 3 month follow-up (i.e. clients self reported not smoked since one month follow-up or smoked up to 5 cigarettes), with an NHS Smoking Cessation Service.	Local Authority, HB2014 of residence, Scotland	2008, 2009, 2010, 2011, 2012 and 2013	ISD Scotland Smoking Cessation Database
25	Quit rate at 12 months follow-up	Percentage of quit attempts aged 16+, who are successfully still quit at the 12 month follow-up (i.e. clients self reported not smoked since one month follow-up or smoked up to 5 cigarettes at both 3 month and 12 month follow up), with an NHS Smoking Cessation Service.	Local Authority, HB2014 of residence, Scotland	2008, 2009, 2010, 2011 and 2012	ISD Scotland Smoking Cessation Database
26-30	Quit rate at 1 month follow-up by SIMD quintile (1=most deprived; 5=least deprived)	Proportion of quit attempts self-reported as successfully quit one month after the quit date living within each deprivation quintile (based on Scotland-level SIMD) (NB. This is different to the HEAT definition where within-Board level SIMD is used).	Local Authority, HB2014 of service, Scotland	2008, 2009, 2010, 2011, 2012 and 2013	ISD Scotland Smoking Cessation Database
31	Availability of Smoking Cessation Products	Crude rate of smoking cessation products prescribed in defined daily doses (DDD) per 1,000 people.	Local Authority, HB2014 of service, Scotland	2003/04 to 2013/14	PIS
32	Smoking attributable deaths	Total number of deaths from causes wholly or partially attributable to smoking in persons aged 35 and over, expressed as a 2-year average directly age-sex standardised rate per 100,000 population aged 35 and over.	Local Authority, HB2006, Scotland	2012-2013 combined	National Records of Scotland and Scottish Household Survey
33	Lung cancer deaths	Total number of deaths from lung cancer for age 16+, expressed as 3-year average directly age-sex standardised rate per 100,000 population aged 16 and over.	Local Authority, HB2014, Scotland	2002-2004 to 2011-2013	National Records of Scotland
34	COPD deaths	Total deaths from bronchitis aged 16+, emphysema and all other COPD (chronic obstructive pulmonary disease), expressed as 3-year average directly age-sex standardised rate per 100,000 population aged 16 and over.	Local Authority, HB2014, Scotland	2002-2004 to 2011-2013	National Records of Scotland
35	Smoking attributable admissions	Total number of hospital admissions for diseases wholly or partially attributable to smoking in persons aged 16 and over, expressed as 3-year average directly age-sex standardised rate per 100,000 population aged 16 and over.	Local Authority, HB2014, Scotland	2002-2004 to 2011-2013	ISD Scotland (SMR01) and Smoking Ready Reckoner (see technical report)
36	Lung cancer registrations	Total number of cancer registrations for lung cancer aged 16+, expressed as 3-year average directly age-sex standardised rate per 100,000 population aged 16 and over.	Local Authority, HB2014, Scotland	2001-2005 to 2010-2012	ISD Scotland, Scottish Cancer Registry
37	COPD incidence	Total number of patients with a first admission in 5 years who were discharged from hospital (annually) with COPD aged 16+, expressed as 3-year average directly age-sex standardised rate per 100,000 population per year.	Local Authority, HB2014, Scotland	2002-2004 to 2011-2013	ISD Scotland (SMR01)
38	Tobacco retailers per 1,000 population	Number of tobacco retailers (individual establishments) expressed as a crude rate per 1,000 population aged 18+	Local Authority, HB2014, Scotland	2011 to 2013	Tobacco Registry