



BRIEFING PAPER

Number CBP 7648, 21 August 2020

Statistics on Smoking

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Summary

- In 2019, 15.8% of people in Great Britain smoked cigarettes: 17.9% of men and 13.8% of women were regular smokers.
- The proportion of adults who have never smoked cigarettes has increased over the years, from 25% of men and 49% of women in 1974 to 56.4% and 64.1% respectively in 2019.
- Smoking prevalence in 2019 was higher in Northern Ireland (15.6%) than in other constituent countries of Great Britain, The English region of Yorkshire and the Humber had the highest prevalence (15.7%)
- In England as of 2018, 2% of school children aged 11-15 smoked at least once a week and in Scotland 2% of 13 year olds and 7% of 15 year olds did so.
- An estimated 5.7% of those aged 16 and over in Great Britain were e-cigarette users in 2019.
- In 2017, 16% of all deaths in people aged 35 or over in England – 77,800 deaths – were estimated as being attributable to smoking, while it was estimated to be the cause of around 9,360 deaths per year in Scotland.
- In 2017/18 an estimated 440,000 hospital admissions in England were directly attributable to smoking, representing 4% of all hospital admissions.

1. Smoking among adults

The main source of data on smoking among adults is the Opinions and Lifestyle, Drinking Habits Amongst Adults Survey (OPN) carried out by the Office for National Statistics (ONS). This is an annual survey covering adults aged 16 and over living in private households in Great Britain.

The most recent survey report [Adult Smoking Habits in Great Britain 2019](#)¹ found that 15.8% of the adult population of Great Britain smoked cigarettes in 2019, a reduction on 19% in 2014, and down from a peak of 46% in 1974. Men are more likely to smoke than women: 17.9% of men and 13.8% of women were estimated to smoke.

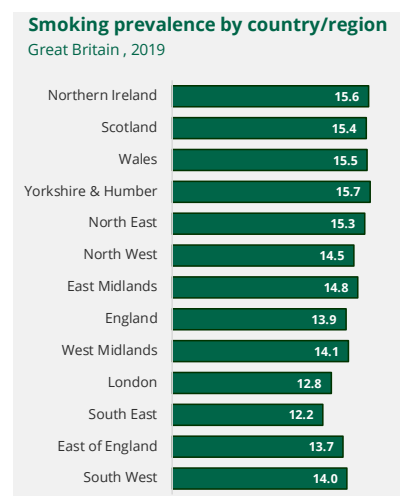
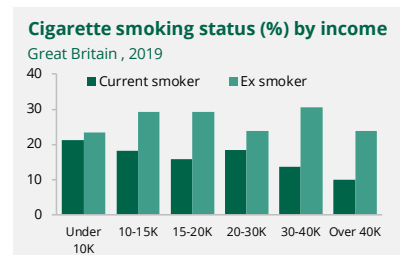
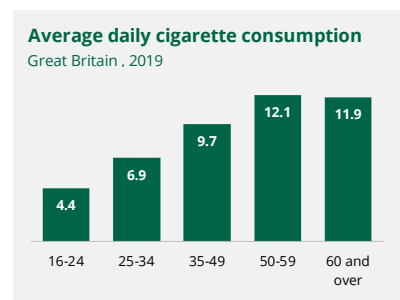
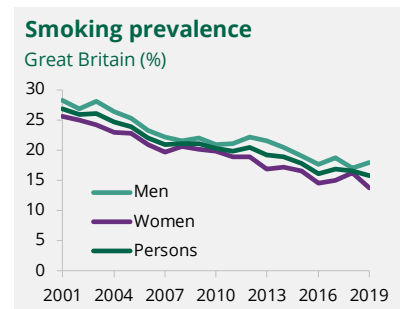
Smoking prevalence is highest among young adults. 21% of 25-34 year olds smoke, compared to less than 10% of those aged 60 and over. However, younger adults report lower levels of daily cigarette consumption. Those aged 16-24 are estimated to smoke on average 4.4 cigarettes a day, while smokers over 60 reported an average of 11.9 smoked per day. Average cigarette consumption in 2019 was 9.1 cigarettes a day.

The proportion of adults who have never smoked cigarettes has increased over the years, from 25% of men and 49% of women in 1974 to 56.4% and 64.1% respectively in 2019.

In 2019, 23.4% of those in routine and manual occupations were smokers, compared to just over 9.3 of those in managerial and professional occupations. In correlation with this, as annual income increases prevalence of smoking generally decreases. In 2019 those with an annual income of less than £10,000 were twice as likely to smoke as those with an annual income of £40,000 or more. With population percentages of 21.2% and 9.9% respectively

Data from the Annual Population Survey affords a breakdown of smoking prevalence by countries of the UK and regions of England. The [latest published data](#) shows that smoking prevalence in 2019 was higher in Northern Ireland (15.6%) than in other constituent countries of Great Britain (15.4% in Scotland, 15.5% in Wales and 13.9% in England). However, the region of Yorkshire and the Humber highest prevalence in the UK (15.7%)

The prevalence of cigarette smoking tends to be higher in the north of England. For instance, almost 16% of those in Yorkshire and the Humber were smokers compared with around 12% in the South East.



¹<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultsmokinghabitsingreatbritain>

Smoking prevalence also shows variation at local authority level. Public Health England's [Tobacco Control Profiles](#)² provide detailed local level data.

1.1 Smoking while pregnant

NHS data for England on [Smoking Status at Time of Delivery](#)³ shows that in 2019/20, 10.4% of mothers were recorded as smokers at the time of delivery. There has been a small reduction on the previous 2018/19 figure of 10.6%. There has been a year-on-year decline in the percentage of women smoking at the time of delivery from 15.1% in 2006/07. This is also the fifth time national annual figures have been below the target of 11%.

The current figure of 10.4% is above the national ambition of 6%, an ambition being met by 40 of the 190 CCGs. There are some geographical differences between NHS England regions. For instance, rates varied from below 3% in NHS West London, NHS Richmond, and NHS Hammersmith & Fulham, to 22.8% in NHS Blackpool.

1.2 E-cigarettes

Office for National Statistics data on [E cigarette use](#)⁴ indicates that in 2019 an estimated 2.9 million people were current e-cigarette users across Great Britain, accounting for around 5.7% of the population.

Exactly half of all current e-cigarette users said their main motivation for vaping was for help in quitting smoking, while 14.8% said their main reason was because they felt e-cigarettes were less harmful than normal cigarettes. Just under one in ten (9.2%) gave the cost difference as their main reason for vaping and a further 2% said their main reason was because e-cigarettes could be used inside.

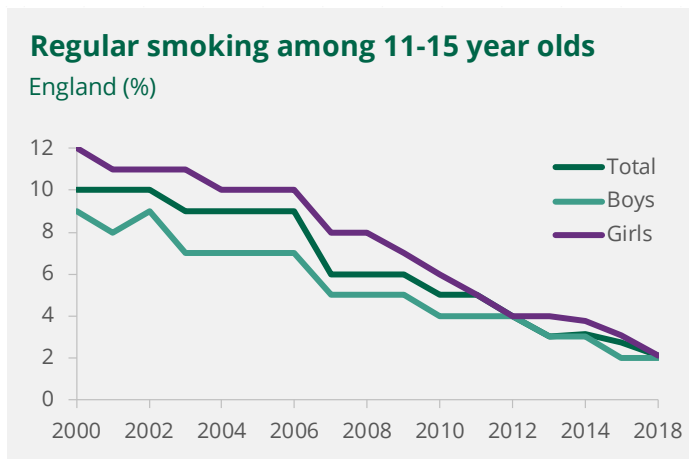
² <https://fingertips.phe.org.uk/profile/tobacco-control>

³ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/ecigaretteuseingreatbritain>

2. Smoking among young people

The *Smoking, drinking and drug use among young people in England* survey series provides data on smoking among school pupils aged 11-15 years in England. The prevalence of smoking shows a declining trend since the turn of the century and the [latest data](#)⁵ shows that in 2018, only around 2% were classed as regular smokers - smoking at least once a week – and gender differences are no longer apparent.



Smoking prevalence increases significantly with age. In 2018, less than 1% of 11 year olds reported regular smoking compared with 10% of 15 year olds. Over a quarter (28%) of 15 year olds had tried smoking compared with 3% of 11 year olds. Older pupils were more likely to see smoking as acceptable – 53% of 15 years olds believed it was acceptable to try smoking compared with only 4% of 11-year olds.

Compared with White and mixed pupils, those who describe their ethnicity as Asian or Black are less likely to be current smokers. Regular smoking was associated with other risk-taking behaviours such as drinking, drug use and truancy.

In 2018, young people were more likely to be smokers if they lived with other who smoke. Just over 9% of those who lived with three or more smokers were also current smokers, while this was just under 1% for those with no other smokers at home.

The Scottish Government carries out a survey of [Tobacco use among adolescents in Scotland](#).⁶ The latest survey showed that the proportion of 13 and 15 year olds was at its lowest level since the survey began. In Scotland in 1998, 8% of 13 year olds and 29% of 15 year olds were regular smokers, falling to 2% and 7% respectively in 2018.

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england>

⁶ <http://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-smoking-report-2018/>

3. Stopping smoking

Stopping smoking has both immediate and long-term benefits on health in relation to both prevention of disease and life expectancy; Men who quit by 30 add 10 years to their life expectancy, and people who quit at 60 add 3 years to their life expectancy.⁷

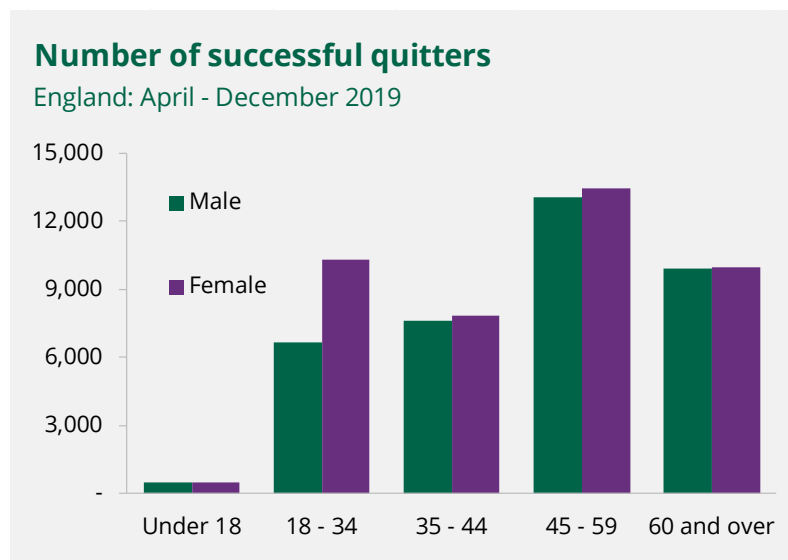
Data on [NHS Stop Smoking Services](https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england)⁸ in England shows that in Q3 2019/20, 155,645 people set a date to quit smoking and 51%, 79,709 reported successfully quitting at the four week follow up.

Of those who set a quit date, success increased with age, ranging from 42% of those under 18, to 56% of those aged 60 and over.

Although more females than males set a quit date in every age group, males had a higher self-reported success rate in all age groups. 44% of pregnant women who set a quit date were successful.

Regionally, Yorkshire and the Humber reported the highest proportion of successful quitters (55%). The North East had the lowest success rates with 28% successfully quitting smoking.

Of the different methods used by the NHS Stop Smoking Service, 'one-to-one support' was the intervention type used most and had a success rate of 50%. Meanwhile, 'open peer support groups' was used by far fewer smokers but had the highest success rate of 62%. Couple/family groups and closed support groups were the least popular intervention type.



⁷ World Health Organisation (WHO) Benefits of Smoking Cessation: <http://www.who.int/tobacco/quitting/benefits/en/>

⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england>

4. Deaths from smoking

Smoking is a major preventable cause of illness, disability and premature death in the United Kingdom.

Office for National Statistics data reported in [Statistics on Smoking in England](#)⁹ shows that in 2017, 16% of all deaths in people aged 35 or over in England – 77,800 deaths – were estimated as being attributable to smoking. 54% of cancer deaths and 48% of deaths due to respiratory diseases were attributable to smoking. In addition, in 2017, an estimated 14% (15,700) of deaths from circulatory diseases and 45% (800) of deaths from diseases of the digestive system were attributable to smoking.

There is an evident gender disparity in deaths from smoking with 20% of all male deaths estimated to be attributable to smoking, compared to 12% of female deaths.

Figures for [Smoking attributable deaths in Scotland](#)¹⁰ show that there were an estimated 9,360 smoking related deaths in 2018. This represents a declining trend since 2013 when 11,841 deaths in Scotland were attributed to smoking.

As in England, a larger proportion of deaths among men than women in Scotland were attributable to smoking, with an estimated 19% (5,261) of all deaths among men aged 35 and over being attributable to smoking in 2018. This compares with 14% (4,098) of all deaths among women in 2018.

⁹ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking>

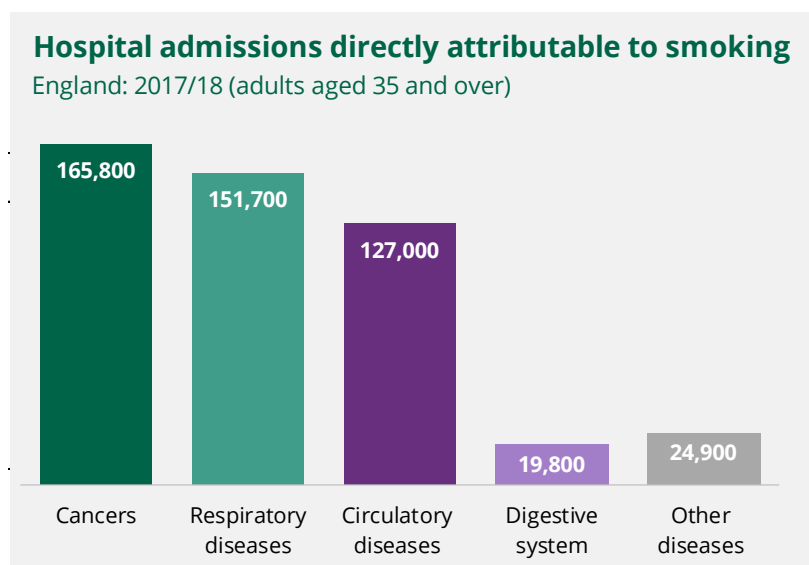
¹⁰ <https://www.scotpho.org.uk/behaviour/tobacco-use/data/smoking-attributable-deaths/>

5. Hospital admissions due to smoking

NHS Hospital Episode Statistics for England, as reported in [Statistics on Smoking in England¹¹](#), show that in 2017/18 there were around 1.8 million hospital admissions for adults aged 35 and over with a primary diagnosis of a disease that could potentially be caused by smoking.

However, not all these admissions will be directly attributable to smoking as there are other contributory factors to such diseases. In order to estimate the number of smoking-attributable hospital admissions, the NHS information centre used relative risks of these diseases for current and ex-smokers, compared to non-smokers to calculate smoking-attributable hospital admissions.

It is estimated that around 440,000 hospital admissions in 2017/18 were directly attributable to smoking. Of these admissions, the majority (34%) were cancer related, 31% were respiratory diseases and 26% were circulatory diseases. Collectively these categories were responsible for over 90% of smoking attributable admissions.



Data for Scotland indicates that in 2018 there were 51,969 directly attributable smoking related hospital admissions and 99,296 indirectly attributable smoking related hospital admissions

¹¹ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking>

6. Costs of smoking

Estimates of the cost of smoking span a wide range and are subject to debate. In addition, there is no clear consensus of the factors that should be included in calculating the cost of smoking.

Current estimates suggest that the overall cost of smoking to the UK economy may be up to £14 billion per year:

- Policy Exchange's 2010 report [Cough Up](#)¹² gives an estimated cost of £14 billion to the UK economy.
- The Department of Health's 2017 [Tobacco Control Plan for England](#)¹³ estimated the overall cost of smoking as £11 billion per year.
- [Action on Smoking and Health](#)¹⁴ provide a 2018 figure that smoking in England has an overall societal cost of £12.6 billion.

These estimates include costs to the NHS in healthcare expenditure treating smoking related conditions, lost productivity costs due to absenteeism, smoking breaks at work and premature mortality as well as environmental costs.

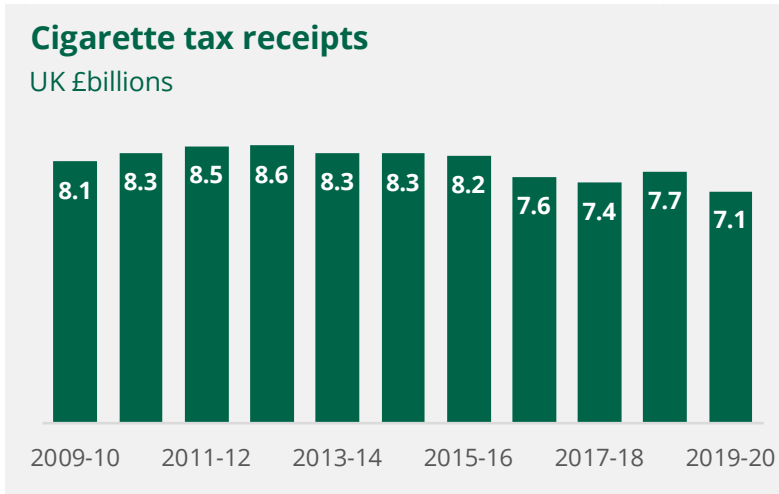
The costs outlined above represent gross costs but it should be acknowledged that the Treasury does receive tax income as a consequence of smoking.

Provisional HMRC estimates for 2019/20 tax receipts give a total of £7.1 billion, the lowest level since 1999/2000. Over the past decade receipts peaked in 2012/13 at £8.6 billion and continued to decline until 2017/18 when they totalled £7.4 billion. Receipts showed an increase to £7.7 billion in 2018/19 but provisional estimates suggest this increase has not continued into 2019/20.

¹² <https://www.policyexchange.org.uk/wp-content/uploads/2016/09/cough-up-march-10.pdf>

¹³ <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

¹⁴ <https://ash.org.uk/wp-content/uploads/2019/10/FactsataGlance.pdf>



Note: Figures for 2019/20 are provisional and may be subject to revision.
Source: [HMRC Tobacco bulletin April 2020](#)¹⁵

It seems that the revenue obtained from smoking taxation is not sufficient to offset smoking related costs.

However, in a 2017 report *Smoking and the Public Purse* the Institute of Economic Affairs (IEA) argue that estimates of smoking costs should not include lost productivity estimates as these are intangible and are mainly borne by the smokers rather than the state.

By removing these costs, the IEA estimate a net benefit to the Treasury of £14.7 billion per year.

The IEA estimate is based on total smoking costs of £4.6 billion offset by an assumed £9.5 billion per annum in tobacco tax duties and £9.8 billion in assumed Government savings associated with premature death such as reduced healthcare and pension costs.

The plausibility of the IEA estimate is questionable. Firstly, the HMRC figures presented above suggest an overestimate of tax receipts. Secondly, their assumption that there are no productivity costs associated with smoking seems unlikely. While premature mortality may result in some savings due to reduced pension liabilities it will also result in reduction in direct income from taxation and national insurance revenue.

Even if there were a net cost benefit from smoking, there is minimal likelihood of any UK government promoting smoking as a source of potential net revenue due to the premature death of UK citizens.

¹⁵ <https://www.uktradeinfo.com/Statistics/Pages/TaxAndDutyBulletins.aspx>

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