

Statistics on Smoking: England, 2007

Summary

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

This bulletin combines data from different sources presenting it in a user-friendly format. Most of the data contained in the bulletin have been published previously including information from the Information Centre, Department of Health, the Office for National Statistics, Her Majesty's Revenue and Customs, the European Commission and the European School Survey Project on Alcohol and Other Drugs.

For the first time the bulletin includes information on the economic activity status of adults who smoke, the extent smoking is allowed in people's homes and information on people's views towards the smoking ban in public places. For children, the bulletin now includes data on smoking and substance use, and truancy and exclusion, as well as comparisons for ethnicity and among European countries. In addition to the various costs of smoking included in last year's bulletin, this year some information on smoking related costs to the NHS are also included.

Main findings

Smoking among adults

Among adults aged 16 and over, in England, in 2005:

- Smoking prevalence for adults was 24% (25% of men and 22% of women). There has been an overall decrease in smoking prevalence from 39% in 1980. In recent years prevalence has been falling more steadily.
- The decrease in prevalence since 1980 has been most marked among those aged 50-59, smoking prevalence fell from 44% in 1980 to 24% in 2005.
- The proportion of people who have never smoked has been rising steadily, from 43% in 1982 to 53% in 2005.
- Filter cigarettes continue to be the most widely smoked type of cigarettes, however, the use of hand-rolled cigarettes has increased from 10% in 1984 to 25% in 2005.
- The proportion of those in manual socio-economic groups who smoke has decreased from 33% in 1998 to 29% in 2005. However, people in manual groups continue to be more likely to smoke than those in non-manual groups (29% and 19% respectively).
- Seventeen per cent of mothers continued to smoke throughout pregnancy in 2005, whilst 49% of smoking mothers gave up before or during pregnancy.
- Almost two fifths (39%) of adults who were current or ex-regular smokers started smoking before the age of 16. Men were more likely than women to have started smoking before the age of 16 (41% and 36% respectively).

Smoking among children

For pupils aged 11 to 15 in England, in 2006:

- Two fifths (39%) of pupils reported having tried smoking at least once. Sixty one per cent reported they had never smoked in 2006. The proportion who had never smoked rose from 47% in 1982 to 61% in 2004 and has remained at a similar level since.
- Nine per cent of children reported that they were regular smokers (smoked at least once a week), a proportion which has remained unchanged since 2003.
- Girls are more likely to smoke than boys. In 2006, 10% of girls were regular smokers compared with 7% of boys. Older pupils are also more likely to smoke regularly than younger pupils.
- Children who truanted from school were estimated to be more than twice as likely to smoke as those who have not truanted.
- Overall, over four in ten (42%) of current smokers were secret smokers (said that their family did not know they smoked).
- Two thirds (65 per cent) of pupils who smoked identified shops as one of their usual sources of cigarettes, including newsagents or tobacconists (55%).

Behaviour and attitudes to smoking

- In Great Britain in 2006, 72% of current smokers aged 16 and over reported that they wanted to give up smoking, with health being the most common reason. Seventy eight per cent of current smokers reported having tried to give up smoking at some point in the past.
- In Great Britain in 2006, the majority (77%) of people said they agreed with the ban on smoking in public places, with only 15% of people saying they disagreed.
- In England in 2006, 43% of children aged 11-15 who smoked reported that they wanted to give up smoking and two-thirds (67%) of children had tried to give up smoking.

Smoking-related ill health and mortality

- In England in 2005/06 there were approximately 1.7 million Finished Consultant Episodes (FCEs) in England with a primary diagnosis of a disease that can be caused by smoking. This figure has been steadily rising each year and is around 570,000 more than it was in 1995/96.
- In 2005/06, around 571,400 FCEs for adults aged 35 and over in England are estimated to be attributable to smoking. This accounts for 6% of all FCEs among this age group. Of the FCEs which are attributable to smoking, 32% (184,600) were cancer related, a further 32% (180,100) were due to respiratory diseases, 27% (156,100) were related to circulatory diseases and 5% (26,100) were due to digestive diseases.
- In 2005, around 81,900 deaths in England (17% 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 than women (13%) from smoking-related diseases.
- Among those aged 35 and over, it is estimated that in 2005, around 36,700 cancer deaths, 23,600 deaths from respiratory diseases, 20,000 deaths from circulatory diseases and 1,600

of deaths from diseases of the digestive system were attributable to smoking.

Smoking costs and economics

- Previous research, conducted 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.
- Releases of cigarettes for home consumption (both home produced and imported) have fallen since the mid 1990s; although much of the decline, among home produced cigarettes, occurred before 2000. During the same period releases of hand-rolling tobacco have increased by just over 50%.
- In the United Kingdom in 2006, tobacco was 17% less affordable than it was in 1980. Household expenditure on tobacco has more than trebled since 1980 however, expenditure on tobacco as a proportion of total household expenditure has been decreasing steadily since 1981, from 3.8% in 1981 to 2.0% in 2006.

Contents

1.	Introduction	1
2.	Smoking among adults.....	3
	2.1 <i>Background</i>	3
	2.2 <i>Smoking prevalence, patterns and trends</i>	4
	2.3 <i>Smoking among different groups</i>	6
	2.4 <i>European comparison</i>	10
	<i>Tables</i>	13
3.	Smoking among children.....	37
	3.1 <i>Background</i>	37
	3.2 <i>Smoking behaviour and habits</i>	37
	3.3 <i>Smoking among different groups and other factors</i>	39
	3.4 <i>Obtaining cigarettes and school policies</i>	41
	3.5 <i>European comparison</i>	42
	<i>Tables</i>	45
4.	Behaviour and attitudes to smoking	61
	4.1 <i>Background</i>	61
	4.2 <i>Adults' behaviour and attitudes to smoking</i>	61
	4.3 <i>Children's behaviour and attitudes to smoking</i>	66
	<i>Tables</i>	73
5.	Smoking-related ill health and mortality	105
	5.1 <i>Background</i>	105
	5.2 <i>Smoking-related ill health</i>	105
	5.3 <i>Smoking-attributable deaths</i>	106
	<i>Tables</i>	111
6.	Smoking costs and economics	119
	6.1 <i>Background</i>	119
	6.2 <i>Costs to the NHS</i>	119
	6.3 <i>Availability and affordability of tobacco</i>	120
	6.4 <i>Spending on tobacco</i>	122
	<i>Tables</i>	127

Appendix A: Key sources	137
Appendix B: Logistic regression	147
Appendix C: Smoking attributable deaths and diseases	153
Appendix D: Government targets and NHS plans	161
Appendix E: Editorial notes	167
Appendix F: Further information	169

1 Introduction

This statistical bulletin 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 bulletin 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 now includes information on relationships between smoking and substance use and smoking and truancy and exclusion among children, as well as ethnicity and European comparisons.

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

Chapter 5 presents figures on hospital Finished Consultant Episodes (FCE) for diseases that can be caused by smoking and also includes analysis on smoking-attributable hospital FCEs 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 bulletin, references are given to sources for further information. The bulletin 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 bulletin. The third appendix describes in detail the methodology employed in the bulletin to estimate smoking-attributable hospital FCEs 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 bulletin a range of terminology is used to define different behaviours of smoking. For clarity, all the different terminology referred to in the bulletin are outlined below.

Smoking definitions adopted by the main sources used in this bulletin 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 bulletin.

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 bulletin.

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 bulletin.

Odds ratios

Chapters 3 and 4 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 Background

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, smoking among different groups of society, and the prevalence of smoking among adults across Europe.

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 report¹ is based on the 2005 survey which ran from April 2005 to December 2005. During this period, a sample size of just over 12,800 households was achieved, with a total of around 30,000 individual respondents. All the data presented in the 2005 GHS report and in this bulletin include data from the last quarter of the 2004/05 collection where possible to produce information for the full calendar year. Further details are given in [Appendix A](#).

The GHS collects information on a wide range of topics to provide a comprehensive picture of how we live and the social change we experience. Questions on smoking have been included in the GHS, biennially since 1974 and annually since 2000, in order to monitor trends in patterns of consumption. 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.

Statistics on tobacco use among ethnic minority groups are taken from the Health Survey for England (HSE) 2004². 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. The HSE 2004 achieved a sample of around 6,700 adults in the general population, plus an additional 5,940 adults in an ethnic minority boost sample. In addition to the HSE 2004, some analysis from the most recently published HSE 2005³ has been presented to show relationships between smoking status and Index of Multiple Deprivation (IMD) quintile and parental smoking.

Information on smoking behaviour 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 a main focus on the prevalence of breast feeding. The latest report, Infant Feeding Survey 2005⁴, is based on data collected from a sample of mothers who registered the birth of a child during August and September 2005. As part of the survey, a sample of 12,290 mothers with babies aged around four to ten weeks old was obtained. These mothers were asked questions on their smoking behaviour before, during and after pregnancy.

This chapter also reports the prevalence of daily, occasional and non-smokers for countries in the European Union. This data is collected by Health Interview Surveys and is presented by Eurostat⁵.

2.2 Smoking prevalence, patterns and trends

2.2.1 Trends in smoking prevalence

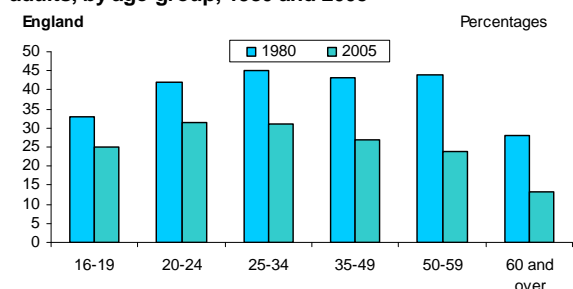
In 1998 the government released Smoking Kills – a White Paper on tobacco⁶ outlining targets for reducing the prevalence of cigarette smoking among adults in England to 24% by 2010. In 2004 as part of a new Public Service Agreement (PSA), the target was revised to 21%.

There has been an overall decrease in smoking prevalence from 39% in 1980. In recent years prevalence has been falling more steadily.

In 2005, 24% of adults in England smoked compared to 39% in 1980

The decrease in prevalence since 1980 has been most marked among those aged 50-59 (44% in 1980 to 24% in 2005) (Figure 2.1).

Figure 2.1 Prevalence of cigarette smoking among adults, by age group, 1980 and 2005



Source: General Household Survey 2005. Office for National Statistics.
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Those aged 20-24 and 25-34 reported the highest prevalence of cigarette smoking (32% and 31% respectively). Those aged 60 and over reported the lowest prevalence of smoking (13%) (Table 2.1).

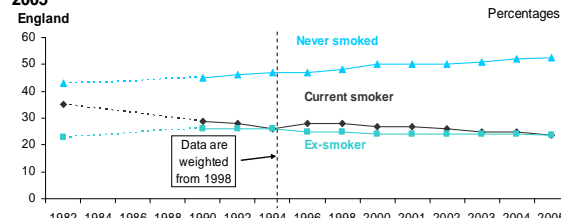
As with previous years, in 2005 prevalence was higher among men (25%) than women (22%) (Table 2.2).

Those aged between 20 and 34 are more than twice as likely to smoke than those aged 60 and over

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 53% in 2005 (Figure 2.2). 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 48% in 2005, whereas for women the increase was from 51% to 57%.

The proportion of adults who were ex-regular smokers has changed little since the 1980's (Table 2.3).

Figure 2.2 Cigarette smoking status among adults, 1982, and 1990 to 2005



Source: General Household Survey 2005. Office for National Statistics.
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2.2.2 Cigarette consumption

There has been little change reported in the number of cigarettes smoked daily by current smokers. In 1984 an average of 15 cigarettes were smoked compared with 13 in 2005.

In 2005, current smokers smoked an average of 13 cigarettes a day

As in previous years, men smoked more cigarettes a day on average than women, although the difference may be narrowing: in England in 2005, men smoked on average 14 cigarettes a day compared with 13 for women ([Table 2.4](#)).

Smokers where the household reference person was in a routine and manual occupation smoked an average of 14.5 cigarettes daily compared with 12.0 cigarettes smoked among those in managerial and professional households ([Table 2.5](#)).

Analysis from the GHS 2005 shows that both men and women smoke more cigarettes at the weekend than during the week. Generally older people tended to smoke more cigarettes per day than younger people. For older people, the difference between smoking patterns at the weekend and during the week tended to be smaller than for younger people ([Table 2.4](#), [Table 2.6](#)).

2.2.3 Cigarette type

Among the different types of cigarettes, filter cigarettes continue to be the most widely smoked, especially among women. In 2005, 83% of women and 65% of men smoked filter cigarettes.

There has been a marked increase in the proportion of smokers who smoke mainly hand-rolled tobacco. In 1984, 10% of smokers reported mainly smoking hand-rolled cigarettes, but by 2005 this had risen to 25%. Only 1% of smokers said they smoked mainly plain (untipped) cigarettes ([Table 2.7](#)).

The use of hand-rolled tobacco has increased since 1984

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 2.8](#)).

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 lungs⁷.

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. This directive relates to the tar yield as declared by the manufacturer which is permitted to vary by up to 15% from the yield as measured by the Laboratory of the Government Chemist. Therefore the yield as measured in [Table 2.9](#) from 2004 may be up to 11.5mg for a declared value of 10mg.

The effect of these changes in legislation can be seen in [Table 2.9](#), in that there have been no brands of cigarettes in Great Britain with a yield of more than 12mg or more since 2003, even though these were the main brands of more than a third of smokers in previous years. 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 34% in 2002, followed by a marked increase to 71% in 2003. The

proportion has since remained at a similar level since then and was 73% in 2005.

2.3 Smoking among different groups

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 (36%) while those who are widowed are least likely (14%). Widowers were most likely to be ex-regular cigarette smokers (34%), followed by married or cohabiting people where 27% reported being ex-regular smokers (Table 2.10).

People who are divorced or separated are the most likely to smoke

2.3.2 Smoking and economic activity status/ Socio-economic classification

Table 2.11 shows smoking among adults, by economic activity status. In 2005, those people who were unemployed were the most likely to smoke (49%) and those people who were economically inactive were the least likely to smoke (20%).

The NHS Cancer Plan⁸ published in 2000 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 announced in 2004 also included a target to reduce smoking prevalence among routine and manual groups to 26% or less by 2010⁹.

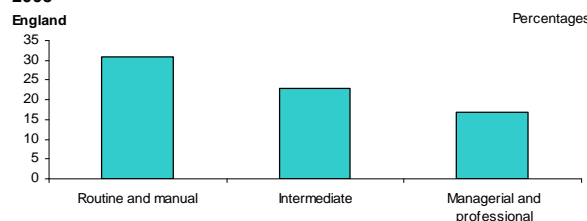
The National Statistics Socio-economic classification (NS-SEC) was introduced in 2001, replacing the old socio-economic group (SEG) categories. It is not possible to collapse NS-SEC categories into broad manual and non-manual groupings and as the Cancer Plan target relates to these, the

old socio-economic groups have been shown in Table 2.12.

The proportion of those in manual groups who smoke decreased from 33% in 1998 to 29% in 2005. However, people in manual socio-economic groups continue to be more likely to smoke than those in non-manual groups (29% and 19% respectively). The proportion of those in non-manual groups who smoke has also seen a decrease since 1998 (Table 2.12).

Table 2.13 shows a similar pattern using the new NS-SEC categories. Those in routine and manual occupations were more likely to smoke than those in managerial and professional occupations (31% and 17% respectively). Over the period 2001 to 2005, the prevalence of smoking decreased in all three groups, however the greatest change was seen in the intermediate group where smoking prevalence fell from 27% in 2001 to 23% in 2005 (Table 2.14, Figure 2.3).

Figure 2.3 Prevalence of cigarette smoking among adults, by socio-economic classification of household reference person, 2005

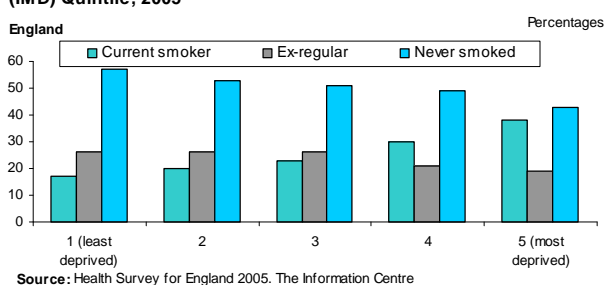


Source: General Household Survey 2005. Office for National Statistics
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Results from the 2005 HSE show smoking prevalence by smoking status and Index of Multiple Deprivation (IMD)¹⁰, not readily available from the GHS. The IMD provides a measure of deprivation based on deprivation in seven domains, namely income, employment, health and disability, education, skills and training, barriers to housing and services, crime and living environment. The IMD is broken down into five quintiles with the first quintile representing the lowest levels of deprivation and the fifth showing the highest.

In 2005, the prevalence of smoking increased as the measure of deprivation increased with people in the highest deprivation quintile (the fifth) reporting the highest level of smoking prevalence (38%) and the lowest proportion of people who had never smoked (43%) (Table 2.15, Figure 2.4).

Figure 2.4 Adult's smoking status by Index of Multiple Deprivation (IMD) Quintile, 2005



Source: Health Survey for England 2005. The Information Centre

2.3.3 Smoking and ethnicity

The HSE 2004 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 men to 40% of Bangladeshi men. Men in Pakistani, 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 (Table 2.16).

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 was lowest among Bangladeshi women (2%) and highest among Irish women (26%) and Black Caribbean women (24%). Both Black Caribbean women and Irish women showed a slightly higher prevalence of smoking than among women in the general population.

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 asked of South Asian (Pakistani, Indian and Bangladeshi) HSE respondents. Use of chewing tobacco was most prevalent among Bangladeshi groups, with 9% of men and 16% of women reporting using chewing tobacco (Figure 2.5)

Figure 2.5 Use of chewing tobacco, by South Asian ethnic group¹, 2004

England	Percentages		
	Indian	Pakistani	Bangladeshi
Men			
Uses chewing tobacco	4	2	9
Does not use chewing tobacco	96	98	91
Women			
Uses chewing tobacco	1	1	16
Does not use chewing tobacco	99	99	84

1. Aged 18 or over

Source: Health Survey for England 2004. The Information Centre

Cotinine levels among ethnic minority groups were measured in the HSE 2004. Cotinine is a metabolite of nicotine and the level of cotinine can provide an objective indication of tobacco use. A level of 15 or more nanograms per millilitre (ng/ml) is regarded as indicative of tobacco use within the past 24 hours.

The proportion of men with a cotinine level of 15 ng/ml or more was significantly higher among Bangladeshi men than any other group, reflecting the high prevalence of cigarette smoking among this group and the use of chewing tobacco. The HSE 2004 showed high cotinine levels among Bangladeshi women which contrasts with their low rate of self-reported smoking and is probably due to use of chewing tobacco[†].

[†] Data not presented in a table

2.3.4 Smoking by region

Table 2.17 shows that in 2005, there was less regional variation in smoking prevalence than in previous years, varying from 22% to 25%, except for a particularly high prevalence of 29% in the North East Government Office Region (GOR).

Smoking prevalence was highest in the North East Government Office Region

Although smoking prevalence is gradually decreasing for England, overall regional trends are more variable. The London GOR reported the largest percentage decrease of cigarette smoking, falling from 31% in 1998 to 22% in 2005.

While survey estimates can provide information on regional variation by GOR, it is not possible to look at prevalence at a smaller geographical level due to sample sizes. To address this information gap, the National Centre for Social Research was commissioned by the Department of Health and the Information Centre, to test and produce model-based estimates for a range of healthy lifestyle behaviours. Estimates were produced at Primary Care Organisation (PCO) level and ward level and included smoking prevalence among adults. Estimates based on 2000-02 data are published on the Office for National Statistics, Neighbourhood Statistics website¹¹. Updated estimates based on 2003-05 data are expected to be published late 2007.

2.3.5 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. This set a target to reduce the proportion of women in England who continued to smoke during pregnancy to

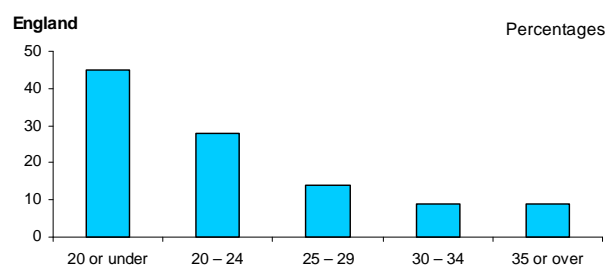
15% by 2010, with a fall to 18% by 2005 (from a baseline of 23%).

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.

In 2005, 17% of mothers reported smoking throughout pregnancy

Figure 2.6 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 30 and over. For most age groups, the proportion of mothers who smoked throughout pregnancy fell between 2000 and 2005. However, for those mothers aged 20 or under the percentage increased from 39% in 2000 to 45% in 2005.

Figure 2.6 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 from 2000 to 2005 for all ages except for younger mothers aged under 25 (Table 2.18).

2.3.6 Smoking prevalence and mental health

Several surveys of mental health and smoking prevalence among different groups of the population have been carried out. These groups have included adults living in private households¹², institutions¹³, homeless people¹⁴, prisoners¹⁵ and people with psychotic disorders¹⁶. These sources are all listed in the references at the end of this chapter.

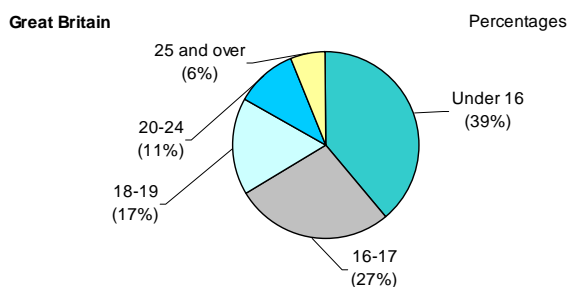
2.3.7 Age started smoking

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.

Four in ten smokers started smoking before they were 16

Table 2.19 shows that in 2005, in Great Britain, 39% of current smokers or those who had smoked regularly at some point in their life started smoking before the age of 16 (Figure 2.7).

Figure 2.7 Age adults started smoking regularly, 2005



Source: General Household Survey 2005. Office for National Statistics.
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Men were more likely than women to have started smoking before they were 16 (41% of men compared with 36% of women). One fifth of women who had ever smoked did not start until they were in their twenties or older, compared with 16% of men.

There has been an increase in the proportion of women taking up smoking before the age of 16 since the early 1990s. In 1992, 28% of women who had ever smoked had started before the age of 16 and this has risen to 36% in 2005. There was no equivalent increase among men.

Starting smoking at an early age was less common among those in managerial and professional households than among those in households where the household reference person was in a routine and manual occupation. In England, 30% of those in managerial and professional households started smoking before the age of 16 compared with 44% of smokers in the routine and manual group (Table 2.20).

2.3.8 Smoking status of parents

Respondents of the HSE 2005 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 2.21.

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 (34% and 17% respectively). 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 (66% and 42%).

2.4 European comparison

Health Interview Surveys report smoking prevalence among European Union (EU) countries as shown in [Table 2.22](#). Of the EU countries, Austria reported the highest daily smoking prevalence (36.3%). Prevalence in

the United Kingdom (26.7%) was close to the EU average at 26.5%, which is a similar proportion reported in the GHS for England (24%). The country reporting the lowest daily smoking prevalence was Portugal (16.4%).

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 decrease appears to be due to the increase 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 for women.

There has been little change reported in the number of cigarettes smoked daily by current smokers since 1984. In 2005 an average number of 13 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 than those who were widowed.

Those who were unemployed were more likely to smoke than those who were

economically inactive or working. People in routine and manual socio-economic groups continue to be more likely to smoke than those in managerial and professional groups.

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.

Smoking was found to be most prevalent in the North East GOR.

Almost a third of pregnant women in England reported smoking during or before pregnancy in 2005 and nearly half of pregnant women reported giving up smoking before or during pregnancy. 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.

Almost two fifths of smokers started smoking before the age of 16. The proportion of women taking up smoking before the age of 16 has increased since 1992.

In a European comparison of smoking prevalence, the UK ranked at around the middle of the 26 countries compared.

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List of tables

- 2.1 Prevalence of cigarette smoking among adults, by age, 1948, and 1980 to 2005
- 2.2 Prevalence of cigarette smoking among adults, by age and gender, 1948, and 1980 to 2005
- 2.3 Cigarette smoking status among adults, by gender, 1982, and 1990 to 2005
- 2.4 Average daily cigarette consumption by current smokers, age and gender, 1984, and 1990 to 2005
- 2.5 Average daily cigarette consumption by current smokers, by gender and socio-economic classification, 2005
- 2.6 Average number of cigarettes smoked daily on weekdays and weekends, by current smokers, by age and gender, 2005
- 2.7 Type of cigarette smoked by adults, by gender, 1984 and 1990 to 2005
- 2.8 Type of cigarette smoked by adults, by gender and NS-SEC, 2005
- 2.9 Tar yield per cigarette, 1998 to 2005
- 2.10 Cigarette smoking status among adults, by gender and marital status, 2005
- 2.11 Cigarette smoking status, among adults by socio-economic activity, 2005
- 2.12 Prevalence of cigarette smoking among adults, by gender and socio-economic group of household reference person, 1992 to 2005
- 2.13 Prevalence of cigarette smoking among adults, by gender and socio-economic classification, 2005
- 2.14 Prevalence of cigarette smoking among adults, by gender and socio-economic classification, 2001 to 2005
- 2.15 Adults' smoking status by Index of Multiple Deprivation (IMD) Quintile, 2005
- 2.16 Prevalence of cigarette smoking among adults', by smoking status, ethnic minority group and gender, 2004
- 2.17 Prevalence of cigarette smoking among adults, by gender and Government Office Region, 1998 to 2005
- 2.18 Smoking behaviour and pregnancy, by mother's age, 2000 and 2005
- 2.19 Age adults started smoking regularly, by gender, 1992 to 2005
- 2.20 Age adults started smoking regularly, by gender and socio-economic classification, 2005

- 2.21 Adults' smoking status, by reported parental smoking in childhood and gender, 2004
- 2.22 Prevalence of smoking among adults in European Union countries, by smoking status, 2004

Table 2.1 Prevalence of cigarette smoking among adults¹, by age, 1948², and 1980 to 2005^{3,4}

England		Percentages						
		All ages	16-19	20-24	25-34	35-49	50-59	60 and over
Unweighted								
	1948	52	..	..	..	..	..	..
	1980	39	33	42	45	43	44	28
	1982	35	31	39	38	38	40	27
	1984	33	30	37	37	36	39	25
	1986	32	31	40	36	35	34	25
	1988	31	28	37	35	35	33	23
	1990	29	31	39	35	33	27	21
	1992	28	26	38	34	29	27	19
	1994	26	28	40	32	29	26	16
	1996	28	29	39	35	30	27	18
	1998	27	31	41	34	30	26	15
Weighted								
	1998	28	31	40	35	31	27	16
	2000	27	30	36	35	29	26	16
	2001	27	28	37	34	29	25	16
	2002	26	25	38	34	28	25	15
	2003	25	25	36	34	30	24	14
	2004	25	26	33	31	29	24	14
	2005	24	25	32	31	27	24	13
<i>Weighted bases 2005 (000s)</i>		35,936	1,940	2,607	5,948	9,869	5,897	9,675
<i>Unweighted bases 2005</i>		18,613	896	1152	2,957	5,118	3,127	5,363

1. Aged 16 and over

2. 1948 data relate to Great Britain

3. The unweighted base for 2005 is of similar size to the unweighted base for earlier years

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 Prevalence of cigarette smoking among adults¹, by age and gender, 1948², and 1980 to 2005^{3,4}

		England							Percentages		
		All ages	16-19	20-24	25-34	35-49	50-59	60 and over			
Men											
Unweighted	1948	65	..	..	..	..	..	..	..	..
	1980	42	33	44	47	45	45	45	34	34	
	1982	37	31	39	40	39	41	41	32	32	
	1984	35	28	39	39	38	38	38	29	29	
	1986	34	30	41	37	37	34	34	28	28	
	1988	32	28	37	37	36	32	32	25	25	
	1990	31	28	39	37	34	27	27	24	24	
	1992	29	29	39	35	31	27	27	20	20	
	1994	28	28	42	34	31	26	26	17	17	
	1996	28	25	43	38	30	27	27	17	17	
	1998	28	30	42	37	32	26	26	15	15	
	Weighted	1998	29	30	40	38	33	27	27	16	16
		2000	29	30	36	39	31	27	27	16	16
		2001	28	24	39	38	31	25	25	16	16
2002		27	22	38	36	29	26	26	16	16	
2003		27	26	38	37	31	25	25	15	15	
2004		26	25	37	34	31	25	25	15	15	
2005		25	23	34	33	29	25	25	14	14	
<i>Weighted bases 2005</i>		16,834	993	1,186	2,843	4,559	2,859	2,859	4,394	4,394	
<i>Unweighted bases 2005</i>		8,663	449	502	1,367	2,341	1,509	1,509	2,495	2,495	
Women											
Unweighted	1948	41	..	..	..	..	..	..	..	..
	1980	36	32	40	43	41	42	42	24	24	
	1982	32	31	39	36	37	38	38	23	23	
	1984	32	31	35	35	35	40	40	22	22	
	1986	31	31	38	35	33	34	34	22	22	
	1988	30	27	37	33	34	33	33	21	21	
	1990	28	33	39	34	32	27	27	19	19	
	1992	27	24	37	32	28	28	28	19	19	
	1994	25	28	38	30	28	26	26	16	16	
	1996	27	32	37	33	30	26	26	18	18	
	1998	26	33	40	33	28	26	26	16	16	
	Weighted	1998	26	33	40	32	28	27	27	16	16
		2000	25	28	35	32	27	26	26	15	15
		2001	25	31	35	30	27	24	24	17	17
2002		25	28	38	33	27	24	24	14	14	
2003		24	24	34	31	28	22	22	14	14	
2004		23	26	30	28	28	23	23	13	13	
2005		22	27	29	29	25	23	23	13	13	
<i>Weighted bases 2005</i>		19,102	947	1,421	3,105	5,311	3,038	3,038	5,281	5,281	
<i>Unweighted bases 2005</i>		9,950	447	650	1,590	2,777	1,618	1,618	2,868	2,868	

1. Aged 16 and over
2. 1948 data relate to Great Britain
3. The unweighted base for 2005 is of similar size to the unweighted base for earlier years
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
General Household Survey 2005. Office for National Statistics

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Table 2.3 Cigarette smoking status among adults¹, by gender, 1982², and 1990 to 2005³

England	Unweighted						Weighted						Percentages	
	1982	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005	
All adults⁴														
Current smoker	35	29	28	26	28	27	28	27	27	26	25	25	24	
Ex-smoker	23	26	26	26	25	26	25	24	24	24	24	24	24	
Never or only occasionally smoked	43	45	46	47	47	48	48	50	50	50	51	52	53	
Men														
Current smoker	37	31	29	28	28	28	29	29	28	27	27	26	25	
Ex-smoker	31	32	33	32	32	31	29	27	27	28	27	28	27	
Never or only occasionally smoked	32	37	39	40	40	41	42	44	45	45	46	46	48	
Women														
Current smoker	32	28	27	25	27	26	26	25	25	25	24	23	22	
Ex-smoker	17	20	21	21	20	21	21	20	21	21	21	20	20	
Never or only occasionally smoked	51	52	53	54	53	53	53	55	54	54	55	57	57	
<i>Weighted bases (000s)</i>														
All adults	.	.	.	.	.	.	35,097	36,531	36,056	35,983	35,337	36,004	35,936
Men	.	.	.	.	.	.	16,566	17,583	17,206	16,806	16,686	16,855	16,834
Women	.	.	.	.	.	.	18,531	18,948	18,851	19,176	18,651	19,149	19,102
<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	
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	
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	

1. Aged 16 and over
2. Detailed data for England for the years before 1982 are not readily available
3. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year
4. 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

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Table 2.4 Average daily cigarette consumption by current smokers¹, age and gender, 1984², and 1990 to 2005³

England														Numbers	
	Unweighted						Weighted						Weighted bases 2005 (000s)	Unweighted bases 2005 ⁴	
	1984	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004			2005
All adults															
All ages	15	15	14	15	14	14	14	14	14	14	14	14	13	8,473	4,208
16 - 19	12	12	10	10	10	10	10	11	12	11	11	11	12	486	225
20 - 24	14	14	13	13	12	12	12	11	11	11	11	11	11	823	369
25 - 34	15	15	14	14	13	13	13	12	12	12	12	12	12	1,847	917
35 - 49	17	17	17	16	16	16	16	15	16	16	15	15	14	2,641	1,298
50 - 59	16	16	16	17	16	16	16	16	16	17	17	17	15	1,399	713
60 and over	13	13	13	13	14	13	13	13	13	14	14	13	14	1,276	686
Men															
All ages	16	16	15	16	16	15	15	15	15	15	14	14	14	4,191	2,042
16 - 19	12	12	11	10	11	10	10	12	11	10	13	12	13	229	102
20 - 24	15	15	13	13	14	14	14	12	12	12	12	10	11	406	172
25 - 34	16	16	14	15	14	13	13	13	12	13	13	12	12	944	451
35 - 49	18	19	18	17	18	17	18	16	16	17	16	15	15	1,311	639
50 - 59	18	17	18	20	16	17	17	17	18	19	18	17	16	699	355
60 and over	14	15	14	14	15	15	15	15	15	15	14	15	15	602	323
Women															
All ages	14	13	13	13	13	13	13	12	13	13	13	13	13	4,281	2,166
16 - 19	11	11	10	10	10	10	10	10	12	11	10	10	10	257	123
20 - 24	13	13	12	13	11	11	11	10	11	11	10	11	11	417	197
25 - 34	15	14	13	13	12	12	12	11	12	12	11	11	11	903	466
35 - 49	15	15	15	14	15	15	15	14	15	14	14	14	14	1,331	659
50 - 59	14	15	15	15	15	15	15	15	14	15	15	16	15	700	358
60 and over	11	11	12	12	12	12	12	12	12	13	13	13	13	674	363

1. Aged 16 and over
2. Detailed data for England for the years before 1984 are not readily available
3. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.
4. The unweighted base for 2005 is of similar size to the unweighted base for earlier years

Source:

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Table 2.5 Average daily cigarette consumption by current smokers¹, by gender and socio-economic classification^{2, 3}, 2005⁴

England	Average number of cigarettes per day	Weighted bases (000s)	Numbers
			Unweighted bases
All adults⁵	13.4	8,473	4,208
Managerial and professional	12.0	2,468	1,249
Intermediate	13.2	1,466	731
Routine and manual	14.5	3,924	1,956
Men	14.0	4,191	2,042
Managerial and professional	12.6	1,269	631
Intermediate	14.6	708	344
Routine and manual	15.0	1,921	943
Women	12.8	4,281	2,166
Managerial and professional	11.4	1,199	618
Intermediate	11.9	758	387
Routine and manual	13.9	2,003	1,013

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. 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 2005. Office for National Statistics

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Table 2.6 Average number of cigarettes smoked daily on weekdays and weekends, by current smokers¹, by age and gender, 2005²

England	Numbers						
	All ages	16-19	20-24	25-34	35-49	50-59	60 and over
All Adults	13.4	11.6	10.7	11.8	14.5	15.4	13.7
Weekday	12.8	10.8	9.9	11.0	13.9	15.0	13.5
Weekend	14.7	13.5	12.9	13.6	15.7	16.4	14.1
Men	14.0	12.9	10.5	12.4	15.0	16.2	14.6
Weekday	13.4	12.1	9.4	11.5	14.5	15.7	14.4
Weekend	15.5	15.0	13.2	14.4	16.2	17.2	15.2
Women	12.8	10.4	10.9	11.2	13.9	14.6	12.8
Weekday	12.3	9.8	10.3	10.5	13.3	14.2	12.7
Weekend	14.0	12.1	12.5	12.8	15.3	15.7	13.1
<i>Weighted bases (000s)³</i>							
All adults	8,473	486	823	1,847	2,641	1,399	1,276
Men	4,191	229	406	944	1,311	699	602
Women	4,281	257	417	903	1,331	700	674
<i>Unweighted bases³</i>							
All adults	4,208	225	369	917	1,298	713	686
Men	2,042	102	172	451	639	355	323
Women	2,166	123	197	466	659	358	363

1. Adults aged 16 and over

2. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.

3. Bases do not include those who did not state how many cigarettes they usually smoke on a weekday or a weekend day

Source:

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Table 2.7 Type of cigarette smoked by adults¹, by gender, 1984² and 1990 to 2005³

England	Percentages												
	Unweighted						Weighted						
	1984	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005
All adults													
Mainly filter	86	89	89	87	85	83	83	79	77	76	77	75	74
Mainly plain	4	2	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
Men													
Mainly filter	77	80	80	77	76	74	74	69	68	66	68	65	65
Mainly plain	6	3	2	2	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
Women													
Mainly filter	94	97	97	96	93	91	91	89	87	86	86	85	83
Mainly plain	3	1	1	1	1	1	1	1	1	1	1	1	1
Mainly hand-rolled	3	2	2	4	6	8	8	10	11	13	13	15	17
<i>Weighted bases (000s)</i>													
All adults	.	.	.	.	.	.	9,688	9,771	9,562	9,188	8,976	8,877	8,512
Men	.	.	.	.	.	.	4,820	5,024	4,826	4,468	4,552	4,427	4,216
Women	.	.	.	.	.	.	4,868	4,746	4,736	4,719	4,424	4,450	4,296
<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
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
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. Adults aged 16 and over

2. Detailed data for England for the years before 1984 are not readily available

3. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.

Source:

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Table 2.8 Type of cigarette smoked by adults¹, by gender and NS-SEC^{2,3}, 2005⁴

England	Percentages			
	All classifications ⁵	Managerial and Professional	Intermediate	Routine and manual
All Adults				
Mainly filter	74	81	78	69
Mainly plain	1	0	1	1
Mainly hand-rolled	25	19	21	31
Men				
Mainly filter	65	76	68	57
Mainly plain	1	0	1	1
Mainly hand-rolled	34	23	31	42
Women				
Mainly filter	83	86	87	80
Mainly plain	1	0	1	1
Mainly hand-rolled	17	14	12	19
<i>Weighted bases (000s)</i>				
All adults	8,512	2,480	1,471	3,944
Men	4,216	1,279	713	1,928
Women	4,296	1,200	758	2,016
<i>Unweighted bases</i>				
All adults	4,227	1,255	733	1,965
Men	2,054	636	346	946
Women	2,173	619	387	1,019

1. Adults 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

3. Based on current or last job of household reference person (HRP)

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

5. 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:

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Table 2.9 Tar yield per cigarette, 1998 to 2005^{1,2}

Great Britain	Percentages						
	1998	2000	2001	2002	2003	2004	2005
Less than 4mg	5	5	3	2	2	1	1
4<8mg	17	22	17	17	17	19	17
8<10mg	11	9	7	8	7	6	6
10<12mg	13	27	35	34	71	71	73
12<15mg	51	34	36	37	0	0	0
No regular brand or don't know tar yield	2	2	2	2	3	3	3
<i>Weighted bases (000s)</i>	<i>9,568</i>	<i>9,104</i>	<i>8,850</i>	<i>8,317</i>	<i>8,306</i>	<i>7,812</i>	<i>7,510</i>
<i>Unweighted bases</i>	<i>3,288</i>	<i>2,955</i>	<i>3,174</i>	<i>2,870</i>	<i>3,424</i>	<i>2,716</i>	<i>3,762</i>

1. Adults aged 16 and over

1. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

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Table 2.10 Cigarette smoking status among adults¹, by gender and marital status, 2005²

England	Percentages			
	Single	Married/cohabiting	Divorced/separated	Widowed
All adults				
Current cigarette smokers ³	30	21	36	14
Light smokers (under 20 cigarettes per day)	23	15	23	10
Heavy smokers (20 or more cigarettes per day)	6	6	12	4
Ex-regular cigarette smokers	11	27	22	34
Never or occasionally smoked cigarettes	60	52	42	52
Men				
Current cigarette smokers ³	30	22	38	16
Light smokers (under 20 cigarettes per day)	23	15	22	9
Heavy smokers (20 or more cigarettes per day)	7	7	15	6
Ex-regular cigarette smokers	11	32	26	52
Never or occasionally smoked cigarettes	59	45	36	32
Women				
Current cigarette smokers ³	30	20	34	14
Light smokers (under 20 cigarettes per day)	24	15	24	10
Heavy smokers (20 or more cigarettes per day)	6	5	10	3
Ex-regular cigarette smokers	10	22	20	29
Never or occasionally smoked cigarettes	60	58	46	58
<i>Weighted bases (000s)</i>				
<i>All adults</i>	7,855	22,311	3,164	2,605
<i>Men</i>	4,196	10,855	1,205	578
<i>Women</i>	3,659	11,457	1,959	2,027
<i>Unweighted bases</i>				
<i>All adults</i>	3,550	12,166	1,562	1,335
<i>Men</i>	1,843	5,915	574	331
<i>Women</i>	1,707	6,251	988	1,004

1. Aged 16 and over

2. 2005 data includes last quarter of 2004/05 data due to change from financial year to calendar year

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

Source:

General Household Survey 2005. Office for National Statistics

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Table 2.11 Cigarette smoking status, among adults¹ by socio-economic activity, 2005²

England	Percentages							All Adults ⁴
	Working			Unemployed	Economically Inactive ³			
	Full time	Part time	Total working ⁴		Aged 16-59	Age 60 and over	Total inactive	
All Adults								
Current cigarette smokers ⁵	26	23	25	49	32	13	20	24
Light smokers (under 20 cigarettes per day)	19	17	19	37	21	9	14	17
Heavy smokers (20 or more cigarettes per day)	7	5	6	11	11	4	7	6
Ex-regular cigarette smokers	21	21	21	13	14	39	29	24
Never or occasionally smoked cigarettes	54	56	54	38	54	48	51	53
Men								
Current cigarette smokers ⁵	26	23	26	51	35	14	21	25
Light smokers (under 20 cigarettes per day)	18	17	18	38	21	9	13	17
Heavy smokers (20 or more cigarettes per day)	8	6	7	12	13	5	7	8
Ex-regular cigarette smokers	22	25	23	14	13	52	39	27
Never or occasionally smoked cigarettes	51	52	51	35	52	34	40	48
Women								
Current cigarette smokers ⁵	25	23	24	46	30	12	20	22
Light smokers (under 20 cigarettes per day)	20	18	19	35	20	9	14	17
Heavy smokers (20 or more cigarettes per day)	5	5	5	10	10	3	6	5
Ex-regular cigarette smokers	18	20	19	12	15	29	23	20
Never or occasionally smoked cigarettes	57	58	58	42	55	58	57	57
<i>Weighted bases (000s)</i>								
All adults	14,909	6,057	21,521	863	5,395	8,155	13,549	35,933
Men	9,342	1,431	11,101	499	1,798	3,435	5,233	16,834
Women	5,568	4,626	10,419	363	3,596	4,720	8,316	19,099
<i>Unweighted bases</i>								
All adults	7,503	3,174	10,989	412	2,707	4,504	7,211	18,612
Men	4,730	721	5,636	233	832	1,962	2,794	8,663
Women	2,773	2,453	5,353	179	1,875	2,542	4,417	9,949

1. Aged 16 and over

2. 2005 data includes last quarter of 2004/05 data due to change from financial year to calendar year

3. Economically inactive people are people who are neither working or unemployed by the International Labour Organisation (ILO) measure. For example, this would include those who were looking after a home or retired

4. People who do unpaid family work, have inadequately described working hours or are on a government scheme are not included as separate categories but are included in the figures for 'total working' and 'all adults'

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

Source:

General Household Survey 2005. Office for National Statistics

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Table 2.12 Prevalence of cigarette smoking among adults¹, by gender and socio-economic group² of household reference person³, 1992⁴ to 2005⁵

England													Percentages	
	Unweighted				Weighted								Weighted bases 2005 (000s)	Unweighted sample (2005)
	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005			
All adults⁶	28	26	28	27	28	27	27	26	25	25	24	35,936	18,613	
Non-manual	23	21	22	21	22	23	21	20	21	20	19	18,917	10,026	
Manual	33	32	34	32	33	31	32	31	31	30	29	13,840	7,068	
Men⁶	29	28	28	28	29	29	28	27	27	26	25	16,834	8,663	
Non-manual	22	21	21	21	22	24	22	21	22	22	19	8,777	4,646	
Manual	35	34	35	34	35	34	34	32	33	31	31	6,962	3,533	
Women⁶	27	25	27	26	26	25	25	25	24	23	22	19,102	9,950	
Non-manual	23	21	22	21	22	22	20	20	20	19	18	10,140	5,380	
Manual	30	30	33	31	31	29	31	30	29	28	28	6,878	3,535	

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. 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. 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 2005. Office for National Statistics

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Table 2.13 Prevalence of cigarette smoking among adults¹, by gender and socio-economic classification^{2,3}, 2005⁴

England	Percentages		
	All adults	Men	Women
Total⁵	24	25	22
Managerial and professional	17	18	16
Large employers & higher managerial	15	16	14
Higher professional	12	14	9
Lower managerial & professional	19	20	19
Intermediate	23	24	22
Intermediate	21	23	19
Small employers & own account workers	25	25	24
Routine and manual	31	32	29
Supervisory & technical	28	28	28
Semi-routine	31	34	28
Routine	33	34	31
<i>Weighted bases (000s)</i>			
Large employers & higher managerial	2,505	1,254	1,251
Higher professional	3,195	1,684	1,511
Lower managerial & professional	8,911	4,145	4,766
Intermediate	3,063	1,163	1,900
Small employers & own account workers	3,390	1,770	1,620
Supervisory & technical	3,694	1,876	1,818
Semi-routine	4,681	1,979	2,702
Routine	4,492	2,123	2,369
Total⁵	35,936	16,834	19,102
<i>Unweighted bases</i>			
Large employers & higher managerial	1,388	694	694
Higher professional	1,709	886	823
Lower managerial & professional	4,738	2,195	2,543
Intermediate	1,523	572	951
Small employers & own account workers	1,797	924	873
Supervisory & technical	1,885	960	925
Semi-routine	2,404	1,011	1,393
Routine	2,264	1,057	1,207
Total⁵	18,613	8,663	9,950

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. 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 2005. Office for National Statistics

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Table 2.14 Prevalence of cigarette smoking among adults¹, by gender and socio-economic classification^{2,3}, 2001 to 2005⁴

England	Percentages						
	Weighted					Weighted base 2005 (000s)	Unweighted sample (2005)
	2001	2002	2003	2004	2005		
All adults⁵	27	26	25	25	24	35,936	18,613
Managerial and professional	19	19	18	19	17	14,612	7,835
Intermediate	27	26	26	24	23	6,453	3,320
Routine and manual	33	31	32	31	31	12,866	6,553
Men⁵	28	27	27	26	25	16,834	8,663
Managerial and professional	21	20	20	20	18	7,083	3,775
Intermediate	29	27	28	26	24	2,934	1,496
Routine and manual	34	32	34	32	32	5,977	3,028
Women⁵	25	25	24	23	22	19,102	9,950
Managerial and professional	17	17	17	17	16	7,528	4,060
Intermediate	26	25	24	22	22	3,520	1,824
Routine and manual	31	31	30	30	29	6,889	3,525

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. 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 2005. Office for National Statistics

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Table 2.15 Adults¹ smoking status by Index of Multiple Deprivation (IMD) Quintile, 2005

England	Percentages					
	All levels of IMD	1	2	3	4	5
All adults						
Current smoker	25	17	20	23	30	38
Ex-regular smoker	24	26	26	26	21	19
Never smoked	51	57	53	51	49	43
Men						
Current smoker	27	17	21	26	34	41
Ex-regular smoker	28	30	32	31	25	19
Never smoked	45	53	47	44	40	41
Women						
Current smoker	24	16	20	21	27	35
Ex-regular smoker	20	22	21	21	17	20
Never smoked	56	62	59	58	56	45
<i>Weighted Bases</i>						
All adults	7,557	1,541	1,621	1,475	1,615	1,306
Men	3,659	774	789	734	763	598
Women	3,899	767	832	741	852	708
<i>Unweighted Bases</i>						
All adults	7,569	1,575	1,636	1,467	1,591	1,300
Men	3,421	743	750	682	698	548
Women	4,148	832	886	785	893	752

1. Aged 16 and over

Source:

Health Survey for England 2005. The Information Centre

Table 2.16 Prevalence of cigarette smoking among adults¹, by smoking status, ethnic minority group and gender, 2004

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

1. Adults aged 16 and over

Source:

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

Table 2.17 Prevalence of cigarette smoking among adults¹, by gender and Government Office Region, 1998 to 2005

England	Weighted							Weighted bases 2005 (000s)	Percentages Unweighted sample 2005
	1998	2000	2001	2002	2003	2004	2005		
All adults									
England	28	27	27	26	25	25	24	35,936	18,613
North East	29	27	29	27	28	29	29	1,896	965
North West	31	30	29	28	30	28	24	4,892	2,588
Yorkshire and the Humber	29	28	29	27	25	28	25	3,738	1,931
East Midlands	27	25	28	24	27	27	25	3,314	1,761
West Midlands	29	26	24	23	25	23	22	3,483	1,862
East of England	25	25	26	25	25	24	23	3,950	2,130
London	31	27	27	24	24	22	22	4,929	2,213
South East	24	25	24	26	24	22	22	6,015	3,163
South West	25	27	24	25	24	23	25	3,718	2,000
Men									
England	29	29	28	27	27	26	25	16,834	8,663
North East	28	27	33	24	30	28	28	849	428
North West	29	29	28	28	30	27	26	2,265	1,185
Yorkshire and the Humber	30	29	30	27	25	30	27	1,738	901
East Midlands	27	27	28	24	31	27	25	1,597	841
West Midlands	32	27	27	25	26	26	23	1,662	881
East of England	26	27	27	25	28	26	25	1,859	996
London	34	31	29	29	28	26	25	2,277	1,019
South East	28	28	26	27	25	25	24	2,849	1,485
South West	26	30	27	27	26	25	26	1,737	927
Women									
England	26	25	25	25	24	23	22	19,102	9,950
North East	30	28	26	29	27	30	30	1,046	537
North West	32	30	29	28	30	28	23	2,627	1,403
Yorkshire and the Humber	28	26	28	27	24	26	23	2,000	1,030
East Midlands	26	24	27	24	24	28	25	1,717	920
West Midlands	26	24	22	21	24	21	21	1,822	981
East of England	24	23	25	25	22	23	21	2,091	1,134
London	27	24	26	21	20	19	20	2,652	1,194
South East	21	23	23	25	22	20	21	3,166	1,678
South West	25	24	22	24	22	21	25	1,981	1,073

1. Aged 16 and over

2. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

Source:

General Household Survey 2005. Office for National Statistics

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Table 2.18 Smoking behaviour and pregnancy, by mother's age, 2000 and 2005

England	Percentage who smoked before or during pregnancy		Percentage who smoked throughout pregnancy		<i>Base: All mothers¹</i>		Percentage who gave up before or during pregnancy		<i>Base: Mothers who smoked before or during pregnancy</i>	
	2000	2005	2000	2005	2000	2005	2000	2005	2000	2005
	All mothers²	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 – 24	52	49	29	28	863	1,137	44	42	447	554
25 – 29	36	29	19	14	1,391	1,534	45	52	497	451
30 – 34	25	23	12	9	1,523	1,682	50	59	373	383
35 or 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 2.19 Age adults¹ started smoking regularly, by gender, 1992 to 2005²

Great Britain	Percentages										
	Unweighted				Weighted						
	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004	2005
All adults											
Under 16	34	36	37	37	37	38	39	38	38	39	39
16-17	27	28	28	27	27	27	26	28	26	27	27
18-19	18	18	17	18	17	17	17	17	17	17	17
20-24	14	12	12	12	12	11	12	12	12	11	11
25 and over	7	7	6	6	6	6	6	5	6	6	6
Men											
Under 16	40	41	41	43	42	43	42	42	42	42	41
16-17	27	27	27	26	26	27	26	28	26	26	26
18-19	17	16	17	17	17	15	16	16	16	16	17
20-24	12	11	11	10	11	11	11	11	11	10	11
25 and over	4	4	3	4	4	5	4	4	4	5	5
Women											
Under 16	28	30	32	31	32	33	35	33	35	35	36
16-17	28	28	28	29	28	27	27	28	26	18	27
18-19	19	19	17	18	17	19	17	18	19	18	17
20-24	15	13	13	14	14	12	12	13	13	12	12
25 and over	10	9	9	8	8	8	9	7	7	7	7
<i>Weighted bases (000s)</i>											
All adults	.	.	.	.	21,247	20,679	20,830	20,537	20,169	20,097	19,783
Men	.	.	.	.	11,146	11,016	10,608	10,469	10,431	10,506	10,194
Women	.	.	.	.	10,101	9,663	10,222	10,067	9,738	9,591	9,589
<i>Unweighted bases</i>											
All adults	9,783	8,698	8,286	7,497	.	6,957	7,701	7,285	8,551	7,146	10,263
Men	5,143	4,519	4,295	3,852	.	3,625	3,883	3,696	4,410	3,700	5,276
Women	4,640	4,179	3,991	3,645	.	3,302	3,818	3,589	4,141	3,446	4,987

1. Aged 16 and over

2. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year

Source:

General Household Survey 2005. Office for National Statistics

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Table 2.20 Age adults¹ started smoking regularly, by gender and socio-economic classification^{2,3}, 2005⁴

England	Percentages			
	All classifications ⁵	Managerial and professional	Intermediate	Routine and manual
All adults				
Under 16	38	30	40	44
16-17	27	28	26	26
18-19	17	21	17	14
20-24	11	13	11	10
25 and over	6	7	6	6
Men				
Under 16	41	33	44	47
16-17	26	28	26	25
18-19	17	21	16	14
20-24	10	13	9	9
25 and over	5	6	5	5
Women				
Under 16	36	28	35	40
16-17	27	29	27	27
18-19	17	22	17	15
20-24	12	15	13	10
25 and over	7	7	7	8
<i>Weighted bases (000s)</i>				
All adults	16,939	5,849	3,060	7,154
Men	8,784	3,121	1,559	3,711
Women	8,154	2,728	1,501	3,442
<i>Unweighted bases</i>				
All adults	8,780	3,147	1,583	3,651
Men	4,546	1,682	807	1,885
Women	4,234	1,465	776	1,766

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 household reference person

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

5. 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 2005. Office for National Statistics

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Table 2.21 Adults¹ smoking status, by reported parental smoking in childhood and gender, 2004

England	Percentages			
	All adults ²	Neither parent smoked	One parent smoked	Both parents smoked
All adults				
Current smoker	25	17	25	34
Ex-regular smoker	24	17	27	25
Never smoked	51	66	48	42
Men				
Current smoker	27	20	26	34
Ex-regular smoker	28	22	32	26
Never smoked	45	58	41	40
Women				
Current smoker	24	14	23	33
Ex-regular smoker	20	12	22	23
Never smoked	56	74	55	44
<i>Weighted Bases</i>				
All adults	7,557	1,977	3,192	2,193
Men	3,659	955	1,557	1,045
Women	3,899	1,022	1,635	1,148
<i>Unweighted Bases</i>				
All adults	7,569	1,873	3,248	2,256
Men	3,421	836	1,497	992
Women	4,148	1,037	1,751	1,264

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, 2005. The Information Centre

Table 2.22 Prevalence of smoking among adults¹ in European Union² countries, by smoking status, 2004

European Union	Percentages		
	Daily smoker	Occasional smoker ^{3,4}	Non-smoker
EU Average	26.5	5.9	68.3
Austria	36.3	8.8	54.9
Belgium	24.1	4.4	71.5
Bulgaria	32.3	7.8	59.9
Cyprus	23.9	3.8	72.3
Czech Republic	24.9	6.1	69.1
Denmark	34.1	2.9	63.0
Estonia	33.3	1.5	65.2
Finland	18.1	4.5	77.4
France	26.1	..	73.9
Germany	26.3	6.2	67.5
Greece	27.6	7.1	65.4
Hungary	30.5	3.4	66.1
Ireland	21.9	4.3	73.8
Italy	24.5	..	75.5
Latvia	32.7	5.7	61.6
Lithuania	27.3	11.6	61.1
Malta	23.4	2.8	73.8
Netherlands	28.2	5.8	66.0
Poland	29.9	5.8	64.4
Portugal	16.4	2.2	81.3
Romania	20.8	9.6	69.5
Slovakia	19.2	8.5	72.4
Slovenia	34.6	9.8	55.5
Spain	28.1	2.8	69.0
Sweden	17.5	10.4	72.0
United Kingdom	26.7	..	73.3

1. Aged 15 and over

2. Data is not available for Luxembourg

3. For France, Italy and the United Kingdom there is no distinction between occasional and daily smoking

4. The EU average for occasional smokers only includes data for countries where data is available

Source:

Health status: indicators from the national Health Interview Surveys. European Commission: Eurostat

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3 Smoking among children

3.1 Background

This chapter describes the smoking behaviour of children aged 11-15 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 Smoking, Drinking and Drug Use among Young People in England in 2006 (SDD06)¹. Information for the survey was obtained from over 8,200 pupils in 290 schools in England during the autumn term of 2006.

SDD06 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 2006 survey being smoking and drinking.

Mental Health of Children and Young People in Great Britain, 2004², 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.

This chapter also reports on the smoking prevalence of students aged 15 and 16 in European countries. These data are collected from school surveys as part of the European School Survey Project on Alcohol and Other Drugs (ESPAD 2003)³.

3.2 Smoking behaviour and habits

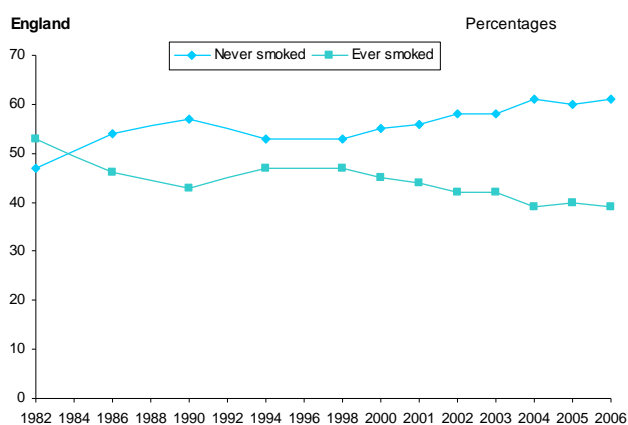
3.2.1 Smoking prevalence

Results from the SDD06 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 39% in 2004 and 2006. In 2006, 61% of pupils reported they had never smoked.

In 1982, 53% of pupils reported ever smoking compared to 39% in 2006

The Smoking, Drinking and Drug Use 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. Nine per cent of pupils in England were regular smokers, and a further 5% reported to be occasional smokers. (Table 3.1, Figure 3.1).

Figure 3.1 Pupils who have ever or never smoked, 1982-2006



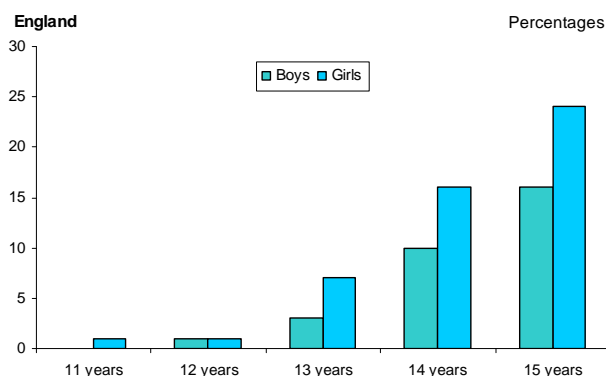
Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

As with previous years, girls were more likely to smoke than boys. Forty one per cent of girls had ever smoked compared to 36% of boys. Girls were also more likely than boys to smoke regularly (10% of girls compared to 7% of boys). . In 2006, 61% of those pupils who regularly smoke reported that they had been smoking for more than one year[†]

In 2006, 61% of those pupils who regularly smoke, reported that they had been smoking for more than one year

As might be expected, the proportion of pupils who smoke generally increased with age: among those aged 11, 13% reported ever smoking, compared to 61% of 15 year olds. Similarly, only 1% of 11 year olds were regular smokers compared with 20% of 15 year olds (Table 3.2, Figure, 3.2).

Figure 3.2 Regular smokers, by age and gender, 2006



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

3.2.2 Cigarette consumption

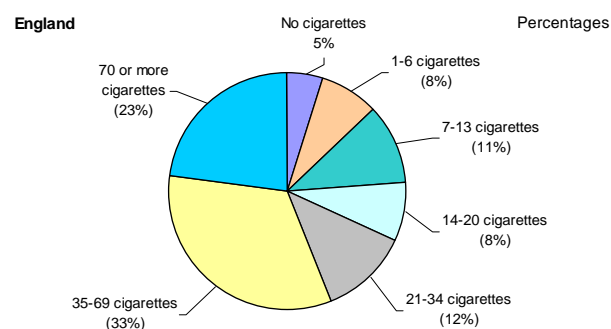
In SDD06 pupils were asked about their smoking behaviour in the week prior to interview. Regular smokers had an average of 43.5 cigarettes a week, equivalent to an average of six cigarettes a day. Among regular smokers, just under a quarter (23%) had smoked 70 or more cigarettes in the last

[†] Data not presented in table

week, an average of 10 or more a day. Among occasional smokers, the average consumption was 3.4 cigarettes a week. Forty three per cent of occasional smokers reported not smoking any cigarettes in the last week, compared to only 5% of regular smokers. Among regular smokers, boys had a higher prevalence of smoking 70 or more cigarettes a week (29% of boys compared to 20% of girls) (Table 3.3, Figure 3.3).

Regular smokers consumed on average 6 cigarettes a day, or 43.5 cigarettes a week

Figure 3.3 Number of cigarettes smoked, by regular smokers in the last week, 2006

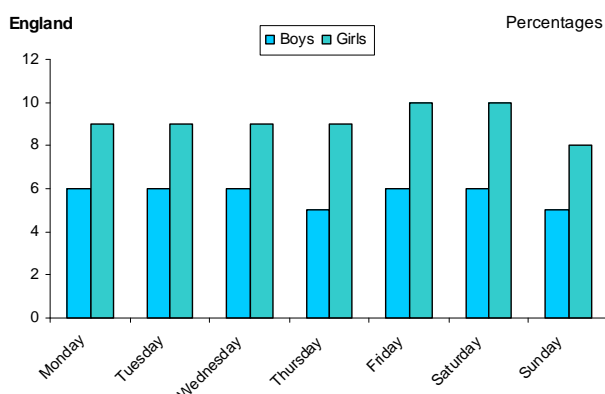


Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre

Ten per cent of pupils reported smoking in the last week. Pupils were more likely to smoke on a Friday or Saturday than on any other day. Eight per cent of pupils reported smoking on both a Friday and a Saturday, compared to 7% on any other day. Pupils were also more likely to smoke more on Fridays and Saturdays. Pupils smoked on average 7 cigarettes on Saturday and 6.6 cigarettes on Friday, compared with 5 or less on other days. On each day, girls were more likely to smoke than boys; however, the average number of cigarettes smoked by boys who did smoke each day was similar to or slightly higher than the average for girls. For example, 10% of girls smoked on a Saturday, compared to 6% of boys, but boys smoked on average 7.3 cigarettes on a

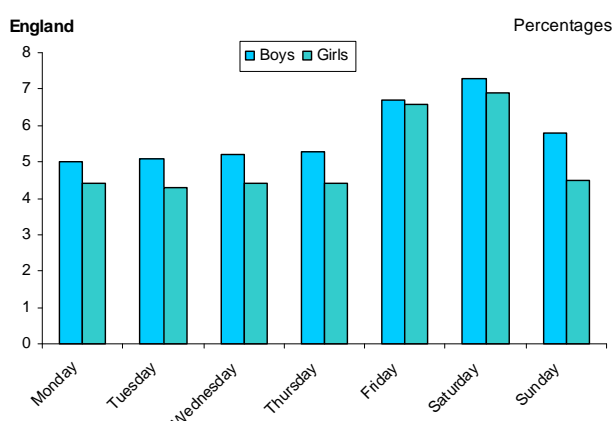
Saturday in comparison to 6.9 cigarettes among girls (Tables 3.4, 3.5, Figures 3.4, 3.5).

Figure 3.4 Days on which pupils smoked cigarettes in past week, by gender, 2006



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

Figure 3.5 Mean number of cigarettes smoked per day, by gender, 2006



Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The 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 from a packet (81% compared to

63% respectively). The same pattern was seen for adults (Table 3.6).

3.3 Smoking among different groups and other factors

3.3.1 Truancy and exclusion

As part of SDD, pupils were asked whether they had ever truanted or ever been excluded from school. Recorded levels of truancy and exclusions should be viewed with caution as they are based on self-reported data. Also despite an additional visit being undertaken if four or more pupils were absent when the survey was administered, it is likely that regular truants and those excluded from the school during the fieldwork period will be under represented in the sample.

In order to identify influences that are independently associated with regular smoking, a statistical procedure called logistic regression was used in SDD06. This analysis found that after removing for other factors pupils who truanted were more than twice as likely to smoke than those who had not truanted. Similarly, pupils who had been excluded were two and a half times as likely to smoke (Table B1, Appendix B).

Pupils who truanted were estimated to be more than twice as likely to smoke as those who had not truanted

3.3.2 Smoking among ethnic groups

Analysis found that after adjusting for other factors, pupils who described their ethnicity as Mixed were half as likely as White pupils to smoke regularly, similarly Black pupils were also less likely to smoke than White pupils. (Table B1, Appendix B).

3.3.3 Smoking and other substance use

Previous research¹ 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 combined¹.

Overall over a quarter (27%) of pupils had recently smoked, drank alcohol or used drugs, with 3% of all pupils smoking only. In addition, 4% reported smoking and drinking alcohol, 1% smoking and taking drugs and 4% smoking, drinking and taking drugs.

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

As the prevalence of each of these behaviours generally increases with age, so does the likelihood that pupils will have done more than one. For example, 1% of 12 year olds reported recent smoking and drinking and drug taking, compared to 9% of 15 year olds. Boys and girls were equally likely to report recently smoking and drinking and taking drugs (Table 3.7).

3.3.4 Living with other smokers

Using SDD06, current smokers who said that their family did not know they smoked were categorised as 'secret smoker'. 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

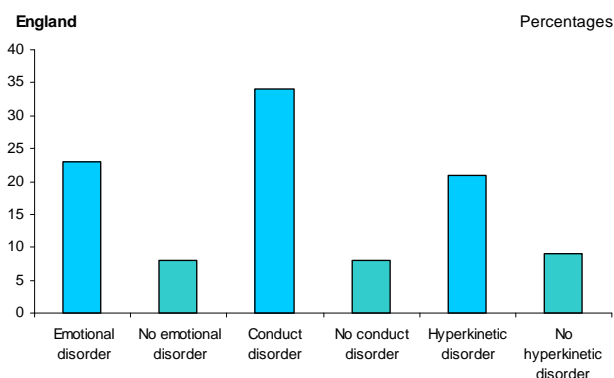
3.3.5 Smoking among young people with mental health problems

Results from the survey Mental Health of Children and Young People in Great Britain 2004, 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.

The proportion of children with conduct disorders who smoked was higher than those with other disorders (34%). There were marked differences between the different age groups. For example, over half (54%) of children aged 14-16 with conduct disorders smoked compared with 13% of those aged 11-13 years.

Young people with emotional, conduct and hyperkinetic disorder were also much more likely to report being regular smokers 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 (Table 3.9, Figure 3.6).

Figure 3.6 Smoking prevalence by whether 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.
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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 publication⁴.

3.4 Obtaining cigarettes and school policies

3.4.1 Obtaining cigarettes

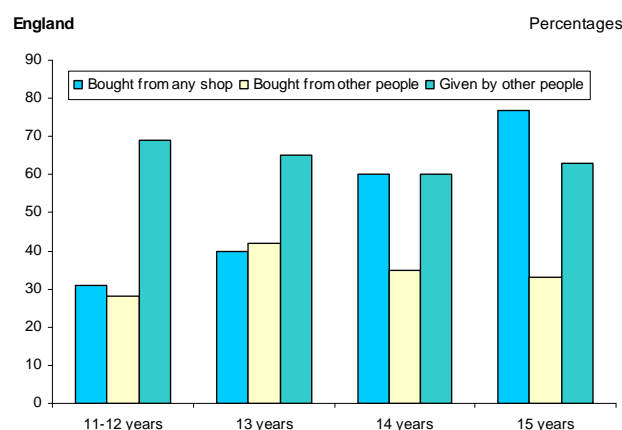
In 2006, current smokers were most likely to obtain their cigarettes from shops (65%), especially newsagents or tobacconists (55%). The other main source of cigarettes was being given them (63%), most often by friends (57%).

Girls were more likely than boys to be given cigarettes by other people, particularly friends (60% compared to 53% respectively) (Table 3.10).

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 11-12 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 3.11, Figure 3.6).

Figure 3.7 Usual sources of cigarettes, by age, 2006



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

3.4.2 Pupils refused the purchase of cigarettes

SDD also asks pupils who attempted to buy cigarettes in a shop in the last year whether they were successful or not. In 2006, nearly half (47%) of pupils who attempted to buy cigarettes in the past year were able to do so. Since 1993 there has been an increase in the number of pupils being refused cigarettes, from 29% to 53% in 2006. The biggest difference was among those aged 15, where 21% were refused cigarettes in 1993, compared to 49% in 2006 (Table 3.12).

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

3.4.3 Local Authority Activity

The Tobacco Control Survey: England 2004/05 report⁵ details activities carried out by local authorities to address underage tobacco sales. Activities include the test purchases of cigarettes using volunteer children (aged under 16), checking whether

warning notices explaining that it is illegal to sell tobacco products to children under 16 are displayed at the point of sale and monitoring of cigarette vending machines.

The survey showed that in England, during the year April 2004 to March 2005, 51 authorities (61% of all authorities) had used volunteer children to carry out test purchases. Around 1,350 premises were visited by these children attempting to buy tobacco products. Of these, 164 premises (12%) sold cigarettes to the volunteer children. In addition, around 8,500 premises in 68 authorities were visited to check whether a warning notice was being displayed at the point of sale. More than 1,200 premises (14%) were not displaying a warning sign (Table 3.13).

The Home Office reports, that during 2004 there were 73 prosecutions in England and Wales related to the illegal sale of tobacco to children aged under 16, with 57 defendants being found guilty. The number of such prosecutions has fluctuated over the last ten years[†].

3.4.4 School policies on smoking

SDD also asks schools about their policies on smoking. Most schools (83%) had a written policy on managing incidents on the school premises involving pupils smoking[†]. If pupils are found smoking on school premises, a wide range of actions are taken by the schools. The most frequently taken action is contacting parents, reported by 97% of schools. The next most frequent responses are giving detention (89%) followed by giving a verbal or written warning (85%), or a note on the pupil's record (83%). Only 3% of schools reported that they would contact the police and 5% reported they would permanently exclude the individual, although just under a half (48%) reported temporary exclusion if a pupil was found smoking (Table 3.14).

[†] Data not presented in table

3.5 European comparison

Among the European countries, Greenland had the highest proportion of students aged 15 and 16 reporting smoking in the last 30 days (60%). Turkey, Iceland and Cyprus were among those reporting the lowest prevalence of smoking (18%, 20% and 22% respectively). Although Ireland had around an average prevalence of smoking in the last 30 days (33%), they were among the most likely to report smoking on 21 days or more (6%). In the United Kingdom an average of three in ten (29%) students reported smoking in the last 30 days (Table 3.15).

Summary: Smoking among children

Two thirds of pupils reported that they had never smoked a cigarette. Since 1982, smoking among pupils has been decreasing. Overall, one in ten pupils reported being regular smokers in England in 2006.

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 that they were more likely to smoke on a Friday and Saturday, than any other day.

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

Among the different ethnic groups, White pupils were more likely to smoke as those of Mixed or Black ethnicity.

Pupils living in households with other smokers were more likely to admit smoking;

whereas pupils living in non-smoking households were more likely to keep their smoking a secret from their families.

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 there has been an increase in the number of pupils being refused. The Tobacco Control Survey showed that some shops are still selling cigarettes to children, as well as not displaying the appropriate warning notices.

The prevalence of pupils who reported recently smoking, drinking and taking drugs generally increased with age.

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 2006
- 3.2 Smoking behaviour among pupils, by gender and age, 2006
- 3.3 Number of cigarettes smoked among pupils in the past seven days, by smoking status and gender, 2006
- 3.4 Days on which pupils smoked cigarettes in past week, by gender, 2006
- 3.5 Mean number of cigarettes smoked per day among pupils, by gender, 2006
- 3.6 Type of cigarettes smoked among pupils, by gender, 2006
- 3.7 Summary of whether pupils have recently smoked, drunk alcohol or taken drugs, by age and gender, 2006
- 3.8 Whether families are aware of pupils' smoking, by number of smokers pupils live with, 2006
- 3.9 Smoking behaviour of secondary school children by whether has an emotional, conduct or hyperkinetic disorder, 1999 and 2004 combined
- 3.10 Usual sources of cigarettes among pupils, by gender, 2006
- 3.11 Usual sources of cigarettes among pupils, by age, 2006
- 3.12 Pupils who were refused cigarettes by a shop in the past year: 1990 to 2006
- 3.13 Enforcement activity undertaken by local authorities related to underage sale of tobacco, 2004/05
- 3.14 Actions taken by schools if pupils found smoking on school premises, 2006
- 3.15 Cigarette smoking during the last 30 days among students aged 15 and 16 in European Countries, 2003

Table 3.1 Smoking behaviour among pupils¹, by gender, 1982 to 2006²

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

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

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

Source:

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

Table 3.2 Smoking behaviour among pupils¹, by gender and age, 2006

England		Percentages					
All pupils	All ages	11 years	12 years	13 years	14 years	15 years	
All pupils							
Ever smoked	39	13	24	36	51	61	
Regular smoker	9	1	1	5	13	20	
Occasional smoker	5	1	3	5	8	9	
Used to smoke	7	2	4	7	10	12	
Tried smoking	17	10	16	19	21	20	
Never smoked	61	87	76	64	49	39	
Boys							
Ever smoked	36	13	25	34	47	56	
Regular smoker	7	0	1	3	10	16	
Occasional smoker	4	1	2	4	6	7	
Used to smoke	7	2	5	7	8	11	
Tried smoking	18	10	16	19	22	22	
Never smoked	64	87	75	66	53	44	
Girls							
Ever smoked	41	13	23	38	56	65	
Regular smoker	10	1	1	7	16	24	
Occasional smoker	6	1	3	5	10	11	
Used to smoke	8	2	4	8	12	13	
Tried smoking	16	10	15	18	19	18	
Never smoked	59	87	77	62	44	35	
<i>Bases</i>							
<i>All pupils</i>	<i>8,152</i>	<i>1,266</i>	<i>1,701</i>	<i>1,650</i>	<i>1,626</i>	<i>1,909</i>	
<i>Boys</i>	<i>4,018</i>	<i>624</i>	<i>853</i>	<i>794</i>	<i>837</i>	<i>910</i>	
<i>Girls</i>	<i>4,134</i>	<i>642</i>	<i>848</i>	<i>856</i>	<i>789</i>	<i>999</i>	

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

Source:

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

Table 3.3 Number of cigarettes smoked among pupils¹ in the past seven days, by smoking status and gender, 2006

England	Percentages		
Current smokers	All pupils	Boys	Girls
All current smokers			
None	20	21	20
1-6	24	24	23
7-13	9	7	9
14-20	5	4	6
21-34	7	7	7
35-69	20	19	21
70 or more	14	18	12
Mean	27.7	29.2	26.7
Median	11	11	11
Regular smokers			
None	5	8	4
1-6	8	6	9
7-13	11	8	12
14-20	8	7	9
21-34	12	11	12
35-69	33	31	34
70 or more	23	29	20
Mean	43.5	47.0	41.5
Median	39	42	36
Occasional smokers			
None	43	39	46
1-6	47	50	45
7-13	5	6	5
14-20	1	1	1
21-34	1	1	1
35-69	1	1	1
70 or more	1	1	1
Mean	3.4	3.7	3.2
Median	1	1	1
Bases			
<i>All current smokers</i>	1,003	385	618
<i>Regular smokers</i>	606	227	379
<i>Occasional smokers</i>	397	158	239

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

Source:

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

Table 3.4 Days on which pupils¹ smoked cigarettes in past week, by gender, 2006

England	Percentages		
	All pupils	Boys	Girls
Monday	7	6	9
Tuesday	7	6	9
Wednesday	7	6	9
Thursday	7	5	9
Friday	8	6	10
Saturday	8	6	10
Sunday	7	5	8
Any smoking in past week	10	8	13
<i>Bases</i>	<i>7,747</i>	<i>3,785</i>	<i>3,962</i>

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

Source:

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

Table 3.5 Mean number of cigarettes smoked per day among pupils¹, by gender, 2006

England	All who smoked in last 7 days	All pupils	Boys	Percentages	
				Boys	Girls
Monday		4.6	5.0		4.4
Tuesday		4.6	5.1		4.3
Wednesday		4.7	5.2		4.4
Thursday		4.7	5.3		4.4
Friday		6.6	6.7		6.6
Saturday		7.0	7.3		6.9
Sunday		5.0	5.8		4.5
All seven days ²		34.9	37.0		33.6
<i>Bases</i>		<i>802</i>	<i>306</i>		<i>496</i>

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

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

Source:

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

Table 3.6 Type of cigarettes smoked among pupils¹, by gender, 2006

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

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

Source:

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

Table 3.7 Summary of whether pupils¹ have recently smoked, drunk alcohol or taken drugs², by age and gender, 2006

England		Percentages					
All pupils	All ages	11 years	12 years	13 years	14 years	15 years	
All pupils							
Smoked only	3	0	1	3	4	5	
Drank alcohol only	11	2	5	10	15	21	
Took drugs only	2	2	2	2	2	2	
Smoked and drank alcohol	4	0	1	2	5	8	
Smoked and took drugs	1	1	0	1	2	2	
Drank alcohol and took drugs	2	0	1	1	3	3	
Smoked, drank alcohol and took drugs	4	0	1	2	6	9	
None of these	73	94	90	79	63	50	
Boys							
Smoked only	2	0	1	2	2	3	
Drank alcohol only	12	3	4	11	16	23	
Took drugs only	2	2	2	2	3	3	
Smoked and drank alcohol	3	0	1	1	3	6	
Smoked and took drugs	1	1	0	1	2	2	
Drank alcohol and took drugs	2	0	1	1	4	4	
Smoked, drank alcohol and took drugs	4	0	1	2	5	9	
None of these	74	93	90	79	64	51	
Girls							
Smoked only	4	1	1	4	5	6	
Drank alcohol only	10	1	5	8	14	19	
Took drugs only	2	2	2	2	2	1	
Smoked and drank alcohol	5	0	1	3	6	10	
Smoked and took drugs	1	0	0	1	2	2	
Drank alcohol and took drugs	1	-	0	1	2	2	
Smoked, drank alcohol and took drugs	4	-	1	2	7	10	
None of these	73	95	90	80	63	49	
Bases³							
<i>All pupils</i>	<i>7,187</i>	<i>1,094</i>	<i>1,482</i>	<i>1,439</i>	<i>1,445</i>	<i>1,727</i>	
<i>Boys</i>	<i>3,465</i>	<i>523</i>	<i>728</i>	<i>683</i>	<i>731</i>	<i>800</i>	
<i>Girls</i>	<i>3,722</i>	<i>571</i>	<i>754</i>	<i>756</i>	<i>714</i>	<i>927</i>	

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

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

Table 3.8 Whether families are aware of pupils'¹ smoking, by number of smokers pupils live with, 2006

England	Percentages				
Current smokers ²	Total	None	One	Two	more
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 11-15

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

Source:

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

Table 3.9 Smoking behaviour of secondary school children¹ by whether has an emotional, conduct or hyperkinetic disorder, 1999 and 2004 combined

Great Britain	Percentages								
	All aged 11 to 16			11 to 13 years old			14 to 16 years old		
	All	Any emotional disorder	No emotional disorder	All	Any emotional disorder	No emotional disorder	All	Any emotional disorder	No emotional disorder
All smokers	9	23	8	2	8	2	18	37	17
Regular smoker	6	19	5	1	6	1	13	33	11
Occasional smoker	3	3	3	1	3	1	5	4	5
Base (weighted)	7,670	387	7,283	4,400	192	4,208	3,269	194	3,075
		Any conduct disorder	No conduct disorder		Any conduct disorder	No conduct disorder		Any conduct disorder	No conduct disorder
All smokers	9	34	8	2	13	2	18	54	16
Regular smoker	6	30	5	1	10	1	13	50	10
Occasional smoker	3	3	3	1	3	1	5	4	5
Base (weighted)	7,670	385	7,285	4,400	193	4,208	3,269	193	3,077
		Hyperkinetic disorder	hyperkinetic disorder		Hyperkinetic disorder	No hyperkinetic disorder		Hyperkinetic disorder	No hyperkinetic disorder
All smokers	9	21	9	2	8	2	18	41	18
Regular smoker	6	15	6	1	4	1	13	32	13
Occasional smoker	3	6	3	1	4	1	5	9	5
Base (weighted)	7,670	84	7,586	4,400	50	4,350	3,269	34	3,235

1. Children aged 11 to 16

Source:

Mental health of children and young people in Great Britain, 2004. Office for National Statistics

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Table 3.10 Usual sources of cigarettes among pupils¹, by gender, 2006

England	Percentages ²		
	All pupils	Boys	Girls
Current smokers			
Bought from any shop	65	63	66
Supermarket	21	23	20
Newsagent/tobacconist/sweetshop	55	53	56
Garage shop	24	24	23
Other type of shop	13	12	13
Bought from street markets	4	7	2
Bought from a vending machine	14	15	13
Bought from the internet	1	1	0
Bought from other people	35	33	36
Friends or relatives	27	24	28
Someone else	17	18	17
Given by other people	63	57	66
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 11-15

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 Information Centre

Table 3.11 Usual sources of cigarettes among pupils¹, by age, 2006

England	Percentages ²				
	All ages	11-12 years	13 years	14 years	15 years
Current smokers					
Bought from any shop	65	31	40	60	77
Supermarket	21	9	6	15	29
Newsagent/tobacconist/sweetshop	55	24	32	49	67
Garage shop	24	7	9	18	32
Other type of shop	13	5	13	8	16
Bought from street markets	4	5	3	3	5
Bought from a vending machine	14	9	12	10	17
Bought from the internet	1	-	-	0	1
Bought from other people	35	28	42	35	33
Friends or relatives	27	24	32	25	27
Someone else	17	12	25	19	15
Given by other people	63	69	65	60	63
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 11-15

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 Information Centre

Table 3.12 Pupils¹ who were refused cigarettes by a shop in the past year: 1990 to 2006

England	Percentages									
Pupils who attempted to buy cigarettes in past year	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>Bases²</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 11-15

2. Bases for individual ages may not sum to total due to missing age data in some surveys between 1986 and 1998

Source:

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

Table 3.13 Enforcement activity undertaken by local authorities related to underage sale of tobacco, 2004/05

England	Numbers / Percentages	
	Numbers	Percentages
Authorities		
Total	83	100
Authorities making visits	68	82
At least one premises with no warning notice displayed	52	63
Authorities making visits with volunteer children	51	61
Authorities with at least one shop selling tobacco to	24	29
Premises		
Visits	8,499	100
No warning notice displayed	1,207	14
Visits with volunteer children	1,349	100
Tobacco sold to children	164	12

Source:

Tobacco Control Survey: England 2004-5. Local Authorities Coordinators of Regulatory Services (LACORS), 2006

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Table 3.14 Actions taken by schools if pupils¹ found smoking on school premises, 2006

England	Percentages
All schools	Total
Parents contacted	97
Detention	89
Verbal or written warning	85
Note on pupil's record	83
Loss of privileges	68
Temporary exclusion	48
Counsellor or agency contacted	41
Permanent exclusion	5
Police contacted	3
Other action	32
<i>Base</i>	270

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

Source:

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

Table 3.15 Cigarette smoking during the last 30 days among students aged 15 and 16¹ in European Countries, 2003

European Countries							Percentages	
	Days	0	<1	1-5	6-10	11-20	21+	Smoked during the last 30 days	No answer
Austria	51	13	12	11	10	3	49	1
Belgium	68	10	9	6	4	3	32	0
Bulgaria	54	10	11	14	8	3	46	1
Croatia	64	9	10	8	6	5	36	0
Cyprus	75	10	6	4	4	3	22	0
Czech Rep.	57	16	11	9	5	3	43	0
Denmark	70	10	5	7	6	1	30	0
Estonia	63	10	13	7	4	4	37	0
Faroe Isl.	59	4	7	15	13	2	41	1
Finland	62	14	9	9	5	2	38	0
France	67	11	10	7	3	3	33	0
Germany	55	12	12	11	7	3	45	0
Greece	72	9	5	4	6	4	28	1
Greenland	40	15	24	14	6	2	60	4
Hungary	61	11	14	9	5	2	39	0
Iceland	80	7	4	4	4	1	20	0
Ireland	67	8	4	7	8	6	33	0
Isle of Man	70	11	9	7	3	0	30	0
Italy	62	15	10	7	4	1	38	1
Latvia	60	13	13	8	4	3	40	0
Lithuania	59	14	13	8	3	3	41	0
Malta	73	15	6	3	2	1	27	1
Netherlands	69	9	8	7	5	2	31	2
Norway	72	10	8	6	4	1	28	1
Poland	69	7	10	6	3	2	31	2
Portugal	72	8	4	8	5	4	28	1
Romania	71	10	7	6	3	3	29	1
Russia	56	10	14	11	7	3	44	0
Slovak Rep.	63	13	13	7	4	1	37	0
Slovenia	64	13	10	7	5	2	36	0
Sweden	77	13	5	3	2	1	23	0
Switzerland	66	13	9	6	5	2	34	0
Turkey	82	8	5	3	2	1	18	1
Ukraine	61	13	13	7	3	3	39	0
United Kingdom	71	10	8	7	3	1	29	0
Spain	73	0	13	9	4	0	..	..

1. Data were collected mainly during Spring 2003 and the target population was students born in 1987. Thus the age group turned 16 during the collection year

Source:

ESPAD Report 2003 - Alcohol and Other Drug Use Among Students in 35 European Countries. ESPAD

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4 Behaviour and attitudes to smoking

4.1 Background

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. The latest information from the survey is reported in Smoking-related Behaviour and Attitudes, 2006¹. This survey was carried out during October and November 2006 and captured information from 2,340 adults aged 16 and over living 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.

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 2006 to March 2007².

Adult attitudes towards smoking in the European Union are taken from a survey carried out between September and December 2005. These data are reported in Attitudes of Europeans towards Tobacco³ commissioned by the Directorate-General Health and Consumer Protection of the European Commission.

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 2006⁴ (SDD06) described in Chapter 3.

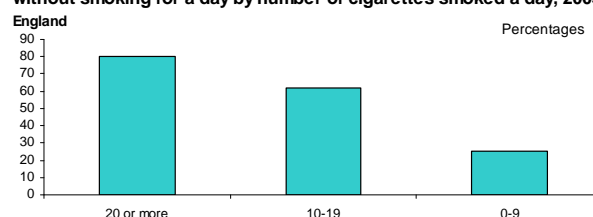
4.2 Adults' behaviour and attitudes to smoking

4.2.1 Adult dependence on cigarette smoking

In order to estimate people's dependence on cigarettes, the General Household Survey (GHS) 2005⁵ 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 2005, over half (55%) 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 the lightest smokers (those who smoke less than ten cigarettes a day) (80% 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, 2005



Source: General Household Survey, 2005. Office for National Statistics
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Fifty-seven per cent of women, compared with 53% of men, said they would find it difficult not to smoke for a day. This difference was particularly noticeable among heavier smokers: 84% of women compared with 77% of men, said they would find it difficult.

Differences were also reported between different occupational groups. Smokers in routine and manual groups were more likely to find it hard to not smoke for a day than those in managerial and professional occupations (60% and 48% 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).

Table 4.2 shows that 15% of smokers reported having their first cigarette within five minutes of waking. Almost a third (32%) of heavy smokers had a cigarette soon after waking compared with just 2% of the lightest smokers. Men were more likely than women to say they had their first cigarette within five minutes of waking (17% and 13% respectively). This is the opposite pattern to that shown for those who find it difficult to go without smoking for a day.

4.2.2 Wanting to stop smoking

To meet the various government targets set to reduce smoking prevalence, people have to be discouraged from starting to smoke, and current smokers have to be encouraged to stop. In 2006, the Omnibus Survey found that 72% of current smokers in Great Britain reported that they wanted to give up smoking with almost a quarter (23%) saying they would like to give up very much indeed. 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 wanted to stop smoking (Table 4.3).

Over seven in ten current smokers reported wanting to give up smoking

In order to identify factors that are independently associated with wanting to give up smoking, a statistical procedure

called logistic regression was used in the Smoking-related Behaviour and Attitudes, 2006. This analysis found that overall, smokers who were most likely to want to give up smoking were aged under 75 or were aware of the effect of second-hand smoking on chest infections among children or heart disease among non-smoking adults. More information on logistic regression can be found in Appendix B (Table B.2, Appendix B).

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-five 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 reasons for people wanting to quit (26%), followed by family pressure (17%) and the effect of smoking on children (14%) (Table 4.4).

4.2.3 Attempts at stopping smoking

In 2006, almost eight in ten (78%) 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[†]. When asked about quit attempts made in the last year, 55% of smokers who had tried to stop smoking in the last year reported making one quit attempt and 19% reported making three or more quit attempts (Table 4.5).

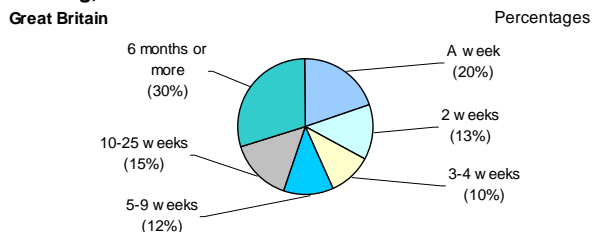
Over three quarters of current smokers reported trying to give up smoking at some point in the past

Smokers who had previously attempted to quit were also asked how long they had given up for on the last occasion. A fifth (20%) had quit for only a week while 30% had been successful for six months or more,

[†] Data not presented in a table.

only 8% of these had remained quit for two years or more (Table 4.6, Figure 4.2).

Figure 4.2 Length of time gave up for the last time stopped smoking, 2006



Source: Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics. Copyright © 2007, Re-used with the permission of The Office for National Statistics

Smokers who had stopped smoking for at least one day in the last year were asked why they had started to smoke again. Forty-two per cent said they had started again because they found life too stressful. The other most common reasons given by respondents were because their friends smoke (19%) and because they missed the habit (14%). Liking smoking and not being able to cope with cravings were also reasons to start smoking again (12% for both) (Table 4.7).

Table 4.8 shows that in 2006, around half (51%) of all current smokers had sought some kind of help or advice for stopping smoking. The most popular method used was reading leaflets/ booklets on how to stop (36%). Other methods included asking a doctor or other health professional for help (17%), being referred to a stop smoking group (10%) and calling a smokers' telephone helpline (5%). Twenty-eight per cent had used Nicotine Replacement Therapy (NRT) or another prescribed drug such as Zyban 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 stop smoking aids, nicotine replacement therapy (NRT) and bupropion (Zyban).

Between April 2006 and March 2007, 598,450 people set a quit date through NHS Stop Smoking Services. At the four week follow up 318,670 (53%) had successfully stopped smoking (Table 4.9).

Just over half of smokers who used NHS Stop Smoking Services in 2006/07 successfully quit at the 4 week follow up

4.2.5 Health risk awareness

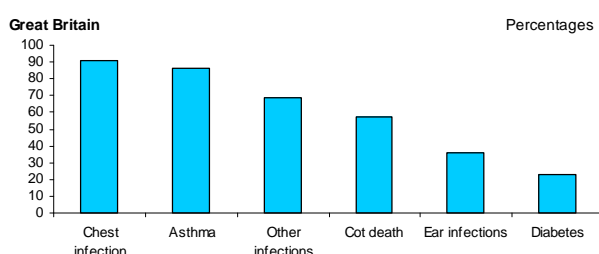
Respondents to the Omnibus Survey were asked what they thought the biggest causes of premature deaths (before the age of 65) were in order to gain an insight into awareness of the risks of smoking. The most frequently mentioned cause of premature deaths was smoking, reported by 46% of people in 2006. Smokers were significantly less likely than any other group to say that smoking causes the most premature deaths: 40% of all current smokers compared with 50% of those who have never smoked regularly (those who answered 'no' in the survey to the question 'Have you ever smoked cigarettes regularly?')[†]

Questions relating to awareness of second-hand smoking on a child's health and a non-

[†] Data not presented in a table.

smoking adult's health showed that in 2006, adults were most aware of the effect of second-hand smoking on a child's risk of chest infections and asthma (91% and 86%, respectively). Respondents were less likely to be aware of the risks associated with cot deaths (57%) and ear infections (36%). Over 80% thought that a non-smoking adult's risk of lung cancer, bronchitis and asthma would be increased by second-hand smoking (89%, 88% and 82% respectively) (Table 4.10, Table 4.11, Figure 4.3).

Figure 4.3 Agree that second-hand smoke increases a child's risk of certain medical conditions, 2006



Source: Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics. Copyright © 2007, Re-used with the permission of The Office for National Statistics

4.2.6 Non-smoker attitudes

Table 4.12 shows that in 2006, six in ten (60%) of non-smokers said that they would mind if other people smoked near them, similar to results in 2005 (62%) and 2004 (60%) and higher than percentages found in previous years. Women were more likely to mind than men (63% compared with 56%) as were people who have never smoked regularly compared with ex-smokers (64% compared with 53%) (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 (66%), the residual smell of smoke on clothing (54%) and the health effect of second hand smoke (47%). (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 (61%) said that smoking is not allowed at all inside their homes. Just over a quarter (26%) said that smoking is allowed in some rooms or at some times and only 13% said that smoking is allowed anywhere.

Six in ten of people said that smoking is not allowed at all in their homes

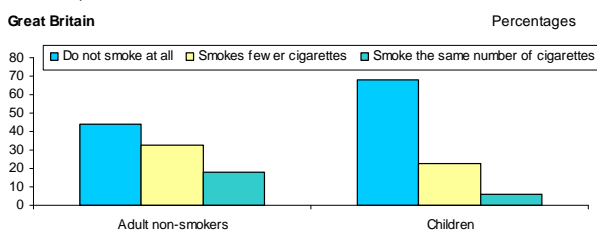
Heavy smokers (those who smoke 20 or more cigarettes a day) were the least likely to say that smoking was not allowed at all in their homes (11%) compared with light smokers (those who smoke less than twenty cigarettes a day) (32%), ex-smokers (68%) and those who had never smoked (75%) (Table 4.15).

People who were aware of the potential harm to children and non-smoking adults of second-hand smoking were more likely than others to say smoking was not allowed at all in their home. For example, 66% 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 30% of those who were not aware of the risk. (Table 4.16)

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 (78%) said that they modified their smoking behaviour when in the presence of non-smoking adults, with 44% of smokers saying they then did not smoke at all and 33% reporting that they tended to smoke less cigarettes.

When smokers are in the presence of children, their smoking behaviour alters more than when in the presence of adult non-smokers. In 2006, nine in ten (91%) of smokers reported that they would limit their smoking when a child was present with 68% saying they would not smoke at all. (Figure 4.4, Table 4.17).

Figure 4.4 Smokers' behaviour in the company of non-smokers and children, 2006



Source: Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics. Copyright © 2007, Re-used with the permission of The Office for National Statistics

4.2.8 Smoking restrictions

The 2006 Omnibus Survey on smoking related behaviour and attitudes took place in October and November 2006 before the smoking ban in public places came into force in England (1st July 2007) and Wales (2nd April 2007) but after its introduction in Scotland (26th March 2006).

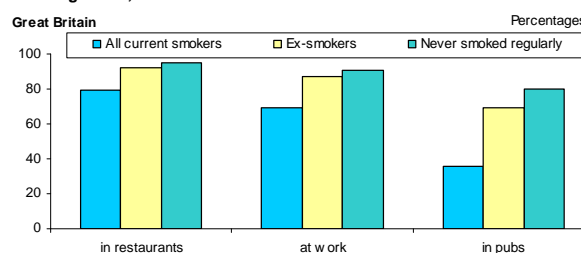
Respondents to the Omnibus Survey were first asked about any restrictions on smoking at their workplace. Of those respondents who were currently working, almost six in ten (58%) said that smoking was not allowed at all on the premises where they worked. This figure has steadily risen over the years from 40% in 1996. In 2006, smoking was only allowed in designated smoking areas in three in ten (31%) of workplaces. Only 7% reported there were no smoking restrictions at their workplace (Table 4.18).

Respondents of the survey were also asked whether they thought there should be restrictions on smoking in certain places. Overall, the vast majority of respondents agreed that smoking should be restricted in certain places; 92% thought there should be smoking restrictions in indoor sports and leisure centres, 90% in restaurants, 87% in indoor shopping centres, 85% at work and 82% in railway and bus stations. A smaller percentage of respondents thought there should be smoking restrictions in pubs (66%). Although support for restrictions in

pubs has been increasing since 1996, it has changed little since 2004[†].

Non-smokers were more likely to be in favour of restricting smoking than current smokers. For example 80% of those who had never smoked and 69% of ex-smokers were in favour of smoking restrictions in pubs compared with 36% of current smokers (Table 4.19, Figure 4.5).

Figure 4.5 Agree that smoking should be restricted in certain places, by smoking status, 2006



Source: Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics. Copyright © 2007, Re-used with the permission of The Office for National Statistics

Logistic regression was used to identify factors that are independently associated with attitudes to smoking restrictions. Generally, people who were the most likely to be in favour of restrictions were women, those who have never smoked, those in managerial and professional occupations and those who were aware of the effect of second-hand smoking on the health of children and non-smoking adults (Table B.3, Appendix B).

In addition to asking peoples' opinions on smoking restrictions, the 2006 Omnibus Survey also asked peoples' views on smokefree legislation. Overall, the majority (77%) of people said they agreed with the ban on smoking in public places; over half (53%) said they strongly agreed and almost a quarter (24%) agreed. Only 15% of people disagreed, of which 4% said they strongly disagreed. Women were more likely than men to be in favour of the smoking ban; 58% of women strongly agreed compared to 48% of men.

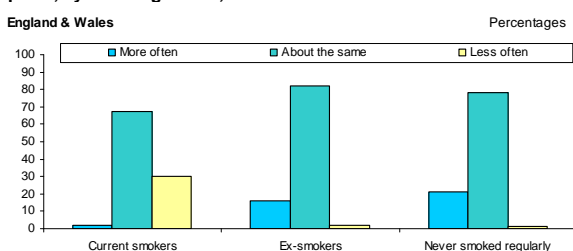
[†] Data not presented in a table.

Over three quarters of people said they agreed with the smoking ban in public places

Current smokers were less likely to agree with the smoking ban than ex-smokers and those who had never smoked. For example, only a fifth (19%) of current smokers strongly agreed with the smoking ban compared to almost six in ten (58%) of ex-smokers and two thirds (67%) of those who had never smoked (Table 4.20).

Respondents were also asked how often they would visit pubs when smoking is banned in indoor areas. Around three quarters (76%) of people in England and Wales who go to pubs said they would visit pubs as often as nowadays, 15% said they would go more often when the smoking restrictions are in place and 8% said they would go in less often. Among current smokers, two thirds (67%) said they would visit pubs as often as they do now but 30% thought they would visit less often (Table 4.21, Figure 4.6).

Figure 4.6 How often will visit pubs when smoking restrictions are in place, by smoking status, 2006



Source: Smoking-Related Behaviour and Attitudes, 2006, Office for National Statistics. Copyright © 2007, Re-used with the permission of The Office for National Statistics.

4.2.9 European attitudes towards a smoking ban

European Union (EU) citizens are generally in favour of banning smoking in public places. Over half of EU citizens (56%) were in favour of a smoking ban in restaurants and two-thirds (66%) were in favour of a smoking ban within offices and other indoor workplaces. Agreement is noticeably higher

in countries where a smoking ban already existed, including Ireland, Italy, Malta and Sweden.

As seen in results from the Omnibus Survey, attitudes towards a ban in pubs were not as favourable as a ban within restaurants, with only 40% of EU citizens in favour. Ireland, Italy, Malta and Sweden are again among those most in favour of a ban in pubs and bars (Table 4.22).

A relationship between smoking prevalence and attitudes towards smoking bans can be seen. Citizens from Austria and Denmark are least in favour of a smoking ban within restaurants and pubs and reported among the highest proportions of daily smokers in Chapter 2. Similarly, Italy, Malta and Ireland had among the highest proportions of non-smokers and are most in favour of smoking bans.

4.3 Children's behaviour and attitudes to smoking

4.3.1 Children's dependence on smoking

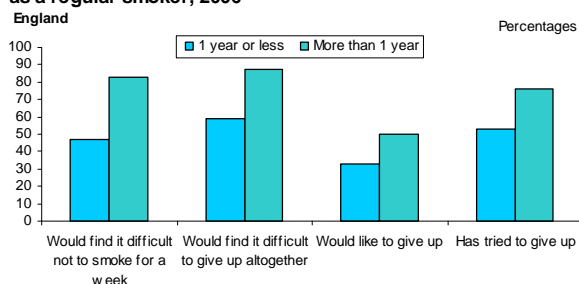
The Smoking, Drinking and Drug Use among young people in England survey (SDD) estimates children's dependence on cigarettes by asking whether those who smoked thought they would find it difficult to stop smoking, whether they would like to give up smoking and whether they have tried to give up.

Findings from the SDD06 show that children's dependence on smoking was related to the length of time spent as a regular smoker. In 2006, 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, 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 smoked for less time (50% and 33% respectively) (Table 4.23, Figure 4.7).

Figure 4.7 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 4.24).

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 think 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 4.25).

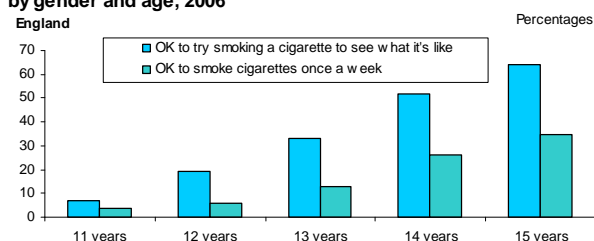
18% of pupils think its OK to smoke once a week

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 37% in 2006). Pupils were less likely to think it was OK to smoke cigarettes once a week; 18% in 2006, a figure which

has varied since 2003, with no obvious trend (Table 4.26).

The acceptability of smoking increased with age, as shown in Figure 4.8. This mirrored the prevalence of smoking among children as shown in Chapter 3. For example, 7% of 11 year olds said they thought it was OK to try smoking to see what its like, compared with 64% of 15 year olds.

Figure 4.8 Attitudes to smoking among secondary school children by gender and age, 2006



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

Girls were more likely than boys to think it was OK to try smoking to see what it is like (41% and 33% respectively) or to smoke once a week (20% and 17% respectively) (Table 4.27).

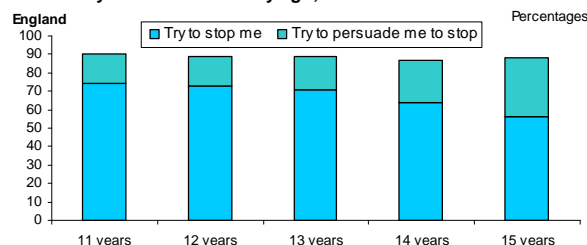
4.3.4 Perceived family attitudes towards children smoking

The SDD06 report included questions asking what pupils' thought their families would think about their smoking. The majority of pupils (88%) thought that their family would have negative attitude towards their smoking habits. Two-thirds (67%) of pupils thought their family would try to stop them smoking, whilst 21% reported that their family would try to persuade them to stop. Only 2% of pupils thought their families would do nothing.

Younger pupils were more likely than older pupils to think their families would try to stop them smoking (74% of 11 year olds compared with 56% of 15 year olds), while 16% of both 11 and 12 year olds and 32% of 15 year olds thought their families would use

persuasion to try stop them smoking (Table 4.28, Figure 4.9).

Figure 4.9 Perceived family attitude towards smoking among secondary school children by age, 2006



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

Table 4.29 shows that in households where some people smoked, families had more lenient attitudes to pupils' smoking than in non-smoking households. For example, 50% of pupils living in households with three or more smokers thought their families would try to stop them smoking compared with 73% of pupils with no smokers in the household.

Other questions on family attitudes included whether pupils thought that their family knew of their smoking habits. Current smokers who said that their family did not know they smoked were categorised as 'secret smokers' and other current smokers were classified as 'open smokers'. A third of regular smokers (34%) were secret smokers while two thirds (66%) smoked openly. Conversely, occasional smokers were more likely to be secret smokers as opposed to open smokers, 58% compared with 42% respectively (Figure 4.10).

Four in ten smokers aged 11 to 15 were secret smokers

Figure 4.10 Whether family is aware of pupils' smoking by smoking status, 2006

England	Current smokers	Total ¹	Percentages	
			Regular smoker	Occasional smoker
	Secret smoker	42	34	58
	Open smoker	58	66	42
<i>Base</i>		<i>964</i>	<i>651</i>	<i>313</i>

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

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

Summary: Behaviour and attitudes to smoking

Adults' behaviour and attitudes to smoking

In 2005, 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 light smokers.

Women smokers are more likely to perceive themselves as dependent despite the fact they smoke fewer cigarettes than men, but appear to be less dependent in that they are less likely to smoke first thing when they wake up.

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. Seven in ten smokers reported wanting to give up smoking with the main reason given being the impact on health. More than three quarters of current smokers reported trying to stop smoking at some point in the past, of which almost a third had successfully quit for six months or more. A much smaller percentage of those who had tried to quit in the past reported to have quit for two years or more. The main reason given for unsuccessful quit attempts was finding life too stressful.

The majority of adults agreed that second-hand smoking increases the risk of various illnesses among children and non-smoking adults.

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.

Six in ten of people reported that smoking is not allowed inside their homes. The majority of smokers reported altering their smoking behaviour around children and non-smoking adults.

At the time of the survey, fifty-eight per cent of people currently working said that smoking was not allowed on their workplace premises. The vast majority of people agreed that smoking should be restricted in certain places including restaurants, workplaces, indoor shopping centres and indoor sports and leisure centres. A smaller proportion were in favour of banning smoking in pubs.

Over three-quarters of adults in Great Britain said they agreed with the smoking ban in public places. Those who smoke were however less likely to agree than those who do not smoke. The majority of people in England and Wales said that the restrictions would not effect how often they visit pubs. A small percentage said they would visit pubs more often.

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 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 seven in ten of adult smokers. Almost all pupils believed that smoking can cause lung cancer, that it makes clothes smell and can harm non-smokers health. Some 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. The acceptability of smoking increases with age and girls are more likely than boys to think it is OK to smoke.

The majority of pupils thought that their families would have a negative attitude towards them smoking. Just over two-thirds said their family would try to stop them. Only a very small percentage of pupils thought their families would do nothing. In households where some people smoked, families had more lenient attitudes to pupils' smoking than in non-smoking households.

A third of pupils who smoked regularly were secret smokers while two-thirds smoked openly. Occasional smokers were more likely to be secret smokers than those who smoked regularly.

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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, 2005
- 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, 2005
- 4.3 Views on giving up smoking, by gender, 1997 to 2006
- 4.4 Main reasons for wanting to stop smoking, by gender, 2006
- 4.5 Number of attempts to give up smoking in the last year, 1999 to 2006
- 4.6 Length of time gave up for the last time stopped smoking, 2006
- 4.7 Main reasons for starting smoking again, by gender, 2006
- 4.8 Sources of help and advice used in the last year, by current smokers, 2006
- 4.9 People setting a quit date through NHS Stop Smoking Services and outcome at 4 weeks, by gender, April 2006 to March 2007
- 4.10 Agree that second-hand smoke increases a child's risk of certain medical conditions, 2006
- 4.11 Agree that second-hand smoke increases a non-smoking adult's risk of certain medical conditions, 2006
- 4.12 Non-smokers' attitudes to people smoking near them, 1997 to 2006
- 4.13 Non-smokers' attitudes to people smoking near them, by gender and smoking status, 2006
- 4.14 Non-smokers' reasons for saying that they would mind if smokers smoke near them, 2006
- 4.15 Extent to which smoking is allowed in peoples' homes, by smoking status, 2006
- 4.16 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, 2006
- 4.17 Smokers' behaviour in the company of non-smokers and children, 1997 to 2006
- 4.18 Restrictions on smoking at current workplace, 1996 to 2006
- 4.19 Percentage agreeing that smoking should be restricted in certain places, by smoking status, 2006
- 4.20 Agreement with new legislation on smoking restrictions in public places by gender and smoking status, 2006

- 4.21 How often will visit pubs when smoking restrictions are in place, by smoking status, 2006
- 4.22 Percentage who are totally in favour of a ban in restaurants, bars/ pubs and indoor workplaces, 2005
- 4.23 Pupils' dependence on smoking, by length of time as a regular smoker, 2006
- 4.24 Whether pupils asked for help or used services to give up smoking, 2006
- 4.25 Beliefs about smoking among pupils, by gender, 2006
- 4.26 Attitudes to smoking among pupils, 1999 to 2006
- 4.27 Attitudes to smoking among pupils by gender and age, 2006
- 4.28 Perceived family attitudes towards smoking among pupils, by age, 2006
- 4.29 Perceived family attitudes towards pupils' smoking, by number of smokers pupil lives with, 2006

Table 4.1 Proportion of smokers¹ who would find it difficult to go without smoking for a day by gender, socio-economic classification² and number of cigarettes smoked a day, 2005³

England	Percentages			
	All classifications ⁴	Managerial and professional	Intermediate	Routine and manual
All adults⁵	55	48	54	60
0-9	25	20	27	29
10-19	62	59	59	63
20 or more	80	80	80	79
Men⁵	53	47	52	58
0-9	22	22	20	24
10-19	58	55	55	60
20 or more	77	74	76	78
Women⁵	57	49	56	61
0-9	27	18	31	33
10-19	65	63	63	65
20 or more	84	87	84	81
<i>Weighted bases (000s)</i>				
<i>All adults⁵</i>	<i>8,472</i>	<i>2,476</i>	<i>1,466</i>	<i>3,918</i>
0-9	2,624	981	459	963
10-19	3,496	901	634	1,716
20 or more	2,313	583	368	1,220
<i>Men⁵</i>	<i>4,195</i>	<i>1,278</i>	<i>710</i>	<i>1,913</i>
0-9	1,220	484	181	432
10-19	1,670	442	309	810
20 or more	1,281	342	216	664
<i>Women⁵</i>	<i>4,277</i>	<i>1,198</i>	<i>756</i>	<i>2,005</i>
0-9	1,404	496	279	530
10-19	1,825	459	326	906
20 or more	1,032	241	151	556
<i>Unweighted bases</i>				
<i>All adults⁵</i>	<i>4,210</i>	<i>1,253</i>	<i>731</i>	<i>1,955</i>
0-9	1,280	484	228	477
10-19	1,753	464	316	863
20 or more	1,158	299	185	606
<i>Men⁵</i>	<i>2,045</i>	<i>635</i>	<i>345</i>	<i>940</i>
0-9	569	230	84	209
10-19	829	227	152	401
20 or more	635	173	107	327
<i>Women⁵</i>	<i>2,165</i>	<i>618</i>	<i>386</i>	<i>1,015</i>
0-9	711	254	144	268
10-19	924	237	164	462
20 or more	523	126	78	279

1. Aged 16 and over

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

3. 2005 data includes the last quarter of 2004/05 data due to survey change from financial year to calendar year

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

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

Source:

General Household Survey 2005. Office for National Statistics

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Table 4.2 Proportion of smokers¹ who have their first cigarette within five minutes of waking, by gender, socio-economic classification² and number of cigarettes smoked a day, 2005³

England	Percentages			
	All classifications ⁴	Managerial and professional	Intermediate	Routine and manual
All adults⁵	15	11	14	17
0-9	2	2	3	2
10-19	13	10	12	15
20 or more	32	27	31	34
Men⁵	17	13	17	20
0-9	3	2	4	2
10-19	14	13	15	14
20 or more	35	28	31	38
Women⁵	13	8	11	15
0-9	2	2	3	2
10-19	12	7	9	15
20 or more	29	24	32	28
<i>Weighted bases (000s)</i>				
<i>All adults⁵</i>	<i>8,496</i>	<i>2,478</i>	<i>1,468</i>	<i>3,931</i>
0-9	2,626	981	462	960
10-19	3,516	904	634	1,732
20 or more	2,314	583	368	1,219
<i>Men⁵</i>	<i>4,203</i>	<i>1,278</i>	<i>710</i>	<i>1,919</i>
0-9	1,218	484	181	430
10-19	1,682	442	309	820
20 or more	1,279	342	216	663
<i>Women⁵</i>	<i>4,292</i>	<i>1,200</i>	<i>758</i>	<i>2,012</i>
0-9	1,408	496	281	530
10-19	1,834	462	326	912
20 or more	1,035	241	151	557
<i>Unweighted bases</i>				
<i>All adults⁵</i>	<i>4,219</i>	<i>1,254</i>	<i>732</i>	<i>1,959</i>
0-9	1,281	484	229	476
10-19	1,761	465	316	869
20 or more	1,158	299	185	605
<i>Men⁵</i>	<i>2,048</i>	<i>635</i>	<i>345</i>	<i>942</i>
0-9	568	230	84	208
10-19	834	227	152	405
20 or more	634	173	107	326
<i>Women⁵</i>	<i>2,171</i>	<i>619</i>	<i>387</i>	<i>1,017</i>
0-9	713	254	145	268
10-19	927	238	164	464
20 or more	524	126	78	279

1. Aged 16 and over

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

3. 2005 data includes the last quarter of 2004/05 data due to survey change from financial year to calendar year

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

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

Source:

General Household Survey 2005. Office for National Statistics

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Table 4.3 Views on giving up smoking, by gender, 1997 to 2006^{1,2}

Great Britain	Percentages								
	1997	1999	2000	2001	2002	2003	2004	2005	2006
All Adults									
Total would like to give up	71	72	71	72	70	70	73	72	72
Very much indeed	..	30	30	28	26	24	28	27	23
Quite a lot	..	21	20	22	23	22	24	23	27
A fair amount	..	14	16	15	14	17	14	15	15
A little	..	7	6	7	8	7	7	7	7
Would not like to give up	29	28	29	28	30	30	27	28	28
<i>Base</i>	987	950	868	836	936	849	804	564	571
Men									
Total would like to give up	68	72	71	72	71	71	74	74	72
Very much indeed	..	29	29	29	26	24	32	24	24
Quite a lot	..	20	20	18	24	24	24	24	29
A fair amount	..	16	16	17	13	14	12	17	13
A little	..	6	6	8	8	8	6	9	7
Would not like to give up	32	28	29	28	29	29	26	26	28
<i>Base</i>	449	447	414	390	454	423	373	269	279
Women									
Total would like to give up	74	72	71	73	70	70	72	71	72
Very much indeed	..	30	32	27	26	25	25	29	22
Quite a lot	..	22	20	26	22	20	24	23	25
A fair amount	..	12	15	14	15	19	16	14	18
A little	..	8	5	7	7	7	8	5	6
Would not like to give up	26	28	29	27	30	30	28	29	28
<i>Base</i>	536	503	454	446	482	426	431	295	292

1. Adults aged 16 and over

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.4 Main reasons for wanting to stop smoking, by gender, 2006¹

Great Britain	Percentages ²		
	All adults	Men	Women
Better for health in general	69	68	69
Less risk of getting smoking related illness	26	32	22
Presents health problems	15	14	16
At least one health reason	85	88	83
Financial reasons	26	28	24
Family pressure	17	14	20
Harms children	14	11	16
Doctor's advice	5	4	5
Pregnancy	2	..	5
Other	3	3	2
Gave more than one reason	52	51	53
<i>Base</i>	<i>410</i>	<i>202</i>	<i>208</i>

1. Adults aged 16 and over

2. Percentages sum to more than 100 as smokers could give more than one answer

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.5 Number of attempts to give up smoking in the last year, 1999 to 2006¹

Great Britain	Percentages							
	1999	2000	2001	2002	2003	2004	2005	2006
One	44	58	58	60	61	60	58	55
Two	28	18	20	25	22	23	20	26
Three or more	28	24	22	15	17	17	22	19
<i>Base</i>	<i>244</i>	<i>193</i>	<i>203</i>	<i>218</i>	<i>198</i>	<i>205</i>	<i>153</i>	<i>167</i>

1. Adults aged 16 and over who reported a quit attempt in the last year

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.6 Length of time gave up for the last time stopped smoking, 2006¹

Great Britain	Percentages
A week	20
2 weeks	13
3-4 weeks	10
5-9 weeks	12
10-25 weeks	15
6 months or more	30
6-12 months	17
More than 1 year, but less than 2	6
2 years or more	8
<i>Base</i>	<i>445</i>

1. Adults aged 16 and over who ever tried to stop smoking

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.7 Main reasons for starting smoking again, by gender, 2006¹

Great Britain	Percentages
Life too stressful/ just not a good time	42
My friends smoke	19
Missed the habit/ something to do with my hands	14
I like smoking	12
Couldn't cope with the cravings	12
My spouse/ partner smokes	4
Put on weight	3
Was drinking/ in pub	3
Reason for quitting no longer applied	2
Other	10
Gave more than one reason	19
<i>Base</i>	<i>280</i>

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

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.8 Sources of help and advice used in the last year, by current smokers, 2006¹

Great Britain	Percentages
Read leaflets/ booklets on how to stop	36
Asked doctor or other health professional for help	17
Called a smokers' telephone helpline	5
Been referred/ self-referred to stop smoking group	10
Bought non-prescription NRT	12
Free non-prescription NRT	2
Paid for prescription NRT	4
Free prescription NRT	11
Prescribed other 'stop smoking' drugs	1
Had any NRT/ other prescribed drugs to help stop smoking	28
Sought any help or advice	51
Did not seek help or advice	49
<i>Base</i>	<i>572</i>

1. Adults aged 16 and over

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.9 People setting a quit date through NHS Stop Smoking Services and outcome¹ at 4 weeks, by gender, April 2006 to March 2007

England	Numbers/Percentages					
	Numbers			Percentages		
	Total	Males	Females ²	Total	Males	Females
Total number setting a quit date	600,410	266,311	334,099	100	100	100
Outcome at 4 weeks						
People who had successfully quit at 4 week follow-up (self-report)	319,720	145,116	174,604	53	54	52
People who had not quit at 4 week follow-up (self-report)	150,290	63,641	86,649	25	24	26
People not known/lost to follow up	130,400	57,554	72,846	22	22	22
CO validation³						
People who had successfully quit at 4 week follow-up (self-report), where CO validation was attempted	229,347	103,550	125,797	38	39	38
People who had successfully quit at 4 week follow-up (self-report), confirmed by CO validation	198,052	89,882	108,170	33	34	32

1. A client is 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. The above figures include 18,278 pregnant women setting a quit date, of whom 9,524 (52%) had successfully quit (based on self-report) at the 4 week follow-up

3. 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 Information Centre, 2007

Table 4.10 Agree that second-hand smoke increases a child's risk of certain medical conditions, 2006¹

Great Britain	Percentages
Chest infection	
Increases risk	91
Does not increase risk	7
Can't say	1
Asthma	
Increases risk	86
Does not increase risk	11
Can't say	3
Other infections	
Increases risk	69
Does not increase risk	25
Can't say	7
Cot death	
Increases risk	57
Does not increase risk	31
Can't say	12
Ear infections	
Increases risk	36
Does not increase risk	46
Can't say	18
Diabetes	
Increases risk	23
Does not increase risk	59
Can't say	18
<i>Base</i>	<i>2,347</i>

1. Adults aged 16 and over

2. As a control, respondents were asked about diabetes, the risk of which is not medically proven to be increased by either active or second-hand smoking

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.11 Agree that second-hand smoke increases a non-smoking adult's risk of certain medical conditions, 2006¹

Great Britain	Percentages
Lung Cancer	
Increases risk	89
Does not increase risk	9
Can't say	2
Bronchitis	
Increases risk	88
Does not increase risk	10
Can't say	2
Asthma	
Increases risk	82
Does not increase risk	14
Can't say	3
Heart Disease	
Increases risk	77
Does not increase risk	19
Can't say	4
Coughs and colds	
Increases risk	73
Does not increase risk	25
Can't say	2
Diabetes	
Increases risk	24
Does not increase risk	57
Can't say	19
<i>Base</i>	2,347

1. Adults aged 16 and over

2. As a control, respondents were asked about diabetes, the risk of which is not medically proven to be increased by either active or second-hand smoking

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.12 Non-smokers' attitudes to people smoking near them¹, 1997 to 2006

Great Britain	Percentages								
	1997	1999	2000	2001	2002	2003	2004	2005	2006
Would mind if people smoke near them	56	54	55	55	55	56	60	62	60
Would not mind	35	37	34	34	35	36	32	29	32
It depends	9	9	11	11	10	8	8	9	8
<i>Base</i>	<i>2,730</i>	<i>2,609</i>	<i>2,455</i>	<i>2,645</i>	<i>2,872</i>	<i>2,667</i>	<i>2,733</i>	<i>1,830</i>	<i>1,774</i>

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.13 Non-smokers' attitudes to people smoking near them¹, by gender and smoking status, 2006

	Great Britain				
	All adults	Gender		Percentages	
		Men	Women	Ex-regular smokers	smoked regularly
Would mind if people smoke near them	60	56	63	53	64
Would not mind	32	35	28	38	28
It depends	8	9	8	9	8
<i>Base</i>	<i>1,774</i>	<i>806</i>	<i>968</i>	<i>634</i>	<i>1,139</i>

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.14 Non-smokers' reasons for saying that they would mind if smokers smoke near them¹, 2006

Great Britain	Percentages ²
Health reasons	
Bad for my health	47
Affects breathing/asthma	29
Make me cough	23
Gets in my eyes	21
Makes me feel sick	11
Gives me a headache	9
Other reasons	
Unpleasant smell	66
Makes clothes smell	54
Other	10
<i>Base</i>	1,063

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

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.15 Extent to which smoking is allowed in peoples' homes, by smoking status, 2006

	Great Britain						Percentages
	All adults	Smoking status			All current smokers	Ex-smokers	Never smoked regularly
		At least 20 cigarettes per day	Fewer than 20 cigarettes per day				
Smoking is not allowed at all	61	11	32	27	68	75	
Smoking is allowed in some rooms or at some times	26	47	49	48	22	17	
Smoking is allowed anywhere	13	43	19	25	10	8	
<i>Base</i>	2,333	141	428	571	630	1,133	

1. Adults aged 16 and over

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.16 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, 2006¹

Great Britain				Percentages
	Smoking is not allowed at all	Smoking is allowed in some rooms or at some times	Smoking is allowed anywhere	Base
All adults²	61	26	13	2,333
Chest infection				
Increases risk	64	24	12	2,130
Does not increase risk	26	43	31	174
Asthma				
Increases risk	66	23	11	2,001
Does not increase risk	30	43	27	256
Other infections				
Increases risk	68	22	10	1,601
Does not increase risk	43	36	21	576
Cot death				
Increases risk	70	21	9	1,336
Does not increase risk	45	35	20	723
Ear infections				
Increases risk	72	20	7	842
Does not increase risk	52	32	17	1,073
Diabetes				
Increases risk	73	18	10	531
Does not increase risk	56	30	14	1,377

1. All adults aged 16 and over

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.17 Smokers' behaviour in the company of non-smokers and children, 1997 to 2006¹

Great Britain	Percentages ²									
In the presence of...	1997	1999	2000	2001	2002	2003	2004	2005	2006	
Adult non-smokers										
Smoke the same number of cigarettes	12	12	11	12	11	14	14	14	18	
Smokes fewer cigarettes	37	34	34	34	30	36	38	34	33	
Do not smoke at all	45	49	50	48	52	46	45	47	44	
Other (eg ask permission)	6	5	4	6	7	5	3	5	4	
<i>Base</i>	986	948	867	844	943	851	806	569	572	
Children										
Smoke the same number of cigarettes	10	8	6	8	8	6	6	4	6	
Smokes fewer cigarettes	32	30	25	26	21	24	25	21	23	
Do not smoke at all	54	60	67	63	66	68	67	74	68	
Other (eg ask permission)	3	2	2	3	5	3	2	1	2	
<i>Base</i>	985	945	867	843	941	850	808	568	571	

1. Adults aged 16 and over who smoke

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

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.18 Restrictions on smoking at current workplace, 1996 to 2006¹

Great Britain	Percentages									
	1996	1997	1999	2000	2001	2002	2003	2004	2005	2006
No smoking at all	40	42	48	44	47	50	50	51	51	58
Designated areas only	42	41	37	40	38	36	38	37	37	31
No restrictions at all	13	13	11	11	9	9	8	8	8	7
Don't work with others	5	4	4	5	6	5	4	4	4	4
<i>Base</i>	<i>2,154</i>	<i>2,195</i>	<i>2,104</i>	<i>1,883</i>	<i>2,040</i>	<i>2,251</i>	<i>2,084</i>	<i>2,174</i>	<i>1,435</i>	<i>1,407</i>

1. Adults aged 16 and over who are currently working

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.19 Percentage agreeing that smoking should be restricted in certain places, by smoking status, 2006¹

Great Britain	Smoking status					Percentages
	All adults	At least 20 cigarettes per day	Fewer than 20 cigarettes per day	All current smokers	Ex-smokers	Never smoked regularly
... at work	85	61	72	69	87	91
... in restaurants	90	75	81	79	92	95
... in pubs	66	28	40	36	69	80
... in indoor shopping centres	87	77	80	79	88	90
... in indoor sports and leisure centres	92	84	88	87	93	95
... in indoor areas in railway/bus stations	82	61	68	66	85	89
... in other public places	92	83	90	88	93	94
<i>Base</i>	<i>2,340</i>	<i>142</i>	<i>428</i>	<i>571</i>	<i>634</i>	<i>1,135</i>

1. Adults aged 16 and over

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.20 Agreement with new legislation on smoking restrictions in public places by gender and smoking status, 2006^{1,2,3}

	Great Britain								Percentages
	All adults	Gender		Smoking status				Never smoked regularly	
		Men	Women	At least 20 cigarettes per day	Fewer than 20 cigarettes per day	All current smokers	Ex-smokers		
Strongly agree	53	48	58	11	22	19	58	67	
Agree	24	27	22	22	28	26	25	23	
Neither agree nor disagree	7	8	6	12	13	13	6	5	
Disagree	11	11	11	38	26	29	9	4	
Strongly disagree	4	6	2	18	11	12	2	1	
<i>Base</i>	<i>2,341</i>	<i>1,086</i>	<i>1,255</i>	<i>141</i>	<i>426</i>	<i>567</i>	<i>635</i>	<i>1,136</i>	

1. Adults aged 16 and over

2. Views on legislation which will make all enclosed public places and workplaces smoke-free

3. In Scotland the question was worded differently to reflect the legislation that had already been introduced.

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.21 How often will visit pubs^{1,2} when smoking restrictions are in place, by smoking status, 2006

	Percentages			
	All adults	Current smokers	Ex-smokers	Never smoked regularly
More often than nowadays	15	2	16	21
About the same as nowadays	76	67	82	78
Less often than nowadays	8	30	2	1
<i>Base</i>	<i>1,680</i>	<i>403</i>	<i>456</i>	<i>821</i>

1. Those aged 16 and over who go to pubs

2. As smoke-free legislation had already been introduced in Scotland at the time of the survey, this question was only asked of those respondents in England and Wales

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table 4.22 Percentage who are totally in favour of a ban in restaurants, bars/ pubs and indoor workplaces, 2005

European Union Countries	Percentages			
	Restaurants	Bars/ pubs	Indoor workplaces	Base
EU Average	56	40	66	24,642
Austria	33	21	43	1,012
Belgium	58	31	64	1,047
Czech Republic	27	16	47	1,011
Denmark	37	23	60	1,011
Estonia	47	40	71	1,009
Finland	50	41	86	1,003
France	57	38	69	1,014
Germany	47	25	62	1,528
Greece	45	34	57	1,000
Hungary	63	39	67	1,012
Ireland	79	71	78	1,000
Italy	70	69	72	1,000
Latvia	62	49	77	1,049
Lithuania	49	40	60	1,002
Luxembourg	57	27	66	500
Malta	84	64	84	500
Netherlands	44	23	72	1,000
Poland	53	37	65	999
Portugal	62	50	63	1,000
Republic of Cyprus	69	56	78	502
Slovakia	52	30	67	1,056
Slovenia	62	39	76	1,037
Spain	48	42	58	1,016
Sweden	78	64	90	1,000
United Kingdom	70	43	71	1,334

Source:

Attitudes of Europeans Towards Tobacco. European Commission, 2006.

Copyright © 2007, Re-used with the permission of European Communities, 1995-2006

Table 4.23 Pupils¹ dependence on smoking, by length of time as a regular smoker², 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>	683	256	401

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 Information Centre

Table 4.24 Whether pupils^{1,2} asked for help or used services to give up smoking, 2006

England	Percentages
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
Tried any of the above	46
<i>Base</i>	<i>1,167</i>

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 Information Centre

Table 4.25 Beliefs about smoking among pupils¹, by gender, 2006

England	Percentages		
	All pupils	Boys	Girls
Percentage who agree with statements			
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>	<i>8,200</i>	<i>4,041</i>	<i>4,159</i>

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 Information Centre

Table 4.26 Attitudes to smoking among pupils¹, 1999 to 2006

England	Percentages					
	1999	2001	2003	2004	2005	2006
OK to try smoking a cigarette to see what it's like ²	54	55	48	40	44	37
OK to smoke cigarettes once a week ³	..	..	25	19	22	18
<i>Base</i> ⁴	9,234	9,160	10,166	9,549	8,959	8,025

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:

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

Table 4.27 Attitudes to smoking among pupils¹ by gender and age, 2006

England	Percentages					
	All ages	11 years	12 years	13 years	14 years	15 years
All pupils						
OK to try smoking a cigarette to see what it's like	37	7	19	33	52	64
OK to smoke cigarettes once a week	18	4	6	13	26	35
Boys						
OK to try smoking a cigarette to see what it's like	33	7	18	27	47	57
OK to smoke cigarettes once a week	17	5	7	11	24	33
Girls						
OK to try smoking a cigarette to see what it's like	41	8	20	39	57	69
OK to smoke cigarettes once a week	20	4	6	15	28	38
<i>Bases²</i>						
<i>All pupils</i>	8,025	1,236	1,664	1,631	1,603	1,891
<i>Boys</i>	3,931	606	833	781	819	892
<i>Girls</i>	4,094	630	831	850	784	999

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

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

Source:

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

Table 4.28 Perceived family attitudes towards smoking among pupils¹, by age, 2006

England	Percentages					
	All pupils ¹	11 years	12 years	13 years	14 years	15 years
Try to stop me	67	74	73	71	64	56
Try to persuade me to stop	21	16	16	18	23	32
Do nothing	2	1	1	1	2	6
Encourage me to smoke	0	0	0	0	0	0
Don't know	9	10	10	10	10	6
<i>Base</i>	<i>7,770</i>	<i>1,202</i>	<i>1,618</i>	<i>1,575</i>	<i>1,555</i>	<i>1,820</i>

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

Source:

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

Table 4.29 Perceived family attitudes towards pupils¹ smoking, by number of smokers pupil lives with, 2006

England	Percentages				
	Total ²	None	One	Two	Three or more
Try to stop me	67	73	64	57	50
Try to persuade me to stop	21	19	24	25	27
Do nothing	2	1	2	5	7
Encourage me to smoke	0	0	0	1	1
Don't know	9	7	9	12	14
<i>Base</i>	<i>7,770</i>	<i>3,974</i>	<i>1,948</i>	<i>1,151</i>	<i>461</i>

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

2. Total column includes pupils who did not say how many smokers they lived with

Source:

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

5 Smoking-related ill health and mortality

5.1 Background

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 first looks at Finished Consultant Episodes (FCEs) in NHS hospitals in England with a primary diagnosis of diseases that can be caused by smoking. An FCE is defined as a period of admitted patient care under one consultant within one healthcare provider. The figures therefore do not represent the number of patients or the number of admissions, as a person may have more than one episode of care within a year or more than one episode of care within one visit to hospital. These data are available from the Hospital Episode Statistics (HES) databank¹ 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 2005/06.

Information on smoking-attributable hospital FCEs and mortality are also presented. These figures are estimates of the numbers of FCEs/deaths in England which were caused by smoking. The figures presented have been produced by The Information Centre for health and social care (The IC), using HES data for FCEs in England in 2005/06 and Office for National Statistics mortality statistics² for the number of registered deaths in England in 2005. The estimates of the proportion of hospital FCEs 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

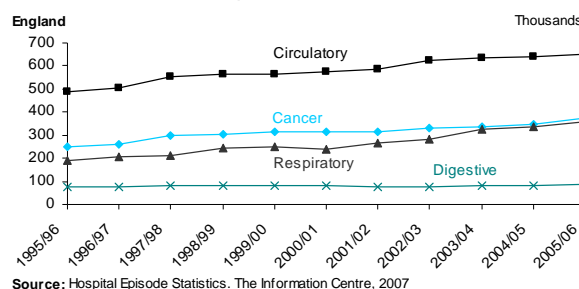
diseases compared with those who have never smoked (see [Appendix C](#) for details). These estimates relate to people aged 35 and over, as relative risks are only available for this age group.

5.2 Smoking-related ill health

5.2.1 Finished Consultant Episodes (FCEs) for diseases that can be caused by smoking

[Table 5.1](#) shows that in 2005/06 there were approximately 1.7 million FCEs in England with a primary diagnosis of diseases that can be caused by smoking which approximates to 33,280 FCEs per week or 4,740 FCEs per day on average. This figure has been steadily rising each year and is around 570,000 more than it was in 1995/96. FCEs for respiratory diseases increased by 87% and FCEs for cancers increased by a half between 1995/96 and 2005/06. FCEs for circulatory and digestive diseases have also increased during the same period (34% and 19% respectively) ([Figure 5.1](#)).

Figure 5.1 NHS FCEs with a primary diagnosis of diseases which can be caused by smoking, 1995/96 to 2005/06



In 2005/06, there were approximately 1.7 million FCEs with a primary diagnosis of diseases that can be caused by smoking

Circulatory diseases accounted for the largest number of FCEs where there was a primary diagnosis of diseases that can be caused by smoking. In 2005/06 there were 653,510 FCEs of this nature. The second most common involved a cancer. There were 373,210 FCEs with a primary diagnosis of cancer in 2005/06.

Men accounted for 928,030 (54%) of FCEs with diseases which can be caused by smoking. Whilst circulatory diseases were the most common reason for FCEs of both men and women, the second most common diagnoses for women were respiratory diseases, whereas for men it was cancer (Table 5.2).

5.2.2 Smoking-attributable Finished Consultant Episodes (FCEs)

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

This follows the methodology employed by Hughes and Atkinson³ and Callum and White⁴. Analysis relates to people aged 35 and over as relative risks are only available for this age group. Appendix C gives more details of the methodology used.

In 2005/06, there were over 9.8 million FCEs (for all diseases) for adults aged 35 and over in England. Around 571,400 (6%) of these are estimated to have been caused by smoking. It is estimated that almost three in ten (29%) of all FCEs with a primary diagnosis of respiratory diseases are attributable to smoking. An estimated 13% of both FCEs with a primary diagnosis of cancer and FCEs with a primary diagnosis of circulatory diseases are attributable to smoking (Table 5.3).

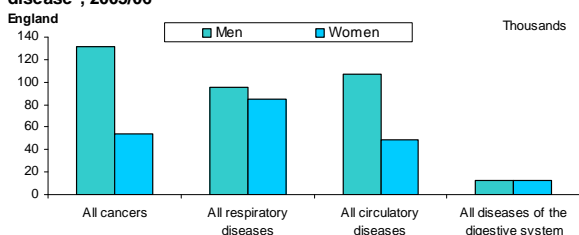
A larger proportion of FCEs among men than women were attributable to smoking. There were an estimated 355,000 FCEs that can be attributed to smoking for men in 2005/06 (8% of FCEs for all diseases) compared with 216,400 FCEs among women (4%). Of those admitted with cancer or circulatory diseases, men were noticeably more likely to have the disease as a result of smoking than women (Table 5.4).

Almost three in ten of all FCEs with a primary diagnosis of respiratory diseases were attributable to smoking

Of the 571,400 FCEs attributable to smoking, 32% (184,600) were cancer related, a further 32% (180,100) were respiratory diseases, 27% (156,100) were circulatory diseases and 5% (26,100) were digestive diseases.

Among cancers which can be caused by smoking, an estimated 84% of FCEs with a primary diagnosis of lung cancer were attributable to smoking – that relates to around 82,300 FCEs. For both FCEs with a primary diagnosis of chronic obstructive lung disease and FCEs with a primary diagnosis of peripheral arterial disease, 83% are estimated to be attributable to smoking (Figure 5.2).

Figure 5.2 Estimated number of FCEs attributable to smoking, by disease¹, 2005/06



1. For adults aged 35 and over

Source: Hospital Episode Statistics. The Information Centre, 2007

571,400 FCEs were estimated to be attributable to smoking in 2005/06

Smoking is also recognised as the cause of FCEs for other non-fatal conditions for the over 35s. In 2005/06, around 12% of FCEs with a primary diagnosis of age-related cataracts (among people aged 45 and over) were attributed to smoking and 11% of FCEs with a primary diagnosis of a hip fracture (among people aged 55 and over) were estimated to be attributed to smoking (Table 5.3).

The proportion of different diseases that were estimated to be attributable to smoking were generally larger for men than women. For example, 74% of FCEs for men for cancer of the upper respiratory tract were estimated to be caused by smoking compared with 53% for women (Table 5.4).

5.3 Smoking-attributable deaths

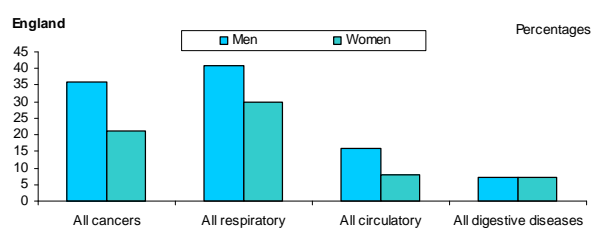
Following the methodology employed by Callum⁵ and Twigg et al⁶, the number of smoking-attributable deaths in England has also been estimated. Appendix C gives more details of the methodology used.

In 2005, there were a total of 468,391 deaths of adults aged 35 and over in England. 81,900 (17%) of these were estimated to be caused by smoking. It is estimated that 35% (23,600) of all deaths due to respiratory diseases and 29% (36,700) of all cancer deaths are attributable to smoking. In

addition, 12% (20,000) of deaths from circulatory diseases and 7% (1,600) of deaths from diseases of the digestive system are attributable to smoking (Table 5.5, Figure 5.3).

In 2005, an estimated 81,900 deaths among adults aged 35 and over in England were caused by smoking

Figure 5.3 Deaths attributable to smoking, as a percentage of all deaths from that disease¹, by gender, 2005



1. For adults aged 35 and over

Source: Mortality Statistics: Cause (Series DH2, No 32). Office for National Statistics (ONS) General Household Survey, 2005. Office for 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% (50,000) of all deaths among men aged 35 and over being caused by smoking. This compares with 13% (32,000) of all deaths among women (Table 5.6).

An estimated 84% of deaths from lung disease were attributable to smoking – that relates to around 22,500 lung cancer deaths. An estimated 83% of deaths from chronic obstructive lung disease, 68% of deaths from upper respiratory cancer, 67% of deaths from cancer of the oesophagus and 61% of deaths from aortic aneurysms are attributable to smoking (Table 5.5).

An estimated 84% of deaths from lung cancer in England were attributable to smoking

As with FCEs the proportion of deaths attributable to smoking varied among men and women for different diseases ([Table 5.6](#)).

Summary: Smoking-related ill health and mortality

This chapter has shown that the number of FCEs with a primary diagnosis of diseases that can be caused by smoking is steadily rising each year. The number of FCEs for respiratory diseases that can be caused by smoking have shown the largest increase between 1995/96 and 2005/06, followed by FCEs for cancer.

In 2005/06 the most common FCEs with a primary diagnosis of diseases that can be caused by smoking involved a circulatory disease. The second most common involved a cancer. Circulatory diseases were the most common reason for FCEs of both men and women, the second most common diagnoses for women were respiratory diseases, whereas for men it was cancer.

Around six per cent of FCEs for all diseases in England among adults aged 35 and over

are estimated to be attributable to smoking. Almost three in ten of all FCEs with a primary diagnosis of respiratory diseases are estimated to be attributable to smoking. A larger proportion of FCEs among men were attributed to smoking than for women.

In 2005, it is estimated that almost two out of ten deaths in England were due to smoking. Over a third of all deaths from respiratory diseases and almost three in ten of all deaths from cancers are estimated to be caused by smoking. A higher proportion of deaths 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 Finished Consultant Episodes (FCEs) where there was primary diagnosis of diseases that can be caused by smoking, 1995/96 to 2005/06
- 5.2 NHS Finished Consultant Episodes (FCEs) where there was primary diagnosis of diseases that can be caused by smoking, by gender, 2005/06
- 5.3 NHS Finished Consultant Episodes (FCEs), among adults aged 35 and over, with a primary diagnosis of diseases which can be caused by smoking, and the estimated number of these FCEs that can be attributed to smoking as a percentage of all admissions from that disease, 2005/06
- 5.4 NHS Finished Consultant Episodes (FCEs), among adults aged 35 and over, with a primary diagnosis of diseases which can be caused by smoking, and the estimated number of these FCEs that can be attributed to smoking as a percentage of all admissions from that disease, by gender 2005/06
- 5.5 Deaths, among adults aged 35 and over, attributable to smoking as a percentage of all deaths from that disease, 2005
- 5.6 Deaths, among adults aged 35 and over, attributable to smoking as a percentage of all deaths from that disease by gender, 2005

Table 5.1 NHS¹ Finished Consultant Episodes (FCEs)² where there was primary diagnosis³ of diseases⁴ that can be caused by smoking, 1995/96 to 2005/06^{5,6}

England	Number of FCEs					
	All selected diseases	Cancer	Circulatory	Respiratory	Digestive	Other conditions
1995/96	1,161,446	249,153	487,726	190,773	73,292	160,502
1996/97	1,214,661	261,007	507,096	203,582	74,969	168,007
1997/98	1,317,024	298,917	551,899	214,277	78,991	172,940
1998/99	1,381,450	303,065	563,886	243,872	80,066	190,561
1999/00	1,408,136	315,727	564,624	249,038	82,575	196,172
2000/01	1,418,914	315,856	575,174	238,193	79,634	210,057
2001/02	1,463,872	317,438	588,209	263,422	77,901	216,902
2002/03	1,551,970	329,310	621,943	281,221	77,995	241,501
2003/04	1,632,929	336,250	634,149	323,295	80,453	258,782
2004/05	1,671,282	345,755	641,253	338,920	80,631	264,723
2005/06	1,730,478	373,212	653,511	357,154	87,023	259,578

1. The data include private patients in NHS Hospitals (but not private patients in private hospitals)
2. The data refers to Finished Consultant Episodes (FCEs). An FCE is defined as a period of admitted patient care under one consultant within one healthcare provider. Please note that the figures do not represent the number of patients, as a person may have more than one episode of care within the year
3. 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.
4. ICD-10 codes used correspond to Tables 5.2 and 5.3. Also see Appendix C for further details
5. Figures shown are based on all ages
6. The figures include people whose gender was unknown or unspecified
7. ICD-10 codes used have been updated since the 2006 bulletin. Codes shown here are consistent with tables 5.3 and 5.4

Source:

Hospital Episode Statistics. The Information Centre, 2007

Table 5.2 NHS¹ Finished Consultant Episodes (FCEs)² where there was primary diagnosis³ of diseases⁴ that can be caused by smoking, by gender, 2005/06^{5,6}

England		Number of FCEs		
Diagnosis (ICD-10)	ICD -10 code	All persons ⁶	Males	Females
All diseases caused in part by smoking		1,730,478	928,030	802,283
Cancers		373,212	241,132	132,042
Lung	C33-C34	98,340	58,163	40,167
Upper respiratory sites	C00-C14,C32	21,308	15,455	5,853
Oesophagus	C15	42,121	30,020	12,085
Bladder	C67	83,362	63,060	20,300
Kidney	C64-C66,C68	15,968	9,817	6,151
Stomach	C16	30,806	21,475	9,329
Pancreas	C25	25,938	13,382	12,551
Unspecified site	C80	17,656	7,870	9,783
Myeloid leukaemia	C92	37,713	21,890	15,823
Respiratory diseases		357,154	183,452	173,681
Chronic obstructive lung disease	J40-J44	178,683	91,646	87,032
Pneumonia	J10-J18	178,471	91,806	86,649
Circulatory diseases		653,511	390,947	262,509
Ischaemic heart disease	I20-I25	428,262	274,816	153,421
Peripheral vascular disease	I73.9	17,856	11,103	6,753
Cerebrovascular disease	I60-I69	178,321	85,041	93,253
Aortic aneurysm	I71	15,606	11,806	3,800
Atherosclerosis	I70	9,942	6,206	3,734
Myocardial degeneration/infarction	I51	3,524	1,975	1,548
Diseases of the digestive system		87,023	41,328	45,688
Stomach/duodenal ulcer	K25-K27	44,549	24,113	20,433
Crohn's disease	K50	32,288	13,943	18,343
Periodontal disease/periodontitis	K05	10,186	3,272	6,912
Other conditions caused in part by smoking		259,578	71,171	188,363
Senile Cataract	H25	115,903	45,004	70,894
Hip fracture	S72	97,475	26,167	71,287
Spontaneous abortion	O03	46,200	0	46,182

1. The data include private patients in NHS Hospitals (but not private patients in private hospitals)
2. The data refers to Finished Consultant Episodes (FCEs). An FCE is defined as a period of admitted patient care under one consultant within one healthcare provider. Please note that the figures do not represent the number of patients, as a person may have more than one episode of care within the year
3. 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.
4. ICD-10 codes used correspond to Tables 5.2 and 5.3. Also see Appendix C for further details
5. Figures shown are based on all ages
6. The figures include people whose gender was unknown or unspecified
7. ICD-10 codes used have been updated since the 2006 bulletin. Codes shown here are consistent with tables 5.3 and 5.4

Source:

Hospital Episode Statistics. The Information Centre, 2007

Table 5.3 NHS¹ Finished Consultant Episodes (FCEs),² among adults aged 35 and over³, with a primary diagnosis⁴ of diseases which can be caused by smoking, and the estimated number of these FCEs that can be attributed⁵ to smoking as a percentage of all admissions from that disease, 2005/06

England	Diagnosis (ICD 10)	ICD-10 codes	Numbers/ percentages		
			Observed FCEs ⁶	Attributable number ⁷	Attributable percentage ⁸
All diseases			9,812,279	571,400	6
All cancers		C00-D48	1,384,522	184,600	13
All respiratory diseases		J00-J99	626,067	180,100	29
All circulatory diseases		I00-I99	1,195,513	156,100	13
All diseases of the digestive system		K00-K93	1,165,939	26,100	2
All diseases caused in part by smoking			1,621,400	571,400	35
Cancers caused in part by smoking			362,389	184,600	51
Lung		C33-C34	97,996	82,300	84
Upper respiratory sites		C00-C14,C32	20,575	14,000	68
Oesophagus		C15	41,978	28,200	67
Bladder		C67	82,992	31,900	38
Kidney		C64-C66,C68	13,430	3,500	26
Stomach		C16	30,562	7,600	25
Pancreas		C25	25,797	6,500	25
Unspecified site		C80	17,214	6,200	36
Myeloid leukaemia		C92	31,845	4,400	14
Respiratory diseases caused in part by smoking			329,496	180,100	55
Chronic obstructive lung disease		J40-J44	177,576	147,600	83
Pneumonia		J10-J18	151,920	32,500	21
Circulatory diseases caused in part by smoking			648,180	156,100	24
Peripheral Arterial Disease		I73.9	17,767	14,800	83
Cerebrovascular disease		I60-I69	175,546	24,400	14
Aortic aneurysm		I71	15,499	9,400	60
Atherosclerosis		I70	9,853	1,800	18
Myocardial infarction		I51	3,209	700	20
Diseases of the digestive system caused in part by smoking			62,158	26,100	42
Stomach/duodenal ulcer		K25-K27	41,769	21,600	52
Crohn's disease		K50	17,549	3,300	19
Periodontal disease/Periodontitis		K05	2,840	1,300	45
Other diseases caused in part by smoking			219,177	24,400	11
Age related cataract 45+		H25	114,887	13,700	12
Hip fracture 55+		S72	90,427	10,000	11
Spontaneous abortion		O03	13,863	700	5

1. The data include private patients in NHS hospitals (but not private patients in private hospitals)

2. An FCE is defined as a period of admitted patient care under one consultant within one healthcare provider. Please note that the figures do not represent the number of patients, as a person may have more than one episode of care within the year

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

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

6. Observed admissions only includes those where gender was recorded

7. Estimated attributable number, rounded to the nearest 100

8. Estimated attributable percentages are based on unrounded attributable estimates

Sources:

Hospital Episode Statistics (HES). The Information Centre, 2007

General Household Survey, 2005. Office for National Statistics (ONS)

The UK Smoking Epidemic: Deaths in 1995, Health Education Authority.

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

Table 5.4 NHS¹ Finished Consultant Episodes (FCEs),² among adults aged 35 and over³, with a primary diagnosis⁴ of diseases which can be caused by smoking, and the estimated number of these FCEs that can be attributed⁵ to smoking as a percentage of all admissions from that disease, by gender 2005/06

England		Numbers/ percentages					
Diagnosis (ICD 10)	ICD-10 codes	Men			Women		
		Observed FCEs	Attributable number ⁶	Attributable percentage ⁷	Observed FCEs	Attributable number ⁶	Attributable percentage ⁷
All diseases		4,599,328	355,000	8	5,212,951	216,400	4
All cancers	C00-D48	689,029	131,000	19	695,493	53,700	8
All respiratory diseases	J00-J99	314,078	95,300	30	311,989	84,800	27
All circulatory diseases	I00-I99	669,498	107,600	16	526,015	48,500	9
All diseases of the digestive system	K00-K93	575,088	13,000	2	590,851	13,100	2
All diseases caused in part by smoking		888,180	355,000	40	733,220	216,400	30
Cancers caused in part by smoking		235,417	131,000	56	126,972	53,700	42
Lung	C33-C34	57,988	51,700	89	40,008	30,600	76
Upper respiratory sites	C00-C14,C32	14,968	11,100	74	5,607	3,000	53
Oesophagus	C15	29,936	20,000	67	12,042	8,200	68
Bladder	C67	62,792	28,000	45	20,200	3,900	19
Kidney	C64-C66,C68	8,655	3,300	38	4,775	300	6
Stomach	C16	21,361	6,700	31	9,201	900	10
Pancreas	C25	13,292	3,100	23	12,505	3,400	27
Unspecified site	C80	7,621	4,200	55	9,593	2,000	21
Myeloid leukaemia	C92	18,804	3,000	16	13,041	1,300	10
Respiratory diseases caused in part by smoking		168,781	95,300	56	160,715	84,800	53
Chronic obstructive lung disease	J40-J44	91,111	77,100	85	86,465	70,500	82
Pneumonia	J10-J18	77,670	18,200	23	74,250	14,400	19
Circulatory diseases caused in part by smoking		387,685	107,600	28	260,522	48,500	19
Ischaemic heart disease	I20-I25	273,319	76,900	28	152,987	28,200	18
Peripheral Arterial Disease	I73.9	11,052	9,300	84	6,715	5,500	82
Cerebrovascular disease	I60-I69	83,606	12,700	15	91,940	11,700	13
Aortic aneurysm	I71	11,733	7,100	60	3,766	2,300	61
Atherosclerosis	I70	6,166	1,200	19	3,687	600	16
Myocardial infarction	I51	1,782	400	24	1,427	200	16
Diseases of the digestive system caused in part by smoking		30,490	13,000	43	31,668	13,100	41
Stomach/duodenal ulcer	K25-K27	22,277	11,100	50	19,492	10,500	54
Crohn's disease	K50	7,061	1,400	20	10,488	1,900	18
Periodontal disease/Periodontitis	K05	1,152	500	47	1,688	700	43
Other diseases caused in part by smoking		65,834	8,200	12	153,343	16,200	11
Age related cataract 45+	H25	44,440	5,800	13	70,447	7,800	11
Hip fracture 55+	S72	21,394	2,300	11	69,033	7,700	11
Spontaneous abortion	O03	0	0	0	13,863	700	5

1. The data include private patients in NHS hospitals (but not private patients in private hospitals)

2. An FCE is defined as a period of admitted patient care under one consultant within one healthcare provider. Please note that the figures do not represent the number of patients, as a person may have more than one episode of care within the year

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

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

6. Estimated attributable number, rounded to the nearest 100

7. Estimated attributable percentages are based on unrounded attributable estimates

Sources:

Hospital Episode Statistics (HES). The Information Centre, 2007

General Household Survey, 2005. Office for National Statistics (ONS)

The UK Smoking Epidemic: Deaths in 1995, Health Education Authority.

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

Table 5.5 Deaths,¹ among adults aged 35 and over, attributable² to smoking as a percentage of all deaths¹ from that disease, 2005

England		Numbers/ percentages			
Diseases	ICD-10 codes	Observed deaths ¹	Attributable number ³	Attributable percentage ⁴	
All diseases	A00-R99,V01-Y89	468,391	81,900	17	
All cancers	C00-D48	128,089	36,700	29	
All respiratory diseases	J00-J99	67,535	23,600	35	
All circulatory diseases	I00-I99	170,341	20,000	12	
All digestive diseases	K00-K93	23,298	1,600	7	
All diseases caused in part by smoking		A00-R99,V01-Y89	259,076	81,900	32
Cancers caused in part by smoking			64,567	36,700	57
Lung	C33-34	26,790	22,500	84	
Upper respiratory	C00-C14, C32	2,191	1,500	68	
Oesophagus	C15	6,052	4,100	67	
Bladder	C67	3,909	1,400	36	
Kidney	C64-C66, C68	2,920	800	26	
Stomach	C16	4,559	1,100	23	
Pancreas	C25	6,066	1,500	25	
Unspecified Site	C80	10,005	3,700	37	
Myeloid Leukaemia	C92	2,075	300	13	
Respiratory diseases caused in part by smoking			51,887	23,600	46
Chronic obstructive lung disease	J40-J44	22,543	18,700	83	
Pneumonia	J10-J18	29,344	4,900	17	
Circulatory diseases caused in part by smoking			139,596	20,000	14
Cerebrovascular disease	I60-I69	47,222	3,200	7	
Aortic aneurysm	I71	7,616	4,600	61	
Myocardial infarction	I51	2,391	400	19	
Atherosclerosis	I70	676	100	17	
Digestive diseases caused in part by smoking			3,026	1,600	52
Stomach/duodenal ulcer	K25-K27	3,026	1,600	52	

1. Registered deaths, among adults aged 35 and over

2. See Appendix C for methodology

3. Estimated attributable number, rounded to the nearest 100

4. Estimated attributable percentages are based on unrounded attributable estimates

Sources:

Mortality Statistics by Cause by registrations VS3, Office for National Statistics

General Household Survey, 2005. Office for National Statistics (ONS)

The UK Smoking Epidemic: Deaths in 1995, Health Education Authority.

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

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Table 5.6 Deaths,¹ among adults aged 35 and over, attributable to smoking² as a percentage of all deaths¹ from that disease by gender, 2005

England		Numbers/ percentages					
Diseases	ICD-10 codes	Men			Women		
		Observed deaths ¹	Attributable number ³	Attributable percentage ⁴	Observed deaths ¹	Attributable number ³	Attributable percentage ⁴
All diseases		220,665	50,000	23	247,726	32,000	13
All cancers	C00-D48	66,618	23,900	36	61,471	12,900	21
All respiratory diseases	J00-J99	30,466	12,600	41	37,069	11,000	30
All circulatory diseases	I00-I99	81,540	12,700	16	88,801	7,300	8
All digestive diseases	K00-K93	10,627	700	7	12,671	900	7
All diseases caused in part by smoking	A00-R99, V01-Y89	131,006	50,000	38	128,070	32,000	25
Cancers caused in part by smoking		37,122	23,900	64	27,445	12,900	47
Lung	C33-34	15,680	14,000	89	11,110	8,500	76
Upper respiratory	C00-C14, C32	1,523	1,100	74	668	400	53
Oesophagus	C15	3,977	2,700	67	2,075	1,400	68
Bladder	C67	2,582	1,200	45	1,327	300	19
Kidney	C64-C66, C68	1,837	700	38	1,083	100	6
Stomach	C16	2,873	900	31	1,686	200	10
Pancreas	C25	2,892	700	23	3,174	900	27
Unspecified Site	C80	4,613	2,500	55	5,392	1,100	21
Myeloid Leukaemia	C92	1,145	200	16	930	100	10
Respiratory diseases caused in part by smoking		23,379	12,600	54	28,508	11,000	39
Chronic obstructive lung disease	J40-J44	11,980	10,100	85	10,563	8,600	82
Pneumonia	J10-J18	11,399	2,500	22	17,945	2,400	13
Circulatory diseases caused in part by smoking		69,095	12,700	18	70,501	7,300	10
Ischaemic heart disease	I20-I25	45,532	8,300	18	36,159	3,400	9
Cerebrovascular disease	I60-I69	17,921	1,500	8	29,301	1,700	6
Aortic aneurysm	I71	4,549	2,700	60	3,067	1,900	61
Myocardial infarction	I51	860	200	24	1,531	200	16
Atherosclerosis	I70	233	0	19	443	100	16
Digestive diseases caused in part by smoking		1,410	700	50	1,616	900	54
Stomach/duodenal ulcer	K25-K27	1,410	700	50	1,616	900	54

1. Registered deaths among adults aged 35 and over
2. See Appendix C for methodology
3. Estimated attributable number, rounded to the nearest 100
4. Estimated attributable percentages are based on unrounded attributable estimates

Sources:

Mortality Statistics: Cause (Series DH2, No 32). Office for National Statistics (ONS)
 General Household Survey, 2005. Office for National Statistics (ONS)
 The UK Smoking Epidemic: Deaths in 1995. Health Education Authority.
 Tobacco in London: The Preventable Burden. London Health Observatory, 2004

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6 Smoking costs and economics

6.1 Background

This chapter focuses on the various costs associated with smoking including the estimated costs to the NHS, costs of NHS Stop Smoking Services, smoking cessation aid costs, the affordability and availability of tobacco, rates of duty from tobacco, information on tobacco and cigarette smuggling and expenditure on tobacco.

This chapter presents figures for the number of prescription items and the Net Ingredient Costs (NIC) of smoking cessation aids prescribed by GPs and other non-medical prescribers in England. These figures are produced using Prescription Analysis and Cost (PACT) data, by the Prescription Pricing Division (PPD) of the NHS Business Services Authority¹ which is based within The Information Centre for health and social care.

Information on tobacco released for home consumption and rates of tax on tobacco are extracted from Her Majesty's Revenue and Customs (HMRC) statistical bulletins².

Data on tobacco and cigarette smuggling and seizures have been obtained from Her Majesty's Revenue and Customs Annual Report 2005-06³. Peoples' views on tax increases are also included using information from the publication, Smoking-related Behaviour and Attitudes, 2006 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 Indices⁴ and households' disposable income data published by ONS in Economic Trends⁵.

Data on expenditure on tobacco and household expenditure are taken from two

sources; the ONS Consumer Trends⁶ 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 on cigarettes. 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 2006 Family Spending report published by ONS⁷.

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 York⁸ 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.

Costs to the NHS of treating diseases attributable to smoking are estimated to be between £1.4 billion and £1.5 billion a year

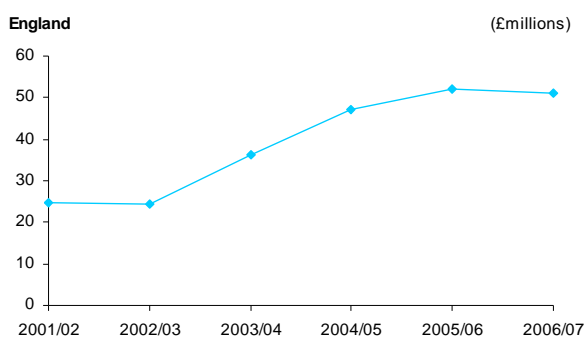
6.2.2 NHS Stop Smoking Services costs

NHS Stop Smoking Services costs are taken from the most recently available information published in Statistics on NHS Stop Smoking Services in England, April 2006 to March 2007⁹. NHS Stop Smoking Services are described in [Chapter 4](#) and in [Appendix A](#).

The total expenditure on NHS Stop Smoking Services in England in 2006/07 (excluding Nicotine Replacement Therapy (NRT) and bupropion prescriptions) was £51.2 million, slightly less than in 2005/06 (£51.9 million), but over double the expenditure in 2001/02 (£24.7 million).

The cost per quitter was £161 in 2006/07. This is slightly higher than in 2005/06 (£158), but 22% lower than in 2001/02 (£206) ([Table 6.1](#), [Figure 6.1](#)).

Figure 6.1 Expenditure on NHS Stop Smoking Services, 2001/02 to 2006/07



6.2.3 Smoking cessation aid costs

In 2006/07 the Net Ingredient Cost (NIC) of all smoking cessation aids in England was £44 million, less than in 2005/06 (£48 million) but almost three times the cost in 2000/01 (£16 million). In total, there were

over two million prescription items to help people stop smoking in 2006/07. Of these, 1.9 million were for Nicotine Replacement Therapy (NRT), and 119,000 for bupropion. The average NIC per item was lower in 2006/07 than any other year (£21.42), almost half the average NIC per item and in 2000/01 (£38.04) ([Table 6.2](#)).

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. During the same period, releases of hand-rolling tobacco have increased by just over 50%. This reflects findings in [Chapter 2](#) which showed marked increases in the proportion of adults who smoke hand-rolling tobacco. ([Table 6.3](#)).

6.3.2 Tobacco smuggling

In March 2000, the government announced its Tackling Tobacco Smuggling Strategy¹⁰ when the illicit market share of cigarettes was estimated to be 21%. As reported in the HMRC 2005/06 annual report³, 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 10% and 19% in 2004/05. Around half (53%-64%) of hand rolled tobacco (HRT) smoked in Britain were illicit in 2004/05[†].

In 2005/06, over two billion cigarettes were reported to have been seized almost 58

[†] Data not presented in a table.

million more than in 2004/05. Of the two billion cigarettes seized, 837 million cigarettes were seized overseas and 1,212 million cigarettes were seized in the UK at airports, seaports, from cross channel passengers on all routes and inland (Table 6.4). Of these seizures, 51% were counterfeit cigarettes[†]. In addition, 160 tonnes of HRT were seized.

In 2005/06 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 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 65% from £65.97 per 1,000 cigarettes to £108.65, whilst rates on hand-rolling tobacco have only seen an increase of 30% from £87.74 per kilogram to £113.74 in the same period (Table 6.5).

Respondents of the 2006 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. Half (50%) 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 20% of current smokers saying that taxation should be increased by more than the rate of inflation, compared with 65% of those who had never smoked[†].

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 2006, the price of tobacco in the UK was over seven times its price in 1980, whereas the RPI has increased by almost three times over the same period. When inflation is taken into account, the increase in price of tobacco was 141% over this period.

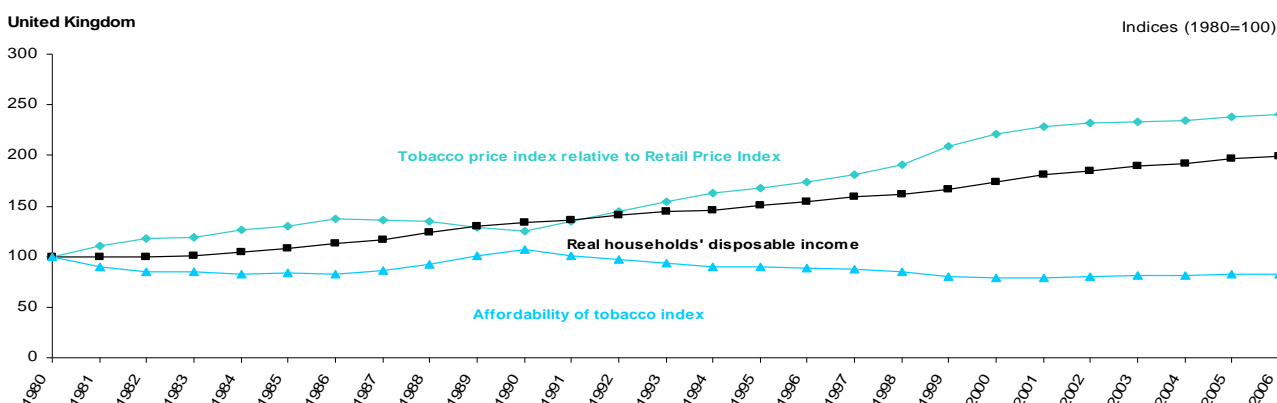
In the same period of time, household disposable income has doubled in real terms (that is taking inflation into account). This means that in 2006 tobacco was 17% less affordable than it was in 1980. Figure 6.2 shows the rises and falls in the tobacco price index since 1980 (Table 6.6).

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

In 2006, tobacco was 17% less affordable than it was in 1980

[†] Data not presented in a table.

Figure 6.2 Affordability of tobacco, 1980 to 2006



Source: Focus on Consumer Price Indices, Office for National Statistics and Economic Trends, Office for National Statistics
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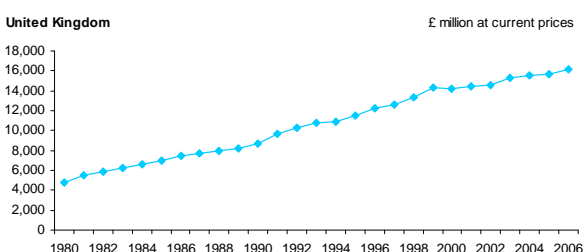
6.4 Spending on tobacco

Figure 6.3 shows that, in 2006, total UK household expenditure on tobacco was £16.1 billion. During the period 1980 to 2006, total household expenditure on tobacco has more than trebled while expenditure on tobacco as a proportion of total household expenditure has decreased overall (from 3.8% in 1981 to 2.0% in 2006) (Table 6.7).

UK households spent an estimated £16 billion on tobacco in 2006

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 £1.10 spent by those aged 75 or over. 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 0.5%[†]. 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 6.4).

Figure 6.3 Household expenditure on tobacco, 1980 to 2006

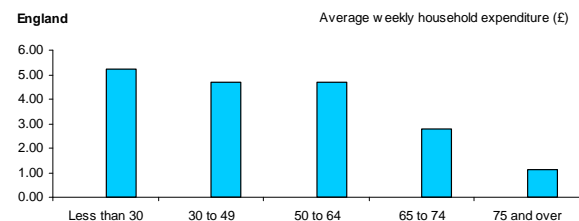


Source: Consumer Trends, Office for National Statistics
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Results from the 2006 Family Spending report show that the average weekly household expenditure on cigarettes in Great Britain was £4.10, slightly less than in 2004/05 when it was reported to be £4.40[†]. It is estimated that around a quarter of this is spent in large supermarkets (£1.00 per week), with the rest being spent in other outlets[†].

[†] Data not presented in a table.

Figure 6.4 Average weekly household expenditure on cigarettes by age of household reference person, 2005/06



Source: Family Spending 2005-06, Expenditure and Food Survey, Office for National Statistics
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In order to examine expenditure patterns between different income groups, in the 2005/06 Expenditure and Food Survey, 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 highest in the lowest income decile (2.0%) and lowest in the highest income decile (0.3%). Spending on cigarettes in the lowest income decile was £3.10 per week, rising to £5.00 in the fifth decile. Expenditure in the sixth to ninth deciles fluctuated between £4.30 and £5.00, and fell to £3.20 in the tenth decile, those with the highest incomes (Table 6.8).

Summary: Smoking-related costs

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

Expenditure on NHS Stop Smoking Services in 2006/07 was over double the expenditure in 2001/02. Although the cost of all smoking cessation aids in 2006/07 has decreased since the previous year, it is almost three times the cost in 2000/01.

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

There has been a continuing decline in the illicit market share of smuggled cigarettes. The amount of smuggled cigarettes seized fell slightly between 2001/02 to 2003/04 but has steadily risen since then.

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 at the 4 week follow up, total expenditure and cost per quitter for NHS Stop Smoking Services, 2001/02 to 2006/07
- 6.2 Prescription items and Net Ingredient Cost of Nicotine Replacement Therapy and Bupropion (Zyban) that were prescribed by GPs and other non-medical prescribers, 2000/01 to 2006/07
- 6.3 Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2006
- 6.4 Tobacco seizures, 2001/02 to 2005/06
- 6.5 Tobacco rates of duty, by type of tobacco product, 1996 to 2007
- 6.6 Affordability of tobacco, 1980 to 2006
- 6.7 Household expenditure on tobacco at current prices, 1980 to 2006
- 6.8 Household expenditure on cigarettes by gross income decile group, 2005/06

Table 6.1 People successfully quit at the 4 week follow up^{1,2}, total expenditure³ and cost per quitter for NHS Stop Smoking Services, 2001/02 to 2006/07

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

1. A client is 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. Pregnant women are included

3. Total expenditure and cost per quitter excludes NRT and bupropion (Zyban) on prescription

Source:

Lifestyle Statistics. The Information Centre

Table 6.2 Prescription items and Net Ingredient Cost¹ of Nicotine Replacement Therapy and Bupropion (Zyban) that were prescribed by GPs and other non-medical prescribers, 2000/01 to 2006/07²

England	Numbers/£		
	All smoking cessation aids ³	Nicotine Replacement Therapies (NRT)	Bupropion (Zyban)
Number of prescription items (000s)			
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	2,057	1,938	119
Net Ingredient Cost (NIC) (£000s)			
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	44,057	39,743	4,315
Average Net Ingredient Cost (NIC) per item (£)			
2000/01	38.04	21.05	40.09
2001/02	24.61	21.97	38.39
2002/03	23.49	21.93	38.21
2003/04	23.15	21.94	38.26
2004/05	22.55	21.46	37.83
2005/06	21.81	20.93	35.94
2006/07	21.42	20.51	36.16

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

2. 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 and bupropion 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 is only available on prescription so should not be obtained via other sources

3. All smoking cessation aids includes Nicotine Replacement Therapy (NRT) and bupropion (Zyban)

Source:

Prescribing Support Unit. The Information Centre

Table 6.3 Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2006

	United Kingdom					Numbers
	Cigarettes (million sticks)		Other Tobacco Products (000 kg)			
	Home Produced	Imported	Cigars	HRT ¹	Other ²	
1996	73,752	9,531	1,499	2,264	1,275	
1997	71,088	9,887	1,418	1,893	1,164	
1998	67,770	7,518	1,286	1,812	1,053	
1999 ³	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	

1. Hand-rolling tobacco

2. Other smoking and chewing tobacco

3. 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). 2007

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Table 6.4 Tobacco seizures, 2001/02 to 2005/06

United Kingdom	Million cigarettes/ tonnes				
	2001/02	2002/03	2003/04	2004/05	2005/06
Total cigarettes seized of which¹:	2,596	1,898	1,779	1,991	2,049
Overseas seizures	919	641	728	1,008	837
Air seizures	284	263	207	243	343
Inland seizures	227	186	201	130	177
Maritime seizures	1,128	787	621	588	691
Cross channel passenger seizures ²	38	21	22	22	18
HRT ³ seized	385	258	185	166	160

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:

HMRC Annual Report 2005/06

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Table 6.5 Tobacco rates of duty, by type of tobacco product, 1996 to 2007

United Kingdom				
	£			
Date of Change	Specific £ per 1000 sticks	Cigars £ per kg	HRT ¹ £ per kg	Other ² £ 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

1. Hand-rolling tobacco

2. Other smoking and chewing tobacco

Source:

Statistical Bulletin: Tobacco duties. Her Majesty's Revenue and Customs (HMRC). 2007

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Table 6.6 Affordability of tobacco, 1980 to 2006¹

	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	100.0	
1981	123.5	111.9	110.4	99.5	99.5	90.2	
1982	142.5	121.5	117.3	99.2	99.2	84.6	
1983	152.0	127.1	119.6	101.2	101.2	84.6	
1984	168.6	133.4	126.4	105.0	105.0	83.1	
1985	183.5	141.5	129.7	108.6	108.6	83.7	
1986	201.6	146.3	137.8	113.0	113.0	82.1	
1987	208.0	152.4	136.5	117.2	117.2	85.9	
1988	214.9	159.9	134.4	123.6	123.6	92.0	
1989	221.1	172.3	128.3	129.4	129.4	100.9	
1990	236.1	188.6	125.1	133.8	133.8	106.9	
1991	270.0	199.7	135.2	136.5	136.5	101.0	
1992	299.7	207.2	144.6	140.5	140.5	97.1	
1993	325.0	210.5	154.4	144.2	144.2	93.4	
1994	349.6	215.6	162.2	146.3	146.3	90.2	
1995	373.0	223.1	167.2	150.1	150.1	89.8	
1996	398.0	228.4	174.2	153.7	153.7	88.2	
1997	427.3	235.6	181.3	159.5	159.5	88.0	
1998	464.1	243.7	190.4	161.9	161.9	85.0	
1999	517.3	247.4	209.0	166.4	166.4	79.6	
2000	562.0	254.8	220.6	173.8	173.8	78.8	
2001	592.5	259.3	228.5	181.3	181.3	79.3	
2002	610.4	263.6	231.6	184.4	184.4	79.6	
2003	632.0	271.2	233.0	188.9	188.9	81.1	
2004	654.6	279.3	234.4	192.1	192.1	81.9	
2005	683.1	287.2	237.8	197.7	197.7	83.1	
2006	713.7	296.4	240.8	199.9	199.9	83.0	

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 expenditure¹ on tobacco at current prices, 1980 to 2006

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	16,127	794,768	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, 2005/06

Great Britain	Average weekly household expenditure (£) / percentages										
	All Income deciles	1	2	3	4	5	6	7	8	9	10
Cigarettes (£)	4.10	3.10	3.20	3.30	4.70	5.00	4.30	4.30	5.00	4.40	3.20
Total Household expenditure (£)	443.40	153.60	178.90	264.50	310.10	356.70	434.60	479.00	584.10	682.60	989.70
Average expenditure on tobacco as a percentage of total household expenditure	0.9	2.0	1.8	1.3	1.5	1.4	1.0	0.9	0.9	0.6	0.3

Source:

Family Spending 2006. 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 2005 report 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.

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. 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.

It is probable that the GHS underestimates both cigarette consumption and prevalence, within all age groups but underreporting 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 bulletin, which unless stated, cover England only. Most of the England figures presented in this bulletin 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.

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

General Household Survey 2005: Smoking and Drinking among Adults, 2005. Office for National Statistics. November 2006. Available at:

http://www.statistics.gov.uk/downloads/theme_compendia/GHS05/GHS2005_SmokingandDrinking_Report.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:

1. 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.
2. 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.
3. 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

Health Survey for England

The Health Survey for England (HSE) comprises of a series of annual surveys of which the 2005 survey is the fifteenth. 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 2004, some information from the HSE 2005 which focused on the health of older people has also been included; information on the

relationships between smoking status and Index of Multiple Deprivation (IMD) quintile are included and have been obtained by re-analysing the general population sample dataset from the 2005 survey.

Data from the HSE are used in Chapter 2

Health Survey for England 2004: Health of Ethnic Minorities. The Information Centre. April 2006.
Available at:

www.ic.nhs.uk/pubs/hse04ethnic

Health Survey for England 2005: Health of Older People. The Information Centre. March 2007.
Available at:

www.ic.nhs.uk/pubs/hse05olderpeople

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 figures on smoking prevalence are presented in Chapter 2.

Eurostat. Available at:

epp.eurostat.ec.europa.eu/portal/page?_pageid=0,1136184,0_45572595&_dad=portal&_schema=PORTAL

Drug Use, Smoking and Drinking among Young People in England in 2006

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 Information Centre for health and social care.

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 2006 (SDD06) has a smoking and drinking focus.

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 (SDD06) was carried out during the autumn term of 2006 and 290 schools agreed to take part in the survey, resulting in more than 8,200 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 2006. The Information Centre, 2006. Available at:

www.ic.nhs.uk/pubs/SDD06fullreport

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 next survey is due to be carried out in 2007.

A main purpose of the ESPAD project is to collect comparable data on alcohol, tobacco and drug use among 15 and 16 year old students in European countries. The studies are conducted as school surveys by researchers in each participating country, during the same period of time and with a common methodology. By adopting this ESPAD format, comprehensive and comparable data on alcohol, tobacco and drug use among European students are produced. As in earlier studies, the surveys were conducted with a standardised methodology and a common questionnaire to provide data which are as comparable as possible. Data were mainly collected during spring 2003 and the target population was students born in 1987. Thus, the age group studied turned 16 during the year of data collection. At the time of the data collections the average age of the students was 15.8 years.

Data were collected by group-administered questionnaires in schools on nationally representative samples of classes, except in Russia, Germany and Turkey where there were some restrictions. Students answered the questionnaires anonymously in the classroom under written test conditions. Samples sizes varied between countries, from 555 in Greenland to nearly 6,000 in Poland. Teachers or research assistants collected the data.

Data from this survey can be found in Chapter 3

The ESPAD Report 2003 - Alcohol and Other Drug Use among Students in 35 European Countries. ESPAD. Available at:

http://www.espad.org/documents/Espad/ESPAD_reports/The_2003_ESPAD_report.pdf

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, 2005. Available at:

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, 2003. Available at:

www.statistics.gov.uk/statbase/Product.asp?vlnk=10432

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).

Results from this survey can be found in Chapter 3

Tobacco Control Survey: England 2004/5. Local Authorities Coordinators of Regulatory Services (LACORS), 2006. Available at:

www.lacors.gov.uk/pages/trade/lacors.asp

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 counselling 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 bulletin 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 Information Centre.

Statistics on NHS Stop Smoking Services are presented in Chapters 4 and 5.

Current data and information on NHS Stop Smoking Services are available at:

<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

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 2006, interviews for the smoking module of the survey were conducted with around 2,340 adults aged 16 or over, throughout Great Britain, during October and November 2006. In 2006, data collected included: views about giving up smoking, attempts to give up smoking and attitudes towards smoking restrictions.

The 2006 Omnibus Survey included a slightly different set of questions to those asked in previous years in order to find out peoples opinions on the smokefree legislation. These questions were worded differently in England, Wales and Scotland to reflect the different timing of the introduction of the ban.

Data from the Omnibus survey are used in Chapter 4 and Chapter 6.

Smoking-related behaviour and attitudes, 2006. Office for National Statistics, 2007. Available at:

www.statistics.gov.uk/downloads/theme_health/Smoking2006.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.

Data from the Eurobarometer are used in Chapters 2 and 5.

Attitudes of Europeans towards tobacco, 2005. European Commission. 2006. Available at: ec.europa.eu/health/ph_information/documents/ebs_239_en.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 hospital admissions in England have been recorded using the Hospital Episode Statistics (HES) system since April 1987. Under the HES system, discharges are identified as Finished Consultant Episodes (FCE). A FCE is a period of care under one consultant and patients may experience more than one FCE in a single admission. The figures do not represent the number of patients, as a person may have more than one episode of care within the year or more than one episode of care within a visit to hospital.

HES data is presented in financial years, from March to April. HES data are classified using ICD codes. From April 1987 to March 1995 diagnoses in HES were classified using the ninth revision of international classification of diseases (ICD-9). From the financial year beginning April 1995 onwards these were classified using the tenth revision of international classification of diseases (ICD-10).

Data from HES used in the bulletin are for hospital Finished Consultant Episodes 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 5.4](#). 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

National Statistics produces annual statistics on 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 FCEs 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 FCEs and deaths.

Affordability data

The Tobacco Price Index as seen in Table 6.6 of this bulletin 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 2006, the price of tobacco increased by 613.7%. After considering inflation (at 196.4%), tobacco prices increased by 140.8% over the period, as shown by the relative index of 240.8.

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 2006 tobacco prices were 613.7% higher than in 1980 but, after taking inflation and households' disposable income into account, tobacco was 17% less affordable, as shown by the affordability index of 83.0.

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 2005/06, around 6,780 households in Great Britain took part in the EFS which was conducted by the Office for National Statistics (ONS).

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. A report on the 2005/06 Expenditure and Food Survey. Office for National Statistics 2007. Available at:

http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2005-06/Familyspending2005-06.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:

Smoking, drinking and drug use among young people in England, 2006 (SDD06)

Logistic regression modelling was used in the SDD06 report 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 B.1](#) 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.

Smoking related behaviour and attitudes, 2006

In the smoking related behaviour and attitudes 2006, independent variables used in logistic regression were identified by developing statistical models. The models were developed using a stepwise procedure starting with the variable that was the most strongly related to the attitude or opinion being studied.

Tables B.2 and B.3 present the results of some of the logistic regression carried out. The variables examined in the analysis are set out in the first column of each table and the factors that measure the relative influence of each category of the independent variables – the odds ratios – are shown in the columns headed “odds ratios”. The 95 per cent confidence intervals around the odds ratios are shown in the next column. Those variables not selected into the final model are marked as being not significant (NS). The usual conventions are used to show which odds ratios are significantly different from 1.0.

For example, the second column in Table B.2 shows that people aged 16-24 have a multiplying factor of 3.94 in wanting to give up smoking. This means that, all things being equal, the odds of someone aged 16-24 wanting to give up smoking is nearly four times those of someone aged 75 and over (the reference group in this case).

Only those variables that were found to be significantly associated with the opinion examined were discussed in the report. The commentary is based on the original (raw) data and relationships are illustrated using two-way tables. Very occasionally, the results of the logistic regression differ slightly from the associations revealed in the two-way tables. This is because two-way tables consider only the relationship between an opinion and one factor whereas logistic regression takes account of the effect of the other independent factors.

List of tables

- B.1 Estimated odds ratios for regular smoking, by individual and school-level measures
- B.2 Odds of wanting to give up smoking, 2006
- B.3 Odds of having certain views on smoking restrictions, 2006

Table B.1 Estimated odds ratios for regular smoking, by individual and school-level measures¹

England	Numbers				
	All pupils	N	Odds ratio	p-value	95% confidence interval
Lower					Upper
Sex (p<0.001)					
Boys	4,018	1			
Girls	4,134	2.72	<0.001	2.13	3.47
Age in years					
	8,152	1.81	<0.001	1.66	1.98
Ethnicity (p=0.002)					
White	6,668	1			
Mixed	311	0.43	0.012	0.23	0.83
Asian	480	0.42	0.073	0.16	1.08
Black	247	0.22	0.003	0.08	0.61
Other	62	0.30	0.419	0.02	5.58
Not given	384	0.83	0.593	0.43	1.63
Drug use (p<0.001)					
Never	5,766	1			
Within the last year	1,238	8.27	<0.001	6.59	10.38
More than a year ago	533	3.26	<0.001	2.42	4.40
Not given	615	1.82	0.009	1.16	2.86
Units of alcohol in the last week					
	8,152	1.05	<0.001	1.03	1.06
Ever excluded from school (p<0.001)					
No	6,979	1			
Yes	932	2.55	<0.001	1.95	3.33
Not given	241	1.09	0.871	0.38	3.12
Ever truanted (p<0.001)					
No	6,414	1			
Yes	1,526	2.15	<0.001	1.71	2.71
not given	212	3.42	0.076	0.88	13.29
Other household members smoke (p<0.001)					
No	4,101	1			
Yes	3,754	2.24	<0.001	1.74	2.89
Not given	297	0.52	0.212	0.19	1.45

1. Variables included in the model which were not significant predictors of regular smoking are not shown

2. P-value for each variable excludes missing values

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

4. Odds ratio indicates increase in odds for each additional unit of alcohol drunk in the last week

Source:

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

Table B.2 Odds of wanting to give up smoking, 2006¹

Variables in the model	Odds ratios for wanting to give up smoking	95% confidence intervals
Great Britain		
Sex		
Men	NS	
Women (reference group)		
Age		
16-24	3.94 **	(1.58-9.88)
25-34	6.35 **	(2.68-15.05)
35-44	7.24 **	(2.99-17.56)
45-54	7.52 **	(3.11-18.17)
55-64	3.89 **	(1.62-9.35)
65-74	2.94 *	(1.14-2.59)
75 and over (reference group)	1	
Smoking status		
Heavy smoker	NS	
Light smoker (reference group)		
Type of cigarette smoked		
Packeted	1.57	(0.99-2.50)
Both	0.84	(0.41-1.69)
Roll ups (reference group)	1	
Age of youngest child in household		
Less than 5	NS	
5-10		
11-15		
No children in household (reference group)		
Number of adults in the household		
	NS	
Socio-economic classification		
Managerial and professional occupations	NS	
Intermediate occupations		
Routine and non-manual occupations		
Never worked and long-term unemployed (reference group)		
Said second-hand smoking did increase the risk of a child getting:²		
Chest infection	2.09 **	(1.28-3.43)
Asthma	NS	
Other infections	NS	
Cot death	NS	
Ear infections	NS	
Said second-hand smoking did increase the risk of a non-smoking adult getting:²		
Lung cancer	NS	
Bronchitis	NS	
Asthma	NS	
Heart disease	1.72 *	(1.14-2.59)
Coughs & colds	NS	

1. All smokers aged 16 and over

2. Reference group is people who said second-hand smoking did not increase the risk of a child or non-smoking adult getting the medical condition

3. * p < 0.05, ** p < 0.01 NS = the variable did not enter the model

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Table B.3 Odds of having certain views on smoking restrictions, 2006¹

Great Britain						
Variables in the model	Odds ratios for views on smoking restrictions					
	Support restrictions on smoking at work	95% confidence intervals	Support restrictions on smoking in restaurants	95% confidence intervals	Support restrictions on smoking in pubs	95% confidence intervals
Sex						
Men	0.62 **	(0.48-0.80)	NS		0.82 *	(0.67-1.00)
Women (reference group)	1				1	
Age						
16-24	NS		0.55	(0.30-1.00)	0.51 **	(0.33-0.80)
25-34			1.76	(0.94-3.30)	0.86	(0.59-1.26)
35-44			1.21	(0.69-2.12)	0.96	(0.66-1.39)
45-54			0.86	(0.51-1.48)	1.15	(0.79-1.67)
55-64			1.4	(0.80-2.45)	1.27	(0.87-1.84)
65-74			1.30	(0.73-2.32)	1.47	(0.99-2.17)
75 and over (reference group)			1		1	
Smoking status						
Heavy smoker	0.25 **	(0.16-0.38)	0.25 **	(0.15-0.42)	0.16 **	(0.10-0.23)
Light smoker	0.41 **	(0.30-0.57)	0.26 **	(0.18-0.39)	0.28 **	(0.22-0.36)
Ex-regular smoker	0.73	(0.53-1.02)	0.55 **	(0.36-0.81)	0.57 **	(0.45-0.72)
Never smoked (reference group)	1		1		1	
Age of youngest child in household						
Less than 5	NS		NS		NS	
5-10						
11-15						
No children in household (reference group)						
Number of adults in the household						
	NS		NS		NS	
Socio-economic classification						
Managerial and professional occupations	5.90 **	(3.69-9.44)	NS		1.39	(0.92-2.10)
Intermediate occupations	2.86 **	(1.79-4.55)			1.32	(0.85-2.03)
Routine and non-manual occupations	1.83 **	(1.23-2.72)			0.74	(0.50-1.10)
Never worked and long-term unemployed (reference group)	1				1	
Said second-hand smoking did increase the risk of a child getting:²						
Chest infection	NS		NS		NS	
Asthma	NS		NS		1.79 **	(1.33-2.40)
Other infections	NS		NS		NS	
Cot death	1.79 **	(1.35-2.38)	NS		NS	
Ear infections	1.51 *	(1.09-2.08)	NS		1.56 **	(1.25-1.94)
Said second-hand smoking did increase the risk of a non-smoking adult getting:²						
Lung cancer	1.61 *	(1.08-2.39)	1.90 **	(1.25-2.89)	1.59 *	(1.11-2.27)
Bronchitis	1.54 *	(1.05-2.56)	1.84 **	(1.21-2.79)	NS	
Asthma	1.79 **	(1.27-2.53)	NS		NS	
Heart disease	NS		NS		1.64 **	(1.26-2.14)
Coughs & colds	NS		NS		1.64 **	(1.30-2.07)

1. All adults aged 16 and over

increase the risk of a child or non-smoking adult getting the medical

3. * p < 0.05, ** p < 0.01 NS = the variable did not enter the model

Source:

Smoking-Related Behaviour and Attitudes, 2006. Office for National Statistics

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Appendix C: Estimating smoking-attributable deaths and hospital admissions

Introduction

Estimates of smoking-attributable hospital Finished Consultant Episodes (FCEs) and deaths given in Chapter 5 ([Tables 5.3 to 5.6](#)) 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 FCEs 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 2005. These estimates are presented in [Table C.1](#) and are used in order to estimate the number of smoking-attributable FCEs 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 1980s¹. This was a prospective study of one million adults in the USA. Callum^{1,2}, Twigg³, and Hughes⁴ consider the published risks to be transferable to a UK situation and so they are adopted for this bulletin.

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 FCEs in England. These risks have been taken from Hughes⁴ and are based on an update of a 1996 epidemiological study.

The risks for 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 FCEs of people aged 35 and over.

For fatal diseases, the risks of death were also applied to calculate smoking-related hospital FCEs in England. Callum² discusses some of the drawbacks to using mortality risks for health outcomes.

The results of more recent research into smoking attributable deaths are currently under review by the Department of Health. For future bulletins, the IC will take account of these findings.

Deaths and admissions

The number of deaths for men and women in each of the specified age groups are taken from mortality statistics by cause and by registrations (V53), published by the ONS. The data used refer to the number of registered deaths in England in 2005.

Figures on hospital FCEs are from Hospital Episode Statistics (HES). The data refer to Finished Consultant Episodes in England during the period April 2005 to March 2006.

The tenth revision of the International Classification of Diseases was used to identify hospital FCEs and deaths from the diseases of interest. Tables C.2 and C.3 list the ICD-10 codes used in Table 5.3 to 5.6. These tables use the codes used by Hughes⁴ which represent a broader definition of some of the diseases and conditions than those used by Twigg² but are thought to better match the codes used in the derivation of the relative risks.

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:

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

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 FCEs or deaths in England is found by multiplying the observed number by the attributable proportion.

Notes

1. Callum^{1,2} and Twigg³ 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. Callum² states that this correction is arbitrary and we have not adopted it here to ensure that our results are easily

reproducible. Therefore, the number of unspecified cancer deaths attributed to smoking in this bulletin may be an overestimate. In the presented results, there are an estimated 3,700 smoking-attributable deaths from unspecified site cancers; using Callum's correction, this would fall to 1,600.

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 FCEs in England with this condition.

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List of tables

- C.1 Proportion of current and ex-smokers, by age and gender, 2005
- 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, 2005

England				
	Men		Women	
	Current smokers	Ex-smokers	Current smokers	Ex-smokers
All aged 35 and over	0.223	0.347	0.200	0.239
All aged 45 and over	0.196	0.409	0.178	0.264
35-54	0.282	0.217	0.250	0.190
55-64	0.213	0.407	0.205	0.270
65-74	0.160	0.494	0.142	0.291
75 and over	0.071	0.596	0.079	0.307
35-64	0.260	0.277	0.237	0.214
65 and over	0.123	0.536	0.111	0.299

Source: General Household Survey, 2005. 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 caused by smoking	ICD-10 code	Male smokers		Female smokers	
		Current (r_{cur})	Ex (r_{ex})	Current (r_{cur})	Ex (r_{ex})
Cancer					
Lung	C33-C34	26.6	8.2	13.6	4.1
Upper respiratory sites	C00-C14, C32	10.6	3.0	6.1	1.5
Oesophagus	C15	5.3	4.0	9.3	3.1
Bladder	C67	2.9	2.1	1.6	1.5
Kidney	C64-C66, C68	2.8	1.6	1.3	1.0
Stomach	C16	2.1	1.6	1.2	1.3
Pancreas	C25	2.2	1.1	2.3	1.5
Unspecified site	C80	4.4	2.3	2.1	1.2
Myeloid Leukemia	C92	1.4	1.3	1.2	1.3
Respiratory					
Chronic obstructive lung disease	J40-J44	14.1	8.4	14.0	8.6
Pneumonia 35-64	J10-J18	2.3	1.3	4.6	1.1
Pneumonia 65+		1.9	1.3	2.0	1.1
Circulatory					
Ischaemic heart disease 35-54	I20-25	4.2	1.9	5.2	2.9
Ischaemic heart disease 55-64	I20-25	2.6	1.6	3.0	1.1
Ischaemic heart disease 65-74	I20-25	1.7	1.4	2.1	1.2
Ischaemic heart disease 75+	I20-25	1.4	1.1	1.4	1.1
Cerebrovascular disease 35-54	I60-I69	5.1	1.1	4.5	1.1
Cerebrovascular disease 55-64	I60-I69	2.8	1.1	3.2	1.1
Cerebrovascular disease 65-74	I60-I69	2.1	1.0	3.0	1.6
Cerebrovascular disease 75+	I60-I69	1.4	1.0	1.2	1.0
Aortic aneurysm	I71	5.3	2.6	8.2	1.6
Myocardial degeneration	I51	2.1	1.2	1.7	1.2
Atherosclerosis	I70	1.9	1.1	2.2	0.8
Digestive					
Stomach/duodenal ulcer	K25-K27	4.5	1.6	6.4	1.4

Source:

The UK Smoking Epidemic: Deaths in 1995, Health Education Authority.

Table C.3 Relative risks for non-fatal diseases for current and ex smokers

Diseases caused by smoking	ICD-10 code	Current smokers (r_{cur})	Ex-smokers (r_{ex})
Peripheral arterial disease	I73.9	16.00	7.00
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

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

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 2006, 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.

www.archive.official-documents.co.uk/document/cm41/4177/4177.htm

Public Service Agreements

In 2004, the Department of Health agreed a new PSA target with the Treasury, specifically on smoking, to:

- Reduce adult smoking rates to 21 per cent or less by 2010, with a reduction in prevalence among routine and manual groups to 26 per cent or less.

www.hm-treasury.gov.uk/spending_review/spend_sr04/psa/spend_sr04_psaindex.cfm

- Latest figure, for 2005 among all adults is 24% and those among routine and manual groups 31%.

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

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

- 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

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

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

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

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 to 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

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/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.

Under new law, from 1st October 2007 it will be 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/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.

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 1st July 2007, and Wales introduced their smoking ban on April 2nd 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 has announced that it will increase the age at which tobacco can legally be bought from 16 to 18 and will strengthen sanctions against retailers for sales of tobacco to people who are under-age. This legislation will come into effect on October 1st 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

Reducing exposure to second-hand smoke and smoke-free legislation

The Health Act 2006 made virtually all enclosed public places and workplaces in England smoke-free with effect from 1 July 2007. Penalties for breeches of the smoke-free 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 smoke-free legislation is available at the dedicated website:

<http://www.smokefreeengland.co.uk/>

Appendix E: Editorial notes

For the purpose of clarity, figures in the bulletin are shown in accordance with the 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 bulletin 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 this is indicated using a footnote at the bottom of the relevant page.

Appendix F: Further information

This annual bulletin draws together statistics on smoking prevalence and behaviour. It is expected the next bulletin will be published in 2008. This bulletin forms part of a suite of statistical reports. Other bulletins cover drug misuse, alcohol and obesity, physical activity and diet.

Constructive comments on this bulletin are welcomed. Any questions concerning any data in this publication, requests for hard copies or further information, should be addressed to:

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This bulletin is available on the internet at:
<http://www.ic.nhs.uk/pubs/smoking07>

The 2006 bulletin, also published by the Information Centre can be found at:
<http://www.ic.nhs.uk/pubs/smoking06>

Previous editions of this bulletin 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

Readers may also find the following organisations and publications useful resources for further information on smoking 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/

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.

www.hmrc.gov.uk/

Data sets can be obtained from the internet at: 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/

Hospital Episode Statistics

Hospital Episode Statistics (HES) is the national statistical data warehouse, for England, of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. 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

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

NHS Smoking Helpline

Information and help on quitting smoking is available from the NHS Smoking Helpline: 0800 169 0 169.

www.givingupsmoking.co.uk

Office for National Statistics

Information about National Statistics can be found at:

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

Smokefree Action

Provides various information relating to the smokefree legislation

<http://www.smokefreeaction.co.uk/>

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

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