

Compendium

Adult Smoking Habits in Great Britain, 2013



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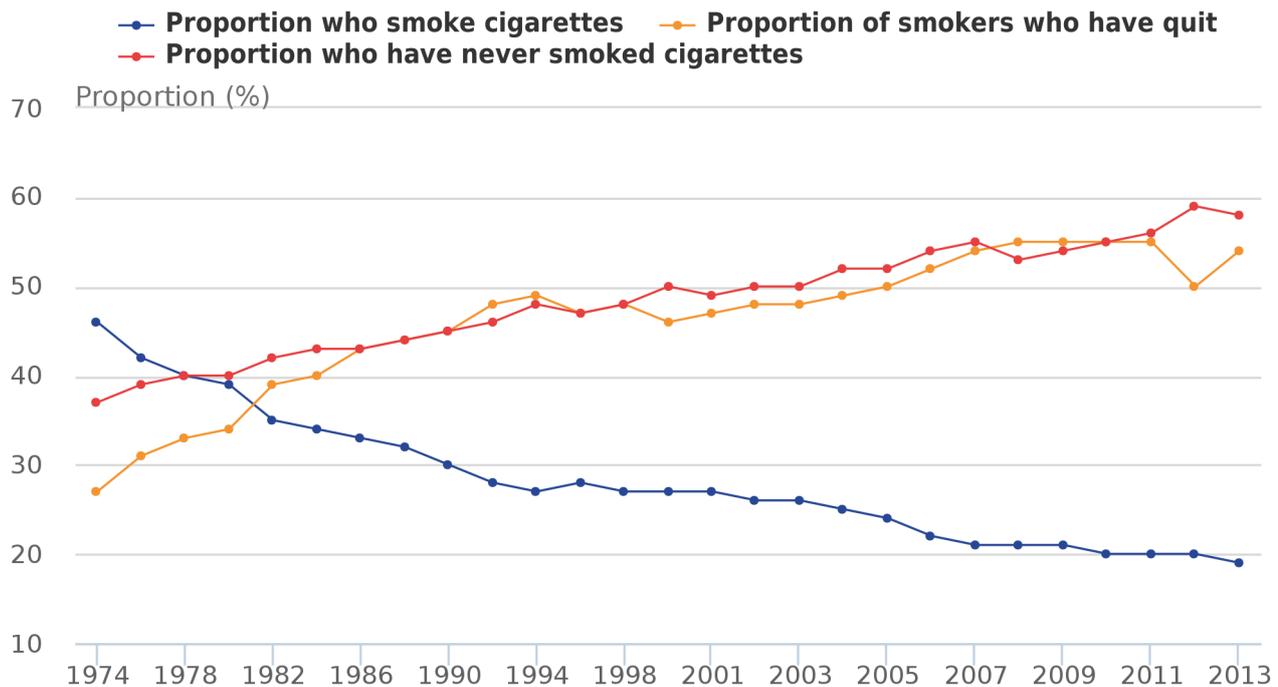
1 . Key points in 2013

- The proportion of the GB adult population who smoke cigarettes has fallen by more than a half in the last 40 years, from 46% in 1974 to 19% in 2013. Not only have fewer people taken up smoking, but more of those who did smoke have quit
- Women accounted for the fall on the previous year - the proportion of women who smoke cigarettes fell from 19% to 17% between 2012 and 2013. There was relatively little change in this proportion for men
- Unmarried people were almost twice as likely to be cigarette smokers as married people
- The proportion who smoke cigarettes was higher amongst unemployed people, people working in routine and manual occupations and those with lower level educational qualifications. These are all factors associated with poverty
- E-cigarettes are almost exclusively used by smokers and ex-smokers. Almost none of those who had never smoked cigarettes were e-cigarette users

2 . Summary of findings

In 2013 the proportion of the GB population who smoke cigarettes was less than half the proportion in 1974, Figure 1. Fewer people had taken up cigarette smoking, and more of those who did smoke had quit.

Figure 1: Proportion who smoke cigarettes, proportion of smokers who have quit, and the proportion who have never smoked cigarettes, Great Britain, 1974-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

1. Estimates prior to 2000 are unweighted
2. Prior to 2000, data were collected every other year. Estimates for odd years up to 1999 have been interpolated
3. The proportion of smokers who have quit is the proportion of all those who said that they have smoked cigarettes regularly, who no longer smoke
4. The group 'never smoked' contains those who said that they do not smoke cigarettes nowadays, and have never smoked cigarettes regularly

The likelihood of being a cigarette smoker is complex and related to a number of factors. These include employment status, job type, educational achievement, income and marital status. Unemployed people, those with more routine jobs, lower levels of educational achievement and lower incomes were more likely to be cigarette smokers than others. Married people, those with high levels of academic achievement and older people were all less likely to be cigarette smokers than others.

E-cigarette use was almost solely confined to smokers and ex-smokers, and was negligible amongst those who have never smoked cigarettes. E-cigarettes were mainly used to help smokers quit smoking, and because users saw them as being less harmful than cigarettes.

3 . Why do these results matter?

Smoking is the leading cause of preventable death in Great Britain. In 2009, smoking [caused nearly 80,000 deaths in England](#) alone. Estimates from the Scottish and Welsh governments suggest that smoking is responsible for around [13,500 deaths per year in Scotland](#) and [5,500 in Wales](#). Exposure to second-hand smoke (passive smoking) can lead to a range of diseases, many of which are fatal, with children especially vulnerable to the effects of passive smoking.

Smoking also has economic costs, adding significantly to the burden on the NHS. Research from Oxford University suggests that smoking cost the NHS in the UK [£5.2 billion in 2005/06](#). It is estimated that in 2011/12, [approximately 5% of all hospital admissions in England](#) for those aged 35 and over were attributable to smoking.

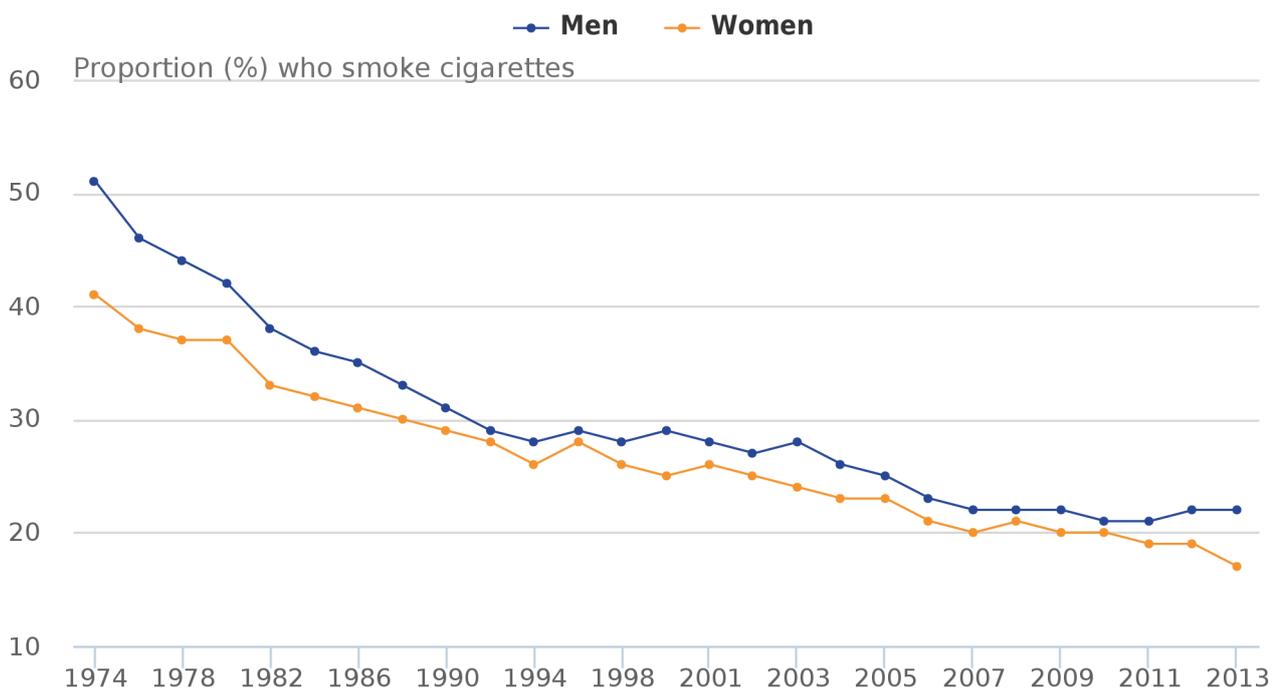
Reducing the prevalence of cigarette smoking is therefore a key objective for the Government and devolved administrations. The Government has set a smoking prevalence target for England of [18.5% by 2015](#). The [Welsh Government has a target](#) of 20% by 2016, and 16% by 2020. The Scottish Government has a target of 17% by 2016, with a longer term target of 5% by 2034.

The UK Government and Welsh and Scottish governments have published the papers '[Healthy Lives, Healthy People – A Tobacco Control Plan for England](#)', '[Tobacco Control Action Plan for Wales](#)' and '[Creating a Tobacco-Free Generation – A Tobacco Control Plan for Scotland](#)'. These set out their respective strategies for reducing the proportion of the population that smokes and the harm caused by tobacco use.

4 . The proportion of the population who smoke cigarettes has fallen over the last 40 years

The proportion of the population who smoke cigarettes has fallen gradually over the past 40 years, from 46% in 1974 to 19% in 2013. This latest figure is similar to the 2013 cigarette smoking levels reported in the [Integrated Household Survey \(IHS\)](#). Over the 40 years this fall was seen amongst both men and women, Figure 2, and in all age groups.

Figure 2: Proportion of population who smoke cigarettes, by sex, Great Britain 1974-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

1. Estimates prior to 2000 are unweighted
2. Prior to 2000, data were collected every other year. Estimates for odd years up to 1999 have been interpolated

Over this time the proportion of the population who had never smoked cigarettes increased from 37% to 58%. The increase was most notable in men; in particular men aged 50-59 where the proportion who had never smoked more than tripled from 17% to 55%.

The proportion of cigarette smokers who had quit doubled between 1974 and 2013, from 27% to 54%. Although in 1974 the proportion was lower amongst women than men (21% vs. 32%), by 2013 women had closed this gap (55% vs. 53%).

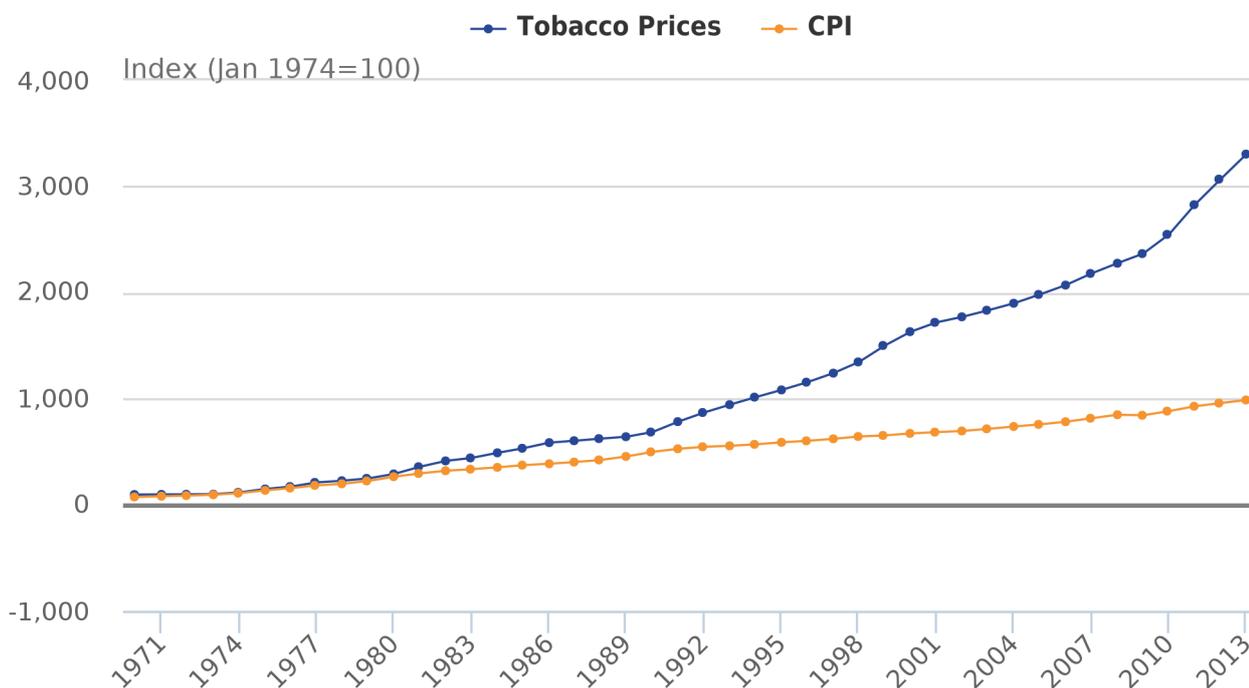
Why are fewer people taking up smoking now than 40 years ago, and why are more smokers quitting?

In 1974 more than 6 in 10 people had at some point smoked cigarettes regularly. By 2013 this had fallen to 4 in 10.

Greater effort is made nowadays to alert the public to the dangers of smoking. Many initiatives and legislative changes have been made over this time (see [background note 8](#) for further details), although it is difficult to say to what extent each initiative has contributed to the fall in the proportion who smoke. There is greater encouragement and pressure to stop smoking, and initiatives such as [No Smoking Day](#) and [Stoptober](#) are well publicised and promoted.

Smoking has become more expensive over this period, with tobacco prices increasing well above the rate of inflation as measured by the Consumer Price Index (CPI), Figure 3. Consequently there has been a gradual increase in the proportion of a smoker's income that has been needed to fund their habit.

Figure 3: Tobacco Price Inflation versus Consumer Price Inflation, United Kingdom, 1970-2013



Source: Office for National Statistics

Notes:

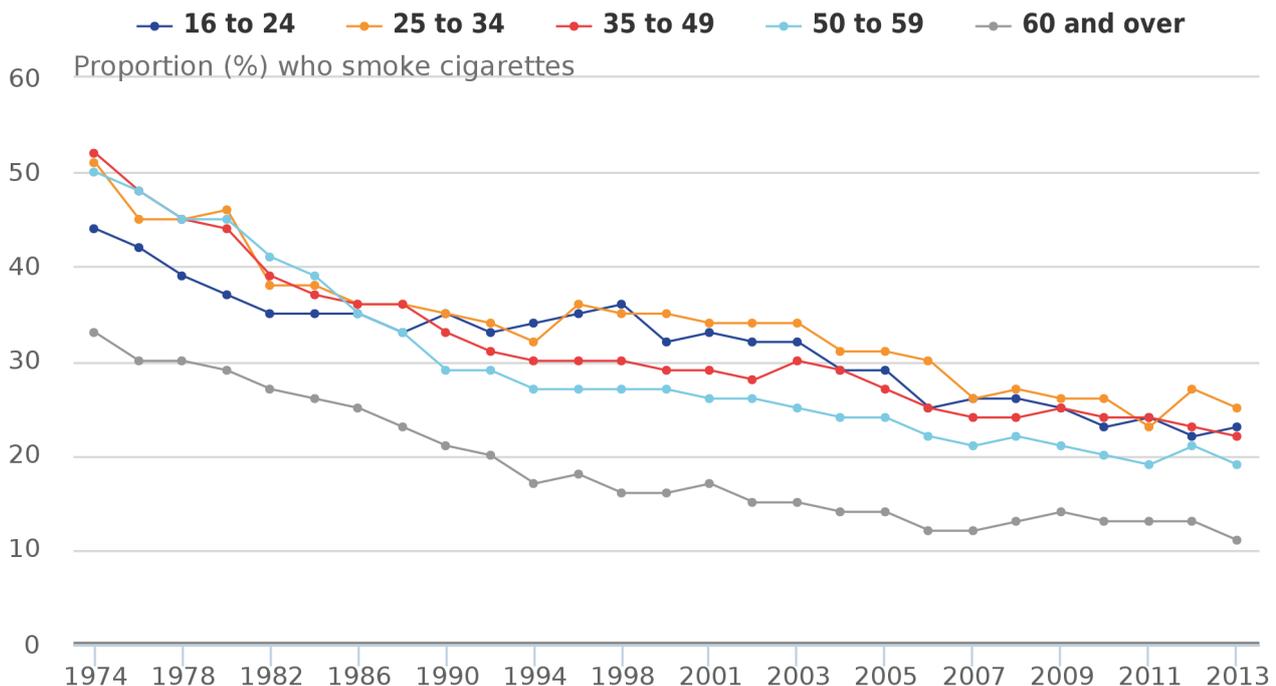
1. As the CPI begins in 1989, the CPI series is modelled up to 1988. For further details please see <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-290190>

Smokers now have access to a range of products and services to help them quit smoking that were not available in the 1970s. Smokers can access smoking cessation support groups, and there are various nicotine replacement therapies (NRTs) available, such as nicotine gum, spray and patches. More recently, e-cigarettes have also been introduced to the marketplace.

5 . Cigarette smoking and age

The fall between 1974 and 2013 in the proportion who smoke cigarettes was seen in all age groups, Figure 4, with the largest falls seen in the 50-59 and 35-49 age groups. Both fell by just over 30 percentage points.

Figure 4: Proportion who smoke cigarettes, by age, Great Britain, 1974-2013



Source: Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics

Notes:

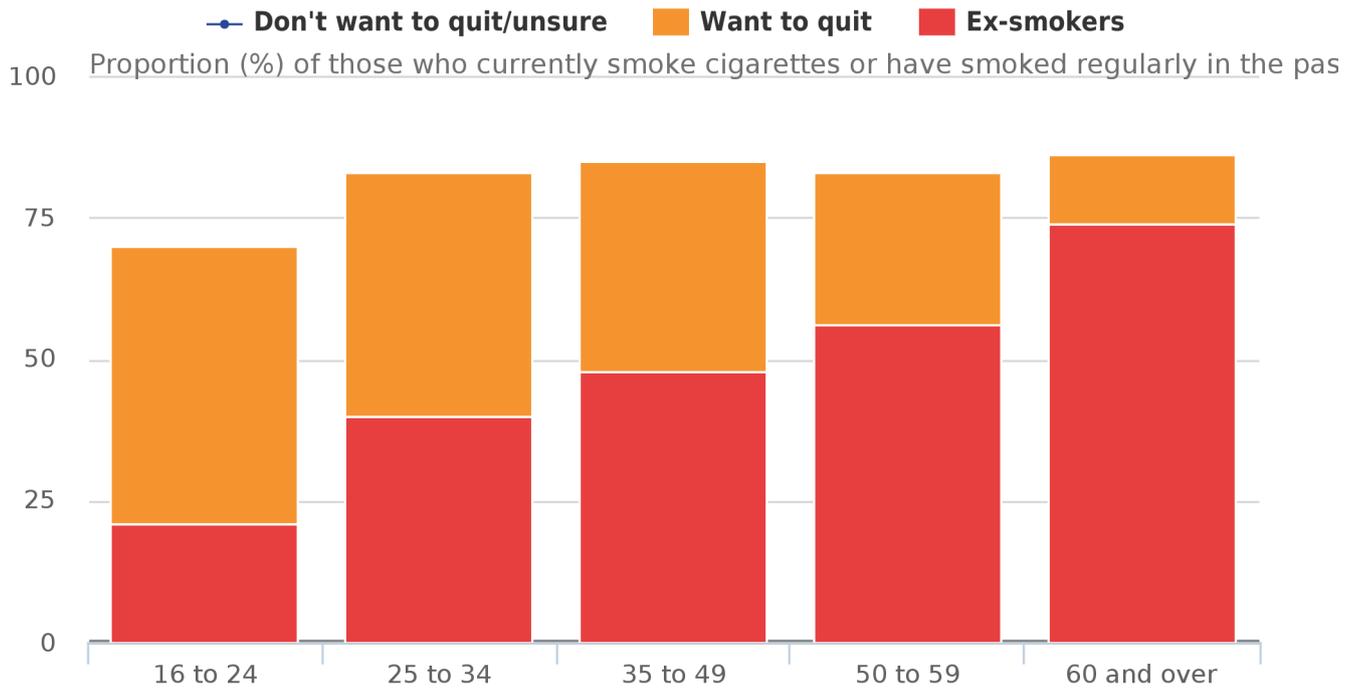
1. Estimates prior to 2000 are unweighted
2. Prior to 2000, smoking data were collected every other year. Estimates for odd years up to 1999 have been interpolated

The proportion of the population who smoke cigarettes has been consistently higher in the 16-24 and 25-34 age groups since the late 1990s. Although the proportion has fallen in these groups, they have remained the highest groups up to 2013.

[General Lifestyle Survey](#) data from 2008-2011, Figure 5, show that among those aged 25 and over the proportion of cigarette smokers who either wanted to or had quit remained constant as age increased. The fact that more had quit smoking was the driver behind the decreasing proportion of cigarette smokers in older age groups. It can take people many attempts to quit smoking, and people who are older may be more likely to have found a method that works for them.

Figure 5: Desire to quit smoking, by age, 2008-2011

All current and ex-smokers aged 16 and over



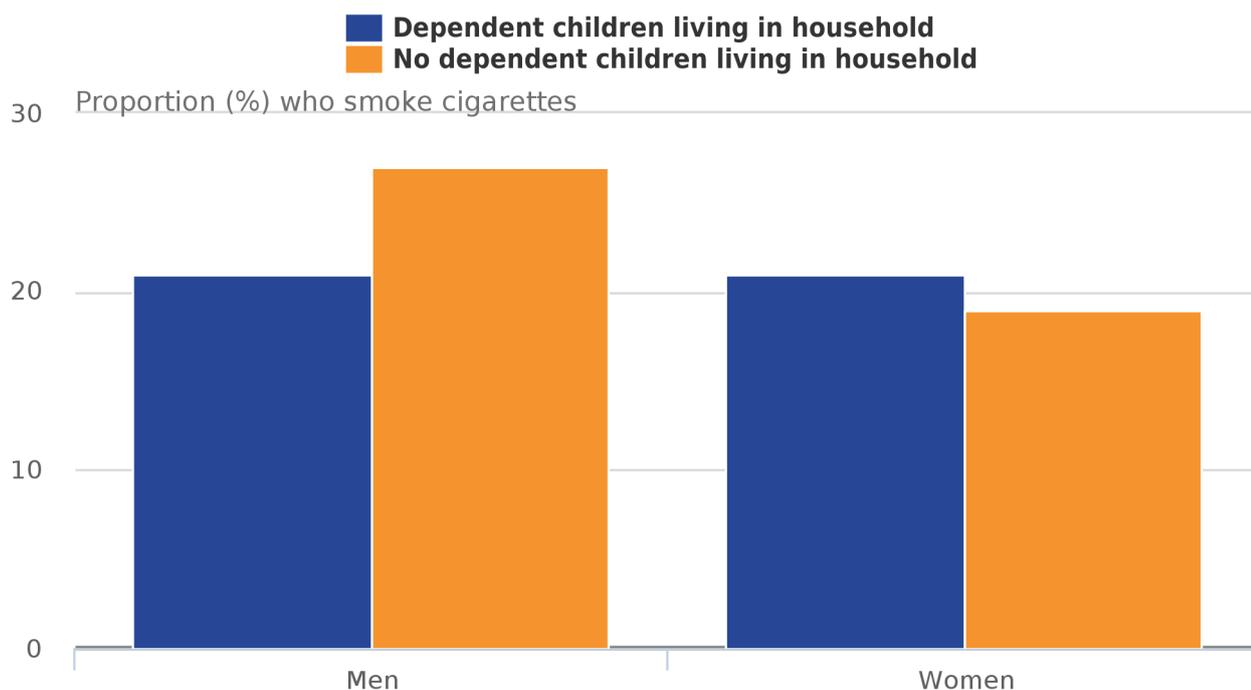
Source: General Lifestyle Survey - Office for National Statistics

6 . Relationships and cigarette smoking

Children's exposure to cigarette smoke

Exposure to second-hand smoke is hazardous to health, in particular to the health of children. The tobacco control plans for [England](#), [Wales](#) and [Scotland](#) each highlight the need to reduce children's exposure to second-hand smoke, and to reduce the proportion of children who smoke. The tobacco control plan for England refers to findings that a 15 year old who lives with a parent who smokes is [almost twice as likely to smoke](#) as one who lives with parents who do not.

Figure 6: Proportion of those aged 16-60 who smoke cigarettes, by sex and whether dependent children live in the household, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Children aged 16 and over have not been classed as dependent children

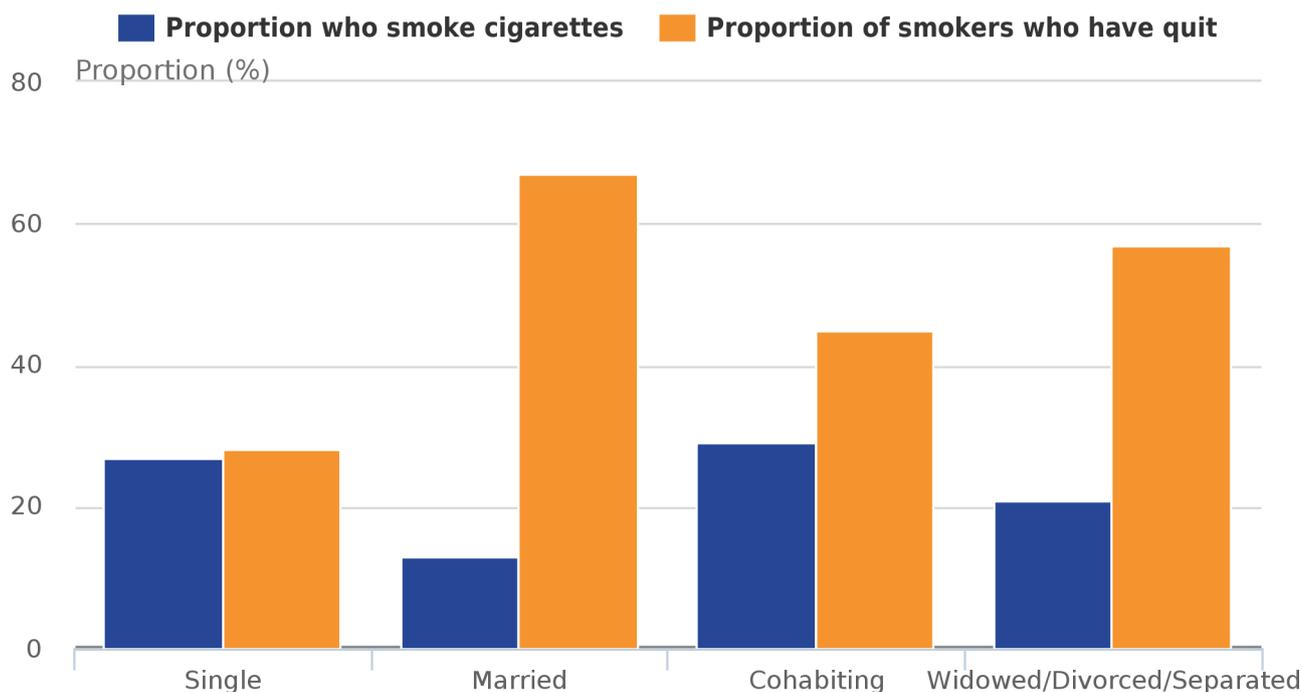
Women who lived with dependent children (under the age of 16) were just as likely to smoke cigarettes as those who did not, Figure 6. This is because women tend to give up smoking at a younger age compared with men. For men the proportion who smoke cigarettes was lower amongst those who lived with dependent children. Men were more likely to stop smoking at an older age than women but it is not clear whether having children is a factor.

Children's exposure to cigarette smoke cannot be defined simply by the proportion of parents who smoke. The tobacco control plans of the UK, Scottish and Welsh governments refer to the need to reduce exposure to second-hand smoke in the home and family car. Questions around children's exposure to second-hand smoke are asked on the Health Surveys for [England](#), [Wales](#) and [Scotland](#).

Differences in the proportion who smoke cigarettes, by marital status

The proportion of the population who smoke cigarettes was lowest amongst those who were married, Figure 7.

Figure 7: Proportion who smoke cigarettes and proportion of smokers who have quit, by marital status, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. The group 'married' includes those in same-sex civil partnerships
2. The proportion of smokers who have quit is the proportion of all those who said that they have smoked cigarettes regularly, who do not currently smoke

This is partly because of age. Single people are more likely to be younger, with married people, cohabiters and those who are widowed, divorced or separated are more likely to be older. However when age was controlled for, unmarried people were almost twice as likely to be cigarette smokers as married people.

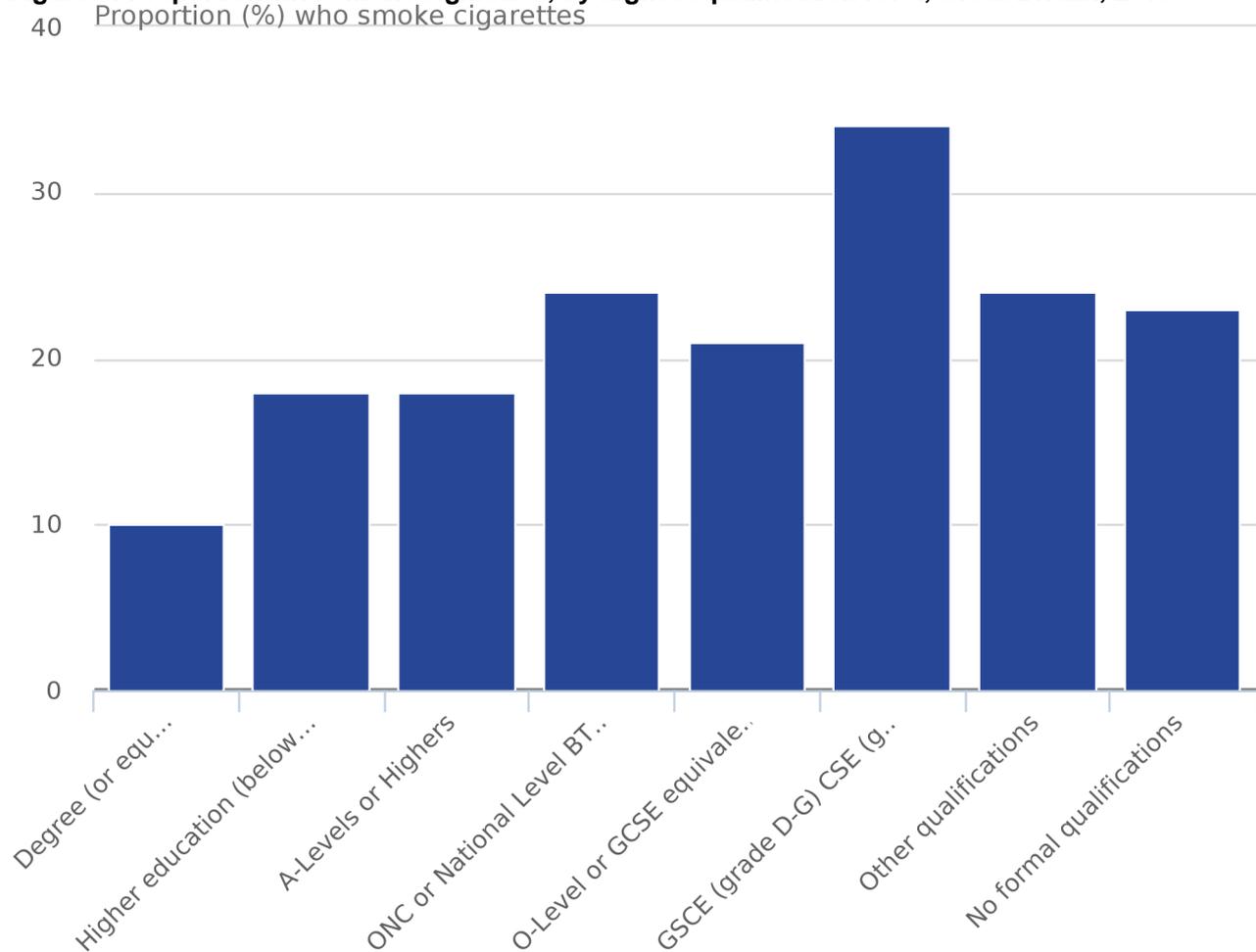
Married smokers were more likely than other smokers to have quit, but it is not clear whether those who had quit had done so before or after marriage.

7 . Cigarette smoking and factors associated with poverty

Cigarette smokers were more likely to have characteristics associated with poverty. This supports findings from an ONS report published in April 2014 which looked at the links between deprivation and smoking.

The proportion who smoked cigarettes was highest amongst those with lower level educational qualifications (Figure 8), unemployed people, those working in routine and manual occupations and those with low incomes. However these factors are themselves related. For example those with lower level educational qualifications are more likely to be unemployed or working in routine and manual occupations, and subsequently they are also more likely to have less income.

Figure 8: Proportion who smoke cigarettes, by highest qualification level, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. All of the specified categories include qualification of an equivalent level. For example 'GCSE (A-C)' also includes O-Levels of equivalent standard

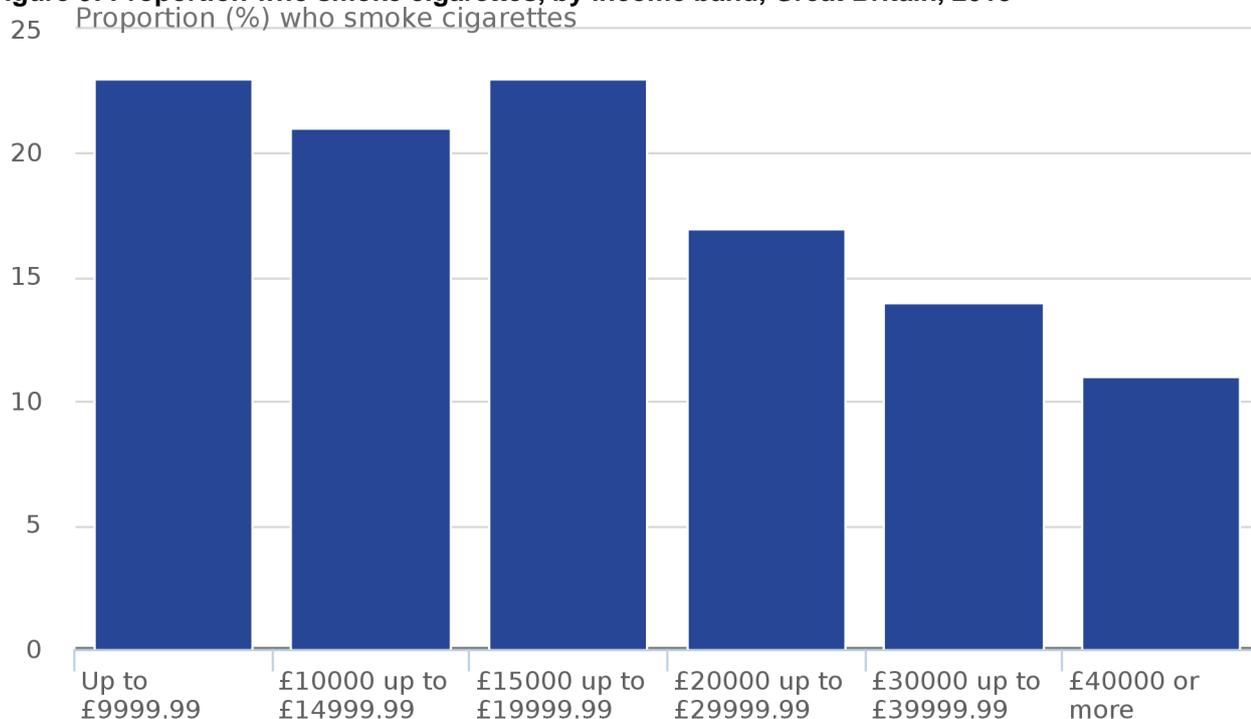
When people who shared the same characteristics were compared, those whose highest qualification was equivalent to an A-Level were almost twice as likely (1.7 times) to be cigarette smokers as those with a degree. Those with lower level qualifications were increasingly likely to be cigarette smokers; those with a qualification equivalent to GCSE (D-G) were more than four times as likely as those with a degree to be cigarette smokers.

Those with no qualifications were less likely than those with lower level qualifications to be cigarette smokers. However once we account for factors such as age, employment status and job type, the likelihood that someone with no qualifications was a smoker was similar to that of someone with a GCSE (D-G).

Unemployed people were twice as likely to be cigarette smokers as employed people who shared similar characteristics.

Those with higher incomes were less likely than others to be cigarette smokers, Figure 9. This can be explained by the fact that those with higher incomes are more likely to be employed, working in managerial and professional occupations and to have high levels of educational achievement.

Figure 9: Proportion who smoke cigarettes, by income band, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Gross personal income is used as the measure of income. This covers all personal income before deductions for tax, National Insurance etc. It relates to income that is directly received (such as pay, benefits or interest from savings), and does not include income received through a third party (such as a spouse or partner)

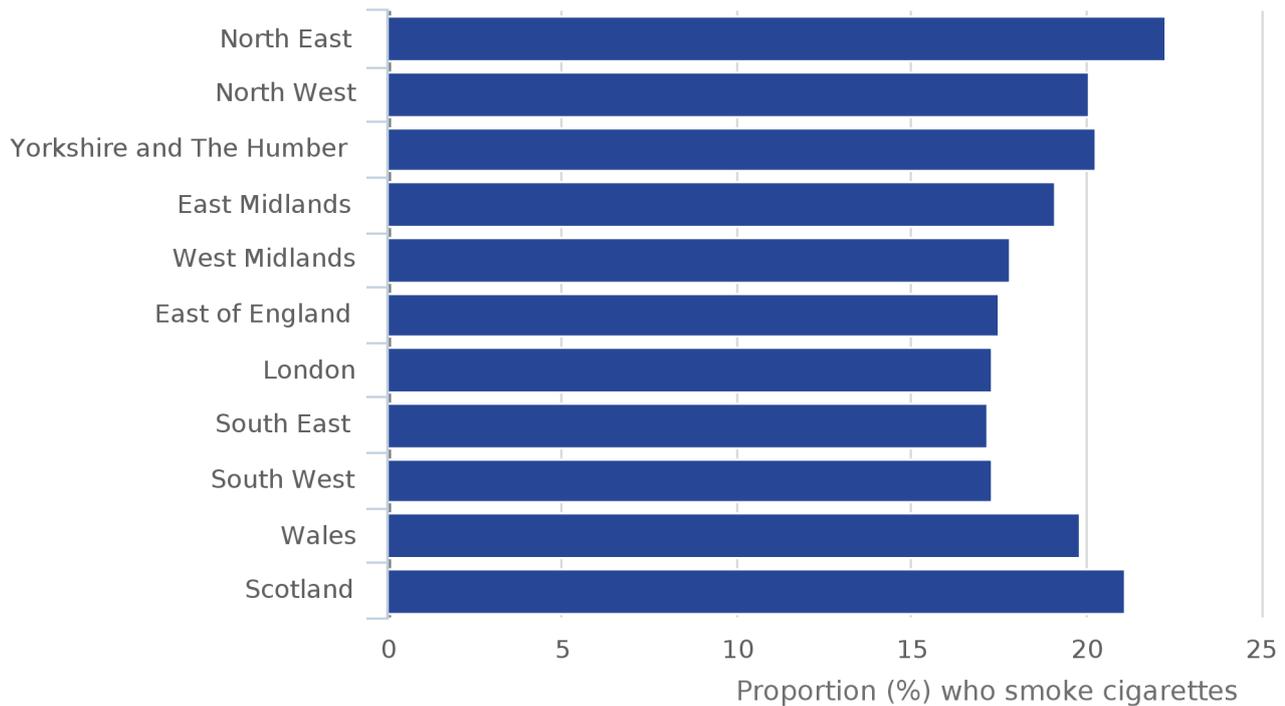
8 . Regional differences in the proportion who smoke cigarettes

The tobacco control plans for [England](#), [Wales](#) and [Scotland](#) provide separate targets for each of the countries of GB. In England the aim is to reduce the proportion of the population that smokes cigarettes to 18.5% by 2015. In Wales the target is 20% by 2016, and 16% by 2020, whereas in Scotland the target is 17% by 2016, with a longer term goal of 5% (or 'smoke-free') by 2034.

The proportion who smoked cigarettes was highest in 2013 in northern regions of England, and in Scotland and Wales, as shown by data from the [Integrated Household Survey \(IHS\)](#), Figure 10. These are generally the areas that have higher unemployment levels, lower average income and lower levels of educational achievement. IHS data have been used as the larger sample size provides more precise comparisons at this level of geography.

Figure 10: Proportion who smoke cigarettes, by region, Great Britain, 2013

All persons aged 18 and over



Source: Integrated Household Survey - Office for National Statistics

9 . Use of e-cigarettes, and the relationship to smoking

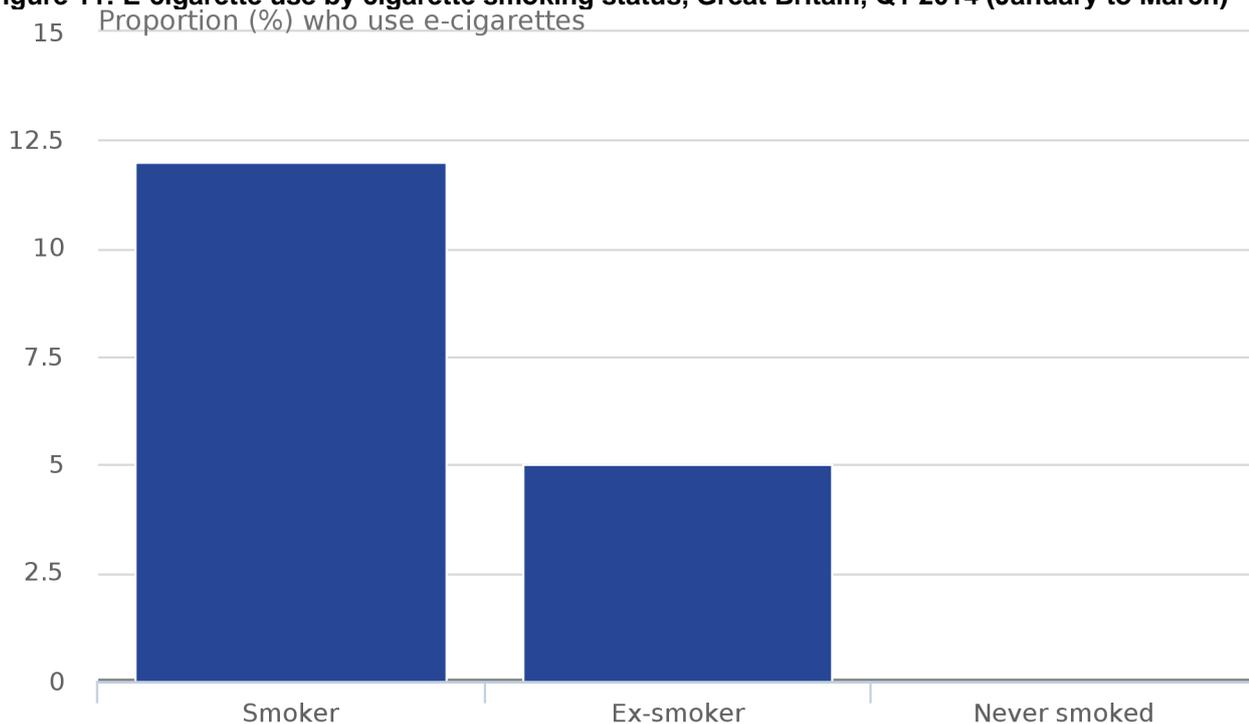
The debate around use of e-cigarettes

E-cigarettes have been sold since 2004, and in Europe since 2006. Their popularity and availability has increased, which has led to debate around their use. Some feel that e-cigarettes could renormalise smoking, or [could be a gateway to smoking](#) by introducing non-smokers to nicotine. Others feel that they could be a useful tool in the effort to reduce tobacco consumption. To date, e-cigarettes have mainly been [marketed as a cheaper and healthier alternative to smoking](#). However, the long-term health effects of using e-cigarettes have yet to be established. This has led to a [World Health Organisation](#) call for tighter controls on e-cigarettes.

ONS has chosen to publish preliminary findings on e-cigarette use in response to the emerging need for more information. These data were collected between January and March 2014. Complete 2014 findings are planned for publication as part of the next Adult Smoking Habits in GB publication in 2015.

Our preliminary findings

Figure 11: E-cigarette use by cigarette smoking status, Great Britain, Q1 2014 (January to March)



Source: Opinions and Lifestyle Survey - Office for National Statistics

E-cigarettes were almost exclusively used by smokers and ex-smokers, Fig 11. More than 1 in 10 (12%) of cigarette smokers also used e-cigarettes, compared with 1 in 20 (5%) ex-smokers and almost none of those who had never smoked. These findings reflect those from a [YouGov survey](#) commissioned by Action on Smoking and Health (ASH). Data on e-cigarette use have also been collected as part of the [Smoking Toolkit Study](#).

E-cigarettes were found to be used mainly as smoking cessation aids and for the perceived health benefits (compared with smoking tobacco). Over half of e-cigarette users said that their main reason for using e-cigarettes was to stop smoking, and about one in five said the main reason for their use was because they thought they were less harmful than cigarettes.

10. Background notes

1. The Opinions and Lifestyle Survey

The data in this report were collected on the Opinions and Lifestyle Survey (OPN) - an omnibus survey run by the Office for National Statistics. The survey is run monthly, and is open for both government and non-government organisations to run questions.

The OPN is the only randomised probability sample omnibus survey in Great Britain, and provides a fast, reliable and flexible service to customers.

More information on the survey and survey methodology can be found in the [Opinions and Lifestyle Survey Information Guide](#).

2. How to commission a module on the survey

Clients can enquire about purchasing modules of questions by e-mailing the Survey Manager at opinions@ons.gsi.gov.uk.

3. Comparability

The report provides information on the cigarette smoking habits of adults, and follows on from the series of releases from the General Household Survey (GHS) and General Lifestyle Survey (GLF). The OPN and GLF/GHS provide comparable results. However there are some differences in the design and content of the two surveys. More information can be found in the [‘Opinions and Lifestyle Survey – Smoking Habits Amongst Adults, 2012’](#) publication.

4. Coherence

There are a number of other sources of smoking data. These have been listed below with a brief explanation of the comparability of each source with the OPN.

Integrated Household Survey (IHS), Office for National Statistics

The IHS has produced statistics on cigarette smoking prevalence since 2010. These are broadly comparable with the OPN estimates of cigarette smoking prevalence. The IHS sample is far larger than the OPN sample. This leads to more precise estimates, especially at lower level geographies. As such we have used regional IHS estimates in this report, as they allow for comparison between regions.

The IHS asks questions around smoking of those aged 18 and over, whereas the OPN also asks the questions of 16 and 17 year olds. The construction of the proportions of the population who have never smoked cigarettes, and those who are ex-smokers, also differ, as the OPN asks an additional question around this.

More information on the IHS and its methodology can be found in the [most recent IHS report](#).

Health Survey for England (Health and Social Care Information Centre), Scottish Health Survey (Scottish Government) and Welsh Health Survey (Welsh Government)

These surveys ask questions on smoking of those aged 18 and over. They are run independently and as such each asks a different suite of questions about smoking.

More information on each of these surveys can be found on the [Health and Social Care Information Centre](#), [Scottish Government](#) and [Welsh Government](#) websites.

5. Reliability

It is likely that the survey underestimates cigarette consumption and, to a lesser extent, cigarette smoking prevalence. [Evidence suggests](#) that when respondents are asked how many cigarettes they smoke per day, there is a tendency for respondents to round the figure down to the nearest multiple of 10. Underestimates of consumption are likely to occur in all age groups.

Under-reporting of prevalence, however, is more likely to occur among young people, in particular those aged under 18 (as a result of the legal age of purchase for cigarettes in the UK). To protect their privacy, those aged 16 and 17 are given the option to complete the smoking section of the questionnaire themselves, so that neither the questions nor the responses can be heard by any of the other persons present.

6. Approach to statistical significance

Where values have been commented on as different in the commentary, these have been tested for significance and found to be significant at 5% level ($p < 0.05$).

95% confidence intervals for the values in the reference tables have been provided as a [separate table \(91.5 Kb Excel sheet\)](#). Where historical data have been provided, confidence intervals have been provided for the latest two years.

7. E-cigarettes

ONS collected preliminary data on the use of e-cigarettes from January to March 2014, and has continued to collect data during October and November 2014. As such, the full release of the data will be included in the 2014 smoking report.

ONS has chosen to publish preliminary data in this report to better meet user needs for information on the use of e-cigarettes.

ONS are currently working with users including other government departments to further develop questions on e-cigarette use. If you are interested in these statistics then let us know your views by contacting us at opinions@ons.gsi.gov.uk.

8. Changes in legislation and government policy, 1970-2013

Since 1970, successive governments have made numerous changes to policy and legislation with regards to tobacco and smoking.

Table 1: Changes in tobacco policy, 1970-201

Year	Change(s)
1971	Following an agreement between the government and the tobacco industry, government health warnings begin being carried on all cigarette packaging in the UK.
1973	First tar/nicotine tables published.
1984 (March)	First No Smoking Day.
1984 (July)	Smoking banned on London Underground trains.
1985	Smoking ban extended to include all stations that are wholly or partially underground.
1986 (February)	Advertising guidelines agreed. These include a ban on tobacco advertising in cinemas, and new health warnings.
1986 (April)	Protection of Children (Tobacco Act) passed. This banned the sale of all tobacco products to those aged under 16 - previously the law only applied to smoking tobacco.
1991	Health warnings now legally required on cigarette packets. A series of new health warnings are introduced, covering 6% of the pack.
1992	Sale of single cigarettes becomes illegal, following implementation of the Children and Young Person's (Protection from Tobacco) Act 1991.
2003	Following an EU products directive, descriptions such as 'light' and 'mild' are removed. Maximum tar yields are reduced and larger health warnings begin appearing on packaging.
2003	End to tobacco advertising on billboards, print media, direct mail and then internet (Tobacco Advertising and Promotion Act).
2007 (July)	Ban on smoking in enclosed public places in force across the whole of the UK. Scotland had been the first country of the UK to do this (March 2006) followed by Wales and Northern Ireland (April 2007) and finally England.
2007 (October)	Age of purchase for tobacco products increases from 16 to 18.
2008	EU directive comes into force, introducing printed warnings on the back of all tobacco packaging.
2011 (October)	Sale of tobacco from vending machines banned in England (and later Wales and Scotland).
2012 (April)	Tobacco displays banned in large stores.
2012 (October)	First Stobtober event launched.
2012 (December)	Tobacco displays banned in large stores in Wales.

Source: Action on Smoking and Health (ASH)

9. Details of the policy governing the release of new data are available by visiting <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html> or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

The United Kingdom Statistics Authority has designated these statistics as National Statistics, 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.