

Alcohol, drugs, smoking, weight & physical activity



Alcohol, drugs, smoking, weight and physical activity: Key focus areas

Alcohol

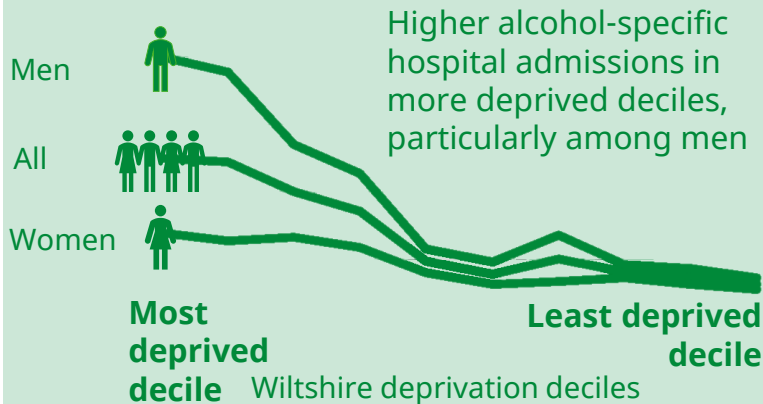


Wiltshire generally has lower rates of hospital admissions associated with alcohol misuse than England and the South West.

While Wiltshire's overall rates are lower, however, there is substantial variation by age, gender and deprivation level. On the alcohol-specific admissions measure, men aged 45+ had a much higher rate of admissions than the average (1203 for 45-49 year old men vs. 484 per 100,000 Wiltshire average). This inequality by sex/age was compounded by deprivation...



Inequality in hospital admissions



Smoking



Most deprived communities - People living in those neighbourhoods (lower super output areas) in Wiltshire that are in the most deprived 40% of all English neighbourhoods are at higher risk of smoking than those living in Wiltshire's less deprived neighbourhoods.

Mental health conditions - adults with long term mental health conditions are estimated to be more than twice as likely to smoke (25.2%) than the general population (12.0%) of Wiltshire. This puts people with a mental health condition at a greatly increased risk of smoking-attributable ill health and mortality, compared to the general population.



Pregnancy - Wiltshire's rate of smoking at time of delivery in 2020/21 was estimated to be 8.5%. This is lower than the rate in our comparator areas but the national ambition is to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (measured at time of giving birth).

Drug misuse



The rates of hospital admission episodes due to poisoning by illicit drugs (i.e. substances controlled under the Misuse of Drugs Act 1971) are slightly higher in the South West and Wiltshire (35 per 100,000) than they are in England as a whole (31 per 100,000).

Weight

Over a fifth of 4-5 year olds obese or overweight
Over a quarter of 10-11 year olds obese or overweight

A smaller proportion of children in Wiltshire were obese or overweight in 2018/19 than in the South West and England.

Higher proportions of male children and children living in more deprived areas were obese or overweight than the average



Physical activity



Over half of 5-16 year olds in Wiltshire were estimated to be meeting physical activity guidelines in 2020/21 - higher than the South West and England

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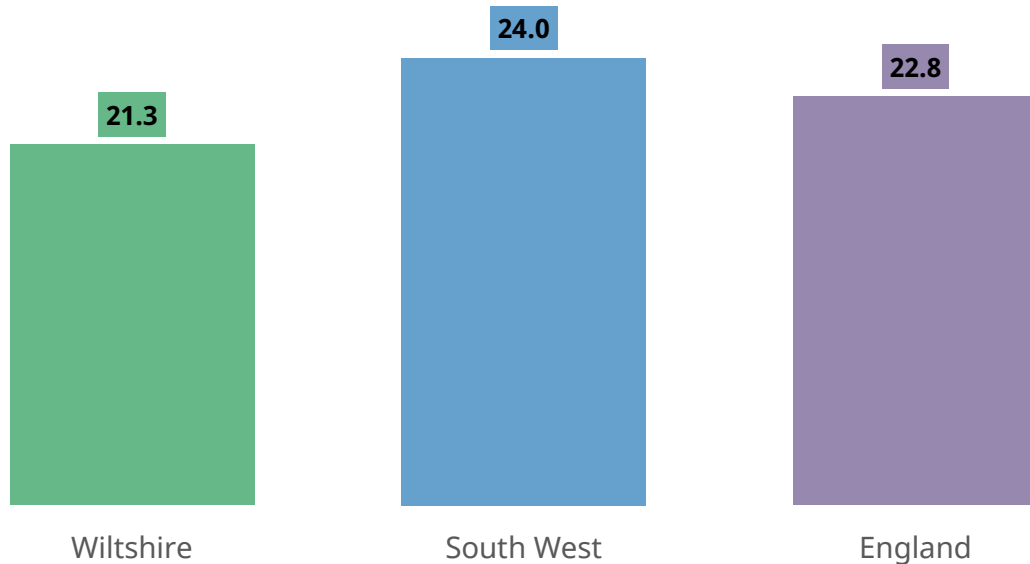


Alcohol, drugs, smoking, weight and physical activity: Alcohol consumption and effects

The World Health Organization (WHO) describes alcohol as the third biggest global risk for the burden of disease, and alcohol is identified as a causal factor in more than 60 medical conditions.

Alcohol use contributes significantly to hospital admissions and deaths, and is estimated to cost the NHS approximately £3.5 billion per year and society as a whole £21 billion annually. [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#) & [Health Survey for England 2019 \[NS\] - NHS Digital](#)

Percentage of adults drinking over 14 units of alcohol a week
Geographical comparison 2015-2018



Examples of alcohol related harm in Wiltshire include



176 people killed or injured in drink-drive incidents in 2018-20

6,606 hospital admissions in 2020/21



565 new cancer cases in 2017-19

174 deaths in 2020



Alcohol-related harm is determined by not only the volume, but also the frequency of drinking. As such, the risk of harm is directly related to levels and patterns of alcohol consumption.

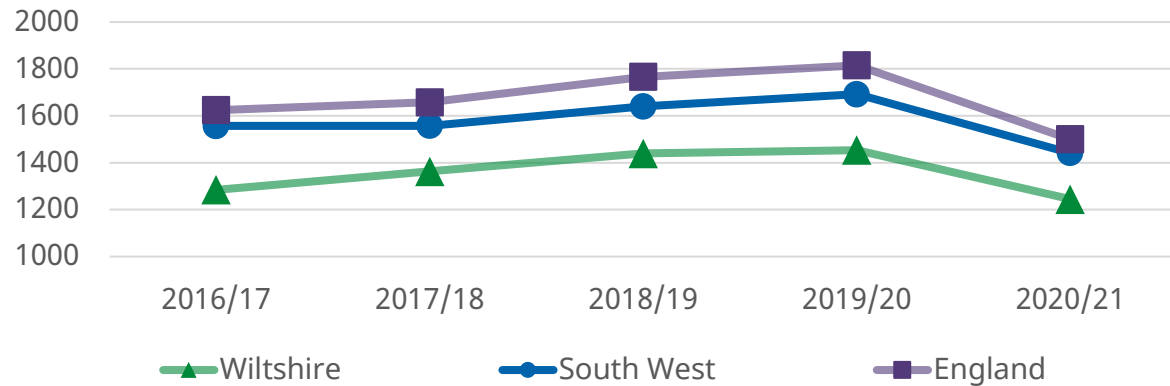
In January 2016 the UK Chief Medical Officer (CMO) issued revised guidance in relation to alcohol consumption <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>.

This guidance advises that in order to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol per week.

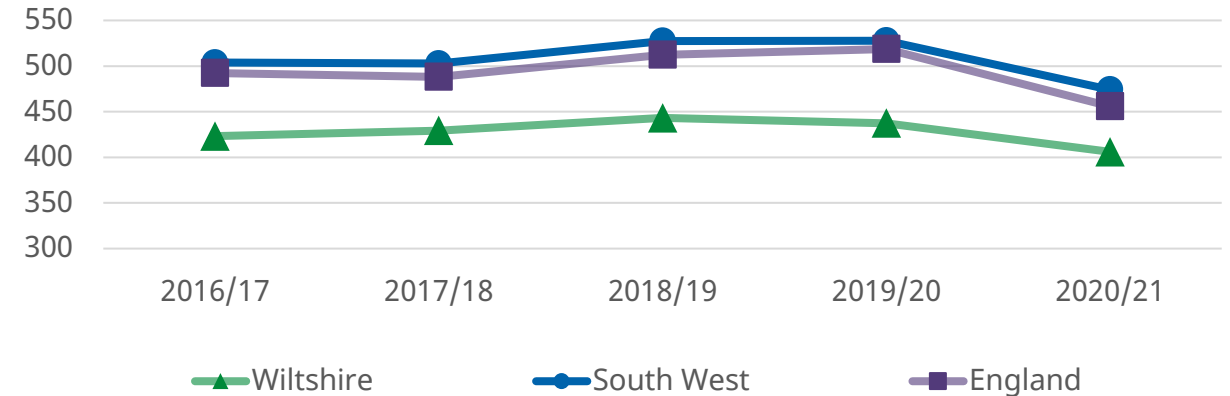
The Health Survey for England (HSE) indicated that 21.3% of Wiltshire's adults drank more than this in an average week during 2015-18. The HSE was paused during the pandemic and has not been re-instated. Indications from studies such as Public Health England's [Monitoring alcohol consumption and harm](#) report however, suggest changed patterns of consumption at the national level during this period.

Alcohol, drugs, smoking, weight and physical activity: Alcohol-related hospital admissions

Admission episodes for alcohol-related conditions (broad definition):
Rate per 100,000 population
Geographical comparison 2016/17-2020/21



Admission episodes for alcohol-related conditions (narrow definition):
Rate per 100,000 population
Geographical comparison 2016/17-2020/21

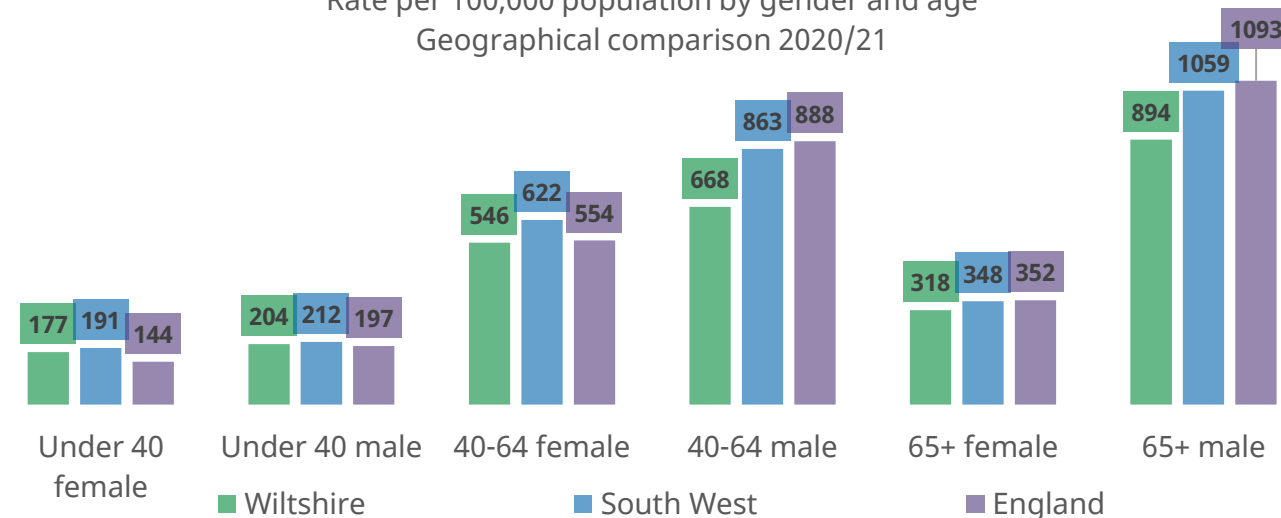


The impact of alcohol on health can be seen in alcohol-related hospital admissions. The 'broad definition' (top left) indicates the full impact alcohol has on hospital admissions, highlighting the effect on the NHS. The 'narrow' measure (on the right) meanwhile, estimates the number of hospital admissions that are primarily caused by alcohol (see [Technical Guidance](#) for full description).

On both broad and narrow measures, the rate of alcohol-related admissions fell slightly in Wiltshire in 2020/21, likely due to the effects of the pandemic. Again, for both measures, Wiltshire's overall rates of admissions have been, and remain, lower than the rates seen in England and the South West.

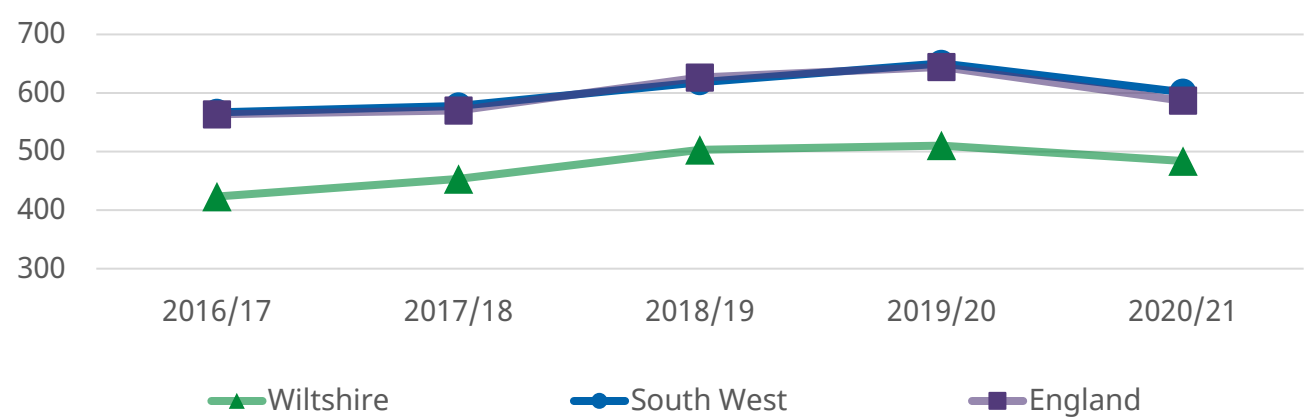
While Wiltshire's overall rates are lower, in 2020/21 there was substantial variation by both age and gender, with women of all ages and persons aged under 40 closer to the English rates than men aged 40+.

Alcohol-related hospital admissions (narrow definition):
Rate per 100,000 population by gender and age
Geographical comparison 2020/21



Alcohol, drugs, smoking, weight and physical activity: Alcohol-specific hospital admissions

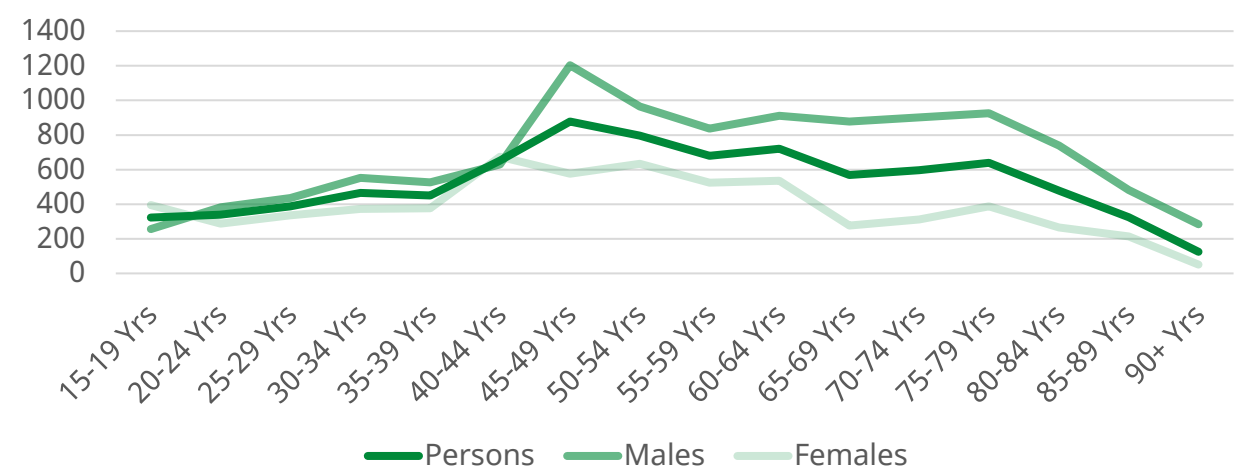
Admission episodes for alcohol-specific conditions: Rate per 100,000 population
Geographical comparison 2016/17-2020/21



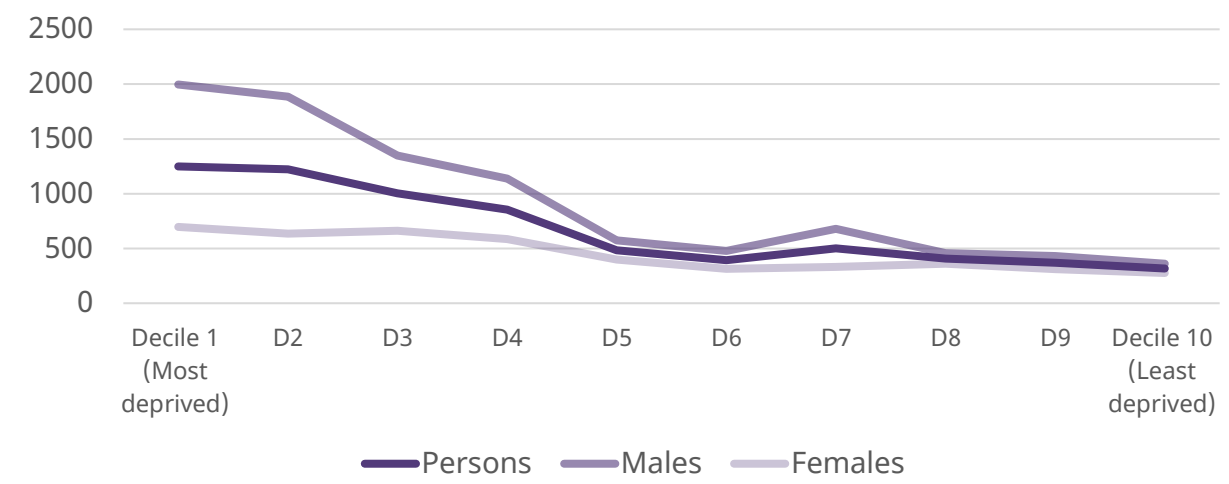
Alcohol-specific hospital admissions are those in which the hospital admission was wholly due to the effects of alcohol. Wiltshire like the rest of the country has seen a long-term increase in alcohol-specific hospital admissions. Rates in 2020/21, however, were slightly lower than in the previous two years, likely because of the effects of the pandemic on overall hospital admissions.

While there was some variation by age-group, in 2020/21 in general men in Wiltshire were much more likely to be admitted to hospital with an alcohol-specific condition than women, with men aged 45+ at particularly high risk (bottom left chart). This gender imbalance was much larger in the more deprived areas: in Wiltshire's less deprived areas, men and women were almost equally likely to be admitted for alcohol-specific conditions but in the more deprived areas the gender difference was substantial (bottom right chart).

Admission episodes for alcohol-specific conditions in Wiltshire: Rate per 100,000 population by age and gender 2020/21

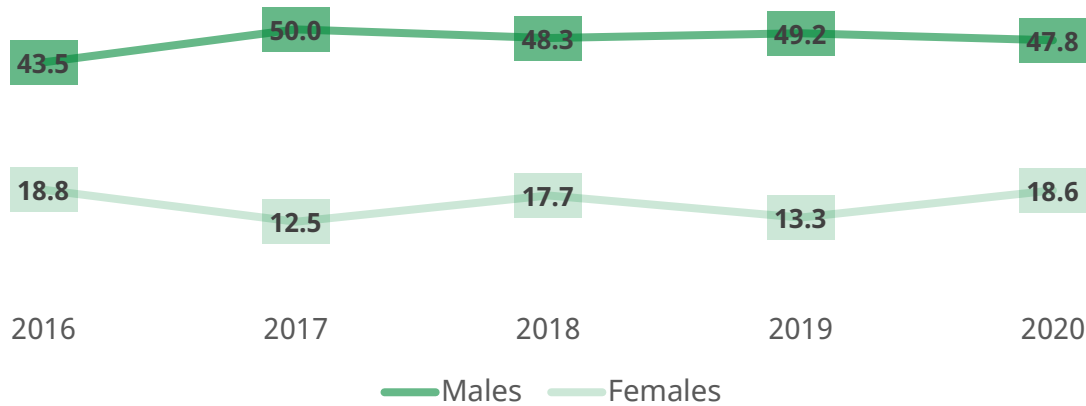


Admission episodes for alcohol-specific conditions in Wiltshire: Rate per 100,000 population by national deprivation decile and gender 2020/21

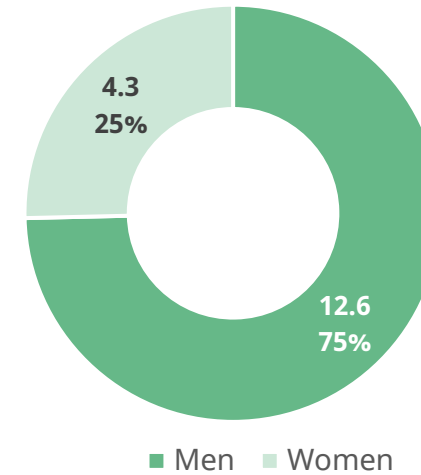


Alcohol, drugs, smoking, weight and physical activity: Alcohol attributable mortality

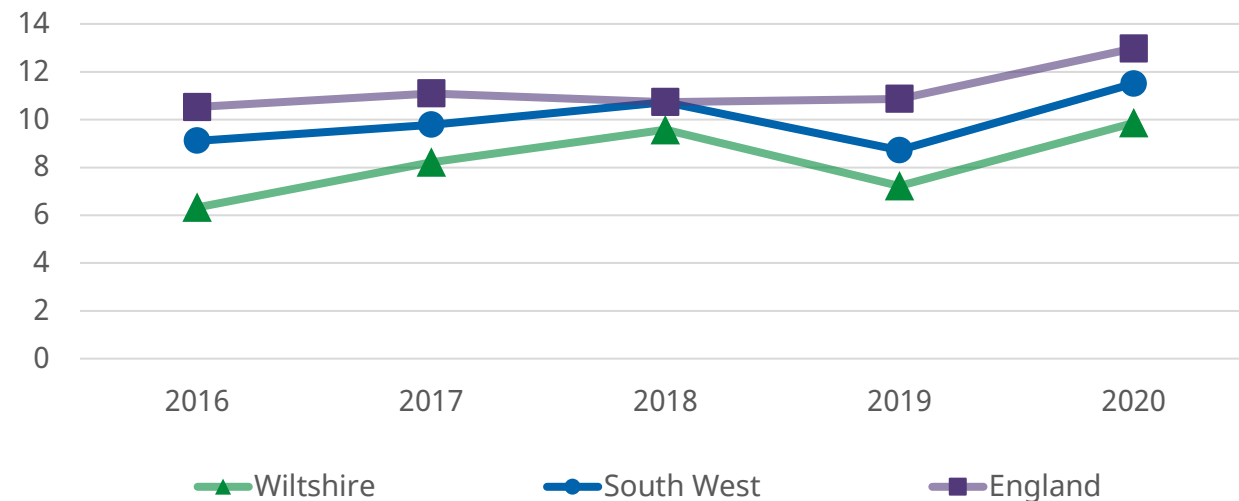
Alcohol-related mortality in Wiltshire: Rate per 100,000 population by gender, 2016 - 2020



Alcohol-specific mortality in Wiltshire: Rate per 100,000 population by gender, 2017-2019



Alcohol-specific mortality: Rate per 100,000 population Geographical comparison 2016 - 2020



In 2020, 174 deaths in Wiltshire were related to alcohol (32.1 per 100,000), and 52 were wholly alcohol-specific (9.9 per 100,000).

As with hospital admissions, men face an overall higher risk of alcohol-related and alcohol-specific mortality than women.



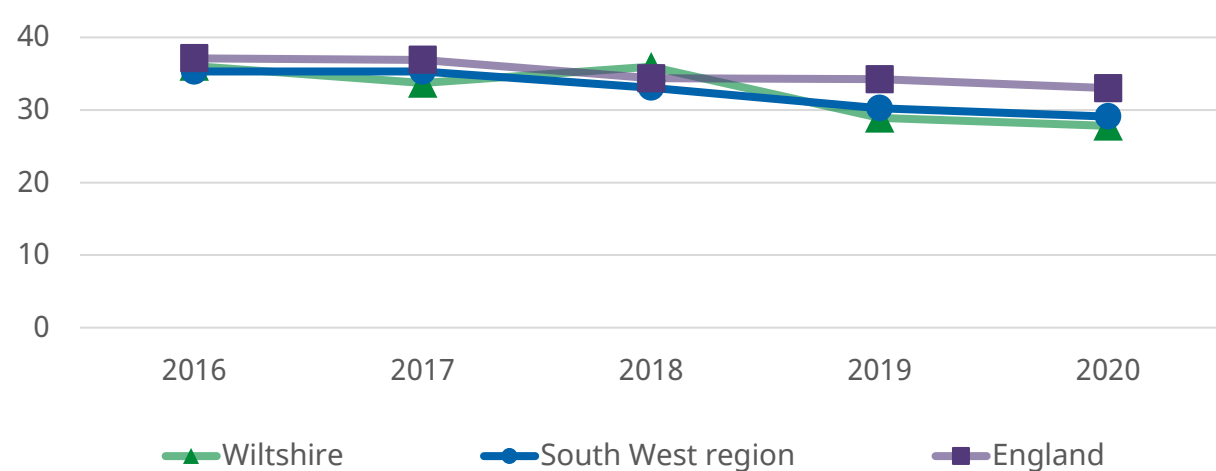
Details of alcohol support services are available here:
[Wiltshire Council - drug and alcohol support](#)
[Alcohol support - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Alcohol, drugs, smoking, weight and physical activity: Alcohol and drug treatment services

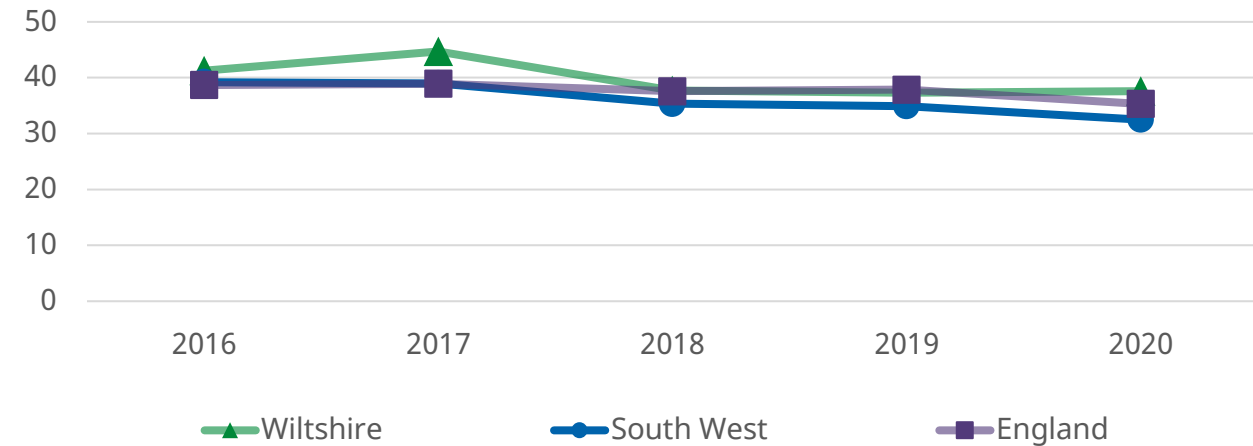
12% of 16 to 59 year olds in the South West region reporting using illegal drugs in the year ending March 2020. This is the highest regional rate in England, and represents a rise in reported use in the South West ([Crime Survey for England and Wales](#)). The effects of the Covid-19 pandemic on substance misuse (drug and alcohol) are not yet well understood but indications from studies such as Public Health England's [Monitoring alcohol consumption and harm](#) report suggest changed patterns of consumption at the national level during this period.

Drug and alcohol treatment can save lives. These charts show the proportions of individuals who successfully left local treatment services free of dependence and who did not re-present to treatment again within 6 months. Wiltshire's rates for successful alcohol and non-opiate treatment completion are similar to that of the South West and England, while the local completion rate for opiate treatment is currently higher. This rate however is based on small numbers of individuals in treatment (43 in 2020).

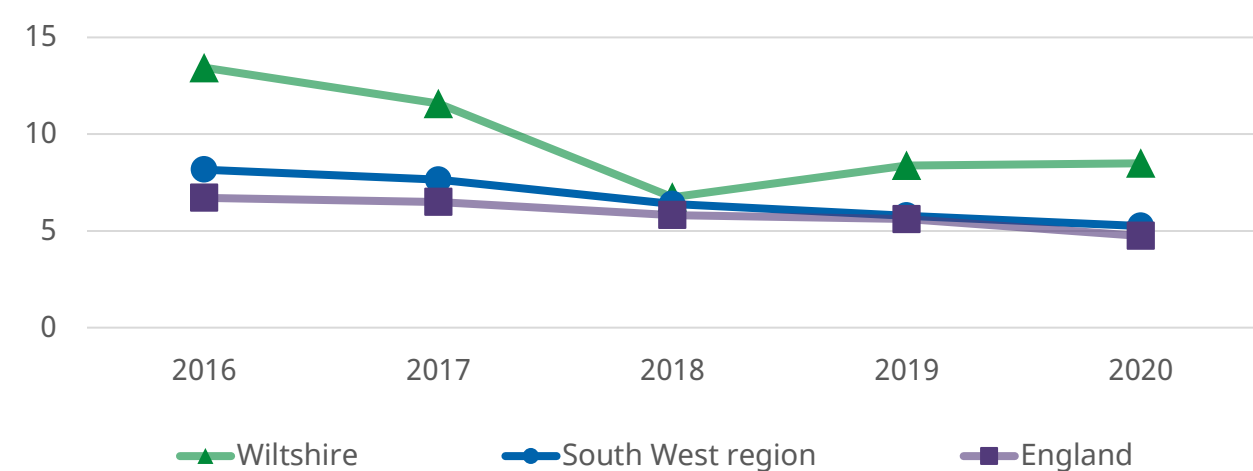
Successful completion of drug treatment, non-opiate users: Percentage of those in treatment
Geographical comparison 2016-2020



Successful completion of alcohol treatment: Percentage of those in treatment
Geographical comparison 2016-2020

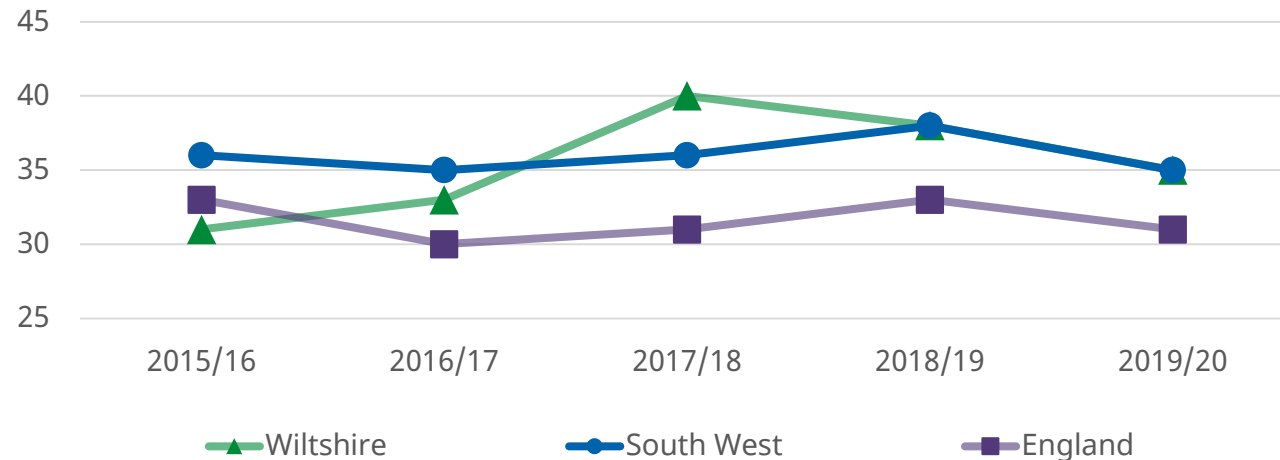


Successful completion of drug treatment, opiate users: Percentage of those in treatment
Geographical comparison 2016-2020

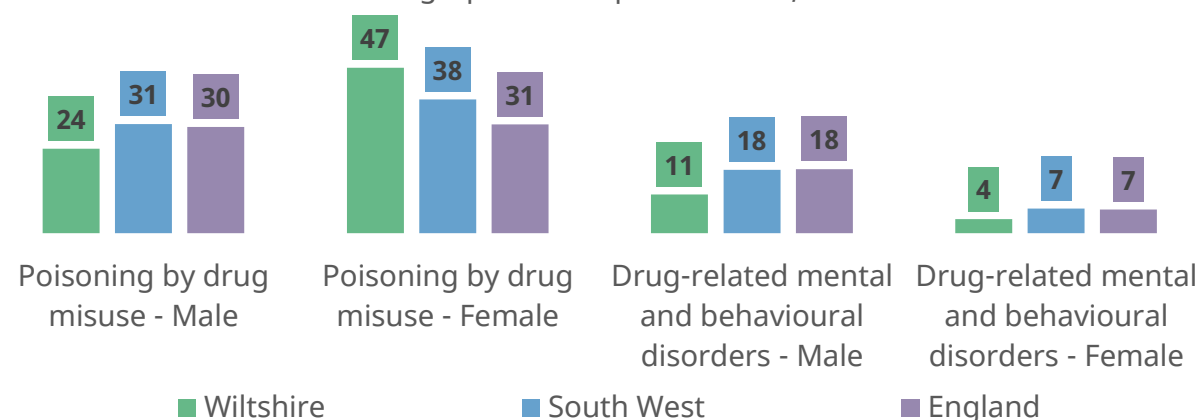


Alcohol, drugs, smoking, weight and physical activity: Drug-related hospital admissions

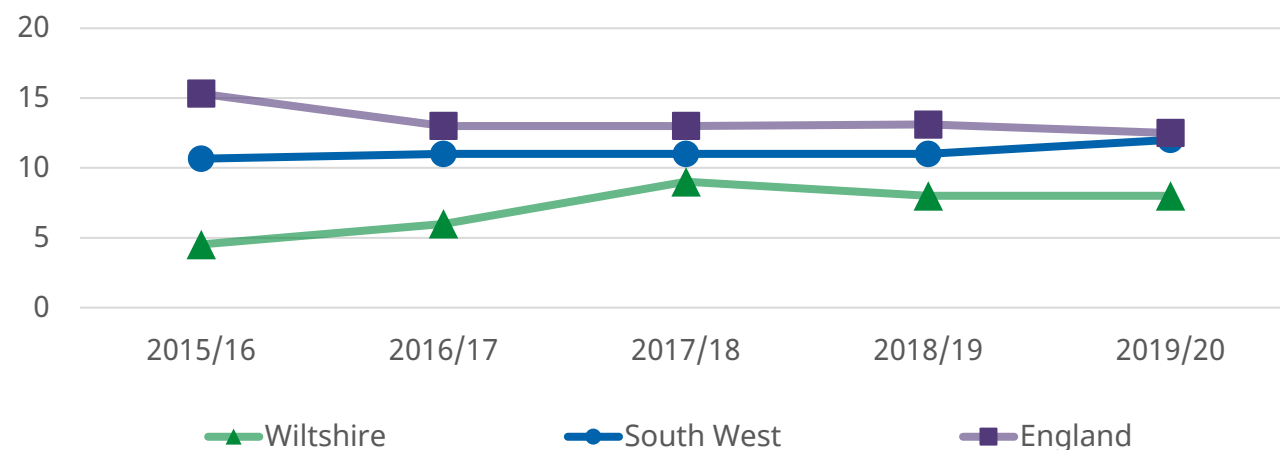
Hospital admission episodes with a primary diagnosis of poisoning by drug misuse: Rate per 100,000 population
Geographical comparison 2015/16 - 2019/20



Hospital admission episodes with a primary diagnosis of poisoning by drug misuse and a primary diagnosis of drug-related mental and behavioural disorders: Rate per 100,000 population by gender
Geographical comparison 2019/20



Hospital admission episodes with a primary diagnosis of drug related mental and behavioural disorders: Rate per 100,000 population
Geographical comparison 2015/16 - 2019/20



The rates of hospital admission episodes due to poisoning by illicit drugs (i.e. substances controlled under the [Misuse of Drugs Act 1971](#)) are higher in the South West and Wiltshire than they are in England as a whole (top left chart).

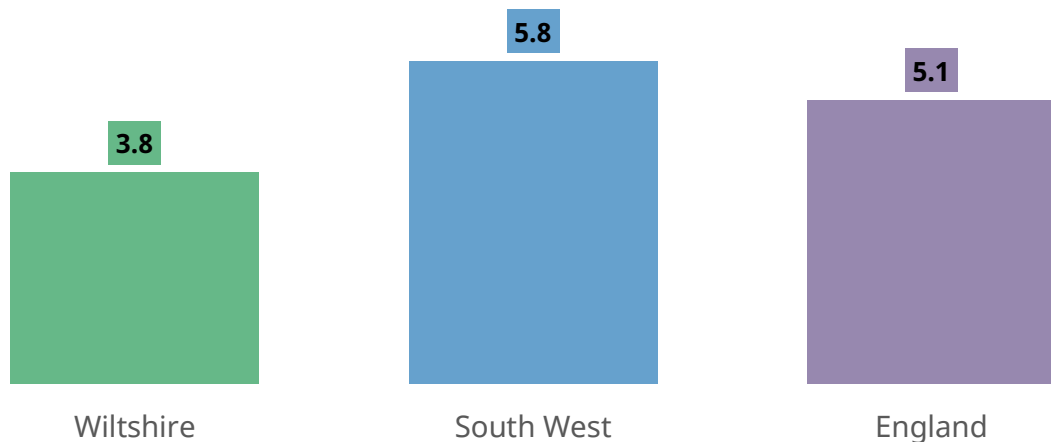
There appears to be a substantial gender inequality in these hospital admissions, in both Wiltshire and the South West, with women in Wiltshire nearly twice as likely as men to be admitted for this reason. By contrast, men are more likely than women, in England, the South West and Wiltshire, to be admitted to hospital with a primary diagnosis of a drug-related mental and behavioural disorder. Wiltshire also has a lower rate of admissions for this reason than the South West and England (bottom chart).

NHS Digital publishes other cuts of the admissions data: [Statistics on Drug Misuse](#)

Details of drug support services are available at: [Wiltshire Council - drug and alcohol support](#)

Alcohol, drugs, smoking, weight and physical activity: Deaths due to drug misuse

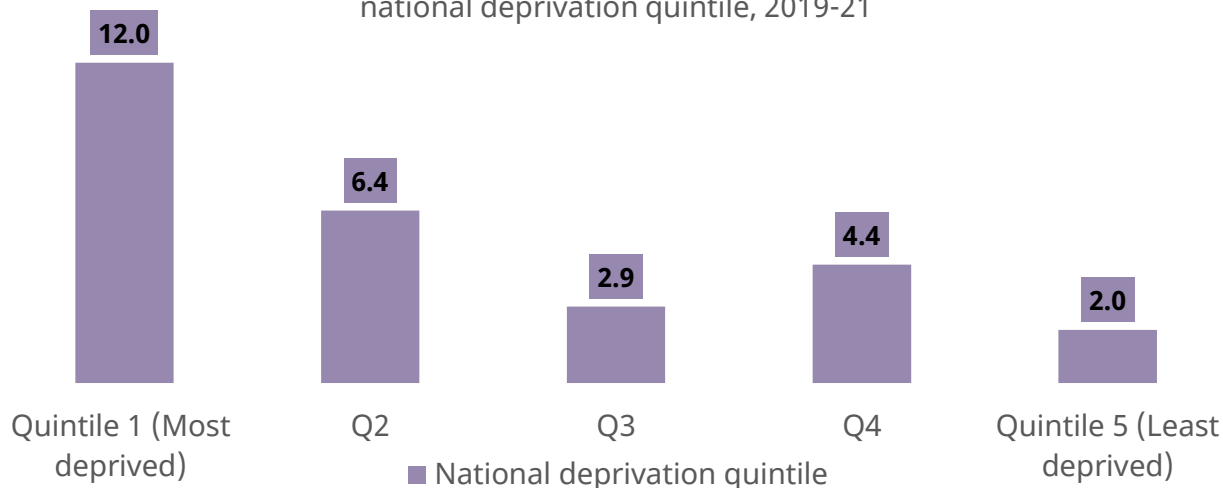
Deaths due to drug misuse: Rate per 100,000 population
Geographical comparison 2019-2021



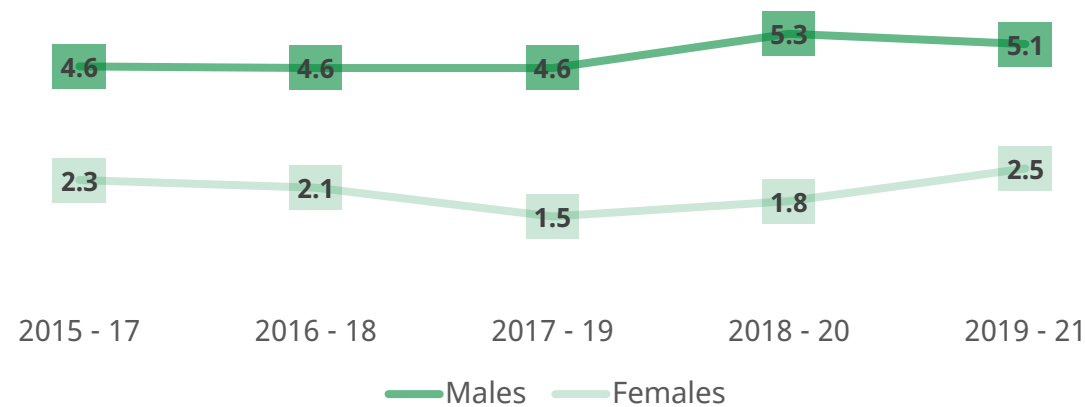
Drug misuse is a significant cause of premature mortality in the UK. The [Office for Health Improvement and Disparities](#) (OHID) observes that “the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15–49 age group in England... Local authority action, including the quality and accessibility of the drug services they commission and how deaths are investigated and responded to has an impact on drug misuse death rates.”

Wiltshire’s numbers of deaths due to drug misuse (see [Technical Guidance](#) for definition) are slightly lower per head of population than England and the South West’s. There are inequalities along gender, age and deprivation lines, with men currently around twice as likely as women to die because of drug misuse. People living in the areas of Wiltshire that are in England’s most deprived 20% of areas are over three times more likely than the Wiltshire average to die due to drug misuse, at a rate of 12.0 per 100,000 compared with 3.8 per 100,000. For more information please see: [Substance Misuse Health Needs Assessment - Wiltshire Intelligence](#)

Deaths due to drug misuse in Wiltshire: Rate per 100,000 population by national deprivation quintile, 2019-21

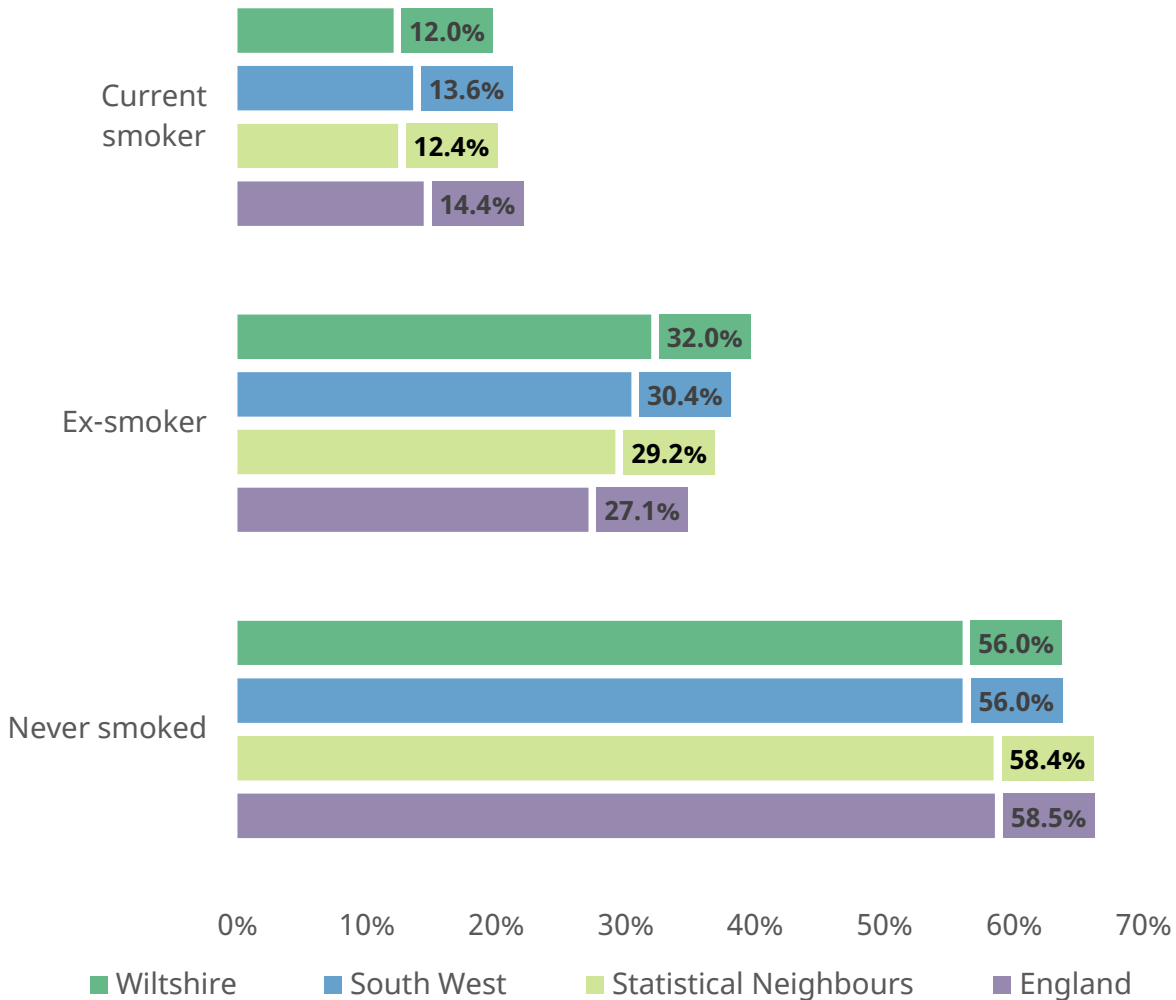


Deaths due to drug misuse in Wiltshire: Rate per 100,000 population by time and gender, 2015-17 - 2019-21



Alcohol, drugs, smoking, weight and physical activity: Smoking prevalence

Smoking prevalence in adults (Percentage of 18+ year olds)
Geographical comparison
2020/21



1

Smoking is [the biggest single cause of preventable death and ill-health in England](#). It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

2.5

It cost the NHS an estimated [£2.5 billion per year in 2015/16](#).

The chart to the left shows the proportion of respondents to the 2020/21 GP Patient Survey (GPPS) by self-identified smoking status. It suggests that Wiltshire has a slightly lower proportion of current smokers aged 18+ than the South-West and England, close to that of our statistical neighbours (i.e. areas with a similar demographic profile). It also suggests that Wiltshire has a slightly higher rate of former smokers than the other areas.

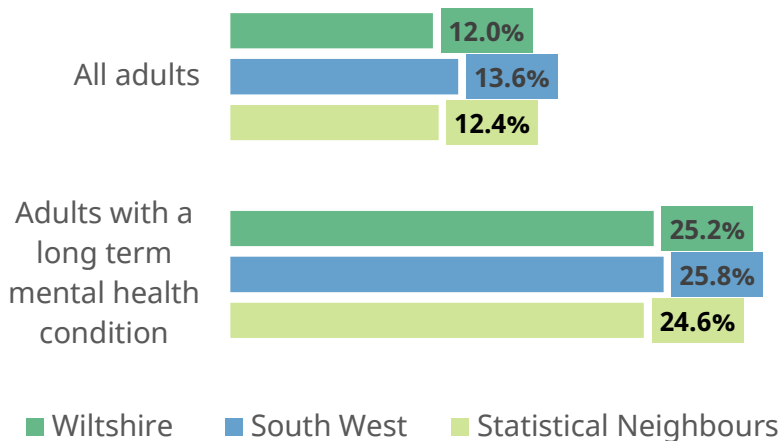
The Quality Outcomes Framework (QOF) produces [estimates of current smokers aged 15+](#). In 2020/21 the GPPS's pattern was repeated by the QOF estimates, with Wiltshire showing slightly lower prevalence than the other areas.

Another source for estimating smoking prevalence is the [Annual Population Survey \(APS\)](#). In 2020, the APS's results showed Wiltshire had a higher proportion of current smokers aged 18+ (11.6%) than the South West (10.9%) and our statistical neighbours (10.6%), but was slightly lower than England's rate (12.1%).

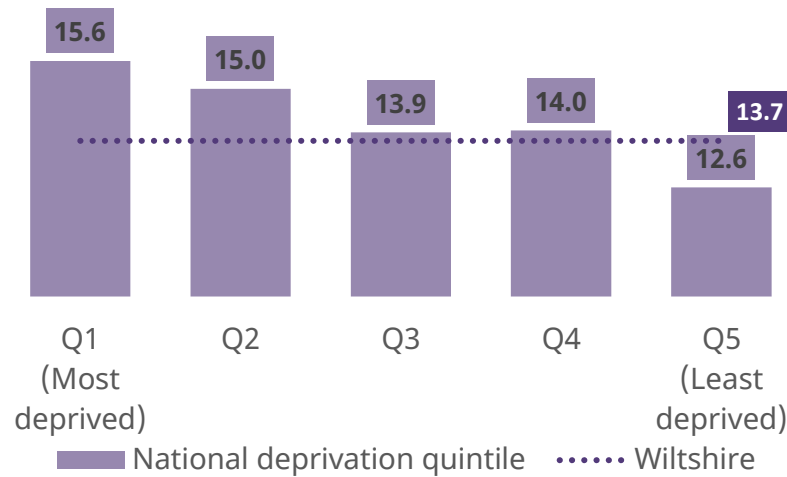
There are [substantial inequalities in smoking prevalence](#), with young men, people living in more deprived areas and people suffering from mental health conditions at notably high risk. Reducing smoking levels is a key priority for public health (see next slide for detail on some of the smoking inequalities in Wiltshire).

Alcohol, drugs, smoking, weight and physical activity: Inequalities in smoking prevalence

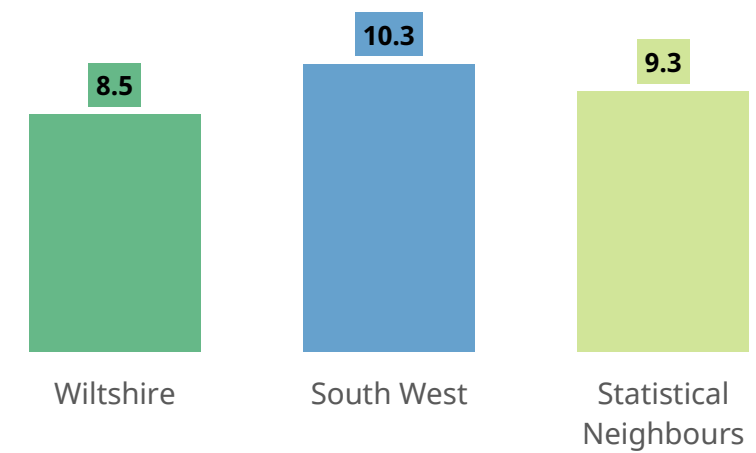
Smoking in 18+ year olds: Percentage by long-term mental health condition
Geographical comparison 2020/21



Smoking in 15+ year olds in Wiltshire: Percentage by national deprivation quintile
2020/21



Smoking at time of delivery: Percentage of maternities with known smoking status
Geographical comparison 2020/21



Adults with a long-term mental health condition are estimated to be more than twice as likely to smoke than the general population. The chart above shows the GPPS's self-identified results for smoking prevalence in 18+ year olds. This puts people with a mental health condition at a greatly increased risk of smoking-attributable ill health and mortality, compared to the general population.

For details on other smoking inequalities, see [Local Tobacco Control Profiles - Smoking and inequalities - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-tobacco-control-profiles-smoking-and-inequalities)

The chart above shows the estimated variation in smoking prevalence in Wiltshire by level of deprivation. People living in those neighbourhoods (lower super output areas) in Wiltshire that are in the most deprived 40% of all English neighbourhoods are at higher risk of smoking than those living in Wiltshire's less deprived neighbourhoods.

Support with stopping smoking is available here: [NHS Stop Smoking Services](https://www.nhs.uk/stop-smoking)

Smoking in pregnancy has well known detrimental effects on the growth and development of the baby, and on the health of the mother. There is an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy, among other complications.

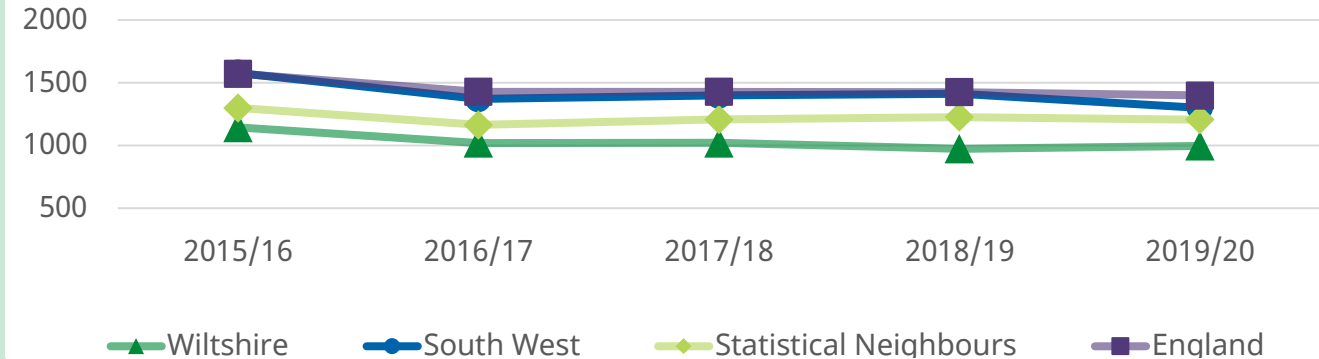
The [Tobacco Control Plan](#) contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (measured at time of giving birth). Wiltshire's rate in 2020/21 was 8.5%.

Alcohol, drugs, smoking, weight and physical activity: Smoking attributable outcomes

This slide presents information on the levels of hospital admissions and of deaths that are attributable to smoking in Wiltshire, compared to the South West region, England, and to Wiltshire's statistical neighbours, i.e. local authority areas with similar demographics.

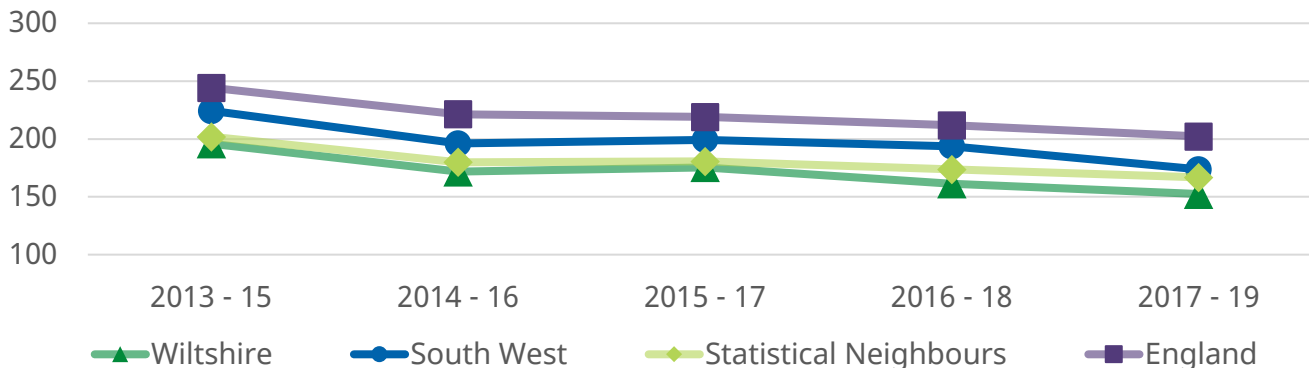
Wiltshire has lower age-standardised rates of smoking attributable hospital admissions than its comparators (top chart), with a rate in 2019/20 of 996.5 per 100,000 35+ year olds. This represents 3,249 hospital admissions in the year.

Smoking attributable hospital admissions: Rate per 100,000 35+ year olds
Geographical comparison 2015/16-2019/20



Because of the inequalities in smoking prevalence, some of which are shown on the previous slide, smoking-attributable hospital admissions and deaths also have an unequal impact. For more details see [Local Tobacco Control Profiles - Smoking and inequalities - OHID \(phe.org.uk\)](http://phe.org.uk)

Smoking attributable mortality: Rate per 100,000 35+ year olds
Geographical comparison 2013 -2019 (3 year bands)



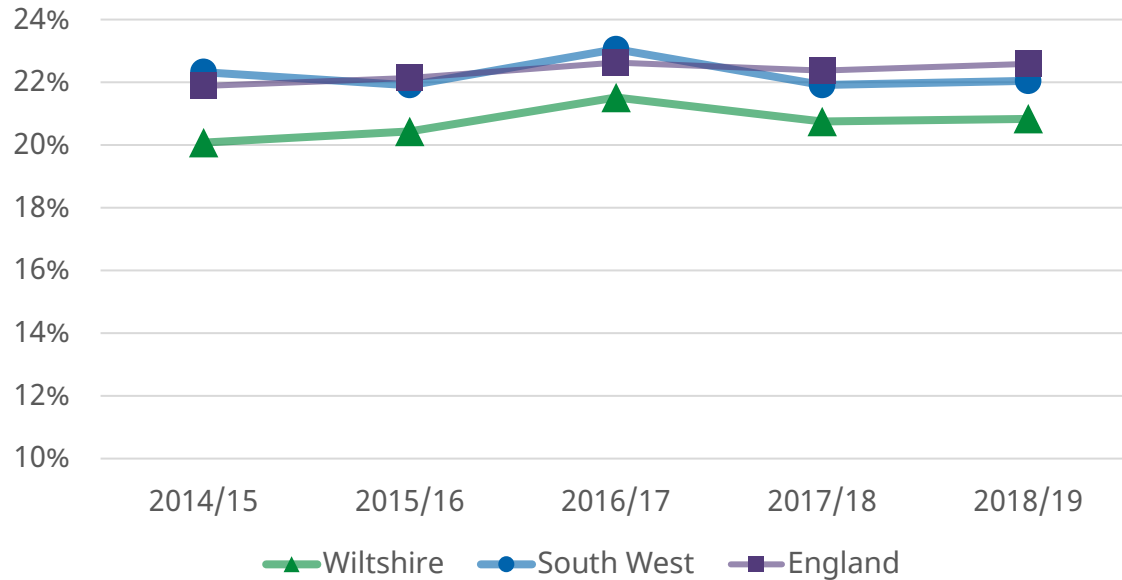
The number of deaths attributable to smoking in Wiltshire fell significantly between the 2013-15 period and the 2017-19 period, from 196 deaths per 100,000 35+ year olds, to 152.4 deaths (bottom chart). This represents 1,496 adults whose deaths were attributable to smoking in 2017-19, compared with 1,753 in 2013-15.

In 2017-19, 675 of these smoking-attributable deaths were from cancers, 227 were from heart disease, and 80 were smoking-attributable deaths from stroke.

Alcohol, drugs, smoking, weight and physical activity: Childhood weight (4-5 year olds)

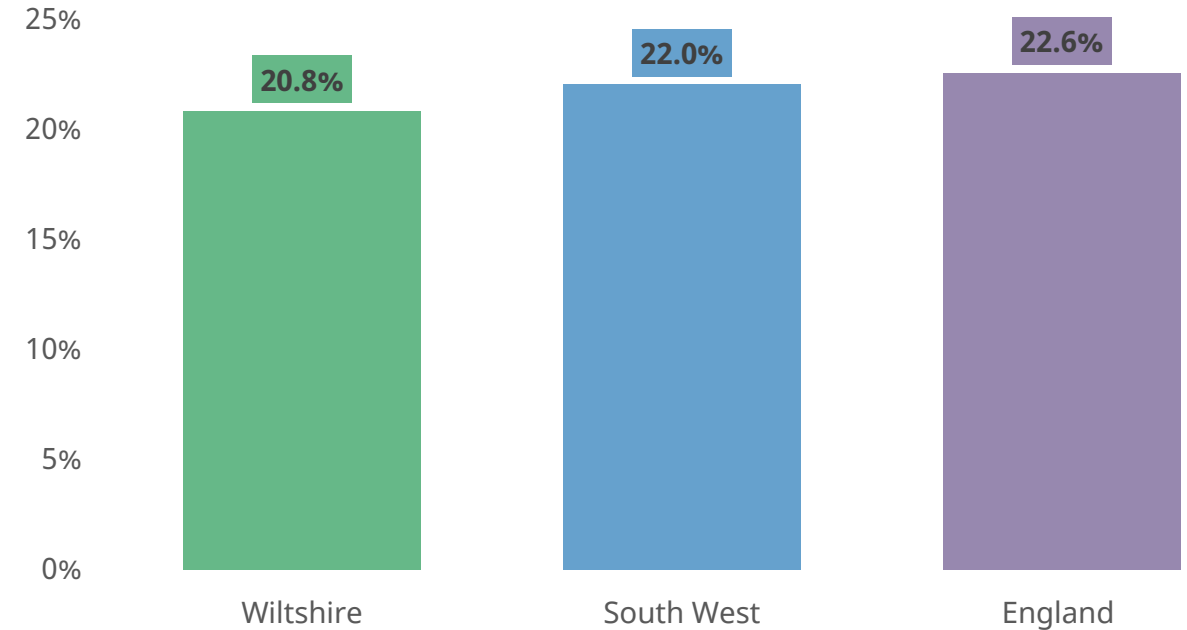
Percentage of children aged 4-5 years who are obese or overweight

Geographical comparison 2014/15 - 2018/19



Percentage of children aged 4-5 years who are obese or overweight

Geographical comparison 2018/19

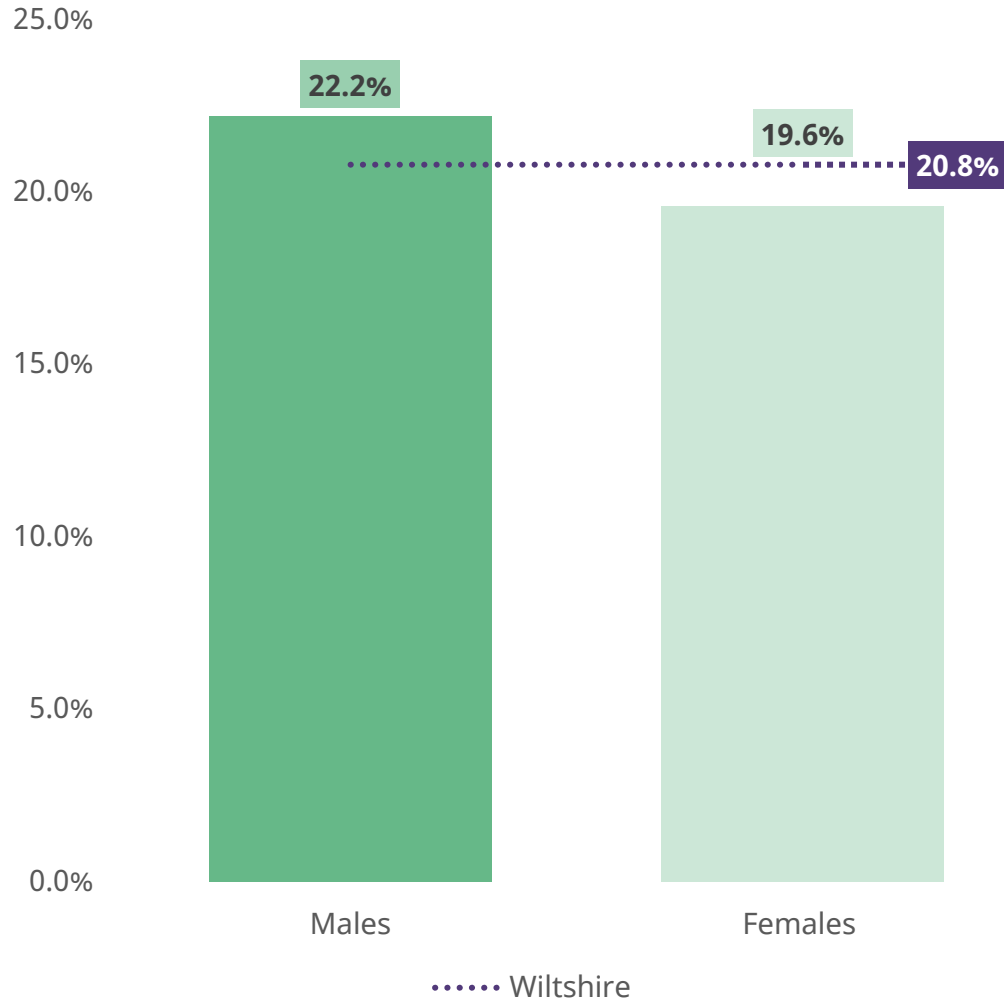


Excess weight in both children and adults is a major public health concern. Excess weight in childhood is potentially predictive of adult obesity and elevates risks of developing high blood pressure, high cholesterol, type 2 diabetes and various other long term health conditions that can pervade into adulthood. The National Child Measurement Programme (NCMP) annually measures the height and weight of over a million children aged 4-5 years (reception year) and 10-11 year olds (year 6) within mainstream state maintained schools in England. The aim of this is to provide an assessment of the proportion of children of primary school age who are either obese or overweight. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

The latest data presented here is current as of 2018/19 as robust data collection for 2019/20 and 2020/21 was impeded by the pandemic. Levels of excess weight in 4-5 year olds in Wiltshire remained broadly stable and lower than regional and national levels between 2014/15 and 2018/19. In 2018/19, 20.8% of children of reception year age in Wiltshire (equivalent to 1 in 5) were recorded as obese or overweight, slightly lower than proportions recorded in the South West as well as England.

Alcohol, drugs, smoking, weight and physical activity: Childhood weight (4-5 year olds)

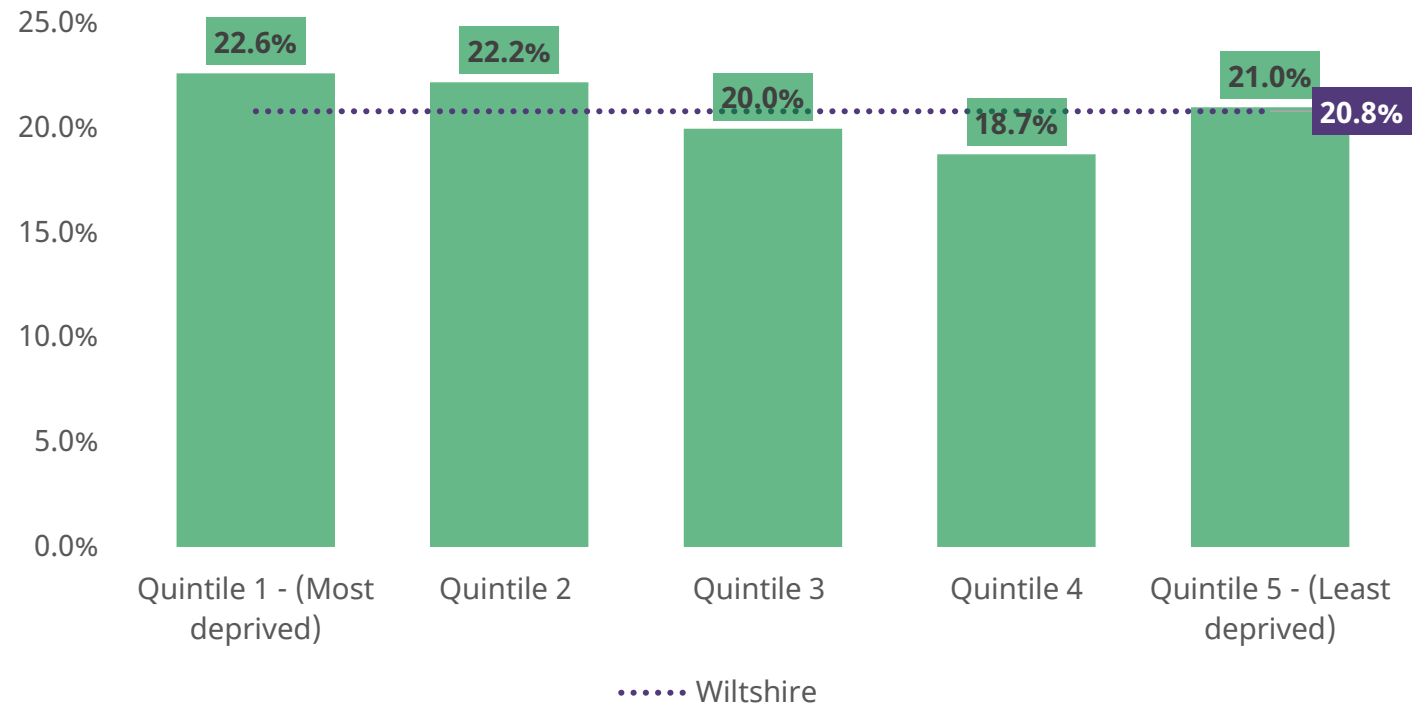
Percentage of children aged 4-5 years who are obese or overweight by gender 2018/19



In 2018/19, boys aged 4-5 years experienced slightly higher levels of excess weight (combining both obese and overweight categories) compared to girls of the same age.

Analysis of local deprivation data in relation to this metric (below) indicates in the same year, levels of excess weight in 4-5 year olds were higher in quintiles 1 and 2 (the 40% most deprived areas in Wiltshire) when compared against the county average. For children in reception year, the difference in the prevalence of excess weight between the most and least deprived areas was 1.6% in 2018/19.

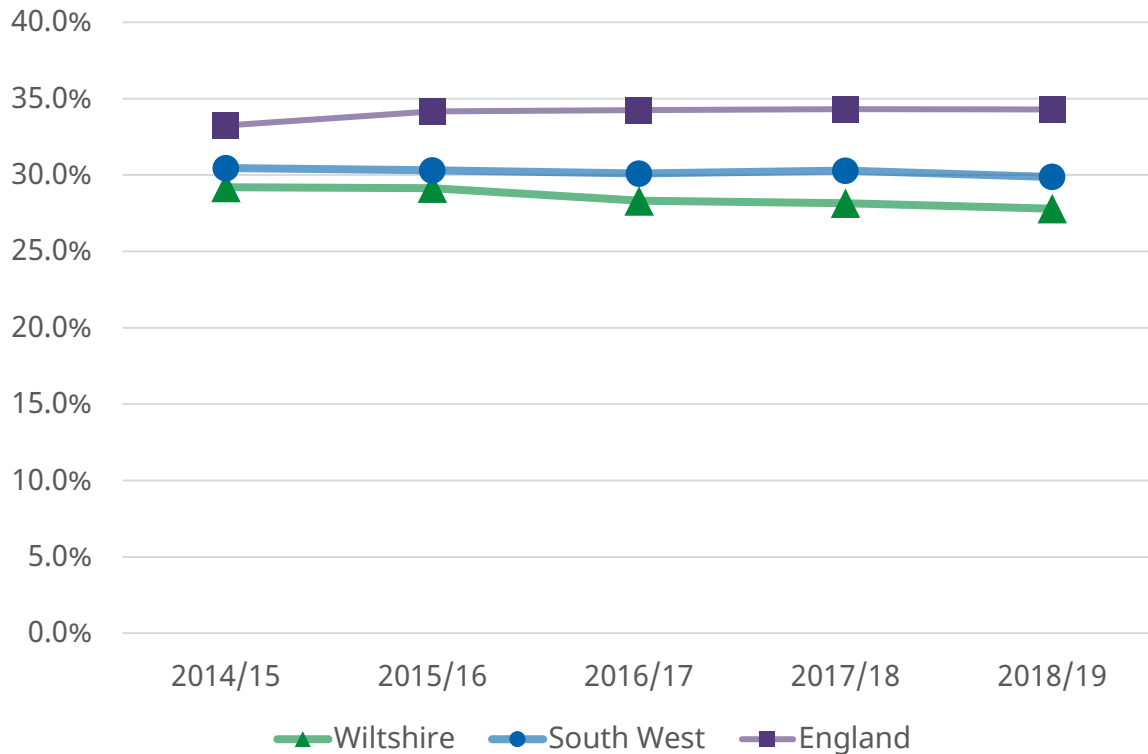
Percentage of children aged 4-5 years who are obese or overweight by Wiltshire deprivation quintile 2018/19



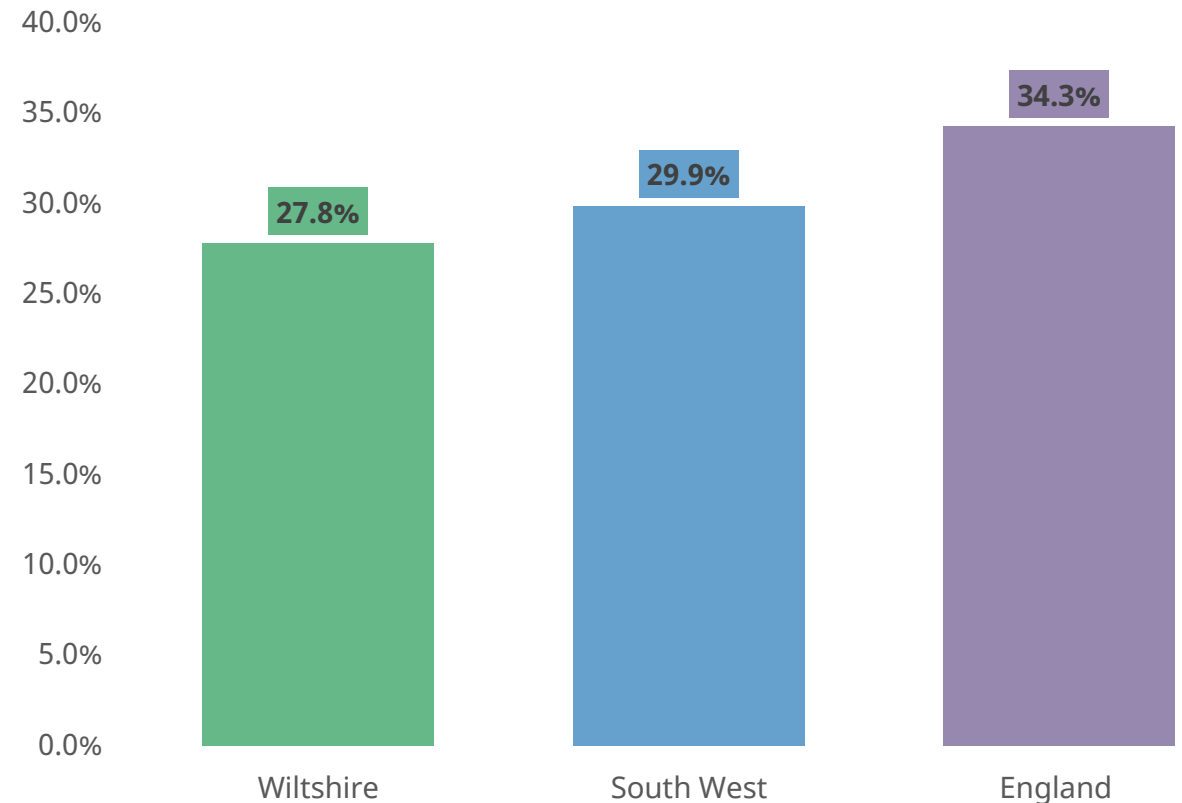
Alcohol, drugs, smoking, weight and physical activity: Childhood weight (10-11 year olds)

As with 4-5 year olds, the latest data presented below in relation to excess weight (including obese and overweight categories) in children aged 10-11 years (year 6) is of 2018/19. This is due to the fact that robust data collection for 2019/20 and 2020/21 was impeded by the pandemic. Levels of excess weight in year 6 age children in Wiltshire have remained lower than regional and national levels since 2014/15 and have shown steady, yet marginal decline (from 29.2% in 2014/15 to 27.8% in 2018/19). In 2018/19, 27.8% of children of 10-11 year olds in Wiltshire (equivalent to approximately 1 in 4) were recorded as obese or overweight, slightly lower than proportions recorded in the South West and more notably lower than in England.

Percentage of children aged 10-11 years who are obese or overweight
Geographical comparison 2014/15 - 2018/19

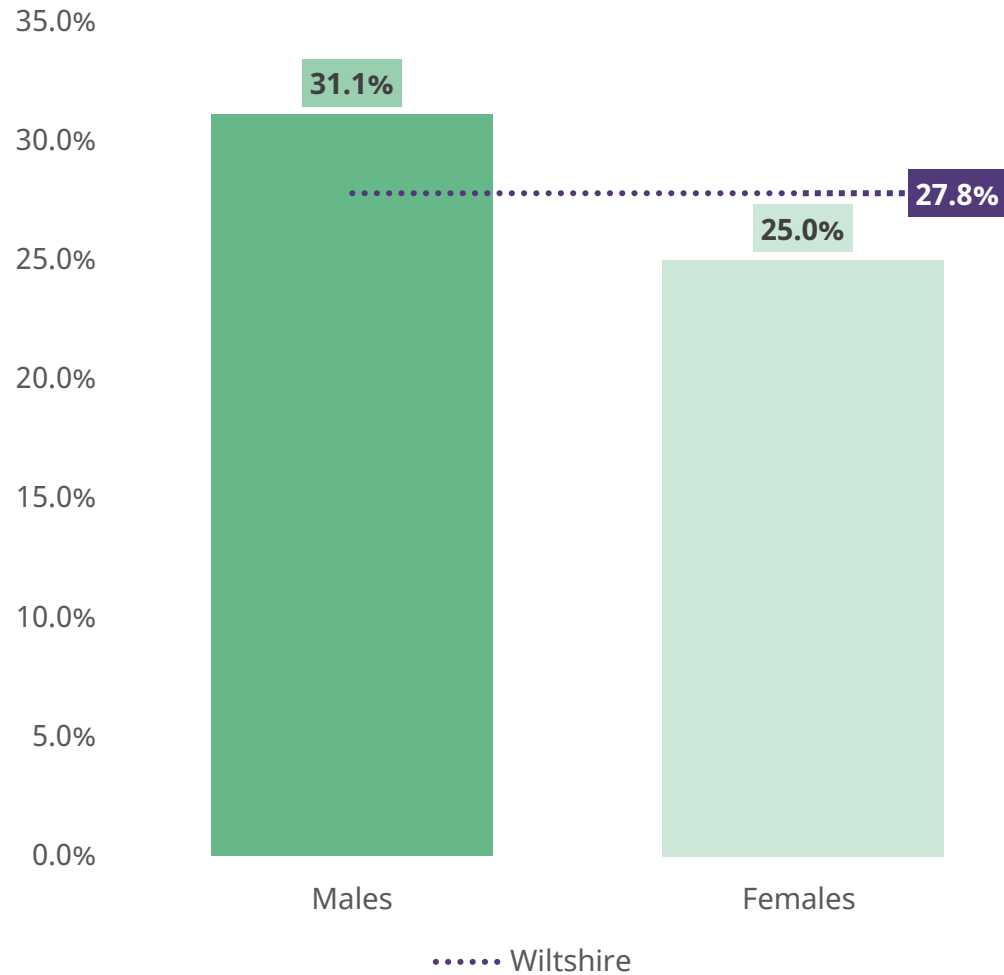


Percentage of children aged 10-11 years who are obese or overweight
Geographical comparison 2018/19



Alcohol, drugs, smoking, weight and physical activity: Childhood weight (10-11 year olds)

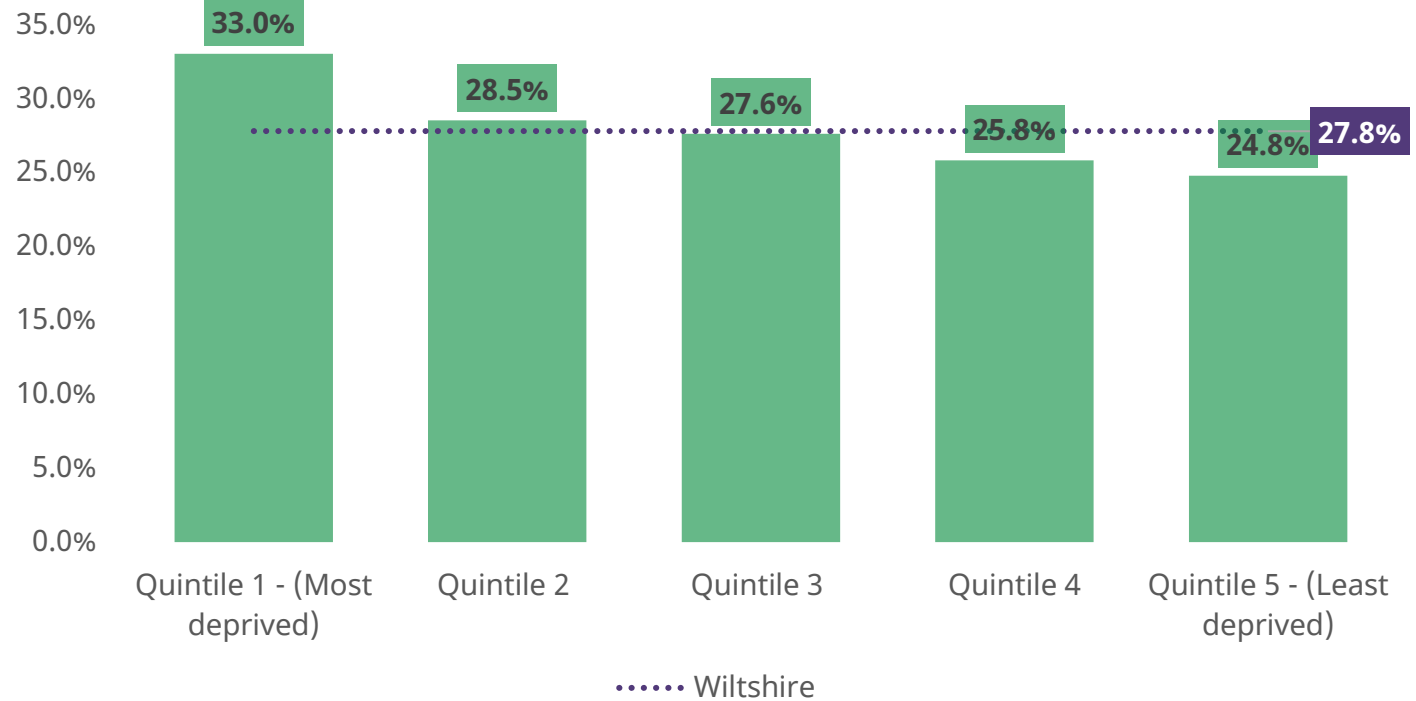
Percentage of children aged 10-11 years who are obese or overweight by gender 2018/19



In 2018/19, boys aged 10-11 years experienced higher levels of excess weight (combining both obese and overweight categories) compared to girls of the same age.

Analysis of local deprivation data in relation to this metric (below) indicates in the same year levels of excess weight in 10-11 year olds were markedly higher in quintile 1 (the 20% most deprived areas in Wiltshire) when compared against the county average. For children in year 6, the difference in the prevalence of excess weight between the most and least deprived areas was 8.2% in 2018/19.

Percentage of children aged 10-11 years who are obese or overweight by Wiltshire deprivation quintile 2018/19



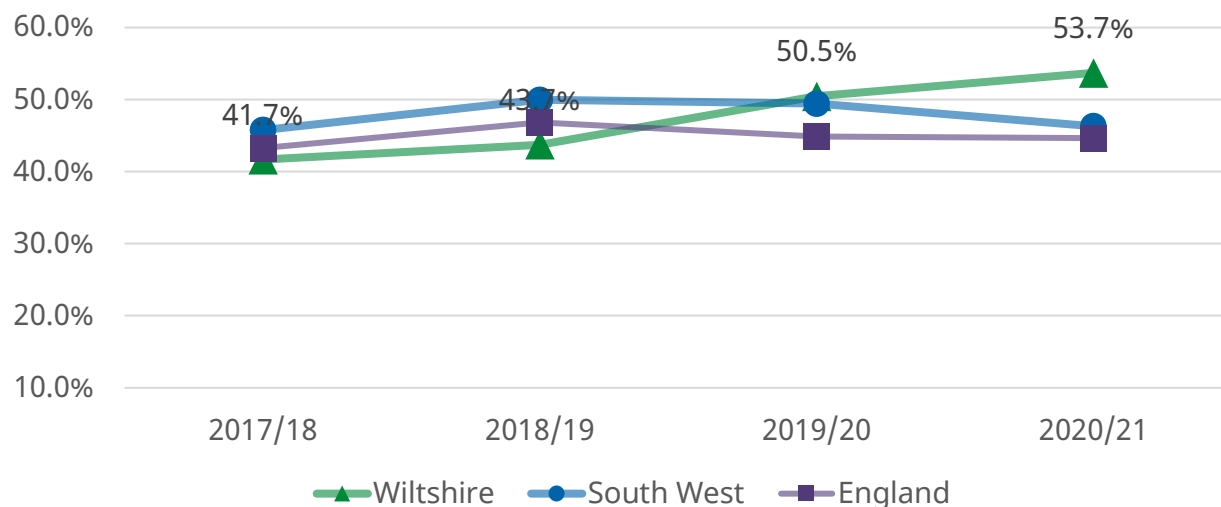
Alcohol, drugs, smoking, weight and physical activity: Physically active young people

The data shown below is derived from responses to the Sport England Active Lives Children and Young People Survey. The charts show the estimated percentage of children and young people aged 5-16 years engaging in moderate to vigorous physical activity for an average of at least 1 hour per day across a given week. This is in line with guidance relating to healthy levels of activity for children and young people published by the UK Chief Medical Officer. Estimates are modelled on responses to physical activity questions posed in the Active Lives Children and Young People Survey based on levels of activity in the preceding 7 day period.

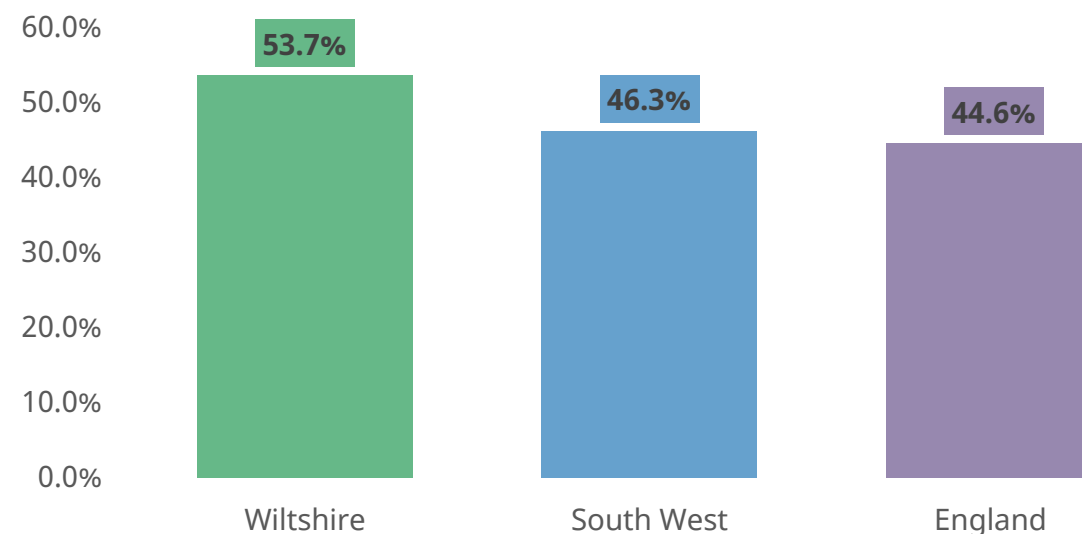
Estimated proportions of children and young people in Wiltshire undertaking recommended levels of physical activity have risen steadily since 2018/19. In 2020/21, it is estimated that just over half (53.7%) of 5-16 years olds in Wiltshire are meeting physical activity guidance levels, higher than estimates for both the South West and England.

Regular physical activity for children and young people not only improves health and fitness and strengthens muscles and bones, but also helps to develop co-ordination as well as build confidence and social skills. It can further help to improve sleep, concentration and learning. Healthy attitudes towards physical activity established in childhood and adolescence are also more likely to transfer into adulthood, helping to reduce the risk of premature mortality as well as the development of chronic long term health conditions in later life.

Percentage of children and young people (aged 5-16 years) estimated to be physically active
Geographical comparison 2017/18 - 2020/21

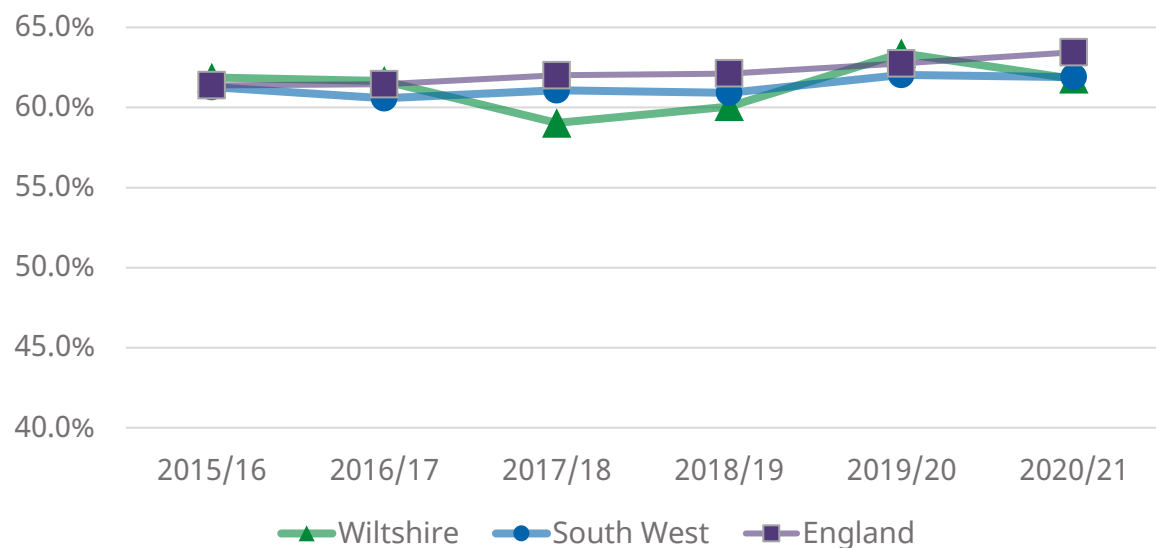


Percentage of children and young people (aged 5-16 years) estimated to be physically active
Geographical comparison 2020/21

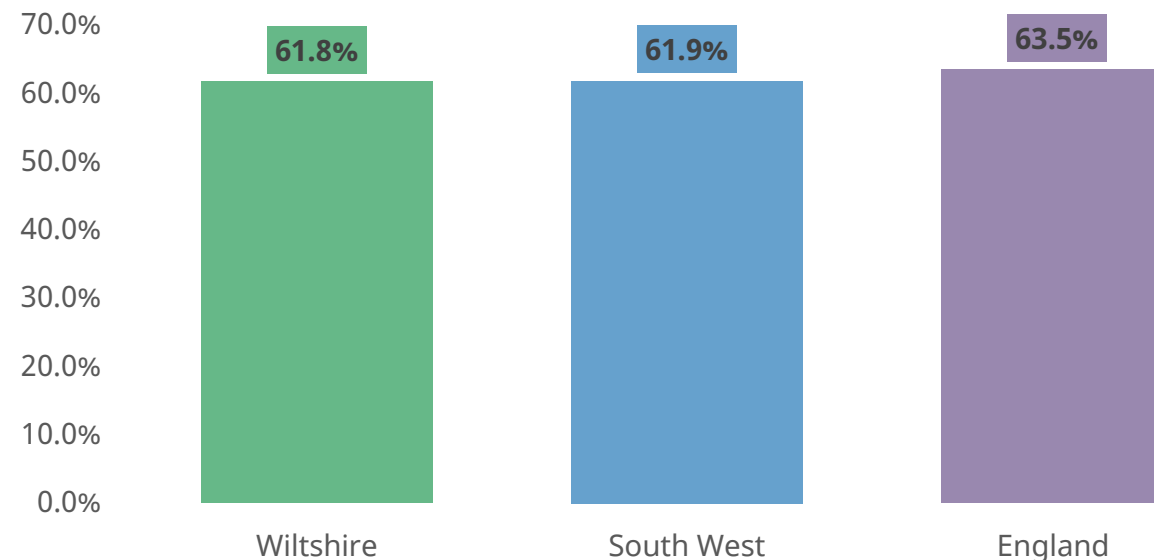


Alcohol, drugs, smoking, weight and physical activity: Adult weight

Percentage of persons aged 18 years and over estimated to be overweight or obese
Geographical comparison 2015/16 - 2020/21



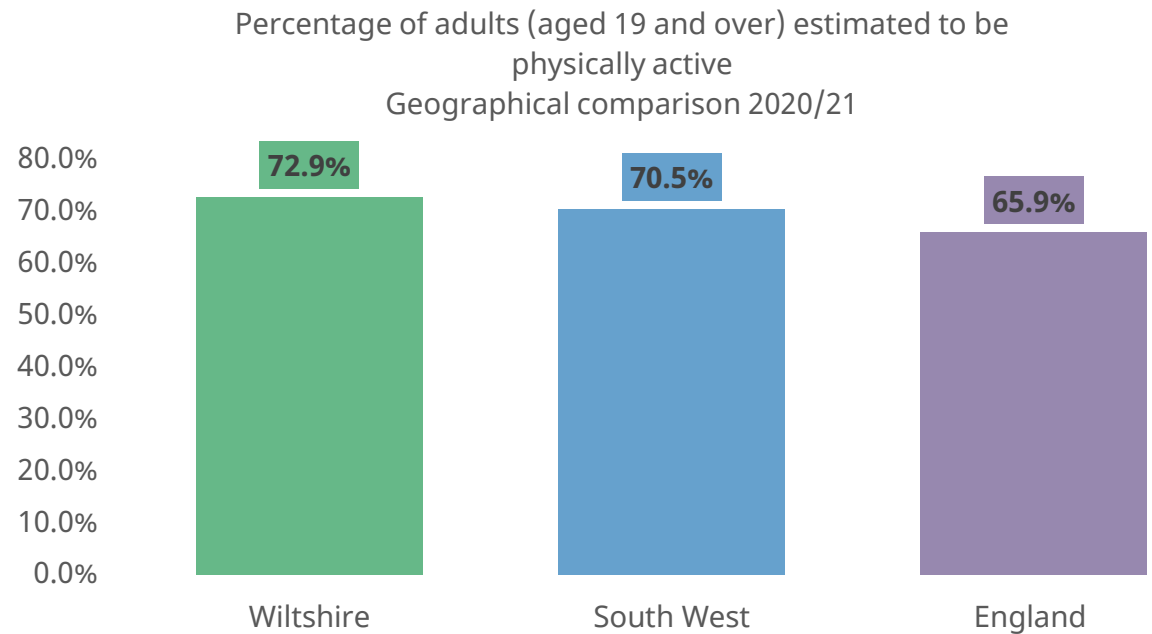
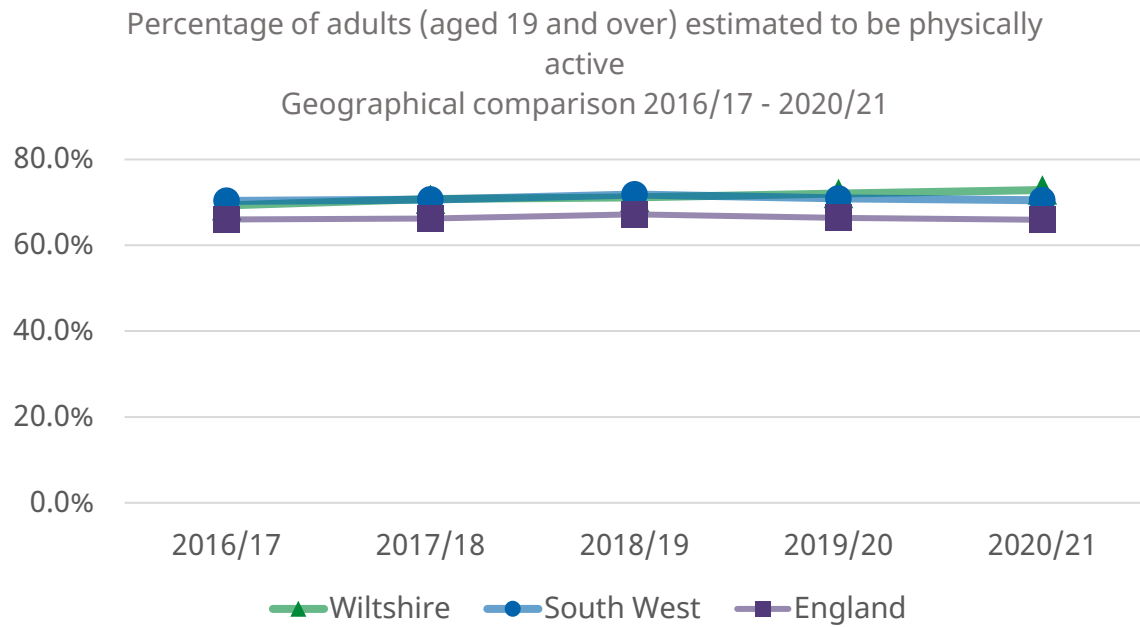
Percentage of persons aged 18 years and over estimated to be overweight or obese
Geographical comparison 2020/21



Excess weight in adults is well documented as a major cause of premature mortality, as well as avoidable long term chronic health conditions including cardiovascular disease and type 2 diabetes. Unlike with children (via the National Child Measurement Programme), data in relation to adult weight is not routinely collected and we rely instead on estimates modelled on survey data. These charts are derived from data collected in the Active Lives Adult Survey by Sport England and show the estimated percentage of people (aged 18 and over) who are obese or overweight based on self reported height and weight measurements. Adults are determined to be overweight if they have a body mass index (BMI) of 25 – 25.9, whilst obesity is categorised as a BMI equal to or exceeding 30.

Estimated proportions of adults in Wiltshire who are obese or overweight have fluctuated between 2015/16 – 2020/21. In 2020/21, it is estimated that just over 60% (61.8%) of people aged 18 and over in Wiltshire are overweight or obese, similar to levels in the South West and England. The Active Lives Adult Survey also indicates that nationally, in 2020/21, excess weight is estimated to be more prevalent in males (68.5%) compared with females (58.3%). Further, levels are higher in England in areas experiencing increased levels of deprivation. In 2020/21, proportions of excess weight in adults were estimated to be 66.3% in the 10% most deprived areas nationally compared with 59.5% in the 10% least deprived.

Alcohol, drugs, smoking, weight and physical activity: Physically active adults



These charts are derived from data collected in the Active Lives Adult Survey by Sport England. They show the estimated percentage of people (aged 19 and over) who are doing at least 2.5 hours of moderate physical activity of per week in line with healthy levels of activity recommended by the UK Chief Medical Officer. Estimates are based on responses to questions surrounding exercise posed in the Active Lives Adult Survey where respondents are asked to provide answers based on their activity levels in the preceding 28 day period.

Estimated proportions of adults in Wiltshire undertaking at least 2.5 hours of moderate weekly exercise have remained broadly static since 2016/17. In 2020/21, it is estimated that almost three quarters (72.9%) of people aged 19 and over in Wiltshire are undertaking recommended levels of physical activity, higher than estimates for England and the South West. Whilst this is positive, this data conversely suggests that just over a quarter of adults in Wiltshire are not meeting recommended physical activity thresholds.

Strong scientific evidence suggests that regular physical activity (at any age) offers a range of physical and mental health benefits. These include maintaining/achieving a healthy weight, lowered risk of developing long-term chronic conditions (such as coronary heart disease, strokes and type 2 diabetes), improved musculoskeletal health and balance, reduced stress and improved mental and emotional wellbeing.



Alcohol, drugs, smoking, weight and physical activity: Data sources and references

Section title	Reference title	Data source	Date	Link
Alcohol consumption and effects	Chart: Percentage of adults drinking over 14 units of alcohol a week 2015-2018	Health Survey for England	2015-2018	Local Alcohol Profiles for England - OHID (phe.org.uk) & Health Survey for England 2019 [NS] - NHS Digital
Alcohol consumption and effects	Icon: 176 people killed or injured in drink-drive incidents in 2018-20	Department for Transport; STATS19 breath test data. Casualties in reported accidents with a failed breath test (or refusal to provide a sample)	2018-2020	Local Alcohol Profiles for England - OHID (phe.org.uk) & Road accidents and safety statistics - GOV.UK (www.gov.uk)
Alcohol consumption and effects	Icon: 6,606 hospital admissions in 2020/21	OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES). Admission episodes for alcohol-related conditions (Broad)	2020/21	Local Alcohol Profiles for England - OHID (phe.org.uk)
Alcohol consumption and effects	Icon: 565 new cancer cases in 2017-19	OHID: Population Health Analysis (PHA) team using data from National Cancer Registration and Analysis Service (NCRAS). Incidence of alcohol-related cancer	2017-19	Local Alcohol Profiles for England - OHID (phe.org.uk)
Alcohol consumption and effects	Icon: 174 deaths in 2020	OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File. Alcohol-related mortality	2020	Local Alcohol Profiles for England - OHID (phe.org.uk)
Alcohol-related hospital admissions	Charts: Broad and narrow measures of alcohol-related hospital admissions	OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES). Admission episodes for alcohol-related conditions	2016/17-2020/21	Local Alcohol Profiles for England - OHID (phe.org.uk)
Alcohol-specific hospital admissions	Chart: Admission episodes for alcohol-specific conditions: Rate per 100,000 population Geographical comparison 2016/17-2020/21	OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES). Admission episodes for alcohol-specific conditions	2016/17-2020/21	Local Alcohol Profiles for England - OHID (phe.org.uk)

Alcohol, drugs, smoking, weight and physical activity: Data sources and references

Section title	Reference title	Data source	Date	Link
Alcohol-specific hospital admissions	Chart: Admission episodes for alcohol-specific conditions in Wiltshire: Rate per 100,000 population by age and gender 2020/21	Wiltshire Council PH Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES). Admission episodes for alcohol-specific conditions. Crude rate per 100,000 by age and gender.	2020/21	intelligence@wiltshire.gov.uk
Alcohol-specific hospital admissions	Chart: Admission episodes for alcohol-specific conditions in Wiltshire: Rate per 100,000 population by national deprivation decile and gender, 2020/21	Wiltshire Council PH Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES). Admission episodes for alcohol-specific conditions. Directly age-standardised rate per 100,000 by national deprivation decile (IMD) and gender.	2020/21	intelligence@wiltshire.gov.uk
Alcohol attributable mortality	Charts: Alcohol-related and alcohol-specific mortality	OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File. Alcohol-related and alcohol-specific mortality	2016-2020 (line charts) 2017-2019 (pie chart)	Local Alcohol Profiles for England - OHID (phe.org.uk)
Alcohol and drug treatment services	Charts: Successful completion of alcohol treatment, and of drug treatment, opiate and non-opiate users	Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System	2016-2020	Crisis Care Profile - OHID (phe.org.uk)
Drug-related hospital admissions	Charts: drug-related hospital admissions by gender and year	NHS Digital, Statistics on Drug Misuse, England	2015/16 – 2019/20	Statistics on Drug Misuse - NHS Digital and Part 1: Hospital admissions related to drug misuse - NHS Digital
Deaths due to drug misuse	Charts: Deaths due to drug misuse, geographical comparison and time series by gender	Office for National Statistics, Deaths related to drug poisoning by local authority, England and Wales, 1993 to 2021, tables 6-8	2015-17 – 2019-21 (line chart) 2019-21 (column chart)	Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics (ons.gov.uk)
Deaths due to drug misuse	Chart: Deaths due to drug misuse by national deprivation quintile, 2019-21	Wiltshire Council PH Intelligence team using data from the Primary Care Mortality Database. Crude rate per 100,000 by national deprivation quintile (IMD) and gender.	20219-21	intelligence@wiltshire.gov.uk

Alcohol, drugs, smoking, weight and physical activity: Data sources and references

Section title	Reference title	Data source	Date	Link
Smoking prevalence	Chart: Smoking prevalence in adults (Percentage of 18+ year olds) Geographical comparison 2020/21	OHID from GP Patient Survey data	2020/21	Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
Inequalities in smoking prevalence	Chart: Smoking in 18+ year olds: Percentage by long-term mental health condition, 2020/21	OHID from GP Patient Survey data	2020/21	Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
Inequalities in smoking prevalence	Chart: Smoking in 15+ year olds: Percentage by national deprivation quintile, 2020/21	Wiltshire Council PH Intelligence team using data from Quality Outcomes Framework. Current smokers aged 15+ as percentage of GP registered patients aged 15+ by national IMD rank of LSOA of patient address	2020/21	intelligence@wiltshire.gov.uk
Inequalities in smoking prevalence	Chart: Smoking at time of delivery: Percentage of maternities with known smoking status Geographical comparison 2020/21	OHID from the NHS Digital return on Smoking Status At Time of delivery (SATOD)	2020/21	Local Tobacco Control Profiles - OHID (phe.org.uk)
Smoking attributable outcomes	Chart: Smoking attributable hospital admissions: Rate per 100,000 35+ year olds Geographical comparison 2015/16-2019/20	OHID	2015/16 – 2019/20	Local Tobacco Control Profiles - OHID (phe.org.uk)
Smoking attributable outcomes	Chart: Smoking attributable mortality: Rate per 100,000 35+ year olds Geographical comparison 2013 -2019 (3 year bands)	OHID	2013-19	Local Tobacco Control Profiles - OHID (phe.org.uk)

Alcohol, drugs, smoking, weight and physical activity: Data sources and references

Section title	Reference title	Data source	Date	Link
Childhood weight (4-5 year olds)	Charts: Percentage of children aged 4-5 years who are obese or overweight	National Child Measurement Programme (NCMP), NHS Digital via the OHID Fingertips tool	2014/15 - 2018/19	Public health profiles – OHID (phe.org.uk)
Childhood weight (4-5 year olds)	Charts: Percentage of children aged 4-5 years who are obese or overweight by gender and Wiltshire deprivation quintile	Wiltshire Council Public Health Intelligence Team using data from the National Child Measurement Programme (NCMP), NHS Digital	2018/19	Wiltshire Intelligence
Childhood weight (10-11 year olds)	Charts: Percentage of children aged 10-11 years who are obese or overweight	National Child Measurement Programme (NCMP), NHS Digital via the OHID Fingertips tool	2014/15 - 2018/19	Public health profiles – OHID (phe.org.uk)
Childhood weight (10-11 year olds)	Charts: Percentage of children aged 10-11 years who are obese or overweight by gender and Wiltshire deprivation quintile	Wiltshire Council Public Health Intelligence Team using data from the National Child Measurement Programme (NCMP), NHS Digital	2018/19	Wiltshire Intelligence
Physically active young people	Charts: Percentage of children and young people (aged 5-16 years) estimated to be physically active	Active Lives Children and Young People Survey, Sport England Via the OHID Fingertips Tool	2017/18 - 2020/21	Public health profiles OHID (phe.org.uk)
Adult weight	Charts: Percentage of persons aged 18 years and over estimated to be overweight or obese	Active Lives Adult Survey, Sport England Via the OHID Fingertips Tool	2015/16 - 2020/21	Public health profiles OHID (phe.org.uk)

Alcohol, drugs, smoking, weight and physical activity: Data sources and references

Section title	Reference title	Data source	Date	Link
Physically active adults	Charts: Percentage of adults (aged 19 and over) estimated to be physically	Active Lives Adult Survey, Sport England Via the OHID Fingertips Tool	2016/17 - 2020/21	Public health profiles OHID (phe.org.uk)

1) Statistical neighbours

- a. The “statistical neighbours” used in this JSNA are a group of local authorities whose populations have broadly similar characteristics to the population of Wiltshire.
- b. Providing a result for our statistical neighbours provides an indication of how Wiltshire is performing on a specific indicator compared to areas with broadly similar characteristics.
- c. There are a range of “statistical neighbour” or “nearest neighbour” models available. This JSNA follows OHID’s Fingertips tools in using the 15 default areas provided by the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours 2018 model. At the UTLA level, these are the East Riding of Yorkshire, Rutland, North Somerset, South Gloucestershire, West Berkshire, Cheshire East, Cheshire West and Chester, Shropshire, Cornwall, Bedford, Central Bedfordshire, Dorset, Buckinghamshire UA, Stockport and Solihull. Results are presented as a combined rate or as an average of the combined results for these areas.
- d. For more information, please see [Nearest Neighbour Model \(cipfa.org\)](https://www.cipfa.org) and [OHID CIPFA document](#).

2) Counts, proportions and rates (taken from [APHO: Commonly used public health statistics, 2010](#))

- a. The most basic measure used in public health is the count. This may be a count of events such as deaths or admissions to hospital, or a count of people with a particular attribute such as people who smoke. This count itself is essential information for planning the health services for prevention and/or treatment. However, to properly investigate the distribution of disease and risk factors and to make comparisons between different populations, the denominator population or population years at risk in which the count was observed must also be taken into consideration.
- b. The simplest way of doing this is to divide the numerator count by the denominator population to give a proportion or crude rate. Both proportions and rates are frequently multiplied by a scaling factor for presentation purposes, e.g. per 100,000. When this factor is 100 the statistic is usually described as a percentage.
- c. Disease and mortality rates may vary widely by age. Such variation complicates comparisons made between two populations that have different structures.
 - i. For example, consider two areas A and B with equal-sized populations and identical crude all-age death rates. At first glance they appear to have a similar mortality experience. Suppose, however, that area A has a younger age structure than area B. Given that mortality rates increase with age, one would expect the older population in area B to experience more deaths. The fact that the two have identical crude mortality rates in fact means that the younger population in area A must have a relatively worse mortality experience.
 - ii. The most comprehensive way of comparing the disease experience of two populations is to present and compare their age-specific rates. However, when the number of populations being compared increases, the volume of data that needs to be considered quickly becomes unmanageable. What is used instead is a single, easily interpreted, summary figure for each population that is adjusted to take into account its age structure. Such summary figures are calculated using age standardisation methods. It is sometimes also desirable to standardise for other variables, such as sex or level of deprivation, that may also potentially confound any comparisons.
- d. This JSNA uses a combination of counts, proportions, crude rates and directly standardised rates to describe data. Details are specified in the chart titles or citations when the method is not already in the public domain. Where the method is already published elsewhere, this source is provided in the Data sources and references sections.

- 3) Deprivation
 - a. Results by deprivation quintile/decile are derived from the [Index of Multiple Deprivation \(2019\)](#)
 - b. The English Indices of Deprivation (IoD) uses a collection of indicators grouped into seven deprivation domains to provide an estimate of relative deprivation levels within England. These domains are weighted to indicate their impact on deprivation and are combined into a single Index of Multiple Deprivation (IMD).
 - c. The IMD is a measure of relative, not absolute, deprivation. It ranks England's 32,844 lower super output areas (LSOAs – small geographical areas sometimes known as 'neighbourhoods') in order from most to least deprived, i.e. it tells us whether LSOA A is more or less deprived than LSOA B.
 - d. Wiltshire local authority area has 285 LSOAs, and these can be presented in terms of their deprivation rankings within England ("national deprivation deciles/quintiles") or in terms of their rankings within Wiltshire ("local deprivation deciles/quintiles"). Because much of Wiltshire is less deprived than England as a whole, small numbers in our more deprived national deciles/quintiles can complicate the presentation of information at this level and this JSNA presents local deprivation deciles/quintiles where appropriate. National deciles/quintiles within Wiltshire are presented in purple, and local deciles/quintiles in green.
 - e. For more information, please see the "Population and deprivation" section of this JSNA.
- 4) Definition of Narrow and Broad measures of alcohol-related hospital admissions:
 - a. Narrow – admissions where the primary diagnosis is partially attributable to alcohol (or a secondary diagnosis is an alcohol-attributable external cause e.g. assault). This definition provides a narrower measure of alcohol harm that is less sensitive to the changes that have occurred in coding over the years and therefore enables fairer comparison between levels of harm in different areas and over time. It is also more responsive to change resulting from local action on alcohol.
 - b. Broad – admissions where the primary, or any of the secondary diagnoses, are partially attributable to alcohol (see below for explanation of 'alcohol-attributable fractions') This definition is a better measure of the total burden that alcohol has on community and health services.
- 5) Alcohol-attributable fractions (AAFs). Significant research has gone into calculating 'alcohol-attributable fractions' (AAFs) for a wide range of possible diagnoses, in order to assess the impact of alcohol use on health outcomes. For example, the AAF for alcoholic liver disease is 1.0 – in other words all admissions for this are wholly due to alcohol (also known as 'alcohol-specific'). By contrast, alcohol is estimated to be the underlying cause of 27% of assaults, therefore the AAF for a diagnosis of assault is 0.27. The AAF of a condition may vary depending on the patient's gender or age. These fractions are used alongside international clinical codes to calculate the total number of hospital admissions or deaths that are attributable to alcohol (Perkins and Hennessey, 2014, cited in Wiltshire Substance Misuse Needs Assessment 2019 [Substance Misuse Health Needs Assessment - Wiltshire Intelligence](#))

- 6) Cause of death categories included in the indicator of drug misuse deaths (the relevant codes from ICD-10 are given in brackets):
 - a. deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):
 - i. opioids (F11)
 - ii. cannabinoids (F12)
 - iii. sedatives or hypnotics (F13)
 - iv. cocaine (F14)
 - v. other stimulants, including caffeine(F15)
 - vi. hallucinogens (F16) and
 - vii. multiple drug use and use of other psychoactive substances (F19)
 - b. deaths coded to the following categories and where a drug controlled under the [Misuse of Drugs Act 1971](#) was mentioned on the death record:
 - a. Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
 - b. Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
 - c. Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
 - d. Assault by drugs, medicaments and biological substances (X85) and
 - e. Mental and behavioural disorders due to use of volatile solvents (F18)