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# Statistics on Smoking: England, 2008

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# Summary

This statistical report presents a range of information on smoking which are drawn together from a variety of sources. The report aims to present a broad picture of health issues relating to smoking in England and covers topics such as smoking habits, behaviours and attitudes among adults and school children, smoking-related ill health and mortality and smoking-related costs.

This report combines data from different sources presenting it in a user-friendly format. It contains data and information previously published by the NHS Information Centre, Department of Health, the Office for National Statistics and Her Majesty's Revenue and Customs. The report also includes new analysis carried out by the NHS Information Centre.

## Main findings

### Smoking among adults

Among adults aged 16 and over, in England, in 2006:

- Results from the General Household Survey show, overall smoking prevalence has decreased. In 2006, 22% of adults reported smoking, compared to 24% in 2005 and 39% in 1980
- Those aged 20 to 24 and 25 to 34 reported the highest prevalence of cigarette smoking (31% and 29% respectively) while those aged 60 and over reported the lowest (12%)
- As with previous years, smoking was higher among men than women (23% and 21% respectively) although this gap is narrowing
- Current smokers smoked an average of 13.5 cigarettes a day
- Those in the routine and manual groups reported the highest prevalence of smoking (29%).
- There has been a marked increase in the proportion of smokers who smoke mainly hand-rolled tobacco. In 1990, 18% of men and 2% of women who smoked said they smoked mainly hand-rolled cigarettes, but by 2006 this had risen to 34% and 17% respectively
- Two-thirds of current smokers and ex smokers who had smoked regularly at some point in their lives started smoking before they were 18.
- In 2004-2006, 26% of adults in Scotland were smokers, a significantly higher proportion than in England and in Wales (23% and 22% respectively)

### Smoking among children

For pupils aged 11 to 15 in England, in 2007:

- Two-thirds of pupils reported they had never smoked. The proportion who had never smoked rose from 47% in 1982 to 67% in 2007.
- Six per cent of children reported that they were regular smokers (smoked at least once a week)
- Regular smokers smoked on average 6 cigarettes a day
- Girls were more likely to have ever smoked than boys (36% compared to 31%) and to smoke regularly (8% compare with 5%)
- Since 1990 there has been an increase in the number of pupils being refused cigarettes at point of sale, from 37% in 1990 to 53% in 2006

## Behaviour and attitudes to smoking

Among adults in Great Britain in 2007:

- Almost three-quarters of current smokers reported wanting to give up smoking, with almost 8 in 10 current smokers reported trying to give up smoking at some point in the past
- Two-thirds (67%) of adults report that they do not allow smoking at all in their home, an increase from 61% in 2006
- Four in five people agree with the smoking ban in public places.

## Smoking-related ill health and mortality

In England in 2006/07 among adults aged 35 and over:

- There were approximately 1.4 million hospital admissions with a primary diagnosis of a disease that can be caused by smoking. This figure has been steadily rising each year and is around 309,300 more than it was in 1996/97
- Around 445,100 hospital admissions are estimated to be attributable to smoking. This accounts for 5% of all hospital admissions among this age group. Around a quarter 26% (107,600) of all admissions with a primary diagnosis of respiratory diseases, 16% (139,600) of all admissions with a primary diagnosis of circulatory diseases and 13% (163,200) of all admissions with a primary diagnosis of cancer are attributable to smoking

In England in 2007 among adults aged 35 and over:

- Around 82,900 deaths (18% of all deaths of adults aged 35 and over) were estimated to be caused by smoking with a larger proportion of men (23%) estimated to die from smoking-related diseases than women (14%)
- Around 37,200 (29%) cancer deaths, 22,300 (35%) deaths from respiratory diseases, 22,000 (14%) deaths from circulatory diseases and 1,400 (6%) of deaths from diseases of the digestive system were attributable to smoking.

## Smoking costs and economics

In 2007:

- Tobacco was nearly 17% less affordable than it was in 1980
- UK households spent an estimated £16.6 billion on tobacco

# Contents

1.	Introduction .....	1
2.	Smoking among adults.....	3
2.1	Introduction.....	3
2.2	Smoking prevalence, patterns and trends.....	3
2.3	Smoking and demographic characteristics.....	5
2.4	Geographical comparisons.....	8
	Summary .....	10
	List of tables .....	13
3.	Smoking among children.....	29
3.1	Introduction.....	29
3.2	Smoking behaviour and habits .....	29
3.3	Smoking among different groups and other factors.....	30
3.4	Obtaining cigarettes and school policies .....	32
3.5	National Comparisons .....	32
	Summary .....	33
	List of tables .....	35
4.	Behaviour and attitudes to smoking .....	47
4.1	Introduction.....	47
4.2	Adults' behaviour and attitudes to smoking.....	47
4.3	Children's behaviour and attitudes to smoking.....	51
	Summary .....	53
	List of tables .....	55
5.	Smoking related ill-health and mortality .....	77
5.1	Introduction.....	77
5.2	Smoking-related ill-health.....	77
5.3	Smoking-attributable deaths.....	79
	Summary .....	80
	List of tables .....	81
6.	Smoking-related costs.....	87
6.1	Introduction.....	87
6.2	Costs to the NHS.....	87
6.3	Availability and affordability of tobacco.....	88
6.4	Spending on tobacco.....	90
	Summary .....	91
	List of tables .....	93
	Appendix A: Key sources.....	103
	Appendix B: Logistic regression.....	113
	Appendix C: Estimating smoking-attributable deaths and hospital admissions .....	115
	Appendix D: Government policy and plans.....	123
	Appendix E: Editorial notes.....	129
	Appendix F: Further information.....	131



# 1 Introduction

This statistical report presents a range of information on smoking prevalence and habits, and the health-related affects and social costs of smoking, which has been drawn together from a variety of sources. The report is primarily concerned with cigarette smoking unless otherwise specified. The data relate to England where possible. Where figures for England are not available, figures for England and Wales, Great Britain or the United Kingdom have been provided.

Chapter 2 reports on trends in cigarette smoking among adults, cigarette consumption and the types of cigarette smoked. Smoking patterns among different groups of people are also explored.

Chapter 3 focuses upon smoking behaviour and patterns among children. This chapter also includes information on relationships between smoking and substance use and smoking and truancy and exclusion among children, as well as ethnicity comparisons.

Chapter 4 looks at behaviour, attitudes and dependence to smoking among adults and children.

Chapter 5 presents figures on hospital admissions for diseases that can be caused by smoking and also includes analysis on smoking-attributable hospital admissions and deaths.

Chapter 6 draws together data on different costs associated with tobacco. The chapter looks at costs of smoking to the NHS, affordability, availability and expenditure on tobacco.

Throughout the report references are given to sources for further information. The report also contains six appendices; the first appendix describes the key sources used. The second appendix describes the statistical procedure, logistic regression, which is used to provide information on relationships between smoking and various factors in several sections of the report. The third appendix describes in detail the

methodology employed in the report to estimate smoking-attributable hospital admissions and deaths. Government targets and NHS plans related to smoking are covered in the fourth appendix. The fifth appendix provides the editorial notes regarding the conventions used in presenting information. A complete list of sources of further information and useful contacts are presented in the final appendix.

## Smoking definitions

Throughout this report a range of terminology is used to define different behaviours of smoking. For clarity, all the different terminology referred to in the report are outlined below.

Smoking definitions adopted by the main sources used in this report differ in some cases, especially between adults and children. Where different definitions occur in different sources these are highlighted below and defined in full in the relevant section of the report.

Definitions for adult smoking behaviours:

**Current smokers:** Adults who said that they do smoke cigarettes nowadays are classed as current smokers in the surveys used in this report.

**Ex-smokers:** Adults who said that they used to smoke cigarettes regularly but no longer do are defined as ex-smokers (or ex-regular smokers).

The definitions for adults who are non-smokers, heavy or light smokers vary in the different surveys.

Definitions for child smoking behaviours:

**Regular smokers:** For children, a regular smoker is defined as a child who smokes at least one cigarette a week.

**Occasional smokers:** Those children who said they smoke less than one cigarette per week are defined as occasional smokers.

**Current smokers:** These include those who are regular and occasional smokers.

Sources of further reading on all classifications of smoking are listed in [Appendix A](#) at the end of this report.

### **Odds ratios**

Chapters 2 and 3 include some information on odds ratios which are created using a

statistical procedure called logistic regression. This allows the links between smoking and different factors to be independently identified. These links are expressed in terms of odds. Odds ratios greater than 1 indicate a higher chance of the outcome occurring, and odds ratios less than 1 indicate a lower chance of it occurring. More information on odds ratios and logistic regression can be found in [Appendix B](#).



## 2 Smoking among adults

### 2.1 Introduction

The information presented in this chapter relates to the smoking behaviour of adults aged 16 and over. A number of sources are used to present smoking prevalence, patterns and habits and smoking among different groups of society.

The main source of data on smoking prevalence among adults is the General Household Survey (GHS) carried out by the Office for National Statistics. This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GHS report<sup>1</sup> is based on the 2006 survey which ran from January to December 2006. A wide range of topics are covered in the GHS, which provide a comprehensive picture of how we live and the social change we experience in Great Britain. Each year questions are asked about adults' smoking habits.

Figures published using the GHS data on smoking nearly always relate to Great Britain, and therefore differ from those shown in this report, which unless stated cover England only. Most of the figures in this report have been obtained by performing additional analysis on the GHS dataset.

Statistics on tobacco use among ethnic minority groups are taken from the Health Survey for England (HSE) 2004<sup>2</sup>. The HSE is an annual survey, designed to monitor the health of the population of England. Each survey consists of core questions and measurements, plus modules of questions on specific issues that change periodically. The 2004 survey focused on the health of ethnic minorities and is used in this chapter because of the large sample size achieved among ethnic minority groups. In addition to the HSE 2004, some analysis from the most recently published HSE 2006<sup>3</sup> has been presented.

Information on smoking behaviours before and during pregnancy is collected as part of the Infant Feeding Survey. This survey is carried out in the United Kingdom every five

years with the main focus on the prevalence of breast feeding. The latest report; Infant Feeding Survey 2005<sup>4</sup>, is based on data collected from a sample of mothers who registered the birth of a child during August and September 2005.

The government recently published a new Public Service Agreement (PSA), PSA Delivery Agreement 18: Promote better health and wellbeing for all, October 2007<sup>5</sup>. One of the indicators aims to reduce smoking prevalence among adults. The national target is to reduce adults' (aged 16 and over) smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

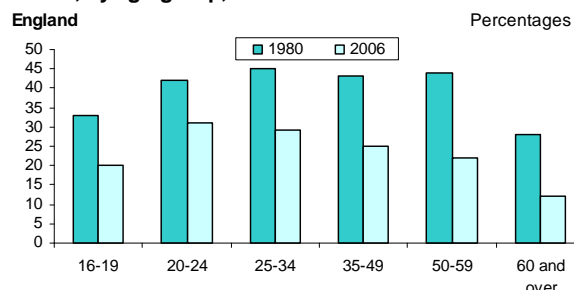
This PSA target supersedes the previous target set out in the 1998 government report Smoking Kills – a White Paper on Tobacco, outlining targets to reduce smoking prevalence<sup>6</sup>.

### 2.2 Smoking prevalence, patterns and trends

#### 2.2.1 Trends in smoking prevalence

Results from the 2006 GHS show, overall smoking prevalence has decreased. In 2006, 22% of adults reported smoking, compared to 24% in 2005 and 39% in 1980 (Figure 2.1).

**Figure 2.1 Prevalence of cigarette smoking among adults, by age group, 1980 and 2006**



Source: General Household Survey 2006. Office for National Statistics. Copyright © 2008, re-used with the permission of The Office for National Statistics

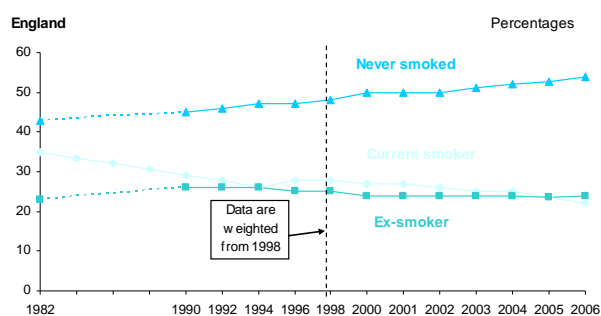
Those aged 20 to 24 and 25 to 34 reported the highest prevalence of cigarette smoking (31% and 29% respectively). Those aged 60

and over reported the lowest prevalence of smoking (12%).

As with previous years, in 2006, prevalence of cigarette smoking was higher among men (23%) than women (21%). Although this is less than the difference reported in 1980, when 42% of men reported smoking, compared to 36% of women (Table 2.1).

The decrease in smoking prevalence seems to be mainly due to the increase in people who have never smoked or only occasionally smoked. The proportion of adults who have never or only occasionally smoked has been rising steadily, from 43% in 1982 to 54% in 2006 (Figure 2.2).

Figure 2.2 Cigarette smoking status among adults, 1982, and 1990 to 2006



Source: General Household Survey 2006. Office for National Statistics. Copyright © 2008, re-used with the permission of The Office for National Statistics

The increase in the percentage never or only occasionally smoking has been much larger among men than women. The proportion of men increased from 32% in 1982 to 49% in 2006, whereas for women the increase was from 51% to 59%.

By comparison the proportion of adults who were ex-regular smokers has changed little since the 1980s (Table 2.2).

### 2.2.2 Cigarette consumption

In 2006, current smokers smoked an average of 13.5 cigarettes a day. As in previous years, men smoked more cigarettes a day on average than women: in 2006, men smoked on average 14.5 cigarettes a day,

compared with 12.5 for women. A similar pattern is evident in relation to the National Statistics Socio-economic classification (NS-SEC). In 2006, smokers in households where the household reference person was in a routine and manual occupation smoked an average of 14.2 cigarettes a day, compared to 11.8 a day for those in managerial and professional occupations (Table 2.3).

**In 2006, current smokers smoked an average of 13.5 cigarettes a day**

### 2.2.3 Cigarette type

Among the different types of cigarettes, filter cigarettes continue to be the most widely smoked, especially among women. In 2006, 82% of women and 65% of men smoked filter cigarettes. This compares to 97% of women and 80% of men in 1990.

There has been a marked increase in the proportion of smokers who smoke mainly hand-rolled tobacco. In 1990, 18% of men and 2% of women who smoked said they smoked mainly hand-rolled cigarettes, but by 2006 this had risen to 34% and 17% respectively (Table 2.4).

**The use of hand-rolled tobacco has increased since 1990**

Smokers in managerial and professional occupations and intermediate occupations are more likely to smoke filtered cigarettes than those in routine and manual occupations, whereas smokers in routine and manual occupations were more likely to smoke hand-rolled cigarettes than any other occupational group (Table 2.5).

## 2.2.4 Tar yield

Cigarette smoke contains roughly 4,000 compounds, many of which are toxic and can cause damage to human cell tissue. Tar, also known as total particulate matter, is one of the three main ingredients of cigarettes. It is made up of various chemicals, many of which are known to cause cancer. Around 70% of the tar from a smoked cigarette is deposited in the smoker's lungs<sup>7</sup>.

Tar yields have gradually dropped in tobacco manufactured within the European Union since the 1990s as a result of European legislation. By the beginning of 1998, tobacco manufacturers were required to reduce the tar yield to no more than 12mg per cigarette. An EU directive which came into force at the end of 2002 further reduced the maximum tar yield to 10mg per cigarette from January 2004<sup>8</sup>.

There have been no brands of cigarettes in Great Britain with a yield of 12mg or more since 2003. There has been a considerable increase in the proportion of smokers smoking brands with a yield of 10mg or more, but less than 12mg. This has risen from 13% in 1998 to 71% in 2003, since when it has remained at a similar level<sup>1</sup>.

## 2.3 Smoking and demographic characteristics

### 2.3.1 Smoking and marital status

The prevalence of cigarette smoking varies considerably according to marital status. People who are divorced or separated are the most likely to smoke (34%) while those who are widowed are least likely (13%). This is not explained by the association between age and marital status (for example, married people and those who are widowed, divorced or separated are older, on average, than single people). Results from the GHS have shown that in every age group except the youngest and the oldest, married people were less likely to smoke<sup>1</sup>.

Those who were divorced or separated were twice as likely to be heavy smokers (20 or more cigarettes per day) than the three other groups. Single people were just as likely to be light smokers (under 20 cigarettes per day) as those who were divorced or separated.

Those who are widowed were most likely to be ex-regular cigarette smokers (36%), followed by married or cohabiting people where 27% reported being ex-regular smokers (Table 2.6).

### 2.3.2 Smoking and Socio-economic classification

The NHS Cancer Plan<sup>9</sup> published in 2000 and PSA 18 focuses on the need to reduce the comparatively high rates of smoking among those in manual socio-economic groups, which result in much higher death rates than among non-manual workers. The PSA target is to reduce smoking prevalence among routine and manual groups to 26% or less by 2010<sup>5</sup>.

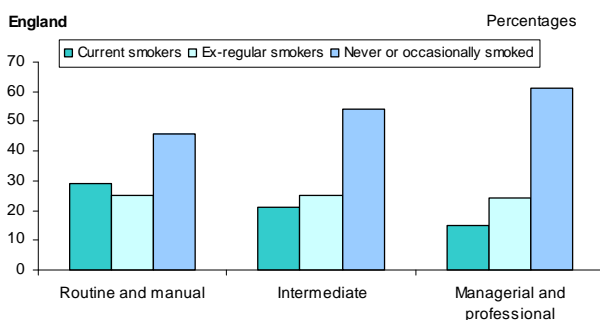
The National Statistics Socio-economic classification (NS-SEC) was introduced in 2001, replacing the old socio-economic group (SEG) categories. It is not possible to collapse NS-SEC categories into broad manual and non-manual groupings and as the Cancer Plan target relates to these, the old socio-economic groups have been shown in Table 2.7.

In England in 2006, 28% of those in manual groups were cigarette smokers, compared with 33% in 1998, confirming progress towards the targets set out in the Cancer Plan. However, since the proportion of those in non-manual groups who are cigarette smokers has fallen by a similar amount (from 22% in 1998 to 17% in 2006) the differential between non-manual and manual has not reduced (Table 2.7).

Tables 2.8 and 2.9 shows similar trends in England using the new socio-economic

classification (NS-SEC) of the household reference person. In 2006, those in the routine and manual groups reported the highest prevalence of smoking (29%). Nine per cent of those in routine and manual groups reported heavy smoking, compared to 3% of those in managerial and professional groups. There were no differences among ex-smokers by socio-economic classifications. Those in managerial and professional households were the most likely to have never or occasionally smoked cigarettes (Table 2.8, Figure 2.3).

**Figure 2.3 Cigarette smoking status among adults, by socio-economic classification of household reference person, 2006**



Source: General Household Survey 2006. Office for National Statistics  
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Over the period 2001 to 2006, the prevalence of cigarette smoking fell by four percentage points overall among those in routine and manual households, from 33% to 29%. Prevalence also fell by four percentage points overall among those in managerial and professional households (from 19% in 2001 to 15% in 2006), but the decrease in prevalence was somewhat greater among those in intermediate households, where it fell from 27% to 21% over the same period (Table 2.9).

In the 2006 HSE<sup>3</sup>, a multivariate logistic regression was used to examine the factors associated with current cigarette smoking. These variables include: age group, equivalised household income, Index of Multiple Deprivation, educational attainment, household type and socio-economic classification of household reference person.

A range of other variables of interest were also included to look at the associations between current cigarette smoking and other health and lifestyle indicators. These were general health status, fruit and vegetable consumption, alcohol consumption, levels of physical activity and BMI status. For more information on logistic regression please see Appendix B.

When looking at NS-SEC, odds of cigarette smoking were significantly higher among those in lower supervisory and technical or semi-routine and routine occupations than among those in managerial and professional occupations, similar to results presented earlier in this chapter.

Index of Multiple Deprivation ranks areas from the most deprived to the least deprived. Odds of cigarette smoking increased as area deprivation increased. Likewise, odds of smoking among both men and women were significantly higher among those who had no educational qualifications compared with those who had a degree or equivalent.

Equivalised household income was also significantly associated with cigarette smoking among women, though not among men, after taking other variables into account. Odds of smoking cigarettes were significantly higher among women living in the lowest two quintiles of income households than the highest income households.

For both men and women, a number of health and lifestyle characteristics were significantly associated with current cigarette smoking. Those who reported that their health was less than 'very good' had higher odds of being a current smoker. Those who ate any portions of fruit and vegetables a day had lower odds of being a smoker than those who ate no fruit or veg, and those who had drunk alcohol had higher odds of being a current cigarette smoker than those who had not drunk alcohol in the last year. However, those who were either overweight or obese

had lower odds of cigarette smoking than those who were not overweight (Table 2.10).

### 2.3.3 Smoking and ethnicity

The HSE 2004<sup>2</sup> reports that, among the general population, almost a quarter (24%) of men were current smokers. Within minority ethnic groups, the proportion of current smokers ranged from 20% of Indian and 21% of black African and Chinese men to 40% of Bangladeshi men. Men in Bangladeshi and Irish groups were more likely to report smoking than men in the general population. With the exception of Bangladeshi and Irish men, men in minority ethnic groups were more likely than those in the general population to report that they had never smoked.

The reported prevalence of cigarette smoking among women in the general population was 23%. The pattern of cigarette smoking among ethnic minority groups was very different in women than among men. Among women belonging to ethnic minority groups, reported prevalence ranged from 2% of Bangladeshi women to 24% of Black Caribbean women and 26% among Irish women (Table 2.11).

Chewing tobacco is also used relatively widely among some ethnic minority groups. Questions about chewing tobacco (pann with tobacco, pann with masala or chewing tobacco) were also included in the 2004 HSE and details can be found in that report.

### 2.3.4 Smoking during pregnancy

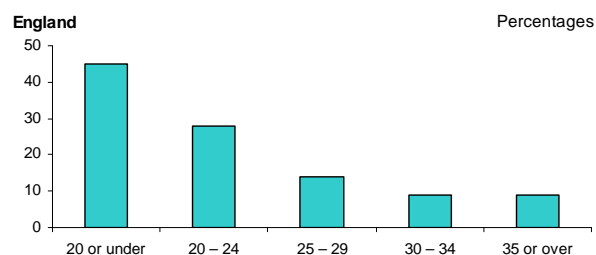
Efforts to reduce the proportion of women who smoke during pregnancy was recognised as a priority in the Smoking Kills White Paper<sup>6</sup>. This set a target to reduce the proportion of women in England who continued to smoke during pregnancy to 15% by 2010, with a fall to 18% by 2005 (from a baseline of 23% set in 1995).

In 2005, a third (32%) of mothers in England who had recently given birth reported smoking in the 12 months before or during pregnancy. This proportion has fallen since 2000, when 35% of mothers smoked before or during pregnancy. The percentage of mothers who continued to smoke throughout pregnancy fell from 19% in 2000 to 17% in 2005. The proportion of smoking mothers who gave up before or during pregnancy rose from 45% to 49% during the same period (Table 2.12).

**In 2005, 17% of mothers reported smoking throughout pregnancy**

Figure 2.4 shows that younger mothers are more likely to smoke throughout pregnancy; 45% of mothers aged 20 or under reported smoking throughout pregnancy, compared with 9% of mothers aged 35 and over. For most age groups, the proportion of mothers who smoked throughout pregnancy fell between 2000 and 2005.

**Figure 2.4 Smoking throughout pregnancy by mother's age, 2005**



Source: Infant Feeding Survey 2005. The Information Centre

A similar pattern was also seen among mothers who gave up before or during pregnancy, as 34% of smokers aged 20 and under gave up smoking compared with 58% of smokers aged 35 and over. The proportion giving up increased between 2000 and 2005 for all ages except for younger mothers aged 24 and under (Table 2.12).



Data is also available on smoking at the time of delivery at Primary Care Trust level, using analysis from the Infant Feeding Survey 2005. This analysis can be found on the Department of Health website<sup>10</sup>.

### 2.3.5 Smoking prevalence and mental health

Several surveys of mental health and smoking prevalence among different groups of the population have been carried out in the past. These groups have included adults living in private households<sup>11</sup>, institutions<sup>12</sup>, homeless people<sup>13</sup>, prisoners<sup>14</sup> and people with psychotic disorders<sup>15</sup>. These sources are all listed in the references at the end of this chapter.

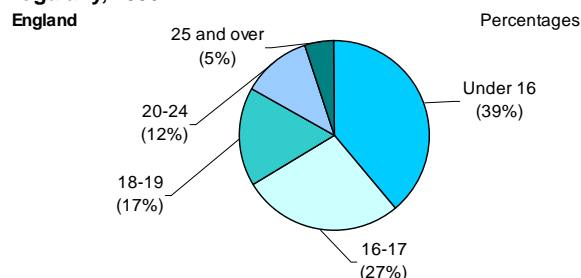
### 2.3.6 Age started smoking

The Smoking Kills White paper noted that people who start smoking at an early age are more likely than other smokers to smoke for a long period of time and are more likely to die prematurely from a smoking-related disease.

**Two-thirds of smokers started smoking before they were 18**

Table 2.13 shows that in 2006, in England about two-thirds (66%) of current smokers or those who had smoked regularly at some point in their life start smoking before they were 18. In fact, almost two-fifths (39%) reported that they had started smoking regularly before they were 16, which was until recently the lowest age at which cigarettes could be legally sold (Figure 2.5)<sup>1</sup>.

**Figure 2.5 Age at which adults started smoking regularly, 2006**



Source: General Household Survey 2006. Office for National Statistics. Copyright © 2008, re-used with the permission of The Office for National Statistics

Men were more likely than women to have started smoking before they were 16 (41% of men compared with 36% of women).

There was an association between age started smoking regularly and socio-economic classification based on the current or last job of the household reference person. Of those in managerial and professional households, 31% had started smoking before they were 16, compared with 46% of those in routine and manual households (Table 2.13).

### 2.3.7 Smoking status of parents

Respondents of the HSE 2006 were asked if their mother or father smoked when they were a child. The relationship between parental smoking and the current smoking status of the adult is shown in Table 2.14.

A larger proportion of adults where both of their parents smoked during their childhood were current smokers than among those where neither of their parents smoked (31% and 16% respectively). Conversely a higher proportion of respondents reported to have never smoked where none of their parents smoked during their childhood than among those where both parents smoked (67% and 44%). Similar results were seen when comparing the effect of having only one parent who smoked, though the effect of this is less than where both parents smoked.

## 2.4 Geographical comparisons

### 2.4.1 National comparisons

Results from [Table 2.15](#) show smoking prevalence by countries comprising Great Britain where a comparison can be made.

In 2004-2006, 26% of adults in Scotland were current smokers, a significantly higher proportion than in England and Wales (23% and 22% respectively). The proportion of adults who have never smoked regularly is the same in all three countries, 53%.

A European comparison of smoking prevalence can be found on the Eurostat website<sup>16</sup>.

### 2.4.2 Regional prevalence

In the GHS 2006 a table is presented to show smoking prevalence by region by combining data from 2004 to 2006 in order to enable more robust regional comparisons to be made.

For men, the North East, North West and Yorkshire and the Humber reported the highest prevalence of smoking in 2004-2006 ranging from 26% to 27%. Among women, prevalence in the North East (28%) was significantly higher than in every other region of England. The prevalence of cigarette smoking was lowest among women in the West Midlands, the East of England, London and the South East (all 20%) ([Table 2.15](#)).

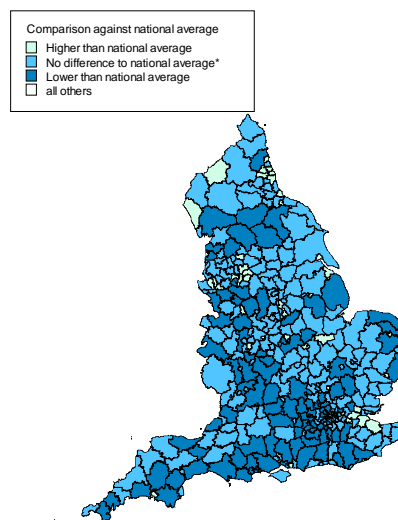
### 2.4.3 Local area prevalence

While survey estimates can provide information on regional variation, it is not possible to look at a smaller geographical level due to small sample sizes. To address this information gap, the National Centre for Social Research was commissioned by the NHS Information Centre, to test and produce model-based estimates using the HSE for a range of healthy lifestyle behaviours. Estimates based on 2003-05 data at Local

Authority (LA), Medium Super Output Area and at a Primary Care Organisational level are available on the NHS Information Centre website<sup>17</sup>, and include estimates of smoking prevalence. Results for the whole range of healthy lifestyle behaviours considered are published on the ONS Neighbourhood Statistics website<sup>18</sup>.

In 2003-2005, it was estimated that just over 1 in 8 of LAs had a significantly higher smoking rate than England as a whole, with 3 in 10 LAs reporting rates lower than the national average, showing no clear geographical pattern overall ([Figure 2.6](#)).

**Figure 2.6 Comparison of model based estimated smoking rates of Local Authorities to the national average, 2003-05**



Data Sources: ONS Boundary Files 2006, Neighbourhood Statistics Model Based Estimates of Healthy Lifestyle behaviours The NHS Information Centre

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\*Prevalence in these LAs are not considered statistically different to the national average

As part of the Neighbourhood Statistics<sup>19</sup>, analysis was also carried out on smoking prevalence by ethnic minorities at a sub-national level, for 2004 data. Results can be found on the Neighbourhood Statistics website.

## Summary: smoking among adults

The data presented in this chapter have shown that smoking prevalence among adults is decreasing steadily, particularly among older adults. This appears to be due to the increase in the proportion of people who have never or occasionally smoked.

Men continue to be more likely than women to smoke. However, the proportion of those who have never or occasionally smoked has increased more among men than women.

In 2006 an average number of 13.5 cigarettes were smoked each day. As in previous years, men smoked more on average than women, although differences appear to be narrowing.

Filter cigarettes continue to be the most popular type of cigarettes smoked, although there have been substantial increases since 1984 in the numbers smoking hand-rolled tobacco.

Smoking prevalence is shown to vary when measured by different socio-demographic variables, for instance people who are divorced or separated were more likely to smoke, while widowed people were less likely.

Prevalence of smoking amongst people in the routine and manual socio-economic group continues to be greater than amongst

those in the managerial and professional group. Smoking prevalence continues to be higher in the most deprived areas.

Among ethnic minority groups, prevalence in smoking was highest among the Bangladeshi ethnic group for men and the Irish and Black Caribbean ethnic groups for women.

Around 1 in 6 pregnant women in England reported smoking during pregnancy in 2005. Though the proportion of women who continued to smoke throughout pregnancy has fallen since 2000. Younger mothers are more likely to smoke before or during pregnancy than older mothers and are also more likely to continue to smoke throughout pregnancy.

Two-thirds of current smokers or those who had smoked regularly at some point in their life, started smoking before the age of 18. Almost two-fifths reported starting smoking regularly before they were 16.

Prevalence of smoking amongst adults was greater in Scotland than England and Wales. Smoking prevalence varies across the regions for example among women prevalence in the North East was higher than among all other regions.



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## List of tables

- 2.1 Prevalence of cigarette smoking among adults, by age and gender, 1948, and 1980 to 2006
- 2.2 Cigarette smoking status among adults, by gender, 1982, and 1990 to 2006
- 2.3 Average daily cigarette consumption by current smokers, by gender and socio-economic classification, 2006
- 2.4 Type of cigarette smoked by adults, by gender, 1984 and 1990 to 2006
- 2.5 Type of cigarette smoked by adults, by gender and socio-economic classification, 2006
- 2.6 Cigarette smoking status among adults, by gender and marital status, 2006
- 2.7 Prevalence of cigarette smoking among adults, by gender and socio-economic group of household reference person, 1992 to 2006
- 2.8 Cigarette smoking status, among adults by socio-economic classification, 2006
- 2.9 Prevalence of cigarette smoking among adults, by gender and socio-economic classification, 2001 to 2006
- 2.10 Estimated odds ratios for current cigarette smoking, by associated risk factors by gender, 2006
- 2.11 Prevalence of cigarette smoking among adults, by smoking status, ethnic minority group and gender, 2004
- 2.12 Smoking during pregnancy, by mother's age, 2000 and 2005
- 2.13 Age adults started smoking regularly, by gender and socio-economic classification, 2006
- 2.14 Adults' smoking status, by reported parental smoking in childhood and gender, 2006
- 2.15 Cigarette smoking status by gender and region, 2004-2006 combined

Table 2.1 Prevalence of cigarette smoking among adults<sup>1</sup>, by age and gender, 1948<sup>2</sup>, and 1980 to 2006<sup>3</sup>

England	Unweighted																	Weighted					Percentages	
																		bases					Unweighted	
	1948	1980	1982	1984	1986	1988	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005 <sup>4</sup>	2006	2006	2006	2006		
<b>All adults</b>	52	39	35	33	32	31	29	28	26	28	27	28	27	27	26	25	25	24	22	36,613	14,292			
16-19	..	33	31	30	31	28	31	26	28	29	31	31	30	28	25	25	26	25	20	2,247	711			
20-24	..	42	39	37	40	37	39	38	40	39	41	40	36	37	38	36	33	32	31	2,388	749			
25-34	..	45	38	37	36	35	35	34	32	35	34	35	35	34	34	34	31	31	29	5,884	2,089			
35-49	..	43	38	36	35	33	33	29	29	30	30	31	29	29	28	30	29	27	25	10,412	3,952			
50-59	..	44	40	39	34	33	27	27	26	27	26	27	26	25	24	24	24	22	22	5,869	2,449			
60 and over	..	28	27	25	25	23	21	19	16	18	15	16	16	16	15	14	14	13	12	9,813	4,342			
<b>Men</b>	65	42	37	35	34	32	31	29	28	28	28	29	29	28	27	27	26	25	23	17,162	6,599			
16-19	..	33	31	28	30	28	28	29	28	25	30	30	30	24	22	26	25	23	20	1,131	342			
20-24	..	44	39	39	41	37	39	39	42	43	42	40	36	39	38	38	37	34	34	1,080	320			
25-34	..	47	40	39	37	37	37	35	34	38	37	38	39	38	36	37	34	33	33	2,753	920			
35-49	..	45	39	38	37	36	34	31	31	30	32	33	31	31	29	31	31	29	26	4,901	1,811			
50-59	..	45	41	38	34	32	27	27	26	27	26	27	27	25	26	25	25	23	23	2,864	1,178			
60 and over	..	34	32	29	28	25	24	20	17	17	15	16	16	16	16	15	15	14	12	4,434	2,028			
<b>Women</b>	41	36	32	32	31	30	28	27	25	27	26	26	25	25	24	24	23	22	21	19,451	7,693			
16-19	..	32	31	31	31	27	33	24	28	32	33	33	28	31	28	24	26	27	21	1,116	369			
20-24	..	40	39	35	38	37	39	37	38	37	40	40	35	35	38	34	30	29	29	1,307	429			
25-34	..	43	36	35	35	33	34	32	30	33	33	32	32	30	33	31	28	29	26	3,131	1,169			
35-49	..	41	37	35	33	34	32	28	28	30	28	28	27	27	27	28	25	24	24	5,511	2,141			
50-59	..	42	38	40	34	33	27	28	26	26	26	27	26	24	24	22	23	21	21	3,005	1,271			
60 and over	..	24	23	22	22	21	19	19	16	18	16	16	15	17	14	14	13	13	12	5,380	2,314			

1. Aged 16 and over

2. 1948 data relate to Great Britain

3. Results for 2006 include longitudinal data (see Appendix A)

4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

**Sources:**

UK Smoking Statistics, Wald et al, 1991

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**Table 2.2 Cigarette smoking status among adults<sup>1</sup>, by gender, 1982<sup>2</sup>, and 1990 to 2006<sup>3</sup>**

England	Unweighted						Weighted						Percentages	
	1982	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005 <sup>4</sup>	2006
<b>All adults<sup>5</sup></b>														
Current smoker	35	29	28	26	28	27	28	27	27	26	25	25	24	22
Ex-smoker	23	26	26	26	25	26	25	24	24	24	24	24	24	24
Never or only occasionally smoked	43	45	46	47	47	48	48	50	50	50	51	52	53	54
<b>Men</b>														
Current smoker	37	31	29	28	28	28	29	29	28	27	27	26	25	23
Ex-smoker	31	32	33	32	32	31	29	27	27	28	27	28	27	27
Never or only occasionally smoked	32	37	39	40	40	41	42	44	45	45	46	46	48	49
<b>Women</b>														
Current smoker	32	28	27	25	27	26	26	25	25	25	24	23	22	21
Ex-smoker	17	20	21	21	20	21	21	20	21	21	21	20	20	21
Never or only occasionally smoked	51	52	53	54	53	53	53	55	54	54	55	57	57	59
<i>Weighted bases (000s)</i>														
All adults	.	.	.	.	.	.	35,097	36,531	36,056	35,983	35,337	36,004	35,936	36,613
Men	.	.	.	.	.	.	16,566	17,583	17,206	16,806	16,686	16,855	16,834	17,162
Women	.	.	.	.	.	.	18,531	18,948	18,851	19,176	18,651	19,149	19,102	19,451
<i>Unweighted bases</i>														
All adults	16,657	15,002	15,663	14,447	13,381	12,295	12,295	12,154	13,286	12,812	15,009	12,716	18,613	14,292
Men	7,771	6,967	7,284	6,608	6,148	5,629	5,629	5,701	6,128	5,916	7,038	5,884	8,663	6,599
Women	8,886	8,035	8,379	7,839	7,233	6,666	6,666	6,453	7,158	6,896	7,971	6,832	9,950	7,693

1. Aged 16 and over
2. Detailed data for England for the years before 1982 are not readily available
3. Results for 2006 include longitudinal data (see Appendix A)
4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year
5. Those for whom number of cigarettes was not known have not been shown as a separate category but are included in the figures for all adult current smokers

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.3 Average daily cigarette consumption by current smokers<sup>1</sup>, by gender and socio-economic classification<sup>2</sup>, 2006<sup>3</sup>**

<b>England</b>	Numbers		
	Average number of cigarettes per day	<i>Weighted bases (000s)</i>	<i>Unweighted bases</i>
<b>All adults</b>			
All classifications <sup>4</sup>	<b>13.5</b>	7,958	2,934
Managerial and professional	11.8	2,323	884
Intermediate	14.0	1,391	508
Routine and manual	14.2	3,797	1,390
<b>Men</b>			
All classifications <sup>4</sup>	<b>14.5</b>	3,975	1,424
Managerial and professional	12.3	1,216	450
Intermediate	15.7	651	230
Routine and manual	15.2	1,882	672
<b>Women</b>			
All classifications <sup>4</sup>	<b>12.5</b>	3,983	1,510
Managerial and professional	11.1	1,107	434
Intermediate	12.5	740	278
Routine and manual	13.2	1,914	718

1. Aged 16 and over

2. Based on the current or last job of the household reference person. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG)

3. Results for 2006 include longitudinal data (see Appendix A)

4. Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All classifications'

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.4 Type of cigarette smoked by adults<sup>1</sup>, by gender, 1984<sup>2</sup> and 1990 to 2006<sup>3</sup>**

England														Percentages	
	Unweighted						Weighted								
	1984	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005 <sup>4</sup>	2006	
<b>All adults</b>															
Mainly filter	86	89	89	87	85	83	83	79	77	76	77	75	74	74	
Mainly plain	4	2	1	1	1	1	1	1	1	1	1	1	1	1	
Mainly hand-rolled	10	10	10	12	14	16	17	21	22	23	23	24	25	26	
<b>Men</b>															
Mainly filter	77	80	80	77	76	74	74	69	68	66	68	65	65	65	
Mainly plain	6	3	2	2	1	1	1	1	1	1	1	1	1	1	
Mainly hand-rolled	17	18	18	21	23	25	25	30	32	33	31	34	34	34	
<b>Women</b>															
Mainly filter	94	97	97	96	93	91	91	89	87	86	86	85	83	82	
Mainly plain	3	1	1	1	1	1	1	1	1	1	1	1	1	0	
Mainly hand-rolled	3	2	2	4	6	8	8	10	11	13	13	15	17	17	
<i>Weighted bases (000s)</i>															
All adults	.	.	.	.	.	.	9,688	9,771	9,562	9,188	8,976	8,877	8,512	7,973	
Men	.	.	.	.	.	.	4,820	5,024	4,826	4,468	4,552	4,427	4,216	3,986	
Women	.	.	.	.	.	.	4,868	4,746	4,736	4,719	4,424	4,450	4,296	3,987	
<i>Unweighted bases</i>															
All adults	5,166	4,420	4,330	3,816	3,699	3,284	3,284	3,156	3,410	3,176	3,704	3,056	4,227	2,939	
Men	2,525	2,147	2,099	1,844	1,735	1,560	1,560	1,555	1,639	1,509	1,843	1,488	2,054	1,427	
Women	2,641	2,273	2,231	1,972	1,964	1,724	1,724	1,601	1,771	1,667	1,861	1,568	2,173	1,512	

1. Adults aged 16 and over
2. Detailed data for England for the years before 1984 are not readily available
3. Results for 2006 include longitudinal data (see Appendix A)
4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.5 Type of cigarette smoked by adults<sup>1</sup>, by gender and socio-economic classification<sup>2</sup>, 2006<sup>3</sup>**

<b>England</b>	Percentages			
	All classifications <sup>4</sup>	Managerial and Professional	Intermediate	Routine and manual
<b>All Adults</b>				
Mainly filter	74	80	77	68
Mainly plain	1	0	1	0
Mainly hand-rolled	26	20	21	31
<b>Men</b>				
Mainly filter	65	74	67	58
Mainly plain	1	1	2	1
Mainly hand-rolled	34	25	32	42
<b>Women</b>				
Mainly filter	82	86	87	79
Mainly plain	0	0	1	0
Mainly hand-rolled	17	14	12	21
<i>Weighted bases (000s)</i>				
<i>All adults</i>	<i>7,973</i>	<i>2,327</i>	<i>1,401</i>	<i>3,798</i>
<i>Men</i>	<i>3,986</i>	<i>1,217</i>	<i>658</i>	<i>1,885</i>
<i>Women</i>	<i>3,987</i>	<i>1,110</i>	<i>744</i>	<i>1,913</i>
<i>Unweighted bases</i>				
<i>All adults</i>	<i>2,939</i>	<i>885</i>	<i>512</i>	<i>1,390</i>
<i>Men</i>	<i>1,427</i>	<i>450</i>	<i>232</i>	<i>673</i>
<i>Women</i>	<i>1,512</i>	<i>435</i>	<i>280</i>	<i>717</i>

1. Aged 16 and over

2. Based on the current or last job of the household reference person. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG)

3. Results for 2006 include longitudinal data (see Appendix A)

4. Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All classifications'

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.6 Cigarette smoking status among adults<sup>1</sup>, by gender and marital status<sup>2</sup>, 2006<sup>3</sup>**

England	Percentages			
	Single	Married/cohabiting	Divorced/separated	Widowed
<b>All adults</b>				
Current cigarette smokers <sup>4</sup>	26	20	34	13
Light smokers (under 20 cigarettes per day)	21	14	21	9
Heavy smokers (20 or more cigarettes per day)	5	6	12	4
Ex-regular cigarette smokers	11	27	22	36
Never or occasionally smoked cigarettes	63	53	44	52
<b>Men</b>				
Current cigarette smokers <sup>4</sup>	27	21	36	16
Light smokers (under 20 cigarettes per day)	21	14	19	8
Heavy smokers (20 or more cigarettes per day)	6	7	16	8
Ex-regular cigarette smokers	11	32	26	49
Never or occasionally smoked cigarettes	62	47	38	35
<b>Women</b>				
Current cigarette smokers <sup>4</sup>	26	18	33	12
Light smokers (under 20 cigarettes per day)	22	14	23	9
Heavy smokers (20 or more cigarettes per day)	5	5	5	5
Ex-regular cigarette smokers	10	23	19	31
Never or occasionally smoked cigarettes	64	59	47	57
<i>Weighted bases (000s)</i>				
All adults	7,900	22,755	3,192	2,767
Men	4,208	11,073	1,180	701
Women	3,692	11,682	2,012	2,066
<i>Unweighted bases</i>				
All adults	2,592	9,398	1,201	1,101
Men	1,293	4,580	417	309
Women	1,299	4,818	784	792

1. Aged 16 and over

2. Marital status categories are classed as 'Single', 'Married/Cohabiting' (which includes same sex couples and civil partners), 'Divorced/separated' (which includes former separated/ dissolved civil partners) and 'Widowed' (which includes surviving partners of a former civil partnership)

3. Results for 2006 include longitudinal data (see Appendix A)

4. Current cigarette smokers includes those who did not state usual number of cigarettes per day

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.7 Prevalence of cigarette smoking among adults<sup>1</sup>, by gender and socio-economic group<sup>2</sup> of household reference person<sup>3</sup>, 1992<sup>4</sup> to 2006**

England														Percentages	
	Unweighted				Weighted								Weighted bases 2006 (000s)	Unweighted sample (2006)	
	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005 <sup>5</sup>	2006 <sup>6</sup>			
<b>All adults<sup>7</sup></b>	28	26	28	27	28	27	27	26	25	25	24	22	36,612	14,291	
Non-manual	23	21	22	21	22	23	21	20	21	20	19	17	19,679	7,932	
Manual	33	32	34	32	33	31	32	31	31	30	29	28	13,925	5,310	
<b>Men<sup>7</sup></b>	29	28	28	28	29	29	28	27	27	26	25	23	17,163	6,598	
Non-manual	22	21	21	21	22	24	22	21	22	22	19	18	9,181	3,657	
Manual	35	34	35	34	35	34	34	32	33	31	31	29	6,976	2,618	
<b>Women<sup>7</sup></b>	27	25	27	26	26	25	25	25	24	23	22	21	19,451	7,693	
Non-manual	23	21	22	21	22	22	20	20	20	19	18	16	10,498	4,275	
Manual	30	30	33	31	31	29	31	30	29	28	28	27	6,949	2,692	

1. Aged 16 and over

2. From 2001 the National Statistics Socio-Economic Classification (NS-SEC) was introduced for all official statistics and surveys. It replaces Social Class based on occupation and Socio-Economic Group (SEG). Information on NS-SEC is presented in tables 2.8 and 2.9

3. Head of household in years before 2000

4. Figures for 1992 to 1996 are taken from Department of Health bulletin Statistics on smoking: England, 1978 onwards. Figures for 2001 to 2005 are based on the NS-SEC classification recoded to produce SEG and should therefore be treated with caution

5. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

6. results for 2006 include longitudinal data

7. Where the head of household/household reference person was a full time student, had an inadequately described occupation, had never worked or were long-term unemployed these are not shown as separate categories but are included in the total. The total also includes some cases with missing values for socio-economic group

**Sources:**

General Household Survey 2006. Office for National Statistics

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**Table 2.8 Cigarette smoking status, among adults<sup>1</sup> by socio-economic classification<sup>2</sup>, 2006<sup>3</sup>**

England	Percentages			
	All classifications <sup>4</sup>	Managerial and professional	Intermediate	Routine and manual
<b>All adults</b>				
Current cigarette smokers <sup>5</sup>	22	15	21	29
Light smokers (under 20 cigarettes per day)	16	12	14	20
Heavy smokers (20 or more cigarettes per day)	6	3	6	9
Ex-regular cigarette smokers	24	24	25	25
Never or occasionally smoked cigarettes	54	61	54	46
<b>Men</b>				
Current cigarette smokers <sup>5</sup>	23	17	22	32
Light smokers (under 20 cigarettes per day)	16	13	13	20
Heavy smokers (20 or more cigarettes per day)	8	4	8	12
Ex-regular cigarette smokers	27	27	30	28
Never or occasionally smoked cigarettes	49	57	48	40
<b>Women</b>				
Current cigarette smokers <sup>5</sup>	21	14	20	28
Light smokers (under 20 cigarettes per day)	16	12	16	21
Heavy smokers (20 or more cigarettes per day)	5	2	5	7
Ex-regular cigarette smokers	21	21	21	22
Never or occasionally smoked cigarettes	59	65	58	51
<i>Weighted bases (000s)</i>				
All adults	36,613	15,184	6,734	12,889
Men	17,162	7,358	3,053	5,982
Women	19,451	3,682	6,907	19,451
<i>Unweighted bases</i>				
All adults	14,292	6,193	2,585	4,902
Men	6,599	2,962	1,150	2,238
Women	7,693	3,231	1,435	2,664

1. Aged 16 and over

2. Based on the current or last job of the household reference person. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG).

3. Results for 2006 include longitudinal data (see Appendix A)

4. Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'

5. Current cigarette smokers includes those who did not state usual number of cigarettes per day

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.9 Prevalence of cigarette smoking among adults<sup>1</sup>, by gender and socio-economic classification<sup>2,3</sup>, 2001 to 2006<sup>4</sup>**

England	Weighted						Percentages	
	2001	2002	2003	2004	2005 <sup>4</sup>	2006 <sup>5</sup>	Weighted base 2006 (000s)	Unweighted sample (2006)
<b>All adults<sup>6</sup></b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>25</b>	<b>24</b>	<b>22</b>	36,612	14,291
Managerial and professional	19	19	18	19	17	15	15,184	6,192
Intermediate	27	26	26	24	23	21	6,734	2,585
Routine and manual	33	31	32	31	31	29	12,889	4,902
<b>Men<sup>6</sup></b>	<b>28</b>	<b>27</b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>23</b>	17,163	6,598
Managerial and professional	21	20	20	20	18	17	7,358	2,961
Intermediate	29	27	28	26	24	22	3,053	1,150
Routine and manual	34	32	34	32	32	32	5,982	2,238
<b>Women<sup>6</sup></b>	<b>25</b>	<b>25</b>	<b>24</b>	<b>23</b>	<b>22</b>	<b>21</b>	19,451	7,693
Managerial and professional	17	17	17	17	16	14	7,826	3,231
Intermediate	26	25	24	22	22	20	3,682	1,435
Routine and manual	31	31	30	30	29	28	6,907	2,664

1. Aged 16 and over

2. From 2001 the National Statistics Socio-Economic Classification (NS-SEC) was introduced for all official statistics and surveys. It replaces Social Class based on occupation and Socio-Economic Group (SEG)

3. Based on the current or last job of the household reference person

4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

5. Results for 2006 include longitudinal data

6. Where the household reference person was a full time student, had an inadequately described occupation, had never worked or was long-term unemployed these are not shown as separate categories but are included in the total

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.10 Estimated odds ratios for current cigarette smoking, by associated risk factors by gender, 2006<sup>1</sup>**

England	Numbers					
	Men			Women		
	N	Odds ratios	95% C.I. <sup>2</sup>	N	Odds ratios	95% C.I. <sup>2</sup>
<b>Age group</b>	<b>(p=0.00)</b>			<b>(p=0.00)</b>		
16-24	1,041	1		1,014	1	
25-34	1,129	2.23	(1.72-2.89)	1,160	1.32	(1.04-1.68)
35-44	1,356	1.66	(1.26-2.18)	1,379	1.14	(0.89-1.45)
45-54	1,123	1.24	(0.93-1.67)	1,141	1.19	(0.92-1.53)
55-64	1,015	0.82	(0.60-1.11)	1,050	0.86	(0.65-1.12)
65-74	694	0.47	(0.33-0.67)	768	0.42	(0.31-0.56)
75 and over	496	0.24	(0.16-0.36)	798	0.23	(0.16-0.33)
<b>Index of multiple deprivation (p=0.00)</b>	<b>(p=0.00)</b>			<b>(p=0.00)</b>		
1st (least deprived)	1,318	1		1,416	1	
2nd	1,402	1.18	(0.92-1.52)	1,581	1.31	(1.06-1.62)
3rd	1,509	1.32	(1.02-1.69)	1,571	1.52	(1.21-1.92)
4th	1,379	1.61	(1.25-2.06)	1,447	1.92	(1.51-2.43)
5th (most deprived)	1,247	1.89	(1.43-2.51)	1,295	2.09	(1.63-2.69)
<b>NS-SEC of household reference person</b>	<b>(p&lt;0.001)</b>			<b>(p&lt;0.001)</b>		
Managerial and professional	2,891	1		2,853	1	
Intermediate	465	0.78	(0.56-1.09)	731	1.18	(0.94-1.47)
Small accounts workers & own account workers	839	1.16	(0.90-1.49)	762	1.11	(0.89-1.38)
Lower supervisory & technical	791	1.52	(1.21-1.91)	698	1.29	(1.05-1.60)
Semi-routine & routine	1,704	1.46	(1.19-1.79)	1,999	1.61	(1.34-1.94)
Other/not known	164	1.07	(0.63-1.85)	266	1.19	(0.81-1.74)
<b>Equivalent household income</b>	<b>(p=0.06)</b>			<b>(p=0.04)</b>		
Highest	1,322	1		1,163	1	
2nd	1,267	1.14	(0.90-1.44)	1,205	1.24	(0.97-1.57)
3rd	1,104	1.30	(1.02-1.65)	1,199	1.12	(0.86-1.45)
4th	933	1.37	(1.05-1.79)	1,246	1.46	(1.11-1.91)
Lowest	827	1.54	(1.17-2.04)	983	1.44	(1.08-1.92)
Not known	1,401	1.24	(0.63-1.85)	1,503	1.21	(0.93-1.57)
<b>Highest educational attainment</b>	<b>(p=0.00)</b>			<b>(p=0.00)</b>		
Degree or equivalent	1,488	1		1,332	1	
Other	3,793	2.23	(1.77-2.81)	3,903	1.96	(1.59-2.42)
No qualifications	1,541	3.09	(2.32-4.11)	2,054	2.59	(1.99-3.36)
Not answered	32	1.54	(0.37-6.37)	20	1.13	(0.33-3.91)
<b>General Health Status</b>	<b>(p&lt;0.01)</b>			<b>(p=0.00)</b>		
Very good	2,297	1		2,314	1	
Good	2,961	1.41	(1.19-1.67)	3,165	1.53	(1.31-1.78)
Fair	1,138	2.24	(1.82-2.76)	1,351	2.07	(1.73-2.48)
Bad	346	2.25	(1.69-3.01)	371	2.52	(1.91-3.33)
Very Bad	112	1.83	(1.13-2.96)	109	3.45	(2.28-5.21)
<b>BMI status</b>	<b>(p=0.00)</b>			<b>(p=0.00)</b>		
Not overweight (BMI <25)	1,978	1		2,666	1	
Overweight (BMI 25-29.9)	2,612	0.68	(0.57-0.80)	1,938	0.66	(0.55-0.78)
Obese (BMI>30)	1,425	0.43	(0.35-0.54)	1,470	0.58	(0.48-0.70)
Not known	840	0.65	(0.52-0.81)	1,236	0.69	(0.57-0.84)
<b>Fruit and vegetable consumption per day (p=0.00)</b>	<b>(p=0.00)</b>			<b>(p=0.00)</b>		
No portions	485	1		330	1	
Less than 1 - less than 5	4,465	0.56	(0.44-0.71)	4,676	0.64	(0.50-0.82)
Five or more	1,904	0.31	(0.23-0.41)	2,303	0.35	(0.27-0.47)
<b>Alcohol consumption (p=0.00)</b>	<b>(p=0.00)</b>			<b>(p=0.00)</b>		
Did not drink in last 12 months	728	1		1,136	1	
No alcohol in last week or up to 4 units on heaviest day	3,426	1.60	(1.24-2.07)	3,757	1.94	(1.56-2.41)
More than 4 units up to 8 units on heaviest drinking day last week	1,075	2.05	(1.55-2.70)	1,243	2.19	(1.68-2.85)
More than 8 units on heaviest drinking day last week	1,536	2.80	(2.09-3.74)	1,092	4.21	(3.29-5.38)
Not answered	89	0.77	(0.27-2.19)	82	1.22	(0.57-2.62)
<b>Bases (Weighted)</b>	<b>6,854</b>			<b>7,310</b>		

1. Adults aged 16 and over

2. Confidence interval

**Source:**

Health Survey for England 2006. The NHS Information Centre

**Table 2.11 Prevalence of cigarette smoking among adults<sup>1</sup>, by smoking status, ethnic minority group and gender, 2004**

<b>England</b>	<b>Percentages</b>							
	General Population	Black Caribbean	Black African	Indian	Pakistani	Bangladeshi	Chinese	Irish
<b>Men</b>								
Current cigarette smoker	24	25	21	20	29	40	21	30
Ex-regular cigarette smoker	29	16	8	13	8	13	11	30
Never regular cigarette smoker	47	59	71	66	63	47	68	40
<b>Women</b>								
Current cigarette smoker	23	24	10	5	5	2	8	26
Ex-regular cigarette smoker	22	13	3	2	2	1	3	27
Never regular cigarette smoker	56	63	87	92	93	97	89	47
<i>Bases (weighted)</i>								
<i>Men</i>	45,652	472	366	899	412	172	150	1,773
<i>Women</i>	48,357	658	464	1,061	490	197	162	2,362
<i>Bases (unweighted)</i>								
<i>Men</i>	2,855	403	379	547	423	396	345	496
<i>Women</i>	3,805	637	457	630	497	453	372	653

1. Adults aged 16 and over

**Source:**

Health Survey for England 2004: Health of ethnic minorities. The Information Centre

**Table 2.12 Smoking during pregnancy, by mother's age, 2000 and 2005**

England	Percentages									
	Percentage who smoked before or during pregnancy		Percentage who smoked throughout pregnancy		Base: All mothers <sup>1</sup>		Percentage who gave up before or during pregnancy		Base: All mothers who smoked before or during pregnancy	
	2000	2005	2000	2005	2000	2005	2000	2005	2000	2005
All mothers <sup>2</sup>	35	32	19	17	4,940	5,896	45	49	1,720	1,905
20 or under	64	68	39	45	341	424	38	34	217	288
20 to 24	52	49	29	28	863	1,137	44	42	447	554
25 to 29	36	29	19	14	1,391	1,534	45	52	497	451
30 to 34	25	23	12	9	1,523	1,682	50	59	373	383
35 and over	23	20	12	9	808	1,108	48	58	187	224

1. Excludes mothers who did not supply sufficient information for classifying their smoking status

2. Includes some mothers for who age was not recorded

**Source:**

Infant Feeding Survey 2005. The Information Centre

**Table 2.13 Age adults<sup>1</sup> started smoking regularly, by gender and socio-economic classification<sup>2</sup>, 2006<sup>3</sup>**

England	Percentages			
	All classifications <sup>4</sup>	Managerial and professional	Intermediate	Routine and manual
<b>All adults</b>				
Under 16	39	31	38	46
16-17	27	29	25	27
18-19	17	21	18	13
20-24	12	14	13	10
25 and over	5	5	6	4
<b>Men</b>				
Under 16	41	33	40	48
16-17	27	29	23	26
18-19	17	21	17	14
20-24	12	13	14	9
25 and over	4	4	5	3
<b>Women</b>				
Under 16	36	28	36	43
16-17	28	29	26	28
18-19	17	22	19	13
20-24	12	15	13	11
25 and over	6	6	6	6
<i>Weighted bases (000s)</i>				
All adults	16,611	5,894	3,099	6,922
Men	8,624	3,175	1,572	3,550
Women	7,988	2,719	1,526	3,372
<i>Unweighted bases</i>				
All adults	6,548	2,426	1,196	2,676
Men	3,385	1,303	604	1,363
Women	3,163	1,123	592	1,313

1. Aged 16 and over

2. Based on the current or last job of the household reference person. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG)

3. Results for 2006 include longitudinal data (see Appendix A)

4. Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 2.14 Adults<sup>1</sup> smoking status, by reported parental smoking in childhood and gender, 2006**

England	Percentages			
	All adults <sup>2</sup>	Neither parent smoked	One parent smoked	Both parents smoked
<b>All adults</b>				
Current smoker	23	16	21	31
Ex-regular smoker	24	17	28	25
Never smoked	53	67	51	44
<b>Men</b>				
Current smoker	24	18	23	30
Ex-regular smoker	27	19	32	27
Never smoked	49	62	45	43
<b>Women</b>				
Current smoker	21	13	20	31
Ex-regular smoker	22	15	24	24
Never smoked	57	72	56	46
<i>Weighted Bases</i>				
All adults	14,049	3,905	5,734	4,011
Men	6,791	1,940	2,714	1,947
Women	7,258	1,965	3,020	2,064
<i>Unweighted Bases</i>				
All adults	14,056	3,567	5,940	4,126
Men	6,280	1,625	2,614	1,847
Women	7,776	1,942	3,326	2,279

1. Aged 16 and over

2. Those who did not say whether their parents smoked or not when they were a child are included in the total for 'all adults'

**Source:**

Health Survey for England, 2006. The NHS Information Centre

**Table 2.15 Cigarette smoking<sup>1</sup> status by gender and region, 2004-2006 combined**

England							Percentages	
	Current cigarette smokers			Current non-smokers of cigarettes			Weighted bases 2006 (000s) = 100%	Unweighted sample 2006
	Heavy (20 or more per day)	Moderate (10- 19 per day)	Light (fewer than 10 per day)	All current smokers	Ex-regular cigarette smokers	occasionally smoked cigarettes		
<b>All adults</b>								
England	7	10	7	23	24	53	36,028	45,394
North East	10	12	5	28	21	51	1,841	2,314
North West	7	11	7	26	23	52	4,828	6,307
Yorkshire and the Humber	8	10	6	25	23	52	3,744	4,806
East Midlands	7	10	7	24	22	54	3,354	4,394
West Midlands	7	10	6	22	24	54	3,561	4,559
East of England	6	9	7	22	26	52	4,006	5,236
London	5	8	9	22	19	59	4,963	5,164
South East	6	9	7	21	27	51	5,982	7,673
South West	6	10	8	24	27	49	3,750	4,941
Wales	8	9	5	22	25	53	2,132	2,710
Scotland	10	10	6	26	21	53	3,788	4,868
<b>Men</b>								
England	8	10	7	25	28	48	16,875	21,042
North East	10	11	5	27	24	49	847	1,048
North West	8	11	7	26	27	47	2,225	2,873
Yorkshire and the Humber	10	10	6	27	25	48	1,749	2,232
East Midlands	8	9	7	24	26	50	1,627	2,101
West Midlands	9	10	6	24	29	47	1,670	223
East of England	8	10	6	24	30	46	1,884	2,431
London	6	9	9	25	23	53	2,287	2,357
South East	7	10	6	23	31	46	2,826	3,584
South West	6	9	8	24	32	43	1,758	2,293
Wales	9	8	5	22	31	47	982	1,240
Scotland	12	10	6	27	23	50	1,710	2,175
<b>Women</b>								
England	5	10	7	22	20	58	19,152	24,352
North East	10	13	5	28	18	53	994	1,266
North West	6	11	8	25	19	56	2,602	3,434
Yorkshire and the Humber	7	10	6	24	21	55	1,997	2,574
East Midlands	5	11	7	24	19	58	1,726	2,293
West Midlands	5	10	6	20	19	60	1,891	2,436
East of England	4	8	7	20	22	58	2,122	2,805
London	4	7	8	20	16	64	2,676	2,807
South East	4	9	7	20	24	56	3,156	4,089
South West	6	10	8	23	22	55	1,991	2,648
Wales	6	10	5	21	21	58	1,151	1,470
Scotland	8	10	6	24	20	56	2,076	2,693

1. Aged 16 and over

**Source:**

General Household Survey 2006. Office for National Statistics

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## 3 Smoking among children

### 3.1 Introduction

This chapter describes the smoking behaviour of children aged 11 to 15 years, where they obtain cigarettes and the relationship between smoking and various factors including age, gender and ethnicity.

The majority of results presented in this chapter are taken from the survey Drug Use, Smoking and Drinking among Young People in England in 2007 (SDD 07)<sup>1</sup>. Information for the survey was obtained from 7,831 pupils in 273 schools in England during the autumn term of 2007. Where information for 2007 is not available data from SDD 06<sup>2</sup> is provided.

SDD 07 is the most recent survey in a series that began in 1982. Each survey since 1998 has included a core section of questions on smoking, drinking and drug use. Since 2000, the remainder of the questionnaire has focused in alternative years on smoking and drinking or on drug use, with focus of the 2007 survey being drug use.

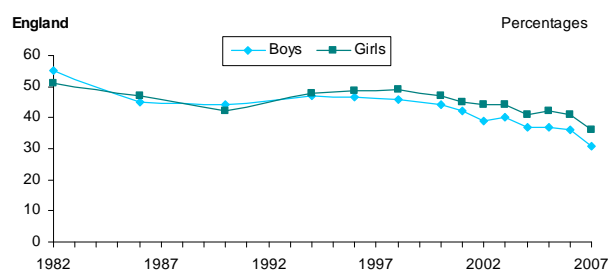
### 3.2 Smoking behaviour and habits

#### 3.2.1 Smoking prevalence

Results from the SDD 07 show that the proportion of pupils who have ever smoked has declined overall since 1982, when pupils' smoking was first measured in the survey. In 1982, 53% of pupils reported ever smoking, compared to 33% in 2007 (Figure 3.1).

**1 in 3 pupils reported ever having smoked**

Figure 3.1 Pupils who have ever smoked, by gender, 1982 - 2007



Source: Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

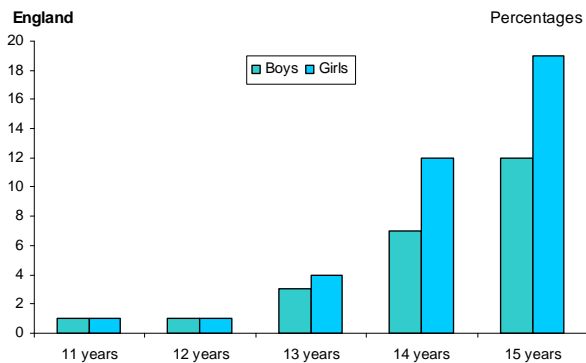
The Drug Use, Smoking and Drinking survey defines regular smokers as those who usually smoke at least one cigarette a week and occasional smokers as those smoking less than one cigarette a week. Six per cent of pupils in England were regular smokers, and a further 5% reported to be occasional smokers in 2007 (Table 3.1).

As with previous years, girls were more likely to smoke than boys. Thirty-six per cent of girls had ever smoked compared to 31% of boys. Girls were also more likely than boys to smoke regularly (8% of girls compared to 5% of boys).

**Girls were more likely to smoke than boys.**

As might be expected, the proportion of pupils who smoke generally increased with age: among those aged 11, 9% reported ever smoking, compared to 55% of 15 year olds. Similarly, only 1% of 11 year olds were regular smokers compared with 15% of 15 year olds (Table 3.2, Figure, 3.2).

**Figure 3.2 Regular smokers, by age and gender, 2007**

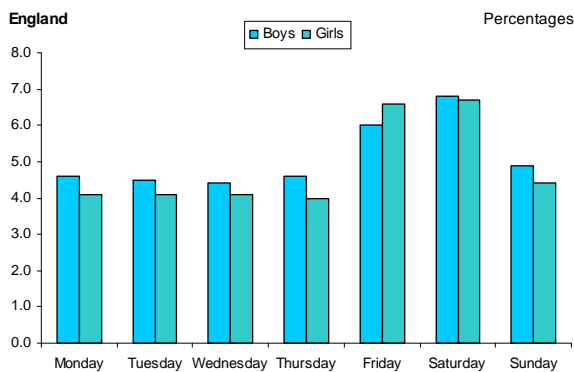


Source: Smoking, Drinking and Drug Use among Young People in England in 2007. The NHS Information Centre

### 3.2.2 Cigarette consumption

In SDD 07 pupils were asked about their smoking behaviour in the week prior to interview. Among children who smoked, the average number of cigarettes smoked per week was 26. Regular smokers (those who usually smoke at least one a week) had an average of 44 cigarettes a week, equivalent to an average of six cigarettes a day. Pupils reported smoking more on Fridays and Saturdays than on any other day with an average of nine cigarettes being smoked by pupils on these days<sup>1</sup> (Tables 3.3, 3.4, Figure 3.3).

**Figure 3.3 Mean number of cigarettes smoked per day, by gender, 2007**



Source: Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

### 3.2.3 Types of cigarettes smoked

Pupils were asked whether they usually smoked cigarettes from a packet or hand-rolled cigarettes. Three-quarters (74%) of pupils who currently smoked usually smoked cigarettes from a packet. Only 6% usually smoked hand-rolled tobacco and 20%

usually smoked both types of cigarettes. Boys were more likely to smoke hand-rolled tobacco than girls (10% of boys compared to 4% of girls), while girls were more likely to smoke cigarettes from a packet (81% compared to 63% respectively) (Table 3.5).

## 3.3 Smoking among different groups and other factors

### 3.3.1 Truancy and exclusion

As part of SDD 07, pupils were asked whether they had ever truanted or been excluded from school. Recorded levels of truancy and exclusions should be viewed with caution as they are based on self-reported data.

In order to identify influences that are independently associated with regular smoking, a statistical procedure called logistic regression was used in SDD 07. More information on logistic regression can be found in Appendix B. This analysis found that, after taking into account other factors, pupils who had truanted or been excluded were more likely to be regular smokers than those who had not truanted or been excluded (Table 3.6).

**Pupils who truanted or had been excluded were more likely to be regular smokers**

### 3.3.2 Smoking among ethnic groups

Analysis also found that after adjusting for other factors, pupils who described their ethnicity as Asian or black were less likely to be regular smokers compared to those who said they were of a white ethnicity (Table 3.6).

### 3.3.3 Smoking and other substance use

Previous research from SDD has shown that pupils who smoke, drink alcohol or take drugs often do more than one of these things. Each of these behaviours has its risks, and there is evidence to suggest that these are intensified when two or more are combined<sup>1</sup>. Table 3.7 shows which of these

substances had been used recently by pupils.

Ten per cent of all pupils surveyed had smoked in the last week. Of this group 3 in 10 had smoked and drank alcohol in the last week and 4 in 10 had smoked and drank alcohol in the past week and taken drugs in the past month.

**4% of pupils said that they had recently smoked, drank and taken drugs**

When looking at age, it is evident that older pupils had a higher likelihood of having recently taken all three, with 8% of 15 year olds reporting smoking, drinking and taking drugs recently compared with less than 0.5% of pupils aged 11 years reporting all three. Boys and girls were equally likely to report recently smoking, drinking and taking drugs (Table 3.7).

### 3.3.4 Living with other smokers

Using SDD 06, current smokers who said that their family did not know they smoked were categorised as 'secret smokers'. Other current smokers were classified as 'open smokers'. Overall, over four in ten (42%) of current smokers were secret smokers.

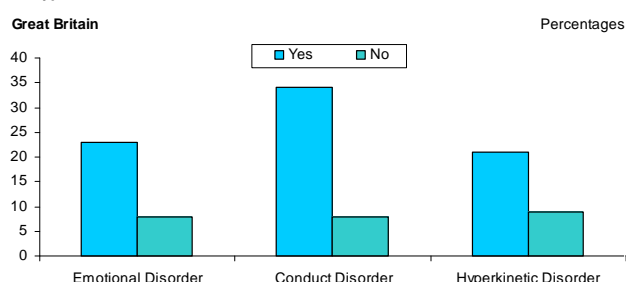
Pupils living in households with other smokers were more likely to report being an open smoker. The proportion of open smokers increased with the number of other smokers in the household. Among pupils who currently smoked who lived in a non-smoking household, 46% were open smokers, compared to 76% who lived with three or more other smokers (Table 3.8).

**Over four in ten current smokers said their families did not know they smoked**

### 3.3.5 Smoking among young people with mental health problems

Mental Health of Children and Young People in Great Britain, 2004<sup>3</sup>, carried out by Office for National Statistics on behalf of the Department of Health and the Scottish Executive provides information about the prevalence of mental disorders among young people in Great Britain living in private households. The survey examines the relationship between mental disorder and aspects of children's lives, including the prevalence of smoking.

Figure 3.4 Smoking prevalence by whether pupil has an emotional, conduct or hyperkinetic disorder, 1999 and 2004 combined



Source: Mental health of children and young people in Great Britain, 2004. Office for National Statistics. Copyright © 2008, Re-used with the permission of The Office for National Statistics

Results from the survey Mental Health of Children and Young People in Great Britain 2004<sup>3</sup>, show that those children with emotional, conduct and hyperkinetic disorders were more likely than other young people aged 11 to 16 to smoke. For example, almost a quarter (23%) of young people with emotional disorders reported being smokers compared with 8% for those without an emotional disorder<sup>3</sup>. The proportion of children with conduct disorders who smoked was higher than those with other disorders (34%) (Figure 3.4).

Young people with emotional, conduct and hyperkinetic disorders were also much more likely to report being regular smokers (smokes at least one cigarette per week) than other young people. For example, 30% of young people with a conduct disorder reported being regular smokers compared with 5% of those without a conduct disorder. This relationship is similar but less marked for young people with emotional and hyperkinetic disorders<sup>3</sup>.

Data can also be found on the prevalence of smoking among those children looked after by local authorities which provides a breakdown of smoking prevalence by the three mental disorders described above. This is published in the Mental Health of Young People looked after by Local Authorities in England, 2002 publication<sup>4</sup>.

### 3.4 Obtaining cigarettes and school policies

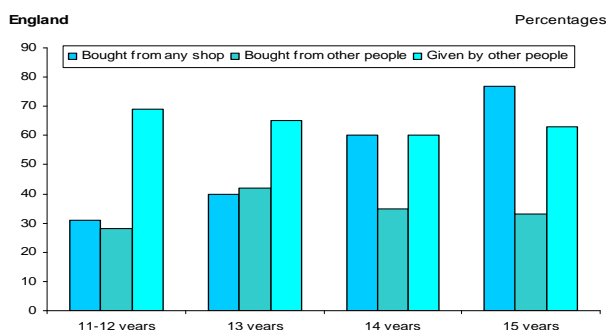
#### 3.4.1 Obtaining cigarettes

Results from the SDD 06, show current smokers were most likely to obtain their cigarettes from shops (65%), especially newsagents or tobacconists (55%). The other main source of cigarettes was being given them (63%), most often by friends (57%).

Girls were more likely than boys to be given cigarettes by other people, particularly friends (60% compared to 53% respectively) (Table 3.9).

Older pupils who were current smokers were more likely than younger pupils to buy cigarettes from shops. Among those aged 15, 77% reported obtaining cigarettes from a shop, compared to 31% of 11 to 12 year olds. Younger pupils were most likely to be given cigarettes (69%), compared to 31% who bought from a shop and 28% who bought from other people (Table 3.10, Figure 3.5).

Figure 3.5 Usual sources of cigarettes, by age, 2006



Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre

#### 3.4.2 Pupils refused the purchase of cigarettes

The SDD 06 also asked pupils who attempted to buy cigarettes in a shop in the last year whether they were successful or not. In 2006, 53% of pupils who attempted to buy cigarettes in the past year were refused at some point. Since 1990 there has been an increase in the number of pupils being refused cigarettes, from 37% in 1990 to 53% in 2006 (Table 3.11).

In 2006, nearly half of pupils who attempted to buy cigarettes in the past year were able to do so

#### 3.4.3 School policies on smoking

In SDD 07, schools were asked about their policies on smoking. There are a wide range of possible actions schools may take if a pupil is found smoking on school premises. The most frequently taken action is contacting parents, reported by 96% of schools. This is followed by giving a detention (91%), a note on the pupil's record (90%), followed by a verbal or a written warning (82%). Only 7% of schools reported that they would contact the police and 9% reported they would permanently exclude the individual, although half (50%) reported temporary exclusion if a pupil was found smoking, whereas 90% of schools would temporarily exclude if the pupil was caught drinking an alcoholic beverage (Table 3.12).

### 3.5 National comparisons

Comparisons of the prevalence of regular smokers in England and Scotland can be made using figures taken from the SDD 06 and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)<sup>5</sup> publication. Results for years 8 and 10 were found to be very similar (Table 3.13).

A European smoking comparison can be found in The ESPAD report 2003 – Alcohol and Other Drug Use among Students in 35 European Countries<sup>6</sup>.

## Summary: Smoking among children

Around two-thirds of pupils reported that they had never smoked a cigarette. Smoking among pupils has been generally decreasing since 1982. Overall, six per cent of pupils reported being regular smokers in England in 2007.

Girls were more likely to be smokers than boys. Boys were more likely to smoke hand-rolled tobacco, with girls preferring packet cigarettes. Pupils reported smoking more on a Friday and Saturday, than any other day.

Pupils who truanted or have been excluded from school were more likely to smoke than those who had not truanted or been excluded.

Among the different ethnic groups, white pupils were more likely to smoke than those of Asian or black ethnicity.

Current smokers were most likely to obtain their cigarettes by buying them from a shop, especially from newsagents or tobacconists.

Almost half of pupils who had attempted to buy cigarettes in the last year were able to do so, although in recent years the number of pupils being refused has increased.

Those pupils with emotional, conduct or hyperkinetic disorder were more likely than other young people to smoke.

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## List of tables

- 3.1 Smoking behaviour among pupils, by gender, 1982 to 2007
- 3.2 Smoking behaviour among pupils, by gender and age, 2007
- 3.3 Mean cigarette consumption in the last week, by gender and smoking status, 2003 to 2007
- 3.4 Mean number of cigarettes smoked per day among pupils, by gender, 2007
- 3.5 Type of cigarettes smoked among pupils, by gender, 2006
- 3.6 Estimated odds ratios for being a regular smoker, by individual and school-level characteristics, 2007
- 3.7 Summary of whether pupils have recently smoked, drunk alcohol or taken drugs, by age and gender, 2007
- 3.8 Whether families are aware of pupils' smoking, by number of smokers pupils live with, 2006
- 3.9 Usual sources of cigarettes among pupils, by gender, 2006
- 3.10 Usual sources of cigarettes among pupils, by age, 2006
- 3.11 Pupils who were refused cigarettes by a shop in the past year: 1990 to 2006
- 3.12 Actions taken by schools if pupils found smoking, drinking or taking drugs on school premises, 2007
- 3.13 Regular smokers, by school year and gender in England and Scotland, 2006

**Table 3.1 Smoking behaviour among pupils<sup>1</sup>, by gender, 1982 to 2007<sup>2</sup>**

England	Percentages												
	1982	1986	1990	1994	1998	2000	2001	2002	2003	2004	2005	2006	2007
<b>All pupils</b>													
<b>Ever smoked</b>	<b>53</b>	<b>46</b>	<b>43</b>	<b>47</b>	<b>47</b>	<b>45</b>	<b>44</b>	<b>42</b>	<b>42</b>	<b>39</b>	<b>40</b>	<b>39</b>	<b>33</b>
Regular smoker	11	10	10	12	11	10	10	10	9	9	9	9	6
Occasional smoker <sup>3</sup>	8	5	6	9	8	9	8	7	7	5	6	5	5
Used to smoke	10	10	7	8	10	8	8	7	8	8	8	7	6
Tried smoking	24	21	20	19	19	19	19	17	18	17	17	17	15
<b>Never smoked</b>	<b>47</b>	<b>54</b>	<b>57</b>	<b>53</b>	<b>53</b>	<b>55</b>	<b>56</b>	<b>58</b>	<b>58</b>	<b>61</b>	<b>60</b>	<b>61</b>	<b>67</b>
<b>Boys</b>													
<b>Ever smoked</b>	<b>55</b>	<b>45</b>	<b>44</b>	<b>47</b>	<b>46</b>	<b>44</b>	<b>42</b>	<b>39</b>	<b>40</b>	<b>37</b>	<b>37</b>	<b>36</b>	<b>31</b>
Regular smoker	11	7	9	10	9	9	8	9	7	7	7	7	5
Occasional smoker <sup>3</sup>	7	5	6	9	8	7	7	6	6	4	5	4	4
Used to smoke	11	10	7	7	9	8	8	6	7	7	7	7	6
Tried smoking	26	23	22	21	20	20	20	18	20	19	18	18	16
<b>Never smoked</b>	<b>45</b>	<b>55</b>	<b>56</b>	<b>53</b>	<b>54</b>	<b>56</b>	<b>58</b>	<b>61</b>	<b>60</b>	<b>63</b>	<b>63</b>	<b>64</b>	<b>69</b>
<b>Girls</b>													
<b>Ever smoked</b>	<b>51</b>	<b>47</b>	<b>42</b>	<b>48</b>	<b>49</b>	<b>47</b>	<b>45</b>	<b>44</b>	<b>44</b>	<b>41</b>	<b>42</b>	<b>41</b>	<b>36</b>
Regular smoker	11	12	11	13	12	12	11	11	11	10	10	10	8
Occasional smoker <sup>3</sup>	9	5	6	10	8	10	9	8	8	7	8	6	6
Used to smoke	10	10	7	8	10	8	8	8	8	8	8	8	7
Tried smoking	22	19	18	17	18	17	17	16	17	15	16	16	15
<b>Never smoked</b>	<b>49</b>	<b>53</b>	<b>58</b>	<b>52</b>	<b>51</b>	<b>53</b>	<b>55</b>	<b>56</b>	<b>56</b>	<b>59</b>	<b>58</b>	<b>59</b>	<b>64</b>
<i>Bases</i>													
<i>All pupils</i>	2,979	3,189	3,121	3,045	4,723	7,061	9,277	9,796	10,260	9,618	9,092	8,152	7,738
<i>Boys</i>	1,460	1,676	1,643	1,522	2,311	3,654	4,652	5,064	5,179	4,989	4,623	4,018	4,021
<i>Girls</i>	1,514	1,508	1,478	1,523	2,413	3,407	4,625	4,732	5,081	4,629	4,469	4,134	3,717

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old

2. For reasons of space, data from some surveys between 1982 and 2000 have been omitted. These are available in the 2005 report: Fuller E (ed) Drug use, smoking and drinking among young people in England in 2005

3. Except in 2001, estimates for occasional smokers include pupils who described themselves as non-smokers but who recorded some smoking in the past seven days elsewhere in the questionnaire. The 2001 survey did not collect data about smoking in the past seven days, so this reclassification was not possible

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.2 Smoking behaviour among pupils<sup>1</sup>, by gender and age, 2007**

England	Percentages					
	All ages	11 years	12 years	13 years	14 years	15 years
<b>All pupils</b>						
<b>Ever smoked</b>	<b>33</b>	<b>9</b>	<b>17</b>	<b>31</b>	<b>45</b>	<b>55</b>
Regular smoker	6	1	1	3	9	15
Occasional smoker <sup>2</sup>	5	0	2	4	8	10
Used to smoke	6	1	3	6	9	11
Tried smoking	15	7	11	18	19	19
<b>Never smoked</b>	<b>67</b>	<b>91</b>	<b>83</b>	<b>69</b>	<b>55</b>	<b>45</b>
<b>Boys</b>						
<b>Ever smoked</b>	<b>31</b>	<b>11</b>	<b>18</b>	<b>28</b>	<b>41</b>	<b>50</b>
Regular smoker	5	1	1	3	7	12
Occasional smoker <sup>2</sup>	4	1	2	3	7	8
Used to smoke	6	2	3	5	8	10
Tried smoking	16	8	12	18	20	20
<b>Never smoked</b>	<b>69</b>	<b>89</b>	<b>82</b>	<b>72</b>	<b>59</b>	<b>50</b>
<b>Girls</b>						
<b>Ever smoked</b>	<b>36</b>	<b>7</b>	<b>17</b>	<b>34</b>	<b>50</b>	<b>61</b>
Regular smoker	8	1	1	4	12	19
Occasional smoker <sup>2</sup>	6	-	2	5	10	13
Used to smoke	7	1	4	7	10	12
Tried smoking	15	6	10	19	18	18
<b>Never smoked</b>	<b>64</b>	<b>93</b>	<b>83</b>	<b>66</b>	<b>50</b>	<b>39</b>
<i>Bases</i>						
<i>All pupils</i>	7,738	1,199	1,612	1,609	1,514	1,804
<i>Boys</i>	4,021	609	871	819	804	918
<i>Girls</i>	3,717	590	741	790	710	886

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old

2. 'Occasional smokers' includes pupils who described themselves as non-smokers but who had smoked in the last week

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.3 Mean cigarette consumption in the last week, by gender and smoking status, 2003 to 2007<sup>1</sup>**

England	Percentages				
	2003	2004	2005	2006	2007
<b>All pupils<sup>2</sup></b>					
Regular smokers	36.9	42.0	41.6	43.5	44.1
Occasional smokers <sup>3</sup>	3.1	4.4	3.9	3.4	4.3
<b>Boys</b>					
Regular smokers	38.9	41.6	39.7	47.0	45.2
Occasional smokers <sup>3</sup>	3.6	5.8	5.6	3.7	5.0
<b>Girls</b>					
Regular smokers	35.7	42.3	42.8	41.5	43.3
Occasional smokers <sup>3</sup>	2.6	3.4	2.8	3.2	3.8
<b>Bases</b>					
<i>All pupils</i>					
<i>Regular smokers</i>	849	753	691	606	441
<i>Occasional smokers<sup>3</sup></i>	650	496	521	397	376
<i>Boys</i>					
<i>Regular smokers</i>	319	307	275	227	179
<i>Occasional smokers<sup>3</sup></i>	287	192	190	158	151
<i>Girls</i>					
<i>Regular smokers</i>	530	446	416	379	262
<i>Occasional smokers<sup>3</sup></i>	363	304	331	239	225

1. Data shown from 2003 onwards, when the current method of measuring cigarette consumption was introduced

2. Children in secondary school years 7 to 11, mostly 11 to 15 years old who were current smokers

3. 'Occasional smokers' includes pupils who described themselves as non-smokers but who had smoked in the last

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.4 Mean number of cigarettes smoked per day among pupils<sup>1</sup>, by gender, 2007**

England	Numbers		
	All pupils	Boys	Girls
Monday	4.3	4.6	4.1
Tuesday	4.3	4.5	4.1
Wednesday	4.2	4.4	4.1
Thursday	4.3	4.6	4.0
Friday	6.4	6.0	6.6
Saturday	6.7	6.8	6.7
Sunday	4.6	4.9	4.4
All seven days <sup>2</sup>	25.8	26.8	25.1
<i>Bases</i>	<i>817</i>	<i>330</i>	<i>487</i>

1. Children in secondary school years 7 to 11, mostly 11 to 15 years old who were current smokers and who had smoked in the last 7 days

2. The 'All seven days' total is based on smokers for whom valid data is available for all seven days

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.5 Type of cigarettes smoked among pupils<sup>1</sup>, by gender, 2006**

England	Percentages		
	All pupils	Boys	Girls
Packet	74	63	81
Hand-rolled	6	10	4
Both equally	20	27	15
<i>Bases</i>	<i>996</i>	<i>377</i>	<i>619</i>

1. Children in secondary school years 7 to 11, mostly 11 to 15 years old who were current smokers

**Source:**

Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre

**Table 3.6 Estimated odds ratios for being a regular smoker, by individual and school-level characteristics<sup>1</sup>, 2007**

Variable <sup>2</sup>	N	Odds ratio	p-value	Numbers	
				95% Confidence interval	
				Lower	Upper
<b>England</b>					
<b>Gender (p=&lt;0.001)</b>					
Boys	4,021	1			
Girls	3,717	2.41	<0.001	1.90	3.06
<b>Age in years<sup>3</sup></b>					
	7,738	1.72	<0.001	1.53	1.94
<b>Ethnicity (p=0.008)</b>					
White	6,227	1			
Mixed	293	0.48	0.064	0.22	1.05
Asian	578	0.44	0.028	0.21	0.92
Black	255	0.13	0.003	0.03	0.50
Other	52	0.66	0.496	0.20	2.20
Not given	333	0.64	0.231	0.30	1.33
<b>Units of alcohol in the last week<sup>4</sup></b>					
	7,738	1.04	<0.001	1.02	1.05
<b>Drug use (p&lt;0.001)</b>					
Never taken drugs	5,383	1			
Last took drugs more than a year ago	512	2.63	<0.001	1.58	4.39
Took drugs within the last year	1,223	13.31	<0.001	9.66	18.34
Not given	620	2.74	<0.001	1.65	4.53
<b>Ever truanted (p&lt;0.001)</b>					
No	6,194	1			
Yes	1,335	2.52	<0.001	1.93	3.29
Not given	209	1.25	<0.680	0.43	3.68
<b>Ever excluded from school (p&lt;0.001)</b>					
No	6,758	1			
Yes	824	3.77	<0.001	2.79	5.08
Not given	156	4.92	<0.048	1.02	23.87
<b>Number of books at home (p=0.007)<sup>5</sup></b>					
None	358	1			
Very few (1-10 books)	1,101	1.28	0.388	0.73	2.25
Enough to fill one shelf (11-50 books)	1,848	0.99	0.960	0.58	1.68
Enough to fill one bookcase (51-100 books)	1,668	0.99	0.971	0.54	1.80
Enough to fill one bookcase (101-200 books)	1,232	0.87	0.668	0.47	1.63
Enough to fill three or more bookcases (more than 200 books)	1,273	0.48	0.023	0.25	0.90
Not given	258	0.72	0.666	0.16	3.29
<b>Government Office Region<sup>6</sup> (p=0.039)</b>					
London	910	1			
North East	425	2.29	0.012	1.20	4.37
North West/Merseyside	1,153	1.25	0.409	0.74	2.11
Yorkshire and The Humber	767	1.76	0.106	0.89	3.48
East Midlands	783	0.85	0.640	0.44	1.66
West Midlands	986	1.45	0.182	0.84	2.50
Eastern	907	1.28	0.497	0.63	2.58
South East	1,149	1.65	0.064	0.97	2.81
South West	658	1.17	0.649	0.59	2.33
<b>Percentage of pupils in school with statements of Special Educational Needs<sup>7</sup></b>					
	7,738	1.10	0.046	1.00	1.21
<b>Note on pupil's record if found smoking at school (p=0.013)</b>					
No	990	1			
Yes	4,513	0.59	0.013	0.39	0.89
Not given	2,235	0.66	0.187	0.35	1.23

1. Variables included in the model which were not significant predictors of being a regular smoker in the last year are not shown (see Appendix B for a complete list)

2. P-value for each variable excludes missing values

3. Odds ratio indicates change in odds for each additional year of age

4. Odds ratio indicates change in odds for each additional unit drunk

5. A proxy measure for social class

6. Government Office Region is based on the location of the school, not the residence of the pupil, although in most cases they will be the same

7. Odds ratio indicates change in odds for each additional percentage point

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.7 Summary of whether pupils<sup>1</sup> have recently smoked, drunk alcohol or taken drugs<sup>2</sup>, by age and gender, 2007**

England	Percentages					
	All ages	11 years	12 years	13 years	14 years	15 years
<b>All pupils</b>						
Smoked only	2	0	1	2	2	4
Drank alcohol only	12	3	5	11	15	23
Took drugs only	2	2	3	2	4	2
Smoked and drank alcohol	3	0	1	2	4	6
Smoked and took drugs	1	0	0	1	2	3
Drank alcohol and took drugs	2	0	0	1	2	4
Smoked, drank alcohol and took drugs	4	0	1	2	6	8
None of these	73	94	89	79	64	50
<b>Boys</b>						
Smoked only	1	0	1	1	1	3
Drank alcohol only	14	4	5	13	16	26
Took drugs only	3	2	3	1	4	3
Smoked and drank alcohol	2	-	0	2	3	4
Smoked and took drugs	1	1	0	1	3	2
Drank alcohol and took drugs	2	0	-	1	2	5
Smoked, drank alcohol and took drugs	3	1	0	2	5	8
None of these	73	92	90	79	65	49
<b>Girls</b>						
Smoked only	3	0	1	2	3	5
Drank alcohol only	11	1	5	10	14	20
Took drugs only	2	1	2	3	4	1
Smoked and drank alcohol	4	0	1	2	6	9
Smoked and took drugs	1	0	0	1	1	3
Drank alcohol and took drugs	2	0	1	1	3	3
Smoked, drank alcohol and took drugs	4	-	1	2	7	9
None of these	73	96	89	80	62	50
<b>Bases<sup>3</sup></b>						
All pupils	6,845	1,017	1,388	1,418	1,360	1,662
Boys	3,477	503	735	706	699	834
Girls	3,368	514	653	712	661	828

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old

2. Smoking in the last week, drinking in the last week, drug use within the last month

3. Bases shown for pupils who gave valid answers to all relevant questions (recent smoking, drinking, drug use)

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.8 Whether families are aware of pupils<sup>1</sup> smoking, by number of smokers pupils live with, 2006**

England	Percentages				
	Total	None	One	Two	Three or more
Current smokers <sup>2</sup>					
Family doesn't know (secret smoker)	42	54	42	37	24
Family knows (open smoker)	58	46	58	63	76
<i>Bases</i>	<i>947</i>	<i>298</i>	<i>277</i>	<i>237</i>	<i>135</i>

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old

2. Excludes 'reclassified' occasional smokers, pupils who recorded some smoking in the past seven days, but described themselves as non-smokers and so were not given the opportunity to record whether their families knew they smoked

**Source:**

Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre

**Table 3.9 Usual sources of cigarettes among pupils<sup>1</sup>, by gender, 2006**

England	Percentages <sup>2</sup>		
	All pupils	Boys	Girls
<b>Bought from any shop</b>	<b>65</b>	<b>63</b>	<b>66</b>
Newsagent/tobacconist/sweetshop	55	53	56
Garage shop	24	24	23
Supermarket	21	23	20
Bought from a vending machine	14	15	13
Other type of shop	13	12	13
Bought from street markets	4	7	2
Bought from the internet	1	1	0
<b>Bought from other people</b>	<b>35</b>	<b>33</b>	<b>36</b>
Friends or relatives	27	24	28
Someone else	17	18	17
<b>Given by other people</b>	<b>63</b>	<b>57</b>	<b>66</b>
Friends	57	53	60
Brothers or sisters	12	10	12
Parents	7	5	7
Found or taken	7	7	7
Other	6	8	5
<i>Bases</i>	<i>1,125</i>	<i>442</i>	<i>683</i>

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old who were current smokers

2. Percentages total more than 100 because pupils could give more than one answer

**Source:**

Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre



**Table 3.10 Usual sources of cigarettes among pupils<sup>1</sup>, by age, 2006**

England	Percentages <sup>2</sup>				
	All ages	11-12 years	13 years	14 years	15 years
<b>Bought from any shop</b>	<b>65</b>	<b>31</b>	<b>40</b>	<b>60</b>	<b>77</b>
Newsagent/tobacconist/sweetshop	55	24	32	49	67
Garage shop	24	7	9	18	32
Supermarket	21	9	6	15	29
Bought from a vending machine	14	9	12	10	17
Other type of shop	13	5	13	8	16
Bought from street markets	4	5	3	3	5
Bought from the internet	1	-	-	0	1
<b>Bought from other people</b>	<b>35</b>	<b>28</b>	<b>42</b>	<b>35</b>	<b>33</b>
Friends or relatives	27	24	32	25	27
Someone else	17	12	25	19	15
<b>Given by other people</b>	<b>63</b>	<b>69</b>	<b>65</b>	<b>60</b>	<b>63</b>
Friends	57	62	57	57	57
Brothers or sisters	12	17	16	8	12
Parents	7	2	5	3	10
Found or taken	7	14	13	6	5
Other	6	7	13	8	4
<i>Bases</i>	<i>1,125</i>	<i>79</i>	<i>160</i>	<i>329</i>	<i>557</i>

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old who were current smokers

2. Percentages total more than 100 because pupils could give more than one answer

**Source:**

Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre

**Table 3.11 Pupils<sup>1</sup> who were refused cigarettes by a shop in the past year: 1990 to 2006**

England											Percentages	
	1990	1992	1993	1994	1996	1998	2000	2002	2004	2006		
All ages	37	36	29	35	38	43	45	48	52	53		
11-12 years	49	52	48	46	48	57	59	59	58	55		
13 years	44	47	30	38	42	51	59	58	54	61		
14 years	31	38	36	43	39	46	46	49	59	55		
15 years	29	26	21	27	33	36	39	43	47	49		
<i>Bases<sup>2</sup></i>												
All ages	971	811	737	798	706	1,329	1,347	1,735	1,617	1,309		
11-12 years	215	131	86	102	85	52	124	115	109	99		
13 years	158	119	111	123	104	81	176	221	201	150		
14 years	234	211	207	207	200	450	380	484	440	351		
15 years	360	344	333	366	317	746	667	915	867	709		

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old who attempted to buy cigarettes in the past year

2. Bases for individual ages may not sum to total due to missing age data in some surveys between 1990

**Source:**

Smoking, Drinking and Drug Use among Young People in England in 2006. The NHS Information Centre

**Table 3.12 Actions taken by schools if pupils<sup>1</sup> found smoking, drinking or taking drugs on school premises, 2007**

England	Percentages <sup>2</sup>		
	Smoking	Drinking Alcohol	Taking Drugs
Parents contacted	96	100	99
Detention	91	63	41
Note on pupil's record	90	95	94
Verbal or written warning	82	76	71
Loss of privileges	66	70	66
Temporary exclusion	50	90	92
Counsellor or agency contacted	44	65	86
Permanent exclusion	9	20	70
Police contacted	7	31	93
Other action	31	25	29
<i>Bases</i>	260	260	260

1. Children in secondary school years 7 to 11, mostly aged 11 to 15 years old

2. Percentages total more than 100 because schools could give more than one answer

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 3.13 Regular smokers, by school year and gender in England and Scotland, 2006<sup>1</sup>**

England and Scotland	Percentages	
	Year 8	Year 10
<b>England</b>		
Total	2	14
Boys	1	11
Girls	2	17
<b>Scotland</b>		
Total	4	15
Boys	3	12
Girls	5	18
<i>Bases</i>		
<i>England</i>		
Total	1,696	1,645
Boys	846	825
Girls	850	820
<i>Scotland</i>		
Total	11,647	11,072
Boys	5,797	5,599
Girls	5,774	5,410

1. The Drug Use, Smoking and Drinking (SDD) and Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) have different sample designs. The SDD publication is based on respondents in school years 7 to 11. In SALSUS the respondents are 13 and 15 year olds only

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2006. The NHS Information Centre

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use among 13 and 15 Year Olds in Scotland in 2006. The Scottish Executive

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## 4 Behaviour and attitudes to smoking

### 4.1 Introduction

This chapter presents information taken from a number of data sources about both adults' and children's behaviour and attitudes towards smoking. The main sources used are described below, others are described within the chapter or in earlier chapters.

Data on adults' smoking behaviour and attitudes are collected as part of the Office for National Statistics (ONS) Omnibus Survey<sup>1</sup>. The latest information from the survey is reported in Smoking-related Behaviour and Attitudes, 2007<sup>1</sup>. This survey was carried out during October and November 2007 and captured information from approximately 1,200 adults aged 16 and over living in private households in Great Britain. The report presents results on smoking behaviour and habits, views and experiences of giving up smoking, awareness of health issues linked with smoking and attitudes towards smoking.

The method used for weighting the results from this survey changed in 2007. Tables in this report which contain information for 2007 only show the 2007 estimates weighted under the new system. Tables showing time-series data give 2007 estimates weighted under both the new and old systems to give an indication of the effect of the revised weighting system. There appeared to be little effect on the estimates by introducing the new weighting system. When comparing the 2007 estimates with those from previous years, the 2007 figures used in the commentary are those based on the old weighting system.

This chapter also includes some information on the number of people using NHS Stop Smoking Services. This includes the number setting a quit date and of those, how many successfully quit using the most recent publication, Statistics on NHS Stop Smoking Services in England, April 2007 to March 2008<sup>2</sup>.

The final sections of this chapter report on children's attitudes towards smoking which

are taken from the survey Smoking, Drinking and Drug Use among Young People in England in 2006<sup>3</sup> and 2007<sup>4</sup> (SDD 06 & 07) described in Chapter 3.

Since 1998 each SDD survey has included a core section of questions on smoking, drinking and drug use. From 2000, the remainder of the questionnaire has focused in alternate years on either smoking and drinking or on drug use. The emphasis of the 2007 survey was drug use. Where available, information for 2007 is provided in this chapter, otherwise data for 2006 is given.

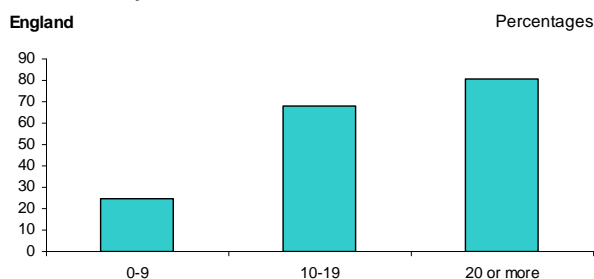
### 4.2 Adults' behaviour and attitudes to smoking

#### 4.2.1 Dependence on cigarette smoking

In order to estimate people's dependence on cigarettes, the General Household Survey (GHS) 2006<sup>5</sup> asked respondents questions on whether they would find it easy or difficult not to smoke for a whole day and how soon after waking they smoke their first cigarette. The GHS is described in Chapter 2 and in Appendix A.

In 2006, 59% of smokers in England thought they would find it difficult to go without smoking for a day. Heavy smokers (those who smoke twenty or more cigarettes a day) were more likely to say they would find it difficult to not smoke for a day than those who smoked less than ten cigarettes a day (81% and 25% respectively) (Figure 4.1).

Figure 4.1 Proportion of smokers who would find it difficult to go without smoking for a day by number of cigarettes smoked a day, 2006



Source: General Household Survey, 2006. Office for National Statistics  
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Differences were also reported between different socio-economic groups. Smokers in routine and manual groups were more likely to say they would find it difficult to go without smoking for the whole day than those in managerial and professional occupations (62% and 52% respectively). However, for those who smoke 20 or more cigarettes a day, there is no difference between the three socio-economic groups in the proportion who would find it difficult to go without smoking for a day (Table 4.1).

Overall, 16% of smokers reported having their first cigarette within five minutes of waking in 2006. Smokers in managerial and professional occupations were less likely than other smokers to have had their first cigarette within five minutes of waking, and this was the case even when allowing for the fact that they smoked fewer cigarettes, on average (Table 4.2).

#### 4.2.2 Wanting to stop smoking

In 2007, the Omnibus Survey found that 74% of current smokers in Great Britain reported that they wanted to give up smoking, with a quarter (25%) saying they would like to give up very much indeed and a further 24% saying they wanted to stop 'quite a lot'. The proportion who wanted to give up was similar to previous years and as in previous years, there were no statistically significant differences in the percentage of men and women smokers who reported wanting to stop smoking (Table 4.3).

**Almost three-quarters of current smokers reported wanting to give up smoking**

Those who reported wanting to give up smoking were also asked why they wanted to do so and up to three of their answers were recorded. Eighty-six per cent of respondents gave at least one health reason as a reason for wanting to give up smoking. Financial reasons were the second most frequently reported reason for people wanting to quit (27%), followed by family

pressure (20%) and the effect of smoking on children (15%) (Table 4.4).

#### 4.2.3 Attempts at stopping smoking

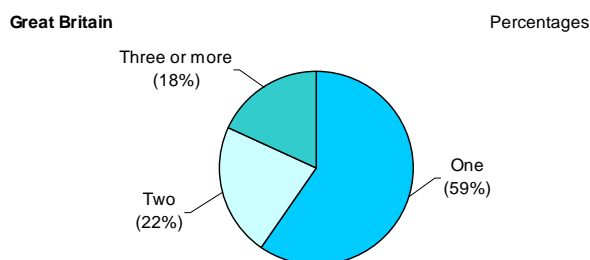
In 2007, almost eight in ten (79%) of current smokers in Great Britain reported having tried to give up smoking at some point in the past, a percentage which has remained similar over recent years. There was no significant difference between the proportion of men and women who have ever tried to stop smoking (Table 4.5).

**In 2007, almost 8 in 10 current smokers reported trying to give up smoking at some point in the past**

Of those who had ever tried to give up, 31% had made an attempt in the last year. The proportion of smokers who had tried to give up in the past year has increased from 22% in 2000 to 31% in 2007 (Table 4.6).

Smokers who had tried to give up smoking in the past year were asked how many attempts they had made. Fifty-nine per cent reported making one quit attempt and 18% reported making three or more quit attempts<sup>1</sup> (Figure 4.2).

**Figure 4.2 Number of attempts to give up smoking in the last year, 2007**



Source: Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics  
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Smokers who had previously attempted to quit were also asked how long they had given up for on the last occasion. Around a fifth (19%) had quit for only a week, while 28% had been successful for six months or

more. Only 7% had remained quit for two years or more (Table 4.7).

Smokers who had stopped smoking for at least one day in the last year were asked why they had started to smoke again. Thirty-four per cent said they had started again because they found life too stressful. The other most common reasons given by respondents were because they like smoking (24%), their friends smoke (17%) and because they missed the habit (14%) (Table 4.8).

Table 4.9 shows that in 2007, around half (53%) of all current smokers had sought some kind of help or advice for stopping smoking in the last year. The most popular method used was reading leaflets/booklets on how to stop (41%). Other methods included asking a doctor or other health professional for help (16%), being referred to a stop smoking group (9%) and calling a smokers' telephone helpline (5%). Thirty-two per cent had used Nicotine Replacement Therapy (NRT) or another prescribed drug such as bupropion to help them stop.

**Around half of all current smokers sought help or advice for stopping smoking**

#### 4.2.4 NHS Stop Smoking Services

The NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy and where appropriate, one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel such as specialist stop smoking advisors and trained nurses and pharmacists. These services complement the use of pharmacotherapies.

Between April 2007 and March 2008, 680,289 people set a quit date through NHS Stop Smoking Services. At the four week follow up 350,800 (52%) had successfully stopped smoking (Table 4.10).

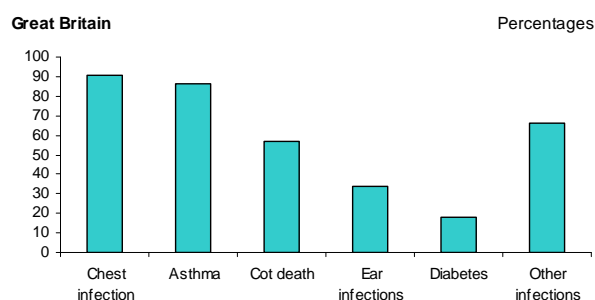
**Just over half of smokers who used NHS Stop Smoking Services in 2007/08 successfully quit**

#### 4.2.5 Health risk awareness

To evaluate awareness of the effect of second-hand smoking, respondents to the Omnibus Survey were asked whether or not they thought that living with a smoker increased a child's risk of a range of medical conditions known, or thought, to be caused or exacerbated by second-hand smoking.

People appeared to be the most aware of the effect of living with a smoker on a child's risk of chest infections and asthma (91% and 85% respectively). Respondents were less likely to be aware of the risks associated with cot deaths (57%), ear infections (34%) and diabetes (18%) (Table 4.11, Figure 4.3).

**Figure 4.3 Agree that second-hand smoke increases a child's risk of certain medical conditions, 2007**



Source: Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics. Copyright © 2008, re-used with the permission of The Office for National Statistics

#### 4.2.6 Non-smoker attitudes

Table 4.12 shows that in 2007, six in ten (60%) of non-smokers said that they would mind if other people smoked near them, similar to results in 2006 (60%) and 2005 (62%) and higher than percentages found in previous years.

Women who didn't smoke were more likely to mind than men who didn't smoke (64% compared with 54%). Those who have never smoked regularly were also more likely to mind people smoking near them, than ex-

regular smokers (65% compared to 47%) (Table 4.13).

The main reasons why non-smokers said they would mind if people smoked near to them were the smell of cigarette smoke (65%), the health effect of second-hand smoke (56%) and the residual smell of smoke on clothing (51%) (Table 4.14).

#### 4.2.7 Smokers' behaviour

In 2006, a new question was included in the Omnibus Survey which asked respondents about the extent to which smoking was allowed inside their homes. The majority of respondents in 2007 (67%) said that smoking is not allowed at all inside their homes, an increase from 61% in 2006<sup>6</sup>. Just over a fifth (21%) said that smoking is allowed in some rooms or at some times and only 12% said that smoking is allowed anywhere.

**Two-thirds of adults report that they do not allow smoking at all in their home**

Heavy smokers (those who smoke 20 or more cigarettes a day) were the least likely to say that smoking was not allowed at all in their homes (11%) compared with 38% of lighter smokers (those who smoke less than twenty cigarettes a day), ex-smokers (69%) and those who had never smoked (81%) (Table 4.15).

Respondents in routine and manual occupations were less likely than those in managerial and professional, and intermediate occupations, to report that they did not allow smoking anywhere (59% compared with 72% and 70% respectively). People who were living in a household with children were more likely to say that they did not allow smoking anywhere (75% compared with 64% living with no children) (Table 4.16).

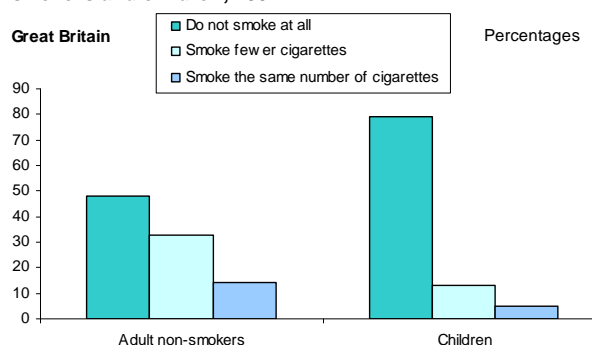
Those who were aware of the potential harm to children and non-smoking adults of second-hand smoke were more likely than

others to say that smoking was not allowed at all in their home. For example, 72% of people who were aware of the effect of second-hand smoke on a child's risk of asthma did not allow smoking at all in their home compared with 36% of those who were not aware of the risk (Table 4.17).

Smokers were also asked if they altered their smoking behaviour when in the company of non-smoking adults or children. As with previous years, the majority of smokers (81%) said that they modified their smoking behaviour when in the presence of non-smoking adults, with 49% of smokers saying they did not smoke at all and 32% reporting that they tended to smoke fewer cigarettes.

When in the presence of children, smokers were more likely to alter their smoking behaviour than when in the presence of non-smoking adults. In 2007, nine in ten (92%) of smokers reported that they would modify their smoking when a child was present. The percentage of smokers reporting they would not smoke at all in front of children has increased since 1997 from 54% to 78% in 2007 (Table 4.18, Figure 4.4).

**Figure 4.4 Smokers' behaviour in the company of non-smokers and children, 2007**



Source: Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics  
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#### 4.2.8 Smoking restrictions

New legislation has been introduced making enclosed public places smoke-free from March 2006 in Scotland, from April 2007 in Wales and from July 2007 in England. The questions from previous years asking respondents whether they thought there should be restrictions on smoking in certain places were therefore reworded to reflect



this change and hence the 2007 results are not comparable with those from previous years.

In 2007, the vast majority of respondents agreed that smoking should be restricted in certain places; 95% thought there should be smoking restrictions in indoor sports and leisure centres, 94% in restaurants, 92% in indoor shopping centres, 86% at work and 85% in railway and bus stations. A smaller percentage of respondents thought there should be smoking restrictions in pubs (75%).

Current smokers were less likely to agree that there should be restrictions than ex-smokers and those who had never smoked. For example, 94% of those who have never smoked regularly agreed with the restrictions at work, compared to 87% of ex-smokers and 65% of current smokers. Heavy smokers (smoking at least 20 cigarettes per day) were also more likely to disagree with the smoking restrictions than lighter smokers (smoking fewer than 20 cigarettes a day) (Table 4.19).

Overall, 80% of people agreed with the smoking ban; of which, 61% strongly agreed and 19% agreed, while 14% disagreed and 6% neither agreed nor disagreed. Although men were as likely as women to agree with the legislation, they were less likely to strongly agree (59% compared to 64% respectively). There were no statistically significant differences between those in different age groups (Table 4.20).

**Four in five people agree with the smoking ban in public places**

### 4.3 Children's behaviour and attitudes to smoking

#### 4.3.1 Children's dependence on smoking

The Smoking, Drinking and Drug Use among Young People in England survey (SDD) estimates children's dependence on cigarettes by asking whether those who smoked thought they would find it difficult to stop smoking, whether they would like to

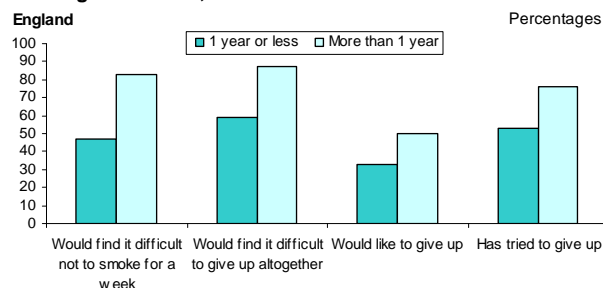
give up smoking and whether they have tried to give up.

Findings from the SDD06<sup>4</sup> show that children's dependence on smoking was related to the length of time spent as a regular smoker. Of those pupils who were regular smokers and had been smoking for over a year, 83% reported that they would find it difficult not to smoke for a week, compared with less than half (47%) of those regular smokers who had been smoking for a year or less. Similarly, 87% of regular smokers who had been smoking for over a year felt it would be difficult to give up altogether compared with 59% who had smoked for one year or less.

**87% of pupils who had been smoking for over year felt it would be difficult for them to give up smoking**

In 2006, around two-thirds (67%) of pupils had tried to give up smoking and 43% reported that they wanted to give up. These were smaller proportions than those seen for adults. Among pupils who had smoked regularly for more than a year, 76% had tried to give up smoking compared with 53% who had smoked for a year or less. Similarly, those who had smoked for over a year were more likely to want to give up than those who had smoked for less time (50% and 33% respectively) (Table 4.21, Figure 4.5).

**Figure 4.5 Perceived dependency on smoking, by length of time as a regular smoker, 2006**



Source: Smoking, Drinking and Drug use among Young People in England in 2006. The Information Centre

### 4.3.2 Help on giving up

Pupils who had tried to give up smoking, and those who smoked in the past, were asked whether they had made use of different types of help to give up smoking. Most pupils had not tried any of the methods asked about. Thirty-seven per cent of pupils reported consulting friends and family for advice and 15% reported using nicotine replacement products. Asking an adult at school for advice, phoning an NHS smoking helpline, using NHS Stop Smoking Services and visiting a family doctor for advice were all less frequently reported methods of trying to stop smoking (Table 4.22).

### 4.3.3 Children's attitudes towards smoking

When asked about their beliefs about smoking, the majority of pupils reported strong agreement with negative effects of smoking. Almost all pupils thought smoking can cause lung cancer (98%), makes your clothes smell (97%), harms unborn babies (97%), can harm non-smokers' health (96%) and can cause heart disease (94%).

**98% of pupils believe smoking causes lung cancer**

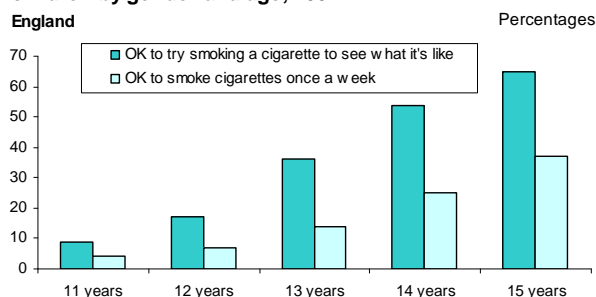
However, some pupils did report some positive aspects to smoking. Two-thirds (65%) thought smoking helps people to relax if they feel nervous, 23% thought that smokers stay slimmer than non-smokers and 19% thought smoking gives people confidence. A small proportion of pupils (4%) thought that smokers were more fun than non-smokers. Boys were more likely than girls to believe that smoking makes people worse at sports and they were more

likely to believe some positive things about smoking. For example, 18% of boys thought that smoking helps people cope better with life compared to 13% of girls (Table 4.23).

In the SDD07<sup>5</sup>, pupils were also asked whether they thought it was 'OK' for someone their age to try smoking a cigarette to see what it is like or to smoke cigarettes once a week. Since 1999, there has been a steady decrease in the proportion of pupils who thought it was OK to try smoking to see what it is like (54% in 1999 to 38% in 2007). Pupils were less likely to think it was OK to smoke cigarettes once a week; 19% in 2007, a figure which has varied since 2003, with no obvious trend (Table 4.24).

The acceptability of smoking increased with age, as shown in Figure 4.6. This mirrored the prevalence of smoking among children as shown in Chapter 3. For example, 9% of 11 year olds said they thought it was OK to try smoking to see what its like, compared with 65% of 15 year olds.

**Figure 4.6 Attitudes to smoking among secondary school children by gender and age, 2007**



Source: Smoking, Drinking and Drug use among Young People in England in 2007. The NHS Information Centre

Girls were more likely than boys to think it was OK to try smoking to see what it is like (42% and 34% respectively) or to smoke once a week (21% and 16% respectively) (Table 4.25).

## Summary: Behaviour and attitudes to smoking

### Adults' behaviour and attitudes to smoking

In 2006, over half of smokers in England thought they would find it difficult to go without smoking for a day. Heavier smokers were more likely to say they would find it difficult to not smoke for a day than lighter smokers. Smokers in routine and manual occupations were more likely to say they would find it difficult to go without smoking for the whole day than those in managerial and professional occupations.

There is a large percentage of smokers in Great Britain who say they want to stop smoking and who have tried to give up in the past and awareness of the adverse effects on health was relatively wide spread. Overall, in 2007, around three-quarters of smokers said that they wanted to give up smoking, with a quarter saying they wanted to stop very much indeed. The majority of smokers reported that they wanted to give up smoking for health reasons.

Almost eight in ten of current smokers reported trying to stop smoking at some point in the past, with around a third of smokers reporting making a quit attempt in the last year.

The majority of adults agreed that second-hand smoking increases the risk of various illnesses among children. However, awareness was not as great for some health risks such as cot deaths.

Six in ten of non-smokers reported that they would mind people smoking near them. The most frequently reported reasons for this were the smell of cigarette smoke, the smell

on clothing and the health impact of second-hand smoking.

Around two-thirds of people reported that smoking is not allowed inside their homes, a greater proportion than in the previous year. The majority of smokers reported altering their smoking behaviour around children and non-smoking adults.

Overall, four-fifths agreed with the smoking ban in public places.

### Children's behaviour and attitudes to smoking

Children's dependence on smoking is related to the length of time spent as a regular smoker. Pupils who had smoked for over a year were more likely to report that they would find it difficult not to smoke for a week or to give up altogether compared to those who had smoked for a year or less.

Half of those who had smoked for over a year said they would like to give up. This compares with three-quarters of adult smokers. Almost all pupils believed that smoking can cause lung cancer, that it makes clothes smell and can harm non-smokers health. Two-thirds believed that smoking helps people relax.

There has been a decrease over time in the proportion of pupils who think it is OK to try smoking to see what it is like, but no such trend is apparent for those thinking it is OK to smoke once a week. The acceptability of smoking increases with age and girls are more likely than boys to think it is OK to smoke.

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## List of tables

- 4.1 Proportion of smokers who would find it difficult to go without smoking for a day by gender, socio-economic classification and number of cigarettes smoked a day, 2006
- 4.2 Proportion of smokers who have their first cigarette within five minutes of waking, by gender, socio-economic classification and number of cigarettes smoked a day, 2006
- 4.3 Views on giving up smoking by gender, 1997 to 2007
- 4.4 Main reasons for wanting to stop smoking by gender, 2007
- 4.5 Ever tried to give up smoking by gender, 1999 to 2007
- 4.6 Attempts to give up smoking in the last year, 1999 to 2007
- 4.7 Length of time gave up for last time stopped smoking, 2007
- 4.8 Main reasons for starting smoking again, 2002 to 2007
- 4.9 Sources of help and advice used in the last year by current smokers, 2007
- 4.10 People setting a quit date and outcome at 4 weeks, by gender, 2007/08
- 4.11 Views on whether second-hand smoke increases a child's risk of certain medical conditions, 2007
- 4.12 Non-smokers' attitudes to people smoking near them, 1997 to 2007
- 4.13 Non-smokers' attitudes to people smoking near them, by gender and smoking status, 2007
- 4.14 Non-smokers' reasons for saying that they would mind if smokers smoke near them, 2007
- 4.15 Extent to which smoking is allowed in peoples' homes, by smoking status, 2007
- 4.16 Extent to which smoking is allowed in peoples' homes, by socio-economic classification and by presence of children under 16 in household, 2007
- 4.17 Extent to which smoking is allowed in peoples' homes, by views on whether or not second-hand smoking increases a child's risk of certain medical conditions, 2007
- 4.18 Smokers' behaviour in the company of non-smokers and children, 1997 to 2007
- 4.19 Percentage agreeing that smoking should be restricted in certain places, by smoking status, 2007
- 4.20 Agreement with new legislation on smoking restrictions in public places, by gender and age, 2007
- 4.21 Pupils' dependence on smoking, by length of time as a regular smoker, 2006
- 4.22 Whether pupils asked for help or used services to give up smoking, 2006

- 4.23 Beliefs about smoking among pupils, by gender, 2006
- 4.24 Attitudes to smoking among pupils, 1999 to 2007
- 4.25 Attitudes to smoking among pupils, by gender and age, 2007

**Table 4.1 Proportion of smokers<sup>1</sup> who would find it difficult to go without smoking for a day by gender, socio-economic classification<sup>2</sup> and number of cigarettes smoked a day, 2006<sup>3</sup>**

<b>England</b>		<b>Percentages</b>			
	<b>All classifications<sup>4</sup></b>	<b>Managerial and professional</b>	<b>Intermediate</b>	<b>Routine and manual</b>	
<b>All adults<sup>5</sup></b>	<b>59</b>	<b>52</b>	<b>61</b>	<b>62</b>	
0-9	25	22	26	27	
10-19	68	66	69	70	
20 or more	81	82	81	80	
<b>Men<sup>5</sup></b>	<b>59</b>	<b>52</b>	<b>60</b>	<b>61</b>	
0-9	24	22	17	24	
10-19	65	63	67	66	
20 or more	81	79	81	80	
<b>Women<sup>5</sup></b>	<b>59</b>	<b>52</b>	<b>61</b>	<b>63</b>	
0-9	27	21	32	28	
10-19	71	69	71	73	
20 or more	83	87	82	80	
<i>Weighted bases (000s)</i>					
<i>All adults<sup>5</sup></i>	<i>7,932</i>	<i>2,320</i>	<i>1,388</i>	<i>3,786</i>	
0-9	2,360	893	395	959	
10-19	3,348	950	556	1,652	
20 or more	2,206	472	426	1,173	
<i>Men<sup>5</sup></i>	<i>3,969</i>	<i>1,217</i>	<i>649</i>	<i>1,877</i>	
0-9	1,087	440	152	453	
10-19	1,565	488	231	739	
20 or more	1,304	286	259	684	
<i>Women<sup>5</sup></i>	<i>3,964</i>	<i>1,103</i>	<i>739</i>	<i>1,908</i>	
0-9	1,273	454	243	506	
10-19	1,783	462	325	913	
20 or more	902	186	167	489	
<i>Unweighted bases</i>					
<i>All adults<sup>5</sup></i>	<i>2,927</i>	<i>883</i>	<i>508</i>	<i>1,386</i>	
0-9	866	331	151	343	
10-19	1,225	359	201	604	
20 or more	829	191	152	438	
<i>Men<sup>5</sup></i>	<i>1,421</i>	<i>450</i>	<i>229</i>	<i>670</i>	
0-9	377	157	53	153	
10-19	560	180	84	263	
20 or more	480	112	90	253	
<i>Women<sup>5</sup></i>	<i>1,506</i>	<i>433</i>	<i>279</i>	<i>716</i>	
0-9	489	174	98	190	
10-19	665	179	117	341	
20 or more	349	79	62	185	

1. Aged 16 and over

2. Based on the current or last job of the household reference person

3. Results for 2006 include longitudinal data (see Appendix A)

4. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG). Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'

5. Includes a few smokers who did not say how many cigarettes a day they smoked

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 4.2 Proportion of smokers<sup>1</sup> who have their first cigarette within five minutes of waking, by gender, socio-economic classification<sup>2</sup> and number of cigarettes smoked a day, 2006<sup>3</sup>**

England	Percentages			
	All classifications <sup>4</sup>	Managerial and professional	Intermediate	Routine and manual
<b>All adults<sup>5</sup></b>	<b>16</b>	<b>10</b>	<b>17</b>	<b>20</b>
0-9	2	1	2	2
10-19	12	8	9	16
20 or more	37	28	40	39
<b>Men<sup>5</sup></b>	<b>17</b>	<b>10</b>	<b>21</b>	<b>21</b>
0-9	2	1	4	1
10-19	13	8	12	16
20 or more	36	27	39	40
<b>Women<sup>5</sup></b>	<b>15</b>	<b>10</b>	<b>13</b>	<b>18</b>
0-9	2	2	1	3
10-19	12	9	7	16
20 or more	38	29	43	39
<i>Weighted bases (000s)</i>				
<i>All adults<sup>5</sup></i>	7,959	2,323	1,394	3,795
0-9	2,368	892	397	960
10-19	3,360	950	563	1,653
20 or more	2,215	476	426	1,178
<i>Men<sup>5</sup></i>	3,983	1,219	658	1,880
0-9	1,096	442	159	453
10-19	1,565	488	234	736
20 or more	1,310	286	259	689
<i>Women<sup>5</sup></i>	3,977	1,104	737	1,914
0-9	1,272	451	238	508
10-19	1,795	462	330	917
20 or more	906	190	167	489
<i>Unweighted bases</i>				
<i>All adults<sup>5</sup></i>	2,935	884	509	1,390
0-9	868	331	151	344
10-19	1,229	359	203	605
20 or more	832	192	152	440
<i>Men<sup>5</sup></i>	1,427	451	232	672
0-9	380	158	55	153
10-19	561	180	85	263
20 or more	482	112	90	255
<i>Women<sup>5</sup></i>	1,508	433	277	718
0-9	488	173	96	191
10-19	668	179	118	342
20 or more	350	80	62	185

1. Aged 16 and over

2. Based on the current or last job of the household reference person

3. Results for 2006 include longitudinal data (see Appendix A)

4. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG). Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'

5. Includes a few smokers who did not say how many cigarettes a day they smoked

**Source:**

General Household Survey 2006. Office for National Statistics

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**Table 4.3 Views on giving up smoking by gender, 1997 to 2007<sup>1,2,3</sup>**

Great Britain											Percentages	
	1997	1999	2000	2001	2002	2003	2004	2005	2006	2007*	2007**	
<b>All Adults</b>												
<b>Total would like to give up</b>	<b>71</b>	<b>72</b>	<b>71</b>	<b>72</b>	<b>70</b>	<b>70</b>	<b>73</b>	<b>72</b>	<b>72</b>	<b>73</b>	<b>74</b>	
Very much indeed	..	30	30	28	26	24	28	27	23	26	25	
Quite a lot	..	21	20	22	23	22	24	23	27	24	24	
A fair amount	..	14	16	15	14	17	14	15	15	14	14	
A little	..	7	6	7	8	7	7	7	7	9	11	
Would not like to give up	29	28	29	28	30	30	27	28	28	27	26	
<i>Unweighted base</i>											514	
<i>Weighted base(000s)**</i>											10,249	
<i>Weighted base*</i>	987	950	868	836	936	849	804	564	571	491		
<b>Men</b>												
<b>Total would like to give up</b>	<b>68</b>	<b>72</b>	<b>71</b>	<b>72</b>	<b>71</b>	<b>71</b>	<b>74</b>	<b>74</b>	<b>72</b>	<b>77</b>	<b>77</b>	
Very much indeed	..	29	29	29	26	24	32	24	24	28	27	
Quite a lot	..	20	20	18	24	24	24	24	29	28	27	
A fair amount	..	16	16	17	13	14	12	17	13	12	12	
A little	..	6	6	8	8	8	6	9	7	10	11	
Would not like to give up	32	28	29	28	29	29	26	26	28	23	23	
<i>Unweighted base</i>											250	
<i>Weighted base(000s)**</i>											5,497	
<i>Weighted base*</i>	449	447	414	390	454	423	373	269	279	251		
<b>Women</b>												
<b>Total would like to give up</b>	<b>74</b>	<b>72</b>	<b>71</b>	<b>73</b>	<b>70</b>	<b>70</b>	<b>72</b>	<b>71</b>	<b>72</b>	<b>69</b>	<b>70</b>	
Very much indeed	..	30	32	27	26	25	25	29	22	23	23	
Quite a lot	..	22	20	26	22	20	24	23	25	21	21	
A fair amount	..	12	15	14	15	19	16	14	18	16	16	
A little	..	8	5	7	7	7	8	5	6	9	10	
Would not like to give up	26	28	29	27	30	30	28	29	28	31	30	
<i>Unweighted base</i>											264	
<i>Weighted base(000s)**</i>											4,752	
<i>Weighted base*</i>	536	503	454	446	482	426	431	295	292	240		

1. Adults aged 16 and over who were smokers

2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. In 2007, data were also weighted to population totals

3. Data not available for 'Would like to give up' in 1997

\* = weighted for unequal chance of selection

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.4 Main reasons for wanting to stop smoking by gender, 2007<sup>1,2</sup>**

Great Britain	Percentages <sup>3</sup>		
	All adults	Men	Women
Better for health in general	71	75	67
Less risk of getting smoking related illness	22	26	18
Presents health problems	17	15	20
<b>At least one health reason</b>	<b>86</b>	<b>87</b>	<b>83</b>
Financial reasons	27	27	26
Family pressure	20	23	16
Harms children	15	13	18
Ban on smoking in public places	7	6	8
Doctor's advice	5	5	4
Pregnancy	2	0	4
Other	1	1	2
Gave more than one reason	58	61	55
<i>Base</i>			
<i>Unweighted base</i>	<i>379</i>	<i>190</i>	<i>189</i>
<i>Weighted base(000s)**</i>	<i>7,554</i>	<i>4,220</i>	<i>3,334</i>

1. Adults aged 16 and over who were smokers and reported wanting to stop smoking
  2. In 2007, results are weighted for unequal chance of selection and to population totals
  3. Percentages sum to more than 100 as smokers could give more than one answer
- \*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.5 Ever tried to give up smoking by gender, 1999 to 2007<sup>1,2,3</sup>**

Great Britain											Percentages		
	1999	2000	2001	2002	2003	2004	2005	2006	2007*	2007**	2007 Weighted base*	2007 Unweighted base	2007 Weighted base (000s)**
All adults	77	78	79	79	78	74	80	78	80	79	497	520	10,405
Men	76	78	77	78	79	72	78	77	79	79	256	254	5,632
Women	78	78	81	80	76	76	82	79	81	79	241	266	4,773

1. Adults aged 16 and over who were smokers

2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. In 2007, data were also weighted to population totals

3. Bases for earlier years can be found in Omnibus reports for each year

\* = weighted for unequal chance of selection

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.6 Attempts to give up smoking in the last year, 1999 to 2007<sup>1,2,3</sup>**

Great Britain											Percentages		
	1999	2000	2001	2002	2003	2004	2005	2006	2007*	2007**	2007 Weighted base*	2007 Unweighted base	2007 Weighted base (000s)**
All adults	26	22	24	23	23	25	27	29	31	31	497	520	10,405
Men	23	24	21	20	22	24	24	27	30	30	256	254	5,632
Women	28	20	27	26	24	27	29	31	32	32	241	266	4,773

1. Adults aged 16 and over who were smokers

2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. In 2007, data were also weighted to population totals

3. Bases for earlier years can be found in Omnibus reports for each year

\* = weighted for unequal chance of selection

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.7 Length of time gave up for last time stopped smoking, 2007<sup>1,2</sup>**

Great Britain	Percentages
A week	19
2 weeks	10
3-4 weeks	13
5-9 weeks	12
10-25 weeks	17
6-12 months	17
more than 1 year, but less than 2	4
2 years or more	7
<i>Unweighted base</i>	419
<i>Weighted base (000s)**</i>	8,188

1. Adult smokers aged 16 and over, who had tried to give up

2. In 2007, results are weighted for unequal chance of selection and to population totals

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.8 Main reasons for starting smoking again, 2002 to 2007<sup>1,2</sup>**

Great Britain	Percentages <sup>3</sup>						
	2002	2003	2004	2005	2006	2007*	2007**
Life too stressful/just not a good time	34	38	34	34	42	36	34
Missed the habit/something to do with my hands	17	17	16	13	14	14	14
I like smoking	16	15	15	15	12	23	24
My friends smoke	14	11	14	14	19	15	17
Couldn't cope with the cravings	12	14	9	13	12	12	11
Put on weight	3	3	3	2	3	6	5
My spouse/partner smokes	4	5	5	4	4	4	4
Was drinking/ in pub <sup>4</sup>	..	..	..	4	3	1	1
Reason for quitting no longer applied <sup>4</sup>	..	..	..	4	2	0	0
Other	20	18	23	14	10	14	14
Gave more than one reason	16	14	16	14	19	18	17
<i>Unweighted base</i>							293
<i>Weighted base (000s)**</i>							6,175
<i>Weighted base*</i>	433	421	420	292	280	284	

1. Adults aged 16 and over, smokers who gave up for at least one day in the past year

2. Between 2002 and 2006 percentages and bases are weighted for unequal chance of selection only. In 2007, data were also weighted to population totals

3. Percentages sum to more than 100 as respondents could give more than one answer

4. These categories were created in '2005' and '2006' when reassigning 'Other' responses, and were not in the original list which interviewers used to code responses

\* = weighted for unequal chance of selection

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.9 Sources of help and advice used in the last year by current smokers, 2007<sup>1,2</sup>**

<b>Great Britain</b>	<b>Percentages<sup>3</sup></b>
Read leaflets/ booklets on how to stop	41
Asked doctor or other health professional for help	16
Called a smokers' telephone helpline	5
Been referred/ self-referred to stop smoking group	9
Bought non-prescription NRT	16
Free non-prescription NRT	4
Paid for prescription NRT	3
Free prescription NRT	10
Prescribed other 'stop smoking' drugs	2
Had any NRT/ other prescribed drugs to help stop smoking	32
Sought any help or advice	53
Did not seek help or advice	47
<i>Unweighted base</i>	<i>520</i>
<i>Weighted base (000s)**</i>	<i>10,405</i>

1. Adults aged 16 and over who were smokers

2. In 2007, results are weighted for unequal chance of selection and to population totals

3. Percentages sum to more than the total saying they sought help or advice as respondents could give more than one answer

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.10 People setting a quit date and outcome<sup>1</sup> at 4 weeks, by gender, 2007/08**

England	Numbers / Percentages					
	Total	Males	Females	Total	Males	Females
Number setting a quit date	680,289	307,289	373,000	100	100	100
<b>Outcome at 4 weeks</b>						
People who had successfully quit at 4 week follow-up (self-report)	350,800	162,092	188,708	52	53	51
People who had not quit at 4 week follow-up (self-report)	180,936	78,159	102,777	27	25	28
People not known/lost to follow up	148,553	67,038	81,515	22	22	22
<b>CO validation<sup>2</sup></b>						
People who had successfully quit at 4 week follow-up (self-report), where CO validation was attempted	243,539	112,021	131,518	36	36	35
People who had successfully quit at 4 week follow-up (self-report), confirmed by CO validation	208,742	96,671	112,071	31	31	30

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone

**Source:**

Lifestyle Statistics. The NHS Information Centre, 2008

**Table 4.11 Views on whether second-hand smoke increases a child's risk of certain medical conditions, 2007<sup>1,2</sup>**

Great Britain	Percentages
<b>Chest infection</b>	
Increases risk	91
Does not increase risk	7
Can't say	2
<b>Asthma</b>	
Increases risk	85
Does not increase risk	12
Can't say	4
<b>Other infections</b>	
Increases risk	66
Does not increase risk	25
Can't say	8
<b>Cot death</b>	
Increases risk	57
Does not increase risk	29
Can't say	14
<b>Ear infections</b>	
Increases risk	34
Does not increase risk	48
Can't say	18
<b>Diabetes</b>	
Increases risk	18
Does not increase risk	64
Can't say	18
<i>Unweighted base</i>	2,275
<i>Weighted base (000s)**</i>	46,138

1. Adults aged 16 and over

2. In 2007, results are weighted for unequal chance of selection and to population totals

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.12 Non-smokers' attitudes to people smoking near them<sup>1</sup>, 1997 to 2007<sup>2</sup>**

Great Britain	Percentages										
	1997	1999	2000	2001	2002	2003	2004	2005	2006	2007*	2007**
Would mind if people smoke near them	56	54	55	55	55	56	60	62	60	60	59
Would not mind	35	37	34	34	35	36	32	29	32	29	30
It depends	9	9	11	11	10	8	8	9	8	11	11
<i>Unweighted base</i>											1,755
<i>Weighted base(000s)**</i>											35,735
<i>Weighted base*</i>	2,730	2,609	2,455	2,645	2,872	2,667	2,733	1,830	1,774	1,776	

1. Adults aged 16 and over who are non-smokers

2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. In 2007, data were also weighted to population totals

\* = weighted for unequal chance of selection

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.13 Non-smokers' attitudes to people smoking near them<sup>1</sup>, by gender and smoking status, 2007<sup>2</sup>**

Great Britain	Percentages				
	All adults	Gender		Smoking Status	
		Men	Women	Ex-regular smokers	Never smoked regularly
Would mind if people smoke near them	59	54	64	47	65
Would not mind	30	34	26	42	24
It depends	11	12	10	11	11
<i>Unweighted base</i>	1,755	771	984	629	1,126
<i>Weighted base (000s)**</i>	35,735	16,593	19,142	11,769	23,966

1. Adults aged 16 and over who are non-smokers

2. In 2007, results are weighted for unequal chance of selection and to population totals

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.14 Non-smokers' reasons for saying that they would mind if smokers smoke near them<sup>1</sup>, 2007<sup>2</sup>**

Great Britain	Percentages <sup>3</sup>
<b>Health reasons</b>	
Bad for my health	56
Affects breathing/asthma	28
Make me cough	22
Gets in my eyes	25
Makes me feel sick	13
Gives me a headache	11
<b>Other reasons</b>	
Unpleasant smell	65
Makes clothes smell	51
Other	8
<i>Unweighted base</i>	<i>1,054</i>
<i>Weighted base (000s)**</i>	<i>21,065</i>

1. Adults aged 16 and over who are non-smokers and mind if people smoke near them

2. In 2007, results are weighted for unequal chance of selection and to population totals

3. Percentages add up to more than 100% because some people gave more than one reason

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.15 Extent to which smoking is allowed in peoples' homes, by smoking status, 2007<sup>1,2</sup>**

Great Britain	All adults	Smoking status					Percentages
		At least 20 cigarettes per day	Fewer than 20 cigarettes per day	All current smokers	Ex-smokers	Never smoked regularly	
Smoking is not allowed at all	67	11	38	31	69	81	
Smoking is allowed in some rooms or at some times	21	53	37	41	20	13	
Smoking is allowed anywhere	12	36	25	28	11	6	
<i>Unweighted base</i>	2,266	135	381	518	627	1,121	
<i>Weighted base (000s)**</i>	45,921	2,515	7,836	10,374	11,720	23,827	

1. Adults aged 16 and over

2. In 2007, results are weighted for unequal chance of selection and to population totals

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.16 Extent to which smoking is allowed in peoples' homes, by socio-economic classification and by presence of children under 16 in household<sup>1</sup>, 2007<sup>2</sup>**

Great Britain	All adults <sup>3</sup>	Socio-economic classification			Percentages	
		Managerial and professional occupations	Intermediate occupations	Routine and manual occupations	Children under 16 in household	No children in household
Smoking is not allowed at all	67	72	70	59	75	64
Smoking is allowed in some rooms or at some times	21	18	19	25	18	22
Smoking is allowed anywhere	12	9	10	16	7	14
<i>Unweighted base</i>	<i>2,266</i>	<i>818</i>	<i>414</i>	<i>869</i>	<i>554</i>	<i>1,712</i>
<i>Weighted base (000s)**</i>	<i>45,921</i>	<i>16,149</i>	<i>8,193</i>	<i>16,569</i>	<i>13,045</i>	<i>32,875</i>

1. Adults aged 16 and over

2. In 2007, results are weighted for unequal chance of selection and to population totals

3. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG). Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.17 Extent to which smoking is allowed in peoples' homes, by views on whether or not second-hand smoking increases a child's risk of certain medical conditions, 2007<sup>1,2</sup>**

Great Britain		Percentages				
	Smoking is not allowed at all	Smoking is allowed in some rooms or at some times	Smoking is allowed anywhere	Unweighted base	Weighted base (000s)**	
<b>All adults<sup>3</sup></b>	67	21	12	2,266	45,921	
<b>Chest infection</b>						
Increases risk	70	20	11	2,055	41,774	
Does not increase risk	40	34	26	162	3,238	
<b>Asthma</b>						
Increases risk	72	18	10	1,912	39,034	
Does not increase risk	36	38	26	266	5,289	
<b>Other infections</b>						
Increases risk	73	18	9	1,472	30,356	
Does not increase risk	51	29	20	593	11,683	
<b>Cot death</b>						
Increases risk	74	17	8	1,273	26,258	
Does not increase risk	54	29	17	665	13,353	
<b>Ear infections</b>						
Increases risk	76	17	7	775	15,794	
Does not increase risk	60	25	15	1,082	22,052	
<b>Diabetes</b>						
Increases risk	73	17	11	404	8,441	
Does not increase risk	64	23	12	1,430	28,986	

1. All adults aged 16

2. In 2007, results are weighted for unequal chance of selection and to population totals

3. 'All adults' includes people who said they did not know if second-hand smoking increases the risk of having a certain condition

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.18 Smokers' behaviour in the company of non-smokers and children, 1997 to 2007<sup>1,2</sup>**

Great Britain	Percentages										
	1997	1999	2000	2001	2002	2003	2004	2005	2006	2007*	2007**
<b>In the presence of...</b>											
<b>Adult non-smokers</b>											
Smoke the same number of cigarettes	12	12	11	12	11	14	14	14	18	13	14
Smokes fewer cigarettes	37	34	34	34	30	36	38	34	33	32	33
Do not smoke at all	45	49	50	48	52	46	45	47	44	49	48
Other (eg ask permission)	6	5	4	6	7	5	3	5	4	6	5
<b>Children</b>											
Smoke the same number of cigarettes	10	8	6	8	8	6	6	4	6	5	5
Smokes fewer cigarettes	32	30	25	26	21	24	25	21	23	14	13
Do not smoke at all	54	60	67	63	66	68	67	74	68	78	79
Other (eg ask permission)	3	2	2	3	5	3	2	1	2	3	3
<i>Children<sup>3</sup></i>											
<i>Unweighted base</i>											519
<i>Weighted base(000s)**</i>											10,397
<i>Weighted base*</i>											
	985	945	867	843	941	850	808	568	571	497	

1. Adults aged 16 and over

2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. In 2007, data were also weighted to population totals

3. Bases for adult non-smokers are very similar to children

\* = weighted for unequal chance of selection

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.19 Percentage agreeing that smoking should be restricted in certain places, by smoking status, 2007<sup>1,2</sup>**

Great Britain	All adults	Smoking status					Percentages
		At least 20 cigarettes per day	Fewer than 20 cigarettes per day	All current smokers		Never smoked regularly	
				Ex-smokers			
... at work	86	50	70	65	87	94	
... in restaurants	94	84	87	86	82	98	
... in pubs	75	31	50	46	76	87	
...in indoor shopping centres	92	74	84	82	92	96	
...in indoor sports and leisure centres	95	87	90	90	96	97	
...in indoor areas in railway/bus stations	85	57	66	64	85	93	
... in other public places	96	87	93	92	96	97	
<i>Unweighted base</i>	2,268	134	381	517	627	1,124	
<i>Weighted base (000s)**</i>	46,030	2,507	7,828	10,359	11,752	23,920	

1. Adults aged 16 and over

2. In 2007, results are weighted for unequal chance of selection and to population totals

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.20 Agreement with new legislation on smoking restrictions in public places, by gender and age, 2007<sup>1,2</sup>**

Great Britain	All adults	Percentages					
		Gender		Age			
		Men	Women	16 to 24	25 to 44	45 to 64	65 and over
Strongly agree	61	59	64	56	64	62	60
Agree	19	20	17	20	17	18	21
Neither agree nor disagree	6	6	7	9	6	5	8
Disagree	8	8	7	10	7	7	7
Strongly disagree	6	7	6	6	6	7	4
<i>Unweighted base</i>	<i>2,272</i>	<i>1,024</i>	<i>1,248</i>	<i>178</i>	<i>752</i>	<i>779</i>	<i>563</i>
<i>Weighted base (000s)**</i>	<i>46,077</i>	<i>22,212</i>	<i>23,865</i>	<i>6,625</i>	<i>15,729</i>	<i>14,719</i>	<i>9,005</i>

1. Adults aged 16 and over

2. In 2007, results are weighted for unequal chance of selection and to population totals

\*\* = weighted to population totals and unequal chance of selection

**Source:**

Smoking-Related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 4.21 Pupils<sup>1</sup> dependence on smoking, by length of time as a regular smoker<sup>2</sup>, 2006**

England	Percentages		
	Total	1 year or less	More than 1 year
Would find it difficult not to smoke for a week	69	47	83
Would find it difficult to give up altogether	77	59	87
Would like to give up	43	33	50
Has tried to give up	67	53	76
<i>Base</i>	<i>683</i>	<i>256</i>	<i>401</i>

1. Secondary school children in the school years 7 to 11, mostly aged 11 to 15

2. Those who have smoked at least one cigarette in the last seven days

**Source:**

Smoking, Drinking and Drug use among Young People in England 2006. The NHS Information Centre

**Table 4.22 Whether pupils<sup>1,2</sup> asked for help or used services to give up smoking, 2006**

England	Percentages
	All ages
Asked family or friends	37
Used nicotine products	15
Asked an adult at school	7
Phoned an NHS smoking helpline	3
Used NHS Stop Smoking Services	3
Visited family doctor or GP	3
<i>Base</i>	1,167

1. Secondary school children in the school years 7 to 11, mostly aged 11 to 15

2. Pupils who have stopped smoking or tried to do so

**Source:**

Smoking, Drinking and Drug use among Young People in England 2006. The NHS Information Centre

**Table 4.23 Beliefs about smoking among pupils<sup>1</sup>, by gender, 2006**

England	Percentages		
	All pupils	Boys	Girls
<b>Percentage who agree with statements</b>			
Smoking causes lung cancer	98	98	99
Smoking makes clothes smell	97	97	98
Smoking while pregnant harms the unborn child	97	96	97
Other people's smoking can harm non-smokers health	96	95	96
Smoking can cause heart disease	94	93	94
Smokers get more coughs and colds than non-smokers	86	86	86
Smoking makes people worse at sports	84	87	82
Smoking helps people relax if they feel nervous	65	67	64
Smokers stay slimmer than non-smokers	23	23	24
Smoking gives people confidence	19	20	18
Smoking not dangerous and only harms those who smoke a lot	18	20	16
Smoking helps people cope better with life	16	18	13
Smokers are more fun than non-smokers	4	5	3
<i>Base</i>	8,200	4,041	4,159

1. Secondary school children in the school years 7 to 11, mostly aged 11 to 15

**Source:**

Smoking, Drinking and Drug use among Young People in England 2006. The NHS Information Centre



**Table 4.24 Attitudes to smoking among pupils<sup>1</sup>, 1999 to 2007**

England	Percentages						
	1999	2001	2003	2004	2005	2006	2007
OK to try smoking a cigarette to see what it's like <sup>2</sup>	54	55	48	40	44	37	38
OK to smoke cigarettes once a week <sup>3</sup>	..	..	25	19	22	18	19
<i>Base</i> <sup>4</sup>	9,234	9,250	10,206	9,571	8,985	8,025	7,650

1. Children in secondary school years 7 to 11, mostly aged 11-15

2. In 1999 and 2001 pupils were asked whether it was OK to 'try out smoking once'

3. The question about whether it's OK to smoke cigarettes once a week was first asked in 2003

4. Based on pupils who answered at least one of the questions

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre

**Table 4.25 Attitudes to smoking among pupils<sup>1</sup>, by gender and age, 2007**

England	Percentages					
	All ages	11 years	12 years	13 years	14 years	15 years
<b>All pupils</b>						
OK to try smoking a cigarette to see what it's like <sup>2</sup>	38	9	17	36	54	65
OK to smoke cigarettes once a week	19	4	7	14	25	37
<b>Boys</b>						
OK to try smoking a cigarette to see what it's like <sup>2</sup>	34	11	16	30	48	58
OK to smoke cigarettes once a week	16	5	6	13	22	33
<b>Girls</b>						
OK to try smoking a cigarette to see what it's like <sup>2</sup>	42	7	19	41	60	72
OK to smoke cigarettes once a week	21	3	8	16	29	42
<i>Bases</i> <sup>3</sup>						
<i>All pupils</i>	7,650	1,162	1,583	1,593	1,506	1,806
<i>Boys</i>	3,951	582	848	806	794	921
<i>Girls</i>	3,699	580	735	787	712	885

1. Children in secondary school years 7 to 11, mostly aged 11-15

2. In 1999 and 2001 pupils were asked whether it was OK to 'try out smoking once'

3. Based on pupils who answered at least one of the questions

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2007. The NHS Information Centre



# 5 Smoking related ill-health and mortality

## 5.1 Introduction

Smoking can cause serious harm to a person's health. It can be a contributory factor in a large number of diseases, including various forms of cancer and diseases of the respiratory, circulatory and digestive systems.

This chapter looks at admissions to NHS hospitals in England and to the independent sector, where commissioned by the English NHS with a primary diagnosis of diseases that can be caused by smoking. These data are available from the Hospital Episode Statistics (HES) databank<sup>1</sup> and are based on the tenth revision of the International Classification of Diseases (ICD-10). The most recent data available is for the financial year 2006/07.

Information on smoking-attributable hospital admissions and mortality are also presented. These figures are estimates of the numbers of admissions/deaths in England which were caused by smoking. The figures presented have been produced by The NHS Information Centre, using HES data for admissions in 2006/07 and Office for National Statistics mortality statistics<sup>2</sup> for the number of registered deaths in 2007. The estimates of the proportion of hospital admissions and deaths attributable to smoking in this chapter follow a recognised methodology which uses the proportions of current and ex-smokers in the population and the relative risks of these people dying from specific diseases or developing certain non fatal conditions compared with those who have never smoked (see [Appendix C](#) for further details). Figures presented in this chapter relate to people aged 35 and over, as relative risks are only available for this age group.

## 5.2 Smoking-related ill-health

### 5.2.1 NHS hospital admissions for diseases that can be caused by smoking

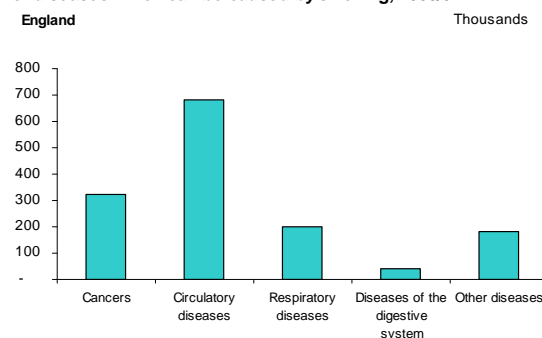
Table 5.1 shows that in England in 2006/07 there were approximately 1.4 million

admissions for adults aged 35 and over with a primary diagnosis of a disease that can be caused by smoking. This approximates to around 3,900 admissions per day on average. The annual number of admissions has been steadily rising and is around 309,300 more than it was in 1996/97.

**In 2006/07 there were 1.4 million NHS hospital admissions amongst adults aged 35 and over for diseases that can be caused by smoking**

Circulatory diseases accounted for the largest number of admissions where there was a primary diagnosis of a disease that can be caused by smoking. In 2006/07, there were 679,625 admissions of this nature. The second most common involved a cancer. There were 324,936 admissions with a primary diagnosis of cancer in 2006/07 (Figure 5.1).

Figure 5.1 NHS hospital admissions<sup>1</sup> with a primary diagnosis of diseases which can be caused by smoking, 2006/07



1. Among adults aged 35 and over  
Source: Hospital Episode Statistics. The NHS Information Centre

Admissions for respiratory diseases increased by 42%, admissions for cancers by 45% and admissions for circulatory diseases by 13% between 1996/97 and 2006/07. Admissions for digestive diseases have remained steady during the same period (Table 5.1).

Men accounted for 790,897 (55%) of admissions for diseases which can be caused by smoking. Circulatory diseases were the most common reason for admissions of both men and women, though

for men this accounted for 51% of admissions compared to 43% for women (Table 5.3).

### 5.2.2 Smoking-attributable NHS hospital admissions

The previous section showed that a large number of hospital admissions of adults aged 35 and over are due to diseases which can be caused by smoking. Not all of these admissions however, will be attributable to smoking as there are other contributory factors to these diseases. In order to estimate the number of smoking-attributable hospital admissions, the relative risks of these diseases for current and ex-smokers, compared to non-smokers have been used to calculate smoking-attributable hospital admissions.

Smoking-attributable hospital admissions have been calculated following the methodology developed by Callum and White for the report Tobacco in London: The Preventable burden<sup>3</sup> produced by London Health Observatory and SmokeFree London and by Hughes and Atkinson for the report Choosing Health in the South East: Smoking<sup>4</sup> produced by the South East Public Health Observatory. This report calculates smoking-attributable admissions using risk ratios for diseases associated with smoking-attributable fatalities employed by the Department of Health in their work for the Health Profile of England<sup>5</sup> with additional risk ratios for non-fatal diseases attributable to smoking taken from Tobacco in London: The Preventable burden<sup>3</sup>.

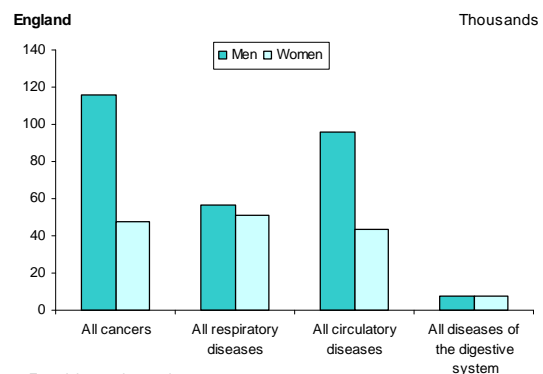
The analysis relates to people aged 35 and over where a gender has been specified as relative risks are only available for this age group and are different depending on gender. Appendix C gives more details of the methodology used and lists the diseases for which smoking is an attributable factor and their corresponding risk ratios by age and gender where applicable.

In 2006/07, there was a total of approximately 8.5 million hospital admissions (for all diseases) for adults aged 35 and over in England. Around 445,100 (5%) of these are estimated to have been

attributable to smoking. It is estimated that around a quarter (26%) of all admissions with a primary diagnosis of respiratory diseases are attributable to smoking. An estimated 16% of admissions with a primary diagnosis of circulatory diseases and 13% admissions with a primary diagnosis of cancer are attributable to smoking (Table 5.2).

A larger proportion of admissions among men than women were attributable to smoking. In 2006/07 there were an estimated 282,900 admissions that can be attributed to smoking for men compared with 162,200 admissions among women. The actual proportion of admissions attributable to smoking as a percentage of all admissions was also greater amongst men (7%) than women (4%). Of those admitted with cancer or circulatory diseases, men were noticeably more likely to have the disease as a result of smoking than women. A particularly big difference was found for cancer of the kidney where 35% of admissions for men were estimated to be caused by smoking compared with 9% for women (Table 5.3, Figure 5.2).

Figure 5.2 Estimated number of NHS hospital admissions attributable to smoking, by disease<sup>1</sup>, 2006/07



1. For adults aged 35 and over  
Source: Hospital Episode Statistics. The NHS Information Centre

**445,100 NHS hospital admissions were estimated to be attributable to smoking in 2006/07**

Of the 445,100 admissions estimated to be attributable to smoking, 163,200 were cancer related, a further 107,600 were respiratory diseases, 139,600 were circulatory diseases,

15,600 were digestive diseases and 19,100 were for other diseases.

Among cancers which can be attributable to smoking, an estimated 83% of admissions with a primary diagnosis of cancers of the trachea, lung and bronchus were attributable to smoking, while 81% of admissions with primary diagnosis of cancer of the larynx were estimated to be attributable to smoking. Admissions with a primary diagnosis of chronic obstructive lung disease had the highest percentage of estimated admissions attributable to smoking at 86%.

Smoking is also recognised as the cause of admissions for other non-fatal conditions. In 2006/07, around one in ten (11%) of admissions with a primary diagnosis of age-related cataracts (among people aged 45 and over) were attributed to smoking and 10% of admissions with a primary diagnosis of a hip fracture (among people aged 55 and over) were estimated to be attributed to smoking (Table 5.2).

### 5.3 Smoking-attributable deaths

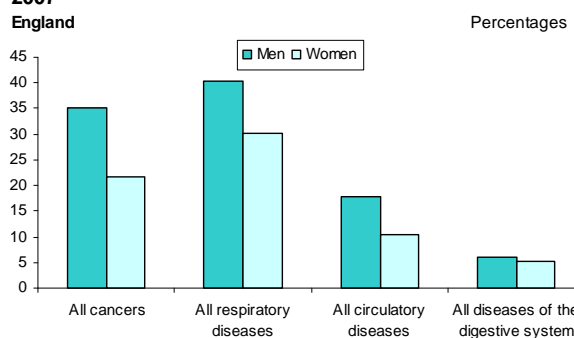
Estimated numbers of smoking-attributable deaths in England have been calculated using the methodology employed by the Department of Health in the Health Profile for England<sup>5</sup> which expands upon work undertaken by Twigg, Moon and Walker in the report *The Smoking epidemic in England*<sup>6</sup> produced by the NHS Health Development Agency. This methodology is described in more detail in Appendix C. However this report differs slightly in its methodology as it does not take into account prevention of deaths that are attributable to smoking for Parkinson's disease and cancer of the uterus.

**It is estimated that nearly one in five deaths in England for adults aged 35 and over is attributable to smoking**

In 2007, there were a total of 459,629 deaths of adults aged 35 and over in England. 82,900 (18%) of these were estimated to be attributable to smoking. This is approximately

13,800 (14%) fewer estimated deaths attributable to smoking than occurred in 2001 (data not shown in report). It is estimated that 35% (22,300) of all deaths due to respiratory diseases and 29% (37,200) of all cancer deaths were attributable to smoking in 2007. In addition, 14% (22,000) of deaths from circulatory diseases and 6% (1,400) of deaths from diseases of the digestive system were attributable to smoking (Table 5.4, Figure 5.3).

**Figure 5.3 Deaths attributable to smoking, as a percentage of all deaths from that disease<sup>1</sup>, by gender, 2007**



1. For adults aged 35 and over

Source: Mortality Statistics The Office of National Statistics (ONS).

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A larger proportion of deaths among men than among women were attributable to smoking with an estimated 23% (49,700) of all deaths among men aged 35 and over being attributable to smoking. This compares with 14% (33,100) of all deaths among women (Table 5.5).

An estimated 82% of deaths from lung cancer were attributable to smoking – that relates to around 22,700 lung cancer deaths. An estimated 79% of deaths from chronic obstructive lung disease, 70% of deaths from cancers in upper respiratory sites, 67% of deaths from cancer of the oesophagus and 61% of deaths from aortic aneurysms were attributable to smoking (Table 5.4).

**49,700 deaths among men and 33,100 deaths among women aged 35 and over are estimated to be attributable to smoking in 2007**

## Summary: Smoking related ill-health and mortality

This chapter has shown that the number of admissions with a primary diagnosis of diseases that can be caused by smoking is steadily rising amongst adults. The numbers of admissions for cancers that can be caused by smoking have shown the largest increase between 1996/97 and 2006/07, followed by admissions for respiratory diseases.

Around 5% of admissions for all diseases in England among adults aged 35 and over are estimated to be attributable to smoking. A larger proportion of admissions among men (7%) were attributed to smoking than for women (4%).

Amongst diseases that can be caused by smoking the proportion of admissions that

were attributable to smoking varied. These were generally greater for men than women.

In 2007, it is estimated that almost two out of ten deaths in England of people over 35 years of age were due to smoking. Over a third of all deaths from respiratory diseases and almost three in ten of all deaths from cancers in this population are estimated to be caused by smoking. A higher proportion of deaths amongst people aged 35 and over that are attributable to smoking were seen for men compared to women.

A large proportion of deaths from chronic obstructive lung disease, lung cancer, cancer of the oesophagus and aortic aneurysms are estimated to be attributable to smoking.

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## List of tables

- 5.1 NHS hospital admissions for adults aged 35 and over where there was primary diagnosis of diseases which can be caused by smoking, 1996/97 to 2006/07
- 5.2 All NHS hospital admissions among adults aged 35 and over and those with a primary diagnosis of diseases which can be caused by smoking, the estimated number of admissions that can be attributed to smoking and the percentage of admissions that can be attributed to smoking, 2006/07
- 5.3 All NHS hospital admissions among adults aged 35 and over and those with a primary diagnosis of diseases which can be caused by smoking, the estimated number of admissions that can be attributed to smoking and the percentage of admissions that can be attributed to smoking, by gender, 2006/07
- 5.4 All deaths among adults aged 35 and over and deaths from diseases which can be caused by smoking, the estimated number of deaths that can be attributed to smoking and the percentage of deaths that can be attributed to smoking, 2007
- 5.5 All deaths among adults aged 35 and over and deaths from diseases which can be caused by smoking, the estimated number of deaths that can be attributed to smoking and the percentage of deaths that can be attributed to smoking, by gender, 2007

**Table 5.1 NHS<sup>1</sup> hospital admissions for adults aged 35 and over<sup>2,3</sup> where there was primary diagnosis<sup>4</sup> of diseases<sup>5</sup> which can be caused by smoking, 1996/97 to 2006/07**

England	Number of admissions					
	All admissions which can be caused by smoking	Cancers which can be caused by smoking <sup>6</sup>	Respiratory diseases which can be caused by smoking	Circulatory diseases which can be caused by smoking	Diseases of the digestive system which can be caused by smoking	Other diseases which can be caused by smoking
1996/97	1,122,539	224,432	142,268	601,272	41,940	112,627
1997/98	1,182,940	253,268	139,481	629,282	43,420	117,489
1998/99	1,270,386	265,331	163,532	658,515	44,687	138,321
1999/00	1,288,702	276,897	166,146	656,510	44,440	144,709
2000/01	1,277,830	274,216	152,154	651,566	41,422	158,472
2001/02	1,283,477	273,228	161,897	647,561	39,168	161,623
2002/03	1,337,860	283,503	168,838	666,149	38,877	180,493
2003/04	1,387,967	287,919	189,903	672,441	39,361	198,343
2004/05	1,406,264	294,443	195,817	674,539	38,306	203,159
2005/06	1,434,568	317,774	197,980	685,144	40,067	193,603
2006/07	1,431,831	324,936	201,578	679,625	42,038	183,654

1. NHS Hospitals and activity performed in the independent sector in England commissioned by the NHS. The data include private patients in NHS Hospitals (but not private patients in private hospitals).

2. Figures are presented for adults aged 35 and over except for admissions for age related cataracts where patients must be 45 years and over and admissions for hip fracture where patients must be aged 55 years and older due to risk ratios only being available for these age groups

3. The figures exclude people whose gender was unknown or unspecified and whose country of residence was not confirmed as England

4. The primary diagnosis is the first of up to 14 (7 prior to 2002/03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was in hospital

5. ICD-10 codes used have been updated since the 2007 bulletin. See Appendix C for corresponding ICD 10 codes used with categories above

6. Figures exclude admissions for cervical cancer whose gender was specified as male

**Source:**

Hospital Episode Statistics. The NHS Information Centre, 2008



**Table 5.2 All NHS<sup>1</sup> hospital admissions among adults aged 35 and over<sup>2,3</sup> and those with a primary diagnosis<sup>4</sup> of diseases which can be caused by smoking, the estimated number of admissions that can be attributed<sup>5</sup> to smoking and the percentage of admissions that can be attributed to smoking, 2006/07**

England	Diagnosis ICD10	ICD10 codes	Admissions	Numbers / percentages	
				Attributable number <sup>6</sup>	Attributable percentage <sup>7</sup>
<b>All admissions</b>			8,477,898	445,100	5
<b>All cancers</b>		C00-D48	1,302,684	163,200	13
<b>All respiratory diseases</b>		J00-J99	416,401	107,600	26
<b>All circulatory diseases</b>		I00-I99	849,159	139,600	16
<b>All diseases of the digestive system</b>		K00-K93	1,023,378	15,600	2
<b>All diseases which can be caused by smoking</b>			<b>1,431,831</b>	<b>445,100</b>	<b>31</b>
<b>Cancers which can be caused by smoking</b>			<b>324,936</b>	<b>163,200</b>	<b>50</b>
Trachea, Lung, Bronchus		C33-C34	82,458	68,000	83
Upper respiratory sites		C00-C14	14,881	10,000	67
Larynx		C32	4,522	3,700	81
Oesophagus		C15	34,583	23,500	68
Cervical <sup>8</sup>		C53	6,791	800	12
Bladder		C67	79,748	33,300	42
Kidney and Renal Pelvis		C64-C66,C68	11,093	2,900	26
Stomach		C16	25,753	5,700	22
Pancreas		C25	21,484	5,400	25
Unspecified site		C80	12,168	4,400	36
Myeloid leukaemia		C92	31,455	5,500	17
<b>Respiratory diseases which can be caused by smoking</b>			<b>201,578</b>	<b>107,600</b>	<b>53</b>
Chronic obstructive lung disease		J40-J43	5,475	4,700	86
Chronic Airway Obstruction		J44	104,005	82,100	79
Pneumonia, Influenza		J10-J18	92,098	20,800	23
<b>Circulatory diseases which can be caused by smoking</b>			<b>679,625</b>	<b>139,600</b>	<b>21</b>
Other Heart Disease		I00-I09, I26-I51	224,995	34,200	15
Ischaemic heart disease		I20-I25	304,301	74,400	24
Other arterial disease		I72-78	38,057	7,100	19
Cerebrovascular disease		I60-I69	92,902	14,900	16
Aortic aneurysm		I71	11,619	7,200	62
Atherosclerosis		I70	7,751	1,800	23
<b>Diseases of the digestive system which can be caused by smoking</b>			<b>42,038</b>	<b>15,600</b>	<b>37</b>
Stomach/duodenal ulcer		K25-K27	22,255	11,300	51
Crohn's disease <sup>9</sup>		K50	16,720	2,900	17
Periodontal disease/Periodontitis <sup>9</sup>		K05	3,063	1,300	43
<b>Other diseases which can be caused by smoking</b>			<b>183,654</b>	<b>19,100</b>	<b>10</b>
Age related cataract 45+ <sup>9</sup>		H25	105,644	11,800	11
Hip fracture 55+ <sup>9</sup>		S72	66,069	6,700	10
Spontaneous abortion <sup>8,9</sup>		O03	11,941	600	5

1. NHS Hospitals and activity performed in the independent sector in England commissioned by the NHS. The data include private patients in NHS Hospitals (but not private patients in private hospitals).

2. Figures are presented for adults aged 35 and over unless otherwise specified

3. The figures exclude people whose gender was unknown or unspecified and whose country of residence was not confirmed as England

4. The primary diagnosis is the first of up to 14 (7 prior to 2002/03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was in hospital

5. See Appendix C for methodology and ICD10 codes used. These have been updated since the 2007 bulletin

6. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding

7. Estimated attributable percentages are based on unrounded attributable estimates

8. Figures exclude admissions for patients whose gender was specified as male

9. Attributable admissions for these ICD10 codes are calculated using risk ratios included in London: The Preventable Burden. These are used in addition to ICD10 codes associated with diseases attributable to smoking fatalities due to smoking as used in Health Profile for England (see Appendix C)

#### Sources:

Hospital Episode Statistics. The NHS Information Centre, 2008

General Household Survey, 2006. Office for National Statistics (ONS)

Tobacco in London: The Preventable Burden. London Health Observatory and SmokeFree London, 2004

Health Profile of England, 2007 Department of Health

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**Table 5.3 All NHS<sup>1</sup> hospital admissions among adults aged 35 and over<sup>2,3</sup> and those with a primary diagnosis<sup>4</sup> of diseases which can be caused by smoking, the estimated number of admissions that can be attributed<sup>5</sup> to smoking and the percentage of admissions that can be attributed to smoking, by gender, 2006/07**

England	Diagnosis ICD10	Numbers / percentages					
		Men			Women		
		ICD10 codes	Admissions	Attributable number <sup>6</sup>	Attributable percentage <sup>7</sup>	Admissions	Attributable number <sup>6</sup>
<b>All admissions</b>		3,942,400	282,900	7	4,535,498	162,200	4
<b>All cancers</b>	C00-D48	636,017	115,600	18	666,667	47,500	7
<b>All respiratory diseases</b>	J00-J99	210,471	56,700	27	205,930	50,900	25
<b>All circulatory diseases</b>	I00-I99	486,058	96,100	20	363,101	43,600	12
<b>All diseases of the digestive system</b>	K00-K93	504,282	7,900	2	519,096	7,600	1
<b>All diseases which can be caused by smoking</b>		<b>790,897</b>	<b>282,900</b>	<b>36</b>	<b>640,934</b>	<b>162,200</b>	<b>25</b>
<b>Cancers which can be caused by smoking</b>		<b>209,065</b>	<b>115,600</b>	<b>55</b>	<b>115,871</b>	<b>47,500</b>	<b>41</b>
Lung	C33-C34	48,914	42,900	88	33,544	25,200	75
Upper respiratory sites	C00-C14	10,416	7,700	74	4,465	2,300	51
Oesophagus	C15	25,016	17,500	70	9,567	6,000	63
Larynx	C32	3,774	3,100	82	748	600	76
Cervical <sup>8</sup>	C53	.	.	.	6,791	800	12
Bladder	C67	60,608	27,400	45	19,140	5,800	30
Kidney	C64-C66,C68	7,247	2,500	35	3,846	300	9
Stomach	C16	18,253	4,800	26	7,500	900	13
Pancreas	C25	11,292	2,700	24	10,192	2,700	27
Unspecified site	C80	5,285	2,900	54	6,883	1,600	23
Myeloid leukaemia	C92	18,260	4,200	23	13,195	1,300	10
<b>Respiratory diseases which can be caused by smoking</b>		<b>102,975</b>	<b>56,700</b>	<b>55</b>	<b>98,603</b>	<b>50,900</b>	<b>52</b>
Chronic obstructive lung disease	J40-J43	3,095	2,800	89	2,380	2,000	82
Chronic Airway Obstruction	J44	52,563	41,800	80	51,442	40,300	78
Pneumonia 35 -64	J10-J18	47,317	12,100	26	44,781	8,600	19
<b>Circulatory diseases which can be caused by smoking</b>		<b>402,337</b>	<b>96,100</b>	<b>24</b>	<b>277,288</b>	<b>43,600</b>	<b>16</b>
Other Heart Disease	I00-I09, I26-I51	120,580	22,700	19	104,415	11,500	11
Ischaemic heart disease	I20-I25	200,394	53,800	27	103,907	20,600	20
Other arterial disease	I72-78	22,880	4,100	18	15,177	3,000	20
Cerebrovascular disease	I60-69	44,848	8,400	19	48,054	6,500	13
Aortic aneurysm	I71	8,795	5,600	64	2,824	1,600	58
Atherosclerosis	I70	4,840	1,400	29	2,911	400	13
<b>Diseases of the digestive system which can be caused by smoking</b>		<b>19,499</b>	<b>7,900</b>	<b>41</b>	<b>22,539</b>	<b>7,600</b>	<b>34</b>
Stomach ulcer, Duodenal ulcer	K25-K27	11,443	6,100	54	10,812	5,200	48
Crohn's disease <sup>9</sup>	K50	6,856	1,200	18	9,864	1,700	17
Periodontal disease/Periodontitis <sup>9</sup>	K05	1,200	500	45	1,863	800	42
<b>Other diseases which can be caused by smoking</b>		<b>57,021</b>	<b>6,500</b>	<b>11</b>	<b>126,633</b>	<b>12,600</b>	<b>10</b>
Age related cataract 45+ <sup>9</sup>	H25	41,556	5,100	12	64,088	6,800	11
Hip fracture 55+ <sup>9</sup>	S72	15,465	1,500	9	50,604	5,200	10
Spontaneous abortion <sup>8,9</sup>	O03	.	.	.	11,941	600	5

1. NHS Hospitals and activity performed in the independent sector in England commissioned by the NHS. The data include private patients in NHS Hospitals (but not private patients in private hospitals).

2. Figures are presented for adults aged 35 and over unless otherwise specified

3. The figures exclude people whose gender was unknown or unspecified and whose country of residence was not confirmed as England

4. The primary diagnosis is the first of up to 14 (7 prior to 2002/03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was in hospital

5. See Appendix C for methodology and ICD10 codes used. These have been updated since the 2007 bulletin.

6. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding

7. Estimated attributable percentages are based on unrounded attributable estimates

8. Figures exclude admissions for patients whose gender was specified as male

9. Attributable admissions for these ICD10 codes are calculated using risk ratios included in London: The Preventable Burden. These are used in addition to ICD10 codes associated with diseases attributable to smoking fatalities due to smoking as used in Health Profile for England (see Appendix C)

#### Sources:

Hospital Episode Statistics (HES). The NHS Information Centre, 2008

General Household Survey, 2006. Office for National Statistics (ONS)

Tobacco in London: The Preventable Burden. London Health Observatory and SmokeFree London, 2004

Health Profile of England, 2007. Department of Health

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**Table 5.4 All deaths<sup>1</sup> among adults aged 35 and over and deaths from diseases which can be caused by smoking, the estimated number of deaths that can be attributed<sup>2</sup> to smoking and the percentage of deaths that can be attributed to smoking, 2007**

England	Diagnosis ICD10	ICD10 codes	Observed Deaths <sup>1</sup>	Numbers / percentages	
				Attributable number <sup>3</sup>	Attributable percentage <sup>4</sup>
<b>All deaths</b>			459,629	82,900	18
<b>All cancers</b>		C00-D48	129,564	37,200	29
<b>All respiratory diseases</b>		J00-J99	64,255	22,300	35
<b>All circulatory diseases</b>		I00-I99	157,925	22,000	14
<b>All diseases of the digestive system</b>		K00-K93	23,703	1,400	6
<b>All deaths which can be caused by smoking</b>			<b>267,180</b>	<b>82,900</b>	<b>31</b>
<b>Cancers which can be caused by smoking</b>			<b>65,775</b>	<b>37,200</b>	<b>57</b>
Lung		C33-C34	27,656	22,700	82
Upper respiratory sites		C00-C14,C32	2,249	1,600	70
Oesophagus		C15	5,946	4,000	67
Cervical		C53	701	100	12
Bladder		C67	4,123	1,700	40
Kidney		C64-C66,C68	3,017	800	25
Stomach		C16	4,233	900	21
Pancreas		C25	6,381	1,600	25
Unspecified site		C80	9,378	3,500	37
Myeloid leukaemia		C92	2,091	400	17
<b>Respiratory diseases which can be caused by smoking</b>			<b>48,412</b>	<b>22,300</b>	<b>46</b>
Chronic obstructive lung disease		J40-J44	22,168	17,600	79
Pneumonia		J10-J18	26,244	4,700	18
<b>Circulatory diseases which can be caused by smoking</b>			<b>150,329</b>	<b>22,000</b>	<b>15</b>
Other Heart Disease		I00-I09, I26-I51	22,503	3,200	14
Ischaemic heart disease		I20-I25	74,066	10,300	14
Other arterial disease		I72-78	2,612	500	19
Cerebrovascular disease		I60-I69	43,382	3,500	8
Aortic aneurysm		I71	7,213	4,400	61
Atherosclerosis		I70	553	100	19
<b>Diseases of the digestive system which can be caused by smoking</b>			<b>2,664</b>	<b>1,400</b>	<b>51</b>
Stomach/duodenal ulcer		K25-K27	2,664	1,400	51

1. Registered Deaths among adults aged 35 and over

2. See Appendix C for methodology

3. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding

4. Estimated attributable percentages are based on unrounded attributable estimates

**Sources:**

Mortality Statistics Extract, 2008. Office for National Statistics (ONS)

General Household Survey, 2006. Office for National Statistics (ONS)

Health Profile of England, 2007. Department of Health

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**Table 5.5 All deaths<sup>1</sup> among adults aged 35 and over and deaths from diseases which can be caused by smoking, the estimated number of deaths that can be attributed<sup>2</sup> to smoking and the percentage of deaths that can be attributed to smoking, by gender, 2007**

England		Numbers / percentages					
Diagnosis ICD10	ICD10 codes	Men			Women		
		Observed Deaths <sup>1</sup>	Attributable number <sup>3</sup>	Attributable percentage <sup>4</sup>	Observed Deaths <sup>1</sup>	Attributable number <sup>3</sup>	Attributable percentage <sup>4</sup>
<b>All deaths</b>		217,352	49,700	23	242,277	33,100	14
<b>All cancers</b>	C00-D48	67,429	23,700	35	62,135	13,500	22
<b>All respiratory diseases</b>	J00-J99	29,329	11,800	40	34,926	10,500	30
<b>All circulatory diseases</b>	I00-I99	75,899	13,500	18	82,026	8,500	10
<b>All diseases of the digestive system</b>	K00-K93	11,007	700	6	12,696	700	5
<b>All deaths which can be caused by smoking</b>		<b>133,291</b>	<b>49,700</b>	<b>37</b>	<b>133,889</b>	<b>33,100</b>	<b>25</b>
<b>Cancers which can be caused by smoking</b>		<b>37,117</b>	<b>23,700</b>	<b>64</b>	<b>28,658</b>	<b>13,500</b>	<b>47</b>
Lung	C33-C34	15,800	13,800	88	11,856	8,900	75
Upper respiratory sites	C00-C14,C32	1,602	1,200	76	647	400	56
Oesophagus	C15	3,904	2,700	70	2,042	1,300	63
Cervical	C53	.	.	.	701	100	12
Bladder	C67	2,776	1,300	45	1,347	400	30
Kidney	C64-C66,C68	1,856	700	35	1,161	100	9
Stomach	C16	2,660	700	26	1,573	200	13
Pancreas	C25	3,099	700	24	3,282	900	27
Unspecified site	C80	4,267	2,300	54	5,111	1,200	23
Myeloid leukaemia	C92	1,153	300	23	938	100	10
<b>Respiratory diseases which can be caused by smoking</b>		<b>22,037</b>	<b>11,800</b>	<b>54</b>	<b>26,375</b>	<b>10,500</b>	<b>40</b>
Chronic obstructive lung disease	J40-J44	11,552	9,300	80	10,616	8,300	78
Pneumonia	J10-J18	10,485	2,500	24	15,759	2,200	14
<b>Circulatory diseases which can be caused by smoking</b>		<b>72,859</b>	<b>13,500</b>	<b>19</b>	<b>77,470</b>	<b>8,500</b>	<b>11</b>
Other Heart Disease	I00-I09, I26-I51	9,027	1,700	19	13,476	1,500	11
Ischaemic heart disease	I20-I25	41,620	6,800	16	32,446	3,600	11
Other arterial disease	I72-78	1,095	200	18	1,517	300	20
Cerebrovascular disease	I60-I69	16,566	2,000	12	26,816	1,500	5
Aortic aneurysm	I71	4,354	2,800	64	2,859	1,700	58
Atherosclerosis	I70	197	100	29	356	0	13
<b>Diseases of the digestive system which can be caused by smoking</b>		<b>1,278</b>	<b>700</b>	<b>54</b>	<b>1,386</b>	<b>700</b>	<b>48</b>
Stomach/duodenal ulcer	K25-K27	1,278	700	54	1,386	700	48

1. Registered Deaths among adults aged 35 and over

2. See Appendix C for methodology

3. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding

4. Estimated attributable percentages are based on unrounded attributable estimates

**Sources:**

Mortality Statistics Extract, 2008. Office for National Statistics (ONS)

General Household Survey, 2006. Office for National Statistics (ONS)

Health Profile of England, 2007. Department of Health

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## 6 Smoking-related costs

### 6.1 Introduction

This chapter focuses on the various costs associated with smoking including the estimated costs to the NHS, costs of NHS Stop Smoking Services and pharmacotherapies used to help people stop smoking, the affordability and availability of tobacco and expenditure on tobacco.

Figures are presented for the number of prescription items and the Net Ingredient Costs (NIC) of pharmacotherapies prescribed by GPs and other non-medical prescribers in England and dispensed within the community. These figures are produced using Prescription Analysis and Cost (PACT) data, which are accessed from the Prescription Pricing Division (PPD) of the Business Services Authority (BSA) by the NHS Information Centre<sup>1</sup>.

Information on tobacco released for home consumption and rates of tax on tobacco are extracted from Her Majesty's Revenue and Customs (HMRC) Statistical Bulletins<sup>2</sup>.

Data on tobacco and cigarette smuggling and seizures have been obtained from Her Majesty's Revenue & Customs Departmental Autumn Performance Report 2007<sup>3</sup>. Peoples' views on tax increases are also included using information from the publication, Smoking-related Behaviour and Attitudes, 2007<sup>4</sup> as seen in [Chapter 4](#).

The affordability of tobacco is described using information on tobacco price and retail price indices taken from the Office for National Statistics (ONS) publication: Focus on Consumer Price Indices<sup>5</sup> and households' disposable income data published by ONS in Economic Trends<sup>6</sup>.

Data on expenditure on tobacco and household expenditure are taken from two sources; the ONS Consumer Trends<sup>7</sup> and the Expenditure and Food Survey (EFS). ONS Consumer Trends give annual figures for UK household expenditure on tobacco as well as total household expenditure. The EFS is commissioned by ONS and the

Department for Environment, Food and Rural Affairs (DEFRA), and is a continuous household survey that provides data on households' weekly expenditure, including spending on cigarettes. As part of the survey, respondents are required to keep a two week diary on expenditure. As diary based surveys can have problems with under-reporting, the data is used in this chapter to give an indication of changing trends in expenditure on cigarettes over time. Results from the EFS can be found in the 2007 Family Spending report published by ONS<sup>8</sup>.

### 6.2 Costs to the NHS

#### 6.2.1 Estimated costs to the NHS

Illness and disease associated with smoking gives rise to costs in the NHS. Direct costs of smoking arise from GP consultations, prescriptions for drugs and from various costs related to treating diseases attributable to smoking. Research carried out by the Centre for Health Economics at the University of York<sup>9</sup> in 1998 has shown that the cost to the NHS of treating diseases caused by smoking is estimated to be between £1.4 and £1.5 billion a year. Although this research is almost ten years old, it does give an indication of the scale of the cost of treating smoking-related illnesses. It is also important to consider that these are costs of treating smoking-related illnesses and do not include costs related to working days lost or social security ill health payments for example, nor do they include any costs related to the effects of second-hand smoking.

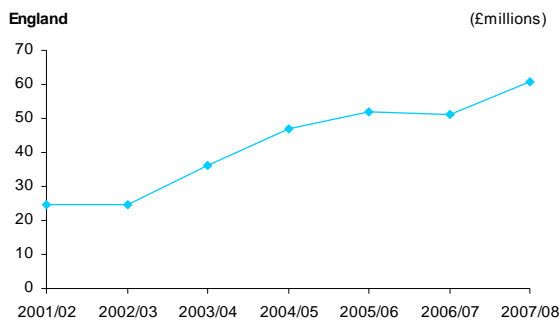
#### 6.2.2 NHS Stop Smoking Services costs

NHS Stop Smoking Services costs are taken from the most recently available information published in Statistics on NHS Stop Smoking Services in England, April 2007 to March 2008<sup>10</sup>. NHS Stop Smoking Services are described in [Chapter 4](#) and in [Appendix A](#).

The total expenditure on NHS Stop Smoking Services in England in 2007/08 (excluding Nicotine Replacement Therapy (NRT), bupropion (Zyban) and varenicline (Champix) prescriptions) was almost £61 million.

The cost per quitter was £173 in 2007/08. The cost per quitter has increased by 8% since 2006/07 but is down overall since 2001/02 when the cost per quitter was £206 (Table 6.1, Figure 6.1).

**Figure 6.1 Expenditure on NHS Stop Smoking Services, 2001/02 to 2007/08**



Source: Lifestyle Statistics. The NHS Information Centre, 2008

### 6.2.3 Pharmacotherapy costs

In total, there were 2.5 million prescription items to help people stop smoking in 2007/08. Of these, 1.8 million were for Nicotine Replacement Therapy (NRT), 107 thousand for bupropion and 612 thousand for varenicline. Prescription items for both NRT and bupropion have decreased since 2006/07.

In 2007/08 the Net Ingredient Cost (NIC) of all pharmacotherapies used to help people quit smoking was just over £61 million. This compares to £45 million in 2006/07 and £16 million in 2000/01. The increase between 2006/07 and 2007/08 is due to the introduction of varenicline in late 2006.

**The Net Ingredient Cost (NIC) of all pharmacotherapies in England was £61 million in 2006/07 compared with £16 million in 2000/01**

The average NIC per item was £25 in 2007/08, slightly higher than in 2006/07

when it was £22 but 34% lower than in 2000/01 (£38) (Table 6.2).

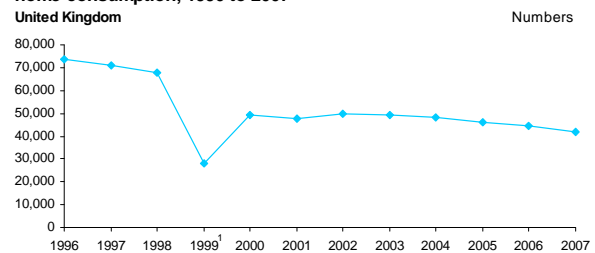
In addition to the information presented in this chapter, analysis of costs of pharmacotherapies to help people quit smoking by Strategic Health Authority is included in the Statistics on NHS Stop Smoking Services in England, April 2007 to March 2008<sup>10</sup>.

## 6.3 Availability and affordability of tobacco

### 6.3.1 Tobacco released for home consumption

Information on the quantities of tobacco released for home consumption is collected by Her Majesty's Revenue and Customs and relates to the United Kingdom as a whole. Releases of cigarettes, both home produced and imported, have fallen since the mid 1990s; although much of the decline, among home produced cigarettes, occurred before 2000. Since 1996, releases of hand-rolling tobacco have increased by 61% since 1996. This reflects findings in Chapter 2 which showed marked increases in the proportion of adults who smoke hand-rolling tobacco (Table 6.3, Figure 6.2).

**Figure 6.2 Quantities of home produced tobacco released for home consumption, 1996 to 2007**



Source: Statistical Bulletin: Tobacco duties. Her Majesty's Revenue and Customs

1. Please see footnote 4 on table 6.3 in this report for information on figures for 1999

### 6.3.2 Tobacco smuggling

Smuggling is estimated to cost taxpayers as much as £3 billion a year in lost revenue. In March 2000, the government announced its Tackling Tobacco Smuggling Strategy<sup>11</sup> when the illicit market share of cigarettes was estimated to be 21%. As reported in the HMRC Departmental Autumn Performance Report 2007<sup>3</sup>, the strategy aims to reduce smuggled cigarettes to represent no more



than 13% of the total market by 2007/08. Latest estimates from the HMRC show a continuing decline in the illicit market share of smuggled cigarettes, suggesting it was between 8% and 18% in 2005/06. By comparison, around half (50%-62%) of hand-rolled tobacco (HRT) smoked in Britain was thought to be illicit in 2005/06<sup>3</sup>.

In 2006/07, 1.9 billion cigarettes were reported to have been seized almost 143 million less than in 2005/06. Of the 1.9 billion cigarettes seized, 580 million cigarettes were seized overseas and 1,309 million cigarettes were seized in the UK at airports, seaports, from cross channel passengers on all routes and inland. Of these seizures, 70% were counterfeit cigarettes<sup>3</sup>. In addition, 228 tonnes of HRT were seized (Table 6.4).

In 2006/07 around 2 billion smuggled cigarettes were seized

### 6.3.3 Taxation on tobacco

The price of tobacco is an important factor affecting tobacco consumption. Increasing levels of tax on cigarettes can reduce consumption because people can respond to the price increase by giving up, cutting down or never starting. Since the end of 1996, rates of duty on cigarettes have increased by almost 70% from £65.97 per 1,000 cigarettes to £112.07 in 2008, whilst rates on HRT have only seen an increase of around 34% from £87.74 per kilogram to £117.32 in the same period (Table 6.5).

Respondents of the 2007 ONS Omnibus survey on smoking-behaviour and attitudes (as described in Chapter 4) were asked how they thought tax increases directed at smokers should relate to inflation. Just over half (51%) of respondents said that tax on tobacco should be increased by more than the rate of inflation. However, this view varied between smokers and non-smokers with 19% of current smokers saying that taxation should be increased by more than the rate of inflation, compared with 64% of those who had never smoked regularly<sup>4</sup>.

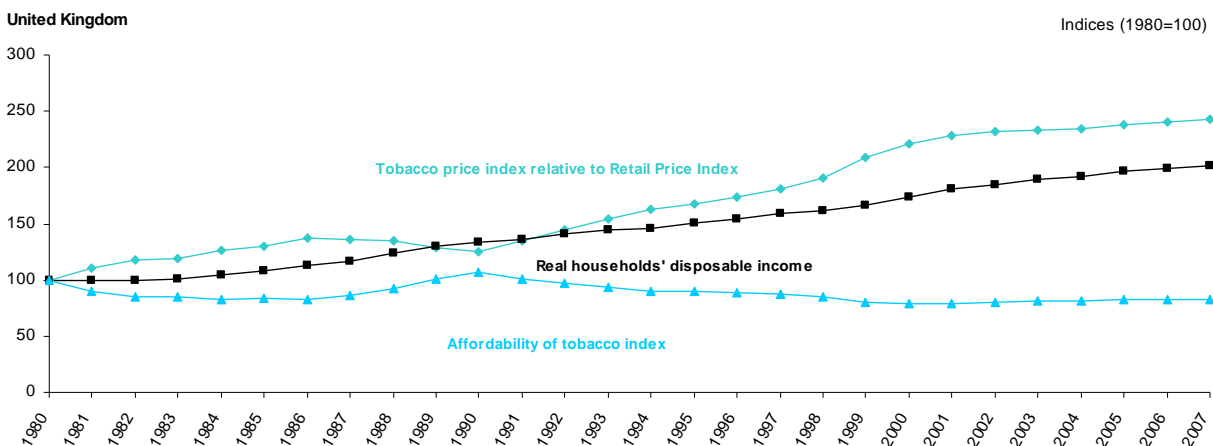
### 6.3.4 Affordability of tobacco

In the UK, prices of tobacco, as measured by the Tobacco Price Index, have increased more than the Retail Price Index (RPI) since 1980 (an arbitrarily chosen base year). In 2007, the price of tobacco in the UK was over seven and a half times its price in 1980, whereas the RPI has increased by just over three times over the same period. When inflation is taken into account, the increase in price of tobacco was 143% over this period.

In the same period of time, household disposable income has doubled in real terms (that is taking inflation into account). This means that in 2007 tobacco was nearly 17% less affordable than it was in 1980. (Table 6.6, Figure 6.3).

Further details of the tobacco affordability calculations and a worked example are presented in Appendix A.

Figure 6.3 Affordability of tobacco, 1980 to 2007



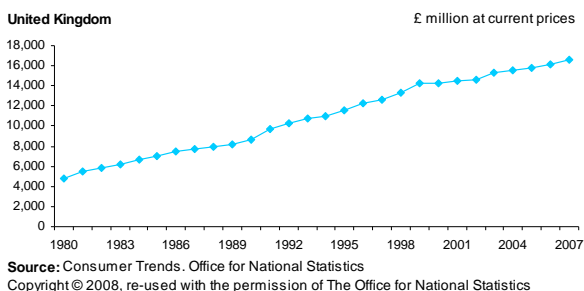
Source: Focus on Consumer Price Indices, Office for National Statistics and Economic Trends, Office for National Statistics  
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**In 2007, tobacco was 17% less affordable than it was in 1980**

## 6.4 Spending on tobacco

Figure 6.4 shows the rise in total UK household expenditure on tobacco which reached £16.6 billion in 2007. During the period 1980 to 2007, total household expenditure on tobacco has more than trebled while expenditure on tobacco as a proportion of total household expenditure has decreased overall (from 3.6% in 1980 to 2.0% in 2007) (Table 6.7, Figure 6.4).

Figure 6.4 Household expenditure on tobacco, 1980 to 2007



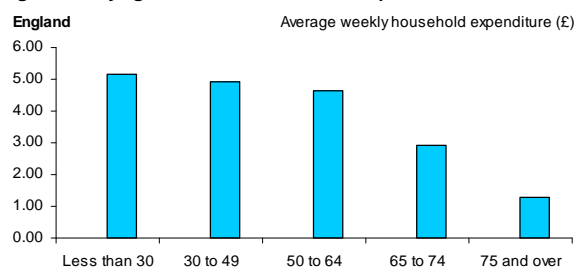
**UK households spent an estimated £16.6 billion on tobacco in 2007**

Results from the 2007 Family Spending report show that the average weekly household expenditure on cigarettes in Great Britain in 2006/07 was £4.20, slightly more than in 2005/06 when it was reported to be £4.10<sup>12</sup>. It is estimated that around a quarter of this is spent in large supermarkets (£1.10 per week), with the rest being spent in other outlets<sup>8</sup>.

The relationship seen in previous chapters between age and smoking are reflected in

these figures on household spending. For example, younger people (aged under 30), reported spending more on cigarettes than those in older age groups; £5.20 for those aged under 30 compared with £1.30 spent by those aged 75 or over<sup>8</sup>. As total household expenditure varies between the different age groups, it is useful to look at spending on cigarettes as a proportion of total spending. The same pattern is reflected; for younger people (under 30) 1.2% of total expenditure is spent on cigarettes, whereas for the oldest age group the figure is 0.6%<sup>8</sup>. This reflects findings in Chapter 2 which show that smoking prevalence is much higher among the 20 to 34 age group compared to older age groups (Figure 6.5).

Figure 6.5 Average weekly household expenditure on cigarettes by age of household reference person, 2006/07



In order to examine expenditure patterns between different income groups, in the Expenditure and Food Survey 2007, household incomes have been ranked in ascending order and divided into deciles, with households with the lowest incomes in the lowest income decile. Average expenditure on cigarettes as a percentage of total average household weekly expenditure is seen to be highest in the lowest income decile (1.6%) and lowest in the highest income decile (0.4%) (Table 6.8).



## Summary: Smoking-related costs

This chapter has shown that costs to the NHS of treating illness and disease associated with smoking were estimated to be between £1.4 and £1.5 billion a year.

In 2007/08 the Net Ingredient Cost (NIC) of pharmacotherapies used to help people stop smoking was around £61 million and a similar amount was spent on the NHS Stop Smoking Services.

Quantities of tobacco released for consumption continue to decrease, however releases of hand-rolling tobacco have increased.

There has been a decline in the illicit market share of smuggled cigarettes.

Tax on tobacco continues to increase, with many people agreeing that tax on tobacco should be increased by more than the rate of inflation. This view varies between smokers and non-smokers, with a higher proportion of non-smokers agreeing that taxation should be increased by more than the rate of inflation.

Due to increasing prices, tobacco is less affordable now than it was in 1980 and households continue to spend more each year on tobacco although expenditure on tobacco as a proportion of household expenditure has decreased over the same period. Most recent trends from self-completion diaries show some decline in household expenditure on tobacco.

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## List of tables

- 6.1 People successfully quit, total expenditure and cost per quitter for NHS Stop Smoking Services, 2001/02 to 2007/08
- 6.2 Prescription items and Net Ingredient Cost of pharmacotherapies prescribed by GPs and other non-medical prescribers to help people quit smoking, by type of pharmacotherapy received, 2000/01 to 2007/08
- 6.3 Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2007
- 6.4 Tobacco seizures, 2001/02 to 2006/07
- 6.5 Tobacco rates of duty, by type of tobacco product, 1996 to 2008
- 6.6 Affordability of tobacco, 1980 to 2007
- 6.7 Household expenditure on tobacco at current prices, 1980 to 2007
- 6.8 Household expenditure on cigarettes by gross income decile group, 2006/07

**Table 6.1 People successfully quit<sup>1</sup>, total expenditure<sup>2</sup> and cost per quitter<sup>3</sup> for NHS Stop Smoking Services, 2001/02 to 2007/08**

England	Numbers / £						
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Number successfully quit (self-report)	119,834	124,082	204,876	298,124	329,681	319,720	350,800
Total expenditure (£000s)	24,694	24,499	36,201	47,069	51,927	51,234	60,806
Cost per quitter (£)	206.07	197.44	176.70	157.89	157.51	160.25	173.34

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Total expenditure and cost per quitter excludes NRT, bupropion (Zyban) and varenicline (Champix) on prescription

3. Financial figures presented do not take into account inflation and are presented in cash terms only

**Source:**

Lifestyle Statistics. The NHS Information Centre, 2008

**Table 6.2 Prescription items<sup>1</sup> and Net Ingredient Cost<sup>2</sup> of pharmacotherapies prescribed by GPs and other non-medical prescribers to help people quit smoking, by type of pharmacotherapy received<sup>3</sup>, 2000/01 to 2007/08<sup>4</sup>**

England <sup>6,7</sup>	Numbers/£ <sup>8</sup>			
	All pharmacotherapies <sup>3</sup>	Nicotine Replacement Therapies (NRT)	Bupropion (Zyban)	Varenicline (Champix) <sup>5</sup>
<b>Number of prescription items (000s)</b>				
2000/01	411	44	367	.
2001/02	1,178	989	189	.
2002/03	1,292	1,169	124	.
2003/04	1,599	1,480	118	.
2004/05	2,044	1,908	136	.
2005/06	2,205	2,076	129	.
2006/07	2,079	1,938	119	22
2007/08	2,475	1,756	107	612
<b>Net Ingredient Cost (NIC) (£000s)</b>				
2000/01	15,624	930	14,694	.
2001/02	28,988	21,719	7,269	.
2002/03	30,359	25,630	4,729	.
2003/04	37,019	32,486	4,534	.
2004/05	46,093	40,942	5,151	.
2005/06	48,092	43,465	4,627	.
2006/07	44,817	39,743	4,315	760
2007/08	61,479	35,883	3,882	21,714
<b>Average Net Ingredient Cost (NIC) per item (£)</b>				
2000/01	38	21	40	.
2001/02	25	22	38	.
2002/03	23	22	38	.
2003/04	23	22	38	.
2004/05	23	21	38	.
2005/06	22	21	36	.
2006/07	22	21	36	34
2007/08	25	20	36	35

1. Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item

2. The Net Ingredient Cost (NIC) of all pharmacotherapies is the basic cost of the treatments and does not take account of discounts, dispensing costs, fees or prescription charge income

3. All pharmacotherapies includes Nicotine Replacement Therapy (NRT), bupropion (Zyban) and Varenicline (Champix)

4. These data are PACT (Prescription Analysis and Cost) data from the Prescription Pricing Division (PPD) of the NHS Business Services Authority, accessed by The Information Centre. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community. PACT data only covers NRT, Bupropion and Varenicline Tartrate received on prescription. It does not include NRT obtained via other sources such as local voucher schemes, patient group directive or purchased over the counter. Bupropion and Varenicline Tartrate are only available on prescription so should not be obtained via other sources.

5. Varenicline (Champix) was first introduced towards the end of 2006/07. Data shown for 2007/08 represents the first full year of data for this treatment. See Appendix D for further information

6. Prescriptions written in England but dispensed outside England are included

7. Including unidentified Doctors (not possible for the Prescription Pricing Division of the Business Service Authority to allocate to a SHA)

8. Financial figures presented do not take into account inflation and are presented in cash terms only

**Source:**

Prescribing Analysis and Cost (PACT) from the Prescription Pricing Division of the Business Service Authority (PPD of the BSA). The NHS Information Centre

**Table 6.3 Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2007**

	United Kingdom					Numbers
	Cigarettes (million sticks)		Other Tobacco Products (000 kg)			
	Home Produced	Imported	Cigars	HRT <sup>1</sup>	Other <sup>2</sup>	
1996 <sup>3</sup>	73,752	9,531	1,499	2,264		1,275
1997 <sup>3</sup>	71,088	9,887	1,418	1,893		1,164
1998	67,770	7,518	1,286	1,812		1,053
1999 <sup>4</sup>	28,166	6,006	963	2,028		679
2000	49,341	7,304	1,061	2,154		796
2001	47,689	6,828	1,019	2,825		750
2002	49,574	6,514	969	2,864		688
2003	49,096	4,856	902	2,893		589
2004	48,166	4,454	826	3,052		549
2005	45,922	4,322	758	3,189		499
2006	44,392	4,570	689	3,454		439
2007	41,955	3,794	602	3,644		398

1. Hand-rolling tobacco

2. Other smoking and chewing tobacco

3. 1996 and 1997 were included in previous editions of the Statistical Bulletin: Tobacco duties

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

**Source:**

Statistical Bulletin: Tobacco duties. Her Majesty's Revenue and Customs (HMRC)

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**Table 6.4 Tobacco seizures, 2001/02 to 2006/07**

United Kingdom	Million cigarettes / tonnes					
	2001/02	2002/03 <sup>1</sup>	2003/04	2004/05	2005/06	2006/07
<b>Total cigarettes seized of which:</b>	2,596	1,898	1,779	1,991	2,049	1,906
Overseas seizures	919	641	728	1,008	837	580
Air seizures	284	263	207	243	343	367
Inland seizures	227	186	201	130	177	256
Maritime seizures	1,128	787	621	588	691	686
Cross channel passenger seizures <sup>2</sup>	38	21	22	22	18	17
HRT <sup>3</sup> seized (tonnes)	385	258	185	166	160	228

1. For 2002/03 individual seizures of over 500,000 (76% of all seizures in the UK)

2. In 2005/06 cross channel seizures are included in the figure for maritime seizures

3. Hand-rolling tobacco

**Source:**

HM Revenue & Customs Departmental Autumn Performance Report 2007

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**Table 6.5 Tobacco rates of duty, by type of tobacco product, 1996 to 2008**

United Kingdom				£
Date of Change	Specific £ per 1000 sticks	Cigars £ per kg	HRT <sup>1</sup> £ per kg	Other <sup>2</sup> £ per kg
26/11/96	65.97	98.02	87.74	43.10
01/12/97	72.06	105.86	87.74	46.55
01/12/98	77.09	114.79	87.74	50.47
09/03/99	82.59	122.06	87.74	53.66
21/03/00	90.43	132.33	95.12	58.17
07/03/01	92.25	134.69	96.81	59.21
17/04/02	94.24	137.26	98.66	60.34
09/04/03	96.88	141.10	101.42	62.03
17/03/04	99.80	145.35	104.47	63.90
16/03/05	102.39	149.12	107.18	65.56
22/03/06	105.10	153.07	110.02	67.30
21/03/07	108.65	158.24	113.74	69.57
12/03/08	112.07	163.22	117.32	71.76

1. Hand-rolling tobacco

2. Other smoking and chewing tobacco

**Source:**

Statistical Bulletin: Tobacco duties. Her Majesty's Revenue and Customs (HMRC). 2008

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**Table 6.6 Affordability of tobacco, 1980 to 2007<sup>1</sup>**

	United Kingdom					Indices (1980 = 100)
	Tobacco price index	Retail price index (all items)	Tobacco price index relative to retail price index (all items)	Real households' disposable income	Affordability of tobacco index	
1980	100.0	100.0	100.0	100.0	100.0	
1981	123.5	111.9	110.4	99.5	90.2	
1982	142.5	121.5	117.3	99.2	84.6	
1983	152.0	127.1	119.6	101.2	84.6	
1984	168.6	133.4	126.4	105.0	83.1	
1985	183.5	141.5	129.7	108.6	83.7	
1986	201.6	146.3	137.8	113.0	82.1	
1987	208.0	152.4	136.5	117.2	85.9	
1988	214.9	159.9	134.4	123.6	92.0	
1989	221.1	172.3	128.3	129.4	100.9	
1990	236.1	188.6	125.1	133.8	106.9	
1991	270.0	199.7	135.2	136.5	101.0	
1992	299.7	207.2	144.6	140.5	97.1	
1993	325.0	210.5	154.4	144.2	93.4	
1994	349.6	215.6	162.2	146.3	90.2	
1995	373.0	223.1	167.2	150.1	89.8	
1996	398.0	228.4	174.2	153.7	88.2	
1997	427.3	235.6	181.3	159.5	88.0	
1998	464.1	243.7	190.4	161.9	85.0	
1999	517.3	247.4	209.0	166.4	79.6	
2000	562.0	254.8	220.6	173.8	78.8	
2001	592.5	259.3	228.5	181.3	79.3	
2002	610.4	263.6	231.6	184.4	79.6	
2003	632.0	271.2	233.0	188.9	81.1	
2004	654.6	279.3	234.4	192.1	81.9	
2005	683.1	287.2	237.8	197.7	83.1	
2006	713.7	296.4	240.8	199.5	82.8	
2007	751.5	309.1	243.1	202.0	83.1	

1. See Appendix A for affordability calculations

**Sources:**

Tobacco price index, and Retail Price Index (all items): Focus on Consumer Price Indices: tables 2.1, 4.1 and 4.10 (Codes CBAB, CHBE, CHAW). Office for National Statistics

Real Households' Disposable Income: Economic Trends, table 2.5 (Code NRJR). Office for National Statistics

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**Table 6.7 Household expenditure<sup>1</sup> on tobacco at current prices, 1980 to 2007**

United Kingdom	£ million at current prices / Percentages		
	Household expenditure on tobacco	Total household expenditure	Expenditure on tobacco as a percentage of expenditure
1980	4,821	132,128	3.6
1981	5,515	146,508	3.8
1982	5,881	160,266	3.7
1983	6,209	175,908	3.5
1984	6,622	188,586	3.5
1985	7,006	205,737	3.4
1986	7,485	227,812	3.3
1987	7,665	250,274	3.1
1988	7,936	282,777	2.8
1989	8,170	310,168	2.6
1990	8,649	336,265	2.6
1991	9,648	358,107	2.7
1992	10,280	377,780	2.7
1993	10,759	399,875	2.7
1994	10,933	419,825	2.6
1995	11,519	441,085	2.6
1996	12,265	472,711	2.6
1997	12,648	501,290	2.5
1998	13,363	534,153	2.5
1999	14,292	567,994	2.5
2000	14,222	600,826	2.4
2001	14,458	632,496	2.3
2002	14,622	664,562	2.2
2003	15,270	697,160	2.2
2004	15,500	732,531	2.1
2005	15,729	760,869	2.1
2006	16,105	793,675	2.0
2007	16,640	838,285	2.0

1. Figures include estimates for smuggled goods

**Source:**

Consumer Trends (Table 02.CS: code ZWUO; and table 0.CS: code ABJQ). Office for National Statistics

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**Table 6.8 Household expenditure on cigarettes by gross income decile group, 2006/07**

Great Britain	Average weekly household expenditure (£) / Percentages										
	All Income deciles	1	2	3	4	5	6	7	8	9	10
Cigarettes (£)	4.20	2.50	2.90	3.90	4.20	5.10	4.90	5.50	4.70	4.60	3.40
Total Household expenditure (£)	455.9	155.60	199.80	271.40	333.00	380.20	438.10	506.90	594.10	715.50	964.40
<i>Average expenditure on tobacco as a percentage of total household expenditure</i>	<i>0.9</i>	<i>1.6</i>	<i>1.5</i>	<i>1.4</i>	<i>1.3</i>	<i>1.3</i>	<i>1.1</i>	<i>1.1</i>	<i>0.8</i>	<i>0.6</i>	<i>0.4</i>

**Source:**

Family Spending 2007. Expenditure and Food Survey. Office for National Statistics

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# Appendix A: Key sources

## General Household Survey

The General Household Survey (GHS) is a continuous survey carried out by the Office for National Statistics (ONS). It collects information on a range of topics from people living in private households in Great Britain. Questions about smoking were included in the survey in alternate years since 1974. Following a review of the GHS, questions on smoking have been included in the questionnaire every year from 2000 onwards.

The GHS 2006 is the latest report available and presents information about trends in cigarette smoking. It also discusses variations according to personal characteristics such as sex, age, socio-economic classification and economic activity status.

It is probable that the GHS underestimates both cigarette consumption and prevalence, within all age groups but under reporting of prevalence is most likely to occur among younger people. To protect their privacy, particularly when being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves.

Weighting to compensate for non-response was introduced into the GHS in 1998. The effect of weighting on the smoking data is slight, increasing overall prevalence of cigarette smoking by one percentage point each year.

Figures published using the GHS data on smoking nearly always relate to Great Britain, and therefore differ from those shown in this report, which unless stated, cover England only. Most of the England figures presented in this report have been obtained by re-analysing the GHS dataset.

Although other surveys collect data on smoking prevalence, the GHS is the preferred source for reporting smoking prevalence due to the large sample size and nature of the survey.

## Move to calendar year

Previous GHS reports were based on data collected over a full financial year from April to the following March. In 2005, the timeframe for the survey was changed from a financial year basis to calendar year basis. Where questions were the same in 2005 as in 2004/05, the final quarter of the 2004/05 collection has been added to the nine months of the 2005 survey data in order to provide estimates based on a full calendar year, and to ensure any seasonal variation is accounted for.

## Longitudinal data

Another change in 2005 was that, in line with European requirements, the GHS adopted a longitudinal sample design, in which households remain in the sample for four years (waves) with one quarter of the sample being replaced each year. Thus approximately three quarters of the 2005 sample were re-interviewed in 2006. A major advantage of the longitudinal component of the design is that it is more efficient at detecting statistically significant estimates of change over time than the previous cross-sectional design. This is because an individual's responses to the same question at different points in time tend to be positively correlated, and this reduces the standard errors of estimates of change.

Data from the GHS are presented in Chapters 2 and 5.

General Household Survey 2006: Smoking and Drinking among Adults, 2006. Office for National Statistics. Available at:  
[www.statistics.gov.uk/downloads/theme\\_compendia/GHS06/Smokinganddrinkingamongadults2006.pdf](http://www.statistics.gov.uk/downloads/theme_compendia/GHS06/Smokinganddrinkingamongadults2006.pdf)

### Infant Feeding Survey

Statistics on smoking behaviour among women before and during pregnancy are available from the Infant Feeding Survey. The Infant Feeding Survey (IFS) covers the population of new mothers in the United Kingdom and is carried out every 5 years, the first in 1975. In 2005, the survey was conducted by the British Market Research Bureau (BMRB) with an initial sample size of around 12,290.

The main aim of the survey is to provide figures on the incidence, prevalence and duration of breastfeeding and other feeding practises. The survey also collects information on the smoking and drinking behaviours of women before, during and after pregnancy.

Three categories of smoking behaviour are used in the IFS 2005 as follows:

- i. Smoking before or during pregnancy is the proportion of women who smoked at all in the two years before they completed the survey. This roughly covers the period of their pregnancy plus the year before conception.
- ii. Smoking throughout pregnancy is the proportion of women who smoked in the two years before they completed the survey, and who were smoking at the time of their baby's birth. It included women who may have given up smoking before or during their pregnancy, but who had restarted before the birth.
- iii. Gave up smoking before or during pregnancy is the proportion of women who smoked in the two years before they completed the survey and who gave up during this period and had not restarted before the birth of the baby.

It should be noted that the key interest of the survey is to measure smoking behaviour immediately before or during pregnancy and any changes that occur over this period. Therefore, the measures reported are not directly comparable with other surveys which tend to report current smoking status (i.e. whether the respondent is smoking at the time they complete the survey).

Information from the IFS is presented in Chapter 2.

Infant Feeding Survey 2005. The Information Centre. May 2007.

Available at:

[www.ic.nhs.uk/pubs/ifs2005](http://www.ic.nhs.uk/pubs/ifs2005)

### Health Survey for England

The Health Survey for England (HSE) comprises of a series of annual surveys of which the 2006 survey is the Sixteenth. All of the surveys have covered the adult population aged 16 and over living in private households in England. Since 1991, the HSE has included questions related to smoking.

The HSE is part of a programme of surveys commissioned by The Information Centre, and prior to April 2005, by the Department of Health, and provides regular information on various aspects of the public's health.

Each survey consists of core questions and measurements (e.g. blood pressure and analysis of blood samples) plus modules of questions on specific issues that change periodically such as cardiovascular disease or on specific population groups such as older people or ethnic minorities.

In 1999, the survey concentrated on the health of adults in six minority ethnic groups: Black Caribbean, Indian, Pakistani, Bangladeshi, Chinese and Irish. In 2004, the survey once again investigated the health of minority ethnic groups; the category of Black African was added to the six groups in the 1999 survey.

In addition to the information included from the HSE 2006, some information from the HSE 2004 which focused on ethnic minorities has also been included due to the large sample size.

Data from the HSE are used in Chapter 2

Health Survey for England 2004: Health of Ethnic Minorities. The Information Centre. Available at:

[www.ic.nhs.uk/pubs/hse04ethnic](http://www.ic.nhs.uk/pubs/hse04ethnic)

Health Survey for England 2006: CVD and risk factors adults, obesity and risk factors children. The NHS Information Centre. Available at:

[www.ic.nhs.uk/pubs/HSE06CVDandriskfactors](http://www.ic.nhs.uk/pubs/HSE06CVDandriskfactors)

### **Drug Use, Smoking and Drinking among Young People in England in 2007**

Between 1982 and 2003, surveys of secondary school children in England were carried out for the Department of Health. This was done by the Office of Population Census and Surveys (OPCS) between 1982 and 1994, by the Office for National Statistics (ONS) between 1994 and 1999 and by the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) between 2000 and 2003. Since 2004, the survey has been run by NatCen and NFER on behalf of The NHS Information Centre.

The surveys were conducted biennially until 1998 but are now annual. Each year the survey includes a core set of questions on smoking, drinking and drug use. From 2000 the remainder of the questionnaire focuses in alternate years on either smoking and drinking, or drug use. From 1982 to 1988, the survey was solely concerned with monitoring trends of young people and smoking. In 1988, questions on alcohol consumption were added and have been included in the survey ever since. The 1998 survey was expanded to include questions on drug use. The most recent survey in the series, Smoking, Drinking and Drug Use among Young People in England in 2007 (SDD07) focuses on drugs.

The target population for the survey is secondary school children in England, in years 7 to 11, from almost all types of school (comprehensive, secondary modern, grammar and other secondary schools), both state and public. Only special schools and hospital schools are excluded from the survey.

The survey uses a stratified design in which every eligible child has an equal chance of inclusion in the study. The survey is conducted using a confidential questionnaire, which the pupils fill in individually. Fieldwork of the most recent survey (SDD07) was carried out during the autumn term of 2007 and 273 schools agreed to take part in the survey, resulting in 7,831 completed questionnaires.

Results from this survey are presented in Chapter 3 and Chapter 4.

Drug Use, Smoking and Drinking among Young People in England in 2007. The Information Centre, 2006. Available at:

[www.ic.nhs.uk/pubs/SDD07fullreport](http://www.ic.nhs.uk/pubs/SDD07fullreport)

### **Mental Health and young people**

A series of surveys exist on the mental health of young people living in private households in Great Britain, as well as those looked after by local authorities in England.

Mental Health of Children and Young People in Great Britain, 2004 carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive provides information about the prevalence of mental disorders among young people in Great Britain living in private households. The survey examines the relationship between mental disorder and aspects of children's lives, including the prevalence of smoking. It was carried out between March and June 2004 and a sample size of around 8,000 children and young people aged 5-16 was achieved.

The report uses the term 'mental disorders' as defined by the International Classification of Diseases, tenth revision (ICD-10). Questions on smoking were asked of those young people aged 11- 16, based on questions used in the surveys of Smoking, Drinking and Drug Use among Young People (SDD). Answers between the two series of surveys are not directly comparable as they report on different geographical areas and the mental health series interviews children within the home, where they are more likely to under-report their smoking behaviour than when being interviewed at school, as with SDD. The report can be used to draw comparisons of smoking behaviour between children with a disorder and children who do not have any disorder.

An earlier survey in the series, on the mental health of young people looked after by local authorities in England in 2003, reports on the prevalence of smoking among those looked after by local authorities and provides a breakdown of prevalence by various mental disorders. Questions on cigarette smoking were asked of young people aged 11-17 years.

Data on mental health and children can be found in Chapter 3.

Mental Health of Children and Young People in Great Britain, 2004. Office for National Statistics. Available at:

[www.statistics.gov.uk/statbase/product.asp?vlnk=14116](http://www.statistics.gov.uk/statbase/product.asp?vlnk=14116)

The Mental Health of Young People looked after by Local Authorities in England, 2002. Office for National Statistics. Available at:

[www.statistics.gov.uk/statbase/Product.asp?vlnk=10432](http://www.statistics.gov.uk/statbase/Product.asp?vlnk=10432)

### **Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use among 13 and 15 Year Olds in Scotland in 2006**

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) was established by the Scottish Executive to provide a broad-based approach to the monitoring of substance use in the context of other lifestyle, health and social factors.

SALSUS continues the national series of biennial surveys of smoking, drinking and drug use among secondary school children which began in 1982 in order to obtain information on smoking. The survey became known as the Scottish Schools Adolescent and Lifestyle Survey (SALSUS) in 2002 with the introduction of other lifestyle and social factors. As in 2002, the survey in 2006 was designed to allow reporting at local as well as national level. All secondary schools (both state and independent) were invited to take part in SALSUS, with a target sample of 23,000 pupils.

Results from this survey are presented in Chapter 3

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) - National Report 2006. The Scottish Executive. Available at:

[http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus\\_national06.htm](http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national06.htm)



## NHS Stop Smoking Services

The NHS Stop Smoking Services (formerly known as smoking cessation services) were originally set up in 1999/2000 in the 26 Health Action Zones (HAZ), to help people quit smoking. They were rolled out across the NHS to the rest of England in 2000/01.

NHS Stop Smoking Services provide counseling and support to smokers wanting to quit, complementing the use of stop smoking aids Nicotine Replacement Therapy (NRT) and bupropion (Zyban).

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

Prior to October 2005, Statistics on NHS Stop Smoking Services were collected and published by The Department of Health. This is now the responsibility of The NHS Information Centre.

Statistics on NHS Stop Smoking Services are presented in Chapters 4 and 6.

Current data and information on NHS Stop Smoking Services are available at:  
[www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services](http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services)

Historic data and information on NHS Stop Smoking Services are available at:  
[www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT\\_ID=4032542&chk=GhPZ%2By](http://www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4032542&chk=GhPZ%2By)

## ONS Omnibus Survey

The Omnibus Survey is a multi-purpose continuous survey carried out by the Office for National Statistics on behalf of a range of government departments and other bodies. In 2007, interviews for the smoking module of the survey were conducted with around 1,200 adults aged 16 or over, throughout Great Britain each month, during October and November 2006.

In 2007, data collected included: views about giving up smoking, attempts to give up smoking and attitudes towards smoking restrictions.

The weighting system used for 2007 figures also adjusts for some non-response bias by calibrating the Omnibus sample to ONS population totals. The weighting ensures that the weighted sample distribution across regions and across age-sex groups matches that in the population. Tables in this report show the 2007 estimates and bases weighted to population totals, and the bases are also shown unweighted.

The tables in this report showing time-series data also give 2007 estimates weighted only for unequal probability of selection (as in previous years) to give an indication of the effect of the revised weighting system. There appeared to be little effect on the estimates by introducing the new weighting system. When comparing the 2007 estimates and those from previous years, the 2007 figures used in the commentary are those based on the old weighting system unless figures from previous years aren't quoted. Care should be taken when comparing 2007 estimates based on the new weighting system with those from previous reports using the old weighting system.

Data from the Omnibus survey are used in Chapter 4.

Smoking-related behaviour and attitudes, 2007. Office for National Statistics, 2008.  
Available at:

[www.statistics.gov.uk/downloads/theme\\_health/smoking2007.pdf](http://www.statistics.gov.uk/downloads/theme_health/smoking2007.pdf)

## International Classification of Diseases

The International Classification of Diseases (ICD) is the international standard diagnostic classification for all general epidemiological and many health management purposes. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records.

The illnesses, diseases and injuries suffered by hospital patients are currently recorded using the International Classification of Diseases, Tenth Revision (ICD-10), published by the World Health Organization (WHO). In 1995, the recording of diagnoses changed from the 9th to the 10th revision of the ICD. An alphanumeric coding scheme replaced the numeric one. The regrouping of classifications means that classifications may not map precisely between the two revisions.

Data that use the ICD 10 coding are found in Chapter 5.

## Hospital Episode Statistics

NHS Hospitals and activity performed in the independent sector in England commissioned by the NHS have been recorded using the Hospital Episode Statistics (HES) system since April 1987. Figures presented in Chapter 5 – Smoking-related ill health and mortality, represent finished admission episodes. This is the first period of in-patient care under one consultant within one healthcare provider.

HES data are classified using International Classification of Diseases (ICD). The ICD is the international standard diagnostic classification for all general epidemiological and many health management purposes. It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. The International Classification of Diseases, Tenth Revision (ICD 10), published by the World Health Organisation (WHO) is currently in use.

Data from HES used in the report are for NHS Hospitals and activity performed in the independent sector in England commissioned by the NHS with a primary diagnosis of diseases that can be caused by smoking and use a specific set of ICD-10 codes and diseases. Details of ICD-10 codes used are included in Tables 5.1 to 5.3. The primary diagnosis is defined as the main condition treated or investigated during the relevant episode of healthcare.

The statistics on hospital activity in England are derived from data collected on NHS hospital in-patient care. Thus, they do not fully reflect hospital treatment of patients with smoking-related diagnoses or conditions, as local choice might favour outpatient treatment, for which detailed information is not available.

HES data are shown in Chapter 5.

## ONS mortality statistics

The Office of National Statistics produce an annual extract of mortality statistics to the NHS Information Centre detailing the numbers of deaths by cause in England. Registered deaths in England are classified using ICD 9 to 2000 and by ICD 10 for both 1999, and from 2001 onwards.

ONS mortality data are shown in Chapter 5.

## Smoking-attributable deaths and diseases

Data on smoking-attributable NHS Hospitals and activity performed in the independent sector in England commissioned by the NHS, admissions and deaths for those aged 35 and over are presented in Chapter 5. See [Appendix C](#) for more details on the methodology employed to calculate smoking-attributable admissions and deaths.

## Affordability data

The Tobacco Price Index as seen in Table 6.6 of this report shows how much the average price of tobacco has changed compared with the base price (1980).

The Retail Prices Index (RPI) shows how much the prices of all items have changed compared with the base price (1980).

The Relative Tobacco Price Index is calculated in the following way:

$$(\text{Tobacco Price Index} / \text{Retail Prices Index}) * 100$$

This shows how the average price of tobacco has changed since the base (1980) compared with prices of all items. A value greater than 100 shows that the price of tobacco has increased by more than inflation during that period, for example between 1980 and 2007, the price of tobacco increased by 651.5%. After considering inflation (at 209.1%), tobacco prices increased by 143.1% over the period, as shown by the relative index of 243.1.

Real Households' Disposable Income is an index of the total households' income, less payments of income tax and other taxes, social contributions and other current transfers, converted to real terms (i.e. after dividing by a general price index to remove the effect of inflation).

Affordability of tobacco gives a measure of the relative affordability of tobacco, by comparing the relative changes in the price of tobacco, with changes in Households' Disposable Income over the same period (with both allowing for inflation). It is calculated in the following way:

$$(\text{Real Households' Disposable Income Index} / \text{Relative Tobacco Price Index}) * 100$$

If the affordability index is above 100, then tobacco is relatively more affordable than in the base year, 1980. For example, in 2007 tobacco prices were 651.5% higher than in 1980 but, after taking inflation and households' disposable income into account, tobacco was 16.9% less affordable, as shown by the affordability index of 83.1.

Affordability data can be found in Chapter 6.

## Expenditure and Food Survey

The Expenditure and Food Survey (EFS) is a combination of the Family Expenditure and National Food Surveys (FES and NFS). The EFS provides data on spending and food consumption since the 1950s. In 2006, around 6,650 households in Great Britain took part in the EFS which was conducted by the Office for National Statistics (ONS).

For the 2006 results the survey has moved onto a calendar year basis from the previous financial year basis in preparation for its integration to the Continuous Population Survey (CPS). As a consequence, the January 2006 to March 2006 data are common between the 2005/06 financial

year results (as published in the 2006 Edition of Family Spending) and the 2006 calendar year results.

Historical estimates of household purchases between 1974 and 2000 have been adjusted to align with the level of estimates from the FES in 2000. These estimates of household purchases are broadly comparable with estimates of household purchases from the EFS which commenced in April 2001.

The aligned estimates are generally higher than the original ones and indicate that the scaling has partially corrected for under-reporting in the NFS. Under-reporting is likely to be lower in the EFS because it does not focus on diet but on expenditure across the board and is largely based on till receipts. However it is necessary to be aware that there is a change in methodology which makes the estimate of the year on year change unreliable between 2000 and 2001/02. The largest adjustments were for confectionery, alcoholic drinks, beverages and sugar and preserves. Details of the adjustments to the NFS estimates can be found in Family Food 2002/03. Data from the EFS presented in Chapter 6 details expenditure on cigarettes by different variables. It is important to note that the average expenditure is for all households and not only those households where there is a smoker. The differences between subgroups in the average expenditure may be due to different proportions of smoking households and/ or a real difference in the amount spent by individual smokers.

Family Spending 2007 Edition. Office for National Statistics 2007. Available at:  
[http://www.statistics.gov.uk/downloads/theme\\_social/Family\\_Spending\\_2006/FamilySpending2007\\_web.pdf](http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf)



# Appendix B: Logistic regression

## Introduction

Logistic regression is a statistical procedure used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The independent variables can be continuous or categorical (grouped) variables. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.

The influence of an independent variable is expressed in terms of odds. The 'odds' of an outcome is the ratio of the probability of its occurring to the probability of its not occurring. Odds ratios greater than 1 indicate higher odds of occurrence, and odds ratios less than 1 indicate lower odds. Logistic regression estimates the influence of each category of an independent variable by producing a coefficient which represents the factors by which the odds of having a particular opinion differs from those of a reference group. The reference group has a coefficient of 1.0. The choice of the reference groups is arbitrary and varies from analysis to analysis.

## Methodology:

### Health Survey for England (HSE)

Logistic regression modelling from the HSE has been used in Chapter 2 to examine the factors associated with selected outcome variables, after adjusting for other predictors. Forward stepwise models have been used for men and women separately. A wide range of possible predictor variables were tested in each model, and any that were significant among men or women were included in the final model in both sexes, as is customary practice in HSE reports. This gives an estimate of the independent effect of each predictor variable on the outcome when all the other independent variables were included in the model.

The results of the regression analyses are presented in [Table 2.10](#) showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if  $p < 0.05$ . The models show the odds of being in the particular category of the outcome variable (e.g. having a raised waist circumference) for each category of the independent variable (e.g. quintiles of equivalised household income). Odds are expressed relative to a reference category, which has a given value of 1. Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category. Missing values were included in the analyses, that is, people were included even if they did not have a valid answer, score or classification in one or more of the explanatory variables. Where this was a large number of people, the missing values were included as a separate category (e.g. income), and where there were few records with a missing value, these individuals were included with the category containing the largest number of informants (e.g. smoking).

### Smoking, drinking and drug use among young people in England, 2007 (SDD 07)

Logistic regression modelling from the SDD 07 has been used in Chapter 3 to examine the factors associated with selected outcome variables, after adjusting for other predictors. Models were constructed for three outcomes of interest: regular smoking, having drunk alcohol in the last week, and having taken drugs in the last month. The models included a variety of predictor variables relating to both individual pupil characteristics (e.g. age, gender, smoking, drinking, drug use, and family deprivation) and whole-school characteristics (e.g. whether the school is single sex or mixed, the percentage of pupils receiving free school meals, whether the school has a

smoking policy for adults). The predictor variables included categorical variables (variables in which cases were grouped into a number of discrete categories) and continuous variables (continuous ranges of values).

The term 'predictor' is potentially misleading. The model identifies associations, not causes: those characteristics which identify pupils with an increased or decreased risk of being regular smokers.

The results of some of the regression analysis are presented in [Table 3.6](#) showing odds ratios for regular smoking, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if the p-value is less than 0.05. The models show the odds of being in the particular category of the outcome variable (e.g. regular smoking) for each category of the independent variable (e.g. being a boy or a girl). Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category. For categorical variables such as gender, odds are expressed relative to a reference category, which has a given value of 1. For continuous variables such as units of alcohol, there is a single p-value. Continuous variables do not have a reference category; the odds ratio represents the change in odds associated with each additional point in the range (for example each extra year of age, or unit of alcohol drunk). Again, the 95% confidence interval is shown, and the odds ratio is significant if the interval does not include 1.

Missing values for predictor variables were included in the model. In categorical variables they were coded as a single category, though not reported on. For continuous variables they were set as the mean value of the range. The p-values shown for each variable exclude missing values.

The three models included, as far as possible, the same or comparable predictor variables. Variables which were not significant predictors were retained in the final models for reasons of comparability, although they were not shown in the tables for reasons of space.



# Appendix C: Estimating smoking-attributable deaths and hospital admissions

## Introduction

Estimates of smoking-attributable NHS hospital admissions and deaths given in Chapter 5 (Tables 5.2 to 5.5) are based on three pieces of information:

1. Estimates of smoking prevalence for both smokers and ex-smokers;
2. Published relative risks for deaths and non-fatal diseases for both smokers and ex-smokers for those diseases known to be associated with smoking;
3. Observed numbers of hospital admissions or deaths caused by those diseases which can be caused by smoking.

## Smoking Prevalence

Estimates of the prevalence in England of current and ex-smokers by gender and age are taken from the results of the General Household Survey 2006. These estimates are presented in Table C.1 and are used in order to estimate the number of smoking-attributable admissions and deaths.

## Relative Risks

### *Fatal diseases*

The excess risk of death for current and ex-smokers compared to those people who have never smoked was derived from an American Cancer Society study from the mid 1980s<sup>1</sup>. This was a prospective study of one million adults in the USA. Work by Callum in The UK Smoking Epidemic Deaths in 1995<sup>1</sup> consider the published risks to be transferable to a UK situation and this has continued to be used so in other reports such as Callum and White in Tobacco in London: The Preventable burden<sup>2</sup>, Twigg, Moon and Walker in The Smoking epidemic in England<sup>3</sup> and also Hughes and Atkinson in Choosing Health in the South East: Smoking<sup>4</sup>. In 2007 a review of the existing methodologies was undertaken by the Department of Health and a revised list of diseases for which there was an excess risk of death for current and ex-smokers compared to those people who have never smoked was produced which was then used to estimate numbers of smoking attributable fatalities in the Health Profile of England. This revised approach has been adopted for this report.

The methodology employed in this report varies slightly from that used by the Department of Health in the Health Profile of England in that this report does not reduce the deaths figure to take account of those diseases for which smoking decreases the relative risk, specifically Parkinson's disease and cancer of the uterus.

The values presented in Table C.2 represent the risk of a person who smokes or is an ex-smoker, dying from that disease compared to someone who has never smoked. That is, a value greater than 1 represents an increased risk of death. The risks are only applicable to people aged 35 and over and therefore only deaths of people aged 35 and over have been used in calculating the estimates.

### *Non-fatal diseases*

The relative risks presented in Table C.3 are for non-fatal diseases and have been used in conjunction with the risks for fatal disease in Table C.2 to estimate the numbers of smoking-attributable hospital admissions in England. These risks have been taken from diseases used by Hughes and Atkinson in the report Choosing Health in the South East: Smoking<sup>4</sup> which was



based on an update of a 1996 epidemiological study which have not since been reclassified by the DH review as a fatal disease.

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

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

For fatal diseases, the risks of death were also applied to calculate smoking-related hospital admissions in England. There are some drawbacks to using mortality risks for health outcomes and these are discussed by Callum and White in Tobacco in London: The Preventable burden<sup>2</sup>.

## Deaths and admissions

The number of deaths for men and women in each of the specified age groups are taken from an annual extract of mortality statistics supplied to the NHS Information Centre by the ONS by cause and by registrations (V53). The data used refer to the number of registered deaths in England in 2007.

Figures on hospital admissions are from Hospital Episode Statistics (HES). The data refer to hospital admissions of people who are resident in England during the period April 2006 to March 2007.

The tenth revision of the International Classification of Diseases was used to identify hospital admissions and deaths from the diseases of interest. Tables C.2 and C.3 list the ICD-10 codes used in Table 5.2 to 5.5. Table C.2 lists codes used by the Department of Health in the Health Profile for England 2007 and Table C.3 lists additional non fatal diseases used by Hughes and Atkinson in Choosing Health in the South East: Smoking<sup>4</sup> which are not present in Table C.2.

## Calculation of Smoking-Attributable Deaths and Admissions

For each of the diseases or groups of diseases shown in Tables C.2 and C.3, the attributable proportion is calculated as follows:

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

where:

$a$  = attributable proportion for each disease

$p_{cur}$  = proportion of current smokers

$p_{ex}$  = proportion of ex smokers

$r_{cur}$  = relative risk of current smokers

$r_{ex}$  = relative risk of ex smokers.

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

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

## Notes

1. Work by Callum and White in Tobacco in London: The Preventable burden<sup>2</sup>, and further work done by Twigg, Moon and Walker in the report The Smoking epidemic in England<sup>3</sup> use a correction to the estimates for the smoking-attributable proportion of unspecified site cancer deaths to account for the fact that only a proportion of the unspecified site cancers will be smoking-related. Callum and White states that this correction is arbitrary and this has not been adopted by the Department of Health in the Health Profile for England<sup>5</sup> and has not been adopted here to ensure that our results are easily reproducible. Therefore, the number of unspecified cancer deaths attributed to smoking in this report may be an overestimate.
2. The risk for spontaneous abortion is for those women who were current smokers during their pregnancy. Reliable data on smoking during pregnancy is not available from the GHS and so smoking prevalence in the general population was used to calculate the smoking-attributable proportion of admissions in England with this condition.

## References

1. The UK Smoking Epidemic: Deaths in 1995. Health Education Authority. 1998.
2. Tobacco in London: The Preventable burden. SmokeFree London and London Health Observatory. 2004. Available at:  
[www.lho.org.uk/Download/Public/8716/1/Tobacco\\_in\\_London\\_Full\\_Report\\_4.pdf](http://www.lho.org.uk/Download/Public/8716/1/Tobacco_in_London_Full_Report_4.pdf)
3. The smoking epidemic in England. Health Development Agency, 2004. Available at:  
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5. Health Profile of England: Department of Health 2007. Available at  
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## List of tables

- C.1 Proportion of current and ex-smokers proportions by age and gender, 2006
- C.2 Relative risks for fatal diseases for current and ex-smokers by gender
- C.3 Relative risks for non-fatal diseases for current and ex-smokers

**Table C.1 Proportion of current and ex-smokers, by age and gender, 2006**

<b>England</b>				
	Men		Women	
	Current smokers	Ex-smokers	Current smokers	Ex-smokers
<b>All aged 35 and over</b>	<b>0.202</b>	<b>0.336</b>	<b>0.185</b>	<b>0.239</b>
<b>All aged 45 and over</b>	<b>0.178</b>	<b>0.389</b>	<b>0.165</b>	<b>0.264</b>
<b>All aged 55 and over</b>	<b>0.144</b>	<b>0.460</b>	<b>0.138</b>	<b>0.293</b>
35-54	0.258	0.219	0.231	0.186
55-64	0.199	0.394	0.200	0.273
65-74	0.139	0.469	0.130	0.287
75 and over	0.045	0.579	0.063	0.324
35-64	0.240	0.272	0.222	0.210
65 and over	0.099	0.515	0.096	0.306

Source: General Household Survey, 2006. Office for National Statistics (ONS)

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**Table C.2 Relative risks for fatal diseases for current and ex smokers, by gender**

Diseases that can be caused by smoking	ICD-10 code	Age	Male smokers		Female smokers	
			Current ( $r_{cur}$ )	Ex ( $r_{ex}$ )	Current ( $r_{cur}$ )	Ex ( $r_{ex}$ )
<b>Malignant Neoplasms</b>						
Lip, Oral Cavity, Pharynx	C00-C14	35+	10.89	3.40	5.08	2.29
Oesophagus	C15	35+	6.76	4.46	7.75	2.79
Stomach	C16	35+	1.96	1.47	1.36	1.32
Pancreas	C25	35+	2.31	1.15	2.25	1.55
Larynx	C32	35+	14.60	6.34	13.02	5.16
Trachea, Lung, Bronchus	C33-C34	35+	23.26	8.70	12.69	4.53
Cervix Uteri	C53	35+	1.00	1.00	1.59	1.14
Kidney and Renal Pelvis <sup>3</sup>	C64-C65, C66, C68	35+	2.50	1.70	1.40	1.10
Urinary Bladder	C67	35+	3.27	2.09	2.22	1.89
Malignant neoplasm without specification of site <sup>3</sup>	C80	35+	4.40	2.50	2.20	1.30
Myeloid Leukemia <sup>3</sup>	C92	35+	1.80	1.40	1.20	1.30
<b>Cardiovascular Diseases</b>						
Ischemic Heart Disease <sup>3</sup>	I20-I25	35-54	4.20	2.00	5.30	2.60
		55-64	2.50	1.60	2.80	1.10
		65-74	1.80	1.30	2.10	1.20
		75+	1.40	1.10	1.40	1.20
				1.78	1.22	1.49
Other Heart Disease	I00-I09, I26-I51					
Cerebrovascular Disease <sup>3</sup>	I60-I69	35-54	4.40	1.10	5.40	1.30
		55-64	3.10	1.10	3.70	1.30
		65-74	2.20	1.10	2.60	1.30
		75+	1.60	1.10	1.30	1.00
				2.44	1.33	1.83
Atherosclerosis	I70	35+				
Aortic Aneurysm	I71	35+	6.21	3.07	7.07	2.07
Other Arterial Diseases	I72-I78	35+	2.07	1.01	2.17	1.12
<b>Respiratory Diseases</b>						
Pneumonia, Influenza <sup>3</sup>	J10-J18	35-64	2.50	1.40	4.30	1.10
		65+	2.00	1.40	2.20	1.10
Bronchitis, Emphysema	J40-J42, J43	35+	17.10	15.64	12.04	11.77
Chronic Airway Obstruction	J44	35+	10.58	6.80	13.08	6.78
Stomach ulcer, Duodenal ulcer	K25-K27	35+	5.40	1.80	5.50	1.40

1. Based on CPS-II 1982-88 figures, taken from CHP2007 / SAMMEC / USDHHS2004 unless stated

2. Based on CPS-II 1984-88 data, taken from Tobacco in London, The preventable burden (2004)

3. Based on CPS-II 1982-88 data, taken from UK Smoking Epidemic (1998)

Source:

Health Profile of England 2007, Department of Health

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**Table C.3 Relative risks for non-fatal diseases for current and ex smokers**

Diseases caused by smoking	ICD-10 code	Current smokers (rcur)	Ex-smokers (rex)
Crohn's disease	K50	2.10	1.00
Periodontitis	K05	3.97	1.68
Age-related cataract (45+)	H25	1.54	1.11
Hip fracture 55-64	S72	1.17	1.02
Hip fracture 65-74	S72	1.41	1.08
Hip fracture 75+ Male	S72	1.76	1.14
Hip fracture 75+ Female	S72	1.85	1.22
Spontaneous abortion (smoking during pregnancy)	O03	1.28	..

**Source:**

Tobacco in London: The Preventable Burden, Smokefree London & The London Health Observatory, 2004

# Appendix D: Government policy and targets

## Introduction

The government's strategy on tobacco consists of a wide range of measures including helping people to give up smoking, increasing tobacco taxation to reduce affordability, mass media health promotion campaigns, legislative provisions through the Health Act 2006 to make virtually all enclosed public places and workplaces smokefree from summer 2007; a virtually comprehensive ban on tobacco advertising promotion and sponsorship since February 2003.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en)

## 6- Strand Tobacco Control Strategy

The government has developed a comprehensive 6-strand Tobacco Control Strategy to tackle the smoking epidemic. Each strand has a measurable impact on reducing smoking prevalence:

- Reducing exposure to second-hand smoke;
- Reducing tobacco advertising and promotion;
- NHS Stop Smoking Services and wider availability of Nicotine Replacement Therapy (NRT);
- National smoking communication campaigns and education;
- Regulating tobacco products;
- Reducing availability and supply of tobacco.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en)

## Smoking Kills

A White Paper: 'Smoking Kills' was published in December 1998. It outlined the government's policies on smoking and a range of measures to be implemented to tackle smoking, such as a programme of public education to persuade smokers to quit and non-smokers not to start.

To measure the success of the White Paper, smoking prevalence targets have been set for children, pregnant women, all adults and adults in routine and manual groups:

- To reduce adult smoking in all social classes so that the overall rate falls from 28 per cent to 24 per cent or less by the year 2010; with a fall to 26 per cent by the year 2005; This target has been superseded by the Public Service Agreement (PSA) described in the next section.
- To reduce smoking among children from 13 per cent to 9 per cent or less by the year 2010; with a fall to 11 per cent by the year 2005;
  - Target met: Latest figure, for 2006, is 9%
- To reduce the percentage of women who smoke during pregnancy from 23 per cent to 15 per cent by the year 2010; with a fall to 18 per cent by the year 2005.
  - Interim target met: Latest figure, for 2005, is 17%

Another measure proposed in the White Paper was to produce an Approved Code of Practice on smoking in the workplace. This defined the kind of smoking policies employers need to operate to comply with existing health and safety legislation. The Department of Health 'Health Check' annual report, produced in 2002, suggested that a workplace smoking ban in England might reduce smoking prevalence by four percentage points.



## Public Service Agreements

In October 2007, the government published a new Public Service Agreement (PSA), PSA Delivery Agreement 18: Promote better health and wellbeing for all. One of the indicators aims is to reduce smoking prevalence among adults. The national target is to reduce adults (aged 16 and over) smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

[www.hm-treasury.gov.uk/media/5/A/pbr\\_csr07\\_psa18.pdf](http://www.hm-treasury.gov.uk/media/5/A/pbr_csr07_psa18.pdf)

- Latest figure, for 2006 among all adults is 22% and those among routine and manual groups 29%.

## The NHS Plan

The NHS Plan was published in July 2000 and committed the government to the introduction of a number of measures by 2001. These included a major expansion in smoking cessation, so that by 2001 the NHS would provide a comprehensive smoking cessation service.

[www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf](http://www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf)

## The Cancer Plan

The NHS Cancer Plan was published in September 2000. The Cancer Plan is particularly committed to reducing the health inequalities gap through setting new national and local targets for the reduction of smoking rates.

In addition to the existing 'Smoking Kills' target of reducing smoking in adults from 28% to 24% by 2010, new national and local targets to address the gap between socio-economic groups in smoking rates and the resulting risks of cancer and heart disease were set out in The Cancer Plan including a target:

- To reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010  
[www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf](http://www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf)
  - Latest figure, for 2005, is 29%.

## Priorities & Planning Framework

In 2002, the Department of Health published the Priorities and Planning Framework (PPF) which set out key targets for the NHS for the three years 2003/04 to 2005/06. The PPF included a target of 800,000 smokers successfully quitting at the 4 week follow-up (based on self-report), with the help of local NHS Stop Smoking Services over the three year period. The PPF also includes a target to deliver a one-percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy.

By 2010 the PPF requires all PCTs to:

- Reduce the proportion of women continuing to smoke throughout pregnancy, focusing especially on smokers from disadvantaged groups. This contributes to the national target to reduce, by at least 10%, the gap in mortality between 'routine' and 'manual' groups and the population as a whole, starting with children aged under one year

[www.dh.gov.uk/assetRoot/04/07/02/02/04070202.pdf](http://www.dh.gov.uk/assetRoot/04/07/02/02/04070202.pdf)

## Choosing Health

The White Paper 'Choosing Health: Making healthier choices easier' was published in November 2004. It was intended to build on the commitments in the 1998 White Paper 'Smoking Kills' and sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. Action to tackle tobacco includes making smoke-free environments the norm, further restrictions on tobacco advertising, tougher action on shops that sell cigarettes to children and introducing hard hitting picture warnings on tobacco packets.

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)

## NHS Stop Smoking Services

NHS Stop Smoking Services were set up in Health Action Zones in 1999/2000 and rolled out across England from 2000/01.

Results from monitoring the NHS Stop Smoking Services for the period April 2003 - March 2006, show that the total number of people who had successfully quit at the 4 week stage was 832,700. This meets and exceeds the three-year target of 800,000 successful quitters.

In December 2005, the government announced that Nicotine Replacement Therapy (NRT) would be made available to more people than before, following a change in the guidance for the use of NRT. Patient groups including adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease are now able to use NRT in their attempt to give up smoking.

In September 2006, the European Commission approved Champix, generic name *varenicline*, as a new "stop smoking" aid for adults. The National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommends the use of Champix in the NHS.

The establishment and development of Stop Smoking Services in the NHS is an important element of the government's overall tobacco control strategy to help reduce smoking prevalence.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/TobaccoGeneralInformation/TobaccoGeneralArticle/fs/en?CONTENT\\_ID=4002192&chk=5Xx9q6](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/TobaccoGeneralInformation/TobaccoGeneralArticle/fs/en?CONTENT_ID=4002192&chk=5Xx9q6)

## Tobacco Advertising and Promotion Act

The Tobacco Advertising and Promotion Act 2002 became law in November 2002. The key provisions of the Act came into force in February 2003. The Act bans the advertising and promotion of tobacco products, including sponsorship. Regulations prohibiting tobacco advertising on the internet came into force in September 2006.

[www.opsi.gov.uk/ACTS/acts2002/20020036.htm](http://www.opsi.gov.uk/ACTS/acts2002/20020036.htm)

## Tobacco Products Regulations

The Tobacco Products (Safety) Regulations 2002 began to come into force in December 2002 and were mandatory from September 2003. The key measures of the new legislation require manufacturers to cover 30% of the front and 40% of the back of tobacco packaging with stark health warnings, and prohibit the use of terms such as 'low-tar' and 'light'.

The White Paper 'Choosing Health' committed the government to consult on introducing picture warnings on tobacco packs. The consultation concluded in August 2006. The UK government plans to introduce these picture warnings during 2008.

[www.opsi.gov.uk/si/si2002/20023041.htm](http://www.opsi.gov.uk/si/si2002/20023041.htm)

### Tackling Tobacco Smuggling

The Tackling Tobacco Smuggling Strategy was highly successful, cutting the illicit cigarette market to 16 per cent by 2003/04. The original target was a reduction in the illicit market to 17 per cent by 2005/06, and meeting this target two years early led the government to set a new, more challenging target in 2004 for the strategy to reduce the illicit share to 13 per cent by 2007/08. In 2006, the government published its 'New responses to new challenges: Reinforcing the Tackling Tobacco Smuggling Strategy' which details a comprehensive response to the new challenges emerging as the illicit market in tobacco adapts and develops.

[www.hm-treasury.gov.uk/media/6A1/17/433.pdf](http://www.hm-treasury.gov.uk/media/6A1/17/433.pdf)

[www.hm-treasury.gov.uk/media/7/7/bud06\\_tobacco\\_273.pdf](http://www.hm-treasury.gov.uk/media/7/7/bud06_tobacco_273.pdf)

### Children and Young Persons Act

Under the Children and Young Persons (Protection from Tobacco) Act 1991, it is illegal to sell any tobacco product to anyone under the age of 16. The Tobacco Enforcement Protocol launched by the government in September 2000 sets out best practice for local Trading Standards Officers to prevent underage sales of tobacco, and proposes an annual survey of enforcement practice.

Since the 1<sup>st</sup> October 2007 it became illegal to sell tobacco products to children under the age of 18.

[www.opsi.gov.uk/ACTS/acts1991/Ukpga\\_19910023\\_en\\_1.htm](http://www.opsi.gov.uk/ACTS/acts1991/Ukpga_19910023_en_1.htm)

[www.opsi.gov.uk/si/si2007/20070767.htm](http://www.opsi.gov.uk/si/si2007/20070767.htm)

### Tackling Health Inequalities

Tackling Health Inequalities: A Program for Action was published in July 2003. It sets out plans to tackle health inequalities over the next three years. It establishes the foundations required to achieve the target of reducing inequalities in health outcomes by 10% by 2010, as measured by infant mortality and life expectancy at birth. Key interventions that will contribute to this target are those to reduce smoking among manual groups and to reduce the percentage of women who smoke during pregnancy.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008268](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008268)

### The Health Act 2006 (smoke-free environments)

The Choosing Health White Paper made a commitment to make smoke-free environments the norm both at work and at leisure.

The Health Act 2006 makes legislative provisions for virtually all enclosed public places and workplaces to be smoke free. In England, public places and workplaces became smoke free on the 1<sup>st</sup> July 2007, and Wales introduced their smoking ban on April 2<sup>nd</sup> 2007, and Northern Ireland on 30 April.

The government will monitor these changes and there will be a review after three years.

Following consultations, the government announced that it would increase the age at which tobacco can legally be bought from 16 to 18 and strengthened sanctions against retailers for sales of tobacco to people who are under-age. This legislation came into effect on October 1<sup>st</sup> 2007.

Separate from the provisions of the Health Act 2006, and in line with the commitment in the Choosing Health White Paper, all government departments and the NHS were smoke-free by the end of 2006.

[www.publications.parliament.uk/pa/cm200506/cmbills/069/2006069.htm](http://www.publications.parliament.uk/pa/cm200506/cmbills/069/2006069.htm)

### Reducing exposure to second-hand smoke and SmokeFree legislation

The Health Act 2006 made virtually all enclosed public places and workplaces in England smokefree with effect from 1 July 2007. Penalties for breaches of the SmokeFree law are for failing to display no-smoking signs, smoking in an enclosed public space / workplace and for failing to prevent smoking in enclosed public places and workplaces.

Detailed information on SmokeFree legislation is available at the dedicated website:

[www.smokefreeengland.co.uk/](http://www.smokefreeengland.co.uk/)



## Appendix E: Editorial notes

For the purpose of clarity, figures in the bulletin are shown in accordance with the NHS Information Centre publication conventions.

These are as follows:

- . not applicable
- .. not available
- zero
- 0 less than 0.5

Numbers greater than or equal to 0.5 are rounded to the nearest integer. Totals may not sum due to rounding.

Most data in the report discussed in the text are presented in a table; the relevant table number is given at the end of the last paragraph in the discussion around each table.

For data where no table is presented the published data source is referenced where applicable.



## Appendix F: Further information

This annual report draws together statistics on smoking prevalence and behaviour. It is expected the next report will be published in 2009. This report forms part of a suite of statistical reports. Other reports cover drug misuse, alcohol and obesity, physical activity and diet.

Constructive comments on this report are welcomed. Any questions concerning any data in this publication should be addressed to:

Contact Centre  
The NHS Information Centre  
1 Trevelyan Square  
Boar Lane  
Leeds  
West Yorkshire  
LS1 6AE  
Telephone: 0845 300 6016  
Email: [enquires@ic.nhs.uk](mailto:enquires@ic.nhs.uk)

Press enquiries should be made to:  
Media Relations Manager:  
Telephone: 0845 300 6016  
Email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk)

This report is available on the internet at:  
[www.ic.nhs.uk/pubs/smoking08](http://www.ic.nhs.uk/pubs/smoking08)

The 2007 and 2006 reports, also published by the NHS Information Centre can be found at:  
[www.ic.nhs.uk/pubs/smoking07](http://www.ic.nhs.uk/pubs/smoking07)  
[www.ic.nhs.uk/pubs/smoking06](http://www.ic.nhs.uk/pubs/smoking06)

Previous editions of this report were published by the Department of Health. Information about their statistics and surveys is available on the Department of Health's website at:  
[www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT\\_ID=4032542&chk=GhPZ%2By](http://www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4032542&chk=GhPZ%2By)

Readers may also find the following organisations and publications useful resources for further information on alcohol use:

### Action on Smoking Health (ASH)

ASH is a London-based charity providing information on all aspects of tobacco and campaigning to reduce the unnecessary addiction, disease and premature death caused by smoking.  
[www.ash.org.uk/](http://www.ash.org.uk/)

### Beyond Smoking Kills

Beyond Smoking Kills is published by Action on Smoking Health and funded by Cancer Research UK and the British Heart Foundation. This report marks the 10<sup>th</sup> anniversary of the white paper Smoking Kills and sets out an agenda for action for the decade to come.  
[ash.org.uk/ash\\_3xe9h0zo.htm](http://ash.org.uk/ash_3xe9h0zo.htm)



## European School Survey Project on Alcohol and Other Drugs (ESPAD) Report 2003

This is the third report published within the ESPAD project. It presents data on more than 100,000 European students in numerous diagrams and maps and around 150 tables. The surveys are planned to be repeated every fourth year, thus providing long-term data on changes in alcohol and drug consumption among young people.

The ESPAD Report 2003 - Alcohol and Other Drug Use among Students in 35 European Countries. ESPAD. Available at:

[www.espad.org/documents/Espad/ESPAD\\_reports/The\\_2003\\_ESPAD\\_report.pdf](http://www.espad.org/documents/Espad/ESPAD_reports/The_2003_ESPAD_report.pdf)

## Eurobarometer

The survey of Europeans' attitudes towards tobacco was commissioned by the European Commission. The survey was carried out in two stages; in September and October 2005 in the 25 European Union Member States (EUMS) and in November and December 2005 in the two accession countries (Bulgaria and Rumania) and the two candidate countries (Croatia and Turkey) and the Turkish Cypriot Community.

The methodology used was that of the Standard Eurobarometer surveys of the Directorate General Press and Communication. The survey covered the population of the respective nationalities of the EUMS, resident in each of the Member States and aged 15 years and over.

Attitudes of Europeans towards tobacco, 2005. European Commission. 2006. Available at:

[ec.europa.eu/health/ph\\_information/documents/ebs\\_239\\_en.pdf](http://ec.europa.eu/health/ph_information/documents/ebs_239_en.pdf)

## Eurostat

Eurostat present data on various health topics for European Countries taken from Health Interview Surveys (HIS). HIS collect data on various public health indicators such as height and weight measurements, long standing illnesses, smoking behaviour and alcohol consumption.

Eurostat. Available at:

[epp.eurostat.ec.europa.eu/portal/page?\\_pageid=0,1136184,0\\_45572595&\\_dad=portal&\\_schema=PORTAL](http://epp.eurostat.ec.europa.eu/portal/page?_pageid=0,1136184,0_45572595&_dad=portal&_schema=PORTAL)

## HM Revenue and Customs

HM Revenue & Customs (HMRC) is the new department responsible for the business of the former Inland Revenue and HM Customs and Excise.

Website: [www.hmrc.gov.uk/](http://www.hmrc.gov.uk/)

Data sets can be obtained from the internet at: [www.uktradeinfo.com](http://www.uktradeinfo.com)

## Home Office Research, Development and Statistics Directorate (RDS)

Further information and other RDS Home Office publications can be found on the internet at:

[www.homeoffice.gov.uk/rds/](http://www.homeoffice.gov.uk/rds/)

## Hospital Episode Statistics

Hospital Episode Statistics (HES) is a data warehouse containing details of all admissions to NHS hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals.

[www.hesonline.nhs.uk](http://www.hesonline.nhs.uk)

### **National Institute for Health and Clinical Excellence**

The new National Institute for Health and Clinical Excellence (NICE) has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health:

[www.publichealth.nice.org.uk/page.aspx?o=home](http://www.publichealth.nice.org.uk/page.aspx?o=home)

### **NHS Smoking Helpline**

Information and help on quitting smoking is available from the NHS Smoking Helpline: 0800 169 0 169.

[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### **Office for National Statistics**

Information about National Statistics can be found at:

[www.statistics.gov.uk/](http://www.statistics.gov.uk/)

### **Scientific Committee on Tobacco and Health**

The report of the Scientific Committee on Tobacco and Health (SCOTH) drew conclusions on the adverse health risks of smoking during and after pregnancy. Continuing to smoke during pregnancy was reported to increase the chance of miscarriage, reduced birth weight and prenatal death of the child. If mothers smoke after birth, the risk of sudden infant death syndrome is increased.

[www.archive.official-documents.co.uk/document/doh/tobacco/contents.htm](http://www.archive.official-documents.co.uk/document/doh/tobacco/contents.htm)

### **Smokefree Action**

Provides various information relating to the smokefree legislation

[www.smokefreeaction.co.uk/](http://www.smokefreeaction.co.uk/)

### **Tobacco control survey: England 2004/5**

This report presents information about tobacco control activities undertaken by Local Authorities during the period April 2004 to March 2005 inclusive. The data were obtained from an online survey of Trading Standards Departments carried out during 2005. A similar but restricted exercise was carried out in 2001.

The 2005 survey questionnaire was developed jointly by the Department of Health and LACORS, to which 83 authorities responded (57% of the total of 146 Local Authorities in England).

Tobacco Control Survey: England 2004/5. Local Authorities Coordinators of Regulatory Services (LACORS), 2006. Available at:  
[www.lacors.gov.uk/pages/trade/lacors.asp](http://www.lacors.gov.uk/pages/trade/lacors.asp)

### **The World Health Organization (WHO) Framework Convention Alliance for Tobacco Control (FCTC)**

In May 2003, the member countries of the World Health Organization adopted an historic tobacco control treaty, the Framework Convention on Tobacco Control (FCTC), to set internationally agreed minimum standards on tobacco control and to ensure international co-operation on matters such as the illegal trade of tobacco.

[www.fctc.org](http://www.fctc.org)



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