NHS

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Statistics on Smoking: England, 2011

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Version: 1

Date of Publication: 16 August 2011

Contents

Executive summary

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

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

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.

Main findings:

Smoking among adults and children

Among adults aged 16 and over, in England, in 2009:

- 21% reported smoking, the same as in 2007 and 2008 and lower than the 39% in 1980.
- Prevalence of cigarette smoking continues to be higher among men than women with 22% of men and 20% of women reporting smoking.
- Those aged 16-19 and 20-24 reported the highest prevalence of cigarette smoking (27% and 28% respectively), while those aged 60 and over reported the lowest prevalence (14%).
- Current smokers smoked an average of 13.1 cigarettes per day.
- Prevalence of smoking amongst people in the routine and manual socio-economic group continues to be greater than amongst those in the managerial and professional group (28% and 14% respectively).
- People who were divorced or separated were most likely to smoke (33%), while those who were widowed were least likely (12%).
- Those who were divorced or separated were around twice as likely to be heavy smokers (20 or more cigarettes a day) than those who were single or married/cohabiting (12% compared to 6% and 5% respectively) and three times as likely as those who were widowed (4%).

Among pupils aged 11 to 15, in England, in 2010:

- Over a quarter of pupils (27%), had tried smoking at least once and 5% were regular smokers (smoking at least one cigarette a week).
- Girls were more likely to smoke than boys; 9% of girls had smoked in the last week compared with 6% of boys.

Costs of smoking, in the UK:

- £17.7 billion was estimated to be spent on tobacco in 2010.
- The proportion of total household expenditure on tobacco has decreased since 1980, from 3.6% to 1.9% in 2010.
- In 2010, tobacco was 33% less affordable than in 1980.

NHS Stop Smoking Services:

- In 2010/11, there were 787,527 quit attempts in England through NHS Stop Smoking Services. At the four week follow up 383,548 (49%) of these quit attempts were successful.
- In 2010/11 total expenditure on NHS Stop Smoking Services in England (excluding Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix) prescriptions) was £84.3 million.

Impact of the smokefree legislation:

On the 1st July 2007, smokefree legislation was introduced in England, banning smoking in enclosed public places.

- There was no significant difference in cigarette smoking prevalence in adults 16 and over pre and post 1st July 2007. However cotinine* levels among current cigarette smokers and non-smokers aged 16 and over were significantly lower post 1st July 2007.
- Among non-smoking children aged 4-15, there was no significant change in cotinine levels or the proportion with detectable cotinine, immediately before and after the legislation.

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* Cotinine is a metabolite of nicotine. The recorded level of cotinine in saliva has been found to be an accurate and objective measure of exposure (both from personal use and secondary exposure) to tobacco.

Behaviour and attitudes to smoking

Among adults aged 16 and over in Great Britain in 2008/09:

- Two thirds (67%) of current smokers reported wanting to give up smoking, with three quarters (75%) reporting having tried to give up smoking at some point in the past.
- Around two thirds (69%) of adults report that they do not allow smoking at all in their home, an increase from 61% in 2006.
- Four in five people (81%) agree with the smoking ban in public places.

Among pupils aged 11 to 15, in England, in 2010:

- Children's dependence on smoking is related to the length of time spent as a regular smoker. Pupils who had smoked for over a year were more likely to report that they would find it difficult to give up altogether compared to those who had smoked for less than a year (81% compared with 65%).
- Twenty seven per cent of those pupils who were regular smokers said they would like to give up.
- Over time, there has been a decrease in the proportion of pupils who think it is OK for someone their age to try smoking to see what it is like (35% in 2010 compared with 54% in 1999).

Age started smoking:

- Almost two thirds (65%) of current and ex-smokers who had smoked regularly at some point in their lives started smoking before they were aged 18.

Smoking, ill health and mortality

Hospital admissions in England in 2009/10 among adults aged 35 and over:

- There were approximately 1.5 million hospital admissions with a primary diagnosis of a disease that can be caused by smoking. The annual number of admissions has been rising steadily since 1996/97, when the number of such admissions was 1.1 million.
- Around 461,700 hospital admissions were estimated to be attributable to smoking. This accounts for 5% of all hospital admissions in this age group.
- 26% (116,200) of all admissions with a primary diagnosis of respiratory diseases and 16% (141,300) of admissions with a primary diagnosis of circulatory diseases were attributable to smoking. In addition, 12% (166,100) of admissions with a primary diagnosis of cancer and 1% (18,600), with a primary diagnosis of diseases of the digestive system were attributable to smoking.

Deaths in England in 2010 among adults aged 35 and over:

- Around 81,700 deaths (18% of all deaths of adults aged 35 and over) were estimated to be caused by smoking.
- A larger proportion of men (23%) than women (14%) were estimated to die from smoking-related diseases.
- Around 36% (22,300) of all deaths due to respiratory diseases and 29% (37,500) of all cancer deaths were attributable to smoking. In addition, 14% (20,600) of deaths due to circulatory diseases and 5% (1,200) of deaths due to diseases of the digestive system were attributable to smoking.

1 Introduction

This statistical report presents a range of information on smoking including prevalence, habits, attitudes, NHS costs and the effect on health in terms of hospital admissions and deaths from smoking related illnesses. This information has been drawn together from a variety of sources. The report is primarily concerned with cigarette smoking unless otherwise specified. The data relate to England where possible. Where figures for England are not available, figures for England and Wales, Great Britain or the United Kingdom have been provided.

Most of the sources referred to in this publication are National Statistics. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. It is a statutory requirement that National Statistics should observe the Code of Practice for Official Statistics. The UK Statistics Authority assesses all National Statistics for compliance with the Code of Practice.

Some of the statistics referred to in this publication are not National Statistics and are included here to provide a fuller picture; some of these are Official Statistics, whilst others are neither National Statistics nor Official Statistics. Those which are Official Statistics should still conform to the Code of Practice for Official Statistics, although this is not a statutory requirement. Those that are neither National Statistics nor Official Statistics may not conform to the Code of Practice for Official Statistics.

A brief explanation and a short review of the quality of each of the sets of statistics used in this publication have been included in Appendix A of this publication.

An important adjustment has been introduced to the tobacco affordability methodology so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income ***per capita***. The adjusted RHDI index was then carried forward to produce an adjusted affordability of smoking index. Both the unadjusted RHDI index and the unadjusted affordability of tobacco index (as used in 'Statistics on Smoking: England 2010' and prior publications) are presented in this report, alongside the revised indices for comparability purposes

Chapter 2 reports on trends in cigarette smoking among adults and children. Smoking patterns among different groups are explored and the impact of the introduction of smokefree legislation is discussed. The availability and affordability of tobacco is also covered in this chapter

Chapter 3 reports on behaviour and attitudes to smoking in adults, including awareness of health risks associated with smoking and attitudes to the introduction of smoke-free legislation. Children's attitudes and smoking behaviour are also reported.

Chapter 4 looks at the health risks associated with smoking. Information on prescription drugs used to help people stop smoking and the costs of NHS Stop Smoking Services are presented. Information on the number of hospital admissions and the numbers of deaths that are attributable to smoking are also reported.

Throughout the report references are given to sources for further information. The report also contains five appendices;

Appendix A describes the key sources used.

Appendix B describes in detail the methodology employed in the report to estimate smoking-attributable hospital admissions and deaths.

Appendix C contains information on government targets and NHS plans related to smoking.

Appendix D provides the editorial notes regarding the conventions used in presenting information.

Appendix E provides a complete list of sources of further information and useful contacts.

United Kingdom Statistics Authority assessment of this publication

This statistical release is a National Statistics publication. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. It is a statutory requirement that National Statistics should observe the Code of Practice for Official Statistics. The UK Statistics Authority (UKSA) assesses all National Statistics for compliance with the Code of Practice.

During 2010 the *Statistics on Smoking: England* publications underwent assessment by the United Kingdom Statistics Authority. In accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics these statistics were recommended continued designation as National Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

The designation of National Statistics status was subject to a number of requirements. The UKSA report also contained a number of suggestions for improvement. Further details on these requirements and suggestions, including detail on how these are being addressed are contained in Appendix D.

Public consultation on this publication

In order to improve the relevance and usefulness of this publication, the NHS Information Centre consulted on this publication, as part of a suite of Lifestyles Compendia publications (Alcohol, Drug Misuse, Smoking, and Obesity). This was a public consultation and comments were welcome from all users.

The consultation has now closed. Further details are available on the link below:

http://www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

Smoking Definitions

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

Smoking definitions adopted by the main sources used in this report differ in some cases, especially between adults and children. Key definitions that differ between

sources are highlighted below and clarified in the relevant section of the report.

Definitions for adult smoking behaviours:

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

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

The definitions for adults who are non-smokers, heavy or light smokers vary in the different surveys. Further information is provided in the relevant sections.

Definitions for child smoking behaviours:

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

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

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

Sources of further reading on all classifications of smoking are listed in **Appendix A** of this report.

2 Smoking patterns in adults and children

2.1 Introduction

This chapter presents a range of information on cigarette smoking patterns in adults and children. Smoking prevalence, consumption and trends among different groups of society and geographical areas are explored. Information is also presented on the impact of the smokefree legislation in England in 2007 and tobacco expenditure and availability.

The main source of data for smoking prevalence among adults is the General Lifestyle Survey (GLF), formerly known as the General Household Survey (GHS), published by the Office for National Statistics (ONS). This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GLF report *Smoking and drinking among adults, 2009*[1] (GLF 2009) is based on the survey which ran from January to December 2009. A wide range of topics are covered in the GLF to provide a comprehensive picture of how we live and the social change we experience. Each year questions are asked about adults' smoking habits. Figures on smoking published in the GLF 2009 report nearly always relate to Great Britain; these differ from those shown in this bulletin, which unless otherwise stated are for England obtained by performing additional analyses on the GLF dataset.

Smoking, drinking and drug use among young people (SDD) is an annual survey of secondary school pupils in years 7 to 11 (mostly aged 11 to 15) commissioned by the NHS Information Centre and produced by the National Centre for Social Research (NatCen). SDD is the main source of data on smoking prevalence among children. Since 1998 the survey has included a core section of questions on smoking, drinking and drug use. From 2000, the remainder of the questionnaire has focused in alternate years on either smoking and drinking, or on drug use. The 2010 survey focused on smoking and drinking; the associated report, *Smoking, drinking and drug use among young people in England in 2010*[2] (SDD 2010) summarised results from 7,296 pupils in 246 schools throughout England in the autumn term of 2010.

Information on smoking prevalence among young people, by Government Office Region (GOR) is taken from *Smoking, drinking and drug use among young people in England. Findings by region 2006-2008*[3], also produced by NatCen and commissioned by the NHS Information Centre. Data from the SDD surveys from 2006 to 2008 were combined to produce smoking prevalence at GOR level for the first time.

The Health Survey for England (HSE) is part of a programme of surveys commissioned by The NHS Information Centre and carried out, since 1994, by NatCen and the Department of Epidemiology and Public Health at the University College London (UCL) Medical School. The surveys are designed to measure health and health-related behaviours in adults and children in England. Smoking, general health, drinking, fruit and vegetable consumption, height, weight, blood pressure and blood and saliva samples are core elements of the survey included every year. The 2008 report, *The Health Survey for England – 2008: Physical Activity and Fitness*[4] (HSE 2008), provided information on both adults' and childrens' smoking before and after the

introduction of the smokefree legislation in England in July 2007. Results from a full year of data before and after the smoking ban are compared and summarised in this chapter.

The availability of tobacco is shown as the volume of tobacco released for home consumption, extracted from Her Majesty's Revenue and Customs (HMRC) Statistical Bulletins[5].

The affordability of tobacco is described using information on tobacco price and retail price indices taken from the ONS publication: *Focus on Consumer Price Indices*[6] and households' disposable income data published by ONS in the *Economic and Labour Market Review*, formerly *Economic Trends*[7]. This year is the first time that the Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income per capita. Further information on this methodology change is detailed in section 2.7.2 of this chapter.

Data on tobacco expenditure and household expenditure are taken from two sources: ONS *Consumer Trends*[8] and the Living Costs and Food Survey (LCF) (formally known as the Expenditure and Food Survey (EFS)). ONS Consumer Trends give annual figures for UK household expenditure on tobacco as well as total household expenditure. The LCF is commissioned by ONS and the Department for Environment, Food and Rural Affairs (DEFRA), and is a continuous household survey that provides data on households' weekly expenditure, including spending on cigarettes. As part of the survey, respondents are required to keep a two week diary on expenditure. As diary based surveys can have problems with under-reporting, the data are used in this chapter to give an indication of changing trends in expenditure on cigarettes over time. Since 2008, the LCF became part of the Integrated Household Survey (IHS), with DEFRA having responsibility for the Family Food Module of the LCF. Results from the Family Food Module of the 2009 LCF can be found in *Family Food. A report on the 2009 Family Food Module of the Living Costs and Food Survey*[9]. Results on general expenditure from the 2009 LCF can be found in *Family Spending. A report on the 2009 Living Costs and Food Survey – 2010 edition*[10], published by ONS.

The Government published its Tobacco Control Plan, *Healthy lives, Healthy people: A Tobacco Control Plan for England*[11] on 9 March 2011. This sets out how tobacco control will be delivered in the context of the new public health system, over the next five years; in particular it sets a national target to reduce smoking rates in England by the end of 2015 from 21.2% to 18.5% or less among adults and from 15% to 12% or less among 15 year olds.

2.2 Smoking prevalence, consumption and trends in adults

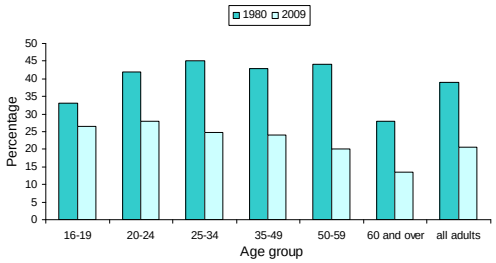
2.2.1 Trends in smoking prevalence

Analysis of the GLF 2009 data shows that overall, smoking prevalence was decreasing in England but now seems to be levelling. In 2009, 21% of adults reported smoking, the same as in 2007 and 2008 and lower than the 39% in 1980.

In 2009, those aged 16-19 and 20-24 reported the highest prevalence of cigarette smoking (27% and 28% respectively), while those aged 60 and over reported the lowest prevalence (14%) (Figure 2.1).

The number of adults that reported smoking has decreased from 39% in 1980 to 21% in 2009.

Figure 2.1 Prevalence of cigarette smoking among adults, by age group, 1980 and 2009

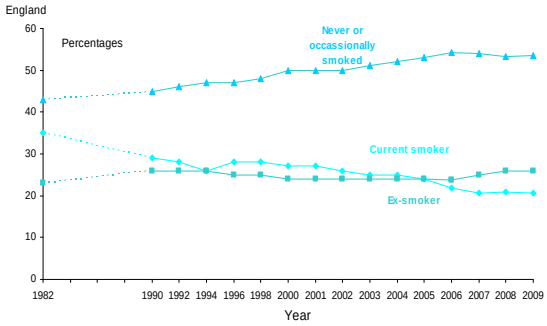


Source: General Lifestyle Survey 2009. The Office for National Statistics.

Prevalence of cigarette smoking continues to be higher among men than women with 22% of men and 20% of women reporting smoking. This compares with 42% of men and 36% of women in 1980. Reasons for the long term narrowing of the gender gap are discussed on page 5 of the GLF 2009 report. (Table 2.1)

The overall decrease in smoking prevalence seems to be mainly due to the increase in people who have never smoked or only occasionally smoked. The proportion of adults who have never smoked or only occasionally smoked has been rising steadily, from 43% in 1982 to 53% in 2009 (Figure 2.2).

Figure 2.2 Cigarette smoking status among adults, 1982, and 1990 to 2009



Source: General Lifestyle Survey 2009. The Office for National Statistics.

Women are more likely to never or occasionally smoke then men, however the increase in the percentage of never or only occasionally smokers is larger among men than women; the proportion of men increased from 32% in 1982 to 49% in 2009, whereas for women the increase was from 51% to 57%.

By comparison, the proportion of adults who were ex-regular smokers increased by 3 percentage points from 23% in 1982 to 26% in 2009. (Table 2.2).

2.2.2 Cigarette consumption

In 2009, current smokers smoked an average of 13.1 cigarettes a day. Men smoked a slightly higher number of cigarettes a day than women, with men smoking on average 13.9 cigarettes a day, compared with 12.4 for women. The number of cigarettes smoked per day was similar among smokers from the three different socio-economic groups (routine and manual, intermediate and managerial and professional) (Table 2.3).

In 2009, current smokers smoked an average of 13.1 cigarettes a day.

2.2.3 Cigarette type and tar yield

Among different types of cigarettes, filter cigarettes continue to be the most widely smoked, especially among women. In 2009, 77% of women and 61% of men mainly smoked filter cigarettes.

There has been an increase in the proportion of smokers who smoke mainly hand-rolled tobacco. In 1990, 18% of men and 2% of women said they mainly smoked hand-rolled cigarettes, but by 2009 this had risen to 39% and 22% respectively (Table 2.4).

In 2009, smokers in managerial and professional occupations were more likely to smoke filter cigarettes than those in

routine and manual occupations (76% and 65% respectively). Smokers in routine and manual occupations were more likely to smoke hand-rolled cigarettes than those in managerial and professional occupations (34% and 24% respectively) (Table 2.5).

Cigarette smoke contains roughly 4,000 compounds, many of which are toxic and can cause damage to human cell tissue. Tar, also known as total particulate matter, is one of the three main ingredients of cigarettes. It is made up of various chemicals, many of which are known to cause cancer. Around 70% of the tar from a smoked cigarette is deposited in the smoker's lungs[12].

Since the 1990s, tar yields have gradually dropped in tobacco manufactured within the European Union (EU) as a result of European legislation. By the beginning of 1998, tobacco manufacturers were required to reduce the tar yield to no more than 12mg per cigarette. An EU directive which came into force at the end of 2002 further reduced the maximum tar yield to 10mg per cigarette from January 2004[13].

There have been no brands of cigarettes in Great Britain with a yield of 12mg or more since 2003, even though these were the main brand of more than one third of smokers in Great Britain in previous years. There has been a considerable increase in the proportion of smokers in England smoking brands with a yield of 10mg or more, but less than 12mg. This has risen from 13% in 1998 to 71% in 2003, since when it has remained at a similar level. This is consistent with the fact that in 1998 there were more brands selling cigarettes with a yield of 12mg or more decreasing each year until 2003 when there were none.

2.2.4 Further Information

Further information on smoking status by reported parental smoking status is available from Table 2.14 in a previous version of this compendium report *Statistics on Smoking: England, 2008*[14]. Table 2.14 of the 2008 publication is based on data sourced from the 2006 Health Survey for England (HSE)[15], the last time that parental smoking status was looked at in HSE.

Chapter 3 of the *Infant Feeding Survey, 2010: Early Results*[16] explores the prevalence of smoking during pregnancy showing that just over a quarter (26%) of mothers in England smoked at some point in the 12 months immediately before or during their pregnancy. Of these mothers who smoked before or during their pregnancy, just over half (55%) gave up at some point before the birth. The report also shows that the percentage of mothers smoking before or during pregnancy fell between 2005 and 2010.

2.3 Smoking and demographic characteristics in adults

2.3.1 Smoking and marital status

The prevalence of cigarette smoking varied considerably according to marital status. In 2009, people who were divorced or separated were most likely to smoke (33%), while those who were widowed were least likely (12%).

Those who were divorced or separated were around twice as likely to be heavy smokers (20 or more cigarettes a day) than those who were single or married/cohabiting (12% of those divorced or separated compared to 6% of those single and 5% married/cohabiting) and three times as likely as those who were

widowed (4%). Single people were just as likely to be light smokers (under 20 cigarettes a day) as those who were divorced or separated (22% of each group).

People who are divorced or separated are at least twice as likely to be heavy smokers as single, married or widowed people.

Those who are widowed were more likely to be ex-regular cigarette smokers (37%) than married/cohabiting people and divorced/separated people (29% for both groups) (Table 2.6).

2.3.2 Smoking and socio-economic class

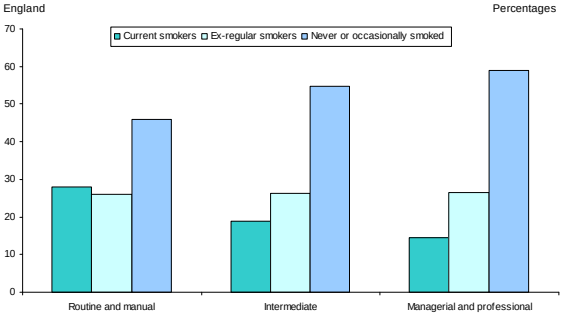
The NHS Cancer Plan[17] published by the then government in 2000 and PSA 18 focus on the need to reduce the comparatively high rates of smoking among those in manual socio-economic groups, which result in much higher death rates than among non-manual workers.

The National Statistics Socio-economic classification (NS-SEC) was introduced in 2001, replacing the old socio-economic group (SEG) categories. It is not possible to map the old SEG categories into the new NS-SEC categories for data prior to 2001. However it is possible to map the NS-SEC categories to the old SEG categories for data relating to 2001 onwards. This approach has therefore been used in Table 2.7.

Prevalence of smoking in manual groups has been steadily declining from 33% in 1998 to 26% in 2009. Prevalence of smoking in non-manual groups has declined by a similar amount to manual groups from 22% in 1998 to 16% 2009 (Table 2.7).

Tables 2.8 and 2.9 show similar trends in England using the new socio-economic classification (NS-SEC) of the household reference person. In 2009, those in the routine and manual groups reported the highest prevalence of smoking (28%). Eight per cent of those in routine and manual groups reported heavy smoking compared to 3% of those in managerial and professional groups. There were no differences among ex-smokers by socio-economic classifications. Those in managerial and professional households were the most likely to have never smoked cigarettes (Figure 2.3).

Figure 2.3 Cigarette smoking status among adults, by socio-economic classification of household reference person, 2009



Source: General Lifestyle Survey 2009. The Office for National Statistics.

Over the period 2001 to 2009, the prevalence of cigarette smoking decreased by similar amounts among the different socio-economic groups. Among those in managerial and professional households prevalence of cigarette smoking decreased from 19% in 2001 to 15% in 2009. Among those in intermediate households the prevalence decreased from 27% to 19% and among routine and manual households prevalence decreased from 33% to 28% over the same period (Table 2.9).

Eight per cent of those in routine and manual groups reported heavy smoking compared to 3% of those in managerial and professional groups.

2.3.3 Smoking and other factors

Table 9.4 from *Chapter 9: Adult Cigarette Smoking* in HSE 2009[18] shows that among both men and women, cigarette smoking prevalence was higher among those living in Spearhead Primary Care Trust (PCT) areas (the most health deprived areas of England) in 2009. However, as observed in previous years, greater variation was found by equivalised household income; a measure of income that takes into account the total number of people living in the household and is age-standardised. Table 9.3 in HSE 2009 shows that among both men and women, cigarette smoking prevalence was lowest in the highest income quintile households (14% for men; 11% for women) and highest among the lowest income quintile households (40% for men and 34% for women). It is notable that around two in five men and one in three women who live in the lowest income quintile households were current cigarette smokers.

The 2006 HSE report, *Health Survey for England 2006: Cardiovascular disease and risk factors in adults*[15] (HSE 2006), presents findings from an analysis using logistic modelling* to explore factors associated with current cigarette smoking. This analysis has not been updated in more recent editions of the HSE. Factors explored in the analysis were age group, equivalised household income, Index of Multiple Deprivation, educational attainment, household type and socio-economic classification of the household reference person. The association between current cigarette smoking and other health and lifestyle indicators such as general health status, fruit and vegetable consumption, alcohol consumption, levels of physical activity and Body Mass Index (BMI) status were also investigated. The findings from this analysis are presented in Table 8.6 of *Chapter 8: Cigarette Smoking* of the HSE 2006 report.

Odds of cigarette smoking increased as area deprivation increased. Likewise, odds of smoking among both men and women were significantly higher among those who had no educational qualifications compared with those who had a degree or equivalent.

Odds of smoking cigarettes were significantly higher among women, but not men, living in households in the lowest two income quintiles than those living in the highest income households.

Those who reported that their health was less than 'very good' had higher odds of being a current smoker. Those who ate any portions of fruit and vegetables a day had lower odds of being a smoker than those who ate no fruit or vegetables, and those who had drunk alcohol had higher odds of being a current cigarette smoker than those who had not drank alcohol in the last year. However, those who were either overweight or obese had lower odds of cigarette smoking than those who were not overweight. A more detailed summary of the findings can be found in a previous version of this compendium report *Statistics on Smoking: England, 2009*[19].

In 2004 the HSE included a boost sample to increase the sample size of people in ethnic minority groups. The relationship between smoking status and ethnicity was explored in *Chapter 4: Use of tobacco*

* For information on logistic modelling and a summary of the results from this analysis please refer to section 2.3.3 and Appendix B in *Statistics on Smoking: England, 2009*[19].

products of the associated report *Health Survey for England 2004: The Health of Minority Ethnic Groups* (HSE 2004)[20]. Example findings include: self-reported cigarette smoking prevalence was 40% among Bangladeshi, 30% Irish, 29% Pakistani, 25% of Black Caribbean, 21% Black African and Chinese, and 20% in Indian men, compared with 24% among men in the general population. After adjustment for age, Bangladeshi and Irish men were more, and Indian men less, likely to report smoking cigarettes than men in the general population. Self-reported smoking prevalence was higher among women in the general population (23%) than most minority ethnic groups, except Irish (26%) and Black Caribbean women (24%). The figures for the other groups were 10% Black African, 8% Chinese, 5% Indian and Pakistani, and 2% in Bangladeshi women. The findings in HSE 2004 are the latest available from the HSE on smoking and ethnicity.

2.4 Geographical comparisons in adults

2.4.1 National comparisons

Results from Table 2.10 of this report show smoking prevalence by countries within Great Britain.

GLF 2009[1] reports that "in every previous year except 2004, smoking prevalence has been higher in Scotland than in England, although the difference has not always been large enough to be statistically significant. In 2009, 25% of adults in Scotland were smokers, a significantly higher proportion than in England (21%). In Wales, 23% of adults were smokers. This figure is not significantly different to the ones for England or Scotland due to sample size." In England, 53% of adults had never smoked regularly; similar levels are seen in Scotland and Wales (55% and 54% respectively).

2.4.2 Regional prevalence

The GLF 2009 report presented variations in smoking prevalence in England in 2009 by Government Office Region (GOR). The sample sizes were relatively small, making them subject to relatively high levels of sampling error, thus interpretation of regional data has been treated cautiously. Among men, the prevalence of current smokers was highest in the North West (24%) and London (26%) and lowest in the East Midlands and South West (19% each). For women, the highest prevalence was found in the Yorkshire and the Humber (22%), the North East (23%) and the North West (22%) and the lowest prevalence in the South West (17%). (Table 2.10).

The Health Survey for England reported smoking prevalence by Strategic Health Authority (SHA) in 2008 but not in 2009. Table 11.3 from *Chapter 11: Adult Cigarette Smoking* in HSE 2008 showed significant variation in smoking prevalence between the highest and the lowest prevalence by Strategic Health Authority in 2008.

2.4.3 Local area prevalence

While survey estimates can provide information on regional variation, it is not possible to look at a smaller geographical level due to small sample sizes. To address this information gap, NatCen was commissioned by the NHS Information Centre to produce model-based estimates using HSE for a range of healthy lifestyle behaviours. Estimates based on 2003-2005 data at Local Authority (LA), Medium Super Output Area and Primary Care Organisational level are available on the NHS Information Centre website[21], and includes estimates of smoking prevalence. Results for the whole range of healthy lifestyle behaviours considered are published on the ONS Neighbourhood Statistics website[22].

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

As part of Neighbourhood Statistics, analysis was also carried out on smoking prevalence by ethnic minorities at a sub-national level, for 2004 data. Results can be found on the Neighbourhood Statistics website[23].

2.5 Smoking in children

2.5.1 Smoking prevalence and consumption

The *Smoking, drinking and drug use among young people in England in 2010*[2] report (SDD 2010) contains information on the smoking patterns of school children aged 11-15. The report summarises results from 7,296 pupils in 246 schools throughout England in the autumn term of 2010.

Chapter 2: Smoking of SDD 2010 reports smoking prevalence, behaviour and consumption in school children. Differences between ethnic groups and the association of smoking with other risk-taking behaviours such as drinking, drug use and truancy are also reported. *Chapter 5: Smoking, drinking and drug use* compares the prevalence of smoking, drinking and drug use and explores the relationship between these behaviours in more detail. Chapter 5 also reports on children's attitudes to these behaviours.

The key points from *Chapter 2: Smoking* of SDD 2010 are reported here. Tables referenced in this summary can be found at the end of Chapter 2 in the SDD 2010 report.

Table 2.1b shows that in 2010 over one in four pupils (27%) have tried smoking at least once. This proportion is the lowest measured since the survey began in 1982, when more than half of pupils (53%) had tried smoking.

Pupils are defined as regular smokers if they say they smoke at least one cigarette a week. In 2010, 5% of pupils smoked regularly. This proportion is a decrease on last year's percentage of 6%. Table 2.1a shows that the prevalence of regular smoking among 11 to 15 year olds has more than halved since its peak in the mid 1990s – 13% in 1996 – suggesting a sustained decline to levels well below the then government's 1998 target of reducing the prevalence of regular smoking among 11 to 15 year olds to 9% by 2010 (The *Smoking Kills*[24] white paper).

5% of children aged 11 to 15 are regular smokers

Table 2.2 of SDD 2010 shows that, as in previous years, girls are more likely to smoke regularly than boys (6% and 4% respectively in 2010). The prevalence of smoking also increases with age, from less than 0.5% of 11 year olds to 12% of 15 year olds.

Table 2.6 of SDD 2010 shows that the average consumption of cigarettes by pupils who smoke regularly was 36.5 cigarettes per week in 2010. Occasional smokers consumed an average of 2.8 cigarettes per week.

Table 2.7 shows that 7% of pupils reported they had smoked in the last week in 2010; 9% of girls and 6% of boys.

2.5.2 Demographic characteristics

In the SDD 2010 report a logistic regression model* was used to explore the characteristics of pupils and their environments associated with regular smoking. This analysis is presented in Table 2.62 of the report and showed the following in 2010:

- Drug use was strongly related to the likelihood of regular smoking. Pupils who had taken drugs in the last year had greater odds of being a regular smoker than pupils who had never taken drugs.
- There was a relationship between regular smoking and having drunk alcohol. The increase was greatest for those who had drunk alcohol in the previous week. The odds of being a regular smoker were also increased for pupils who had drunk alcohol but not in the last week.
- Pupils who had played truant from school had increased odds of being smokers. Pupils who had been excluded from school were also more likely to be regular smokers.
- Girls were more likely than boys to be regular smokers.
- Smoking was more likely among pupils in receipt of free school meals, an indicator of low family income.
- Pupils who lived with other smokers were more likely to be regular smokers. The influence of friends was even stronger; pupils who had friends who smoked had their odds of being regular smokers increased.

* Refer to the *Smoking, drinking and drug use among young people in England, 2010* (SDD 2010) report for a full explanation of this analysis.

2.5.3 Geographical comparisons

The SDD survey is not designed to be representative of schools within all regions and so reliable estimates by region cannot currently be derived from on any one year's data. The *Smoking, drinking and drug use among young people in England, findings by region, 2006 to 2008*[3] report presents information on smoking and drinking among children aged 11 to 15 by Government Office Region (GOR). The results are based on data from the 2006 to 2008 survey years, combined and weighted to be regionally representative. The findings on smoking are presented in Tables 1 and 2 of the report and show the proportions of young people who have ever smoked and the prevalence of regular smoking by GOR respectively. The key findings from these tables are:

- The proportion of 11 to 15 year olds who have ever smoked varies by region from 31% in London to 42% in the North East. In the North East, North West and Yorkshire and Humberside, girls are more likely than boys to have tried smoking. Differences by sex are not significant in other regions.
- The proportion of 11 to 15 year olds who are regular smokers varies by region from 5% in London to 10% in the North East. In all regions girls are more likely than boys to be regular smokers.

2.6 Impact of the smoking ban on smoking behaviour in adults and children

On the 1st July 2007, smokefree legislation was introduced in England, banning smoking in enclosed public places. The 2008 Health Survey for England (HSE) report, *Health Survey for England 2008, Physical Activity and Fitness*[4] (HSE 2008), includes an assessment of the impact of

this legislation on smoking prevalence and secondary exposure to other people's smoke in both adults and children. The report compares smoking in the 12 months before and after introduction of the ban. Key findings for adults from *Chapter 11: Adult Cigarette Smoking* (Tables 11.9-11.16) and children from *Chapter 15: Children's smoking and exposure to others' smoke*, (Tables 15.9-15.13) are reported here.

2.6.1 Adults

There was no significant difference in cigarette smoking prevalence in men and women before and after the implementation of the smokefree legislation on 1st July 2007. Among smokers the self-reported number of cigarettes smoked per day and the mean number of cigarettes smoked per smoker for both men and women did not vary significantly overall.

The 2007 HSE collected information on attitudes towards the smoking ban comparing the six months before and after the ban was introduced. This information was not collected in the 2008 survey. The 2007 report, *Health survey for England 2007: Healthy lifestyles: knowledge, attitudes and behaviour* [25] (HSE 2007), noted that although many participants felt the smokefree legislation would be likely to encourage them to cut back on the number of cigarettes they smoked, there was a disparity between intentions and actions. Table 6.10 of the report showed that 40% of male smokers and 41% of female smokers interviewed post 1st July 2007 reported that the introduction of the smokefree legislation had made them reduce the number of cigarettes they smoked. However, this was significantly lower than the proportion who thought, pre 1st July 2007, that the smokefree legislation would encourage them to cut down (49% of male smokers and 53% of female smokers). Table 6.11 in HSE 2007 showed that at the time, one third of male and female smokers reported that the introduction of the smokefree legislation had encouraged them to stay at home where they could smoke.

During data collection for the 2008 HSE, respondents were requested to supply a saliva sample. This sample was used to measure the respondent's levels of cotinine, a metabolite of nicotine. The recorded level of cotinine has been found to be an accurate and objective measure of exposure (both from personal use and secondary exposure) to tobacco[26]. A level of 15 nanograms per millilitre (ng/ml) in saliva is regarded as indicative of smoking. At this level it is unlikely to be due to anything other than personal use. As with cigarette smoking prevalence, HSE 2008 reported no differences in the proportion of men and women with a cotinine level of 15ng/ml or above, pre and post 1st July 2007. Looking only at current cigarette smokers, however, mean cotinine values were significantly lower for both male and female smokers post 1st July 2007. Among male smokers, cotinine values fell from 316.4ng/ml (pre 1st July 2007) to 275.6ng/ml (post 1st July 2007). Among female smokers, mean cotinine values fell from 276.9ng/ml to 249.6ng/ml post implementation. For both men and women, there were reductions in mean cotinine levels among all age groups, with the largest difference being observed among men aged 55 and over, whose mean cotinine levels fell from 400.8ng/ml pre to 310.0ng/ml post legislation.

Mean cotinine levels among self-reported current smokers varied significantly by NS-SEC of the household reference person pre and post legislation. Among men living in non-routine/non-manual households, mean cotinine levels fell sharply from 328.4ng/ml (pre 1st July 2007) to 255.1ng/ml (post 1st July 2007). However, mean cotinine levels among male smokers from routine/manual households did not vary significantly after the introduction of the smokefree legislation. Among women, there were

slight reductions in mean cotinine levels among those living in non-routine/non-manual households and sharper decreases among those living in routine/manual households, where mean cotinine fell from 309.0ng/ml (pre 1st July) to 271.9ng/ml (post 1st July).

In both men and women, geometric mean* cotinine levels of self-reported and cotinine validated non-smokers (cotinine levels of less than 15ng/ml) were significantly lower after the implementation of the smokefree legislation. Among male non-smokers, geometric mean cotinine fell from 0.20ng/ml (pre 1st July 2007) to 0.14ng/ml (post 1st July 2007). Among female non-smokers, geometric mean cotinine fell from 0.19ng/ml to 0.13ng/ml pre and post legislation.

All adults were asked to estimate their total hours of exposure each week to other people's tobacco smoke. For both men and women, the mean number of hours a week reported was significantly lower after the introduction of the smokefree legislation, falling from 6.2 hours (pre 1st July 2007) to 3.3 hours (post 1st July 2007) among men and from 4.4 hours (pre 1st July 2007) to 2.7 hours (post 1st July 2007) among women. The reduction among non-smokers was also marked, falling from 3.8 hours among men and 2.7 hours among women, pre 1st July, to 1.6 hours for men and 1.3 hours among women post 1st July 2007.

* A geometric mean, rather than arithmetic mean ('average'), was presented for non-smokers as their cotinine data has a very skewed and exponential distribution. For further information see *HSE 2008*[4].

2.6.2 Children

The Health Survey for England (HSE) considers respondents between the ages of 0 and 15 (inclusive) to be children.

Saliva cotinine samples from non-smoking children aged 4-15 were analysed before and after the smoke free legislation was introduced, to see whether it had affected levels of passive smoking. Among non-smoking children aged 4-15, there was no significant change in cotinine levels or the proportion with detectable cotinine, immediately before and after the legislation. There was also no significant change in the proportion of non-smoking children aged 4-15 living in a household where at least one adult smoked regularly.

There were some reported changes in the 12 months following implementation in children's exposure to other people's smoke. The proportion of children aged 0-12 that were looked after by a smoker for more than two hours a week was significantly reduced in boys and girls. However there was no significant change in the reported number of hours exposed to others' smoke amongst children in general (aged 0-15).

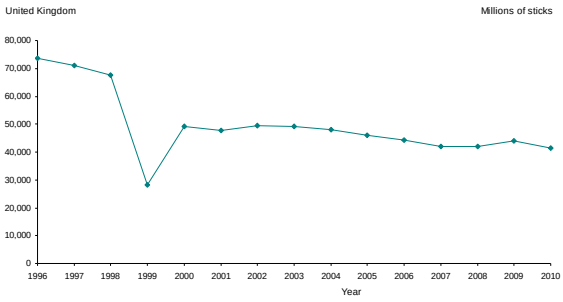
Children aged 8-15 were asked about locations where they were often near to people who were smoking. The proportion saying they were not often near other smokers increased after 1st July 2007. Fewer than before 1st July 2007 reported being near smokers in other people's homes, on public transport or in other places. However this decrease did not include children's own homes: there was no change in the proportion who reported being near people smoking in their own homes.

2.7 Availability and affordability of tobacco

2.7.1 Tobacco released for home consumption

Information on the quantities of tobacco released for home consumption is collected by Her Majesty's Revenue and Customs and relates to the United Kingdom as a whole[5]. Releases of cigarettes, both home produced and imported, have fallen since the mid-1990s; although much of the decline among home produced cigarettes occurred before 2000. Since 1996, releases of hand-rolling tobacco have increased by 137% (Table 2.11, Figure 2.4).

Figure 2.4 Quantities of home produced cigarettes released for home consumption, 1996 to 2010



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

1. Please see footnote 4 on table 2.11 in this report for information on figures for 1999

2.7.2 Affordability of tobacco

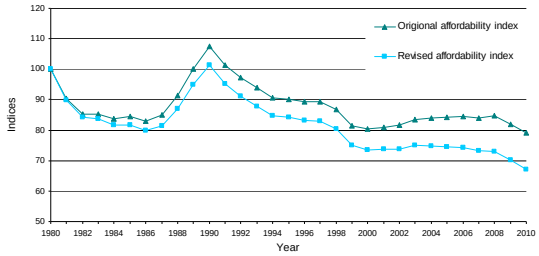
The NHS Information Centre has routinely published a series of indices derived from Office for National Statistics (ONS) data in its Statistics on Smoking: England reports. They include the Tobacco Price Index (TPI), Retail Price Index (RPI), Relative Tobacco Price Index (defined as TPI / RPI), Real Households' Disposal Income (RHDI) and the affordability of tobacco index (defined as RHDI / Relative Price Index). Since the publication of Statistics on Smoking: England 2010, the NHS IC has worked with key customers to investigate the scope for making methodological improvements to the way the affordability of tobacco index is derived. The Institute of Alcohol studies produced a research paper[27] proposing a number of adjustments to the affordability of alcohol index produced by the NHS IC. This research paper also had implications for the affordability of tobacco index presented in this report.

As a result of this, the NHS IC has implemented one of the proposed adjustments for the first time in this publication. The revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income **per capita**.

Previously, the RHDI index tracked changes in the total disposable income of all households and was not on a per capita basis. This had the implication that changes in the RHDI index over time were, in part, due to changes in the size of the population and not exclusively due to changes in real disposable income per capita. The RHDI index feeds into the affordability of tobacco index, and so this was also affected.

The adjustment was carried out using ONS mid-year population estimates of the adult population aged 18 and over, and was applied to all years in the index (1980 onwards). The adjusted RHDI index was then carried forward to produce an adjusted affordability of tobacco index. Both the unadjusted RHDI index and the unadjusted affordability of tobacco index (as used in Statistics on Smoking: England 2010 and prior publications) are presented alongside the revised indices for comparability purposes (Table 2.12 and Figure 2.5). For further information on the methodology see Appendix A.

Figure 2.5 Tobacco affordability index: 1980 to 2010 where 1980 =100

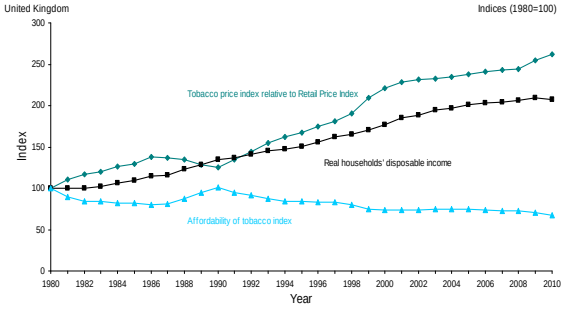


Source: Family Spending 2010. Expenditure and Food Survey. Office for National Statistics.

In the UK, prices of tobacco, as measured by the tobacco price index, have increased more than the retail price index since 1980 (an arbitrarily chosen base year). Between 1980 and 2010 the price of tobacco increased by 163% more than the retail prices generally. However, real households' disposable income (adjusted) increased by 76% over the same period. Using the most recently available data, tobacco in 2010 was 33% less affordable than it was in 1980, highlighting the overall trend of decreasing affordability over the period (Table 2.12 and Figure 2.6).

In 2010, tobacco was 33% less affordable than it was in 1980.

Figure 2.6 Affordability of tobacco, 1980 to 2010



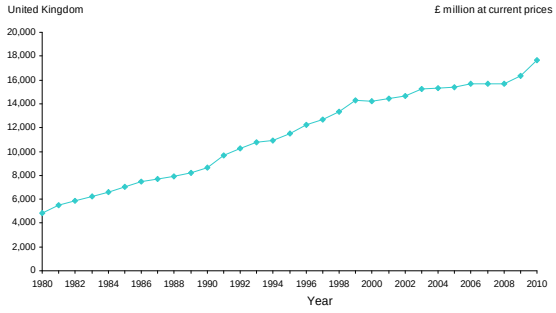
Source: Focus on Consumer Price Indices, Office for National Statistics and Economic Trends, Office for National Statistics

Further details of the tobacco affordability calculations and a worked example are presented in Appendix A. The NHS Information Centre continues to investigate new and improved measures for calculating indicators and may include revised methodologies in future publications.

2.7.3 Spending on tobacco

Office for National Statistics (ONS) *Consumer Trends*[8] reported that the total UK household expenditure on tobacco has more than trebled from £4.8 billion in 1980 to £17.7 billion in 2010. Tobacco expenditure as a proportion of total household expenditure has decreased overall over the same period (from 3.6% in 1980 to 1.9% in 2010) (Table 2.13, Figure 2.7).

Figure 2.7 Household expenditure on tobacco, 1980 to 2010



Source: Consumer Trends. Office for National Statistics

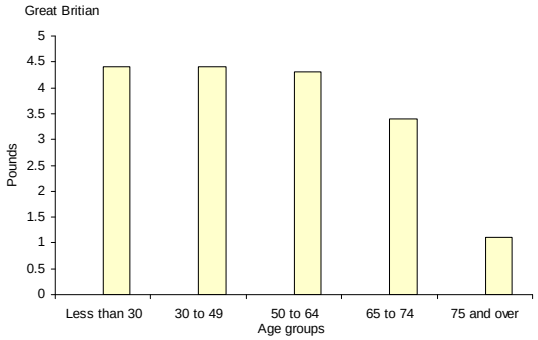
In 2010, UK households spent an estimated £17.7 billion on tobacco.

Family Spending: A report on the 2009 Living Costs and Food Survey – 2010 edition[10] reported that the average weekly household expenditure on cigarettes in Great Britain in 2009 was £3.80; slightly lower than the average spend of £3.90 in 2008[28]. It is estimated that a 29% of this is spent in large supermarkets (£1.10 per week), with the rest being spent in other outlets.

The relationship reported earlier in this chapter between age and smoking is reflected in these figures on household spending. For example, younger people (aged under 30 and aged 30 to 49), reported spending more on cigarettes than those in older age groups; £4.40 for those aged under 30 and those aged 30 to 49

compared with £1.10 spent by those aged 75 or over[10] (Figure 2.8).

Figure 2.8 Average weekly household expenditure on cigarettes by age of household reference person, 2009



Source: Family Spending 2010. Expenditure and Food Survey. Office for National Statistics.

Average weekly expenditure in Scotland was £4.90 per week in the period 2007 to 2009 compared with £3.70 in England.

Summary: Smoking patterns in adults and children

The data presented in this chapter have shown that the steady decline in smoking prevalence among adults, particularly among older age groups, is showing signs of stabilising. The overall decline appears to be due to the increase in the proportion of people who have never or occasionally smoked.

Prevalence of cigarette smoking continues to be higher among men than women in 2009 with 22% of men and 20% of women reporting smoking.

In 2009, an average number of 13.1 cigarettes were smoked each day by current smokers. This includes an average of 13.9 cigarettes for men and 12.4 for women.

Filter cigarettes continue to be the most popular type of cigarettes smoked, although there have been substantial increases in the numbers smoking hand-rolled tobacco since 1990.

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

Prevalence of smoking amongst people in the routine and manual socio-economic group continues to be greater than amongst those in the managerial and professional group. In fact, the proportion of people in the routine and manual socio-economic group that smoke is twice as high as those in the managerial and professional group.

Prevalence of smoking amongst adults was greater in Scotland than England and Wales. Smoking prevalence varies across the regions; for example among men the prevalence of current smokers was highest in the North West (24%) and London (26%).

More than a quarter of children, aged 11 to 15, have tried smoking at least once and 5% of children were regular smokers (smoking at least one cigarette a week) in 2010.

Girls were more likely to smoke than boys; 9% of girls have smoked in the last week compared to 6% of boys.

The proportion of 11 to 15 year olds who have ever smoked or who are regular smokers varies by region and is highest in the North East at 42% and 10% respectively and lowest in London at 31% and 5% respectively.

There was no significant difference in cigarette smoking prevalence in adults 16 and over pre and post introduction of the smokefree legislation on the 1st July 2007. However cotinine levels among current cigarette smokers and non-smokers aged 16 and over were significantly lower post 1st July 2007. Among non-smoking children aged 4-15, there was no significant change in cotinine levels or the proportion with detectable cotinine, immediately before and after the legislation.

In 2010, £17.7 billion was estimated to be spent on tobacco in the UK. The proportion of total household expenditure on tobacco has decreased since 1980, to 1.9% in 2010. In 2010, tobacco was 33% less affordable than in 1980.

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List of Tables

Table 2.1 Prevalence of cigarette smoking among adults[1], by age and gender, 1948[2], and 1980 to 2009

England Percentages

	Unweighted											Weighted													
	1948	1980	1982	1984	1986	1988	1990	1992	1994	1996	1998[3]	1998[3]	2000	2001	2002	2003	2004	2005[4]	2006[5]	2007[5]	2008[5]	2009[5]	*Weighted bases 2009(000s)*	*Unweighted bases 2009*[6]
All adults	**52**	**39**	**35**	**33**	**32**	**31**	**29**	**28**	**26**	**28**	**27**	**28**	**27**	**27**	**26**	**25**	**25**	**24**	**22**	**21**	**21**	**21**	***35,567***	***11,310***
16-19	..	33	31	30	31	28	31	26	28	29	31	31	30	28	25	25	26	25	20	22	23	27	*1,439*	*350*
20-24	..	42	39	37	40	37	39	38	40	39	41	40	36	37	38	36	33	32	31	32	32	28	*2,193*	*510*
25-34	..	45	38	37	36	35	35	34	32	35	34	35	35	34	34	34	31	31	29	26	27	25	*5,197*	*1,350*
35-49	..	43	38	36	35	35	33	29	29	30	30	31	29	29	28	30	29	27	25	23	23	24	*10,420*	*2,980*
50-59	..	44	40	39	34	33	27	27	26	27	26	27	26	25	25	24	24	24	22	21	21	20	*5,552*	*1,850*
60 and over	..	28	27	25	25	23	21	19	16	18	15	16	16	16	15	14	14	13	12	12	12	14	*10,766*	*4,260*
Men	**65**	**42**	**37**	**35**	**34**	**32**	**31**	**29**	**28**	**28**	**28**	**29**	**29**	**28**	**27**	**27**	**26**	**25**	**23**	**22**	**21**	**22**	***16,589***	***5,170***
16-19	..	33	31	28	30	28	28	29	28	25	30	30	30	24	22	26	25	23	20	23	19	27	*677*	*160*
20-24	..	44	39	39	41	37	39	39	42	43	42	40	36	39	38	38	37	34	34	34	30	25	*1,031*	*240*
25-34	..	47	40	39	37	37	37	35	34	38	37	38	39	38	36	37	34	33	33	29	29	27	*2,443*	*580*
35-49	..	45	39	38	37	36	34	31	31	30	32	33	31	31	29	31	31	29	26	25	25	27	*4,842*	*1,320*
50-59	..	45	41	38	34	32	27	27	26	27	26	27	27	25	26	25	25	25	23	22	23	21	*2,664*	*870*
60 and over	..	34	32	29	28	25	24	20	17	17	15	16	16	16	16	15	15	14	12	12	12	14	*4,933*	*1,990*
Women	**41**	**36**	**32**	**32**	**31**	**30**	**28**	**27**	**25**	**27**	**26**	**26**	**25**	**25**	**25**	**24**	**23**	**22**	**21**	**19**	**20**	**20**	**18,977**	**6,150**
16-19	..	32	31	31	31	27	33	24	28	32	33	33	28	31	28	24	26	27	21	21	27	27	*763*	*190*
20-24	..	40	39	35	38	37	39	37	38	37	40	40	35	35	38	34	30	29	29	30	33	31	*1,162*	*280*
25-34	..	43	36	35	35	33	34	32	30	33	33	32	32	30	33	31	28	29	26	23	25	23	*2,754*	*770*
35-49	..	41	37	35	33	34	32	28	28	30	28	28	27	27	27	28	28	25	24	22	22	22	*5,578*	*1,660*
50-59	..	42	38	40	34	33	27	28	26	26	26	27	26	24	24	22	23	23	21	20	20	19	*2,888*	*980*
60 and over	..	24	23	22	22	21	19	19	16	18	16	16	15	17	14	14	13	13	12	11	12	13	*5,832*	*2,270*

1. Aged 16 and over.
2. 1948 data relate to Great Britain.
3. Trend table shows unweighted and weighted figures for 1998 to give an indication of the effect of the weighting.
4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.
5. Results for 2006, 2007, 2008 & 2009 include longitudinal data (see Appendix A).
6.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Sources:
UK Smoking Statistics, Wald et al, 1991.
General Lifestyle Survey 2009. The Office for National Statistics.

Table 2.2 Cigarette smoking status among adults[1], by gender, 1982[2], and 1990 to 2009

England Percentages

	Unweighted						Weighted										
	1982	1990	1992	1994	1996	1998[3]	1998[3]	2000	2001	2002	2003	2004	2005[4]	2006[5]	2007[5]	2008[5]	2009[5]
All adults[6]																	
Current smoker	35	29	28	26	28	27	28	27	27	26	25	25	24	22	21	21	21
Ex-smoker	23	26	26	26	25	26	25	24	24	24	24	24	24	24	25	26	26
Never or only occasionally smoked	43	45	46	47	47	48	48	50	50	50	51	52	53	54	54	53	53
Men																	
Current smoker	37	31	29	28	28	28	29	29	28	27	27	26	25	23	22	21	22
Ex-smoker	31	32	33	32	32	31	29	27	27	28	27	28	27	27	29	30	29
Never or only occasionally smoked	32	37	39	40	40	41	42	44	45	45	46	46	48	49	49	48	49
Women																	
Current smoker	32	28	27	25	27	26	26	25	25	25	24	23	22	21	19	20	20
Ex-smoker	17	20	21	21	20	21	21	20	21	21	21	20	20	21	22	22	23
Never or only occasionally smoked	51	52	53	54	53	53	53	55	54	54	55	57	57	59	59	58	57
Weighted bases (000s)																	
All adults	.	.	.	.	.	.	*35,097*	*36,531*	*36,056*	*35,983*	*35,337*	*36,004*	*35,936*	*36,613*	*36,521*	*35,986*	*35,567*
Men	.	.	.	.	.	.	*16,566*	*17,583*	*17,206*	*16,806*	*16,686*	*16,855*	*16,834*	*17,162*	*17,122*	*16,734*	*16,589*
Women	.	.	.	.	.	.	*18,531*	*18,948*	*18,851*	*19,176*	*18,651*	*19,149*	*19,102*	*19,451*	*19,399*	*19,252*	*18,977*
Unweighted bases[7]																	
All adults	*16,660*	*15,000*	*15,660*	*14,450*	*13,380*	*12,300*	*12,300*	*12,150*	*13,290*	*12,810*	*15,010*	*12,720*	*18,610*	*14,290*	*13,330*	*12,490*	*11,310*
Men	*7,770*	*6,970*	*7,280*	*6,610*	*6,150*	*5,630*	*5,630*	*5,700*	*6,130*	*5,920*	*7,040*	*5,880*	*8,660*	*6,600*	*6,170*	*5,720*	*5,170*
Women	*8,890*	*8,040*	*8,380*	*7,840*	*7,230*	*6,670*	*6,670*	*6,450*	*7,160*	*6,900*	*7,970*	*6,830*	*9,950*	*7,690*	*7,150*	*6,770*	*6,150*

1. Aged 16 and over.
2. Detailed data for England for the years before 1982 are not readily available.
3. Trend table shows unweighted and weighted figures for 1998 to give an indication of the effect of the weighting.
4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.
5. Results for 2006, 2007, 2008 & 2009 include longitudinal data (see Appendix A).
6. 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.
7. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:
General Lifestyle Survey 2009. The Office for National Statistics.

Table 2.3 Average daily cigarette consumption by current smokers[1], by gender and socio-economic classification[2], 2009[3]

England Numbers

	Average number of cigarettes per day	*Weighted bases (000s)*	*Unweighted bases*[4]
All adults			
All classifications[5]	**13.1**	*7,379*	*2,197*
Managerial and professional	11.4	*2,169*	*634*
Intermediate	13.7	*1,170*	*346*
Routine and manual	14.0	*3,477*	*1,051*
Men			
All classifications[5]	**13.9**	*3,645*	*1,042*
Managerial and professional	11.7	*1,125*	*316*
Intermediate	14.1	*564*	*166*
Routine and manual	15.3	*1,668*	*487*
Women			
All classifications[5]	**12.4**	*3,733*	*1,155*
Managerial and professional	11.1	*1,045*	*318*
Intermediate	13.3	*606*	*180*
Routine and manual	12.8	*1,809*	*564*

1. Aged 16 and over.

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

3. Results for 2009 include longitudinal data (see Appendix A).

4. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

5. Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All classifications'. See Appendix A for further details. Note from this year 'All classifications' includes a small number of adults miscoded as children (under 16 years of age) or not available for interview. This is consistent with other socio-economic tables in this bulletin.

Source:

General Lifestyle Survey 2009. Office for National Statistics.

Table 2.4 Type of cigarette smoked by adults[1], by gender, 1984[2] and 1990 to 2009

England Percentages

	Unweighted						Weighted										
	1984	1990	1992	1994	1996	1998[3]	1998[3]	2000	2001	2002	2003	2004	2005[4]	2006[5]	2007[5]	2008[5]	2009[5]
All adults																	
Mainly filter	86	89	89	87	85	83	83	79	77	76	77	75	74	74	72	70	69
Mainly plain	4	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Mainly hand-rolled	10	10	10	12	14	16	17	21	22	23	23	24	25	26	27	29	30
Men																	
Mainly filter	77	80	80	77	76	74	74	69	68	66	68	65	65	65	64	61	61
Mainly plain	6	3	2	2	1	1	1	1	1	1	1	1	1	1	1	0	0
Mainly hand-rolled	17	18	18	21	23	25	25	30	32	33	31	34	34	34	36	39	39
Women																	
Mainly filter	94	97	97	96	93	91	91	89	87	86	86	85	83	82	80	78	77
Mainly plain	3	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0
Mainly hand-rolled	3	2	2	4	6	8	8	10	11	13	13	15	17	17	19	21	22
Weighted bases (000s)																	
All adults	.	.	.	.	.	.	*9,688*	*9,771*	*9,562*	*9,188*	*8,976*	*8,877*	*8,512*	*7,973*	*7,504*	*7,472*	*7,386*
Men	.	.	.	.	.	.	*4,820*	*5,024*	*4,826*	*4,468*	*4,552*	*4,427*	*4,216*	*3,986*	*3,771*	*3,574*	*3,642*
Women	.	.	.	.	.	.	*4,868*	*4,746*	*4,736*	*4,719*	*4,424*	*4,450*	*4,296*	*3,987*	*3,732*	*3,899*	*3,744*
Unweighted bases[6]																	
All adults	*5,170*	*4,420*	*4,330*	*3,820*	*3,700*	*3,280*	*3,280*	*3,160*	*3,410*	*3,180*	*3,700*	*3,060*	*4,230*	*2,940*	*2,560*	*2,400*	*2,200*
Men	*2,530*	*2,150*	*2,100*	*1,840*	*1,740*	*1,560*	*1,560*	*1,560*	*1,640*	*1,510*	*1,840*	*1,490*	*2,050*	*1,430*	*1,240*	*1,110*	*1,040*
Women	*2,640*	*2,270*	*2,230*	*1,970*	*1,960*	*1,720*	*1,720*	*1,600*	*1,770*	*1,670*	*1,860*	*1,570*	*2,170*	*1,510*	*1,320*	*1,290*	*1,160*

1. Adults aged 16 and over.
2. Detailed data for England for the years before 1984 are not readily available.
3. Trend table shows unweighted and weighted figures for 1998 to give an indication of the effect of the weighting.
4. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.
5. Results for 2006, 2007, 2008 & 2009 include longitudinal data (see Appendix A).
6. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:
General Lifestyle Survey 2009. Office for National Statistics.

Table 2.5 Type of cigarette smoked by adults[1], by gender and socio-economic classification[2], 2009[3]

England Percentages

	All classifications[4]	Managerial and Professional	Intermediate	Routine and manual
All Adults				
Mainly filter	69	76	73	65
Mainly plain	0	*	*	0
Mainly hand-rolled	30	24	26	34
Men				
Mainly filter	61	68	61	58
Mainly plain	0	*	*	*
Mainly hand-rolled	39	32	37	42
Women				
Mainly filter	77	84	85	72
Mainly plain	0	*	*	*
Mainly hand-rolled	22	16	15	28
Weighted bases (000s)				
All adults	*7,386*	*2,176*	*1,167*	*3,480*
Men	*3,642*	*1,127*	*561*	*1,665*
Women	*3,744*	*1,049*	*606*	*1,816*
Unweighted bases[5]				
All adults	*2,200*	*640*	*350*	*1,050*
Men	*1,040*	*320*	*170*	*490*
Women	*1,160*	*320*	*180*	*570*

1. Aged 16 and over.

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

3. Results for 2009 include longitudinal data (see Appendix A).

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

5. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

* Information is suppressed for low cell counts and sample sizes below 10 as a measure of disclosure control.

Source:
General Lifestyle Survey 2009. The Office for National Statistics.

Table 2.6 Cigarette smoking status among adults[1], by gender and marital status[2], 2009[3]

England Percentages

	Single	Married / cohabiting	Divorced / separated	Widowed
All adults				
Current cigarette smokers[4]	28	17	33	12
Light smokers (under 20 cigarettes per day)	22	13	22	9
Heavy smokers (20 or more cigarettes per day)	6	5	12	4
Ex-regular cigarette smokers	13	29	29	37
Never or occasionally smoked cigarettes	59	54	38	51
Men				
Current cigarette smokers[4]	28	18	39	13
Light smokers (under 20 cigarettes per day)	21	12	23	8
Heavy smokers (20 or more cigarettes per day)	7	6	16	5
Ex-regular cigarette smokers	13	34	26	53
Never or occasionally smoked cigarettes	59	48	35	34
Women				
Current cigarette smokers[4]	28	16	30	12
Light smokers (under 20 cigarettes per day)	22	13	21	9
Heavy smokers (20 or more cigarettes per day)	6	4	9	3
Ex-regular cigarette smokers	13	24	30	31
Never or occasionally smoked cigarettes	58	60	39	57
Weighted bases (000s)				
All adults	*7,588*	*22,564*	*3,040*	*2,745*
Men	*4,060*	*10,938*	*1,108*	*709*
Women	*3,528*	*11,626*	*1,932*	*2,036*
Unweighted bases[5]				
All adults	*1,990*	*7,550*	*970*	*920*
Men	*1,000*	*3,670*	*320*	*250*
Women	*990*	*3,880*	*640*	*680*

1. Aged 16 and over.

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

3. Results for 2009 include longitudinal data (see Appendix A).

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

5. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:
General Lifestyle Survey 2009. The Office for National Statistics.

Table 2.7 Prevalence of cigarette smoking among adults[1], by gender and socio-economic group[2] of household reference person[3],1992[4] to 2009

England Percentages

	Unweighted				Weighted												
	1992	1994	1996	1998[5]	1998[5]	2000	2001	2002	2003	2004	2005[6]	2006[7]	2007[7]	2008[7]	2009[7]	*Weighted bases 2009 (000s)*	*Unweighted bases 2009[8]*
All adults[9]																	
Total	28	26	28	27	28	27	27	26	25	25	24	22	21	21	21	*35,756*	*11,370*
Non-manual	23	21	22	21	22	23	21	20	21	20	19	17	16	16	16	*19,400*	*6,190*
Manual	33	32	34	32	33	31	32	31	31	30	29	28	25	27	26	*14,140*	*4,520*
Men[9]																	
Total	29	28	28	28	29	29	28	27	27	26	25	23	22	21	22	*16,765*	*5,220*
Non-manual	22	21	21	21	22	24	22	21	22	22	19	18	18	16	17	*8,908*	*2,770*
Manual	35	34	35	34	35	34	34	32	33	31	31	29	27	28	27	*6,852*	*2,160*
Women[9]																	
Total	27	25	27	26	26	25	25	25	24	23	22	21	19	20	20	*18,991*	*6,160*
Non-manual	23	21	22	21	22	22	20	20	20	19	18	16	16	16	15	*10,491*	*3,420*
Manual	30	30	33	31	31	29	31	30	29	28	28	27	24	26	25	*7,288*	*2,360*

1. Aged 16 and over.
2. From 2001 the National Statistics Socio-Economic Classification (NS-SEC) was introduced for all official statistics and surveys. It replaces Social Class based on occupation and Socio-Economic Group (SEG). Information on NS-SEC is presented in tables 2.8 and 2.9 of this report.
3. Head of household in years before 2000.
4. Figures for 1992 to 1996 are taken from Department of Health bulletin Statistics on Smoking: England, 1978 onwards. Figures for 2001 to 2005 are based on the NS-SEC classification recoded to produce SEG and should therefore be treated with caution.
5. Trend table shows unweighted and weighted figures for 1998 to give an indication of the effect of the weighting.
6. 2005 data includes last quarter of 2004/05 data due to survey change from financial year to calendar year.
7. Results for 2006, 2007, 2008 & 2009 include longitudinal data (see Appendix A).
8. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.
9. Respondents whose 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 are not shown as separate categories but are included in the total.

Source:
General Lifestyle Survey 2009. Office for National Statistics.

Table 2.8 Cigarette smoking status, among adults[1] by socio-economic classification[2], 2009[3]

England Percentages

	All classifications[4]	Managerial and professional	Intermediate	Routine and manual
All adults				
Current cigarette smokers[5]	21	14	19	28
Light smokers (under 20 cigarettes per day)	15	12	13	20
Heavy smokers (20 or more cigarettes per day)	6	3	6	8
Ex-regular cigarette smokers	26	26	26	26
Never or occasionally smoked cigarettes	53	59	55	46
Men				
Current cigarette smokers[5]	22	15	20	29
Light smokers (under 20 cigarettes per day)	15	12	13	19
Heavy smokers (20 or more cigarettes per day)	7	3	7	10
Ex-regular cigarette smokers	29	30	30	29
Never or occasionally smoked cigarettes	49	55	50	42
Women				
Current cigarette smokers[5]	20	14	18	27
Light smokers (under 20 cigarettes per day)	15	11	12	21
Heavy smokers (20 or more cigarettes per day)	5	3	5	6
Ex-regular cigarette smokers	23	23	23	24
Never or occasionally smoked cigarettes	57	63	59	49
Weighted bases (000s)				
All adults	*35,937*	*14,987*	*6,216*	*12,444*
Men	*16,816*	*7,298*	*2,761*	*5,725*
Women	*19,121*	*7,689*	*3,455*	*6,719*
Unweighted bases[6]				
All adults	*11,430*	*4,760*	*1,980*	*3,980*
Men	*5,230*	*2,270*	*860*	*1,810*
Women	*6,190*	*2,490*	*1,120*	*2,180*

1. Aged 16 and over.

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

3. Results for 2009 include longitudinal data (see Appendix A).

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

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

6. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Note there are some small discrepancies between the figures in this table (produced by the NHS Information Centre) and the figures for Table 2.9 (sourced directly from the General Lifestyle Survey). This is due to differences in the way a small number of adults miscoded as children (under 16 years of age) or not available for interview are handled in the analyses. See Appendix A for further information.

Source:
General Lifestyle Survey 2009. The Office for National Statistics.

Table 2.9 Prevalence of cigarette smoking among adults[1], by gender and socio-economic classification[2,3], 2001 to 2009

England Percentages

	2001	2002	2003	2004	2005[4]	2006[5]	2007[5]	2008[5]	2009[5]	*Weighted bases 2009 (000s)*	*Unweighted bases 2009*[6]
All adults											
All classifications[7]	27	26	25	25	24	22	21	21	21	*35,796*	*11,380*
Managerial and professional	19	19	18	19	17	15	15	14	15	*14,987*	*4,760*
Intermediate	27	26	26	24	23	21	20	21	19	*6,216*	*1,980*
Routine and manual	33	31	32	31	31	29	26	29	28	*12,444*	*3,980*
Men											
All classifications[7]	28	27	27	26	25	23	22	21	22	*16,777*	*5,220*
Managerial and professional	21	20	20	20	18	17	16	15	15	*7,298*	*2,270*
Intermediate	29	27	28	26	24	22	21	21	20	*2,761*	*860*
Routine and manual	34	32	34	32	32	32	28	31	29	*5,725*	*1,810*
Women											
All classifications[7]	25	25	24	23	22	21	19	20	20	*19,019*	*6,160*
Managerial and professional	17	17	17	17	16	14	14	14	14	*7,689*	*2,490*
Intermediate	26	25	24	22	22	20	18	21	18	*3,455*	*1,120*
Routine and manual	31	31	30	30	29	28	24	27	27	*6,719*	*2,180*

1. Aged 16 and over.

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

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

4. 2005 data includes last quarter of 2004/5 data due to survey change from financial year to calendar year.

5. Results for 2006, 2007, 2008 & 2009 include longitudinal data (see Appendix A).

6. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

7. Respondents whose 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. See Appendix A for further details.

Note there are some small discrepancies between the figures in this table (sourced directly from the General Lifestyle Survey) and the figures in Table 2.8 (produced by the NHS Information Centre). This is due to differences in the way a small number of adults miscoded as children (under 16 years of age) or not available for interview are handled in the analyses. See Appendix A for further information.

Source:
General Lifestyle Survey 2009. Office for National Statistics

Table 2.10 Cigarette smoking status[1] by gender, country and Government Office Region of England, 2009

Great Britain

Percentages

		Current smokers				Non-smokers		*Weighted bases 2009 (000s)*	*Unweighted base 2009*[2]
		Heavy (20 or more per day)	Moderate (10-19 per day)	Light (fewer than 10 per day)	All current smokers	Ex-regular cigarette smokers	Never or only occasionally smoked cigarettes		
All adults									
	England	6	8	7	21	26	53	*35,937*	*11,430*
A	North East	10	8	3	22	26	53	*1,627*	*580*
B	North West	7	9	7	23	27	50	*5,261*	*1,580*
D	Yorkshire and the Humber	6	10	6	22	24	53	*3,664*	*1,300*
E	East Midlands	5	9	5	19	24	57	*3,313*	*1,170*
F	West Midlands	6	9	7	22	26	52	*3,812*	*1,160*
G	East of England	4	7	7	19	27	54	*4,139*	*1,400*
H	London	6	8	8	22	23	55	*4,822*	*1,160*
J	South East	5	8	6	19	27	54	*5,999*	*1,830*
K	South West	4	7	6	18	29	53	*3,300*	*1,240*
	Wales	7	11	5	23	23	54	*2,198*	*800*
	Scotland	7	11	6	25	20	55	*3,731*	*1,220*
Men									
	England	7	8	7	22	29	49	*16,816*	*5,230*
A	North East	10	8	2	20	29	51	*702*	*250*
B	North West	8	8	7	24	30	46	*2,584*	*750*
D	Yorkshire and the Humber	7	9	6	23	27	50	*1,732*	*600*
E	East Midlands	6	8	5	19	28	53	*1,589*	*550*
F	West Midlands	7	8	6	22	29	49	*1,754*	*530*
G	East of England	5	8	7	20	31	50	*1,980*	*660*
H	London	6	8	12	26	24	50	*2,199*	*520*
J	South East	6	8	6	21	31	49	*2,803*	*840*
K	South West	6	7	6	19	33	48	*1,472*	*540*
	Wales	7	10	4	21	25	54	*1,035*	*370*
	Scotland	8	10	6	25	24	51	*1,751*	*550*
Women									
	England	5	8	6	20	23	57	*19,121*	*6,190*
A	North East	10	9	4	23	23	54	*925*	*330*
B	North West	6	9	7	22	23	55	*2,677*	*840*
D	Yorkshire and the Humber	5	11	6	22	21	57	*1,931*	*700*
E	East Midlands	4	9	5	18	21	61	*1,724*	*620*
F	West Midlands	5	9	7	21	24	55	*2,058*	*630*
G	East of England	3	7	8	18	24	58	*2,160*	*740*
H	London	5	8	6	19	22	59	*2,622*	*640*
J	South East	4	8	6	18	23	58	*3,196*	*990*
K	South West	3	7	6	17	27	57	*1,828*	*700*
	Wales	7	11	6	24	21	55	*1,162*	*430*
	Scotland	7	12	5	24	17	59	*1,980*	*670*

1. Aged 16 and over.
2. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:
General Lifestyle Survey 2009. The Office for National Statistics.

Table 2.11. Quantities of tobacco released for home consumption, by type of tobacco product, 1996 to 2010[1]

United Kingdom Numbers

	Cigarettes (million sticks)		Other Tobacco Products (000 kg)		
	Home Produced	Imported	Cigars	HRT[2]	Other[3]
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[4]	28,166	6,006	963	2,028	679
2000	49,341	7,304	1,061	2,154	796
2001	47,689	6,828	1,019	2,825	750
2002	49,574	6,514	969	2,864	688
2003	49,096	4,856	902	2,893	589
2004	48,166	4,454	826	3,052	549
2005	45,922	4,322	758	3,189	499
2006	44,392	4,570	689	3,454	439
2007	41,955	3,794	602	3,644	398
2008	42,053	3,680	546	4,154	381
2009	43,989	3,586	534	5,084	397
2010	41,420	3,815	488	5,376	380

1. Releases of cigarettes and other tobacco products tend to be higher in the period before a Budget. Products may then be stocked, duty paid, before being sold.

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).

Table 2.12 Indices of tobacco price, retail prices, relative tobacco price, real households' disposable income and affordability[1] of tobacco, United Kingdom, 1980 to 2010

United Kingdom Indices (1980 = 100)

Year	Tobacco price index[2]	Retail price index (all items)[2]	Tobacco price index relative to retail price index (all items)	Real households' disposable income (original)[2]	Real households' disposable income (revised)[3,4]	Affordability of tobacco index (original)[2]	Affordability of tobacco index (revised)[3]
1980	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1981	123.5	111.9	110.4	99.8	99.2	90.4	89.9
1982	142.5	121.5	117.3	99.9	98.8	85.2	84.3
1983	152.0	127.1	119.6	102.0	100.2	85.3	83.8
1984	168.6	133.4	126.4	105.9	103.2	83.8	81.7
1985	183.5	141.5	129.7	109.6	106.0	84.5	81.8
1986	201.6	146.3	137.8	114.3	109.9	82.9	79.8
1987	208.0	152.4	136.5	116.1	111.1	85.1	81.4
1988	214.9	159.9	134.4	122.7	116.8	91.3	86.9
1989	221.1	172.3	128.3	128.6	121.8	100.2	94.9
1990	236.1	188.6	125.1	134.4	126.8	107.4	101.3
1991	270.0	199.7	135.2	137.0	128.7	101.4	95.2
1992	299.7	207.2	144.6	140.7	131.9	97.3	91.2
1993	325.0	210.5	154.4	145.0	135.7	93.9	87.9
1994	349.6	215.6	162.2	147.0	137.4	90.7	84.7
1995	373.0	223.1	167.2	150.8	140.7	90.2	84.2
1996	398.0	228.4	174.2	155.5	144.8	89.2	83.1
1997	427.3	235.6	181.3	162.0	150.5	89.3	83.0
1998	464.1	243.7	190.4	165.4	153.0	86.8	80.3
1999	517.3	247.4	209.0	170.1	156.6	81.4	74.9
2000	562.0	254.8	220.6	177.3	162.3	80.4	73.6
2001	592.5	259.3	228.5	185.1	168.5	81.0	73.7
2002	610.4	263.6	231.6	188.9	171.0	81.6	73.8
2003	632.0	271.2	233.0	194.6	175.0	83.5	75.1
2004	654.6	279.3	234.4	196.6	175.6	83.9	74.9
2005	683.1	287.2	237.8	200.6	177.4	84.3	74.6
2006	713.7	296.4	240.8	203.6	178.6	84.6	74.2
2007	751.5	309.1	243.1	204.5	177.8	84.1	73.1
2008	784.7	321.3	244.2	206.8	178.4	84.7	73.0
2009	815.9	319.7	255.2	209.2	178.9	82.0	70.1
2010	878.3	334.5	262.6	207.5	175.9	79.0	67.0

1. See Appendix A for affordability calculations.

2. These figures have been revised since previous editions of this report

3. An important adjustment has been introduced for the first time in 'Statistics on Smoking England, 2011' so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income per capita. The adjusted RHDI index was then carried forward to produce an adjusted affordability of tobacco index. Both the unadjusted RHDI index and the unadjusted affordability of tobacco index (as used in 'Statistics on Smoking: England 2010' and prior publications) are presented alongside the revised indices for comparability purposes.
year.

Sources:

Tobacco price and Retail Price (all items) Indices: derived from Focus on Consumer Price Indices: tables 4.1 and 4.10 (Codes CBAB, CHBE, CHAW), July 2010. The Office for National Statistics.

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

Final Mid-Year Population Estimates (2001 census based). The Office for National Statistics.

Table 2.13 Household expenditure[1] on tobacco at current prices, 1980 to 2010

United Kingdom £ million at current prices / Percentages

	Household expenditure on tobacco[2]	Total household expenditure[2]	Expenditure on tobacco as a percentage of expenditure
1980	4,821	133,174	3.6
1981	5,515	148,052	3.7
1982	5,881	162,228	3.6
1983	6,209	178,027	3.5
1984	6,622	191,390	3.5
1985	7,006	209,382	3.3
1986	7,485	232,095	3.2
1987	7,665	255,361	3.0
1988	7,936	288,346	2.8
1989	8,170	315,822	2.6
1990	8,649	343,041	2.5
1991	9,648	364,586	2.6
1992	10,280	384,131	2.7
1993	10,759	406,808	2.6
1994	10,933	426,710	2.6
1995	11,519	448,720	2.6
1996	12,265	482,041	2.5
1997	12,648	512,482	2.5
1998	13,363	546,887	2.4
1999	14,292	582,371	2.5
2000	14,222	616,559	2.3
2001	14,458	647,777	2.2
2002	14,622	680,964	2.1
2003	15,266	714,605	2.1
2004	15,305	749,867	2.0
2005	15,377	784,140	2.0
2006	15,649	819,610	1.9
2007	15,653	861,695	1.8
2008	15,650	892,194	1.8
2009	16,356	874,380	1.9
2010	17,668	918,458	1.9

1. Figures include estimates for smuggled goods.

2. A number of historic figures which form both the household expenditure on tobacco and the total household expenditure series have been revised since the publication of Statistics on Smoking 2010. The figures presented in this table are consistent with those published in the Office for National Statistics (ONS) publication Consumer Trends 2010 Q4 on 21 March 2011.

Sources:

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

Real Households' Disposable Income: Economic and Labour Market Review (Table 2.5: code NRJR). Office for National Statistics.

3 Behaviour and attitudes to smoking

3.1 Introduction

This chapter presents information from a number of sources about both adults' and children's behaviour and attitudes towards smoking.

Data on adults' smoking behaviour and attitudes are taken from the Office for National Statistics (ONS) Omnibus Survey. This report is not currently being continued. The latest report is *Smoking-related Behaviour and Attitudes, 2008/09*[1]. This survey was carried out during September and November 2008 and February and March 2009 and sampled adults aged 16 and over living in private households in Great Britain. The report presents results on smoking behaviour and habits, views and experiences of giving up smoking, awareness of health issues linked with smoking and attitudes towards smoking.

A further source of data on attitudes to smoking in adults is the General Lifestyle Survey (GLF), formerly known as the General Household Survey (GHS), published by the Office for National Statistics (ONS). This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GLF report *Smoking and Drinking among adults, 2009*[2] (GLF 2009) is based on the survey which ran from January to December 2009. A wide range of topics are covered in the GLF to provide a comprehensive picture of how we live and the social change we experience. Each year questions are asked about adults' smoking habits. Figures on smoking published in GLF 2009 nearly always relate to Great Britain; these differ from those shown in this bulletin, which unless otherwise stated are for England obtained by performing additional analyses on the GLF dataset.

This chapter also includes information on the number of people using the NHS Stop Smoking Services. This includes the number setting a quit date and of those, how many successfully quit. This information is taken from the most recent report, *Statistics on NHS Stop Smoking Services: England, April 2010 to March 2011*[3] published by the NHS Information Centre.

Children's attitudes towards smoking are taken from the report *Smoking, drinking and drug use among young people in England in 2010*[4] (SDD 2010) based on the 2010 Smoking, drinking and drug use survey (SDD). Since 1998, SDD has included a core section of questions on smoking, drinking and drug use among children in secondary schools. From 2000, the remainder of the questionnaire has focused in alternate years on either smoking and drinking, or on drug use. The emphasis of the 2010 survey is smoking and drinking; the focus of 2009 survey was drug use.

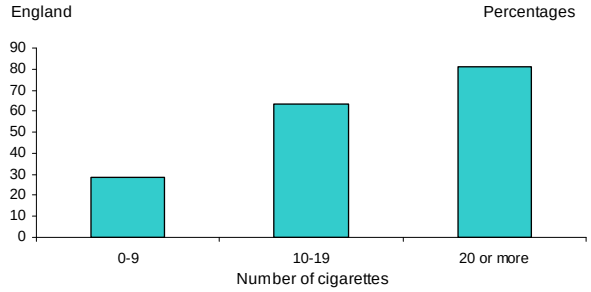
3.2 Adults' behaviour and attitudes to smoking

3.2.1 Dependence on cigarette smoking

In order to estimate people's dependence on cigarettes, the 2009 GLF asked respondents questions on whether they would find it easy or difficult not to smoke for a whole day and how soon after waking they smoke their first cigarette.

In 2009, 57% of smokers in England thought they would find it difficult to go without smoking for a day. Unsurprisingly, heavy smokers (those who smoke 20 or more cigarettes a day) were more likely to say they would find it difficult not to smoke for a day than light smokers (those who smoked less than 10 cigarettes a day) (81% and 28% respectively) (Table 3.1 & Figure 3.1).

Figure 3.1 Proportion of smokers who would find it difficult to go without smoking for a day by number of cigarettes smoked a day, 2009



Source: General Lifestyle Survey, 2009. Office for National Statistics

Differences were also reported between socio-economic groups. Smokers in routine and manual groups were more likely to say they would find it difficult to go without smoking for a whole day than those in managerial and professional occupations (61% and 50% respectively). However, for those who smoked 20 or more cigarettes a day, there was less of a difference between the socio-economic groups in the proportion who would find it difficult to go without smoking for a day (83% and 78%). (Table 3.1).

Overall, 14% of smokers reported having their first cigarette within five minutes of waking. Heavy smokers were more likely to smoke within five minutes of waking than light smokers (31% and 3% respectively). Smokers in managerial and professional occupations were less likely than smokers in routine and manual occupations to smoke within five minutes of waking (10% and 17% respectively) (Table 3.2).

3.2.2 Wanting to stop smoking

The information below is sourced from the Office for National Statistics (ONS) Omnibus Survey, *Smoking-related Behaviour and Attitudes 2008/09*[1]. This report was last produced in 2008/09 and published in 2009. This is currently not being continued, therefore at the time of this publication there is no new information to add from this report.

An earlier version of this smoking compendium report, *Statistics on Smoking: England, 2009*[5] published by the NHS Information Centre presented detailed summary information of the 2008/09 Omnibus Survey (for Great Britain). As this is still the latest information available, it is provided again below.

In 2008/09, the Omnibus Survey found that 67% of current smokers in Great Britain reported that they wanted to give up smoking; this is lower than in 2007 when 74% of smokers wanted to give up. There were no statistically significant differences in the percentage of men and women smokers who reported wanting to stop smoking (Table 3.3).

Two-thirds of current smokers reported wanting to give up smoking

Those who reported wanting to give up smoking were also asked why they wanted to do so and up to three of their answers were recorded. Eighty three per cent of respondents gave at least one health reason for wanting to give up smoking. Financial reasons were the second most common answer (31%), followed by harms children (22%) and family pressure (16%) (Table 3.4).

3.2.3 Attempts at stopping smoking

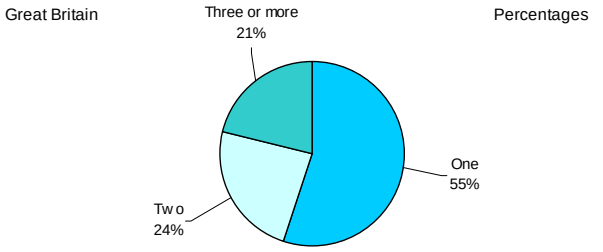
In 2008/09, 75% of current smokers in Great Britain reported having tried to give up smoking at some point in the past, a percentage that has remained similar over recent years. There was no significant difference between the proportion of men and women who have tried to stop smoking (Table 3.5).

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

The percentage of smokers who had made an attempt to quit smoking in the 12 months before they were interviewed increased from 22% in 2000 to 31% in 2007, then fell to 26% in 2008/09 (Table 3.6).

Smokers who had tried to give up smoking in 2008/09 were asked how many attempts they had made. Fifty five per cent reported making one quit attempt and 21% reported making three or more quit attempts[1] (Figure 3.2).

Figure 3.2 Number of attempts to give up smoking in the last year, 2008/09



Source: Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Smokers who had previously quit were also asked how long they had given up for on the last occasion before returning to smoking. Just over a fifth (22%) had quit for a week, while 29% had been successful for six months or more. Only 8% had quit for two years or more (Table 3.7).

Smokers who had stopped smoking for at least one day in the last year were asked why they had started to smoke again. Thirty eight per cent said they had started again because they had found life too stressful. The other most common reasons given by respondents were I like smoking (20%), my friends smoke (18%), that they missed the habit (12%) and couldn't cope with the cravings (12%) (Table 3.8).

In 2008/09, 43% of all current smokers had sought some kind of help or advice for stopping smoking in the last year. The most popular method used was reading leaflets/booklets on how to stop (33%). Other methods included asking a doctor or other health professional for help (15%), being referred/self-referred to a stop smoking group (8%) or calling a smokers' telephone helpline (4%). Nearly a quarter (23%) had used Nicotine Replacement Therapy (NRT) or another prescribed drug such as Varenicline or Bupropion to help them stop (Table 3.9).

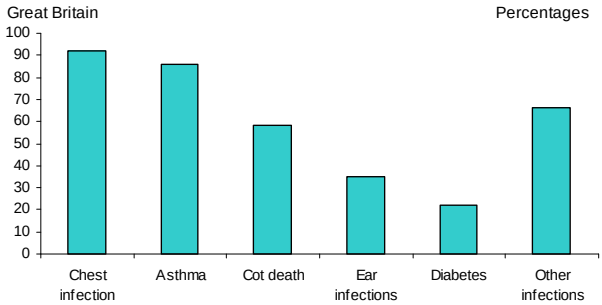
43% of all current smokers sought help or advice for stopping smoking in 2008/09

3.2.4 Health risk awareness

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

People appeared to be most aware of the effect of living with a smoker on a child's risk of chest infections and asthma (92% and 86% respectively). Respondents were less likely to be aware of the risks associated with cot deaths (58%), ear infections (35%) and diabetes (22%) (Table 3.10, Figure 3.3).

Figure 3.3 Percentage that agree that second-hand smoke increases a child's risk of certain medical conditions, 2008/09



Source: Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics

3.2.5 Non-smoker attitudes

Table 3.11 shows that in 2008/09, 62% of non-smokers said that they would mind if other people smoked near them, similar to results in 2007 (59%).

Women who did not smoke were more likely to mind others smoking near them than men who did not smoke (64% compared with 59%). Those who have never smoked regularly were more likely to mind people smoking near them than ex-regular smokers (67% and 53% respectively) (Table 3.12).

The main reasons why non-smokers said they would mind if people smoked near to them were the unpleasant smell of cigarette smoke (65%), the residual smell of smoke on clothing (53%) and the health effect of second-hand smoke (51%) (Table 3.13).

3.2.6 Smokers' behaviour

Since 2006, respondents to the Omnibus Survey have been asked about the extent to which smoking was allowed inside their homes. The majority of respondents in 2008/09 said that smoking is not allowed at all inside their homes (69%), an increase from 61% in 2006[6]. A fifth (20%) said that smoking is allowed in some rooms or at certain times and only 10% said that smoking is allowed anywhere.

69% of adults report that they do not allow smoking at all in their home

Heavy smokers were the least likely to say that smoking was not allowed at all in their homes (21%) compared with 38% of light smokers, ex-smokers (78%) and those who have never smoked (81%) (Table 3.14).

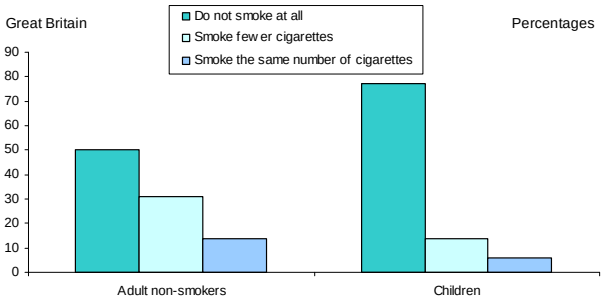
Respondents in managerial and professional or intermediate occupations were more likely than those in routine and manual occupations, to report that they did not allow smoking anywhere (80% and 69% compared with 62% respectively). People who were living in a household with children were more likely to say that they did not allow smoking anywhere (75% compared with 67% living with no children) (Table 3.15).

Those who were aware of the potential harm to children and non-smoking adults of second-hand smoke were more likely than others to say that smoking was not allowed at all in their home. For example, 74% of people who were aware of the effect of second-hand smoke on a child's risk of asthma did not allow smoking at all in their home compared with 42% of those who believed that it did not increase the risk (Table 3.16)

Smokers were also asked if they altered their smoking behaviour when in the company of non-smoking adults or children. As with previous years, the majority of smokers (81%) said that they modified their smoking behaviour when in the presence of non-smoking adults, with half (50%) saying they did not smoke at all and 31% reporting that they tended to smoke fewer cigarettes.

In the presence of children, smokers were more likely to alter their behaviour than in the presence of non-smoking adults. In 2008/09, just over nine in ten (91%) smokers reported modifying their smoking behaviour when a child was present. The percentage of smokers who reported that they would not smoke at all in front of children has increased since 1997 from 54% to 77% in 2008/09 (Table 3.17, Figure 3.4).

Figure 3.4 Smokers' behaviour in the company of adult non-smokers and children, 2008/09



Source: Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics

3.2.7 Views on smoking restrictions

New legislation was introduced making enclosed public places smoke-free from March 2006 in Scotland, from April 2007 in Wales and from July 2007 in England. The Omnibus survey questions from previous years asking respondents whether they thought there should be restrictions on smoking in certain places were therefore reworded to reflect this change and hence the results from 2007 are not comparable with those prior to this year.

In 2008/09, the vast majority of respondents agreed that smoking should be restricted in certain places; 94% thought there should be smoking restrictions in indoor sports and leisure centres, 93% in restaurants, 91% in

indoor shopping centres and 85% at work or in railway and bus stations.

Current smokers were less likely to agree that there should be restrictions than ex-smokers and those who had never smoked. For example, 93% of those who have never smoked regularly agreed with the restrictions at work, compared with 87% of ex-smokers and 65% of current smokers. Heavy smokers were also more likely to disagree with the restrictions than lighter smokers (Table 3.18).

Overall, 81% of people agreed with the smoking ban (with 60% strongly agreeing and 21% agreeing), while 13% disagreed and 6% neither agreed nor disagreed. Overall, men were less likely to agree with the legislation (79% compared with 83% in women) and were less likely to strongly agree (57% compared with 63% respectively). There were no statistically significant differences between those in different age groups (Table 3.19).

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

3.2.8 NHS Stop Smoking Services

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

Table 2.2 of *Statistics on NHS Stop Smoking Services: England, April 2010 to March 2011*[3] shows that there were 787,527 quit attempts in England through NHS Stop Smoking Services in 2010/11. At the four week follow up 383,548 (49%) of these quit attempts were successful.

3.3 Children's behaviour and attitudes to smoking

3.3.1 Children's dependence on smoking

The *Smoking, drinking and drug use among young people in England in 2010*[4] report (SDD 2010) focussed on smoking and drinking. In addition to the core questions on smoking, there were also a series of questions designed to estimate children's dependence on cigarettes by asking whether those who smoked thought they would find it difficult to stop smoking, whether they would like to give up smoking and whether they have tried to give up.

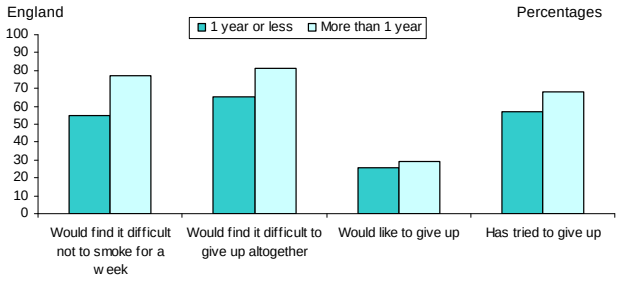
Findings from SDD 2010 showed that children's dependence on smoking was related to the length of time spent as a regular smoker (defined as those who smoke at least one cigarette a week). Of those pupils who were regular smokers and had been smoking for over a year, 77% reported that they would find it difficult not to smoke for a week, compared with 55% of those regular smokers who had been smoking for one year or less. Similarly, 81% of regular smokers who had been smoking for over a year would find it difficult to give up altogether, compared with 65% of those who had smoked for one year or less.

81% of pupils who had been smoking for over year felt it would be difficult for them to give up smoking

Almost two thirds (63%) of pupils who were regular smokers had tried to give up smoking and 27% reported that they wanted to give up. These were smaller proportions than reported by adults. Among pupils who had smoked regularly for more than a year, 68% had tried to give up smoking compared with 57% of those who had smoked for less time. Similarly, those who had smoked for over a year were more likely to want to give up than those who had smoked for one year or less

(29% and 26% respectively) (Table 3.20, Figure 3.5).

Figure 3.5 Perceived dependency on smoking, by length of time as a regular smoker, 2010



Source: Smoking, Drinking and Drug use among Young People in England in 2010. The NHS Information Centre

3.3.2 Help on giving up

Pupils who had tried to give up smoking, and those who smoked in the past, were asked whether they had made use of different types of help to give up smoking. Most had not tried any of the methods asked about. Twenty per cent reported consulting friends or family for advice and 9% reported using nicotine replacement products. Asking an adult at school for advice, phoning an NHS smoking helpline, using NHS Stop Smoking Services and visiting a family doctor for advice were all less frequently reported methods of trying to stop smoking (Table 3.21).

3.3.3 Children's attitudes towards smoking

When asked about their beliefs about smoking, the majority of pupils reported strong agreement with the negative effects of smoking. Almost all the pupils thought smoking can cause lung cancer (99%), makes your clothes smell (97%), harms unborn babies (97%), can harm non-smokers health (96%) and can cause heart disease (93%).

99% of pupils believe smoking causes lung cancer

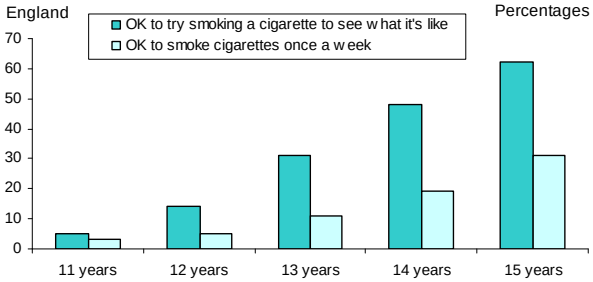
In 2008, the latest year for which figures are available, some pupils did report some positive aspects to smoking. Two-thirds (67%) thought smoking helps people relax if they feel nervous, 23% thought that smokers stay slimmer than non-smokers and 21% thought smoking gives people confidence. Boys were more likely than girls to believe that smoking makes people worse at sports (86% compared to 80%) (Table 3.22).

In 2010, pupils were also asked whether they thought it was 'OK' for someone their age to try cigarettes to see what it is like or to smoke cigarettes once a week.

Since 1999, there has been a steady decrease in the proportion of pupils who thought it was OK to try smoking to see what it was like (54% in 1999 to 35% in 2010). Pupils were also less likely to think that it was OK to smoke cigarettes once a week; 15% in 2010, down from 25% in 2003 (when this question was first asked) (Table 3.23).

The acceptability of smoking increased with age, as shown in Figure 3.6. For example, 5% of 11 year olds thought it was OK to try smoking to see what it was like, compared with 62% of 15 year olds.

Figure 3.6 Attitudes to smoking among secondary school children by age, 2010



Source: Smoking, Drinking and Drug use among Young People in England in 2010. The NHS Information Centre

Girls were more likely than boys to think it was OK to try smoking to see what it was like (37% and 32% respectively), although there was little to separate those who thought it OK to smoke once a week (16% for girls and 15% for boys) (Table 3.24).

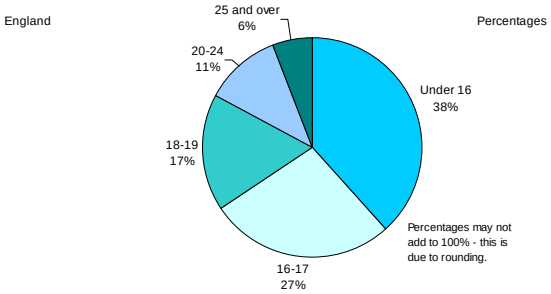
3.4 Age started smoking

The *Smoking Kills*[7] white paper introduced by the then government in 1998 noted that people who started smoking at an early age are more likely than other smokers to smoke for a long period of time and are more likely to die prematurely from a smoking-related disease.

65% of smokers started smoking before they were 18

Table 3.25 shows data from the GLF 2009 report, demonstrating that in England 65% of current smokers or those who had smoked regularly at some point in their life started smoking before they were aged 18. Thirty eight per cent reported that they started smoking regularly before they were aged 16, which was until 2007, the lowest age person to whom cigarettes could legally be sold (Figure 3.7).

Figure 3.7 Age at which adults started smoking regularly, 2009



Source: General Lifestyle Survey 2009. Office for National Statistics.

The proportion of men who started smoking before they were 16 was 40% compared with 37% of women.

There was an association between the age of starting to smoke regularly and socio-economic classification based on the current or last job of the household reference person. Those in routine and manual households were more likely to have started smoking before they were 16 than those in managerial and professional households (46% and 32% respectively) (Table 3.25).

Summary: Behaviour and attitudes to smoking

Adults' behaviour and attitudes to smoking

In 2009, 57% of smokers in England thought they would find it difficult to go without smoking for a day. Heavier smokers were more likely to say this than lighter smokers. Smokers in routine and manual occupations were more likely to say they would find it difficult to go without smoking for a day than those in managerial and professional occupations.

There is a large percentage of smokers in Great Britain who say they want to stop smoking and who have tried to give up in the past. Awareness of the adverse effects of smoking on health was relatively widespread. Overall, in 2008/09, two-thirds of smokers said that they wanted to give up smoking, mostly for health reasons.

In 2008/09 three quarters of current smokers reported trying to stop smoking at some point in the past, with around a quarter reporting making a quit attempt in the last year.

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

Sixty two per cent of non-smokers reported that they would mind people smoking near them. The most frequently reported reasons for this were the smell of cigarette smoke, the smell on clothing and the health impact of second-hand smoking.

Sixty nine per cent of people reported that smoking is not allowed inside their homes. The majority of smokers reported altering their smoking behaviour around children and non-smoking adults.

The majority of respondents agreed with the restrictions on smoking in public places, including 93% agreeing with restrictions in restaurants and 85% agreeing with restrictions at work. Eight in ten people agreed with smokefree legislation.

In 2010/11, there were 787,527 quit attempts in England through NHS Stop Smoking Services. At the four week follow up 383,548 (49%) of these quit attempts were successful.

Almost two thirds (65%) of current and ex-smokers who had smoked regularly at some point in their lives started smoking before they were 18.

Children's behaviour and attitudes to smoking

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

In 2010, 29%of those who had smoked for over a year said they would like to give up. This compares with two-thirds of adult smokers in 2009 Almost all pupils believed that smoking can cause lung cancer, that it makes clothes smell and can harm non-smokers health. Two-thirds believed that smoking helps people relax.

There has been a decrease over time in the proportion of pupils who think it is OK to try smoking or that it is OK to smoke once a week. The acceptability of smoking increases with age and girls are more likely than boys to think it is OK to smoke.

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List of Tables

Table 3.1 Percentage of smokers[1] who would find it difficult to go without smoking for a day by gender, socio-economic classification[2] and number of cigarettes smoked a day, 2009[3]

England Percentages

	All classifications[4]	Managerial and professional	Intermediate	Routine and manual
All adults[5]	**57**	**50**	**58**	**61**
0-9	28	28	28	30
10-19	63	58	62	67
20 or more	81	78	80	83
Men[5]	**55**	**47**	**58**	**60**
0-9	29	31	29	30
10-19	59	49	59	65
20 or more	78	75	82	78
Women[5]	**58**	**53**	**58**	**62**
0-9	27	24	27	30
10-19	67	68	64	69
20 or more	85	80	79	89
Weighted bases (000s)				
All adults[5]	*7,378*	*2,174*	*1,166*	*3,475*
0-9	*2,382*	*860*	*355*	*996*
10-19	*2,980*	*887*	*430*	*1,448*
20 or more	*2,000*	*420*	*381*	*1,022*
Men[5]	*3,638*	*1,127*	*560*	*1,662*
0-9	*1,161*	*437*	*173*	*466*
10-19	*1,365*	*467*	*192*	*601*
20 or more	*1,107*	*221*	*195*	*592*
Women[5]	*3,740*	*1,047*	*606*	*1,813*
0-9	*1,221*	*423*	*182*	*531*
10-19	*1,615*	*420*	*238*	*846*
20 or more	*892*	*200*	*186*	*430*
Unweighted bases[6]				
All adults[5]	*2,200*	*640*	*350*	*1,050*
0-9	*680*	*250*	*100*	*290*
10-19	*910*	*250*	*130*	*460*
20 or more	*600*	*130*	*120*	*310*
Men[5]	*1,040*	*320*	*170*	*490*
0-9	*300*	*120*	*40*	*120*
10-19	*400*	*130*	*60*	*190*
20 or more	*340*	*70*	*60*	*170*
Women[5]	*1,160*	*320*	*180*	*570*
0-9	*380*	*130*	*60*	*160*
10-19	*500*	*130*	*70*	*270*
20 or more	*270*	*60*	*50*	*130*

1. Aged 16 and over.

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

3. Results for 2009 include longitudinal data (see Appendix A).

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

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

6.The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.

Source:
General Lifestyle Survey 2009. Office for National Statistics.

Table 3.2 Percentage of smokers[1] who have their first cigarette within five minutes of waking, by gender, socio-economic classification[2] and number of cigarettes smoked a day, 2009[3]

England Percentages

	All classifications[4]	Managerial and professional	Intermediate	Routine and manual
All adults[5]	**14**	**10**	**14**	**17**
0-9	3	3	*	5
10-19	12	9	9	15
20 or more	31	25	31	31
Men[5]	**14**	**11**	**10**	**17**
0-9	5	5	*	7
10-19	11	8	10	12
20 or more	27	29	20	29
Women[5]	**15**	**8**	**17**	**17**
0-9	2	*	*	3
10-19	13	9	7	17
20 or more	35	20	43	35
Weighted bases (000s)				
All adults[5]	*7,365*	*2,166*	*1,162*	*3,477*
0-9	*2,359*	*853*	*347*	*991*
10-19	*2,982*	*887*	*430*	*1,450*
20 or more	*2,008*	*420*	*384*	*1,027*
Men[5]	*3,628*	*1,120*	*561*	*1,662*
0-9	*1,143*	*430*	*171*	*461*
10-19	*1,365*	*467*	*192*	*601*
20 or more	*1,116*	*221*	*199*	*597*
Women[5]	*3,737*	*1,046*	*601*	*1,816*
0-9	*1,216*	*423*	*176*	*531*
10-19	*1,617*	*419*	*238*	*849*
20 or more	*892*	*200*	*186*	*430*
Unweighted bases[6]				
All adults[5]	*2,194*	*634*	*343*	*1,052*
0-9	*673*	*246*	*97*	*285*
10-19	*908*	*251*	*130*	*457*
20 or more	*606*	*134*	*116*	*306*
Men[5]	*1,037*	*315*	*165*	*485*
0-9	*295*	*117*	*42*	*121*
10-19	*403*	*125*	*58*	*189*
20 or more	*337*	*72*	*65*	*174*
Women[5]	*1,157*	*319*	*178*	*567*
0-9	*378*	*129*	*55*	*164*
10-19	*505*	*126*	*72*	*268*
20 or more	*269*	*62*	*51*	*132*

1. Aged 16 and over.
2. Based on the current or last job of the household reference person.
3. Results for 2009 include longitudinal data (see Appendix A).
4. From April 2001 the National Statistics Socio-economic Classification (NS-SEC) was introduced for all official statistics and surveys. It has replaced Social Class based on Occupation and Socio-economic Groups (SEG). Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All adults'. See Appendix A for further details.
5. Includes a few smokers who did not say how many cigarettes a day they smoked.
6. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

* Information is suppressed for low cell counts and sample sizes below 10 as a measure of disclosure control.
Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.

Source:
General Lifestyle Survey 2009. The Office for National Statistics.

Table 3.3 Views on giving up smoking by gender, 1997 to 2008/09[1,2]

Great Britain Percentages

	1997[3]	1999	2000	2001	2002	2003	2004	2005	2006	2007[4]	2007[5]	2008/09[5]
All Adults												
Total would like to give up	**71**	**72**	**71**	**72**	**70**	**70**	**73**	**72**	**72**	**73**	**74**	**67**
Very much indeed	..	30	30	28	26	24	28	27	23	26	25	22
Quite a lot	..	21	20	22	23	22	24	23	27	24	24	23
A fair amount	..	14	16	15	14	17	14	15	15	14	14	16
A little	..	7	6	7	8	7	7	7	7	9	11	6
Would not like to give up	29	28	29	28	30	30	27	28	28	27	26	*33*
Unweighted base											*514*	*940*
Weighted base(000s)[5]											*10,249*	*10,642*
Weighted base[4]	*987*	*950*	*868*	*836*	*936*	*849*	*804*	*564*	*571*	*491*		
Men												
Total would like to give up	**68**	**72**	**71**	**72**	**71**	**71**	**74**	**74**	**72**	**77**	**77**	**68**
Very much indeed	..	29	29	29	26	24	32	24	24	28	27	20
Quite a lot	..	20	20	18	24	24	24	24	29	28	27	24
A fair amount	..	16	16	17	13	14	12	17	13	12	12	17
A little	..	6	6	8	8	8	6	9	7	10	11	7
Would not like to give up	32	28	29	28	29	29	26	26	28	23	23	
Unweighted base											*250*	*460*
Weighted base(000s)[5]											*5,497*	*5,851*
Weighted base[4]	*449*	*447*	*414*	*390*	*454*	*423*	*373*	*269*	*279*	*251*		
Women												
Total would like to give up	**74**	**72**	**71**	**73**	**70**	**70**	**72**	**71**	**72**	**69**	**70**	**66**
Very much indeed	..	30	32	27	26	25	25	29	22	23	23	24
Quite a lot	..	22	20	26	22	20	24	23	25	21	21	21
A fair amount	..	12	15	14	15	19	16	14	18	16	16	16
A little	..	8	5	7	7	7	8	5	6	9	10	6
Would not like to give up	26	28	29	27	30	30	28	29	28	31	30	34
Unweighted base											*264*	*480*
Weighted base(000s)[5]											*4,752*	*4,791*
Weighted base[4]	*536*	*503*	*454*	*446*	*482*	*426*	*431*	*295*	*292*	*240*		

1. Adults aged 16 and over who were smokers.
2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. From 2007, data are also weighted to population totals.
3. Data not available for 'Would like to give up' in 1997.
4. Weighted for unequal chance of selection.
5. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.4 Main reasons for wanting to stop smoking by gender, 2008/09[1,2]

Great Britain Percentages[3]

	All adults	Men	Women
Better for health in general	71	72	70
Less risk of getting smoking related illness	25	26	24
Presents health problems	12	13	11
At least one health reason	**83**	**85**	**82**
Financial reasons	31	28	33
Family pressure	16	15	17
Harms children	22	20	24
Ban on smoking in public places	6	6	7
Doctor's advice	6	4	8
Pregnancy	2	1	3
Other	2	2	2
Gave more than one reason	61	59	64
Base			
Unweighted base	*620*	*310*	*320*
Weighted base(000s)[4]	*7,174*	*3,992*	*3,182*

1. Adults aged 16 and over who were smokers and reported wanting to stop smoking.
2. Results are weighted for unequal chance of selection and to population totals.
3. Percentages sum to more than 100 as smokers could give more than one answer.
4. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.5 Ever tried to give up smoking by gender, 1999 to 2008/09[1,2,3]

Great Britain Percentages

	1999	2000	2001	2002	2003	2004	2005	2006	2007[4]	2007[5]	2008/09[5]	*2008/09 Unweighted base*	*2008/09 Weighted base (000s)[5]*
All adults	77	78	79	79	78	74	80	78	80	79	75	*950*	*10,713*
Men	76	78	77	78	79	72	78	77	79	79	73	*460*	*5,882*
Women	78	78	81	80	76	76	82	79	81	79	76	*480*	*4,831*

1. Adults aged 16 and over who were smokers.

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

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

4. Weighted for unequal chance of selection.

5. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.6 Percentage of smokers who attempted to give up smoking in the last year, 1999 to 2008/09[1,2,3]

Great Britain Percentages

	1999	2000	2001	2002	2003	2004	2005	2006	2007[4]	2007[5]	2008/09[5]	*2008/09 Unweighted base*	*2008/09 Weighted base (000s)[5]*
All adults	26	22	24	23	23	25	27	29	31	31	*26*	*950*	*10,710*
Men	23	24	21	20	22	24	24	27	30	30	*25*	*460*	*5,882*
Women	28	20	27	26	24	27	29	31	32	32	*27*	*480*	*4,828*

1. Adults aged 16 and over who were smokers.

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

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

4. Weighted for unequal chance of selection.

5. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.7 Length of time gave up for last time stopped smoking, 2008/09[1,2]

Great Britain	Percentages
A week	22
2 weeks	9
3-4 weeks	13
5-9 weeks	12
10-25 weeks	15
6-12 months	16
more than 1 year, but less than 2	6
2 years or more	8
Unweighted base	*720*
Weighted base (000s)[3]	*7,962*

1. Adult smokers aged 16 and over, who had tried to give up.
2. Results are weighted for unequal chance of selection and to population totals.
3. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.8 Main reasons for starting smoking again, 2002 to 2008/09[1,2]

Great Britain Percentages[3]

	2002	2003	2004	2005	2006	2007[4]	2007[5]	2008/09[5]
Life too stressful/just not a good time	34	38	34	34	42	36	34	38
Missed the habit/something to do with my hands	17	17	16	13	14	14	14	12
I like smoking	16	15	15	15	12	23	24	20
My friends smoke	14	11	14	14	19	15	17	18
Couldn't cope with the cravings	12	14	9	13	12	12	11	12
Put on weight	3	3	3	2	3	6	5	3
My spouse/partner smokes	4	5	5	4	4	4	4	6
Was drinking/in pub[6]	..	..	..	4	3	1	1	1
Reason for quitting no longer applied[6]	..	..	..	4	2	0	0	4
Other	20	18	23	14	10	14	14	9
Gave more than one reason	16	14	16	14	19	18	17	14
Unweighted base							*293*	*430*
Weighted base (000s) [5]							*6,175*	*5,213*
Weighted base [4]	*433*	*421*	*420*	*292*	*280*	*284*		

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

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

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

4. Weighted for unequal chance of selection.

5. Weighted to population totals and unequal chance of selection.

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

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.9 Sources of help and advice used in the last year by current smokers, 2008/09[1,2]

Great Britain	Percentages[3]
Read leaflets/booklets on how to stop	33
Asked doctor or other health professional for help	15
Called a smokers' telephone helpline	4
Been referred/ self-referred to stop smoking group	8
Bought non-prescription NRT[4]	11
Free non-prescription NRT[4]	3
Paid for prescription NRT[4]	3
Free prescription NRT[4]	6
Prescribed other 'stop smoking' drugs	2
Had any NRT/ other prescribed drugs to help stop smoking	23
Sought any help or advice	43
Did not seek help or advice	57
Unweighted base	*950*
Weighted base (000s) [5]	*10,706*

1. Adults aged 16 and over who were smokers.
2. Results are weighted for unequal chance of selection and to population totals.
3. Percentages sum to more than the total saying they sought help or advice as respondents could give more than one answer.
4. Nicotine Replacement Therapy.
5. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.10 Percentage of respondents who believe second-hand smoke increases a child's risk of certain medical conditions, 2008/09[1,2]

Great Britain	Percentages
Chest infection	
Increases risk	92
Does not increase risk	6
Can't say	1
Asthma	
Increases risk	86
Does not increase risk	11
Can't say	3
Other infections	
Increases risk	66
Does not increase risk	28
Can't say	6
Cot death	
Increases risk	58
Does not increase risk	31
Can't say	12
Ear infections	
Increases risk	35
Does not increase risk	51
Can't say	14
Diabetes	
Increases risk	22
Does not increase risk	65
Can't say	13
Unweighted base	*4,350*
Weighted base (000s)[3]	*47,744*

1. Adults aged 16 and over.
2. Results are weighted for unequal chance of selection and to population totals.
3. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.11 Non-smokers' attitudes to people smoking near them[1], 1997 to 2008/09[2]

Great Britain Percentages

	1997	1999	2000	2001	2002	2003	2004	2005	2006	2007[3]	2007[4]	2008/09[4]
Would mind if people smoke near them	56	54	55	55	55	56	60	62	60	60	59	62
Would not mind	35	37	34	34	35	36	32	29	32	29	30	28
It depends	9	9	11	11	10	8	8	9	8	11	11	10
Unweighted base											*1,755*	*1,720*
Weighted base(000s)[4]											*35,735*	*38,008*
Weighted base[3]	*2,730*	*2,609*	*2,455*	*2,645*	*2,872*	*2,667*	*2,733*	*1,830*	*1,774*	*1,776*		

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

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

3. Weighted for unequal chance of selection.

4. Weighted to population totals and unequal chance of selection.

Source:

Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.12 Non-smokers' attitudes to people smoking near them[1], by gender and smoking status, 2008/09[2]

Great Britain Percentages

	All adults	Gender		Smoking Status	
		Men	Women	Ex-regular smokers	Never smoked regularly
Would mind if people smoke near them	62	59	64	53	67
Would not mind	28	32	25	35	26
It depends	10	9	10	12	9
Unweighted base	*1,720*	*750*	*980*	*760*	*960*
Weighted base (000s)[3]	*38,008*	*17,984*	*20,024*	*15,444*	*22,564*

1. Adults aged 16 and over who are non-smokers.
2. Results are weighted for unequal chance of selection and to population totals.
3. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.13 Non-smokers' reasons for saying that they would mind if smokers smoke near them[1], 2008/09[2]

Great Britain	Percentages[3]
Health reasons	
Bad for my health	51
Affects breathing/asthma	27
Make me cough	21
Gets in my eyes	24
Makes me feel sick	14
Gives me a headache	11
Other reasons	
Unpleasant smell	65
Makes clothes smell	53
Other	8
Unweighted base	*1,060*
Weighted base (000s)[4]	*23,435*

1. Adults aged 16 and over who are non-smokers and mind if people smoke near them.
2. Results are weighted for unequal chance of selection and to population totals.
3. Percentages add up to more than 100% because some people gave more than one reason.
4. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/9. Office for National Statistics.

Table 3.14 Extent to which smoking is allowed in peoples' homes, by smoking status, 2008/09[1,2]

Great Britain Percentages

	All adults	Smoking status				
		At least 20 cigarettes per day	Fewer than 20 cigarettes per day	All current smokers	Ex-smokers	Never smoked regularly
Smoking is not allowed at all	69	21	38	33	78	81
Smoking is allowed in some rooms or at some times	20	49	41	43	15	13
Smoking is allowed anywhere	10	31	21	24	7	6
Unweighted base	*4,330*	*290*	*650*	*950*	*1,510*	*1,870*
Weighted base (000s)[3]	*47,627*	*3,086*	*7,510*	*10,656*	*15,110*	*21,827*

1. Adults aged 16 and over.
2. Results are weighted for unequal chance of selection and to population totals.
3. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.15 Extent to which smoking is allowed in peoples' homes, by socio-economic classification and by presence of children under 16 in household[1], 2008/09[2]

Great Britain Percentages

	All adults[3]	Socio-economic classification			Children under 16 in household	No children in household
		Managerial and professional occupations	Intermediate occupations	Routine and manual occupations		
Smoking is not allowed at all	69	80	69	62	75	67
Smoking is allowed in some rooms or at some times	20	15	20	25	20	21
Smoking is allowed anywhere	10	5	12	13	5	12
Unweighted base	*4,330*	*1,470*	*840*	*1,620*	*1,070*	*3,260*
Weighted base (000s)[4]	*47,627*	*16,033*	*8,793*	*16,978*	*14,040*	*33,587*

1. Adults aged 16 and over.

2. Results are weighted for unequal chance of selection and to population totals.

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

4. Weighted to population totals and unequal chance of selection.

Source:

Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.16 Extent to which smoking is allowed in peoples' homes, by views on whether or not second-hand smoking increases a child's risk of certain medical conditions, 2008/09[1,2]

Great Britain Percentages

	Smoking is not allowed at all	Smoking is allowed in some rooms or at some times	Smoking is allowed anywhere	*Unweighted base*	*Weighted base (000s)*[3]
All adults[4]	69	20	10	*4,330*	*47,627*
Chest infection					
Increases risk	72	19	9	*3,940*	*43,760*
Does not increase risk	38	36	26	*310*	*3,077*
Asthma					
Increases risk	74	18	8	*3,700*	*40,901*
Does not increase risk	42	37	21	*490*	*5,173*
Other infections					
Increases risk	76	17	7	*2,750*	*31,204*
Does not increase risk	57	27	15	*1,270*	*13,370*
Cot death					
Increases risk	77	16	7	*2,470*	*27,357*
Does not increase risk	58	27	15	*1,300*	*14,630*
Ear infections					
Increases risk	78	16	6	*1,540*	*16,858*
Does not increase risk	63	23	14	*2,150*	*24,252*
Diabetes					
Increases risk	78	15	6	*940*	*10,491*
Does not increase risk	66	22	12	*2,750*	*30,702*

1. All adults aged 16 and over.

2. Results are weighted for unequal chance of selection and to population totals.

3. Weighted to population totals and unequal chance of selection.

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

Source:

Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.17 Smokers' behaviour in the company of non-smokers and children, 1997 to 2008/09[1,2]

Great Britain Percentages

	1997	1999	2000	2001	2002	2003	2004	2005	2006	2007[3]	2007[4]	2008/09[4]
In the presence of...												
Adult non-smokers												
Smoke the same number of cigarettes	12	12	11	12	11	14	14	14	18	13	14	14
Smokes fewer cigarettes	37	34	34	34	30	36	38	34	33	32	33	31
Do not smoke at all	45	49	50	48	52	46	45	47	44	49	48	50
Other (eg ask permission)	6	5	4	6	7	5	3	5	4	6	5	5
Children												
Smoke the same number of cigarettes	10	8	6	8	8	6	6	4	6	5	5	6
Smokes fewer cigarettes	32	30	25	26	21	24	25	21	23	14	13	14
Do not smoke at all	54	60	67	63	66	68	67	74	68	78	79	77
Other (eg ask permission)	3	2	2	3	5	3	2	1	2	3	3	4
Children[5]												
Unweighted base											*519*	*940*
Weighted base(000s)[4]											*10,397*	*10,644*
Weighted base[3]	*985*	*945*	*867*	*843*	*941*	*850*	*808*	*568*	*571*	*497*		

1. Adults aged 16 and over.
2. Between 1997 and 2006 percentages and bases are weighted for unequal chance of selection only. From 2007, data are also weighted to population totals.
3. Weighted for unequal chance of selection.
4. Weighted to population totals and unequal chance of selection.
5. Bases for adult non-smokers are very similar to children.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.18 Percentage agreeing that smoking should be restricted in certain places, by smoking status, 2008/09[1,2]

Great Britain Percentages

	All adults	Smoking status				
		At least 20 cigarettes per day	Fewer than 20 cigarettes per day	All current smokers	Ex-smokers	Never smoked regularly
... at work	85	51	71	65	87	93
... in restaurants	93	77	88	85	94	97
... in pubs	75	33	52	46	78	87
…in indoor shopping centres	91	71	85	81	92	94
…in indoor sports and leisure centres	94	77	91	87	94	97
…in indoor areas in railway/bus stations	85	57	72	68	87	93
... in other public places	94	78	91	87	84	97
Unweighted base	*4,320*	*290*	*640*	*940*	*1,520*	*1,860*
Weighted base (000s) [3]	*47,498*	*3,094*	*7,417*	*10,600*	*15,158*	*21,736*

1. Adults aged 16 and over.
2. Results are weighted for unequal chance of selection and to population totals.
3. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.19 Percentage in agreement with the new legislation on smoking restrictions in public places, by gender and age, 2008/09[1,2]

Great Britain Percentages

	All adults	Gender		Age			
		Men	Women	16 to 24	25 to 44	45 to 64	65 and over
Strongly agree	60	57	63	55	62	62	59
Agree	21	22	20	25	22	18	21
Neither agree nor disagree	6	6	6	8	5	4	7
Disagree	9	11	7	8	8	10	9
Strongly disagree	4	4	4	4	3	6	4
Unweighted base	*4,350*	*1,910*	*2,430*	*350*	*1,350*	*1,450*	*1,190*
Weighted base (000s) [3]	*47,657*	*23,203*	*24,453*	*7,000*	*16,442*	*14,969*	*9,246*

1. Adults aged 16 and over.
2. Results are weighted for unequal chance of selection and to population totals.
3. Weighted to population totals and unequal chance of selection.

Source:
Smoking-Related Behaviour and Attitudes, 2008/09. Office for National Statistics.

Table 3.20 Pupils'[1,2] dependence on smoking, by length of time as a regular smoker, 2010

England Percentages

	Total[3]	1 year or less	More than 1 year
Would find it difficult not to smoke for a week	67	55	77
Would find it difficult to give up altogether	73	65	81
Would like to give up	27	26	29
Has tried to give up	63	57	68
Unweighted bases[4]	355	159	192
Weighted bases[4]	*344*	*156*	*185*

1. Secondary school children in the school years 7 to 11, mostly aged 11 to 15.
2. Those who have smoked at least one cigarette in the last seven days.
3. Total includes pupils who did not say how long they had smoked regularly.
4. Bases shown are for the first statement, bases for the other statements are of equal or similar size

Source:

Smoking, Drinking and Drug use among Young People in England 2010. The NHS Information Centre.

Table 3.21 Whether pupils[1,2] asked for help or used services to give up smoking, 2010

England	Percentages[3]
	All ages
Not spent time with friends who smoke	38
Asked family or friends	20
Used nicotine products	9
Asked adult to help	4
Visited family doctor or GP	2
Phoned NHS smoking helpline	1
Used NHS Stop Smoking Services	1
Tried any of the above	50
Unweighted bases[4]	1,155
Weighted bases[4]	*1,170*

1. Secondary school children in the school years 7 to 11, mostly aged 11 to 15.
2. Pupils who have stopped smoking or tried to do so.
3. Percentages total more than 100 because pupils could give more than one answer.
4. Bases shown are for the first statement, bases for the other statements are of equal or similar size.

Source:
Smoking, Drinking and Drug use among Young People in England 2010. The NHS Information Centre.

Table 3.22 Beliefs about smoking among pupils[1], by gender, 2008[2]

England Percentages

	All pupils	Boys	Girls
Percentage who agree with statements			
Smoking causes lung cancer	99	98	99
Smoking makes clothes smell	97	96	98
Smoking while pregnant harms the unborn child	97	96	98
Other people's smoking can harm non-smokers health	96	95	96
Smoking can cause heart disease	93	92	94
Smokers get more coughs and colds than non-smokers	86	86	86
Smoking makes people worse at sports	83	86	80
Smoking helps people relax if they feel nervous	67	67	66
Smokers stay slimmer than non-smokers	23	21	25
Smoking gives people confidence	21	21	22
Smoking not dangerous and only harms those who smoke a lot	18	19	16
Smoking helps people cope better with life	15	15	16
Smokers are more fun than non-smokers	3	4	3
Base	*7,676*	*3,890*	*3,786*

1. Secondary school children in the school years 7 to 11, mostly aged 11 to 15.
2. 2008 is the latest year for which figures are available.

Source:
Smoking, Drinking and Drug use among Young People in England 2008. The NHS Information Centre.

Table 3.23 Attitudes to smoking among pupils[1], 1999 to 2010

England Percentages

	1999	2001	2003	2004	2005	2006	2007	2008	2010
OK to try smoking a cigarette to see what it's like[2]	54	55	48	40	44	37	38	34	35
OK to smoke cigarettes once a week[3]	..	..	25	19	22	18	19	14	15
Base[4]	*9,234*	*9,160*	*10,166*	*9,549*	*8,959*	*8,025*	*7,650*	*7,685*	*7,143*

1. Children in secondary school years 7 to 11, mostly aged 11-15.
2. In 1999 and 2001 pupils were asked whether it was 'OK to try out smoking once'.
3. The question about whether it's OK to smoke cigarettes once a week was first asked in 2003.
4. Bases for 1999 to 2008 are unweighted. Bases for 2010 are weighted.

Source:
Smoking, Drinking and Drug use among Young People in England 2010. The NHS Information Centre.

Table 3.24 Attitudes to smoking among pupils[1], by gender and age, 2010

England Percentages

	All ages	11 years	12 years	13 years	14 years	15 years
All pupils						
OK to try smoking a cigarette to see what it's like	35	5	14	31	48	62
OK to smoke cigarettes once a week	15	3	5	11	19	31
Boys						
OK to try smoking a cigarette to see what it's like	32	7	14	28	42	56
OK to smoke cigarettes once a week	15	5	5	10	17	30
Girls						
OK to try smoking a cigarette to see what it's like	37	3	14	34	52	67
OK to smoke cigarettes once a week	16	2	5	13	21	32
Unweighted Bases[2]						
All pupils	*7,146*	*1,115*	*1,460*	*1,457*	*1,445*	*1,669*
Boys	*3,584*	*549*	*752*	*722*	*699*	*862*
Girls	*3,562*	*566*	*708*	*735*	*746*	*807*
Weighted Bases						
All pupils						
Boys	*3,598*	*538*	*736*	*703*	*704*	*918*
Girls	*3,544*	*535*	*702*	*691*	*734*	*882*

1. Children in secondary school years 7 to 11, mostly aged 11 to 15.
2. Based on pupils who answered whether it was OK to try smoking to see what it's like.

Source:
Smoking, Drinking and Drug use among Young People in England 2010. The NHS Information Centre.

Table 3.25 Age adults started smoking regularly[1], by gender and socio-economic classification[2], 2009[3]

England Percentages

	All classifications[4]	Managerial and professional	Intermediate	Routine and manual
All adults				
Under 16	38	32	35	46
16-17	27	27	27	27
18-19	17	22	19	12
20-24	11	13	13	9
25 and over	6	6	7	6
Men				
Under 16	40	34	38	48
16-17	27	26	27	26
18-19	17	22	16	11
20-24	12	13	14	10
25 and over	4	5	5	4
Women				
Under 16	37	30	31	45
16-17	28	29	26	27
18-19	17	22	22	12
20-24	11	13	12	8
25 and over	8	7	9	8
Weighted bases (000s)				
All adults	*15,401*	*6,043*	*2,626*	*5,887*
Men	*7,844*	*3,201*	*1,306*	*2,884*
Women	*7,557*	*2,841*	*1,321*	*3,003*
Unweighted bases[5]				
All adults	*4,874*	*1,900*	*845*	*1,869*
Men	*2,490*	*1,016*	*415*	*927*
Women	*2,384*	*884*	*430*	*942*

1. Aged 16 and over. Current smokers or those that had smoked regularly at some point in their lives.

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

3. Results for 2009 include longitudinal data (see Appendix A).

4. Full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed are not shown as separate categories, but are included in the figure for 'All classifications'. Those who provided no employment details and the small number of adults miscoded as children are also included here.

5. The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown as the totals.

Source:
General Lifestyle Survey 2009. Office for National Statistics.

4 Smoking-related costs, ill health and mortality

4.1 Introduction

Smoking can cause serious harm to a person's health. This chapter presents information on the costs of smoking to the NHS including prescription costs and costs of the NHS Stop Smoking Service. Information is also presented on the number of hospital admissions and the number of deaths that are attributable to smoking.

Information on the prescription items used to help people stop smoking is produced using Prescription Analysis and Cost (PACT) data, which are accessed from NHS Prescription Services, a division of the NHS Business Services Authority (NHSBSA) by the NHS Information Centre[1].

Data on NHS hospital admittance are available from the Hospital Episode Statistics (HES) data warehouse[2] managed by Northgate Information Solutions on behalf of the NHS Information Centre. This chapter looks at admissions to NHS hospitals in England with a primary diagnosis of diseases that can be caused by smoking. The most recent information available at the time of publication is for the financial year 2009/10.

Information on smoking-attributable hospital admissions and mortality are also presented. These figures are estimates of the numbers of admissions and deaths in England which were caused by smoking. The figures presented have been produced by the NHS Information Centre, using HES data for admissions in 2009/10 and Office for National Statistics (ONS) mortality statistics[3] for the number of registered deaths in 2010. The estimates of the proportion of hospital admissions and deaths attributable to smoking in this chapter follow a recognised methodology. This uses the proportions of current and ex-smokers in the population and the relative risks of these people dying from specific diseases or developing certain non-fatal conditions compared with those who have never smoked (see Appendix B for further details). Figures presented in this chapter relate to people aged 35 and over, as relative risks are only available for this age group.

4.2 Costs to the NHS

4.2.1 Estimated costs to the NHS

Illness and disease associated with smoking gives rise to costs in the NHS. Direct costs of smoking arise from GP consultations, prescriptions for drugs and various costs related to treating diseases attributable to smoking. Research carried out by Oxford University estimated that smoking cost the NHS in the UK £5.2 billion in 2005/06, approximately 5.5% of total healthcare costs[4]. This updates the estimated cost of between £1.4 billion and £1.5 billion a year, estimated by research carried out by the Centre for Health Economics at the University of York[5] in 1998. It is important to consider that these are costs of treating smoking-related illnesses and do not include costs related to working days lost or social security ill health payments for example, nor do they include any costs related to the effects of second-hand smoking.

Smoking was estimated to cost the NHS in the UK £5.2 billion in 2005/06

4.2.2 Prescribing costs

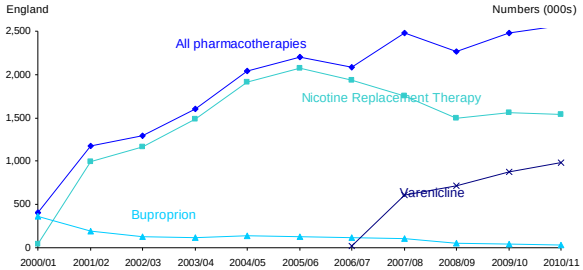
There are three main pharmacotherapies prescribed for the treatment of smoking dependence in England: Nicotine

Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix).

Presented here are data on the number of prescription items and Net Ingredient Cost (NIC) for drugs used to help people stop smoking. Prescription items give a measure of how often a prescriber writes a prescription and it is not an ideal measure of the volume of drugs prescribed as different practices may use different durations of supply. The NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, prescription charges or fees.

In total, there were just under 2.6 million prescription items to help people stop smoking in 2010/11. Of these, 1.5 million were for NRT, 987 thousand for Varenicline and 36 thousand for Bupropion. Prescription items for Varenicline continues to increase whereas Bupropion continues to decrease (Table 4.1 & Figure 4.1).

Figure 4.1 Number of pharmacotherapies prescribed in primary care to help people quit smoking, 2000/01 to 2010/11



Source: Prescribing Analysis and Cost (PACT) from Prescription Services, part of the NHS Business Service Authority (NHSBSA). The NHS Information Centre.

In 2010/11 the Net Ingredient Cost (NIC) of all prescription items used to help people quit smoking was just under £65.9 million. This is an increase of 3.9% on the £63.4 million spent in 2009/10.

The Net Ingredient Cost (NIC) of all pharmacotherapies to help people stop smoking in England was £65.9 million in 2010/11 compared with £15.6 million in 2000/01.

The average NIC per item was £26 in 2010/11, higher than in 2006/07 (£22) (the first year all three pharmacotherapies were available) but lower than in 2000/01 (£38). The cost per item for buproprion (Zyban) rose sharply from £37 in 2008/09 to £44 in 2009/10 due to a price increase in February 2009 which continued throughout 2009/10 and 2010/11 (Table 4.1).

The North East Strategic Health Authority (SHA) had the highest number of prescription items per 100,000 of the population (7,886 per 100,000 population) whilst London had the lowest (3,377) (Table 4.2).

4.2.3 NHS Stop Smoking Services costs

NHS Stop Smoking Services costs are taken from the most recently available information published: *NHS Stop Smoking Services: England, April 2010 to March 2011*[6]. NHS Stop Smoking Services are described in Appendix A of this publication. *Chapter 4: Treatment and Expenditure* of the above publication presents information on the types of pharmacotherapy used within NHS Stop Smoking Services and provides information on the costs of the services provided.

Table 4.6 of *NHS Stop Smoking Services: England, April 2010 to March 2011* shows total expenditure on NHS Stop Smoking Services in England 2010/11 (excluding Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix) prescriptions) was £84.3 million. The cost per quitter was £220, a decrease of 2% since 2009/10. Information is provided by Strategic Health Authority and Primary Care Trust.

4.3 Smoking-related ill health

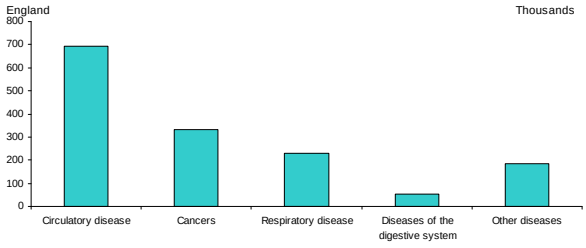
4.3.1 NHS hospital admissions for diseases that can be caused by smoking

Table 4.3 in this report shows that in England in 2009/10 there were approximately 1.5 million admissions for adults aged 35 and over with a primary diagnosis of a disease that can be caused by smoking. This is approximately 4,100 admissions per day on average. The annual number of admissions has been rising steadily since 1996/97, when the number of such admissions was approximately 1.1 million.

In 2009/10 there were 1.5 million NHS hospital admissions amongst adults aged 35 and over for diseases that can be caused by smoking

In 2009/10, circulatory disease accounted for the largest number of admissions where there was a primary diagnosis of a disease that can be caused by smoking (693,412). The second most common diagnosis was for cancers which can be caused by smoking (330,513 admissions) (Figure 4.2).

Figure 4.2 NHS hospital admissions[1] with a primary diagnosis of diseases which can be caused by smoking, 2009/10



1. Among adults aged 35 and over.
Source: Hospital Episode Statistics. The NHS Information Centre, 2011.

Men accounted for 825,361 (55%) of admissions for diseases which can be caused by smoking. In both men and women, circulatory diseases were the most common reason for admissions, though this accounted for 50% of admissions for men compared with 42% for women (Table 4.5). Women accounted for 29,495 (54%) of diseases of the digestive system which can be caused by smoking and for 124,101 (68%) of 'other diseases' which can be caused by smoking.

4.3.2 Smoking-attributable NHS hospital admissions

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

Estimates of the number of smoking-attributable hospital admissions have been calculated following the methodology developed by Callum and White for the report *Tobacco in London: The Preventable Burden*[7] produced by the London Health Observatory and SmokeFree London and by Hughes and Atkinson for the report *Choosing Health in the South East: Smoking*[8] produced by the South East Public Health Observatory. This report calculates smoking-attributable admissions using risk ratios for diseases associated with smoking-attributable fatalities employed by the Department of Health in their work for the *Health Profile of England 2007*[9], with additional risk ratios for non-fatal diseases attributable to smoking taken from *Tobacco in London: The Preventable Burden*.

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

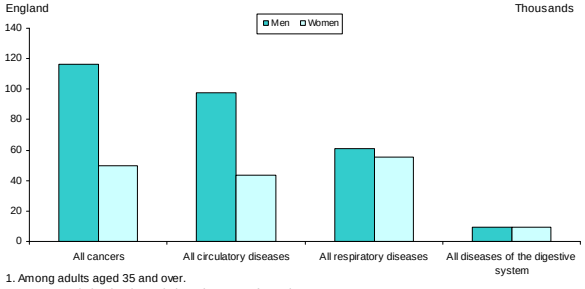
applicable. Note the figures in this chapter for smoking attributable hospital admissions are only estimates as there is no guarantee that in all cases the admissions were directly linked to smoking.

In 2009/10, there were approximately 9.7 million hospital admissions (for all diseases) for adults aged 35 and over in England. Around 461,700 (5%) of these are estimated to have been attributable to smoking. It is estimated that over a quarter (26%) of all admissions with a primary diagnosis of respiratory diseases, 16% of admissions with primary diagnosis of circulatory diseases, 12% with a primary diagnosis of cancer and 1% with a primary diagnosis of diseases of the digestive system, are attributable to smoking (Table 4.4).

461,700 NHS hospital admissions were estimated to be attributable to smoking in 2009/10

A larger proportion of admissions among men than women were attributable to smoking. In 2009/10, there were an estimated 291,100 admissions that can be attributed to smoking for men compared with 170,600 among women. The proportion of admissions attributable to smoking as a percentage of all admissions was also greater amongst men (6%) than women (3%). Of those admitted for circulatory diseases or with cancer, men were noticeably more likely to have the disease as a result of smoking than women. A particularly big difference was found for cancer of the kidney where 36% of admissions for men were estimated to be caused by smoking compared to 9% in women (Table 4.5 & Figure 4.3).

Figure 4.3 Estimated number of NHS hospital admissions attributable to smoking, by disease[1], 2009/10



1. Among adults aged 35 and over.
Source: Hospital Episode Statistics. The NHS Information Centre, 2011.

Of the 461,700 admissions estimated to be attributable to smoking, 166,100 were cancer related, 141,300 were for circulatory diseases, 116,200 were for respiratory diseases and a further 18,600 were for diseases of the digestive system.

An estimated 82% of admissions with a primary diagnosis of cancers of the trachea, lung and bronchus were attributable to smoking. An estimated 81% of admissions for cancer of the larynx, 68% of cancers of the oesophagus and 68% of cancers of upper respiratory sites were attributable to smoking. Admissions with a primary diagnosis of chronic obstructive lung disease had the highest percentage of estimated admissions attributable to smoking (86%).

Just over 8 in 10 admissions for cancers of the trachea, lung and bronchus are estimated to be caused by smoking

Smoking is also recognised as the cause of admissions for other non-fatal conditions. For example, in 2009/10 11% of admissions with a primary diagnosis of age-related cataracts (among people aged 45 and over) were attributed to smoking (Table 4.4).

4.4 Smoking-attributable deaths

Estimated numbers of smoking-attributable deaths in England have been calculated using the methodology employed by the Department of Health (DH) in the *Health*

Profile of England (HPE) which expands upon work undertaken by Twigg, Moon and Walker in the report *The Smoking Epidemic in England*[10] produced by the NHS Health Development Agency. This methodology is described in more detail in Appendix B. The methodology employed in this report is identical to that used in the HPE 2008 and HPE 2009. The method differs slightly from the HPE 2007 as it does not reduce the deaths figure to take account of those diseases for which smoking decreases the relative risk, specifically Parkinson's disease and cancer of the uterus.

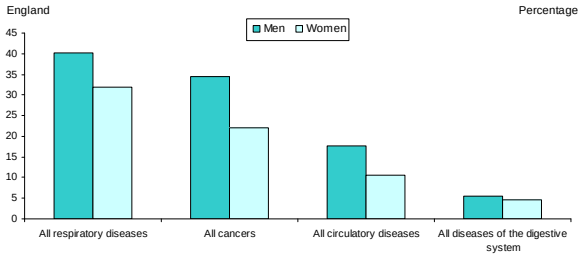
The estimates presented for 2010 are based on 2009 prevalence information (taken from the 2009 General Lifestyle Survey[11]) and 2010 deaths information[3]. In previous years the HPE has published finalised figures after publication of this compendium based on prevalence and finalised deaths information from the same year.

In 2010, there were a total of 450,571 deaths of adults aged 35 and over in England, 81,700 (18%) of which were estimated to be attributable to smoking. HPE 2009 estimated 82,580 deaths were attributable to smoking in 2008, using finalised 2007 mortality data and 2007 prevalence data. This is similar to the provisional figure for 2008 presented in this compendium in 2009 (*Statistics on Smoking: England, 2009*[12]).

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

It is estimated that in 2010, 36% (22,300) of all deaths due to respiratory diseases and 29% (37,500) of all cancer deaths were attributable to smoking. In addition, an estimated 14% (20,600) of deaths from circulatory diseases and 5% (1,200) of deaths from diseases of the digestive system were attributable to smoking. Figure 4.4 shows these results by gender (Table 4.6 & 4.7).

Figure 4.4 Estimated deaths attributable to smoking, as a percentage of all deaths from that disease[1], by gender, 2010



1. Among adults aged 35 and over.
Source: Mortality Statistics The Office for National Statistics (ONS).

An estimated 87% of deaths from chronic obstructive lung disease were attributable to smoking. This compares with 82% of deaths from trachea, lung and bronchus cancer, which translates to the largest number of deaths of any disease (around 23,100). There were an estimated 16,800 smoking attributable deaths as a result of chronic airway obstruction, 79% of observed deaths from this disease and the second largest number of smoking attributable deaths of any disease. An estimated 68% of deaths from cancers of the oesophagus, 66% from cancers of the upper respiratory sites and 61% from aortic aneurysms were attributable to smoking (Table 4.6).

A larger proportion of deaths among men than women were attributable to smoking with an estimated 23% (49,000) of all deaths among men aged 35 and over being attributable to smoking. This compares with 14% (32,700) of all deaths among women (Table 4.7).

49,000 deaths among men and 32,700 among women aged 35 and over are estimated to be attributable to smoking

4.5 Local Tobacco Control Profiles

The Local Tobacco Control Profiles[13] for England presents information on smoking-attributable hospital admissions and mortality at both Local Authority (LA) and Primary Care Trust (PCT) level. These form part of a

suite of indicators that are tailored to the needs of local users and cover the health problems caused by smoking, the prevalence of smoking at local level and the extent to which services across the NHS and LAs are tackling smoking and the problems it causes. They are outcome-focussed, relevant to the major modern challenges of tobacco control and provide local commissioners and services a set of up-to-date information as well as an indication of trends over time.

The smoking attributable data available within the Local Tobacco Control Profiles have been produced by the Public Health Observatories (PHOs) in England using Hospital Episode Statistics (HES) data for admissions in 2009/10 and Office for National Statistics (ONS) Mortality Statistics for the number of registered deaths between 2007 and 2009. Both indicators use the proportion of smokers and ex-smokers in the LA where the patient resides, as derived from the Integrated Household Survey[14]. The methodology used to derive the smoking attributable estimates is identical to the methodology set out in Appendix B.

High smoking attributable admission rates are associated with poor population health and high smoking prevalence. In 2009/10, there were an estimated 467,400[1] smoking attributable hospital admissions for adults aged 35 and over in England, equivalent to 1,417 per 100,000 population aged 35 and over. There was wide variation shown in the this rate across England, ranging from 761 in Wokingham to 2,539 in Burnley.

The Local Tobacco Profiles estimate that smoking caused an average of 83,100 deaths per year among adults aged 35 and over in England during the period 2007 to 2009. This figure includes an annual average of 11,200 deaths from heart disease and 3,600 deaths from stroke that were attributed to smoking. Rates of smoking attributable deaths per 100,000 population aged 35 and over in England varied from 132 in Dorset to 362 in Manchester.

[1] This differs slightly from the estimate of 461,700 presented elsewhere in this report. This is because the smoking prevalence estimates which feed into the calculation come from different sources. The Local Tobacco Control Profiles uses prevalence estimates derived from the Integrated Household Survey (IHS) rather than estimates from the General Lifestyle Survey (GLF) used to produce the figure that appears elsewhere in this report.

Summary: Smoking-related costs, ill health and mortality

This chapter has shown that costs to the NHS of treating illness and disease associated with smoking were estimated at £5.2 billion a year in 2005/06.

In 2010/11 the Net Ingredient Cost (NIC) of pharmacotherapies used to help people stop smoking was just over £65.9 million and £84.3 million was spent on the NHS Stop Smoking Services in 2010/11.

The number of hospital admissions with a primary diagnosis of diseases that can be caused by smoking is rising among adults. The numbers of admissions for respiratory diseases and cancers that can be caused by smoking have shown the largest individual increases between 1996/97 and 2010/11.

In 2009/10 around 5% of admissions for all diseases in England among adults aged 35 and over are estimated to be attributable to smoking. A larger percentage of admissions among men (6%) were attributed to smoking than for women (3%).

A large percentage of admissions from chronic obstructive lung disease, trachea lung and bronchus cancer, cancers of the larynx, oesophagus and upper respiratory sites and chronic airway obstruction were estimated to be attributable to smoking.

In 2010, it is estimated that almost one in five deaths in England of people over 35 years of age were due to smoking. Over a third of all deaths from respiratory diseases and almost three in ten of all deaths from cancers in this population are estimated to be caused by smoking. A higher proportion of smoking attributed deaths were seen for men (23%) compared to women (14%).

A large proportion of deaths from chronic obstructive lung disease, trachea lung and bronchus cancer, cancers of the oesophagus, larynx and upper respiratory sites and chronic airway obstruction are estimated to be attributable to smoking.

References

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datarequest@ppa.nhs.uk

National data with wider coverage is published in Prescription Cost Analysis. The NHS Information Centre. Available at:

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www.hesonline.org.uk

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List of Tables

Table 4.1 Prescription items[1] and Net Ingredient Cost[2] of pharmacotherapies prescribed in primary care to help people quit smoking, by type of pharmacotherapy received[3], 2000/01 to 2010/11[4]

England[6,7] Numbers/£

	All pharmacotherapies[3]	Nicotine Replacement Therapies (NRT)	Bupropion (Zyban)	Varenicline (Champix)[5]
Number of prescription items (000s)				
2000/01	411	44	367	.
2001/02	1,178	989	189	.
2002/03	1,292	1,169	124	.
2003/04	1,599	1,480	118	.
2004/05	2,044	1,908	136	.
2005/06	2,205	2,076	129	.
2006/07	2,079	1,938	119	22
2007/08	2,475	1,756	107	612
2008/09	2,263	1,492	58	714
2009/10	2,483	1,559	47	877
2010/11	2,564	1,541	36	987
Net Ingredient Cost (NIC) (£000s)				
2000/01	15,624	930	14,694	.
2001/02	28,988	21,719	7,269	.
2002/03	30,359	25,630	4,729	.
2003/04	37,019	32,486	4,534	.
2004/05	46,093	40,942	5,151	.
2005/06	48,092	43,465	4,627	.
2006/07	44,817	39,743	4,315	760
2007/08	61,479	35,883	3,882	21,714
2008/09	57,520	30,683	2,143	24,694
2009/10	63,425	31,429	2,060	29,936
2010/11	65,883	30,808	1,581	33,494
Average Net Ingredient Cost (NIC) per item (£)				
2000/01	38	21	40	.
2001/02	25	22	38	.
2002/03	23	22	38	.
2003/04	23	22	38	.
2004/05	23	21	38	.
2005/06	22	21	36	.
2006/07	22	21	36	34
2007/08	25	20	36	35
2008/09	25	21	37	35
2009/10	26	20	44	34
2010/11	26	20	44	34

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

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

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

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

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

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

7. Including unidentified Doctors (not possible for the Prescription Services, NHS Business Services Authority to allocate to a SHA).

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

Source:

Prescribing Analysis and Cost (PACT) from Prescritption Services, part of the NHS Business Service Authority (NHSBSA). The NHS Information Centre

Table 4.2 Number of prescription items[1] and prescription items per 100,000 of the population, for pharmacotherapies for the treatment of smoking dependence prescribed in primary care[2] and dispensed in the community, by Strategic Health Authority[3], 2010/11

England Numbers

			Prescription items				Prescription items per 100,000 of the population[4]			
			All pharmacotherapies[2]	Nicotine Replacement Therapies (NRT)	Bupropion (Zyban)	Varenicline (Champix)	All pharmacotherapies[2]	Nicotine Replacement Therapies (NRT)	Bupropion (Zyban)	Varenicline (Champix)[5]
		England[6,7,8]	**2,564,277**	**1,541,315**	**36,166**	**986,796**	**4,909**	**2,951**	**69**	**1,889**
E18000004	Q33	East Midlands	193,481	107,364	3,565	82,552	4,317	2,396	80	1,842
E18000006	Q35	East of England	281,352	178,339	4,544	98,469	4,824	3,058	78	1,688
E18000007	Q36	London	264,228	169,751	4,313	90,164	3,377	2,169	55	1,152
E18000001	Q30	North East	205,551	114,884	1,644	89,023	7,886	4,407	63	3,415
E18000002	Q31	North West	402,930	243,859	4,846	154,225	5,809	3,516	70	2,224
E18000009	Q38	South Central	148,791	84,464	2,810	61,517	3,596	2,041	68	1,487
E18000008	Q37	South East Coast	196,671	117,634	3,585	75,452	4,485	2,682	82	1,721
E18000010	Q39	South West	299,892	193,461	4,014	102,417	5,687	3,668	76	1,942
E18000005	Q34	West Midlands	254,423	158,710	2,861	92,852	4,664	2,909	52	1,702
E18000003	Q32	Yorkshire and the Humber	309,042	167,707	3,914	137,421	5,830	3,164	74	2,592

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

2. This information was obtained from the Prescribing Analysis and Cost Tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK.

3. For data at SHA level, prescriptions written by a prescriber located in a particular SHA but dispensed outside that SHA will be included in the SHA in which the prescriber is based.

4. Prescription items per 100,000 of the population uses estimated resident population (all ages) mid-2010 figures based on 2001 ONS census published by the Office for National Statistics (ONS).

5. Varenicline (Champix) was first introduced towards the end of 2006/07. Data shown for 2007/08 represents the first full year of data for this treatment. See Appendix D for further information.
6. Prescriptions written in England but dispensed outside England are included.
7. Including unidentified Doctors (not possible for NHS Prescription Services of the Business Services Authority to allocate to a SHA).
8. Figures for England include data from 'unidentified' areas.

Source:
Prescribing Analysis and Cost (PACT) from the Prescription Services, NHS Business Services Authority. The NHS Information Centre

Table 4.3 NHS[1] hospital admissions for adults aged 35 and over[2,3] where there was primary diagnosis[4] of diseases[5] which can be caused by smoking, 1996/97 to 2009/10

England Number of admissions

	All admissions which can be caused by smoking	Cancers which can be caused by smoking[6]	Respiratory diseases which can be caused by smoking	Circulatory diseases which can be caused by smoking	Diseases of the digestive system which can be casued caused by smoking	Other diseases which can be caused by smoking
1996/97	1,122,539	224,432	142,268	601,272	41,940	112,627
1997/98	1,182,940	253,268	139,481	629,282	43,420	117,489
1998/99	1,270,386	265,331	163,532	658,515	44,687	138,321
1999/00	1,288,702	276,897	166,146	656,510	44,440	144,709
2000/01	1,277,830	274,216	152,154	651,566	41,422	158,472
2001/02	1,283,477	273,228	161,897	647,561	39,168	161,623
2002/03	1,337,860	283,503	168,838	666,149	38,877	180,493
2003/04	1,387,967	287,919	189,903	672,441	39,361	198,343
2004/05	1,406,264	294,443	195,817	674,539	38,306	203,159
2005/06	1,434,568	317,774	197,980	685,144	40,067	193,603
2006/07	1,431,831	324,936	201,578	679,625	42,038	183,654
2007/08	1,444,079	322,570	203,693	686,942	46,732	184,142
2008/09	1,492,239	332,229	232,078	695,636	51,003	181,293
2009/10	1,493,490	330,513	231,384	693,412	54,699	183,482

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

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

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

4. The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

5. See Appendix B for corresponding ICD 10 codes used with categories above. ICD-10 codes used have been updated since the 2007 bulletin. The ICD-10 code for hip fracture has been revised from S72 in the 2009 bulletin to S72.0, S72.1 and S72.2 in bulletins from 2010 onwards.

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

Source:
Hospital Episode Statistics. The NHS Information Centre, 2011.

Table 4.4 All NHS[1] hospital admissions among adults aged 35 and over[2,3] and those with a primary diagnosis[4] of diseases which can be caused by smoking, the estimated number of admissions that can be attributed[5] to smoking and the percentage of admissions that can be attributed to smoking, 2009/10

England — Numbers / *percentages*

Diagnosis ICD10	ICD10 codes	Admissions	Attributable number[6]	Attributable percentage[7]
All admissions		9,722,737	461,700	*5*
All cancers	C00-D48	1,415,100	166,100	*12*
All respiratory diseases	J00-J99	453,196	116,200	*26*
All circulatory diseases	I00-I99	877,905	141,300	*16*
All diseases of the digestive system	K00-K93	1,242,092	18,600	*1*
All diseases which can be caused by smoking		**1,493,490**	**461,700**	***31***
Cancers which can be caused by smoking		**330,513**	**166,100**	***50***
Trachea, Lung, Bronchus	C33-C34	82,867	68,100	*82*
Upper respiratory sites	C00-C14	18,808	12,700	*68*
Oesophagus	C15	30,623	20,900	*68*
Larynx	C32	4,728	3,800	*81*
Cervical[8]	C53	6,950	900	*12*
Bladder	C67	83,777	35,500	*42*
Kidney and Renal Pelvis	C64-C66,C68	13,891	3,700	*26*
Stomach	C16	21,155	4,800	*23*
Pancreas	C25	23,186	5,900	*25*
Unspecified site	C80	10,084	3,700	*37*
Myeloid leukaemia	C92	34,444	6,100	*18*
Respiratory diseases which can be caused by smoking		**231,384**	**116,200**	***50***
Chronic obstructive lung disease	J40-J43	6,124	5,300	*86*
Chronic Airway Obstruction	J44	104,440	82,800	*79*
Pneumonia, Influenza	J10-J18	120,820	28,200	*23*
Circulatory diseases which can be caused by smoking		**693,412**	**141,300**	***20***
Other Heart Disease	I00-I09, I26-I51	249,615	38,400	*15*
Ischaemic heart disease	I20-I25	282,370	69,200	*25*
Other arterial disease	I72-78	41,318	7,700	*19*
Cerebrovascular disease	I60-I69	100,581	16,800	*17*
Aortic aneurysm	I71	11,790	7,400	*63*
Atherosclerosis	I70	7,738	1,800	*23*
Diseases of the digestive system which can be caused caused by smoking		**54,699**	**18,600**	***34***
Stomach/duodenal ulcer	K25-K27	23,596	12,000	*51*
Crohn's disease[9]	K50	26,226	4,500	*17*
Periodontal disease/Periodonitis[9]	K05	4,877	2,100	*43*
Other diseases which can be caused by smoking		**183,482**	**19,600**	***11***
Age related cataract 45+[9]	H25	105,125	12,000	*11*
Hip fracture 55+[9]	S72.0-S72.2	64,216	6,900	*11*
Spontaneous abortion[8,9]	O03	14,141	700	*5*

1. The data include private patients in NHS hospitals (but not private patients in private hospitals).
2. Figures are presented for adults aged 35 and over unless otherwise specified.
3. The figures exclude people whose gender was unknown or unspecified and whose country of residence was not confirmed as England.
4. The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.
5. See Appendix B for corresponding ICD 10 codes used with categories above. ICD-10 codes used have been updated since the 2007 bulletin. The ICD-10 code for hip fracture has been revised from S72 in the 2009 bulletin to S72.0, S72.1 and S72.2 in bulletins from 2010 onwards. Footnote 8 of table 4.4 in the 2010 report quantifies the effect of the refinement on 2008/09 estimates. A similar quantification has not been undertaken for 2009/10 estimates, but the effect would be expected to be similarly negligible.
6. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding.
7. Estimated attributable percentages are based on unrounded attributable estimates.
8. Figures exclude admissions for patients whose gender was specified as male.
9. Attributable admissions for these ICD10 codes are calculated using risk ratios included in London: The Preventable Burden. These are used in addition to ICD10 codes associated with diseases attributable to smoking fatalities due to smoking as used in the Health Profile for England (see Appendix B).

Sources:

Hospital Episode Statistics. The NHS Information Centre, 2011
General Lifestyle Survey, 2009. Office for National Statistics (ONS)
Tobacco in London: The Preventable Burden. London Health Observatory and SmokeFree London, 2004
Health Profile of England, 2007. Department of Health

Table 4.5 All NHS[1] hospital admissions among adults aged 35 and over[2,3] and those with a primary diagnosis[4] of diseases which can be caused by smoking, the estimated number of admissions that can be attributed[5] to smoking and the percentage of admissions that can be attributed to smoking, 2009/10

England Numbers / *percentages*

Diagnosis ICD10	ICD10 codes	Men			Women		
		Admissions	Attributable number[6]	Attributable percentage[7]	Admissions	Attributable number[6]	Attributable percentage[7]
All admissions		4,519,269	291,100	*6*	5,203,468	170,600	*3*
All cancers	C00-D48	689,255	116,200	*17*	725,845	49,800	*7*
All respiratory diseases	J00-J99	229,319	61,100	*27*	223,877	55,200	*25*
All circulatory diseases	I00-I99	502,291	97,400	*19*	375,614	43,800	*12*
All diseases of the digestive system	K00-K93	611,830	9,500	*2*	630,262	9,100	*1*
All diseases which can be caused by smoking		**825,361**	**291,100**	***35***	**668,129**	**170,600**	***26***
Cancers which can be caused by smoking		**210,672**	**116,200**	***55***	**119,841**	**49,800**	***42***
Trachea, Lung, Bronchus	C33-C34	46,523	40,900	*88*	36,344	27,200	*75*
Upper respiratory sites	C00-C14	13,446	10,000	*74*	5,362	2,800	*51*
Oesophagus	C15	21,937	15,500	*71*	8,686	5,400	*62*
Larynx	C32	3,995	3,300	*82*	733	600	*76*
Cervical[8]	C53	.	.	.	6,950	900	*12*
Bladder	C67	64,167	29,400	*46*	19,610	6,100	*31*
Kidney	C64-C66,C68	9,111	3,200	*36*	4,780	400	*9*
Stomach	C16	15,114	4,000	*27*	6,041	800	*13*
Pancreas	C25	12,196	3,000	*24*	10,990	2,900	*27*
Unspecified site	C80	4,341	2,400	*55*	5,743	1,300	*23*
Myeloid leukaemia	C92	19,842	4,600	*23*	14,602	1,500	*10*
Respiratory diseases which can be caused by smoking		**118,272**	**61,100**	***52***	**113,112**	**55,200**	***49***
Chronic obstructive lung disease	J40-J43	3,376	3,000	*89*	2,748	2,300	*83*
Chronic Airway Obstruction	J44	52,346	41,900	*80*	52,094	40,900	*78*
Pneumonia, Influenza	J10-J18	62,550	16,200	*26*	58,270	12,000	*21*
Circulatory diseases which can be caused by smoking		**411,832**	**97,400**	***24***	**281,580**	**43,800**	***16***
Other Heart Disease	I00-I09, I26-I51	135,684	25,900	*19*	113,931	12,500	*11*
Ischaemic heart disease	I20-I25	188,075	50,300	*27*	94,295	18,900	*20*
Other arterial disease	I72-78	24,661	4,500	*18*	16,657	3,200	*19*
Cerebrovascular disease	I60-69	49,254	9,500	*19*	51,327	7,300	*14*
Aortic aneurysm	I71	9,167	5,900	*64*	2,623	1,500	*58*
Atherosclerosis	I70	4,991	1,400	*29*	2,747	400	*13*
Diseases of the digestive system which can be caused by smoking		**25,204**	**9,500**	***38***	**29,495**	**9,100**	***31***
Stomach ulcer, Duodenal ulcer	K25-K27	12,107	6,500	*54*	11,489	5,500	*47*
Crohn's disease[9]	K50	11,154	2,000	*18*	15,072	2,500	*16*
Periodontal disease/Periodonitis[9]	K05	1,943	900	*46*	2,934	1,200	*41*
Other diseases which can be caused by smoking		**59,381**	**6,900**	***12***	**124,101**	**12,700**	***10***
Age related cataract 45+[9]	H25	42,566	5,200	*12*	62,559	6,700	*11*
Hip fracture 55+[9]	S72.0-S72.2	16,815	1,600	*10*	47,401	5,300	*11*
Spontaneous abortion[8,9]	O03	.	.	.	14,141	700	*5*

1. The data include private patients in NHS hospitals (but not private patients in private hospitals).
2. Figures are presented for adults aged 35 and over unless otherwise specified.
3. The figures exclude people whose gender was unknown or unspecified and whose country of residence was not confirmed as England.
4. The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.
5. See Appendix B for corresponding ICD 10 codes used with categories above. ICD-10 codes used have been updated since the 2007 bulletin. The ICD-10 code for hip fracture has been revised from S72 in the 2009 bulletin to S72.0, S72.1 and S72.2 in bulletins from 2010 onwards.
6. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding.
7. Estimated attributable percentages are based on unrounded attributable estimates.
8. Figures exclude admissions for patients whose gender was specified as male.
9. Attributable admissions for these ICD10 codes are calculated using risk ratios included in London: The Preventable Burden. These are used in addition to ICD10 codes associated with diseases attributable to smoking fatalities due to smoking as used in Health Profile for England (see Appendix B)

Sources:
Hospital Episode Statistics. The NHS Information Centre, 2011.
General Lifestyle Survey, 2009. Office for National Statistics (ONS).
Tobacco in London: The Preventable Burden. London Health Observatory and SmokeFree London, 2004.
Health Profile of England, 2007. Department of Health.

Table 4.6 All deaths[1] among adults aged 35 and over and deaths from diseases which can be caused by smoking, the estimated number of deaths that can be attributed[2] to smoking and the percentage of deaths that can be attributed to smoking, 2010[3]

England Numbers / *percentages*

Diagnosis ICD10	ICD10 codes	Observed Deaths[1]	Attributable number[4]	Attributable percentage[5]
All deaths		450,571	81,700	*18*
All cancers	C00-D48	131,390	37,500	*29*
All respiratory diseases	J00-J99	62,523	22,300	*36*
All circulatory diseases	I00-I99	146,680	20,600	*14*
All diseases of the digestive system	K00-K93	23,621	1,200	*5*
All deaths which can be caused by smoking		**252,507**	**81,700**	***32***
Cancers which can be caused by smoking		**65,820**	**37,500**	***57***
Trachea, Lung, Bronchus	C33-C34	28,044	23,100	*82*
Upper respiratory sites	C00-C14	1,818	1,200	*66*
Larynx	C32	601	500	*81*
Oesophagus	C15	6,199	4,200	*68*
Cervical	C53	699	100	*12*
Bladder	C67	4,131	1,700	*41*
Kidney	C64-C66,C68	3,357	800	*25*
Stomach	C16	4,041	900	*21*
Pancreas	C25	6,587	1,700	*26*
Unspecified site	C80	8,075	3,000	*38*
Myeloid leukaemia	C92	2,268	400	*17*
Respiratory diseases which can be caused by smoking		**45,911**	**22,300**	***49***
Chronic obstructive lung disease	J40-J43	1,130	1,000	*87*
Chronic Airway Obstruction	J44	21,216	16,800	*79*
Pneumonia, Influenza	J10-J18	23,565	4,500	*19*
Circulatory diseases which can be caused by smoking		**138,436**	**20,600**	***15***
Other Heart Disease	I00-I09, I26-I51	23,593	3,400	*14*
Ischaemic heart disease	I20-I25	65,128	9,400	*14*
Other arterial disease	I72-78	2,511	500	*19*
Cerebrovascular disease	I60-I69	40,374	3,400	*8*
Aortic aneurysm	I71	6,456	4,000	*61*
Atherosclerosis	I70	374	100	*19*
Diseases of the digestive system which can be caused by smoking		**2,340**	**1,200**	***51***
Stomach/duodenal ulcer	K25-K27	2,340	1,200	*51*

1. Registered Deaths among adults aged 35 and over (2009 deaths figures are provisional).

2. See Appendix B for methodology and please note these data are provisional as 2009 prevalence data is used.

3. Smoking prevalence data used to calculate the attributable fractions relates to the 2009 calendar year, whilst the registered deaths data relates to 2010.

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

5. Estimated attributable percentages are based on unrounded attributable estimates.

Sources:

Mortality Statistics Extract, 2010. Office for National Statistics (ONS).
General Lifestyle Survey, 2009. Office for National Statistics (ONS).
Health Profile of England, 2007. Department of Health.

Table 4.7 All deaths[1] among adults aged 35 and over and deaths from diseases which can be caused by smoking, the estimated number of deaths that can be attributed[2] to smoking and the percentage of deaths that can be attributed to smoking, by gender, 2010

England Numbers / *percentages*

Diagnosis ICD10	ICD10 codes	Men			Women		
		Observed Deaths[1]	Attributable number[4]	Attributable percentage[5]	Observed Deaths[1]	Attributable number[4]	Attributable percentage[5]
All deaths		215,789	49,000	*23*	234,782	32,700	*14*
All cancers	C00-D48	69,085	23,900	*35*	62,305	13,700	*22*
All respiratory diseases	J00-J99	29,342	11,800	*40*	33,181	10,600	*32*
All circulatory diseases	I00-I99	71,562	12,700	*18*	75,118	7,900	*11*
All diseases of the digestive system	K00-K93	11,153	600	*6*	12,468	600	*5*
All deaths which can be caused by smoking		**127,958**	**49,000**	***38***	**124,549**	**32,700**	***26***
Cancers which can be caused by smoking		**37,133**	**23,900**	***64***	**28,687**	**13,700**	***48***
Trachea, Lung, Bronchus	C33-C34	15,736	13,800	*88*	12,308	9,200	*75*
Upper respiratory sites	C00-C14	1,207	900	*74*	611	300	*51*
Larynx	C32	480	400	*82*	121	100	*76*
Oesophagus	C15	4,180	2,900	*71*	2,019	1,300	*62*
Cervical	C53	.	.	.	699	100	*12*
Bladder	C67	2,797	1,300	*46*	1,334	400	*31*
Kidney	C64-C66,C68	2,034	700	*36*	1,323	100	*9*
Stomach	C16	2,519	700	*27*	1,522	200	*13*
Pancreas	C25	3,213	800	*24*	3,374	900	*27*
Unspecified site	C80	3,733	2,100	*55*	4,342	1,000	*23*
Myeloid leukaemia	C92	1,234	300	*23*	1,034	100	*10*
Respiratory diseases which can be caused by smoking		**21,424**	**11,800**	***55***	**24,487**	**10,600**	***43***
Chronic obstructive lung disease	J40-J43	664	600	*89*	466	400	*83*
Chronic Airway Obstruction	J44	10,968	8,800	*80*	10,248	8,000	*78*
Pneumonia	J10-J18	9,792	2,400	*24*	13,773	2,100	*15*
Circulatory diseases which can be caused by smoking		**68,247**	**12,700**	***19***	**70,189**	**7,900**	***11***
Other Heart Disease	I00-I09, I26-I51	9,699	1,900	*19*	13,894	1,500	*11*
Ischaemic heart disease	I20-I25	37,789	6,200	*16*	27,339	3,100	*11*
Other arterial disease	I72-78	1,053	200	*18*	1,458	300	*19*
Cerebrovascular disease	I60-I69	15,715	1,900	*12*	24,659	1,400	*6*
Aortic aneurysm	I71	3,848	2,500	*64*	2,608	1,500	*58*
Atherosclerosis	I70	143	0	*29*	231	0	*13*
Diseases of the digestive system which can be caused by smoking		**1,154**	**600**	***54***	**1,186**	**600**	***47***
Stomach/duodenal ulcer	K25-K27	1,154	600	*54*	1,186	600	*47*

1. Registered Deaths among adults aged 35 and over
2. See Appendix B for methodology and please note these data are provisional as 2009 prevalence data is used.
3. Smoking prevalence data used to calculate the attributable fractions relates to the 2009 calendar year, whilst the registered deaths data relates to 2010.
4. Estimated attributable number, rounded to the nearest 100. Totals may not sum due to rounding.
5. Estimated attributable percentages are based on unrounded attributable estimates.

Sources:

Mortality Statistics Extract, 2010. Office for National Statistics (ONS).
General Lifestyle Survey, 2009. Office for National Statistics (ONS).
Health Profile of England, 2007. Department of Health.

Appendix A: Key sources

Affordability data

An important adjustment has been introduced for the first time in *Statistics on Smoking: England, 2011* so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income **per capita**.

Previously, the RHDI index tracked changes in the total disposable income of all households and was not on a per capita basis. This meant that changes in the RHDI index over time were, in part, due to changes in the size of the population and not exclusively due to changes in real disposable income per capita. The RHDI index feeds into the affordability of tobacco index, and so this was also affected.

The adjustment was carried out using the Office for National Statistics (ONS) mid-year population estimates of the adult population aged 18 and over, and was applied to all years in the index (1980 onwards). The adjusted RHDI index was then carried forward to produce an adjusted affordability of tobacco index. Both the unadjusted RHDI index and the unadjusted affordability of tobacco index (as used in *Statistics on Smoking: England 2010* and prior publications) are presented alongside the revised indices for comparability purposes.

The tobacco price index as seen in **Table 2.12** of this bulletin shows how much the average price of tobacco has changed compared with the base price (1980).

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

The relative tobacco price index is calculated in the following way:

(tobacco price index / retail prices index) *100

This shows how the average price of tobacco has changed since the base (1980) compared with prices of all other items. A value greater than 100 shows that the price of tobacco has increased by more than inflation during that period, for example between January 1980 and 2010, the price of tobacco increased by 778.3 %. After considering inflation at 234.5%, tobacco prices increased by 162.6% over the period, as shown by the relative index of 262.6.

Adjusted real households' disposable income is an index of total households' income, minus 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) which tracks, exclusively, changes in real disposable income per capita.

The adjusted real households' disposable income index is obtained by carrying out the following 2 steps;

1. Calculate real households' disposable income index / total number of UK adults aged 18 and over

2. Rebase the resulting series so that 1980 = 100%.

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 per capita over the same period (with both allowing for inflation). It is calculated in the following way;

(adjusted real households' disposable income index / 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 2010 tobacco prices were 778.3% higher than in 1980 but, after taking inflation and households' disposable income per capita into account, tobacco was 33.0% less affordable, as shown by the affordability index of 67.0.

Focus on Consumer Price Indices, Office for National Statistics. Available at:
www.statistics.gov.uk/statbase/product.asp?vlnk=867

Economic and Labour Market Review, Office for National Statistics. Available at:
http://www.statistics.gov.uk/statbase/product.asp?vlnk=14692

Final Mid-Year Population Estimates (2001 census based), Office for National Statistics. Available at:
http://www.statistics.gov.uk/hub/population/population-change/population-estimates/index.html

Affordability data is presented in Chapter 2 of this report.

The NHS Information Centre continues to investigate new and improved measures for calculating indicators and may include revised methodologies in future publications.

Availability of tobacco

The availability of tobacco, shown as the volume of tobacco released for home consumption, is taken from HM Revenue & Customs (HMRC) statistical fact sheets. Graphs, tables and charts are used to present a variety of data and to communicate information to the user. In places, commentary is provided to support the data. Fact sheets are not National Statistics and therefore their production dates are not fixed.

HMRC data is presented in Chapter 2 of this report.

Her Majesty's Revenue and Customs Statistical Bulletins: Tobacco Duties. Her Majesty's Revenue & Customs. Available at:

http://www.uktradeinfo.com/index.cfm?task=bulltobacco

Living Costs and Food Survey

In 2008 the Expenditure and Food Survey (EFS) was renamed as the Living Costs and Food Survey (LCF) when it became part of the Integrated Household Survey (IHS) run by the Office for National Statistics (ONS). The Expenditure and Food Survey (EFS) was formed by bringing together the Family Expenditure Survey (FES) and the National Food Survey (NFS). The LCF provides data on food purchases and expenditure; historical estimates based on NFS are available from 1940 to 2000.

The LCF collects diaries from around 6,000 households across the UK. Each household member over the age of seven years keeps a diary of all their expenditure over a 2 week period. Note that the diaries record expenditure and quantities of purchases of food and drink rather than consumption of food and drink.

In 2006 the survey moved onto a calendar year basis from the previous financial year basis in preparation for its integration to the Continuous Population Survey (CPS). As a consequence, the January 2006 to March 2006 data are common between the 2005/06 financial year results (as published in *Family Spending - 2006 edition*) and the 2006 calendar year results.

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

The aligned estimates are generally higher than the original ones and indicate that the scaling has partially corrected for under-reporting in the NFS. Under-reporting is likely to be lower in the LCF because it does not focus on diet but on expenditure across the board and is largely based on till receipts. However it is necessary to be aware that there is a change in methodology which makes the estimate of the year on year change unreliable between 2000 and 2001/02. The largest adjustments were for confectionery, alcoholic drinks, beverages and

sugar and preserves. Details of the adjustments to the NFS estimates can be found in *Family Food. A report on the 2002/03 Expenditure & Food Survey*.

Data from the LCF presented in Chapter 2 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 2009 Living Costs and Food Survey - 2010 edition. Office for National Statistics 2010. Available at:

http://www.statistics.gov.uk/downloads/theme_social/familyspending2010.pdf

The Living Costs and Food Survey are National Statistics.

General Lifestyle Survey

From 2008, the General Household Survey (GHS) became a module of the Integrated Household Survey (IHS). In recognition, the survey was renamed the General Lifestyle Survey (GLF). Please refer to the IHS web page for further information: http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15381

The GLF 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 GLF, questions on smoking have been included in the questionnaire every year from 2000 onwards.

Smoking and Drinking among adults, 2009 (GLF 2009) is the latest report available and presents information about trends in cigarette smoking. It also discusses variations according to personal characteristics such as sex, age, socio-economic classification and economic activity status.

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

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

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

Figures on smoking in the GLF report *Smoking and Drinking among adults* are mostly at Great Britain level and therefore differ from those shown in this bulletin which, unless stated are for England. Most of the England figures presented in this bulletin have been obtained by re-analysing the GLF dataset.

There are several tables reporting GLF results by socio-economic classification in Chapters 2 and 3. Population totals in these tables include full-time students, persons in inadequately described occupations, persons who have never worked and the long term unemployed. These tables also include adults who were routed past the associated question by the flow of the questionnaire. This approach is consistent with the GLF report *Smoking and Drinking among adults, 2009* (GLF 2009). These tables also include the small number of adults miscoded as children (under 16 years of age) or not available for interview. Inclusion of this last category across all tables will be consistent with GLF 2009 but may be inconsistent with GLF 2008 (and the GLF in previous years). Given the number of people in this category is very small, the issue has negligible effect. Further details on inclusions and exclusions from population totals in the GLF are available from the ONS.

Move to calendar year

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

Longitudinal data

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

Data from the GLF are presented in Chapters 2 and 3 of this report.

General Lifestyle Survey, Smoking and Drinking among adults, 2009. Office for National Statistics. Available at:

www.statistics.gov.uk/ghs/

ONS have recently undertaken a consultation on the future of the General Lifestyle Survey. This consultation closed on the 6th May 2011, further information can be found at; http://www.ons.gov.uk/about/consultations/closed-consultations/the-future-of-the-glf-survey/index.html

The General Lifestyle Survey are National Statistics.

Health Survey for England

The Health Survey for England (HSE) comprises of a series of annual surveys of which the 2009 survey is the nineteenth. 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 NHS Information Centre, and prior to April 2005, by the Department of Health, and provides regular information on various aspects of the public's health.

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

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

Data from the HSE are presented in Chapters 2 and 3 of this report.

HSE publications from 2004 onwards are available on the NHS Information Centre website at:
http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england

Earlier HSE publications are available on the Department of Health (DH) website at:
http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/Healthsurveyresults/index.htm

The Health Survey for England are National Statistics.

Neighbourhood statistics

A model-based approach to producing healthy lifestyle prevalence estimates for each Middle Super Output Area (MSOA) and Local Authority (LA) in England was used because the sample size of national surveys such as the HSE was too small to provide reliable estimates at a small area level. Model-based estimates and 95 per cent confidence intervals have been produced using 2003-2005 data from the HSE covering the prevalence of the healthy lifestyle indicators for adults aged 16 or over.

Confidence intervals have been produced to accompany the model-based estimates in order to make the accuracy of the estimates clear. It is important to take into account the variability in the estimates when interpreting them. Therefore, the estimated prevalence for a LA should be viewed in light of its confidence interval rather than just the estimated prevalence.

For model-based estimates in each area, scores are provided to give a comparison against the national estimate, this highlights whether each ward estimate differs significantly from the national estimate. A score of 1 indicates the ward estimate is significantly below the national estimate, 2 indicates an overlap with the national estimate and 3 indicates the estimate at LA level is significantly higher than the national estimate. The national estimates are derived directly from the HSE data for 2003-2005 (and associated confidence intervals produced) and are therefore not a model-based estimate.

The methodology used to produce estimates at LA and MSOA level is relatively new and as a result may be subject to consultation, modification and further development. In view of this ongoing work the estimates have been published as “experimental” statistics.

The 2003-2005 estimates are the second set of model-based healthy lifestyle prevalence estimates to be published. Differences in geographical boundaries, modelling methodologies and data sources, however, mean that they are not comparable to the preceding estimates for 2000-2002.

Neighbourhood Statistics: Model Based Estimates of Healthy Lifestyle Behaviours at Local Authority level 2003-05. The NHS Information Centre, 2007. Available at:

www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/neighbourhood-statistics/neighbourhood-statistics:-model-based-estimates-of-healthy-lifestyles-behaviours-at-la-level-2003-05

Neighbourhood Statistics are Official Statistics.

Hospital Episode Statistics

Hospital Episode Statistics (HES) is a data warehouse containing details of all admissions to NHS hospitals in England. NHS hospital admissions in England have been recorded using the

HES system since April 1987. It includes private patients treated in NHS hospitals, patients who were resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. HES also contains details of all NHS outpatient appointments in England as well as detailed records of attendances at major A&E departments, single specialty A&E departments, minor injury units and walk-in centres in England.

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

Figures presented in Chapter 4 of this report are based on finished admission episodes with a primary diagnosis of diseases that can be caused by smoking, as defined by a specific set of ICD-10 codes. A finished admission episode is the first period of in-patient care under one consultant within one healthcare provider. Details of ICD-10 codes used are included in Tables 4.4 to 4.7. A primary diagnosis is the main condition treated or investigated during the relevant episode of healthcare.

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

HES data are shown in Chapter 4 of this report.

The HES Service and website (see below) are run by Northgate Information Solutions on behalf of the NHS Information Centre.

www.hesonline.nhs.uk

Infant Feeding Survey (IFS)

The IFS is carried out every 5 years, with the latest survey being carried out in 2010 and is expected to be published by the NHS Information Centre in 2012. The 2010 IFS: Early Results was published by the NHS Information Centre in June 2011. This survey provides statistics on smoking behaviour among women before and during pregnancy. Information is provided on the smoking and drinking behaviours of women before, during and after pregnancy.

http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey

International Classification of Diseases

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

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

Data that use the ICD-10 coding are found in Chapter 4 of this report.

Information about ICD is available on the WHO website here:

http://www.who.int/classifications/icd/en/

NHS Stop Smoking Services

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

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

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 NHS Information Centre.

Statistics on NHS Stop Smoking Services are presented in Chapters 3 and 4 of this report.

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

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services

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

NHS Stop Smoking Services are Official Statistics.

Office for National Statistics (ONS) Mortality Statistics

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

ONS mortality data are shown in Chapter 4 of this report.

The ONS Mortality Statistics are National Statistics.

Office for National Statistics (ONS) Omnibus Survey

The Omnibus Survey is a multi-purpose continuous survey carried out by the ONS on behalf of a range of government departments and other bodies.

In 2008/09, interviews for the smoking module of the survey were conducted with around 1,200 adults aged 16 or over living in private households in Great Britain each month, during October and November 2008 and again in February and March 2009. This survey is currently not being continued. The latest report on the smoking module *Smoking-related behaviour and attitudes, 2008/09* presents results on smoking behaviour and habits, views and experiences of giving up smoking, awareness of health issues linked with smoking and attitudes towards smoking.

The weighting system in the Omnibus Survey used from 2007 onwards adjusts for some non-response bias by calibrating the Omnibus sample to ONS population totals. The weighting ensures that the weighted sample distribution across regions and across age-sex groups matches that in the population. Trend tables from the *Smoking-related behaviour and attitudes, 2008/09* report show the 2007 estimates and bases weighted to population totals, and for unequal probability of selection (as in previous years) to give an indication of the effect of the revised weighting system. There appeared to be little effect on the estimates by introducing the new weighting system. Care should be taken when comparing 2008/09 estimates based on the new weighting system with those from previous reports using the old weighting system.

Data from the Omnibus survey are used in Chapter 3 of this report.

Smoking-related behaviour and attitudes, 2008/09. Office for National Statistics, 2009. Available at:

http://www.statistics.gov.uk/downloads/theme_health/smoking2008-9.pdf

The ONS Omnibus Survey are National Statistics.

Prescription data

Information on prescription items prescribed in primary care settings in England is produced using Prescribing Analysis and Cost Tool (PACT) data, accessed from NHS Prescription Services, a division of the NHS Business Services Authority (NHSBSA) by the NHS Information Centre. The PACT system covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/clinics that are dispensed in the community, prescriptions dispensed in hospitals and private prescriptions are not included in PACT data.

Hospital prescription information is taken from the Prescription Cost Analysis (PCA) system, supplied by the NHS Prescription Services of the Business Services Authority (NHSBSA), and is based on a full analysis of all prescriptions dispensed in the community i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs dispensed in hospitals, including mental health trusts, or private prescriptions.

Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income.

The prescription data included in this report are not routinely available. Sub-national or primary care data may be available on request from Prescription Services at datarequest@ppa.nhs.uk. National data with a wider coverage is available from the NHS Information Centre at:

http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescription-cost-analysis-england--2010

These are National Statistics.

Smoking-attributable deaths and diseases

Data on smoking-attributable NHS hospital admissions and deaths for those aged 35 and over are presented in Chapter 4 of this report. See Appendix B for more details on the methodology employed to calculate smoking-attributable hospital admissions and deaths.

Smoking, drinking and drug use among young people in England

Between 1982 and 2003, surveys of secondary school children in England were carried out for the Department of Health. This was done by the Office of Population Census and Surveys (OPCS) between 1982 and 1994, by the Office for National Statistics (ONS) between 1994 and

1999 and by the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) between 2000 and 2003. Since 2004, the Smoking, drinking and drug use (SDD) survey has been run by NatCen and NFER on behalf of the NHS Information Centre.

The surveys were conducted biennially until 1998 but are now annual. 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 result is a survey that includes a core set of questions on smoking, drinking and drug use. From 2000 the remainder of the questionnaire focuses in alternate years on either smoking and drinking, or drug use. The emphasis of the 2010 report *Smoking, drinking and drug use among young people in England in 2010* (SDD 2010) is smoking and drinking; the emphasis of the 2009 report *Smoking, drinking and drug use among young people in England in 2009* (SDD 2009) was drug use.

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

Information on smoking prevalence among young people, by Government Office Region (GOR) is available in *Smoking, drinking and drug use among young people in England findings by region 2006-2008*, also produced by NatCen and published by the NHS Information Centre. Data from the SDD surveys from 2006 to 2008 were combined to produce smoking prevalence at GOR level for the first time.

Results from SDD are presented in Chapter 3 of this report.

Reports from the SDD survey are available at:

http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england

These are National Statistics.

Appendix B: Estimating smoking-attributable deaths and hospital admissions

Introduction

Estimates of smoking-attributable NHS hospital admissions and deaths given in Chapter 4 (Tables 4.3 to 4.7) are based on three pieces of information:

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

Smoking Prevalence

Estimates of the prevalence in England of current and ex-smokers by gender and age are taken from the results of the General Lifestyle Survey (GLF). These estimates are used in order to estimate the number of smoking-attributable admissions and deaths.

Provisional 2010 smoking attributable deaths information is given in Tables 4.6 and 4.7. These figures are provisional as they are based on 2009 prevalence information, taken from the 2009 GLF, and provisional 2010 deaths information, as these were the latest available at the time of publication. In previous years the *Health Profile of England*[1] (HPE) has published finalised figures after publication of this report, based on prevalence and finalised deaths information from the year being published.

Smoking prevalence information from the 2009 GLF is presented in Table B.1.

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[2]. This was a prospective study of one million adults in the USA. Work by Callum in *The UK Smoking Epidemic: Deaths in 1995*[2] consider the published risks to be transferable to a UK situation and this has continued to be used so other reports such as Callum and White in *Tobacco in London: The Preventable burden*[3], Twigg, Moon and Walker in *The Smoking epidemic in England*[4] and also Hughes and Atkinson in *Choosing Health in the South East: Smoking*[5]. In 2007 a review of the existing methodologies was undertaken by the Department of Health (DH) and a revised list of diseases for which there was an excess risk of death for current and ex-smokers compared to those people who have never smoked was produced which was then used to estimate numbers of smoking attributable fatalities in the HPE. This revised approach has been adopted for this report.

The methodology employed in this report is identical to that used by the DH in the HPE 2008 and HPE 2009. The method differs slightly from the HPE 2007 as it does not reduce the deaths figure to take account of those diseases for which smoking decreases the relative risk, specifically Parkinson's disease and cancer of the uterus.

The values presented in Table B.2 represent the risk of a person who smokes or is an ex-smoker, dying from that disease compared to someone who has never smoked. That is, a value greater than 1 represents an increased risk of death. The risks are only applicable to people aged 35 and over and therefore only deaths of people aged 35 and over have been used in calculating the estimates.

Non-fatal diseases

The relative risks presented in Table B.3 are for non-fatal diseases and have been used in conjunction with the risks for fatal disease in Table B.2 to estimate the numbers of smoking-attributable hospital admissions in England. These risks have been taken from diseases used by Hughes and Atkinson in the report *Choosing Health in the South East: Smoking* which was based on an update of a 1996 epidemiological study which have not since been reclassified by the DH review as a fatal disease.

The risks for these non-fatal diseases are presented in the same way as those for fatal disease, however they are not gender-specific (with the exception of hip fracture among the 75+ age group) and so the same risks are used to calculate the attributable proportions for both men and women. In the case of spontaneous abortion, the risk is only given for current female smokers.

In order to be consistent with the methodology for fatal diseases, the risks for non-fatal conditions were only applied for hospital admissions of people aged 35 and over.

For fatal diseases, the risks of death were also applied to calculate smoking-related hospital admissions in England. There are some drawbacks to using mortality risks for health outcomes and these are discussed by Callum and White in *Tobacco in London: The Preventable burden*.

Deaths and admissions

The number of deaths for men and women in each of the specified age groups are taken from an annual extract of mortality statistics supplied to the NHS Information Centre by the Office for National Statistics (ONS) by cause and by registrations (V53). The data used refer to the number of registered deaths in England in 2010.

Figures on hospital admissions are from Hospital Episode Statistics (HES) supplied by the NHS Information Centre. The data refer to hospital admissions of people who are resident in England during the period April 2009 to March 2010.

The tenth revision of the International Classification of Diseases (ICD) was used to identify hospital admissions and deaths from the diseases of interest. Tables B.2 and B.3 list the ICD-10 codes used in Tables 4.3 to 4.7. Table B.2 lists codes used by the DH in the HPE 2007 and Table B.3 lists additional non fatal diseases used by Hughes and Atkinson in *Choosing Health in the South East: Smoking* which are not present in Table B.2.

Calculation of Smoking-Attributable Deaths and Admissions

For each of the diseases or groups of diseases shown in Tables B.2 and B.3, the attributable proportion is calculated as follows:

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

where:

a = attributable proportion for each disease

p_{cur} = proportion of current smokers

p_{ex} = proportion of ex smokers

r_{cur} = relative risk of current smokers

r_{ex} = relative risk of ex smokers.

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

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

Notes

1. Work by Callum and White in *Tobacco in London: The Preventable burden*, and further work done by Twigg, Moon and Walker in the report *The Smoking epidemic: Deaths in 1995* use a correction to the estimates for the smoking-attributable proportion of unspecified site cancer deaths to account for the fact that only a proportion of the unspecified site cancers will be smoking-related. Callum and White states that this correction is arbitrary and this has not been adopted by the DH in the HPE and has not been adopted here to ensure that our results are easily reproducible. Therefore, the number of unspecified cancer deaths attributed to smoking in this report may be an overestimate.

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

References

1. Health Profile of England. Department of Health. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_114561

2. The UK Smoking Epidemic: Deaths in 1995. Health Education Authority. 1998.

3. Tobacco in London: The Preventable burden. SmokeFree London and London Health Observatory. 2004. Available at:
http://www.lho.org.uk/Download/Public/8716/1/Tobacco_in_London_Full_Report_4.pdf

4. The smoking epidemic in England. Health Development Agency, 2004. Available at:
http://www.nice.org.uk/niceMedia/documents/smoking_epidemic.pdf

5. Choosing Health in the South East: Smoking. South East Public Health Observatory (SEPHO), 2005. Available at:
www.sepho.org.uk/Download/Public/9593/1/SmokingiInSE-Aug2005.pdf

List of tables

Table B.1 Proportion of current and ex-smokers, by age and gender, 2009

England

	Men		Women	
	Current smokers[1]	Ex-smokers[2]	Current smokers[1]	Ex-smokers[2]
All aged 35 and over	**0.203**	**0.353**	**0.178**	**0.260**
All aged 45 and over	**0.179**	**0.396**	**0.167**	**0.273**
35-54	0.258	0.248	0.208	0.219
55-64	0.204	0.388	0.196	0.292
65-74	0.140	0.492	0.149	0.303
75 and over	0.055	0.551	0.078	0.312
35-64	0.241	0.291	0.205	0.240
65 and over	0.104	0.517	0.114	0.308

1. Adults who said that they smoke cigarettes nowadays are classed as current smokers.

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

Source:

General Lifestyle Survey, 2009. Office for National Statistics (ONS).

Table B.2 Relative risks for fatal diseases for current and ex smokers, by gender

Diseases that can be caused by smoking	ICD-10 code	Age	Male smokers		Female smokers	
			Current (r_{cur})	Ex (r_{ex})	Current (r_{cur})	Ex (r_{ex})
Malignant Neoplasms						
Lip, Oral Cavity, Pharynx	C00-C14	35+	10.89	3.40	5.08	2.29
Oesophagus	C15	35+	6.76	4.46	7.75	2.79
Stomach	C16	35+	1.96	1.47	1.36	1.32
Pancreas	C25	35+	2.31	1.15	2.25	1.55
Larynx	C32	35+	14.60	6.34	13.02	5.16
Trachea, Lung, Bronchus	C33-C34	35+	23.26	8.70	12.69	4.53
Cervix Uteri	C53	35+	1.00	1.00	1.59	1.14
Kidney and Renal Pelvis[3]	C64-C66, C68	35+	2.50	1.70	1.40	1.10
Urinary Bladder	C67	35+	3.27	2.09	2.22	1.89
Malignant neoplasm without specification of site[3]	C80	35+	4.40	2.50	2.20	1.30
Myeloid Leukemia[3]	C92	35+	1.80	1.40	1.20	1.30
Cardiovascular Diseases						
Ischemic Heart Disease[3]	I20-I25	35-54	4.20	2.00	5.30	2.60
		55-64	2.50	1.60	2.80	1.10
		65-74	1.80	1.30	2.10	1.20
		75+	1.40	1.10	1.40	1.20
Other Heart Disease	I00-I09, I26-I51		1.78	1.22	1.49	1.14
Cerebrovascular Disease[3]	I60-I69	35-54	4.40	1.10	5.40	1.30
		55-64	3.10	1.10	3.70	1.30
		65-74	2.20	1.10	2.60	1.30
		75+	1.60	1.10	1.30	1.00
Atherosclerosis	I70	35+	2.44	1.33	1.83	1.00
Aortic Aneurysm	I71	35+	6.21	3.07	7.07	2.07
Other Arterial Diseases	I72-I78	35+	2.07	1.01	2.17	1.12
Respiratory Diseases						
Pneumonia, Influenza[3]	J10-J18	35-64	2.50	1.40	4.30	1.10
		65+	2.00	1.40	2.20	1.10
Bronchitis, Emphysema	J40-J42, J43	35+	17.10	15.64	12.04	11.77
Chronic Airway Obstruction	J44	35+	10.58	6.80	13.08	6.78
Digestive Diseases						
Stomach ulcer, Duodenal ulcer	K25-K27	35+	5.40	1.80	5.50	1.40

1. Based on CPS-II 1982-88 figures, taken from CHP2007 / SAMMEC / USDHHS2004 unless stated.
2. Based on CPS-II 1984-88 data, taken from Tobacco in London, The preventable burden (2004).
3. Based on CPS-II 1982-88 data, taken from UK Smoking Epidemic (1998).

Source:
Health Profile of England 2007, Department of Health.

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

Diseases caused by smoking	ICD-10 code	Current smokers (rcur)	Ex-smokers (rex)
Crohn's disease	K50	2.10	1.00
Periodonitis	K05	3.97	1.68
Age-related cataract (45+)	H25	1.54	1.11
Hip fracture 55-64	S72.0-S72.2[1]	1.17	1.02
Hip fracture 65-74	S72.0-S72.2[1]	1.41	1.08
Hip fracture 75+ Male	S72.0-S72.2[1]	1.76	1.14
Hip fracture 75+ Female	S72.0-S72.2[1]	1.85	1.22
Spontaneous abortion (smoking during pregnancy)	O03	1.28	..

[1]The ICD-10 code for hip fracture has been refined from S72 in previous bulletins to S72.0, S72.1 and S72.2 in bulletins from 2010 onwards.

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

Appendix C: Government policy and targets

Introduction

Tobacco use remains one of the government's most significant public health challenges, and causes over 80,000 premature deaths in England each year.

The White Paper, *Healthy lives, Healthy people: Our strategy for public health in England* sets out the Government's commitment to improving public health in communities across England. The White Paper promised a new plan for tobacco control in England.

The Government published its Tobacco Control Plan, *Healthy lives, Healthy people: A Tobacco Control Plan for England* on 9 March 2011. Alongside the Tobacco Control Plan, an academic review of the evidence of the impact of the smokefree legislation in England was also published.

The Tobacco control Plan sets out how tobacco control will be delivered in the context of the new public health system, over the next five years. The plan sets out three national ambitions to reduce smoking rates in England by the end of 2015:

- From 21.2 per cent to 18.5 per cent or less among adults;
- From 15 per cent to 12 per cent or less among 15 year olds; and
- From 14 per cent to 11 per cent or less among pregnant mothers (measured at the time they give birth).

In the Tobacco Control Plan the Government set out key actions in the following six areas:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to secondhand smoke; and
- effective communications for tobacco control.

The Medicines and Healthcare products Regulatory Agency (MHRA), published on 9 March 2011, is the Government's response to the consultation on the regulation of nicotine-containing products. The MHRA will coordinate a period of further scientific and market research to inform decisions about the regulation of nicotine-containing products (NCPS).

A range of tobacco control legislation has been introduced over a period of time, including smokefree legislation; raising the age of sale for tobacco products from 16 to 18; increased retailer sanctions against those that sell to under aged smokers; ending tobacco advertising, promotion and sponsorship; and the introduction of picture warnings on all tobacco products. These interventions have contributed to an improved public health and awareness of the dangers of smoking and exposure to second-hand smoke.

There has been a significant decline in smoking in recent decades as well as a shift in public attitudes towards smoking. Since the early 1970s, there has been a marked decline in smoking prevalence. Today only around one in five adults smoke cigarettes. Seven out of ten smokers say they want to quit. However, whilst smoking uptake in children has been declining, in 2008 an estimated 180,000 young people aged 11-15 regularly smoke, and each year in England an estimated 320,000 young people under the age of 16 try smoking for the first time. Around two thirds of smokers say they started smoking before the age of 18.

Public Commitments

Reduce smoking prevalence among adults in England: To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent) meaning around 210,000 fewer smokers a year.

Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 15 per cent) by the end of 2015.

Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of giving birth).

NHS Stop Smoking Services

NHS Stop Smoking Services were first set up in 1999/2000 and rolled out across England from 2000/2001. Services provide free, tailored support to all smokers wishing to stop offering a combination of recommended stop smoking pharmacotherapies and behavioural support.

In December 2005, Nicotine Replacement Therapy (NRT) was made available to more people than before, following a change in the guidance for the use of NRT. This change related to adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease who are now able to use NRT in their attempt to stop smoking. In September 2006, the European Commission approved Champix, generic name *Varenicline*, as a new pharmacotherapy to help adults quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommends the use of Champix in the NHS.

Links to important publications:

Healthy Lives, Healthy People: our strategy for public health in England:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

Healthy Lives, Healthy People: a Tobacco Control Plan for England:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917

Impact of smokefree legislation: evidence review, March 2011:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124961

Stop Smoking Service Delivery and Monitoring Guidance 2011/12:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125389

Public consultation (MLX 364): The regulation of nicotine containing products (NCPs) : MHRA
http://www.mhra.gov.uk/Publications/Consultations/Medicinesconsultations/MLXs/CON065617

Appendix D: United Kingdom Statistics Authority Assessment of the Statistics on Smoking: England publication

During 2009, the *Statistics on Smoking: England* report, along with the three other publications (drug misuse, alcohol and obesity) that comprise the Lifestyles Compendium Publications published by the NHS Information Centre underwent assessment by the United Kingdom Statistics Authority. Following assessment, the publication was designated continued National Statistics status (see below):

The United Kingdom Statistics Authority has designated these statistics as National Statistics, subject to meeting the requirements below, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

The designation of National Statistics status was subject to a number of requirements and the UKSA report also contained a number of suggestions for improvements. These, together with detail on how these addressed by the NHS IC are below:

Requirement 1 Take steps to develop a greater understanding of the use made of the statistics; publish the relevant information and assumptions, and use them to better support the use of the statistics (para 3.2)

A public consultation was launched by the NHS Information Centre on 1 April 2011 and ran for 12 weeks until 24 June 2011. Responses have been collated and assessed. www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

The consultation aimed to engage with users of the reports to develop further understanding of how the reports are used, by whom, and for what purposes in order to also ensure the reports maintain their relevance and usefulness.

We place a feedback form on each of our statistical release web pages inviting comments and suggestions for improvements to our official statistics. A summary of queries and comments received by the statistical production team are published alongside this report.

Requirement 2 Include an explanation of the distinction between National Statistics, other official statistics and statistics that are not official, and comment on the extent to which they are reliable (para 3.11).

Addressed in the 'Introduction' and Appendix A. A 'Data Quality' statement will accompany this report.

Requirement 3 Determine the most appropriate format for the compendia, in consultation with users (para 3.22).

This was determined by the public consultation launched by the NHS Information Centre and was implemented from August onwards.

Requirement 4 Include the name of the responsible statistician in the *Statistics on Drug Misuse: England* compendium (para 3.28).

Actioned in 'Statistics on Drug Misuse: England, 2010' published on 27 January 2011, and has also been included in all subsequent publications since.

Requirement 5 Complete their Statement of Administrative Sources so that it covers all the sources currently used (para 3.29).

This has been completed and is available at:
http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/administrative-sources

Suggestion 1 Publish the information about users gained from the contact centre and via the website (para 3.3).

Aggregated information for this publication accompanies this report.

Suggestion 2 Seek user input into the data accuracy measures that would best meet user needs (para 3.10).

This was captured via the compendia consultation:
www.ic.nhs.uk/work-with-us/consultations/lifestyles-statistics-compendia-publications-consultation

Suggestion 3 Review the graphs and tables in the compendia in order to make presentation consistent (para 3.22).

The results are reflected in this publication wherever possible.

A copy of the full UKSA assessment report is available on the following link:
http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html

Appendix E: Editorial notes

Figures in this bulletin are shown in accordance with the following conventions:

.	not applicable
..	not available
-	zero
0	less than 0.5 when rounding to the nearest integer
0	less than 5 when rounding to the nearest ten
0	less than 50 when rounding to the nearest one hundred
*	suppressed

Totals may not sum due to rounding.

Most data discussed in the text in this bulletin are presented in a table; the relevant table number is given at the end of the last paragraph in the discussion around each table. Where no table is presented, a reference to the source publication in the form of chapter or table reference is given wherever possible.

The General Lifestyle Survey (GLF) is a 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. Chapters 2 and 3 mainly report GLF data for England only. Shaded figures indicate the estimates are unreliable due to small base sizes and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer. Additionally, some figures are suppressed (replaced by *) on disclosure grounds. The criteria used to determine shading and suppression in this bulletin is consistent with the GLF publication *Smoking and Drinking among adults, 2009*[1] (GLF 2009) at GB level, however there may be slight differences in the figures this applies to due to different bases and proportions in England compared with Great Britain.

References

1. General Lifestyle Survey, Smoking and Drinking among adults, 2009. Office for National Statistics, 2011. Available at:

www.statistics.gov.uk/ghs/

Appendix F: Further information

This annual bulletin draws together statistics on smoking prevalence and behaviour. This bulletin forms part of a suite of statistical reports. Other bulletins cover drug misuse, alcohol, and obesity, physical activity and diet.

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

Contact Centre
The NHS Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE
Telephone: 0845 300 6016
Email: enquires@ic.nhs.uk

Press enquiries should be made to:
Media Relations Manager:
Telephone: 0845 300 6016
Email: enquiries@ic.nhs.uk

This bulletin is available on the NHS Information Centre website at:
www.ic.nhs.uk/pubs/smoking11

Previous editions of this bulletin from 2006 onwards are available on the NHS Information Centre website at:
http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/smoking

Prior to 2006 this bulletin was published by the Department of Health (DH). Further information is available on the DH website at:
www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4032542&chk=GhPZ%2By

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

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

ASH published a compendia report in April 2010 examining the health effects in adults and children of exposure to second-hand smoke.

Eurobarometer

The survey of Europeans' attitudes towards tobacco was commissioned by the European Commission. The survey was carried out in two stages; in September and October 2005 in the 25 European Union Member States (EUMS) and in November and December 2005 in the two accession countries (Bulgaria and Rumania) and the two candidate countries (Croatia and Turkey) and the Turkish Cypriot Community.

ec.europa.eu/health/ph_information/documents/ebs_239_en.pdf

Her Majesty's Revenue and Customs (HMRC)

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

www.hmrc.gov.uk/

Data sets can be obtained from the internet at:

www.uktradeinfo.com

Home Office Research, Development and Statistics Directorate (RDS)

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

www.homeoffice.gov.uk/rds/

National Institute for Health and Clinical Excellence (NICE)

The 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:

http://www.nice.org.uk/

NHS Smoking Helpline

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

Office for National Statistics (ONS)

Information about National Statistics can be found at:
www.statistics.gov.uk/

Summary of Public Health Indicators Using Electronic Data from Primary Care

This report was published by the NHS Information Centre (NHS IC) in September 2008. The purpose of the project was to report trends over recent years (2001-2007) in the completeness of recording of selected public health indicators (obesity, smoking, blood pressures and cholesterol) within primary care electronic health care records, and to report on estimated population levels of obesity, smoking, blood pressure and cholesterol.

The project was jointly funded by the NHS IC and the Health Improvement and Protection Directorate (Department of Health); the work was undertaken by QRESEARCH.
http://www.ic.nhs.uk/webfiles/publications/A%20summary%20of%20public%20health%20indicators%20using%20electronic%20data%20from%20primary%20care.pdf

Scientific Committee on Tobacco and Health (SCOTH)

The report of the SCOTH drew conclusions on the adverse health risks of smoking during and after pregnancy. Continuing to smoke during pregnancy was reported to increase the chance of miscarriage, reduced birth weight and prenatal death of the child. If mothers smoke after birth, the risk of sudden infant death syndrome is increased.
www.archive.official-documents.co.uk/document/doh/tobacco/contents.htm

Smokefree Action

Provides various information relating to the smokefree legislation.
http://www.smokefreeaction.co.uk/

The World Health Organization (WHO) Framework Convention Alliance for Tobacco Control (FCTC)

In May 2003, the member countries of the World Health Organization adopted an historic tobacco control treaty, the Framework Convention on Tobacco Control (FCTC), to set internationally agreed minimum standards on tobacco control and to ensure international co-operation on matters such as the illegal trade of tobacco.

www.fctc.org

Tobacco control survey: England 2004/5

This report presents information about tobacco control activities undertaken by Local Authorities during the period April 2004 to March 2005 inclusive. The data were obtained from an online survey of Trading Standards Departments carried out during 2005.

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

ISBN: 978-1-84636-574-4

This publication may be requested in large print or other formats.

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