

# Statistics on smoking: England, 2006

# Summary

This statistical bulletin presents a range of information on smoking. Sources used within this publication include the General Household Survey, Drug Use, Smoking and Drinking among Young People, Smoking-Related Behaviour and Attitudes and various other publications from Office for National Statistics, Home Office, Her Majesty's Revenue and Customs, The Information Centre and the European Commission. The main summary points are

- In England in 2004, smoking prevalence for adults was 25% (26% of men and 23% of women). There was a decrease in smoking prevalence from 39% in 1980 to 26% in 1994, rising to 28% in 1998. Prevalence has been steadily falling since then;
- The decrease in smoking prevalence has been more marked for older people; of those aged 50-59 prevalence decreased from 44% in 1980 to 24% in 2004;
- The proportion of adults who smoke hand-rolled cigarettes has increased from 10% in 1984 to 24% in 2004;
- Almost two-fifths (39%) of adults who were current or ex-regular smokers started smoking before the age of 16;
- In England in 2005, 9% of children aged 11-15 reported that they were regular smokers. This figure fluctuated between 1982 and 1998 but since 1999, levels have remained steady at between 9% and 10%;
- Girls aged 11-15 are more likely than boys to be regular smokers; 10% compared with 7%. Older pupils are also more likely to smoke regularly; 20% of 15 year olds compared to 1% of pupils aged 11;
- In England in 2005, 32% of mothers reported smoking in the 12 months before or during pregnancy. Seventeen per cent of mothers continued to smoke throughout pregnancy, whilst 49% of smoking mothers gave up before or during pregnancy ;
- In Great Britain in 2005, 72% of current smokers aged 16 and over reported that they wanted to give up smoking. Health reasons were the most common given;
- Support for smoking restrictions in public places was high; 91% of adults favoured restrictions in restaurants, 86% at work and 65% in pubs;
- In England in 2004/05 there were approximately 1.4 million NHS hospital admissions with a primary diagnosis of a disease that can be related to smoking. This has increased from around 1.1 million admissions in 1995/96;
- There were over 10 million hospital admissions of adults aged 35 and over in England in 2004/05. Over half a million (559,800) of these admissions are estimated to be attributable to smoking;
- In England and Wales in 2004, there were a total of 500,755 deaths of adults aged 35 and over. An estimated 88,800 (18%) of these were caused by smoking, with a larger proportion of men (23%) estimated to die than women (13%) from smoking-related diseases;
- In 2005, total UK household expenditure on tobacco was £15.7 billion.



# Contents

1.	Introduction.....	1
2.	Smoking among adults.....	3
3.	Smoking among children.....	29
4.	Smoking and pregnancy.....	51
5.	Behaviour and attitudes to smoking.....	59
6.	Smoking-related ill health and mortality.....	93
7.	Smoking costs and economics.....	103
	Appendix A: Key sources.....	117
	Appendix B: Estimating smoking-attributable deaths and hospital admissions.....	127
	Appendix C: Government and NHS plans.....	137
	Appendix D: Editorial notes.....	141
	Appendix E: Further Information.....	143



# 1 Introduction

This statistical bulletin presents a range of information on 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 types of cigarette smoked. The relationship between smoking and various factors such as gender and socio-economic classification are also presented.

Chapter 3 focuses upon smoking behaviour among children. It is not possible to combine the information for adults and children because the surveys covering these groups use different methodologies. The results are therefore presented separately in this bulletin.

Chapter 4 reports on smoking in pregnancy, while Chapter 5 looks at behaviour, attitudes and dependence to smoking.

Chapter 6 presents figures on admissions to hospital for diseases that can be caused by smoking and also includes some new analyses on smoking-attributable hospital admissions and deaths.

Chapter 7 presents some economic statistics relating to tobacco, including expenditure, affordability and taxation and also includes figures on tobacco smuggling.

Throughout the bulletin, references are given to sources for further information. The bulletin contains five appendices, the first describing the key sources used. The second appendix describes in detail the methodology employed in the bulletin to estimate smoking-attributable hospital admissions and deaths. The third appendix covers Government targets and NHS plans related to smoking, whilst the fourth provides editorial notes regarding the tables used. The final appendix gives a list of sources of further information and useful contacts.



## 2 Smoking among adults

### Background

Information on smoking prevalence for those aged 16 and over is taken from the General Household Survey (GHS). The most recent data available are given in the GHS 2004<sup>1</sup>, which covers the period April 2004 to March 2005, published in December 2005. For this survey 8,700 households in Great Britain were surveyed, which yielded a sample of around 20,400 people.

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 1972 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) 2004<sup>2</sup>. The HSE is an annual survey, designed to monitor the health of the population of England. Each survey consists of core questions and measurements, plus modules of questions on specific issues that change periodically. The 2004 survey focused on the health of ethnic minorities and is used in this chapter because of the large sample size achieved among ethnic minority groups. The HSE 2004 achieved a sample of 6,704 adults in the general population, plus an additional 5,940 adults in an ethnic minority boost sample.

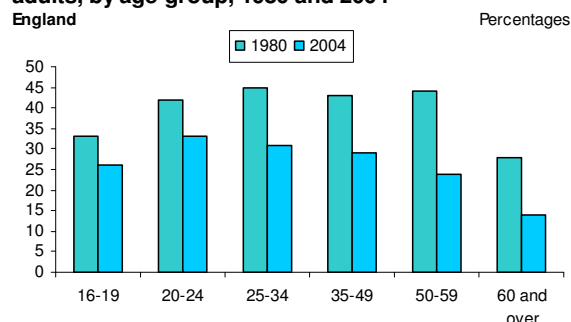
This chapter also reports the prevalence of daily, occasional and non-smokers for countries in the European Union. This data is collected by Health Interview Surveys and is presented by Eurostat<sup>3</sup>.

### Trends in smoking prevalence

In England in 2004, results from the GHS show that the overall smoking prevalence for adults was 25%, with men reporting higher levels of smoking (26%) than women (23%). There was a decrease in smoking prevalence from 39% in 1980 to 26% in 1994, rising to 28% in 1998. Prevalence has been steadily falling since then (Table 2.1).

The decrease in prevalence since 1980 has been more marked among older people than younger people. For those aged 50-59, smoking prevalence fell from 44% in 1980 to 24% in 2004. For those aged 20-24, prevalence decreased from 42% to 33% during the same period (Figure 2.1).

**Figure 2.1 Prevalence of cigarette smoking among adults, by age group, 1980 and 2004**



Source: General Household Survey 2004, Office for National Statistics  
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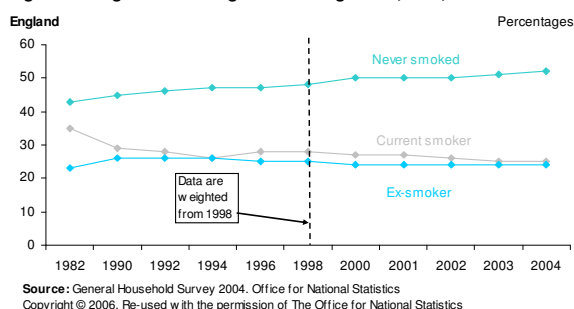
In 2004, those aged 20-24 reported the highest prevalence of cigarette smoking for both men and women, at 37% and 30% respectively. Those aged 60 and over, reported the lowest; 15% of men and 13% of women (Table 2.2).

The decrease in smoking prevalence seems to be mainly due to the increase in people who have never smoked. The proportion of adults who have never smoked has been rising steadily, from 43% of adults in 1982 to 52% in 2004 (Figure 2.2). The proportion of men who have never smoked increased from

32% in 1982 to 46% in 2004, whereas for women the increase was from 51% to 57%.

However, the proportion of adults who were ex-regular smokers (those who said that they used to smoke cigarettes regularly but no longer did) has changed little since the 1980's (Table 2.3).

Figure 2.2 Cigarette smoking status among adults, 1982, and 1990 to 2004



## 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 14 cigarettes in 2004. Those in the 50-59 age group smoked more cigarettes each day (17) than any other age group. Smokers in routine and manual occupations smoked an average of 15 cigarettes daily compared with 13 cigarettes smoked among those in managerial and professional occupations (Table 2.4 and Table 2.5).

Data from the HSE shows that both men and women smoke more cigarettes at the weekend than during the week (Table 2.6). The youngest age group (those aged 16-24) showed a larger difference in weekday and weekend smoking behaviour, whereas for the older age groups there was little difference.

## Socio-economic classification

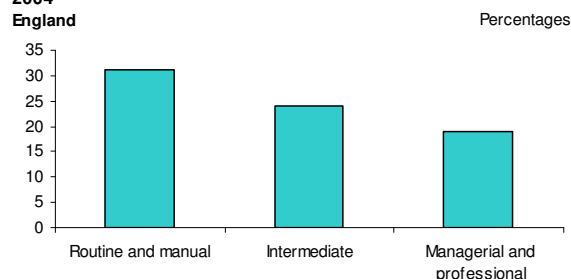
The GHS reports that people in manual socio-economic groups (SEG) continue to be more likely to smoke than those in non-manual groups; in 2004, 30% of adults in

manual groups smoked compared with 20% in non-manual groups (Table 2.7).

In 2001 the National Statistics Socio-Economic Classification (NS-SEC) was introduced, replacing SEG. This classification shows similar patterns to the old SEG classification with people in routine and manual groups more likely to smoke (31%) than those in managerial and professional (19%) and intermediate groups (24%) (Figure 2.3 and Table 2.8).

Although only available since 2001, a general downward trend within all NS-SEC groups in smoking prevalence is evident, but particularly noticeable among those where the household reference person was in an intermediate occupation which has seen overall smoking prevalence fall from 27% in 2001 to 24% in 2004 (Table 2.9).

Figure 2.3 Prevalence of cigarette smoking among adults, by socio-economic classification of the household reference person, 2004

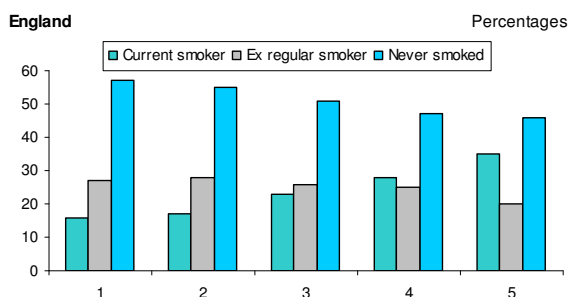


Source: General Household Survey 2004. Office for National Statistics  
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Results from the HSE 2004 shows smoking prevalence by smoking status and Index of Multiple Deprivation (IMD)<sup>4</sup>, broken down into 5 quintiles, not currently readily available from the GHS. The first quintile indicates the lowest levels of deprivation, whilst the fifth quintile shows the highest levels of deprivation. The model of multiple deprivation which underpins the IMD 2004 is based on the idea of distinct domains of deprivation which can be recognised and measured separately. The seven domains of deprivation are income, employment, health and disability, education, skills and training, barriers to housing and services, living environment and crime.

People in the highest deprivation quintile (quintile 5) reported the highest level of smoking prevalence (35%) and the lowest proportion of people who have never smoked (46%) as shown in [Table 2.10](#) and [Figure 2.4](#).

**Figure 2.4 Adult's smoking status by Index of Multiple Deprivation (IMD) Quintile, 2004**



Source: Health Survey for England 2004. The Information Centre

## Smoking and marital status

[Table 2.11](#) shows smoking prevalence for men and women by marital status using results from the GHS 2004. People who are divorced or separated are most likely to be regular cigarette smokers (37%) while those who are widowed are least likely (16%).

## Smoking by region

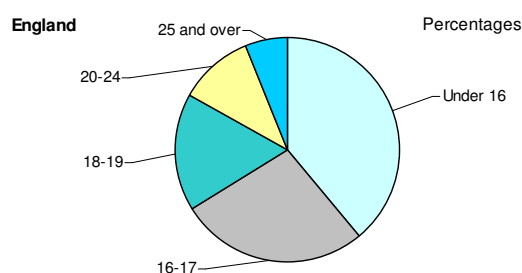
Although smoking prevalence is gradually decreasing for England, overall regional trends are more variable, ([Table 2.12](#)). The London Government Office Region reports the largest percentage decrease of cigarette smoking, falling from 31% in 1998 to 22% in 2004, with similar patterns reported for both men and women.

There is a north/ south divide in the proportion of women who reported smoking cigarettes. In the North East, North West and Yorkshire and Humber regions, 30%, 28% and 26% of women had reported smoking in 2004, compared with 19% and 20% in the London and South East regions respectively. For men there was no such pattern.

## Age started smoking

Almost two-fifths (39%) of those who were either current or ex-regular smokers had started smoking before they were 16 ([Figure 2.5](#)). 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, as shown in [Table 2.13](#). Thirty per cent of those in the managerial and professional group started smoking before the age of 16 compared with 44% of smokers in the routine and manual group. Men were more likely than women to have started smoking before they were 16 (42% of men, compared with 35% of women).

**Figure 2.5 Age adults started smoking regularly, 2004**



Source: General Household Survey 2004. Office for National Statistics  
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## Smoking status of parents

Respondents of the HSE 2004 were asked if their mother or father smoked when they were a child. The relationship between parental smoking and the current smoking status of the adult is shown in [Table 2.14](#).

For men, a similar proportion were regular smokers where none or one parent smoked when the respondent was a child (19% and 22% respectively). For women, 15% of respondents were regular smokers where no parent had smoked and 20% where one parent had smoked during the respondents childhood. Where both parents had smoked the proportion who were regular smokers increased to 30% of men and 32% of women.

## Cigarette type

The GHS shows that filter cigarettes are the most widely smoked type of cigarette, especially among women. In 2004, 85% of female smokers and 65% of male smokers smoked mainly filter cigarettes. There has been a marked increase in the proportion of smokers who said that they smoked hand-rolled cigarettes, from 10% in 1984 to 24% in 2004 (34% of male smokers and 15% of female smokers). Only 1% of smokers said that they smoked mainly plain (unfiltered) cigarettes (Table 2.15).

Smokers in managerial and professional occupations are more likely to smoke filtered cigarettes than any other group, whereas smokers in routine and manual occupations were more likely to smoke hand-rolled cigarettes than any other occupational group (Table 2.16).

## Smoking and ethnicity

The HSE 2004 report that, among the general population, 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 among Black Caribbean, 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 2.17).

In 2004, the reported prevalence of cigarette smoking among women in the general population was 23% from the HSE. Among ethnic minority women, reported prevalence was lowest among Bangladeshi women (2%) and highest among Irish women (26%). Women in the Black Caribbean (24%) and Irish (26%) ethnic groups reported higher levels of smoking than women in the general population.

Questions about chewing tobacco (pann with tobacco, pann with masala or chewing tobacco) were asked of South Asian (Pakistani, Indian and Bangladeshi) respondents. Use of chewing tobacco was most prevalent among Bangladeshi groups, with 9% of men and 16% of women reporting using chewing tobacco (Figure 2.6).

Figure 2.6 Use of chewing tobacco, by South Asian ethnic group<sup>1</sup>, 2004

England	Percentages		
	Indian	Pakistani	Bangladeshi
<b>Men</b>			
Uses chewing tobacco	4	2	9
Does not use chewing tobacco	96	98	91
<b>Women</b>			
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 high cotinine levels among Bangladeshi women contrasts with their low rate of self-reported smoking and is probably due to use of chewing tobacco (Table 2.18).

## European comparison

Health Interview Surveys report smoking prevalence among European Union (EU) countries as shown in Table 2.19. 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 Great Britain (25%). The country reporting the lowest daily smoking prevalence was Portugal (16.4%).

### 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 households<sup>4</sup>, institutions<sup>5</sup>, homeless people<sup>6</sup>, prisoners<sup>7</sup> and people with psychotic disorders<sup>8</sup>. These sources are all listed in the references below.

### References

1. General Household Survey 2004. Office for National Statistics, 2005. Available at: [www.statistics.gov.uk/ghs/](http://www.statistics.gov.uk/ghs/)

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## List of tables

- 2.1 Prevalence of cigarette smoking among adults, by age, 1948, and 1980 to 2004
- 2.2 Prevalence of cigarette smoking among adults, by age and gender, 1948, and 1980 to 2004
- 2.3 Cigarette smoking status among adults, by gender, 1982, and 1990 to 2004
- 2.4 Average daily cigarette consumption by current smokers, age and gender, 1984, and 1990 to 2004
- 2.5 Average daily cigarette consumption by current smokers, gender and socio-economic classification, 2004
- 2.6 Average number of cigarettes smoked on weekdays and weekends by age and gender, 2004
- 2.7 Prevalence of cigarette smoking among adults, by gender and socio-economic group of household reference person, 1992 to 2004
- 2.8 Prevalence of cigarette smoking among adults, by gender and socio-economic classification, 2004
- 2.9 Prevalence of cigarette smoking among adults, by gender and socio-economic classification, 2001 to 2004
- 2.10 Adult's smoking status by Index of Multiple Deprivation (IMD) Quintile, 2004
- 2.11 Regular cigarette smokers by marital status and gender, 2004
- 2.12 Prevalence of cigarette smoking among adults, by gender and Government Office Region, 1998 to 2004
- 2.13 Age adults started smoking regularly by gender and socio-economic classification, 2004
- 2.14 Current smoking status, by reported parental smoking in childhood and gender, 2004
- 2.15 Type of cigarette smoked, by gender, 1984, and 1990 to 2004
- 2.16 Type of cigarette smoked, by gender and NS-SEC, 2004
- 2.17 Prevalence of cigarette smoking by smoking status, minority ethnic group and gender, 2004
- 2.18 Saliva cotinine levels, by minority ethnic group and gender, 2004
- 2.19 Prevalence of smoking among European Union countries, by smoking status, 2004

**Table 2.1 Prevalence of cigarette smoking among adults<sup>1</sup>, by age, 1948<sup>2</sup>, and 1980 to 2004<sup>3</sup>**

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
<i>Weighted bases 2004 (000s)</i>		<i>36,004</i>	<i>2,011</i>	<i>2,635</i>	<i>5,908</i>	<i>9,985</i>	<i>6,049</i>	<i>9,416</i>
<i>Unweighted bases 2004</i>		<i>12,716</i>	<i>653</i>	<i>819</i>	<i>2,043</i>	<i>3,534</i>	<i>2,206</i>	<i>3,461</i>

1. Aged 16 and over

2. 1948 data relate to Great Britain

3. The unweighted base for 2004 is of similar size to the unweighted base for earlier years

**Sources:**

UK Smoking Statistics, Wald et al, 1991

General Household Survey 2004. Office for National Statistics

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**Table 2.2 Prevalence of cigarette smoking among adults<sup>1</sup>, by age and gender, 1948<sup>2</sup>, and 1980 to 2004<sup>3</sup>**

England		Percentages						
		All ages	16-19	20-24	25-34	35-49	50-59	60 and over
<b>Men</b>								
Unweighted	1948	65	..	..	..	..	..	..
	1980	42	33	44	47	45	45	34
	1982	37	31	39	40	39	41	32
	1984	35	28	39	39	38	38	29
	1986	34	30	41	37	37	34	28
	1988	32	28	37	37	36	32	25
	1990	31	28	39	37	34	27	24
	1992	29	29	39	35	31	27	20
	1994	28	28	42	34	31	26	17
	1996	28	25	43	38	30	27	17
1998	28	30	42	37	32	26	15	
Weighted	1998	29	30	40	38	33	27	16
	2000	29	30	36	39	31	27	16
	2001	28	24	39	38	31	25	16
	2002	27	22	38	36	29	26	16
	2003	27	26	38	37	31	25	15
	2004	26	25	37	34	31	25	15
<i>Weighted bases 2004 (000's)</i>		16,855	1,027	1,183	2,828	4,622	2,948	4,246
<i>Unweighted bases 2004</i>		5,884	322	352	939	1,605	1,057	1,609
<b>Women</b>								
Unweighted	1948	41	..	..	..	..	..	..
	1980	36	32	40	43	41	42	24
	1982	32	31	39	36	37	38	23
	1984	32	31	35	35	35	40	22
	1986	31	31	38	35	33	34	22
	1988	30	27	37	33	34	33	21
	1990	28	33	39	34	32	27	19
	1992	27	24	37	32	28	28	19
	1994	25	28	38	30	28	26	16
	1996	27	32	37	33	30	26	18
1998	26	33	40	33	28	26	16	
Weighted	1998	26	33	40	32	28	27	16
	2000	25	28	35	32	27	26	15
	2001	25	31	35	30	27	24	17
	2002	25	28	38	33	27	24	14
	2003	24	24	34	31	28	22	14
	2004	23	26	30	28	28	23	13
<i>Weighted bases 2004 (000s)</i>		19,149	983	1,452	3,080	5,363	3,100	5,170
<i>Unweighted bases 2004</i>		6,832	331	467	1,104	1,929	1,149	1,852

1. Aged 16 and over

2. 1948 data relate to Great Britain

3. The unweighted base for 2004 is of similar size to the unweighted base for earlier years

**Sources:**

UK Smoking Statistics, Wald et al, 1991

General Household Survey 2003 to 2004. Office for National Statistics

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**Table 2.3 Cigarette smoking status among adults<sup>1</sup>, by gender, 1982<sup>2</sup>, and 1990 to 2004**

England	Unweighted						Weighted						Percentages	
	1982	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004		
<b>All adults<sup>3</sup></b>														
Current smoker	35	29	28	26	28	27	28	27	27	26	25	25		
Ex-smoker	23	26	26	26	25	26	25	24	24	24	24	24		
Never or only occasionally smoked	43	45	46	47	47	48	48	50	50	50	51	52		
<b>Men</b>														
Current smoker	37	31	29	28	28	28	29	29	28	27	27	26		
Ex-smoker	31	32	33	32	32	31	29	27	27	28	27	28		
Never or only occasionally smoked	32	37	39	40	40	41	42	44	45	45	46	46		
<b>Women</b>														
Current smoker	32	28	27	25	27	26	26	25	25	25	24	23		
Ex-smoker	17	20	21	21	20	21	21	20	21	21	21	20		
Never or only occasionally smoked	51	52	53	54	53	53	53	55	54	54	55	57		
<i>Weighted bases (000s)</i>														
All adults	.	.	.	.	.	.	35,097	36,531	36,056	35,983	35,337	36,004		
Men	.	.	.	.	.	.	16,566	17,583	17,206	16,806	16,686	16,855		
Women	.	.	.	.	.	.	18,531	18,948	18,851	19,176	18,651	19,149		
<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		
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		
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		

1. Aged 16 and over

2. Detailed data for England for the years before 1982 are not readily available

3. Those for whom number of cigarettes was not known have not been shown as a separate category but are included in the figures for all adult current smokers

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table 2.4 Average daily cigarette consumption by current smokers<sup>1</sup>, age and gender, 1984<sup>2</sup>, and 1990 to 2004<sup>3</sup>**

England														Numbers	
	Unweighted						Weighted						Weighted bases 2004 (000s)	Unweighted bases 2004 <sup>3</sup>	
	1984	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004			
<b>All adults</b>															
All ages	15	15	14	15	14	14	14	14	14	14	14	14	14	8,855	3,048
16 - 19	12	12	10	10	10	10	10	11	12	11	11	11	11	518	166
20 - 24	14	14	13	13	12	12	12	11	11	11	11	11	11	862	271
25 - 34	15	15	14	14	13	13	13	12	12	12	12	12	12	1,816	624
35 - 49	17	17	17	16	16	16	16	15	16	16	15	15	15	2,933	1,005
50 - 59	16	16	16	17	16	16	16	16	16	17	17	17	17	1,436	509
60 and over	13	13	13	13	14	13	13	13	13	14	14	13	13	1,290	473
<b>Men</b>															
All ages	16	16	15	16	16	15	15	15	15	15	15	14	14	4,417	1,484
16 - 19	12	12	11	10	11	10	10	12	11	10	13	12	12	259	80
20 - 24	15	15	13	13	14	14	14	12	12	12	12	10	10	433	130
25 - 34	16	16	14	15	14	13	13	13	12	13	13	12	12	946	312
35 - 49	18	19	18	17	18	17	18	16	16	17	16	15	15	1,429	479
50 - 59	18	17	18	20	16	17	17	17	18	19	18	17	17	737	255
60 and over	14	15	14	14	15	15	15	15	15	15	15	14	14	613	228
<b>Women</b>															
All ages	14	13	13	13	13	13	13	12	13	13	13	13	13	4,438	1,564
16 - 19	11	11	10	10	10	10	10	10	12	11	10	10	10	260	86
20 - 24	13	13	12	13	11	11	11	10	11	11	10	11	11	429	141
25 - 34	15	14	13	13	12	12	12	11	12	12	11	11	11	869	312
35 - 49	15	15	15	14	15	15	15	14	15	14	14	14	14	1,505	526
50 - 59	14	15	15	15	15	15	15	15	14	15	15	16	16	699	254
60 and over	11	11	12	12	12	12	12	12	12	13	13	13	13	676	245

1. Aged 16 and over

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

3. The unweighted base for 2004 is of similar size to the unweighted base for earlier years

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**Table 2.5 Average daily cigarette consumption by current smokers<sup>1</sup>, gender and socio-economic classification<sup>2, 3</sup>, 2004**

England	Average number of cigarettes per day	Weighted bases (000s)	Numbers	
			Unweighted bases	
<b>All adults<sup>4</sup></b>	14	8,622	2,980	
Managerial and professional	13	2,592	925	
Intermediate	13	1,552	524	
Routine and manual	15	4,155	1,425	
<b>Men</b>	14	4,282	1,446	
Managerial and professional	13	1,365	473	
Intermediate	15	793	261	
Routine and manual	15	1,990	669	
<b>Women</b>	13	4,340	1,534	
Managerial and professional	12	1,227	452	
Intermediate	12	759	263	
Routine and manual	14	2,165	756	

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. 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

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**Table 2.6 Average number of cigarettes smoked on weekdays and weekends by age and gender, 2004<sup>1</sup>**

England	Numbers					
	All ages	16-24	25-34	35-49	50-59	60 and over
<b>All adults</b>	13.9	11.1	12.6	14.9	16.9	13.8
Weekday	13.4	9.9	12.0	14.4	16.7	13.7
Weekend	15.3	14.3	14.2	16.2	17.2	14.1
<b>Men</b>	14.7	11.7	12.9	15.8	18.3	15.3
Weekday	14.2	10.8	12.3	15.2	18.3	15.2
Weekend	16.0	14.2	14.5	17.3	18.2	15.6
<b>Women</b>	13.2	10.6	12.3	14.2	15.5	12.6
Weekday	12.6	9.1	11.7	13.7	15.1	12.5
Weekend	14.6	14.4	13.9	15.2	16.3	12.9
<i>Bases (weighted)</i>						
All adults	21,871	3,463	5,173	6,917	3,156	3,162
Men	10,895	1,626	2,971	3,348	1,563	1,387
Women	10,977	1,837	2,202	3,569	1,593	1,775
<i>Bases (unweighted)</i>						
All adults	1,499	174	328	479	243	275
Men	641	69	168	191	103	110
Women	858	105	160	288	140	165

1. Adults aged 16 and over

**Source:**

Health Survey for England 2004. The Information Centre

**Table 2.7 Prevalence of cigarette smoking among adults<sup>1</sup>, by gender and socio-economic group<sup>2</sup> of household reference person, 1992<sup>3</sup> to 2004**

England												Percentages	
Socio-economic group of household reference person <sup>4</sup>	Unweighted				Weighted						Weighted bases 2004 (000's)	Unweighted sample (2004)	
	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004			
<b>All adults<sup>5</sup></b>	28	26	28	27	28	27	27	26	25	25	35,845	12,663	
Non-manual	23	21	22	21	22	23	21	20	21	20	18,956	6,881	
Manual	33	32	34	32	33	31	32	31	31	30	15,068	5,223	
<b>Men<sup>5</sup></b>	29	28	28	28	29	29	28	27	27	26	16,758	5,853	
Non-manual	22	21	21	21	22	24	22	21	22	22	8,678	3,122	
Manual	35	34	35	34	35	34	34	32	33	31	7,335	2,513	
<b>Women<sup>5</sup></b>	27	25	27	26	26	25	25	25	24	23	19,087	6,810	
Non-manual	23	21	22	21	22	22	20	20	20	19	10,279	3,759	
Manual	30	30	33	31	31	29	31	30	29	28	7,733	2,710	

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. Figures for 1992 to 1996 are taken from Department of Health bulletin Statistics on smoking: England, 1978 onwards. Figures for 2001 to 2004 are based on the NS-SEC classification recoded to produce SEG and should therefore be treated with caution

4. Head of household in years before 2000

5. Where the head of household/household reference person was a full time student, in the Armed forces, 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 missing cases

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General Household Survey 2004. Office for National Statistics

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**Table 2.8 Prevalence of cigarette smoking among adults<sup>1</sup>, by gender and socio-economic classification<sup>2,3</sup>, 2004**

England	Percentages								
	Percentages			Weighted bases (000s)			Unweighted bases		
	All adults	Men	Women	All adults	Men	Women	All adults	Men	Women
<b>Total<sup>4</sup></b>	<b>25</b>	<b>26</b>	<b>23</b>	<b>35,001</b>	<b>16,412</b>	<b>18,589</b>	<b>12,417</b>	<b>5,760</b>	<b>6,657</b>
<b>Managerial and professional</b>	<b>19</b>	<b>20</b>	<b>17</b>	<b>13,999</b>	<b>6,735</b>	<b>7,264</b>	<b>5,157</b>	<b>2,454</b>	<b>2,703</b>
Large employers & higher managerial	16	19	12	2,206	1,089	1,117	837	410	427
Higher professional	14	17	11	2,969	1,556	1,414	1,091	561	530
Lower managerial & professional	21	22	20	8,823	4,090	4,734	3,229	1,483	1,746
<b>Intermediate</b>	<b>24</b>	<b>26</b>	<b>22</b>	<b>6,605</b>	<b>3,092</b>	<b>3,513</b>	<b>2,290</b>	<b>1,058</b>	<b>1,232</b>
Intermediate	24	26	23	3,096	1,220	1,876	1,064	411	653
Small employers & own account workers	23	26	20	3,510	1,872	1,638	1,226	647	579
<b>Routine and manual</b>	<b>31</b>	<b>32</b>	<b>30</b>	<b>13,479</b>	<b>6,218</b>	<b>7,261</b>	<b>4,675</b>	<b>2,133</b>	<b>2,542</b>
Supervisory & technical	29	31	26	4,102	2,038	2,064	1,435	707	728
Semi-routine	32	34	30	4,767	2,004	2,764	1,655	688	967
Routine	32	32	33	4,610	2,176	2,434	1,585	738	847

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. 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 2004. Office for National Statistics

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**Table 2.9 Prevalence of cigarette smoking among adults<sup>1</sup>, by gender and socio-economic classification<sup>2,3</sup>, 2001 to 2004**

England	Weighted				Weighted base 2004 (000's)	Percentages
	2001	2002	2003	2004		Unweighted sample (2004)
<b>All adults<sup>4</sup></b>	27	26	25	25	35,001	12,417
Managerial and professional	19	19	18	19	13,999	5,157
Intermediate	27	26	26	24	6,605	2,290
Routine and manual	32	31	32	31	13,479	4,675
<b>Men<sup>4</sup></b>	28	27	27	26	16,412	5,760
Managerial and professional	21	20	20	20	6,735	2,454
Intermediate	29	27	28	26	3,092	1,058
Routine and manual	34	32	34	32	6,218	2,133
<b>Women<sup>4</sup></b>	25	25	24	23	18,589	6,657
Managerial and professional	17	17	17	17	7,264	2,703
Intermediate	26	25	24	22	3,513	1,232
Routine and manual	31	31	30	30	7,261	2,542

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. 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

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**Table 2.10 Adult's<sup>1</sup> smoking status by Index of Multiple Deprivation (IMD) Quintile, 2004**

<b>England</b>	Percentages					
	All levels of IMD	1	2	3	4	5
<b>All adults</b>						
Current smoker	23	16	17	23	28	35
Ex regular smoker	25	27	28	26	25	20
Never smoked	51	57	55	51	47	46
<b>Men</b>						
Current smoker	24	15	18	25	30	34
Ex regular smoker	29	34	30	28	29	23
Never smoked	47	51	52	46	42	43
<b>Women</b>						
Current smoker	23	18	16	20	26	35
Ex regular smoker	22	20	26	24	21	17
Never smoked	56	62	58	56	53	48
<i>Weighted Bases</i>						
<i>All adults</i>	<i>94,010</i>	<i>21,116</i>	<i>20,680</i>	<i>16,709</i>	<i>19,746</i>	<i>15,760</i>
<i>Men</i>	<i>45,652</i>	<i>10,509</i>	<i>10,282</i>	<i>8,110</i>	<i>9,489</i>	<i>7,263</i>
<i>Women</i>	<i>48,358</i>	<i>10,606</i>	<i>10,398</i>	<i>8,599</i>	<i>10,257</i>	<i>8,498</i>
<i>Unweighted Bases</i>						
<i>All adults</i>	<i>6,660</i>	<i>1,518</i>	<i>1,498</i>	<i>1,179</i>	<i>1,347</i>	<i>1,118</i>
<i>Men</i>	<i>2,855</i>	<i>677</i>	<i>665</i>	<i>509</i>	<i>562</i>	<i>442</i>
<i>Women</i>	<i>3,805</i>	<i>841</i>	<i>833</i>	<i>670</i>	<i>785</i>	<i>676</i>

1. Adults aged 16 and over

**Source**

Health Survey for England 2004. The Information Centre

**Table 2.11 Regular cigarette smokers<sup>1,2</sup> by marital status and gender, 2004**

England	Percentages			
	Single	Married/cohabiting	Divorced/separated	Widowed
All adults	30	22	37	16
Men	31	24	39	19
Women	29	21	36	15
<i>Weighted Base (000s)</i>				
All adults	7,981	22,544	2,953	2,526
Men	4,189	11,005	1,132	530
Women	3,792	11,540	1,821	1,996
<i>Unweighted base</i>				
All adults	2,538	8,316	997	865
Men	1,266	4,056	358	204
Women	1,272	4,260	639	661

1. Aged 16 and over

2. A regular smoker is classed as someone who smokes at least one cigarette a week

**Source:**

General Household Survey, 2004. Office for National Statistics

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**Table 2.12 Prevalence of cigarette smoking among adults<sup>1</sup>, by gender and Government Office Region, 1998 to 2004**

England							Percentages	
	Weighted						Weighted bases 2004 (000's)	Unweighted sample (2004)
	1998	2000	2001	2002	2003	2004		
<b>All adults</b>								
England	28	27	27	26	25	25	36,004	12,716
North East	29	27	29	27	28	29	1,912	677
North West	31	30	29	28	30	28	4,726	1,719
Yorkshire and the Humber	29	28	29	27	25	28	3,745	1,352
East Midlands	27	25	28	24	27	27	3,383	1,233
West Midlands	29	26	24	23	25	23	3,621	1,303
East of England	25	25	26	25	25	24	3,949	1,442
London	31	27	27	24	24	22	5,149	1,528
South East	24	25	24	26	24	22	5,909	2,132
South West	25	27	24	25	24	23	3,610	1,330
<b>Men</b>								
England	29	29	28	27	27	26	16,855	5,884
North East	28	27	33	24	30	28	894	312
North West	29	29	28	28	30	27	2,195	789
Yorkshire and the Humber	30	29	30	27	25	30	1,728	621
East Midlands	27	27	28	24	31	27	1,624	585
West Midlands	32	27	27	25	26	26	1,647	589
East of England	26	27	27	25	28	26	1,839	664
London	34	31	29	29	28	26	2,391	693
South East	28	28	26	27	25	25	2,807	1,002
South West	26	30	27	27	26	25	1,729	629
<b>Women</b>								
England	26	25	25	25	24	23	19,148	6,832
North East	30	28	26	29	27	30	1,018	365
North West	32	30	29	28	30	28	2,531	930
Yorkshire and the Humber	28	26	28	27	24	26	2,017	731
East Midlands	26	24	27	24	24	28	1,759	648
West Midlands	26	24	22	21	24	21	1,973	714
East of England	24	23	25	25	22	23	2,110	778
London	27	24	26	21	20	19	2,758	835
South East	21	23	23	25	22	20	3,102	1,130
South West	25	24	22	24	22	21	1,881	701

1. Aged 16 and over

**Sources:**

General Household Survey 2004. Office for National Statistics

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**Table 2.13 Age adults<sup>1</sup> started smoking regularly, by gender and socio-economic classification<sup>2,3</sup>, 2004**

England	Age started smoking regularly	All classifications <sup>4</sup>	Managerial and professional	Intermediate	Percentages
					Routine and manual
<b>All persons</b>					
	Under 16	39	30	40	44
	16-17	27	28	28	25
	18-19	17	22	16	14
	20-24	11	14	11	10
	25 and over	6	6	6	6
<b>Men</b>					
	Under 16	42	33	44	48
	16-17	26	29	26	24
	18-19	16	20	16	13
	20-24	11	13	10	9
	25 and over	5	6	3	6
<b>Women</b>					
	Under 16	35	27	35	40
	16-17	27	27	29	27
	18-19	18	24	15	15
	20-24	12	15	12	11
	25 and over	7	6	8	7
<i>Weighted bases (000s)</i>					
	<i>Persons</i>	17,011	5,895	3,194	7,508
	<i>Men</i>	8,952	3,205	1,651	3,911
	<i>Women</i>	8,060	2,690	1,543	3,597
<i>Unweighted bases</i>					
	<i>Persons</i>	6,045	2,175	1,117	2,618
	<i>Men</i>	3,151	1,173	572	1,347
	<i>Women</i>	2,894	1,002	545	1,271

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. 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 2004. Office for National Statistics

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**Table 2.14 Current smoking status<sup>1</sup>, by reported parental smoking in childhood and gender, 2004**

England	Percentages			
	All adults	Neither parent smoked	One parent smoked	Both parents smoked
<b>All adults</b>				
Regular smoker	23	17	21	31
Ex-regular smoker	25	18	30	25
Never smoked	52	65	49	43
<b>Men</b>				
Regular smoker	24	19	22	30
Ex-regular smoker	29	19	37	27
Never smoked	47	62	41	42
<b>Women</b>				
Regular smoker	23	15	20	32
Ex-regular smoker	22	16	23	24
Never smoked	56	69	57	44
<i>Weighted bases</i>				
All adults	91,502	23,923	38,918	28,661
Men	44,510	12,097	18,543	13,870
Women	46,993	11,826	20,375	14,791
<i>Unweighted bases</i>				
All adults	6,479	1,556	2,875	2,048
Men	2,783	684	1,224	875
Women	3,696	872	1,651	1,173

1. Adults aged 16 and over

**Source:**

Health Survey for England, 2004. The Information Centre

**Table 2.15 Type of cigarette smoked<sup>1</sup>, by gender, 1984<sup>2</sup> and 1990 to 2004**

England	Percentages											
	Unweighted						Weighted					
	1984	1990	1992	1994	1996	1998	1998	2000	2001	2002	2003	2004
<b>All adults</b>												
Mainly filter	86	89	89	87	85	83	83	79	77	76	77	75
Mainly plain	4	2	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
<b>Men</b>												
Mainly filter	77	80	80	77	76	74	74	69	68	66	68	65
Mainly plain	6	3	2	2	1	1	1	1	1	1	1	1
Mainly hand-rolled	17	18	18	21	23	25	25	30	32	33	31	34
<b>Women</b>												
Mainly filter	94	97	97	96	93	91	91	89	87	86	86	85
Mainly plain	3	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
<b>Weighted bases (000s)</b>												
All adults	.	.	.	.	.	.	9,688	9,771	9,562	9,188	8,976	8,877
Men	.	.	.	.	.	.	4,820	5,024	4,826	4,468	4,552	4,427
Women	.	.	.	.	.	.	4,868	4,746	4,736	4,719	4,424	4,450
<b>Unweighted bases</b>												
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
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
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

1. Aged 16 and over

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

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table 2.16 Type of cigarette smoked, by gender and NS-SEC<sup>1,2</sup>, 2004**

England	Percentages			
	All classifications <sup>3</sup>	Managerial and Professional	Intermediate	Routine and manual
<b>All Adults<sup>4</sup></b>				
Mainly filter	75	82	77	71
Mainly plain	1	0	1	1
Mainly hand-rolled	24	18	22	29
<b>Men</b>				
Mainly filter	65	75	66	58
Mainly plain	1	1	1	1
Mainly hand-rolled	34	24	33	41
<b>Women</b>				
Mainly filter	85	90	88	82
Mainly plain	1	0	0	1
Mainly hand-rolled	15	10	11	17
<i>Weighted bases (000s)</i>				
<i>All adults<sup>4</sup></i>	<i>8,645</i>	<i>2,596</i>	<i>1,557</i>	<i>4,173</i>
<i>Men</i>	<i>4,292</i>	<i>1,368</i>	<i>795</i>	<i>1,999</i>
<i>Women</i>	<i>4,352</i>	<i>1,227</i>	<i>762</i>	<i>2,174</i>
<i>Unweighted bases</i>				
<i>All adults<sup>4</sup></i>	<i>2,988</i>	<i>926</i>	<i>526</i>	<i>1,431</i>
<i>Men</i>	<i>1,450</i>	<i>474</i>	<i>262</i>	<i>672</i>
<i>Women</i>	<i>1,538</i>	<i>452</i>	<i>264</i>	<i>759</i>

1. 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)

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

3. 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

4. Aged 16 and over and a smoker

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table 2.17 Prevalence of cigarette smoking by smoking status, minority ethnic group and gender, 2004**

England								Percentages	
	Black Caribbean	Black African	Indian	Pakistani	Bangladeshi	Chinese	Irish	General Population	
<b>Men<sup>1</sup></b>									
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	
<b>Women<sup>1</sup></b>									
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. Aged 16 and over

**Source:**

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

**Table 2.18 Saliva cotinine levels, by minority ethnic group and gender, 2004**

England								Percentages
	Black Caribbean	Black African	Indian	Pakistani	Bangladeshi	Chinese	Irish	General population (2003) <sup>1</sup>
<b>Men<sup>2</sup></b>								
% with 15ng/ml and over <sup>3</sup>	26	27	27	35	57	23	32	30
<b>Women<sup>2</sup></b>								
% with 15ng/ml and over <sup>3</sup>	26	14	7	13	29	10	26	25
<i>Bases (weighted)</i>								
Men	195	149	462	170	48	64	1,053	779
Women	282	193	497	174	61	62	1,305	803
<i>Bases (unweighted)</i>								
Men	162	137	274	165	110	144	272	736
Women	256	173	302	173	136	141	340	882

1. In 2004, nurse visits were confined to those from minority ethnic groups. As such, cotinine data for the general population are not available and comparative general population data have been taken from HSE 2003

2. Aged 16 and over

3. A cotinine level of 15 ng/ml is indicative of tobacco use within the past 24 hours

**Source:**

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

**Table 2.19 Prevalence of smoking<sup>1</sup> among European Union<sup>2</sup> countries, by smoking status, 2004**

European Union	Percentages		
	Daily smoker	Occasional smoker	Non-smoker
<b>EU Average</b>	<b>26.5</b>	<b>5.6</b>	<b>68.6</b>
Austria	36.3	8.8	54.9
Belgium	24.1	4.4	71.5
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
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

**Source:**

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

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## 3 Smoking among children

### Background

The main results presented in this chapter are taken from the survey Drug Use, Smoking and Drinking among Young People in England in 2005 (SDD05)<sup>1</sup>. Information for the survey was obtained from over 9,000 pupils in 305 schools in England during the autumn term of 2005.

SDD05 forms part of a series of surveys 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. The focus of SDD05 is upon drug taking, therefore some parts of this chapter are taken from SDD04<sup>2</sup> which focused on, and contains more detail on, smoking behaviour.

Information about tobacco control activities undertaken by local authorities to prevent underage sales of tobacco during the period April 2004 to March 2005 are collected by the Local Authorities Coordinators of Regulatory Services (LACORS)<sup>3</sup>. Statistics from the Home Office<sup>4</sup> on offences related to the illegal sale on tobacco to underage persons, for those proceeded against and found guilty, are also presented in this chapter.

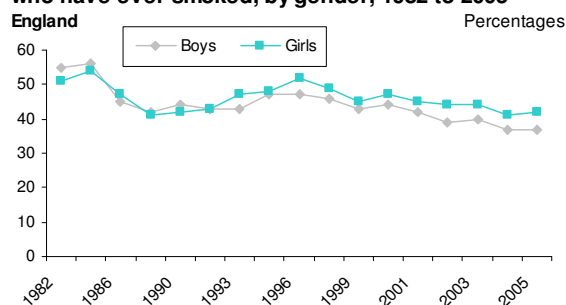
Mental Health of Children and Young People in Great Britain, 2004<sup>5</sup>, carried out by Office for National Statistics on behalf of the Department of Health and the Scottish Executive, provides information about the prevalence of mental disorders among young people in Great Britain living in private households. The survey examines the relationship between mental disorder and aspects of children's lives, including the prevalence of smoking.

### Smoking prevalence

SDD05 reports that, in 2005, 40% of secondary school children aged 11-15 in England reported having ever smoked. In 1982, the proportion of pupils who had ever smoked was 53%, and 55% in 1984. Between 1986 and 2003, the prevalence of having ever smoked fluctuated between 42% and 49%. The proportion of pupils who had ever smoked in 2004 (39%) is the lowest since the survey began (Table 3.1).

Girls are more likely to have ever smoked than boys, a pattern which has been evident since 1993. In 2005, 42% of girls had ever smoked compared with 37% of boys (Figure 3.1).

**Figure 3.1 Percentage of secondary school children who have ever smoked, by gender, 1982 to 2005**



Source: Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

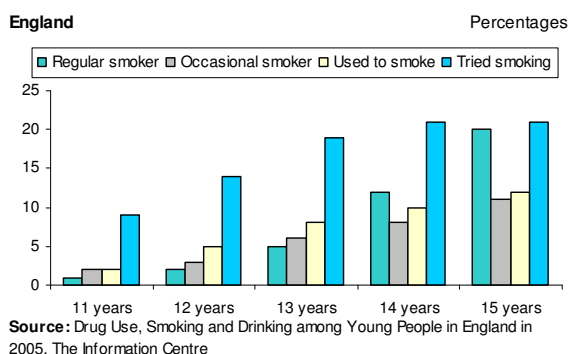
The proportion of pupils reporting smoking increased with age. For those reporting having ever smoked, the proportion increased from 13% of 11 year olds to 64% of 15 year olds in 2005 (Table 3.2).

### Regular smokers

In 2005, 9% of pupils aged 11 to 15 reported being regular smokers (defined as those who smoke at least one cigarette a week). The proportion of regular smokers fluctuated between 1982 and 1998. Since 1999, levels have remained steady at between 9% and 10%. Girls are more likely to be regular

smokers than boys; 10% compared with 7%. Older pupils are also more likely to smoke regularly; 20% of 15 year olds compared to 1% of pupils aged 11 (Figure 3.2).

Figure 3.2 Smoking behaviour, by age, 2005



In 2004, two-thirds (64%) of those pupils who regularly smoke, reported that they had been smoking for more than one year (no table).

Combined results from SDD 2002-2004 indicate that regular smoking behaviour among White pupils and pupils of Mixed ethnicity tends to be similar (10%). Black and Asian pupils were less likely be regular smokers (4% and 5% respectively) (no table).

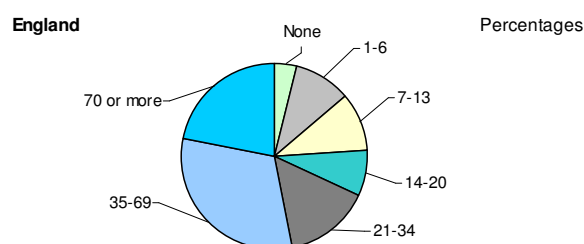
### Smoking behaviour and consumption

In SDD05 pupils were asked about their smoking behaviour in the week prior to interview. In 2005, 11% of pupils reported smoking in the week prior to interview. Girls were more likely to have smoked than boys (14% compared with 9%). Between 9% and 10% of girls had smoked on each day in the last seven days, compared with between 6% and 7% of boys (Table 3.3).

Table 3.4 shows that the mean number of cigarettes consumed was higher on Friday and Saturday for both boys and girls. The average number of cigarettes smoked in the last week by boys and girls who were regular smokers was 40 and 43 respectively (Table 3.5). This compares with 6 and 3 cigarettes, respectively, smoked by occasional smokers

(those people who report smoking less than one cigarette a week). Twenty-two per cent of regular smokers reported smoking 70 or more cigarettes in the last week. Only 4% of pupils who were regular smokers did not smoke any cigarettes in the last seven days (Figure 3.3). In comparison, almost 90% of occasional smokers reported smoking less than 7 cigarettes in the last week (Table 3.6).

Figure 3.3 Number of cigarettes smoked in the previous week, by regular smokers, 2005



### Hand rolled cigarettes

A question about whether pupils smoked cigarettes from a packet or hand-rolled cigarettes was included in the 2004 survey. Of current smokers, only 8% reported smoking hand-rolled cigarettes (Table 3.7). Hand-rolled cigarettes were more popular among boys than girls (14% and 3% respectively), which is similar to the pattern reported in Chapter 2 that shows that, among smoking adults, men are more likely to smoke hand-rolled cigarettes than women.

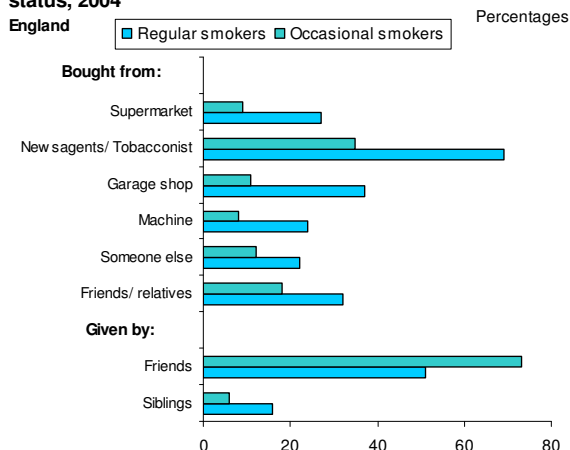
### Living with other smokers

Seven per cent of pupils classified themselves as open smokers in 2004, while 5% said they were secret smokers. Pupils living in a household with smokers were more likely to report being an open smoker and the proportion increased with the number of smokers in the household (Table 3.8). Of those pupils who lived with no other smokers, 3% reported being open smokers, compared with 24% who lived with three or more smokers.

## Obtaining cigarettes

In 2004, regular smokers were most likely to obtain their cigarettes from shops (77%), especially newsagents or tobacconists (69%), as shown in [Figure 3.4](#). Those pupils who reported smoking less frequently were more likely to have cigarettes given to them (75%) rather than buying cigarettes themselves. Girls were more likely to report buying cigarettes from a shop than boys (68% of girls compared with 63% of boys). Almost a quarter (24%) of regular smokers reported buying cigarettes from a machine ([Table 3.9](#)).

**Figure 3.4 Most common sources of cigarettes, by smoking status, 2004**



Source: Smoking, Drinking and Drug use among Young People in England in 2004. The Information Centre

Where pupils obtained their cigarettes is related to age, as shown in [Table 3.10](#). Older pupils who were current smokers were more likely to report buying cigarettes from shops than younger children, with 78% of 15 year olds reporting this compared to 28% of 11-12 year olds. Older pupils were also more likely to buy cigarettes from machines (22% of 15 year olds compared with 14% of 11-12 year olds). Younger smokers aged 11 and 12 year were most likely to report being given cigarettes (62%) and buying cigarettes from other people (40%).

## Pupils refused the purchase of cigarettes

Pupils who tried to buy cigarettes from a shop in the year prior to interview were asked if they had been refused the purchase of cigarettes. In 2004, 52% of pupils who had attempted to buy cigarettes reported being refused the purchase of cigarettes at least once. The proportion who had been refused was slightly lower among 15 year olds (47%) than among 11 to 14 year olds (between 54% and 59%). The overall figure of the refusal of cigarettes in shops has been steadily increasing since 1994, as shown in [Table 3.11](#). Almost half of 11 and 12 year olds (48%) were refused the purchase of cigarettes the last time they tried to buy them in a shop compared with 10% of 15 year olds ([no table](#)).

## Local Authority Activity

The Tobacco Control Survey: England 2004-05 report details activities carried out by local authorities. 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 in England were visited by these children attempting to buy tobacco products. Of these, 164 premises (12%) in 24 authorities 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 3.12](#)).

## Offences relating to the illegal sale of tobacco to children

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 as shown in [Table 3.13](#).

## School policies on smoking

Schools that took part in SDD05 were asked about school policies relating to smoking, drinking and drugs. Almost all schools reported that they taught about the dangers of tobacco use and 83% reported having a written policy on managing incidents 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 91%. The next most frequent responses are giving detention (82%) and giving a verbal or written warning (73%). Only 2% of schools reported that they would contact the police and 3% reported permanently excluding the individual, although a third (34%) reported temporary exclusion ([Table 3.14](#)).

## Smoking among young people with mental health problems

Results from the survey Mental Health of Children and Young People in Great Britain 2004, shows that those children with emotional, conduct and hyperkinetic disorders were more likely than other young people aged 11 to 16 to smoke ([Table 3.15](#)). 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 that smoked was higher than those with other disorders (34%). There were marked differences between the different age groups. For example, over half of (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.

## Children looked after by a Local Authority

An earlier survey in the series looking at the mental health of young people<sup>6</sup> reports the prevalence of smoking among those looked after by local authorities and provides a breakdown of prevalence by the three mental disorders described above.

The survey found that 32% of young people, aged 11-17 in England in 2003 and being looked after by Local Authorities, were current smokers. Those in residential care were more likely to be current smokers than those in foster care (69% compared with 22%). Note, these results are based on small sample sizes and therefore conclusions may not be valid ([no table](#)).

Similar to the results of Mental Health of Children and Young People in Great Britain 2004 survey, children with a mental disorder were found to be more likely to smoke than other young people. Over half (51%) of young people aged 11-17 with a mental disorder were current smokers compared with only 19% of those children with no disorder ([Table 3.16](#)).

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## List of tables

- 3.1 Smoking behaviour of secondary school children, by gender, 1982 to 2005
- 3.2 Smoking behaviour of secondary school children, by gender and age, 2005
- 3.3 Days on which secondary school children smoked cigarettes in the previous week, by gender, 2005
- 3.4 Mean number of cigarettes smoked per day by secondary school children in the previous week, by gender, 2005
- 3.5 Average cigarette consumption of secondary school children in the previous week, by gender and smoking status, 1982 to 2005
- 3.6 Number of cigarettes smoked by secondary school children in the previous week, by current smoker and gender, 2005
- 3.7 Type of cigarette smoked, by gender, 2004
- 3.8 Smoking behaviour and whether family know the pupil smokes, by number of smokers pupils lives with, 2004
- 3.9 Usual sources of obtaining cigarette, by smoking status and gender, 2004
- 3.10 Usual sources of obtaining cigarette, by age, 2004
- 3.11 Secondary school children who have been refused cigarettes by a shop in the last year, by age, 1990 to 2004
- 3.12 Enforcement activity undertaken by local authorities related to underage sale of tobacco, 2005
- 3.13 Number of defendants proceeded against at magistrates' courts and found guilty at all courts for offences related to illegal sale of tobacco to children aged under 16, by gender, 1994 to 2004
- 3.14 Actions taken by schools when pupils are found smoking on school premises, 2005
- 3.15 Smoking behaviour of secondary school children by whether has an emotional, conduct or hyperkinetic disorder, 1999 and 2004 combined
- 3.16 Smoking behaviour by type of mental disorder of young people looked after by local authority 2002

**Table 3.1 Smoking behaviour of secondary school children<sup>1</sup>, by gender, 1982 to 2005<sup>2</sup>**

England	Percentages																
	1982	1984	1986	1988	1990	1992	1993	1994	1996	1998	1999	2000	2001	2002	2003	2004	2005
<b>All pupils</b>																	
<b>Ever smoked</b>	53	55	46	42	43	43	45	47	49	47	44	45	44	42	42	39	40
Regular smoker	11	13	10	8	10	10	10	12	13	11	9	10	10	10	9	9	9
Occasional smoker	8	9	5	5	6	7	8	9	9	8	5	9	8	7	7	5	6
Used to smoke	10	10	10	8	7	7	8	8	8	10	10	8	8	7	8	8	8
Tried smoking	24	23	21	21	20	20	20	19	20	19	20	19	19	17	18	17	17
<b>Never smoked</b>	47	45	54	58	57	57	55	53	51	53	56	55	56	58	58	61	60
<b>Boys</b>																	
<b>Ever smoked</b>	55	56	45	42	44	43	43	47	47	46	43	44	42	39	40	37	37
Regular smoker	11	13	7	7	9	9	8	10	11	9	8	9	8	9	7	7	7
Occasional smoker	7	9	5	5	6	6	7	9	8	8	4	7	7	6	6	4	5
Used to smoke	11	11	10	8	7	6	6	7	7	9	9	8	8	6	7	7	7
Tried smoking	26	24	23	23	22	22	22	21	22	20	22	20	20	18	20	19	18
<b>Never smoked</b>	45	44	55	58	56	57	57	53	53	54	57	56	58	61	60	63	63
<b>Girls</b>																	
<b>Ever smoked</b>	51	54	47	41	42	43	47	48	52	49	45	47	45	44	44	41	42
Regular smoker	11	13	12	9	11	10	11	13	15	12	10	12	11	11	11	10	10
Occasional smoker	9	9	5	5	6	7	9	10	10	8	6	10	9	8	8	7	8
Used to smoke	10	10	10	9	7	7	10	8	9	10	11	8	8	8	8	8	8
Tried smoking	22	22	19	19	18	19	18	17	18	18	18	17	17	16	17	15	16
<b>Never smoked</b>	49	46	53	59	58	57	53	52	48	51	55	53	55	56	56	59	58
<i>Bases</i>																	
<i>All pupils</i>	2,979	3,658	3,189	3,018	3,121	3,295	3,140	3,045	2,854	4,723	9,333	7,061	9,277	9,796	10,260	9,618	9,092
<i>Boys</i>	1,460	1,928	1,676	1,489	1,643	1,662	1,613	1,522	1,445	2,311	4,791	3,654	4,652	5,064	5,179	4,989	4,623
<i>Girls</i>	1,514	1,689	1,508	1,529	1,478	1,626	1,527	1,523	1,409	2,413	4,542	3,407	4,625	4,732	5,081	4,629	4,469

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

2. Questions about how many cigarettes were smoked in the last seven days were not asked in 1999, and pupils were not reclassified as occasional smokers. The figures for regular smokers in 1999 are comparable with other years, but figures for other classifications of smokers are not

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.2 Smoking behaviour of secondary school children<sup>1</sup>, by gender and age, 2005**

England	Percentages					
	All pupils	11 years	12 years	13 years	14 years	15 years
<b>All pupils</b>						
<b>Ever smoked</b>	<b>40</b>	<b>13</b>	<b>24</b>	<b>38</b>	<b>51</b>	<b>64</b>
Regular smoker	9	1	2	5	12	20
Occasional smoker	6	2	3	6	8	11
Used to smoke	8	2	5	8	10	12
Tried smoking	17	9	14	19	21	21
<b>Never smoked</b>	<b>60</b>	<b>87</b>	<b>76</b>	<b>62</b>	<b>49</b>	<b>36</b>
<b>Boys</b>						
<b>Ever smoked</b>	<b>37</b>	<b>15</b>	<b>23</b>	<b>36</b>	<b>48</b>	<b>59</b>
Regular smoker	7	0	2	5	10	16
Occasional smoker	5	2	2	4	6	9
Used to smoke	7	3	5	7	8	11
Tried smoking	18	10	13	20	24	23
<b>Never smoked</b>	<b>63</b>	<b>85</b>	<b>77</b>	<b>64</b>	<b>52</b>	<b>41</b>
<b>Girls</b>						
<b>Ever smoked</b>	<b>42</b>	<b>11</b>	<b>26</b>	<b>41</b>	<b>55</b>	<b>69</b>
Regular smoker	10	1	1	6	14	25
Occasional smoker	8	1	5	8	11	12
Used to smoke	8	1	4	8	12	14
Tried smoking	16	8	15	18	18	19
<b>Never smoked</b>	<b>58</b>	<b>89</b>	<b>74</b>	<b>59</b>	<b>45</b>	<b>31</b>
<i>Bases</i>						
<i>All pupils</i>	9,092	1,478	1,839	1,908	1,893	1,974
<i>Boys</i>	4,623	744	954	984	937	1,004
<i>Girls</i>	4,469	734	885	924	956	970

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

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.3 Days on which secondary school children<sup>1</sup> smoked cigarettes in the previous week, by gender, 2005**

England	Percentages		
	All pupils	Boys	Girls
Monday	8	6	10
Tuesday	8	6	10
Wednesday	8	6	10
Thursday	7	6	9
Friday	8	6	10
Saturday	8	7	10
Sunday	7	6	9
<b>Any day</b>	<b>11</b>	<b>9</b>	<b>14</b>
<i>Bases</i>	<i>8,771</i>	<i>4,412</i>	<i>4,359</i>

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

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.4 Mean number of cigarettes smoked<sup>1</sup> per day by secondary school children<sup>2</sup> in the previous week, by gender, 2005**

England	Numbers		
	All pupils	Boys	Girls
Monday	4.3	4.5	4.2
Tuesday	4.2	4.4	4.1
Wednesday	4.3	4.3	4.2
Thursday	4.3	4.3	4.2
Friday	6.1	6.1	6.1
Saturday	6.2	6.3	6.1
Sunday	4.5	4.7	4.4
<b>Weekly Average<sup>3</sup></b>	<b>31.7</b>	<b>32.2</b>	<b>31.4</b>
<i>Bases</i>	<i>984</i>	<i>380</i>	<i>604</i>

1. All who smoked in the last seven days

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

3. The mean number of cigarettes smoked by all pupils in individual days do not total to the mean for the whole week as some pupils did not record their smoking for all seven days

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.5 Average cigarette consumption of secondary school children<sup>1</sup> in the previous week, by gender and smoking status, 1982 to 2005<sup>2</sup>**

England	1982	1984	1986	1988	1990	1992	1993	1994	1996	1998	2000	2002	2003	2004	2005
<b>Numbers</b>															
<b>All pupils</b>															
Regular smokers	47	49	48	46	53	51	47	50	51	56	46	50	37	42	42
Occasional smokers	6	4	5	6	6	5	5	5	7	8	7	10	3	4	4
<b>Boys</b>															
Regular smokers	50	49	53	52	56	58	51	54	56	65	50	52	39	42	40
Occasional smokers	7	5	5	7	7	6	6	7	8	11	7	14	4	6	6
<b>Girls</b>															
Regular smokers	44	49	45	41	49	44	44	47	47	49	44	48	36	42	43
Occasional smokers	4	4	4	4	4	3	4	3	5	6	6	7	3	3	3
<b>Bases</b>															
<i>All pupils</i>															
<i>Regular smokers</i>	326	474	306	246	306	281	294	347	362	502	713	963	849	753	691
<i>Occasional smokers</i>	236	324	170	148	188	192	240	281	248	375	594	654	650	496	521
<i>Boys</i>															
<i>Regular smokers</i>	166	251	123	107	148	134	131	147	154	207	304	437	319	307	275
<i>Occasional smokers</i>	106	168	88	70	98	96	110	138	107	174	262	294	287	192	190
<i>Girls</i>															
<i>Regular smokers</i>	159	221	183	136	158	147	163	200	208	295	409	526	530	446	416
<i>Occasional smokers</i>	130	152	82	76	90	96	130	143	141	201	332	360	363	304	331

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

2. Between 1982 and 2002, the measure of the number of cigarettes smoked in the last week was obtained from a smoking diary where pupils recorded how many cigarettes they smoked in each of six time periods on each of the last seven days. In 2003, the smoking diary was replaced by two alternative questions. Therefore the measure of the number of cigarettes smoked in the last week in surveys since 2003 are not comparable with estimates from previous years

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.6 Number of cigarettes smoked by secondary school children<sup>1</sup> in the previous week, by gender, 2005**

England	Percentages		
	All pupils	Boys	Girls
<b>All current smokers</b>			
None	20	20	20
1-6	26	24	27
7-13	9	9	8
14-20	5	5	6
21-34	9	11	8
35-69	18	18	18
70 or more	13	14	12
Mean	25	26	25
<b>Regular smokers</b>			
None	4	5	4
1-6	10	10	9
7-13	10	11	9
14-20	8	6	9
21-34	15	17	14
35-69	31	29	32
70 or more	22	22	22
Mean	42	40	43
<b>Occasional smokers</b>			
None	41	41	41
1-6	47	44	48
7-13	7	6	8
14-20	2	3	1
21-34	1	2	1
35-69	2	2	2
70 or more	1	3	-
Mean	4	6	3
<i>Bases</i>			
<i>Regular smokers</i>	<i>691</i>	<i>275</i>	<i>416</i>
<i>Occasional smokers</i>	<i>521</i>	<i>190</i>	<i>331</i>
<i>Current smokers</i>	<i>1,212</i>	<i>465</i>	<i>747</i>

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

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.7 Type of cigarette smoked<sup>1,2</sup>, by gender, 2004**

<b>England</b>	Percentages		
	Usual type of cigarettes	All pupils	Boys
From a packet	92	86	97
Hand-rolled	8	14	3
<i>Bases</i>	<i>1,056</i>	<i>407</i>	<i>649</i>

1. Based on current smokers

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

**Source:**

Smoking, Drinking and Drug use among Young People in England in 2004. The Information Centre

**Table 3.8 Smoking behaviour and whether family know the pupil<sup>1</sup> smokes<sup>2</sup>, by number of smokers pupil lives with, 2004**

England	Number of smokers pupil lives with				Percentages
	None	One	Two	Three or more	Total <sup>3</sup>
Non smoker <sup>4</sup>	92	84	76	65	87
Secret smoker <sup>4</sup>	4	7	7	8	5
Open smoker <sup>4</sup>	3	8	14	24	7
Reclassified occasional smoker	1	2	2	3	1
<i>Base</i>	<i>5,078</i>	<i>2,346</i>	<i>1,373</i>	<i>489</i>	<i>9,545</i>

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

2. Based on pupils' perception of their family's awareness. It is possible that a pupil could believe they were a secret smoker although the family was aware of their smoking

3. Total includes pupils who did not answer the question about how many smokers they lived with

4. Not including reclassified occasional smokers, those pupils who perceived themselves to be non-smokers, but had smoked at least one cigarette in the last week. As they classified themselves as non-smokers, the question they were asked about family attitudes did not have the answer category "They don't know that I smoke", and it was not possible to determine whether they were open or secret smokers

**Source:**

Smoking, Drinking and Drug use among Young People in England in 2004. The Information Centre

**Table 3.9 Usual sources of obtaining cigarettes, by smoking status and gender, 2004<sup>1,2</sup>**

England	Percentages <sup>3</sup>								
	Total			Regular smokers			Occasional smokers		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
<b>Bought from any shop</b>	66	63	68	77	75	79	41	31	47
Bought from supermarket	21	22	21	27	28	27	9	7	9
Bought from newsagents/ tobacconist/ sweet shop	58	55	61	69	67	71	35	26	40
Bought from garage shop	29	26	31	37	34	38	11	4	15
Bought from other type of shop	12	13	11	16	17	15	5	4	5
Bought from street markets	5	6	4	6	8	4	2	2	3
Bought from machine	19	18	20	24	23	25	8	5	9
Bought through Internet	0	0	-	0	0	-	-	-	-
<b>Bought from other people</b>	37	35	38	42	41	42	25	20	28
Bought from friends/ relatives	27	25	29	32	32	32	18	9	23
Bought from someone else	19	21	17	22	24	20	12	13	11
<b>Given by other people</b>	63	59	66	58	56	60	75	69	78
Given by friends	58	54	61	51	49	53	73	67	76
Given by brother/ sister	13	11	14	16	14	18	6	4	7
Given by father/ mother	7	5	8	10	7	12	1	-	1
Found or taken	6	6	6	7	7	7	6	5	6
Other	7	7	7	8	8	8	4	3	5
<i>Bases</i>	<i>1,353</i>	<i>552</i>	<i>801</i>	<i>833</i>	<i>350</i>	<i>483</i>	<i>520</i>	<i>202</i>	<i>318</i>

1. Current smokers

2. Children in secondary school year 7 to 11, mostly aged 11-15

3. 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 2004. The Information Centre

**Table 3.10 Usual sources of obtaining cigarettes, by age, 2004<sup>1,2</sup>**

England	Percentages <sup>3</sup>				
	Total	11-12 years	13 years	14 years	15 years
<b>Bought from any shop</b>	66	28	53	63	78
Bought from supermarket	21	5	13	16	30
Bought from newsagents/ tobacconist/ sweet shop	58	24	45	54	70
Bought from garage shop	29	9	15	25	38
Bought from other type of shop	12	3	9	9	16
Bought from street markets	5	2	8	5	4
Bought from machine	19	14	14	17	22
Bought through Internet	0	-	-	0	-
<b>Bought from other people</b>	37	40	38	41	33
Bought from friends/ relatives	27	28	29	30	25
Bought from someone else	19	24	22	22	15
<b>Given by other people</b>	63	62	67	67	61
Given by friends	58	51	64	61	56
Given by brother/ sister	13	18	17	12	11
Given by father/ mother	7	3	2	7	9
Found or taken	6	11	9	7	4
Other	7	15	5	6	6
<i>Bases</i>	<i>1,353</i>	<i>123</i>	<i>214</i>	<i>388</i>	<i>628</i>

1. Current smokers

2. Children in secondary school year 7 to 11, mostly aged 11-15

3. 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 2004. The Information Centre

**Table 3.11 Secondary school children<sup>1,2</sup> who have been refused cigarettes by a shop in the last year, by age, 1990 to 2004**

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

1. Pupils who attempted to buy cigarettes from a shop in the last year

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

**Source:**

Smoking, Drinking and Drug use among Young People in England in 2004. The Information Centre

**Table 3.12 Enforcement activity undertaken by local authorities related to underage sale of tobacco, 2005**

England	Numbers / Percentages	
	Numbers	Percentages
<b>Authorities</b>		
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 children	24	29
<b>Premises</b>		
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 3.13 Number of defendants<sup>1</sup> proceeded against at magistrates' courts and found guilty at all courts for offences related to illegal sale of tobacco to children aged under 16, by gender, 1994 to 2004<sup>2,3</sup>**

	England and Wales						Numbers
	Male		Female		Other defendant <sup>4</sup>		
	<i>Proceeded against</i>	<i>Found guilty</i>	<i>Proceeded against</i>	<i>Found guilty</i>	<i>Proceeded against</i>	<i>Found guilty</i>	
1994	70	54	23	21	5	5	
1995	97	80	41	35	17	13	
1996	82	68	40	35	9	8	
1997	77	67	38	32	15	13	
1998	114	91	42	32	10	6	
1999	88	72	27	20	12	10	
2000	115	97	29	24	17	13	
2001	78	63	23	20	16	7	
2002	74	60	15	11	10	7	
2003	91	74	18	13	8	6	
2004	58	48	13	8	2	1	

1. Aged 10 and over

2. These data are provided on the principal offence basis

3. Every effort is made to ensure that the figures presented are accurate and complete. However, it is important to note that these data have been extracted from large administrative data systems generated by the police forces and courts. As a consequence, care should be taken to ensure data collection processes and their inevitable limitations are taken into account when those data are used

4. Other defendant includes companies and organisations etc

**Source:**

RDS - Office for Criminal Justice Reform. The Home Office, 2006

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**Table 3.14 Actions<sup>1</sup> taken by schools when pupils are found smoking<sup>2</sup> on school premises, 2005**

England	Percentages Pupils smoking
Parents contacted	91
Detention	82
Verbal or written warning	73
Note on pupil's record	72
Loss of privileges	44
Temporary exclusion	34
Counsellor contacted	24
Police contacted	2
Permanent exclusion	3
Other action	12
<i>Bases</i>	<i>287</i>

1. More than one answer could be given

2. Children in secondary school year 7 to 11, mostly aged 11-15

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 3.15 Smoking behaviour of secondary school children<sup>1</sup> by whether has an emotional, conduct or hyperkinetic disorder, 1999 and 2004 combined**

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

1. Children aged 5 to 16

**Source:**

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

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**Table 3.16 Smoking behaviour by type of mental disorder of young people<sup>1</sup> looked after by a Local Authority 2002**

England							Percentages
	Emotional disorders	Conduct disorders	Hyperkinetic disorders	Less common disorders	Any mental disorder	No mental disorder	All young people
Current smoker	65	51	[5]	[2]	51	19	32
Ex smoker	13	25	[5]	[1]	23	26	25
Tried smoking once	2	4	..	..	3	10	7
Never smoked	20	21	[5]	[2]	23	45	36
<i>Base<sup>2</sup></i>	<i>55</i>	<i>140</i>	<i>15</i>	<i>5</i>	<i>169</i>	<i>245</i>	<i>414</i>

1. Aged 11 to 17

2. Bases are small where percentages are presented in brackets

**Source:**

The mental health of young people looked after by Local Authorities in England. Office for National Statistics

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## 4 Smoking and Pregnancy

### Background

Statistics on smoking behaviour before and during pregnancy are taken from the Infant Feeding Survey (IFS). This survey is carried out in the UK every 5 years. The main aim of the survey is to provide figures on the incidence, prevalence and duration of breastfeeding and other feeding practices. The survey also collects information on the smoking and drinking behaviours of mothers before, during and after pregnancy. New mothers are asked if they have smoked at all in the last two years and if they smoke at all now.

The most recent full report available is IFS 2000<sup>1</sup>. Early results from IFS 2005<sup>2</sup> have been published, with the full report due to be published in spring 2007. The 2005 Early Results report does not contain all of the smoking and pregnancy measures from the IFS and, therefore, some data in this chapter are taken from the 2000 report.

### Smoking during pregnancy

In 2005, 32% of mothers in England who had recently given birth reported smoking in the 12 months before or during pregnancy. This proportion has fallen since 2000, when 35% of mothers smoked before or during pregnancy. The percentage of mothers who continued to smoke throughout pregnancy fell from 19% in 2000 to 17% in 2005. The proportion of smoking mothers who gave up before or during pregnancy rose from 45% to 49% during the same period (Table 4.1).

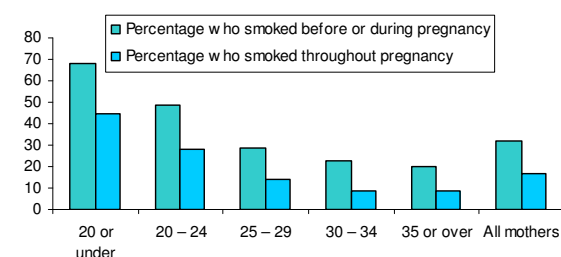
Although results of the 2005 survey are not yet available, the 2000 IFS showed that in England and Wales, three-quarters of those mothers who reported giving up smoking before or during pregnancy were still not smoking when their baby was 4-10 weeks old (no table).

Direct comparisons are not possible with surveys prior to 2000 because of changes to the questions. However, the 2005 results continue the general downward trend in smoking during pregnancy seen since about 1990.

### Age of mother

Figure 4.1 shows that 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; 68% of mothers aged 20 or under reported smoking before or during pregnancy and 45% continued to smoke, compared with 20% and 9% respectively of mothers aged 35 and over.

Figure 4.1 Smoking during pregnancy by mother's age, 2005  
England Percentages



Source: Infant Feeding Survey 2005: Early Results. The Information Centre

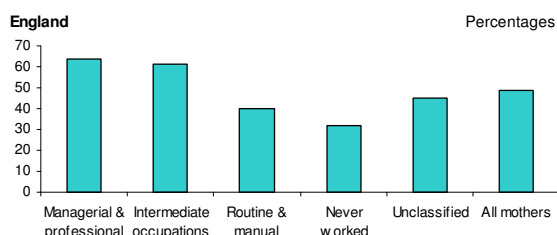
For all age groups, except those aged 20 or under, the proportion of mothers who smoked throughout pregnancy fell between 2000 and 2005. For those mothers aged 20 or under the percentage increased from 39% in 2000 to 45% in 2005.

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 24 and under (Table 4.2).

## Socio-economic classification

As the results of the GHS showed in Chapter 2, the IFS also reports a relationship between smoking and socio-economic status. Mothers in routine and manual occupations reported the highest levels of smoking before or during pregnancy (48%), while those in managerial and professional occupations reported the lowest levels (19%). Similarly, mothers among routine and manual groups were more likely to continue smoking throughout pregnancy, 29%, compared with 7% of mothers in managerial and professional occupations (Table 4.3). Smokers in managerial and professional groups were most likely to stop smoking before or during pregnancy (64%) while those in routine and manual occupations (40%) and those who had never worked (32%) were the least likely, as shown in Figure 4.2.

Figure 4.2 Percentage of mother's who give up smoking by socio-economic classification, 2005



Source: Infant Feeding Survey 2005: Early Results. The Information Centre

Levels of smoking before or during pregnancy decreased between 2000 and 2005 for mothers in managerial and professional occupations (from 22% to 19%), but increased in the same period for mothers in routine and manual occupations (from 46% to 48%). Of those mothers who have never worked, the proportion who smoked before or during pregnancy decreased by almost one third from 48% in 2000 to 33% in 2005.

## Smoking behaviour of others

IFS 2000 included questions about the smoking behaviour of other household members during and after pregnancy, as second hand smoking poses a risk to an unborn child. In addition to the 20% of mothers who smoked in the UK throughout their pregnancy, an additional 21% did not smoke themselves but lived with a smoker (no table).

## Stop Smoking Services

The latest figures from the NHS Stop Smoking Services<sup>3</sup> report that during the period April 2005 to March 2006, 17,917 pregnant women set a quit date through the Stop Smoking Services. The number of pregnant women who reported having successfully quit at the 4 week follow up was 9,592, giving a 54% quit rate. The number of successful pregnant quitters has increased by 25% from the same period last year (Table 4.4).

## References

1. Infant Feeding 2000, Department of Health. 2002. Available at: [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT\\_ID=4079223&chk=UpJ4Sr](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_ID=4079223&chk=UpJ4Sr)
2. Infant Feeding Survey 2005: Early Results. The Information Centre, 2005. Available at: <http://www.ic.nhs.uk/pubs/breastfeed2005>
3. Statistics on NHS Stop Smoking Services in England, April 2005 to March 2006, The Information Centre. 2006. Available at: [www.ic.nhs.uk/pubs/nhsstopsmokingstats2005to2006q4](http://www.ic.nhs.uk/pubs/nhsstopsmokingstats2005to2006q4)

## List of tables

- 4.1 Smoking behaviour and pregnancy, 2000 and 2005
- 4.2 Smoking behaviour and pregnancy by mother's age, 2000 and 2005
- 4.3 Smoking behaviour and pregnancy by mother's socio-economic classification (NS-SEC), 2000 and 2005
- 4.4 Pregnant women setting a quit date through the NHS Stop Smoking Services and outcome at 4 weeks, 2001/02 to 2005/06

**Table 4.1 Smoking behaviour and pregnancy, 2000 and 2005**

England	Percentages	
	2000	2005
Percentage who smoked before or during pregnancy	35	32
Percentage who smoked throughout pregnancy	19	17
<i>Base:</i> <i>All mothers</i> <sup>1</sup>	4,921	5,896
Percentage who gave up before or during pregnancy	45	49
<i>Base:</i> <i>All mothers who smoked before or during pregnancy</i>	1,720	1,905

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

**Source:**

Infant Feeding Survey 2005: Early Results. The Information Centre

**Table 4.2 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 mothers</i> <sup>1</sup>		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
	20 or under	64	68	39	45	341	424	38	34	217
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
<b>All mothers</b> <sup>2</sup>	<b>35</b>	<b>32</b>	<b>19</b>	<b>17</b>	<b>4,940</b>	<b>5,896</b>	<b>45</b>	<b>49</b>	<b>1,720</b>	<b>1,905</b>

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: Early Results. The Information Centre

**Table 4.3 Smoking behaviour and pregnancy by mother's socio-economic classification (NS-SEC)<sup>1</sup>, 2000 and 2005**

England	Percentage who smoked before or during pregnancy		Percentage who smoked throughout pregnancy		<i>Base: All mothers<sup>2</sup></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
	Managerial & professional	22	19	7	7	1,450	2,142	66	64	321
Intermediate occupations	29	30	13	12	986	1,202	56	61	284	363
Routine & manual	46	48	28	29	1,356	1,920	38	40	619	918
Never worked	48	33	34	23	672	442	30	32	324	148
Unclassified	38	31	21	17	457	190	45	45	173	58
<b>All mothers</b>	<b>35</b>	<b>32</b>	<b>19</b>	<b>17</b>	<b>4,921</b>	<b>5,896</b>	<b>45</b>	<b>49</b>	<b>1,720</b>	<b>1,905</b>

1. 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)

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

**Source:**

Infant Feeding Survey 2005: Early Results. The Information Centre

**Table 4.4 Pregnant women setting a quit date through the NHS Stop Smoking Services and outcome at 4 weeks<sup>1</sup>, 2001/02 to 2005/06**

England	Number setting quit date	Number of successful quitters	Numbers / Percentages
			Per cent of successful quitters
2001/02	4,037	1,941	48
2002/03	6,770	2,993	44
2003/04	11,325	5,756	51
2004/05	15,054	7,702	51
2005/06 <sup>2</sup>	17,917	9,592	54

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. Figures for 2005/06 are provisional

**Source:**

Statistics on NHS Stop Smoking Services in England, April 2001 to March 2006. Lifestyle Statistics. The Information Centre



## 5 Behaviour and attitudes to smoking

### Background

This chapter presents information taken from a number of data sources about adults' behaviour and attitudes towards smoking and also reports on children's attitudes towards smoking.

In addition to the detailed information on smoking prevalence described in Chapter 2, the General Household Survey (GHS) 2004<sup>1</sup> also provides data on adult smokers' dependence on cigarettes.

More detailed information on adults' behaviour and attitudes towards smoking is in a report based on data collected as part of the Office for National Statistics (ONS) Omnibus Survey. The report presents results on smoking behaviour and habits, views and experiences of giving up, awareness of health issues and attitudes towards smoking. Smoking-related Behaviour and Attitudes, 2005<sup>2</sup> is the latest report containing the results from the survey and is the tenth in the series. This survey was carried out during October and November 2005 and captured information from 2,430 adults.

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 Tobacco<sup>3</sup> commissioned by the Directorate- General Health and Consumer Protection of the European Commission.

The final sections of the chapter report on families and children's attitudes towards smoking. Most of the data are taken from the survey Smoking, Drinking and Drug Use among Young People in England in 2004<sup>4</sup> (SDD04). This is the latest report available that focuses on, and contains more detailed information on, children's attitudes towards smoking. However, some up to date information on children's attitudes towards

smoking have been taken from SDD05<sup>5</sup>, which focused on drug use and contained fewer questions about attitudes towards smoking.

### Adult dependence on cigarette smoking

Results from the GHS 2004 indicate that just over half (54%) of smokers in England thought that they would find it difficult to go without smoking for a day. As shown in [Table 5.1](#), heavy smokers (those who smoke twenty or more cigarettes a day) thought they would find it more difficult than light smokers (those who smoke less than nine cigarettes a day) to not smoke for a day (79% and 19% respectively). Women thought they would find it harder than men to remain smoke-free for a day (57% of women compared with 52% of men). Differences were also reported between different occupational groups. Smokers in routine and manual groups are more likely to find it hard to not smoke for a day than those in managerial and professional occupations (59% and 47% respectively).

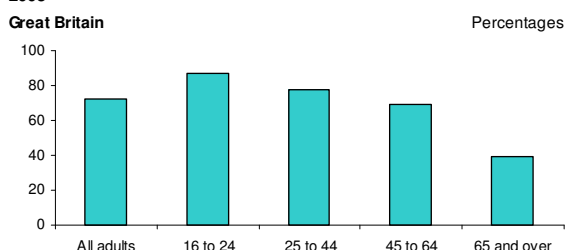
[Table 5.2](#) shows that 16% of smokers reported having their first cigarette within five minutes of waking. Around a third (34%) of heavy smokers had a cigarette soon after waking compared with just 1% of light smokers. Unlike the perceived ability to go without smoking for a day, men were equally as likely as women to report smoking within five minutes of waking up.

### Wanting to stop smoking

The Omnibus survey found that 72% of current smokers in Great Britain in 2005 reported that they wanted to give up smoking ([Table 5.3](#)). This proportion has changed little since the question was first asked in 1997. Older people were less likely than younger people to report wanting to give up. Of those aged 65 and over, only 39% wanted to quit compared with 87% of those

aged between 16 and 24 (Figure 5.1). The presence of children in the household encouraged adults to want to give up, as 81% with children reported wanting to give up compared with 67% who do not live with children. Adults who smoked ten or more cigarettes a day were also more likely to report wanting to give up than those who were lighter smokers (Table 5.4).

**Figure 5.1 People who would like to give up smoking, by age, 2005**



Source: Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics Copyright © 2006. Re-used with the permission of The Office for National Statistics

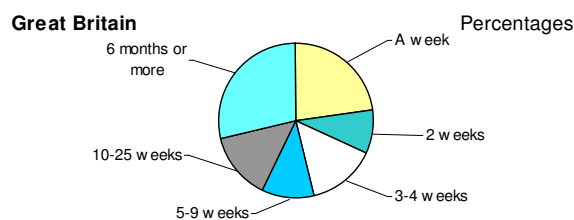
When asked why they wanted to stop smoking, 87% of respondents gave at least one health issue as the reason. The financial cost associated with smoking was reported by 29% as a reason for wanting to quit, with 20% saying the effect of smoking on children was a factor. Women were more likely to report adverse health effects for children as a reason for quitting than men; 25% compared with 14% (Table 5.5).

### Attempts at giving up

A large proportion of current smokers reported having tried to give up smoking at some point in the past (80%), and the percentage has remained fairly unchanged over recent years (Table 5.6). When asked about quit attempts made in the last year, 58% of smokers reported making one quit attempt and 22% made three or more quit attempts (Table 5.7).

Of those current smokers who had previously made a successful quit attempt, 29% had been successful for six months or more, but only 7% had remained quit for two years or more, on the last quit occasion (Figure 5.2 and Table 5.8).

**Figure 5.2 Length of time gave up for the last time stopped smoking, 2005**



Source: Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics Copyright © 2006. Re-used with the permission of The Office for National Statistics

Just under half of current smokers (46%) looked for help or advice in an attempt to quit smoking, ranging from reading leaflets/books (33%), approaching a doctor or health professional (15%) and referral to a smoking cessation group (8%). Almost a fifth of smokers (19%) had used Nicotine Replacement Therapy (NRT) or another drug such as Zyban to help them stop (Table 5.9).

### 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 smoking cessation advisors and trained nurses and pharmacists. These services complement the use of stop smoking aids, nicotine replacement therapy (NRT) and bupropion (Zyban).

Between April 2005 and March 2006, 603,174 people set a quit date through NHS Stop Smoking Services. At the four week follow up 329,854 (55 per cent) had successfully stopped smoking (Table 5.10).

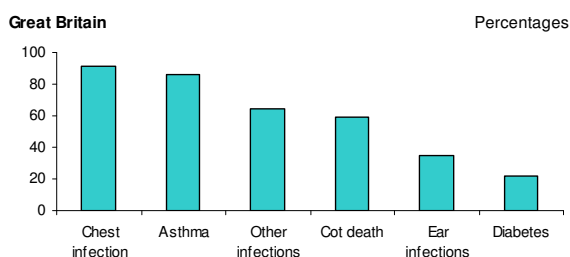
### Health risk awareness

Respondents to the Omnibus Survey were asked what they thought the biggest causes of premature deaths were. The most common response reported in 2005 by 48%, was smoking, with heavy smokers more

likely to report this than those who had never smoked regularly (59% and 49% respectively) (no table).

Questions relating to awareness of second-hand smoking on a child's and a non-smoking adult's health were asked. In 2005, 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) (Table 5.11 and Figure 5.3).

Figure 5.3 Agree that second-hand smoke increases a child's risk of certain medical conditions, 2005



Source: Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics Copyright © 2006, Re-used with the permission of The Office for National Statistics

### Non-smoker attitudes

Table 5.12 shows that, in 2005, 62% of non-smokers (ex smokers and those who had never smoked) reported that they would mind if other people smoked near them, similar to results in 2004 (60%) and a rise from 2002 and 2003 (55% and 56% respectively). Women were more likely to mind than men (67% compared with 56%) as were people who have never smoked compared with ex-smokers (68% compared with 50%) (Table 5.13).

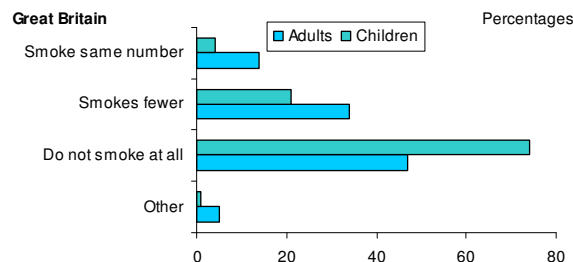
The smell of cigarette smoke (64%), the residual smell of smoke on clothing (50%) and the health effect of second hand smoke (46%) were the main reasons reported as to why non-smokers mind if people smoked near to them (Table 5.14).

### Smokers' behaviour

The presence of non-smokers altered the smoking behaviour of 81% of smokers, with 47% of smokers saying they then did not smoke at all and 34% reporting that they

tended to smoke less cigarettes (Figure 5.4). When smokers are in the presence of children, their smoking behaviour alters more than with adult non smokers. In 2005, 95% of smokers reported that they would limit their smoking when a child was present with 74% saying they would not smoke at all if a child was in the same room (Table 5.15).

Figure 5.4 Smokers' behaviour in the company of non-smokers 2005

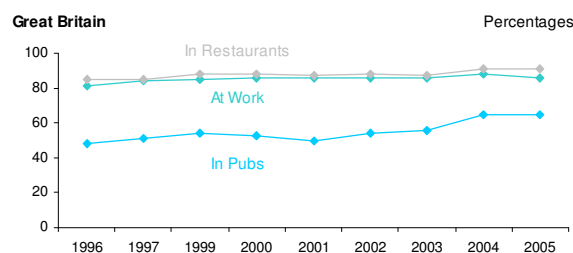


Source: Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics Copyright © 2006, Re-used with the permission of The Office for National Statistics

### Smoking restrictions

Of those respondents who were currently working, 51% 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 37% of workplaces, smoking was only allowed in designated smoking areas. Only 8% reported there were no smoking restrictions at their workplace (Table 5.16).

Figure 5.5 Percentage agreeing that smoking should be restricted in pubs, restaurants and at work, 1996 to 2005



Source: Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics Copyright © 2006, Re-used with the permission of The Office for National Statistics

Questions on whether there should be smoking restrictions in certain places were asked of all respondents. Overall, agreement that smoking should be restricted in certain places was high; 91% thought there should be smoking restrictions in

restaurants, 87% in indoor shopping centres, 86% at work, 83% in railway and bus stations and 65% in pubs. Support of restrictions has been increasing since 1996, but between 2004 and 2005 there has been little change (Figure 5.5 and Table 5.17).

Respondents were asked about the type of smoking restriction they would favour in pubs to gain further information about people's attitudes to smoke-free environments. A third (33%) of people thought smoking should not be allowed anywhere in pubs, 48% agreed that premises should be mainly non-smoking with smoking allowed in designated areas and 13% said pubs should be mainly smoking with designated non-smoking areas (Table 5.18). Respondents were more likely to support smoking restrictions when presented with a list of specific restrictions.

### 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 noticeable higher in countries where a smoking ban already exists, including Ireland, Italy, Malta and Sweden (Table 5.19).

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.

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.

### Perceived family attitudes towards children smoking

Results from SDD04 report that the majority of secondary school children aged 11-15 (89%) thought that their family would have negative attitude towards their smoking habits. More specifically, 67% of pupils thought their family would try to stop them smoking, whilst 22% reported that their family would try to persuade them to stop (Table 5.20). Other questions on family attitudes included whether pupils thought that their family knew of their smoking habits. Of regular smokers, 65% reported that they smoked openly, while 35% of were secret smokers. Conversely, occasional smokers were more likely to be secret smokers as opposed to open smokers, 64% compared with 36% respectively (Figure 5.6).

Figure 5.6 Whether family is aware of pupil's<sup>1</sup> smoking, by smoking status, 2004

England	Percentages		
	Regular smoker	Occasional smoker	Total
Open smoker	65	36	56
Secret smoker	35	64	44
<i>Bases</i>	<i>783</i>	<i>363</i>	<i>1,146</i>

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

**Source:**

Smoking, Drinking and Drug Use among Young People in England 2004. The Information Centre

Older pupils were more likely than younger pupils to think their family would use persuasion to stop them smoking. In 2004, 31% of 15 year olds reported that they thought their family would try to persuade them to stop smoking compared with 17% of 11 year olds. Younger pupils were more likely to report that they thought their family would try to stop them smoking than older pupils; 72% of 11 year olds compared with 55% of 15 year olds.

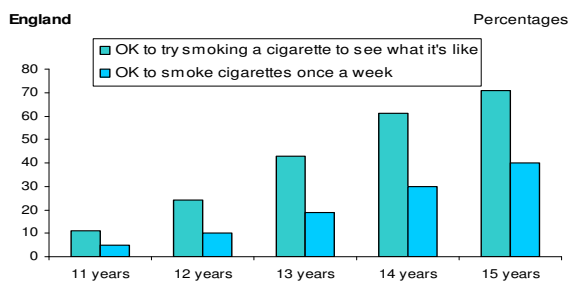
## Children's attitudes towards smoking

When secondary school children were asked about their attitudes and views towards smoking, most pupils reported strong agreement with negative statements, although pupils did also report seeing positive aspects to smoking. In 2004 responses to negative statements included thoughts that smoking causes lung cancer (99%), harms unborn babies (97%) and brings on more coughs and colds than non-smokers (84%). Responses pupils gave to positive statements included that smoking helps people relax (68%), stay slimmer (23%) and gives people confidence (20%). A small proportion of pupils reported that smokers were more fun than non-smokers (4%) (Table 5.21).

Pupils were asked whether they thought it was 'OK to try smoking a cigarette to see what it's like'. In 2005, the proportion who agreed with this statement was 44%, an increase from 40% in 2004, but a fall from 55% in 2001. Pupils were less likely to think that it was 'OK to smoke cigarettes once a week'; 22% in 2005 (Table 5.22).

Acceptability of smoking cigarettes increased with age, as shown in Figure 5.7. For example, 71% of 15 year olds thought it was 'OK to try smoking a cigarette to see what it's like', compared with 11% of 11 year olds. Girls reported greater acceptance of smoking than boys. The proportion of girls who agreed that it was 'OK to smoke cigarettes once a week' was 25% compared with 19% of boys (Table 5.23).

Figure 5.7 Attitudes to smoking among secondary school children by gender and age, 2005



Source: Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

## Children's dependence on smoking

In 2004, Of those pupils who were regular smokers and had been smoking for over a year, 76% felt it would be difficult not to smoke for a week and 88% thought that it would be difficult to give up completely. By contrast, of those regular smokers who had been smoking for a year or less, 50% thought it would be difficult to stop for a week and 65% thought it would be difficult to give up altogether.

Among secondary pupils who had smoked regularly for more than a year, 74% had tried and failed to give up smoking compared with 58% 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 (43% and 35% respectively) (Table 5.24).

## Help on giving up

In 2004, SDD04 asked pupils about how they pursued trying to give up smoking. From those pupils who had tried to give up or who had given up smoking, 25% reported consulting friends and family for advice. The next most common method was the use of nicotine products, used by 9%, a similar proportion to adults. 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 (3%, 2%, 2% and 1% respectively) (Table 5.25).

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## List of tables

- 5.1 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, 2004
- 5.2 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, 2004
- 5.3 Views on giving up smoking by gender, 1997 to 2005
- 5.4 Views on giving up smoking, by presence of children in the household, age group and number of cigarettes smoked per day, 2005
- 5.5 Main reasons for wanting to stop smoking by gender, 2005
- 5.6 Ever tried to give up smoking by gender, 1999 to 2005
- 5.7 Number of attempts to give up smoking in the last year, 1999 to 2005
- 5.8 Length of time gave up for the last time stopped smoking, 2005
- 5.9 Sources of help and advice used in the last year, by smoking status, 2005
- 5.10 Outcome at 4 weeks of people setting a quit date through the NHS Stop Smoking Services, April 2005 to March 2006, by gender
- 5.11 Agree that second-hand smoke increases a child's risk of certain medical conditions, 1996 to 2005
- 5.12 Non-smokers' attitudes to people smoking near them, 1997 to 2005
- 5.13 Non-smokers' attitudes to people smoking near them by gender and by smoking status, 2005
- 5.14 Non-smokers' reasons for saying that they would mind if smokers smoke near them, 2005
- 5.15 Smokers' behaviour in the company of non-smokers and children, 2005
- 5.16 Restrictions on smoking at current workplace, 1996 to 2005
- 5.17 Percentages agreeing that smoking should be restricted in certain places, 1996 to 2005
- 5.18 Suggested restrictions on smoking in pubs by gender and age, 2005
- 5.19 Percentage who are totally in favour of a ban in restaurants, bars/ pubs and indoor workplaces, 2005
- 5.20 Perceived family attitudes towards smoking by age, 2004
- 5.21 Attitudes to smoking by gender, 2004

- 5.22 Attitudes to smoking among secondary school children, 1999 to 2005
- 5.23 Attitudes to smoking among secondary school children by gender and age, 2005
- 5.24 Perceived dependency on smoking, by gender and length of time as a regular smoker, 2004
- 5.25 Whether asked for help or used services to give up smoking, by age, 2004

**Table 5.1 Proportion of smokers who would find it difficult to go without smoking for a day by gender, socio-economic classification<sup>1</sup> and number of cigarettes smoked a day, 2004<sup>2</sup>**

<b>England</b>				
	<b>All Adults<sup>3,4</sup></b>	<b>Managerial and professional</b>	<b>Intermediate</b>	<b>Percentages Routine and manual</b>
<b>All adults</b>	<b>54</b>	<b>47</b>	<b>52</b>	<b>59</b>
0-9	19	13	18	24
10-19	62	59	58	63
20 or more	79	79	78	77
<b>Men</b>	<b>52</b>	<b>44</b>	<b>51</b>	<b>57</b>
0-9	16	13	16	20
10-19	56	53	49	60
20 or more	76	78	79	74
<b>Women</b>	<b>57</b>	<b>49</b>	<b>53</b>	<b>61</b>
0-9	21	13	19	26
10-19	67	66	66	66
20 or more	82	80	79	83
<i>Weighted bases (000s)</i>				
<b>All adults</b>	<b>8,609</b>	<b>2,592</b>	<b>1,550</b>	<b>4,144</b>
0-9	2,471	991	460	945
10-19	3,535	944	666	1,788
20 or more	2,568	649	416	1,393
<b>Men</b>	<b>4,274</b>	<b>1,368</b>	<b>791</b>	<b>1,981</b>
0-9	1,159	517	200	414
10-19	1,683	483	328	818
20 or more	1,414	365	258	740
<b>Women</b>	<b>4,335</b>	<b>1,224</b>	<b>759</b>	<b>2,163</b>
0-9	1,312	474	260	531
10-19	1,852	460	338	970
20 or more	1,154	284	158	653
<i>Unweighted bases</i>				
<b>All adults</b>	<b>2,976</b>	<b>925</b>	<b>524</b>	<b>1,421</b>
0-9	851	349	154	323
10-19	1,221	339	227	611
20 or more	892	234	140	481
<b>Men</b>	<b>1,444</b>	<b>474</b>	<b>261</b>	<b>666</b>
0-9	387	176	65	137
10-19	569	168	109	275
20 or more	482	129	85	251
<b>Women</b>	<b>1,532</b>	<b>451</b>	<b>263</b>	<b>755</b>
0-9	464	173	89	186
10-19	652	171	118	336
20 or more	410	105	55	230

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

2. Shaded figures indicate the estimates are unreliable due to small bases and any analysis using these figures may be invalid

3. 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

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

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table 5.2 Proportion of smokers who have their first cigarette within five minutes of waking by gender, socio-economic classification<sup>1</sup> and number of cigarettes smoked a day, 2004<sup>2</sup>**

England	Percentages			
	All Adults <sup>3,4</sup>	Managerial and professional	Intermediate	Routine and manual
<b>All Adults</b>	<b>16</b>	<b>11</b>	<b>15</b>	<b>20</b>
0-9	1	0	0	3
10-19	14	11	14	16
20 or more	34	27	34	36
<b>Men</b>	<b>17</b>	<b>11</b>	<b>17</b>	<b>19</b>
0-9	1	0	0	2
10-19	13	11	13	14
20 or more	34	27	37	36
<b>Women</b>	<b>16</b>	<b>10</b>	<b>12</b>	<b>20</b>
0-9	2	1	0	3
10-19	16	10	14	17
20 or more	33	28	29	37
<i>Weighted bases (000s)</i>				
<b>All Adults</b>	<b>8,632</b>	<b>2,596</b>	<b>1,556</b>	<b>4,158</b>
0-9	2,464	988	459	941
10-19	3,562	950	666	1,809
20 or more	2,574	649	422	1,393
<b>Men</b>	<b>4,282</b>	<b>1,366</b>	<b>794</b>	<b>1,990</b>
0-9	1,152	514	199	410
10-19	1,699	483	328	833
20 or more	1,417	365	261	740
<b>Women</b>	<b>4,350</b>	<b>1,230</b>	<b>762</b>	<b>2,168</b>
0-9	1,312	474	260	531
10-19	1,863	467	338	975
20 or more	1,157	284	161	653
<i>Unweighted sample</i>				
<b>All Adults</b>	<b>2,984</b>	<b>926</b>	<b>526</b>	<b>1,426</b>
0-9	849	348	154	322
10-19	1,230	341	227	618
20 or more	894	234	142	481
<b>Men</b>	<b>1,447</b>	<b>473</b>	<b>262</b>	<b>669</b>
0-9	385	175	65	136
10-19	574	168	109	280
20 or more	483	129	86	251
<b>Women</b>	<b>1,537</b>	<b>453</b>	<b>264</b>	<b>757</b>
0-9	464	173	89	186
10-19	656	173	118	338
20 or more	411	105	56	230

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

2. Shaded figures indicate the estimates are unreliable due to small bases and any analysis using these figures may be invalid

3. 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

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

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table 5.3 Views on giving up smoking<sup>1</sup> by gender, 1997<sup>2</sup> to 2005**

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

1. Adults aged 16 and over

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

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.4 Views on giving up smoking<sup>1</sup>, by presence of children in the household, age group and number of cigarettes smoked per day, 2005**

Great Britain	Percentages		
	Would like to give up	Would not like to give up	Base
Children in household	81	19	216
No children in household	67	33	348
All ages	72	28	564
16 to 24	87	13	68
25 to 44	78	22	250
45 to 64	69	31	186
65 and over	39	61	57
Less than 10	65	35	168
10 to 19	76	24	238
20 and over	76	24	157

1. Adults aged 16 and over

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.5 Main reasons for wanting to stop smoking by gender, 2005**

Great Britain	Percentages <sup>1</sup>		
	All adults	Men	Women
Better for health in general	75	70	79
Less risk of getting smoking related illness	34	28	39
Presents health problems	14	17	12
<b>At least one health reason</b>	<b>87</b>	<b>83</b>	<b>90</b>
Financial reasons	29	28	30
Family pressure	23	22	24
Harms children	20	14	25
Doctor's advice	7	6	7
Pregnancy	1	..	2
Other	3	3	3
Gave more than one reason	68	58	77
<i>Base</i>	<i>409</i>	<i>200</i>	<i>209</i>

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

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.6 Ever tried to give up smoking by gender, 1999 to 2005**

Great Britain	Percentages						
	1999	2000	2001	2002	2003	2004	2005
All adults	77	78	79	79	78	74	80
Men	76	78	77	78	79	72	78
Women	78	78	81	80	76	76	82
<i>Base</i>							
All adults	950	871	846	945	851	811	570
Men	447	415	398	456	425	378	274
Women	503	456	448	489	426	433	296

1. Adults aged 16 and over

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.7 Number of attempts to give up smoking<sup>1</sup> in the last year, 1999 to 2005**

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

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

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.8 Length of time gave up for the last time stopped smoking<sup>1</sup>, 2005**

Great Britain	Percentages
A week	23
2 weeks	9
3-4 weeks	14
5-9 weeks	11
10-25 weeks	14
<b>6 months or more</b>	<b>29</b>
6-12 months	18
More than 1 year, but less than 2	4
2 years or more	7
<i>Base</i>	<i>454</i>

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

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.9 Sources of help and advice used in the last year, by current smokers, 2005**

<b>Great Britain</b>	<b>Percentages</b>
Read leaflets/ booklets on how to stop	33
Asked doctor or other health professional for help	15
Called a smokers' telephone helpline	6
Been referred/ self-referred to stop smoking group	8
Bought non-prescription NRT	11
Free non-prescription NRT	1
Paid for prescription NRT	4
Free prescription NRT	5
Prescribed other 'stop smoking' drugs	1
Had any NRT/ other prescribed drugs to help stop smoking	19
Sought any help or advice	46
Did not seek help or advice	54
<i>Base</i>	<i>571</i>

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.10 Outcome<sup>1</sup> at 4 weeks of people setting a quit date through the NHS Stop Smoking Services, April 2005 to March 2006<sup>2</sup>, by gender**

England	Numbers / Percentages					
	Numbers			Percentages		
	Total	Males	Females <sup>3</sup>	Total	Males	Females
Total number setting a quit date	603,174	261,879	341,295	100	100	100
<b>Outcome at 4 weeks</b>						
People who had successfully quit at 4 week follow-up (self-report)	329,854	146,060	183,794	55	56	54
People who had not quit at 4 week follow-up (self-report)	144,458	60,115	84,343	24	23	25
People not known/lost to follow up	128,862	55,704	73,158	21	21	21
<b>CO validation<sup>4, 5</sup></b>						
People who had successfully quit at 4 week follow-up (self-report), where CO validation was attempted	241,076	106,657	134,419	40	41	39
People who had successfully quit at 4 week follow-up (self-report), confirmed by CO validation	210,717	93,478	117,239	35	36	34

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. Figures are provisional

3. The above figures include 17,917 pregnant women setting a quit date, of whom 9,592 (54%) had successfully quit (based on self-report) at the 4 week follow-up

4. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication on the level of use of tobacco

5. It is generally accepted that it is good practice to carry out CO monitoring due to its usefulness as a motivational tool for clients as well as validation of their smoking status. However, Stop Smoking Services did not attempt CO validation on all people who had successfully quit at the 4 week follow-up (based on self-report)

**Source:**

Statistics on NHS Stop Smoking Services in England, April 2005 to March 2006. The Information Centre, 2006

**Table 5.11 Agree that second-hand smoke increases a child's risk of certain medical conditions, 1996 to 2005**

Great Britain	Percentages								
	1996	1997	1999	2000	2001	2002	2003	2004	2005
<b>Chest infection</b>									
Increases risk	91	91	89	90	90	90	90	90	91
Does not increase risk	7	6	8	8	7	7	8	8	7
Can't say	3	3	3	2	3	3	2	2	2
<b>Asthma</b>									
Increases risk	84	85	83	84	82	83	84	85	86
Does not increase risk	11	10	12	12	12	12	12	11	10
Can't say	6	5	5	4	6	5	4	4	4
<b>Other infections</b>									
Increases risk	66	66	63	64	62	62	63	67	64
Does not increase risk	23	22	28	28	29	30	30	26	27
Can't say	12	12	9	8	10	8	7	7	9
<b>Cot death</b>									
Increases risk	53	53	53	54	55	54	56	57	59
Does not increase risk	28	26	32	31	28	31	31	29	28
Can't say	19	21	16	15	16	15	13	14	14
<b>Ear infections</b>									
Increases risk	29	36	32	31	28	30	32	34	35
Does not increase risk	27	36	48	48	50	49	51	47	46
Can't say	44	27	21	21	21	22	17	18	19
<b>Diabetes</b>									
Increases risk	18	19	15	16	15	15	16	20	22
Does not increase risk	51	50	62	61	62	64	66	61	59
Can't say	32	32	23	23	23	21	18	20	19
<i>Base</i>	<i>3,696</i>	<i>3,718</i>	<i>3,547</i>	<i>3,327</i>	<i>3,493</i>	<i>3,818</i>	<i>3,517</i>	<i>3,545</i>	<i>2,403</i>

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.12 Non-smokers' attitudes to people smoking near them<sup>1</sup>, 1997 to 2005**

Great Britain	Percentages							
	1997	1999	2000	2001	2002	2003	2004	2005
Would mind if people smoke near them	56	54	55	55	55	56	60	62
Would not mind	35	37	34	34	35	36	32	29
It depends	9	9	11	11	10	8	8	9
<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>

1. Adults aged 16 and over

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.13 Non-smokers' attitudes to people smoking near them<sup>1</sup> by gender and smoking status, 2005**

Great Britain					Percentages
	Gender		Smoking Status		Total
	Men	Women	Ex-regular smokers	Never smoked regularly	
Would mind if people smoke near them	56	67	50	68	62
Would not mind	35	25	40	24	29
It depends	9	9	10	8	9
<i>Base</i>	<i>813</i>	<i>1,017</i>	<i>609</i>	<i>1,221</i>	<i>1,830</i>

1. Adults aged 16 and over

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.14 Non-smokers' reasons for saying that they would mind if smokers smoke near them<sup>1</sup>, 2005**

Great Britain	Percentages <sup>2</sup>
<b>Health reasons</b>	
Bad for my health	46
Affects breathing/asthma	25
Make me cough	18
Gets in my eyes	18
Makes me feel sick	10
Gives me a headache	7
<b>Other reasons</b>	
Unpleasant smell	64
Makes clothes smell	50
Other	13
<i>Base</i>	<i>1,131</i>

1. Adults aged 16 and over

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

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.15 Smokers' behaviour in the company of non-smokers and children, 2005<sup>1</sup>**

Great Britain	Percentages
<b>In the presence of...</b>	
<b>Adult non-smokers</b>	
Smoke the same number of cigarettes	14
Smokes fewer cigarettes	34
Do not smoke at all	47
Other (eg ask permission)	5
<i>Base</i>	<i>569</i>
<b>Children</b>	
Smoke the same number of cigarettes	4
Smokes fewer cigarettes	21
Do not smoke at all	74
Other (eg ask permission)	1
<i>Base</i>	<i>568</i>

1. Adults aged 16 and over

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.16 Restrictions on smoking at current workplace<sup>1</sup>, 1996 to 2005**

Great Britain	Percentages								
	1996	1997	1999	2000	2001	2002	2003	2004	2005
No smoking at all	40	42	48	44	47	50	50	51	51
Designated areas only	42	41	37	40	38	36	38	37	37
No restrictions at all	13	13	11	11	9	9	8	8	8
Don't work with others	5	4	4	5	6	5	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>

1. Adults aged 16 and over

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.17 Percentage agreeing that smoking should be restricted in certain places<sup>1</sup>, 1996 to 2005**

Great Britain	Percentages								
	1996	1997	1999	2000	2001	2002	2003	2004	2005
...at work	81	84	85	86	86	86	86	88	86
...in restaurants	85	85	88	88	87	88	87	91	91
...in pubs	48	51	54	53	50	54	56	65	65
...in indoor shopping centre <sup>2</sup>	..	..	..	..	..	..	85	87	87
...in indoor sports and leisure centres <sup>2</sup>	..	..	..	..	..	..	91	93	93
...in indoor areas in railway/bus stations <sup>2</sup>	..	..	..	..	..	..	78	82	83
...in other public places	82	85	87	86	85	87	90	93	92
<i>Base</i>	<i>3,696</i>	<i>3,716</i>	<i>3,523</i>	<i>3,320</i>	<i>3,473</i>	<i>3,812</i>	<i>3,505</i>	<i>3,518</i>	<i>2,395</i>

1. Adults aged 16 and over

2. New questions added 2003

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.18 Suggested restrictions on smoking in pubs by gender and age, 2005**

Great Britain							Percentages
	Gender		Age				Total
	Men	Women	16-24	25-44	45-64	65 and over	
No smoking allowed anywhere	32	35	22	32	38	35	33
Mainly non-smoking with smoking areas	46	48	49	50	46	46	48
Mainly smoking with non-smoking areas	15	11	21	13	10	11	13
Smoking allowed throughout	6	4	6	5	5	4	5
Don't go to pubs/don't know	1	2	2	1	2	3	2
<i>Base</i>	<i>1,081</i>	<i>1,303</i>	<i>260</i>	<i>847</i>	<i>771</i>	<i>506</i>	<i>2,384</i>

**Source:**

Smoking-Related Behaviour and Attitudes, 2005. Office for National Statistics

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**Table 5.19 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
<b>EU Average</b>	<b>56</b>	<b>40</b>	<b>66</b>	<b>24,642</b>
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
<b>United Kingdom</b>	<b>70</b>	<b>43</b>	<b>71</b>	<b>1,334</b>

**Source:**

Attitudes of European Towards Tobacco. European Commission, 2006.

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**Table 5.20 Perceived family attitudes towards smoking by age, 2004**

England	Percentages					
	All pupils <sup>1</sup>	11 years	12 years	13 years	14 years	15 years
Try to stop me	67	72	74	69	65	55
Try to persuade me to stop	22	17	17	19	24	31
Do nothing	2	0	1	2	2	6
Encourage me to smoke	0	0	0	0	0	0
Don't know	9	11	9	10	9	7
<i>Bases</i>	<i>9,148</i>	<i>1,593</i>	<i>1,858</i>	<i>1,864</i>	<i>1,824</i>	<i>2,009</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 2004. The Information Centre

**Table 5.21 Attitudes to smoking by gender<sup>1</sup>, 2004**

England	Percentages		
	All pupils	Boys	Girls
<b>Percentage who agree with statements</b>			
Smoking causes lung cancer	99	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	96	96
Smoking can cause heart disease	93	93	93
Smoking makes people worse at sports	85	87	82
Smokers get more coughs and colds than non-smokers	84	84	85
Smoking helps people relax if they feel nervous	68	69	67
Smokers stay slimmer than non-smokers	23	23	23
Smoking gives people confidence	20	21	19
Smoking not dangerous and only harms those who smoke a lot	18	20	16
Smoking helps people cope better with life	17	18	15
Smokers are more fun than non-smokers	4	5	3
<i>Bases</i>	<i>9,715</i>	<i>5,035</i>	<i>4,680</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 2004. The Information Centre

**Table 5.22 Attitudes to smoking among secondary school children<sup>1</sup>, 1999 to 2005**

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

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'. In 2003 and 2004 they were asked whether it was OK to 'try smoking a cigarette to see what it's like'

3. Statements about trying cigarettes once a week were asked in 2003 and 2004 only

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 5.23 Attitudes to smoking among secondary school children<sup>1</sup> by gender and age, 2005**

England	Percentages					
	All ages	11 years	12 years	13 years	14 years	15 years
<b>All pupils</b>						
OK to try smoking a cigarette to see what it's like	44	11	24	43	61	71
OK to smoke cigarettes once a week	22	5	10	19	30	40
<b>Boys</b>						
OK to try smoking a cigarette to see what it's like	39	11	21	38	54	66
OK to smoke cigarettes once a week	19	5	9	15	26	37
<b>Girls</b>						
OK to try smoking a cigarette to see what it's like	49	11	27	48	69	77
OK to smoke cigarettes once a week	25	6	12	23	35	44
<i>Bases</i>						
<i>All pupils</i>	8,985	1,444	1,802	1,895	1,882	1,962
<i>Boys</i>	4,523	718	920	971	925	989
<i>Girls</i>	4,462	726	882	924	957	973

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

**Source:**

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre

**Table 5.24 Perceived dependency on smoking, by gender and length of time as a regular smoker, 2004**

England	Percentages		
	1 year or less	More than 1 year	Total <sup>1</sup>
<b>All pupils</b>			
Would find it difficult not to smoke for a week	50	76	66
Would find it difficult to give up altogether	65	88	79
Would like to give up altogether	35	43	40
Has tried to give up	58	74	68
<b>Boys</b>			
Would find it difficult not to smoke for a week	48	73	64
Would find it difficult to give up altogether	62	85	77
Would like to give up altogether	38	43	42
Has tried to give up	49	69	62
<b>Girls</b>			
Would find it difficult not to smoke for a week	51	78	68
Would find it difficult to give up altogether	67	90	81
Would like to give up altogether	33	43	39
Has tried to give up	64	78	73
<i>Bases</i>			
<i>All pupils</i>	<i>288</i>	<i>508</i>	<i>817</i>
<i>Boys</i>	<i>117</i>	<i>219</i>	<i>343</i>
<i>Girls</i>	<i>171</i>	<i>189</i>	<i>474</i>

1. Total column includes pupils who did not answer the question about how long they had been regular smokers

**Source:**

Smoking, drinking and drug use among young people in England 2004. The Information Centre

**Table 5.25 Whether asked for help or used services to give up smoking, by age, 2004**

England	Percentages				
	All ages	11/12 years	13 years	14 years	15 years
Asked family or friends	25	21	24	25	29
Used nicotine products	9	10	9	7	10
Asked an adult at school	3	3	3	3	4
Telephones an NHS smoking helpline	2	2	2	2	3
Used NHS Stop Smoking Services	2	2	1	1	2
Visited family doctor or GP	1	2	1	1	1
<i>Base</i>	2,663	558	560	671	874

**Source:**

Smoking, drinking and drug use among young people in England 2004. The Information Centre



## 6 Smoking-related ill health and mortality

### Background

Cigarette smoking 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 hospital admissions with a primary diagnosis of diseases that can be caused by smoking. These data are taken from Hospital Episode Statistics<sup>1</sup> (HES).

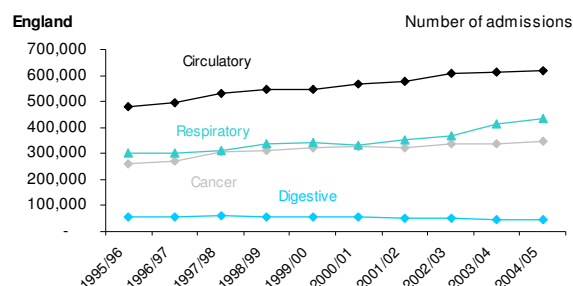
Information on smoking-attributable hospital admissions and mortality are also presented. These figures are estimates of the proportions of admissions/deaths which were caused by smoking. The figures presented have been produced by The Information Centre for health and social care (The IC), using HES data for admissions and Office for National Statistics mortality statistics. The estimates of the proportion of hospital admissions and deaths attributable to smoking in this chapter follow a recognised methodology which uses the proportions of current and ex-smokers in the population and the relative risks of these people dying from specific diseases compared with those who have never smoked (see Appendix B for details). These estimates relate to people aged 35 and over, as relative risks are only available for this age group.

### Hospital admissions for diseases that can be caused by smoking

Table 6.1 shows that in 2004/05 there were approximately 1.4 million NHS hospital admissions in England with a primary diagnosis of diseases that can be caused by smoking. This has risen from around 1.1 million admissions in 1995/96. Admissions for cancer and circulatory diseases increased by similar proportions (32% and 29%) between 1995/96 and 2004/05, and admissions for respiratory diseases

increased by nearly half (45%) during this period (Figure 6.1). Admissions for diseases of the digestive system decreased during the same period.

Figure 6.1 NHS hospital admissions with a primary diagnosis for selected smoking-related illness, 1995/96 to 2004/05



Source: Hospital Episode Statistics. The Information Centre, 2006

Men accounted for approximately 830,000 (58%) of admissions with diseases which can be caused by smoking in 2004/05. Whilst circulatory diseases were the most common reason for admissions of both men and women, the second most common diagnoses for women were respiratory diseases, whereas for men it was cancer (Table 6.2).

### Smoking-attributable hospital admissions

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

This follows the methodology employed by Hughes and Atkinson<sup>2</sup> and Callum and White<sup>3</sup>. For this analysis, a wider range of diseases that can be caused by smoking has

been used to include some additional circulatory, digestive and other diseases. Appendix B gives more details of the methodology employed.

In 2004/05, there were over 10 million hospital admissions of adults aged 35 and over in England (Table 6.3). Around 560,000 (6%) are estimated to be caused by smoking. It is estimated that around 172,400 admissions with cancer, 177,300 admissions with diseases of the respiratory system, 158,100 admissions with circulatory diseases and 26,400 admissions with diseases of the digestive system are attributable to smoking.

Among cancers, an estimated 85% of admissions with lung cancer were attributable to smoking – that relates to around 75,800 lung cancer admissions. An estimated 84% of admissions with chronic obstructive lung disease and 62% of admissions with aortic aneurysms are attributable to smoking.

Smoking is also recognised as the cause of admissions for other non-fatal conditions for the over 35s. In 2004-2005, 12 per cent of admissions for age-related cataracts (among people aged 45 and over) were attributed to smoking and 11 per cent of admissions for hip fractures (among people aged 55 and over) were also attributed to smoking.

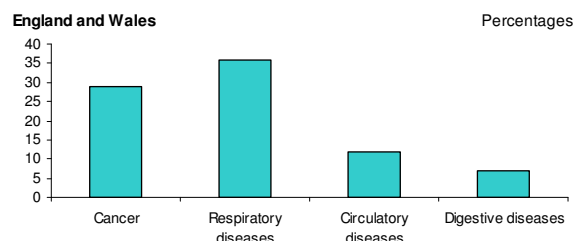
### Smoking-attributable deaths

Following the methodology employed by Callum<sup>4</sup> and Twigg et al<sup>5</sup>, the number of smoking-attributable deaths has also been estimated. Appendix B gives more details of the methodology employed.

In 2004, there were a total of 500,755 deaths of adults aged 35 and over in England and Wales (Table 6.4). An estimated 88,800 (18%) of these were caused by smoking. It is estimated that around 39,600 cancer deaths, 24,500 deaths from respiratory diseases, 22,900 deaths from circulatory diseases and 1,800 of deaths from diseases

of the digestive system were caused by smoking (Figure 6.2).

Figure 6.2 Percentage of deaths attributable to smoking, as a percentage of all deaths from that disease, 2004



Source: Mortality Statistics: Cause (Series DH2). Office for National Statistics (ONS) Copyright © 2006, Re-used with the permission of The Office for National Statistics

Among cancers, an estimated 85% of deaths from lung disease were attributable to smoking – that relates to around 24,000 lung cancer deaths. An estimated 84% of deaths from chronic obstructive lung disease, 68% of deaths from cancer of the oesophagus and 62% of deaths from aortic aneurysms are attributable to smoking.

A larger proportion of deaths among men are attributable to smoking with an estimated 23% of all deaths among those aged 35 and over being caused by smoking. This compares with 13% of all deaths among women (Table 6.5).

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## List of tables

- 6.1 NHS hospital admissions where there was primary diagnosis of diseases that can be caused by smoking, 1995/96 to 2004/05
- 6.2 NHS hospital admissions where there was primary diagnosis of diseases that can be caused by smoking, by gender, 2004/05
- 6.3 NHS hospital admissions attributable to smoking as a percentage of all admissions from that disease, 2004/05
- 6.4 Deaths attributable to smoking as a percentage of all deaths from that disease, 2004
- 6.5 Deaths attributable to smoking as a percentage of all deaths from that disease by gender, 2004

**Table 6.1 NHS<sup>1</sup> hospital admissions<sup>2</sup> where there was primary diagnosis of diseases<sup>3</sup> that can be caused by smoking, 1995/96 to 2004/05<sup>4,5</sup>**

England	Number of admissions				
	All selected diseases	Cancer	Circulatory	Respiratory	Digestive
1995/96	1,099,586	261,828	479,732	301,190	56,836
1996/97	1,122,855	268,569	493,692	303,827	56,767
1997/98	1,209,162	305,941	532,390	312,040	58,791
1998/99	1,254,533	310,156	546,716	339,652	58,009
1999/00	1,265,253	320,511	546,333	340,276	58,133
2000/01	1,278,535	324,930	568,662	329,824	55,119
2001/02	1,305,909	324,110	577,420	353,336	51,043
2002/03	1,363,092	335,234	609,540	369,027	49,291
2003/04	1,405,626	335,999	610,776	411,994	46,857
2004/05	1,446,050	345,487	619,293	436,726	44,544

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

2. The data refers to Finished Consultant Episodes (FCE). 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. See Appendix A for individual ICD-10 codes and diseases used

4. Figures are grossed for both coverage and missing/invalid clinical data, except for 2003/04 and 2004/05, which are not yet adjusted for shortfalls

5. The figures include people whose gender was not known or not specified

**Source:**

Hospital Episode Statistics. The Information Centre, 2006

**Table 6.2 NHS<sup>1</sup> hospital admissions<sup>2</sup> where there was primary diagnosis of diseases<sup>3</sup> that can be caused by smoking, by gender, 2004/05<sup>4</sup>**

England Diagnosis (ICD-10)	Number of admissions		
	All persons <sup>5</sup>	Males	Females
<b>All diseases caused in part by smoking</b>	<b>1,446,050</b>	<b>834,205</b>	<b>611,760</b>
<b>Cancers</b>	<b>345,487</b>	<b>223,303</b>	<b>122,169</b>
Lung	89,632	53,490	36,137
Upper respiratory sites	19,281	14,042	5,239
Oesophagus	38,756	27,480	11,273
Bladder	78,561	58,828	19,732
Kidney	14,289	9,015	5,274
Stomach	28,952	19,999	8,952
Pancreas	23,105	12,625	10,477
Unspecified site	17,532	7,608	9,922
Myeloid leukaemia	35,379	20,216	15,163
<b>Respiratory diseases</b>	<b>436,726</b>	<b>216,257</b>	<b>220,450</b>
Chronic obstructive lung disease	275,175	133,079	142,085
Pneumonia	161,551	83,178	78,365
<b>Circulatory diseases</b>	<b>619,293</b>	<b>370,843</b>	<b>248,401</b>
Ischaemic heart disease	421,386	271,325	150,023
Cerebrovascular disease	172,180	81,429	90,740
Aortic aneurysm	15,564	11,941	3,623
Atherosclerosis	10,163	6,148	4,015
<b>Diseases of the digestive system</b>	<b>44,544</b>	<b>23,802</b>	<b>20,740</b>
Stomach/duodenal ulcer	44,544	23,802	20,740

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

2. The data refers to Finished Consultant Episodes (FCE). 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. See Appendix A for individual ICD-10 codes and diseases used

4. Figures have not been adjusted for shortfalls in data

5. All persons includes those whose gender was unknown or unspecified

**Source:**

Hospital Episode Statistics. The Information Centre, 2006

**Table 6.3 NHS<sup>1</sup> hospital admissions<sup>2</sup> attributable<sup>3</sup> to smoking as a percentage of all admissions from that disease, 2004/05**

England	Numbers/ percentages			
	Diagnosis (ICD 10)	Observed admissions <sup>4</sup>	Attributable number <sup>5</sup>	Attributable percentage
<b>All diseases<sup>6</sup></b>		<b>10,141,031</b>	<b>559,800</b>	<b>6</b>
<b>All diseases caused in part by smoking</b>		<b>1,573,395</b>	<b>559,800</b>	<b>36</b>
<b>All cancers<sup>4</sup></b>		<b>1,296,787</b>	<b>172,400</b>	<b>13</b>
<b>Cancers caused in part by smoking</b>		<b>335,707</b>	<b>172,400</b>	<b>51</b>
Lung		89,547	75,800	85
Upper respiratory sites		18,614	12,900	69
Oesophagus		38,484	26,200	68
Bladder		78,177	30,500	39
Kidney		12,132	3,400	28
Stomach		28,639	7,300	25
Pancreas		22,967	6,000	26
Unspecified site		17,244	6,300	37
Myeloid leukaemia		29,903	4,200	14
<b>All respiratory diseases<sup>6</sup></b>		<b>648,773</b>	<b>177,300</b>	<b>27</b>
<b>Respiratory diseases caused in part by smoking</b>		<b>315,927</b>	<b>177,300</b>	<b>56</b>
Chronic obstructive lung disease		176,294	147,300	84
Pneumonia		139,633	30,000	21
<b>All circulatory diseases<sup>6</sup></b>		<b>1,150,576</b>	<b>158,100</b>	<b>14</b>
<b>Circulatory diseases caused in part by smoking</b>		<b>636,226</b>	<b>158,100</b>	<b>25</b>
Ischaemic heart disease		419,513	106,200	25
Peripheral Arterial Disease		18,797	15,800	84
Cerebrovascular disease		169,584	24,200	14
Aortic aneurysm		15,457	9,500	62
Myocardial infarction		2,802	600	21
Atherosclerosis		10,073	1,900	19
<b>All diseases of the digestive system<sup>6</sup></b>		<b>1,090,136</b>	<b>26,400</b>	<b>2</b>
<b>Diseases of the digestive system caused in part by smoking</b>		<b>59,765</b>	<b>26,400</b>	<b>44</b>
Stomach/duodenal ulcer		41,879	22,200	53
Crohn's disease		15,205	3,000	20
Periodontal disease		2,681	1,200	46
<b>Other diseases caused in part by smoking</b>		<b>225,770</b>	<b>25,500</b>	<b>11</b>
Age related cataract 45+		127,111	15,500	12
Hip fracture 55+		85,641	9,200	11
Spontaneous abortion		13,018	700	6

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

2. Finished Consultant Episodes (FCE) among adults aged 35 and over. 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. See Appendix B for methodology

4. Figures have not been adjusted for shortfalls in data. Observed admissions only includes those where gender was recorded

5. Estimated attributable number, rounded to the nearest 100

6. Includes diseases not attributable to smoking

#### Source

Hospital Episode Statistics (HES). The Information Centre

**Table 6.4 Deaths<sup>1</sup> attributable<sup>2</sup> to smoking as a percentage of all deaths from that disease, 2004**

England and Wales	Numbers/ percentages		
	Observed deaths	Attributable number <sup>3</sup>	Attributable percentage
<b>All diseases<sup>4</sup></b>	<b>500,755</b>	<b>88,800</b>	<b>18</b>
<b>All diseases caused in part by smoking</b>	<b>283,141</b>	<b>88,800</b>	<b>31</b>
<b>All cancers<sup>4</sup></b>	<b>136,696</b>	<b>39,600</b>	<b>29</b>
<b>Cancers caused in part by smoking</b>	<b>69,081</b>	<b>39,600</b>	<b>57</b>
Lung	28,300	23,900	85
Upper respiratory	2,371	1,600	69
Oesophagus	6,291	4,300	68
Bladder	4,296	1,600	37
Kidney	3,107	800	26
Stomach	5,076	1,200	24
Pancreas	6,280	1,600	26
Unspecified Site	11,132	4,200	38
Myeloid Leukaemia	2,228	300	14
<b>All respiratory diseases<sup>4</sup></b>	<b>68,832</b>	<b>24,500</b>	<b>36</b>
<b>Respiratory diseases caused in part by smoking</b>	<b>53,742</b>	<b>24,500</b>	<b>46</b>
Chronic obstructive lung disease	23,194	19,400	84
Pneumonia	30,548	5,100	17
<b>All circulatory diseases<sup>4</sup></b>	<b>189,836</b>	<b>22,900</b>	<b>12</b>
<b>Circulatory diseases caused in part by smoking</b>	<b>156,958</b>	<b>22,900</b>	<b>15</b>
Ischaemic heart disease	92,381	13,300	14
Cerebrovascular disease	52,713	3,700	7
Aortic aneurysm	8,595	5,300	62
Myocardial infarction	2,472	500	19
Atherosclerosis	797	100	18
<b>All digestive diseases<sup>4</sup></b>	<b>24,560</b>	<b>1,800</b>	<b>7</b>
<b>Digestive diseases caused in part by smoking</b>	<b>3,360</b>	<b>1,800</b>	<b>53</b>
Stomach/duodenal ulcer	3,360	1,800	53

1. Among adults aged 35 and over

2. See Appendix B for methodology

3. Estimated attributable number, rounded to the nearest 100

4. Includes diseases not attributable to smoking

**Source:**

Mortality Statistics: Cause (Series DH2). Office for National Statistics (ONS)

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**Table 6.5 Deaths<sup>1</sup> attributable to smoking<sup>2</sup> as a percentage of all deaths from that disease by gender, 2004**

England and Wales	Numbers/ percentages					
	Men			Women		
	Observed deaths	Attributable number <sup>3</sup>	Attributable percentage	Observed deaths	Attributable number <sup>3</sup>	Attributable percentage
<b>All diseases<sup>4</sup></b>	<b>236,611</b>	<b>54,800</b>	<b>23</b>	<b>264,144</b>	<b>34,000</b>	<b>13</b>
<b>All diseases caused in part by smoking</b>	<b>143,618</b>	<b>54,800</b>	<b>38</b>	<b>139,523</b>	<b>34,000</b>	<b>24</b>
<b>All cancers<sup>4</sup></b>	<b>71,464</b>	<b>26,000</b>	<b>36</b>	<b>65,232</b>	<b>13,600</b>	<b>21</b>
<b>Cancers caused in part by smoking</b>	<b>39,953</b>	<b>26,000</b>	<b>65</b>	<b>29,128</b>	<b>13,600</b>	<b>47</b>
Lung	16,849	15,100	90	11,451	8,900	77
Upper respiratory	1,659	1,200	75	712	400	55
Oesophagus	4,067	2,700	67	2,224	1,500	69
Bladder	2,838	1,300	46	1,458	300	20
Kidney	1,904	700	39	1,203	100	6
Stomach	3,136	1,000	32	1,940	200	10
Pancreas	3,031	700	24	3,249	900	28
Unspecified Site	5,255	2,900	56	5,877	1,300	22
Myeloid Leukaemia	1,214	200	17	1,014	100	10
<b>All respiratory diseases<sup>4</sup></b>	<b>31,438</b>	<b>13,300</b>	<b>42</b>	<b>37,394</b>	<b>11,200</b>	<b>30</b>
<b>Respiratory diseases caused in part by smoking</b>	<b>24,362</b>	<b>13,300</b>	<b>54</b>	<b>29,380</b>	<b>11,200</b>	<b>38</b>
Chronic obstructive lung disease	12,480	10,600	85	10,714	8,800	82
Pneumonia	11,882	2,600	22	18,666	2,500	13
<b>All circulatory diseases<sup>4</sup></b>	<b>90,667</b>	<b>14,800</b>	<b>16</b>	<b>99,169</b>	<b>8,100</b>	<b>8</b>
<b>Circulatory diseases caused in part by smoking</b>	<b>77,704</b>	<b>14,800</b>	<b>19</b>	<b>79,254</b>	<b>8,100</b>	<b>10</b>
Ischaemic heart disease	51,220	9,500	19	41,161	3,700	9
Cerebrovascular disease	20,074	1,800	9	32,639	1,900	6
Aortic aneurysm	5,221	3,200	61	3,374	2,100	63
Myocardial infarction	912	200	25	1,560	300	16
Atherosclerosis	277	100	20	520	100	17
<b>All digestive diseases<sup>4</sup></b>	<b>11,135</b>	<b>800</b>	<b>7</b>	<b>13,425</b>	<b>1,000</b>	<b>7</b>
<b>Digestive diseases caused in part by smoking</b>	<b>1,599</b>	<b>800</b>	<b>51</b>	<b>1,761</b>	<b>1,000</b>	<b>55</b>
Stomach/duodenal ulcer	1,599	800	51	1,761	1,000	55

1. Among adults aged 35 and over

2. See Appendix B for methodology

3. Estimated attributable number, rounded to the nearest 100

4. Includes diseases not attributable to smoking

**Source:**

Mortality Statistics: Cause (Series DH2). Office for National Statistics (ONS)

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# 7 Smoking costs and economics

## Background

Various economic indicators relating to the price and affordability of tobacco are presented in this chapter. Information on tobacco expenditure and household expenditure is taken from Office for National Statistics (ONS) Consumer Trends<sup>1</sup> and the Family Spending report from the Expenditure and Food Survey<sup>2</sup>. Tobacco and Retail Price Index data are published in Focus on Consumer Price Indices (ONS)<sup>3</sup> and figures for households' disposable income are taken from Economic Trends (ONS)<sup>4</sup>. Information on tobacco released for home consumption and revenue collected from tobacco are extracted from Her Majesty's Revenue and Customs (HMRC) statistical bulletins<sup>5</sup>. Information on tax revenue from tobacco are also taken from ONS Financial Statistics<sup>6</sup>. Data on tobacco and cigarette smuggling and seizures have been obtained from Her Majesty's Revenue and Customs Annual Report 2004-05<sup>7</sup>.

## Expenditure on tobacco

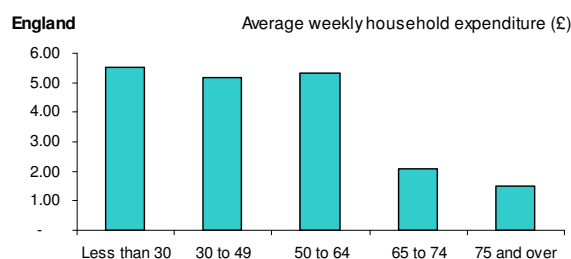
Table 7.1 shows that, in 2005, total UK household expenditure on tobacco was £15.7 billion. During the period 1980 to 2005 total household expenditure on tobacco has more than trebled while expenditure on tobacco as a proportion of total household expenditure fell from 3.8% in 1981 to 2.1% in 2005.

Results from the 2004/05 Expenditure and Food Survey show that the average weekly household expenditure on cigarettes in Great Britain was £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 (no table).

The relationship seen in previous chapters between age and smoking are reflected in these figures on household spending. For example, those aged under 30 years,

reporting spending more on cigarettes than those in older age groups; £5.50 for those aged under 30 compared with £1.50 spent by those aged 75 or over (Figure 7.1 and Table 7.2).

Figure 7.1 Household expenditure on cigarettes by age of household reference person, 2004-05



Source: Family Spending 2004-05. Expenditure and Food Survey. Office for National Statistics  
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Spending on tobacco as a percentage of all spending is highest in the lowest income decile, however actual spending generally increased with income deciles. Spending on cigarettes in the lowest income decile was £3.30 per week, rising to £6.60 in the 8<sup>th</sup> decile. Expenditure in the 9<sup>th</sup> was lower at £4.20 (no table).

## Tobacco prices

The price of tobacco in the UK, in 2005, as measured by the Tobacco Price Index was almost seven times its price in 1980 (Table 7.3). When inflation is taken into account, the increase in price was 138% over this period. In the same period of time, household disposable income increased by 96% making tobacco 18% less affordable in 2005 than in 1980 (Figure 7.2).

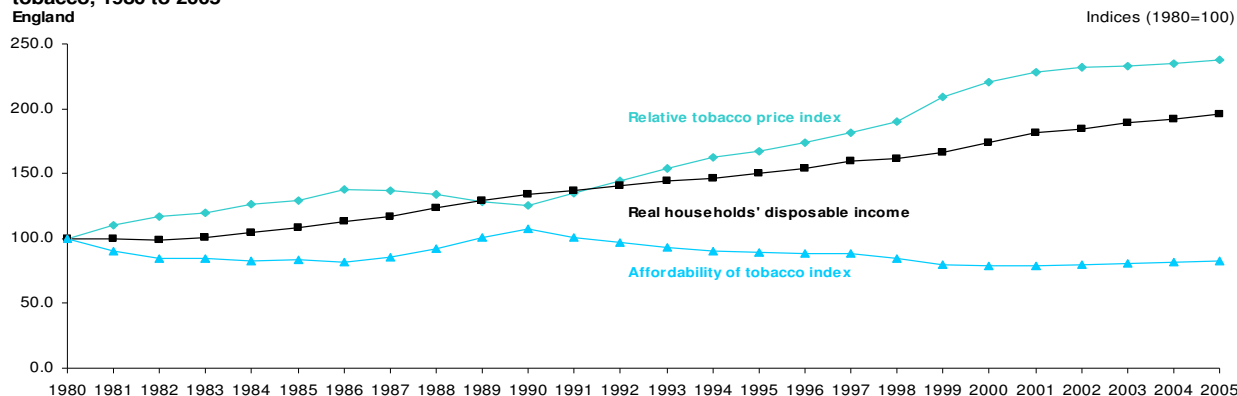
## Tobacco released for home consumption

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 continued to fall since

the mid 1990s; around three-fifths of the levels of 1996 were released in 2005. During the same period releases of hand-rolling tobacco have increased, by about two-fifths (Table 7.4).

between 1996 and 2005 (Table 7.6) but remains a relatively small proportion of the overall revenue collected from tobacco sales. This reflects the increase in the number of smokers saying they use mainly hand-rolled tobacco as seen in Chapter 2.

**Figure 7.2 Indices of tobacco price relative to retail price index, real households' disposable income and affordability of tobacco, 1980 to 2005**  
England



Source: Focus on Consumer Price Indices, Office for National Statistics and Economic Trends, Office for National Statistics  
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## Taxation and revenue

Table 7.5 shows that in 2005, UK tobacco duty revenue was £8.1 billion. This compares with £2.7 billion in 1980. The proportion of the tax revenue accounted for by tobacco fell from 3.2% to 1.8% in the same period.

Respondents of the 2005 survey on smoking behaviour and attitudes (as described in Chapter 5) were asked how they thought tax increases directed at smokers should relate to inflation. About half (51%) of respondents said that tax on tobacco should be increased by more than the rate of inflation. However, this view varied between smokers, ex-smokers and non-smokers; 20% of current smokers said that taxation should be increased by more than the rate of inflation, compared with 51% of ex-regular smokers and 65% of those who had never smoked (no table).

The overall amount of revenue collected by HMRC from tobacco sales has remained largely unchanged over the last ten years. However, the revenue collected from hand rolling tobacco (HRT) has increased by 75%

Since the end of 1996 rates of duty on cigarettes have increased by almost 60% whilst rates on hand rolling tobacco have only seen an increase of 25% in the same period (Table 7.7).

## Tobacco smuggling

As reported by HMRC, between 2000-01 and 2003-04 the illicit market share of smuggled cigarettes has decreased from 21% to 16%. In 2003-04, over half (57%) of hand rolled tobacco (HRT) smoked in Britain were illicit (no table).

In 2004-05, 2 billion cigarettes were reported to have been seized. This is a rise of 200 million cigarettes compared to the previous year. Of the 2 billion cigarettes seized, 1,008 million cigarettes were seized overseas and 960 million cigarettes were seized in the UK at airports, seaports and inland (Table 7.8). Of these seizures, 48% were counterfeit cigarettes. In addition, 166 tonnes of HRT were seized

HMRC report that in 2004/05 68 gangs involved in tobacco smuggling and supply of illicit tobacco, were disrupted (Table 7.9).

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## List of tables

- 7.1 Household expenditure on tobacco at current prices, 1980 to 2005
- 7.2 Household expenditure on cigarettes by age of household reference person, 2004-05
- 7.3 Indices of tobacco price, retail prices, relative tobacco price, real households' disposable income and affordability of tobacco, 1980 to 2005
- 7.4 Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2005
- 7.5 Tax revenue from tobacco at current prices, 1980 to 2005
- 7.6 Revenue collected from tobacco released for home consumption, by type of tobacco product, 1996 to 2005
- 7.7 Tobacco rates of duty, by type of tobacco product, 1996 to 2005
- 7.8 Tobacco seizures, 2001/02 to 2004/05
- 7.9 Offences relating to the illegal use of tobacco, 2001/02 to 2004/05

**Table 7.1 Household expenditure on tobacco at current prices, 1980 to 2005<sup>1</sup>**

<b>United Kingdom</b>		£ million at current prices and 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	15,726	760,777	2.1

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 7.2 Household expenditure on cigarettes by age of household reference person, 2004-05**

<b>England</b>	Average weekly household expenditure (£)					
	All households	Less than 30	30 to 49	50 to 64	65 to 74	75 and over
Cigarettes	4.40	5.50	5.20	5.30	2.10	1.50

**Source:**

Family Spending 2004-05. Expenditure and Food Survey. Office for National Statistics

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**Table 7.3 Indices of tobacco price, retail prices, relative tobacco price, real households' disposable income and affordability of tobacco, 1980 to 2005<sup>1</sup>**

United Kingdom	Indices (1980 = 100)				
	Tobacco price index	Retail price index (all items)	Tobacco price index relative to retail price index (all items)	Real households' disposable income	Affordability of tobacco index
1980	100.0	100.0	100.0	100.0	100.0
1981	123.5	111.9	110.4	99.5	90.2
1982	142.5	121.5	117.3	99.2	84.6
1983	152.0	127.1	119.6	101.2	84.6
1984	168.6	133.4	126.4	105.0	83.1
1985	183.5	141.5	129.7	108.6	83.7
1986	201.6	146.3	137.8	113.0	82.1
1987	208.0	152.4	136.5	117.2	85.9
1988	214.9	159.9	134.4	123.6	92.0
1989	221.1	172.3	128.3	129.4	100.9
1990	236.1	188.6	125.1	133.8	106.9
1991	270.0	199.7	135.2	136.5	101.0
1992	299.7	207.2	144.6	140.5	97.1
1993	325.0	210.5	154.4	144.2	93.4
1994	349.6	215.6	162.2	146.3	90.2
1995	373.0	223.1	167.2	150.1	89.8
1996	398.0	228.4	174.2	153.7	88.2
1997	427.3	235.6	181.3	159.5	88.0
1998	464.1	243.7	190.4	161.9	85.0
1999	517.3	247.4	209.0	166.4	79.6
2000	562.0	254.8	220.6	173.8	78.8
2001	592.5	259.3	228.5	181.3	79.3
2002	610.4	263.6	231.6	184.4	79.6
2003	632.0	271.2	233.0	188.9	81.1
2004	654.6	279.3	234.4	192.1	81.9
2005	683.1	287.2	237.8	196.1	82.4

1. See Appendix A for affordability calculations

**Sources:**

Tobacco price index, and Retail Price Index (all items): Focus on Consumer Price Indices: tables 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 7.4 Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2005**

United Kingdom	Cigarettes		Other Tobacco Products			Numbers
	Home Produced	Imported	Cigars	HRT <sup>1</sup>	Other <sup>2</sup>	
	million sticks			000 kg		
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 <sup>3</sup>	28,166	6,006	963	2,028	679	
2000	49,341	7,304	1,061	2,154	796	
2001	47,689	6,828	1,019	2,825	750	
2002	49,574	6,514	969	2,864	688	
2003	49,096	4,856	902	2,893	589	
2004	48,166	4,454	826	3,052	549	
2005	45,922	4,322	758	3,189	499	

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). 2006

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**Table 7.5 Tax revenue from tobacco at current prices, 1980 to 2005<sup>1</sup>**

<b>United Kingdom</b>		£million at current prices and percentages	
	Tobacco duty revenue	General government revenue from taxation <sup>2</sup>	Revenue from tobacco as a percentage of tax revenue
1980	2,696	83,131	3.2
1981	3,166	95,604	3.3
1982	3,540	107,533	3.3
1983	3,750	115,996	3.2
1984	4,039	125,343	3.2
1985	4,342	135,717	3.2
1986	4,586	144,492	3.2
1987	4,817	156,909	3.1
1988	5,022	174,257	2.9
1989	5,157	190,571	2.7
1990	5,512	204,464	2.7
1991	5,963	213,081	2.8
1992	6,418	216,375	3.0
1993	7,397	219,193	3.4
1994	7,297	235,768	3.1
1995	7,577	255,902	3.0
1996	8,063	268,771	3.0
1997	8,390	289,917	2.9
1998	8,320	315,941	2.6
1999	3,695	336,292	1.1
2000	7,760	358,114	2.2
2001	7,708	372,360	2.1
2002	8,114	375,414	2.2
2003	8,019	394,871	2.0
2004	8,095	422,612	1.9
2005	8,080	452,890	1.8

1. Some figures have been revised since the previous Statistics on smoking: England, 2003 bulletin

2. Total taxes and compulsory social contributions (series GCSU). This includes taxes paid to central government, local government and paid to the European Union. This series is now on an ESA95 (European System of Accounts 1995 basis)

**Sources:**

Tobacco duty revenue: Financial Statistics Freestanding (Table 2.1d: code ACDE). Office for National Statistics (ONS)

General government revenue from taxation: UK National Accounts – the blue book (Table 11.1: code GCSU). Office for National Statistics (ONS)

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**Table 7.6 Revenue collected from tobacco released for home consumption , by type of tobacco product, 1996 to 2005<sup>1</sup>**

	United Kingdom					£millions
	Cigarettes		Other Tobacco Products			
	Home Produced	Imported	Cigars	HRT <sup>2</sup>	Other <sup>3</sup>	
1996	6,848	832	138	194	51	
1997	7,126	919	137	157	50	
1998	7,218	755	139	158	49	
1999 <sup>4</sup>	2,794	594	102	173	32	
2000	6,439	937	139	200	45	
2001	6,386	872	138	268	44	
2002	6,805	858	130	280	42	
2003	6,897	672	128	286	36	
2004	6,996	632	119	315	35	
2005	6,975	622	114	339	33	

1. Receipts are generally collected one month after the clearances are made ie. July clearances relate to August receipts. The duty receipts and clearance numbers are therefore not fully aligned

2. Hand- rolling tobacco

3. Other smoking and chewing tobacco

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

**Source:**

Statistical Bulletin: Tobacco duties. Her Majesty's Revenue and Customs (HMRC). 2006

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**Table 7.7 Tobacco rates of duty, by type of tobacco product, 1996 to 2005**

United Kingdom				Numbers
Date of Change	Specific £ per 1000 sticks	Cigars £ per kg	HRT <sup>1</sup> £ per kg	Other <sup>2</sup> £ per kg
26.11.96	65.97	98.02	87.74	43.10
01.12.97	72.06	105.86	87.74	46.55
01.12.98	77.09	114.79	87.74	50.47
09.03.99	82.59	122.06	87.74	53.66
21.03.00	90.43	132.33	95.12	58.17
07.03.01	92.25	134.69	96.81	59.21
17.04.02	94.24	137.26	98.66	60.34
09.04.03	96.88	141.10	101.42	62.03
17.03.04	99.80	145.35	104.47	63.90
16.03.05	102.39	149.12	107.18	65.56
22.03.06	105.10	153.07	110.02	67.30

1. Hand-rolling tobacco

2. Other smoking and chewing tobacco

**Source:**

Statistical Bulletin: Tobacco duties .Her Majesty's Revenue and Customs (HMRC). 2006

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**Table 7.8 Tobacco seizures, 2001/02 to 2004/05**

United Kingdom	Million cigarettes/ tonnes			
	2001/02	2002/03	2003/04	2004/05
<b>Total cigarettes seized of which<sup>1</sup>:</b>	2,596	1,898	1,779	1,991
Oversea seizures	919	641	728	1,008
Air seizures	284	263	207	243
Inland seizures	227	186	201	130
Maritime seizures	1,128	787	621	588
Cross channel passenger seizures	38	21	22	22
HRT seized	385	258	185	166

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

**Source:**

HMRC Annual Report 2004-5 and Autumn Performance Report 2005

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**Table 7.9 Offences related to the illegal use of tobacco, 2001/02 to 2004/05**

United Kingdom	Numbers / £million			
	2001/02	2002/03	2003/04	2004/05
Other outputs/ results				
Tobacco gangs disrupted	60	87	69	68
Number of people sentenced	431	331	429	204
Average sentence	17 months	17 months	14 months	23 months
Benefits determined by court	£44.98	£146.41	£181.25	£24.20
Confiscation orders <sup>1</sup>	£3.63	£2.30	£9.45	£5.20
Vehicles seized	11,064	8,616	6,848	6,093

1. Value of confiscation orders issued by the courts

**Source:**

HMRC Annual Report 2004-5 and Autumn Performance Report 2005

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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 2004 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.

It is probable that the GHS underestimates cigarette consumption and prevalence, within all age groups but 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 2000. 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 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 used in Chapters 2 and 5.

General Household Survey 2004: Smoking and Drinking among Adults, 2004. Office for National Statistics. December 2005.

Available at:

[www.statistics.gov.uk/downloads/theme\\_compendia/GHS2004\\_Smoking%20and\\_Drinking\\_Report.pdf](http://www.statistics.gov.uk/downloads/theme_compendia/GHS2004_Smoking%20and_Drinking_Report.pdf)

## Health Survey for England

The Health Survey for England (HSE) comprises of a series of annual surveys of which the 2004 survey is the fourteenth. 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 Department of Health, since April 2005, commissioning the survey has been the responsibility of The Information Centre 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.

Cotinine is a metabolite of nicotine. It is generally considered to be the most useful of various biological markers that are indicators of tobacco use. It can be measured in serum or saliva. For this survey cotinine levels were measured using saliva. A saliva sample was taken during the nurse visit from all co-operating informants aged four and over. Cotinine has a half-life in the body of 16-20 hours, which means that it will detect regular tobacco use, but not occasional tobacco use if the last occasion was several days ago. A level of 15 nanograms per millilitre (ng/ml) is regarded as indicative of smoking; it is unlikely to be due to anything other than personal use of tobacco.

In 2004, nurse visits were confined to those from minority ethnic groups. As such, cotinine data for the general population are not available and comparative general population data have been taken from HSE 2003.

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/healthsurvey2004ethnicfull](http://www.ic.nhs.uk/pubs/healthsurvey2004ethnicfull)

## 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](http://epp.eurostat.ec.europa.eu/portal/page?_pageid=0,1136184,0_45572595&_dad=portal&_schema=PORTAL)

## 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 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 Chapter 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](http://ec.europa.eu/health/ph_information/documents/ebs_239_en.pdf)

### **Drug Use, Smoking and Drinking among Young People in England in 2005**

Between 1982 and 2003, surveys of secondary school children in England were carried out for the Department of Health; 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 (NatGen) and the National Foundation for Educational Research (nfer) between 2000 and 2003. Since 2004, the survey has been run by NatGen and nfer on behalf of The Information Centre for health and social care.

The surveys were conducted biennially until 1998 but are now annual, with the focus in alternative years moving from smoking and drinking, to drug use: the 1998, 2000, 2002 and 2004 surveys focussed on smoking and drinking. 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, Drug Use, Smoking and Drinking among Young People in England in 2005 (SDD05) concentrates on drug use. Headline results from this survey were published in March 2006; a full report on the survey is due to be published on 30th August 2006.

The data in this bulletin uses results from both 2004 and 2005 survey as the focus of SDD05 is upon drug taking and some parts of the bulletin required more detailed information on smoking behaviour that could only be obtained from SDD04.

Results from this survey are presented in Chapter 3 and Chapter 5.

Drug Use, Smoking and Drinking among Young People in England in 2005. The Information Centre, 2006.  
Available at: [www.ic.nhs.uk/pubs](http://www.ic.nhs.uk/pubs)

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

The Mental Health of Young People looked after by Local Authorities in England, 2002. Office for National Statistics, 2003. Available at:

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

### 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 2005, interviews for the smoking module of the survey were conducted with around 2,430 adults aged 16 or over, throughout Great Britain, during October and November 2005.

In 2005, data collected included: views about giving up smoking, attempts to give up smoking and attitudes towards smoking restrictions.

Data from the Omnibus survey are used in Chapter 5 and Chapter 7.

Smoking-related behaviour and attitudes, 2005. Office for National Statistics, 2006. Available at:

[www.statistics.gov.uk/downloads/theme\\_health/Smoking2005.pdf](http://www.statistics.gov.uk/downloads/theme_health/Smoking2005.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 12,000.

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. Early results from IFS 2005 have been published and the full report is due to be published in spring 2007. The 2005 early results report does not contain all of the smoking and pregnancy measures from the IFS and therefore, some data are taken from the 2000 report.

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

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

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

Information from the IFS is presented in Chapter 4.

Infant Feeding Survey 2000. The Department of Health. 2002. Available at:

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT\\_ID=4079223&chk=UpJ4Sr](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_ID=4079223&chk=UpJ4Sr)

Infant Feeding 2005: Early Results. The Information Centre. 2006. Available at:

[www.ic.nhs.uk/pubs/breastfeed2005](http://www.ic.nhs.uk/pubs/breastfeed2005)

### 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.

National Statistics produces annual statistics on numbers of deaths by cause in England and Wales. Deaths in England and Wales are classified using ICD 9 to 2000 and by ICD 10 for both 1999, and from 2001 onwards.

Data that use the ICD 10 coding are found in Chapter 6.

### 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.

HES data is presented in financial years, from March to April. From April 1987 to March 1995 diagnoses in HES were classified using ICD-9. From the financial year beginning April 1995 onwards these were classified using ICD-10.

Data from HES used in the bulletin are for hospital admissions with a primary diagnosis of diseases that can be caused by smoking and use a specific set of ICD-10 codes and diseases shown in Table A.1. The primary diagnosis is defined as the main condition treated or investigated during the relevant episode of healthcare.

HES data are shown in Chapter 6.

### Smoking-attributable hospital admissions and deaths

Data on smoking-attributable hospital admissions and deaths for those aged 35 and over are presented in Chapter 6. Note that these data include additional ICD-10 codes and diseases that are not used in HES data for hospital admissions for diseases that can be caused by smoking, described in the section above. See Appendix B for more details on the methodology employed to calculate smoking-attributable hospital admissions and deaths.

### 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 Chapter 4 and 5.

Current data and information on NHS Stop Smoking Services are available at:  
[www.ic.nhs.uk/pubs/ICpubfolder\\_view](http://www.ic.nhs.uk/pubs/ICpubfolder_view)

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

## Affordability data

The Tobacco Price Index used in 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 2005, the price of tobacco increased by 583.1%. After considering inflation (at 187.2%), tobacco prices increased by 137.8% over the period, as shown by the relative index of 237.8.

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 2005 tobacco prices were 583.1% higher than in 1980 but, after taking inflation and households' disposable income into account, tobacco was 18% less affordable, as shown by the affordability index of 82.

Affordability data can be found in Chapter 7.

## 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 2004-05, around 7,000 households in Great Britain took part in the EFS and was conducted by the Office for National Statistics (ONS).

Data from the EFS presented in Chapter 7 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 2004-05 Expenditure and Food Survey. Office for National Statistics. Available at:

[www.statistics.gov.uk/downloads/theme\\_social/Family\\_Spending\\_2004-05/FS04-05.pdf](http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2004-05/FS04-05.pdf)



## List of tables

A.1 International Classification of Diseases (ICD) codes and diseases 10th Revision

**Table A.1 International Classification of Diseases (ICD)  
codes and diseases 10th Revision<sup>1</sup>**

<b>Disease</b>	<b>ICD-10 codes</b>
<b>Cancer</b>	
Upper respiratory sites	C00-C14, C32
Oesophagus	C15
Stomach	C16
Pancreas	C25
Lung	C34
Kidney	C64-C66, C68
Bladder	C67
Unspecified site	C80
Myeloid leukaemia	C92
<b>Circulatory</b>	
Ischaemic heart disease	I20-I25
Cerebrovascular disease	I60-I69
Arteriosclerosis	I70
Aortic aneurysm	I71
<b>Respiratory</b>	
pneumonia	J10-J18
Chronic obstructive lung disease	J40-J47
<b>Digestive</b>	
Stomach/ duodenal ulcer	K25-K27

1. These are the ICD-10 codes and diseases used in Tables 6.1 and Table 6.2

# Appendix B Estimating smoking-attributable deaths and hospital admissions

## Introduction

The estimates of smoking-attributable deaths and hospital admissions given in Chapter 6 (Table 6.3, 6.4 and 6.5) are based on three pieces of information

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

## Smoking Prevalence

Estimates of the prevalence of current and ex-smokers by sex and age are taken from the results of the General Household Survey 2004/05. These estimates are presented in Tables B.1 and B.2. Prevalence estimates for England and Wales are used to calculate smoking-attributable deaths, whereas prevalence in England is used to calculate smoking-attributable hospital admissions. This is because of the availability and coverage of deaths and admissions data.

## Relative Risks

### *Fatal diseases*

The excess risk of death for current and ex-smokers compared to those people who have never smoked was derived from an American Cancer Society study from the mid 1980s<sup>1</sup>. This was a prospective study of 1 million adults in the USA. Callum<sup>1,2</sup>, Twigg<sup>3</sup>, and Hughes<sup>4</sup> consider the published risks to be transferable to a UK situation and so they are adopted for this bulletin.

The values presented in Table B.3 represent the risk of a person in that category 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 collected from the Office for National Statistics (ONS) dataset for use in calculating the estimates.

### *Non-fatal diseases*

The relative risks presented in Table B.4 are for non-fatal diseases and have been used in conjunction with the risks in Table B.3 to estimate the numbers of smoking-attributable hospital admissions. These risks have been taken from Hughes<sup>4</sup> 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 admissions of people aged 35 and over.

For fatal diseases, the risks of death were also applied to calculate smoking-related hospital admissions. Callum<sup>2</sup> discusses some of the drawbacks to using mortality risks for health outcomes.

## Deaths and admissions

The number of deaths for men and women in each of the specified age groups are taken from Mortality Statistics: Cause (Series DH2) published by the ONS. The data used refer to the number of deaths in 2004 in England and Wales.

Figures on hospital admissions are from Hospital Episode Statistics (HES). The data refer to finished consultant episodes in England during the period March 2004 to April 2005.

The tenth revision of the International Classification of Diseases was used to identify deaths and hospital admissions from the diseases of interest. Table B.5 lists the codes used in Table 6.3, Table 6.4 and Table 6.5. These tables use the codes used by Hughes<sup>4</sup> which represent a broader definition of some of the diseases and conditions than those used by Twigg<sup>2</sup> 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 B.3 and B.4, the attributable proportion is calculated as follows

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

where:

$a$  = attributable proportion for each disease

$p_{cur}$  = proportion of current smokers

$p_{ex}$  = proportion of ex smokers

$r_{cur}$  = relative risk of current smokers

$r_{ex}$  = relative risk of ex smokers.

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

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

## Notes

1. Callum<sup>1,2</sup> and Twigg<sup>3</sup> use a correction to the estimates for the smoking-attributable proportion of unspecified site cancer deaths to account for the fact that only a proportion of the unspecified site cancers will be smoking-related. Callum<sup>2</sup> 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 4,200 smoking-attributable deaths from unspecified site cancers; using Callum's correction, this would fall to 1,800.

2. The risk for spontaneous abortion is for those women who were current smokers during their pregnancy. Reliable data on smoking during pregnancy is not available from the GHS and so smoking prevalence in the general population was used to calculate the smoking-attributable proportion of admissions with this condition.

## References

1. The UK Smoking Epidemic: Deaths in 1995. Health Education Authority. 1998.
2. Tobacco in London: The Preventable burden. London Health Observatory. 2004. Available at: [www.lho.org.uk/Download/Public/8716/1/Tobacco\\_in\\_London\\_Full\\_Report\\_4.pdf](http://www.lho.org.uk/Download/Public/8716/1/Tobacco_in_London_Full_Report_4.pdf)
3. The smoking epidemic in England. Health Development Agency, 2004. Available at: [www.publichealth.nice.org.uk/download.aspx?o=502811](http://www.publichealth.nice.org.uk/download.aspx?o=502811)
4. Choosing Health in the South East: Smoking. South East Public Health Observatory (SEPHO). 2005. Available at: [www.sepho.org.uk/Download/Public/9593/1/SmokingInSE-Aug2005.pdf](http://www.sepho.org.uk/Download/Public/9593/1/SmokingInSE-Aug2005.pdf)



## List of tables

- B.1 Current and ex-smokers proportions by age and gender, 2004
- B.2 Current and ex-smokers proportions by age and gender, 2004
- B.3 Relative risks for fatal diseases for current and ex-smokers by gender
- B.4 Relative risks for non-fatal diseases for current and ex-smokers
- B.5 ICD-10 codes for smoking-attributable diseases and disorders

**Table B.1 Current and ex-smokers proportions by age and gender 2004**

**England and Wales**

	Men		Women	
	Current smokers	Ex-smokers	Current smokers	Ex-smokers
<b>All aged 35 and over</b>	0.236	0.352	0.212	0.235
35-54	0.301	0.223	0.273	0.191
55-64	0.221	0.413	0.213	0.281
65-74	0.162	0.507	0.148	0.272
75 and over	0.076	0.586	0.072	0.285
35-64	0.276	0.283	0.255	0.217
65 and over	0.126	0.540	0.110	0.279

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table B.2 Current and ex-smokers proportions by age and gender 2004**

**England**

	Men		Women	
	Current smokers	Ex-smokers	Current smokers	Ex-smokers
<b>All aged 35 and over</b>	<b>0.236</b>	<b>0.351</b>	<b>0.212</b>	<b>0.236</b>
<b>All aged 45 and over</b>	<b>0.211</b>	<b>0.411</b>	<b>0.182</b>	<b>0.266</b>
35-54	0.302	0.223	0.269	0.195
55-64	0.219	0.415	0.214	0.280
65-74	0.158	0.508	0.149	0.269
75 and over	0.080	0.585	0.075	0.287
35-64	0.276	0.283	0.253	0.219
65 and over	0.126	0.540	0.113	0.278

**Source:**

General Household Survey 2004. Office for National Statistics

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**Table B.3 Relative risks for fatal diseases for current and ex smokers by gender**

Diseases caused by smoking	Male smokers		Female smokers	
	Current ( $r_{cur}$ )	Ex ( $r_{ex}$ )	Current ( $r_{cur}$ )	Ex ( $r_{ex}$ )
<b>Cancer</b>				
Lung	26.6	8.2	13.6	4.1
Upper respiratory sites	10.6	3.0	6.1	1.5
Oesophagus	5.3	4.0	9.3	3.1
Bladder	2.9	2.1	1.6	1.5
Kidney	2.8	1.6	1.3	1.0
Stomach	2.1	1.6	1.2	1.3
Pancreas	2.2	1.1	2.3	1.5
Unspecified site	4.4	2.3	2.1	1.2
Myeloid Leukemia	1.4	1.3	1.2	1.3
<b>Respiratory</b>				
Chronic obstructive lung disease	14.1	8.4	14.0	8.6
Pneumonia 35-64	2.3	1.3	4.6	1.1
Pneumonia 65+	1.9	1.3	2.0	1.1
<b>Circulatory</b>				
Ischaemic heart disease 35-54	4.2	1.9	5.2	2.9
Ischaemic heart disease 55-64	2.6	1.6	3.0	1.1
Ischaemic heart disease 65-74	1.7	1.4	2.1	1.2
Ischaemic heart disease 75+	1.4	1.1	1.4	1.1
Cerebrovascular disease 35-54	5.1	1.1	4.5	1.1
Cerebrovascular disease 55-64	2.8	1.1	3.2	1.1
Cerebrovascular disease 65-74	2.1	1.0	3.0	1.6
Cerebrovascular disease 75+	1.4	1.0	1.2	1.0
Aortic aneurysm	5.3	2.6	8.2	1.6
Myocardial degeneration	2.1	1.2	1.7	1.2
Atherosclerosis	1.9	1.1	2.2	0.8
<b>Digestive</b>				
Stomach/duodenal ulcer	4.5	1.6	6.4	1.4

**Table B.4 Relative risks for non-fatal diseases for current and ex smokers**

Diseases caused by smoking	Current smokers ( $r_{cur}$ )	Ex-smokers ( $r_{ex}$ )
Peripheral arterial disease	16.00	7.00
Crohn's disease	2.10	1.00
Periodontitis	3.97	1.68
Age-related cataract (45+)	1.54	1.11
Hip fracture 55-64	1.17	1.02
Hip fracture 65-74	1.41	1.08
Hip fracture 75+ Male	1.76	1.14
Hip fracture 75+ Female	1.85	1.22
Spontaneous abortion (smoking during pregnancy)	1.28	..

**Table B.5 ICD-10 codes for smoking-attributable diseases and disorders**

Disease caused by smoking	ICD-10 code(s)
<b>FATAL DISEASES/DISORDERS</b>	
<b>Cancer</b>	
Lung	C33-C34
Upper respiratory sites	C00-C14, C32
Oesophagus	C15
Bladder	C67
Kidney	C64-C66, C68
Stomach	C16
Pancreas	C25
Unspecified site	C80
Myeloid Leukemia	C92
<b>Respiratory</b>	
Chronic obstructive lung disease	J40-J44
Pneumonia	J10-J18
<b>Circulatory</b>	
Ischaemic heart disease	I20-I25
Cerebrovascular disease	I60-I69
Aortic aneurysm	I71
Myocardial degeneration	I51
Atherosclerosis	I70
<b>Digestive</b>	
Stomach/duodenal ulcer	K25-K27
<b>NON-FATAL DISEASES/DISORDERS</b>	
Peripheral arterial disease	I73.9
Crohn's disease	K50
Periodontitis	K05
Age-related cataract	H25
Hip fracture	S72
Spontaneous abortion	O03



# Appendix C Government and NHS plans

## Introduction

The Government's strategy on tobacco consists of a wide range of measures including helping people to give up smoking, increasing tobacco taxation to reduce affordability, mass media health promotion campaigns, legislative provisions through the Health Act 2006 to make virtually all enclosed public places and workplaces smokefree from summer 2007; a virtually comprehensive ban on tobacco advertising promotion and sponsorship since February 2003.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en)

## 6- Strand Tobacco Control Strategy

The Government has developed a comprehensive 6-strand Tobacco Control Strategy to tackle the smoking epidemic. Each strand has a measurable impact on reducing smoking prevalence:

- Reducing exposure to second-hand smoke (SHS);
- Reducing tobacco advertising and promotion;
- NHS Stop Smoking Services and wider availability of Nicotine Replacement Therapy (NRT);
- National smoking communication campaigns and education;
- Regulating tobacco products;
- Reducing availability and supply of tobacco.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en)

## Smoking Kills

A White Paper: 'Smoking Kills' was published in December 1998. It outlined the government's policies on smoking and a range of measures to be implemented to tackle smoking, such as a programme of public education to persuade smokers to quit and non-smokers not to start.

To measure the success of the White Paper, smoking prevalence targets have been set for children, pregnant women, all adults and adults in routine and manual groups:

- To reduce adult smoking in all social classes so that the overall rate falls from 28 per cent to 24 per cent or less by the year 2010; with a fall to 26 per cent by the year 2005;
- 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;
- 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.

[www.archive.official-documents.co.uk/document/cm41/4177/4177.htm](http://www.archive.official-documents.co.uk/document/cm41/4177/4177.htm)

## The NHS Plan

The NHS Plan was published in July 2000 and committed the Government to the introduction of a number of measures by 2001. These included a major expansion in smoking cessation, so that by 2001 the NHS would provide a comprehensive smoking cessation service.

[www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf](http://www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf)

## The Cancer Plan

The NHS Cancer Plan was published in September 2000. The Cancer Plan is particularly committed to reducing the health inequalities gap through setting new national and local targets for the reduction of smoking rates.

In addition to the existing *Smoking Kills* target of reducing smoking in adults from 28% to 24% by 2010, new national and local targets to address the gap between socio-economic groups in smoking rates and the resulting risks of cancer and heart disease were set out in The Cancer Plan including a target:

- To reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010

[www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf](http://www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf)

## 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 includes 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.

[www.dh.gov.uk/assetRoot/04/07/02/02/04070202.pdf](http://www.dh.gov.uk/assetRoot/04/07/02/02/04070202.pdf)

## Choosing Health

The White Paper *Choosing Health: Making healthier choices easier* was published in November 2004. It was intended to build on the commitments in the 1998 White Paper *Smoking Kills* and sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. Action to tackle tobacco includes making smoke-free environments becoming the norm, further restrictions on tobacco advertising, and tougher action on shops that sell cigarettes to children and introducing hard hitting picture warnings on tobacco packets.

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)

## NHS Stop Smoking Services

NHS Stop 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 832,900. 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.

The establishment and development of Stop Smoking Services in the NHS is an important element of the government's overall tobacco control strategy to help reduce smoking prevalence.

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/TobaccoGeneralInformation/TobaccoGeneralArticle/fs/en?CONTENT\\_ID=4002192&chk=5Xx9q6](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/TobaccoGeneralInformation/TobaccoGeneralArticle/fs/en?CONTENT_ID=4002192&chk=5Xx9q6)

### Tobacco Advertising and Promotion Act

The Tobacco Advertising and Promotion Act 2002 became law in November 2002. The key provisions of the Act came into force in February 2003. The Act bans the advertising and promotion of tobacco products, including sponsorship. Regulations prohibiting tobacco advertising on the internet will come into force in September 2006.

[www.opsi.gov.uk/ACTS/acts2002/20020036.htm](http://www.opsi.gov.uk/ACTS/acts2002/20020036.htm)

### Tobacco Products Regulations

The Tobacco Products (Safety) Regulations 2002 began to come into force in December 2002 and were mandatory from September 2003. The key measures of the new legislation require manufacturers to cover 30% of the front and 40% of the back of tobacco packaging with stark health warnings, and prohibit the use of terms such as 'low-tar' and 'light'.

The White Paper, Choosing Health, committed the Government to consult on introducing picture warnings on to tobacco packs. The consultation concluded in August 2006.

[www.opsi.gov.uk/si/si2002/20023041.htm](http://www.opsi.gov.uk/si/si2002/20023041.htm)

### Tackling Tobacco Smuggling

In March 2000, the Government announced its Tackling Tobacco Smuggling strategy, aims by March 2006 to reduce smuggled cigarettes to represent no more than 17 per cent of the total market (currently 18 per cent). By 2007/2008 the Government aims to reduce the smuggled share of the market to 13 per cent.

[www.hm-treasury.gov.uk/media/6A1/17/433.pdf](http://www.hm-treasury.gov.uk/media/6A1/17/433.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.

[www.opsi.gov.uk/ACTS/acts1991/Ukpga\\_19910023\\_en\\_1.htm](http://www.opsi.gov.uk/ACTS/acts1991/Ukpga_19910023_en_1.htm)

### Tackling Health Inequalities

Tackling Health Inequalities: A Program for Action was published in July 2003. It sets out plans to tackle health inequalities over the next three years. It establishes the foundations required to achieve the target of reducing inequalities in health outcomes by 10% by 2010, as measured by

infant mortality and life expectancy at birth. Key interventions that will contribute to this target are those to reduce smoking among manual groups and to reduce the percentage of women who smoke during pregnancy.

[www.dh.gov.uk/Consultations/ResponsesToConsultations/ResponsesToConsultationsDocumentSummary/fs/en?CONTENT\\_ID=4017164&chk=H52Z%2BK](http://www.dh.gov.uk/Consultations/ResponsesToConsultations/ResponsesToConsultationsDocumentSummary/fs/en?CONTENT_ID=4017164&chk=H52Z%2BK)

## Public Service Agreements

In 2004, the Department agreed a new Public Service Agreement (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](http://www.hm-treasury.gov.uk/spending_review/spend_sr04/psa/spend_sr04_psaindex.cfm)

## 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. Health Ministers have undertaken that the smoke free provisions of the Act will be implemented in summer 2007.

The consultation on the draft regulations on smoke-free premises and vehicles was launched on 17 July 2006 and will run until 9 October 2006. The Government will monitor these changes and there will be a review after three years.

Following the announcement to consult on raising the age for buying tobacco products, another new clause was added to the Health Bill. The new power will allow Ministers to take swift action to raise the age from 16 to 18 years of age, depending on the outcome of the consultation. The consultation on raising the legal age to purchase tobacco was launched on Monday 3 July 2006 and will run until Monday 2 October 2006.

Separate from the provisions of the Health Bill and in line with the commitment in the Choosing Health White Paper, all Government departments and the NHS will be smoke-free by the end of 2006.

[www.publications.parliament.uk/pa/cm200506/cmbills/069/2006069.htm](http://www.publications.parliament.uk/pa/cm200506/cmbills/069/2006069.htm)

## Appendix D Editorial notes

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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.



## Appendix E Further information

This annual bulletin draws together statistics on smoking prevalence and behaviour. It is expected the next bulletin will be published in 2007. This bulletin forms part of a suite of statistical reports. Other bulletins cover drug use among young people, alcohol and obesity, nutrition and physical activity. All bulletins will become available on the Information Centre website during 2006.

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

### Lifestyles Statistics

The Information Centre  
1 Trevelyan Square  
Boar Lane  
Leeds  
West Yorkshire  
LS1 6AE  
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Fax: 0113 2547165  
Email: [lifestyle\\_statistics\\_leeds@ic.nhs.uk](mailto:lifestyle_statistics_leeds@ic.nhs.uk)

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Email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk)

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

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/fs/en](http://www.dh.gov.uk/PublicationsAndStatistics/fs/en)>

### 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](http://www.hesonline.nhs.uk)

### **NHS Smoking Helpline**

Information and help on quitting smoking is available from the NHS Smoking Helpline: 0800 169 0169.

[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### **National Institute for Health and Clinical Excellence**

The new National Institute for Health and Clinical Excellence (NICE) has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health:

[www.publichealth.nice.org.uk/page.aspx?o=home](http://www.publichealth.nice.org.uk/page.aspx?o=home)

### **Action on Smoking Health (ASH)**

ASH is a London-based charity providing information on all aspects of tobacco and campaigning to reduce the unnecessary addiction, disease and premature death caused by smoking.

[www.ash.org.uk](http://www.ash.org.uk)

### **HM Revenue and Customs**

HM Revenue & Customs (HMRC) is the new department responsible for the business of the former Inland Revenue and HM Customs and Excise.

Website: [www.hmrc.gov.uk](http://www.hmrc.gov.uk)

Data sets can be obtained from the internet at: [www.uktradeinfo.com](http://www.uktradeinfo.com)

### **Office for National Statistics**

Information about National Statistics can be found at:

[www.statistics.gov.uk](http://www.statistics.gov.uk)

### **Home Office**

Further information and other (RDS) Home Office publications can be found on the internet at:

[www.homeoffice.gov.uk/rds/index.htm](http://www.homeoffice.gov.uk/rds/index.htm)

### **Scientific Committee on Tobacco and Health**

The report of the Scientific Committee on Tobacco and Health (SCOTH)<sup>3</sup> drew conclusions on the adverse health risks of smoking during and after pregnancy. Continuing to smoke during pregnancy was reported to increase the chance of miscarriage, reduced birth weight and prenatal death of the child. If mothers smoke after birth, the risk of sudden infant death syndrome is increased.

[www.archive.official-documents.co.uk/document/doh/tobacco/contents.htm](http://www.archive.official-documents.co.uk/document/doh/tobacco/contents.htm)

## ONS Psychiatric Morbidity Surveys

A series of national surveys of psychiatric morbidity have been carried out by ONS (previously OPCS), commissioned by the Department of Health, the Scottish Executive and the National Assembly for Wales. Each survey has covered a different population group - adults aged 16 to 64 living in private households, prisoners, adults living in institutions, homeless people, people with psychotic disorders, children and adolescents, and young people looked after by local authorities.

Psychiatric morbidity among adults living in private households, 2000. Office for National Statistics. 2001. Available at:

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT\\_ID=4019414&chk=EqHYm9](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_ID=4019414&chk=EqHYm9)

Tobacco, Alcohol and Drug Use and Mental Health, 2002. Office for National Statistics. Available at:

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