



Statistics on Smoking

England: 2019

Key facts

Key facts cover the latest year of data available (shown in brackets).

The report also includes information on:

- E-cigarette prevalence
- Affordability and expenditure on tobacco.
- Prescriptions for stop smoking aids.
- Use and success rate of NHS stop smoking services.
- Where pupils get cigarettes, and their attitudes to smoking.
- Selected local level analysis.



489,300
hospital admissions
attributable to
smoking (2017/18)

An increase of 1% on the previous year.
This represents 4% of all hospital admissions.



77,800
deaths
attributable to
smoking (2017)

A similar proportion to the previous year.
This represents 16% of all deaths.



14.4%
of adults are
classified as
current smokers
(2018)

Down from 14.9% in 2017, but above the
current national ambition of 12% or less



10.6%
of mothers were
smokers at the
time of delivery
(2018/19)

Down from 15.8% in 2006/07, but above
the current national ambition of 6% or less.

This is a National Statistics publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly.

National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Find out more about the Code of Practice for Official Statistics at:

www.statisticsauthority.gov.uk/assessment/code-of-practice

This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

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Introduction

This report presents an annual review of information on smoking by adults and children drawn together from a variety of sources.

Newly published information includes:

- NHS Digital: Smoking-related admissions from Hospital Episode Statistics (HES).
- NHS Digital: Prescription items used to help people stop smoking from prescribing data.
- NHS Digital: Statistics on smoking related deaths and affordability of tobacco, compiled using existing data from the Office for National Statistics (ONS).
- NHS Digital: Statistics on Women's Smoking Status at Time of Delivery (SATOD).
- ONS: Adult Smoking Habits – smoking prevalence and use of e-cigarettes.

The latest information from already published sources includes:

- Public Health England (PHE): Local Authority smoking related admissions and deaths data from the Local Tobacco Control Profiles.
- NHS Digital: NHS Stop Smoking Services (SSS).
- NHS Digital: Smoking Drinking and Drug Use amongst young people (SDD).
- NHS Digital: Health Survey for England (HSE).
- Organisation for Economic Cooperation and Development (OECD): Health at a Glance.

All data is for England unless otherwise stated. More information can be found in the source publications which contain a wider range of data and analysis.

Part 1: Smoking-related ill health and mortality

This part presents information on the number of hospital admissions and the number of deaths that are attributable to smoking.

- Hospital admissions data is taken from the latest available Hospital Episode Statistics (HES).
- Mortality data is taken from the Office for National Statistics (ONS) annual extract of registered deaths.
- Self reported health by smoking status is taken from the ONS Annual Population Survey.

The estimates of the proportion of hospital admissions and deaths attributable to smoking are calculated following 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 relate to people aged 35 and over because this age group is most likely to be affected by smoking-related ill health and mortality.

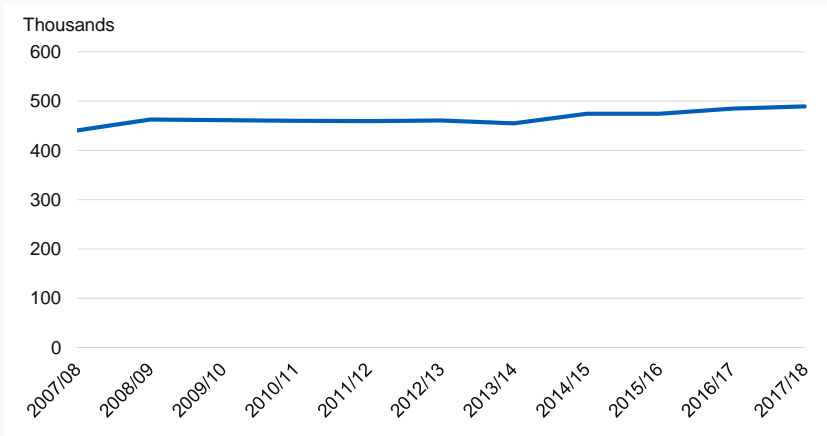
Local Authority level data is taken from the Public Health England (PHE) Local Tobacco Control Profiles.

Smoking related ill health

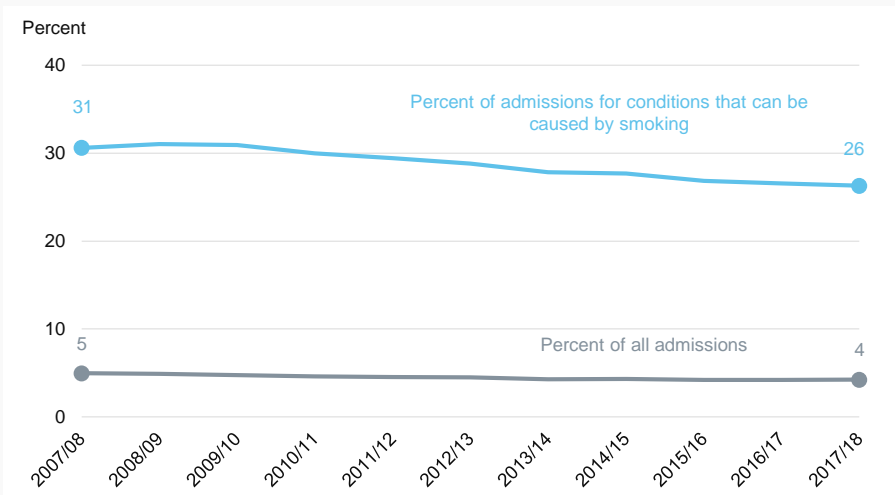
Hospital admissions estimated to be attributable to smoking, by year^{1,2}

In 2017/18 there were estimated to be 489,300 hospital admissions attributable to smoking.

This is up from 484,700 in 2016/17 (an increase of 1%), and from 440,400 in 2007/08 (an increase of 11%).



In 2017/18 this represented 4% of all hospital admissions (down from 5% in 2007/08), and 26% of hospital admissions for conditions that can be caused by smoking (down from 31% in 2007/08).



1) For adults aged 35 and over with admission condition based on primary diagnosis.

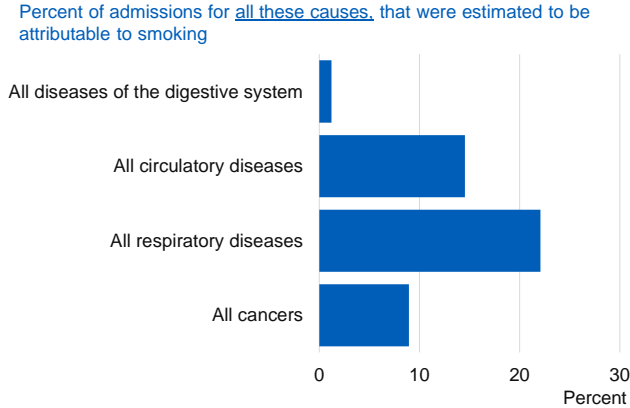
2) Estimates based on smoking prevalence and risks of smokers/ex-smokers developing each disease – see Appendix B: Technical Notes, Section 1 for details.

For more information: Tables 3.1 and 3.2, [Statistics on Smoking, England, 2019](#)

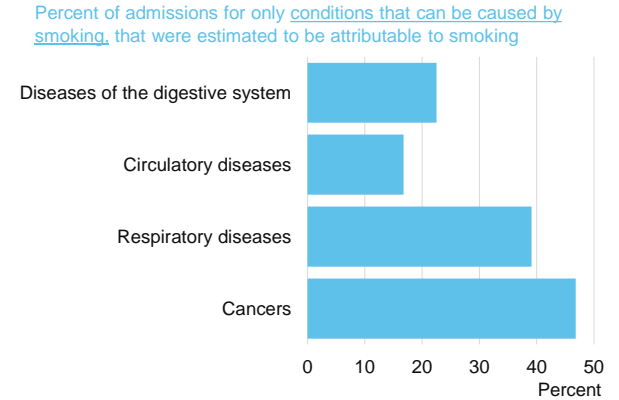
Smoking related ill health

Hospital admissions estimated to be attributable to smoking, by cause^{1,2}

22% of all admissions for respiratory diseases, were estimated to be attributable to smoking.



47% of admissions for cancers that can be caused by smoking, were estimated to be attributable to smoking.



Hospital admissions estimated to be attributable to smoking, by gender^{1,2}

6% of all admissions.

30% of admissions for conditions that can be caused by smoking.



3% of all admissions.

22% of admissions for conditions that can be caused by smoking.

1) For adults aged 35 and over with admission condition based on primary diagnosis.

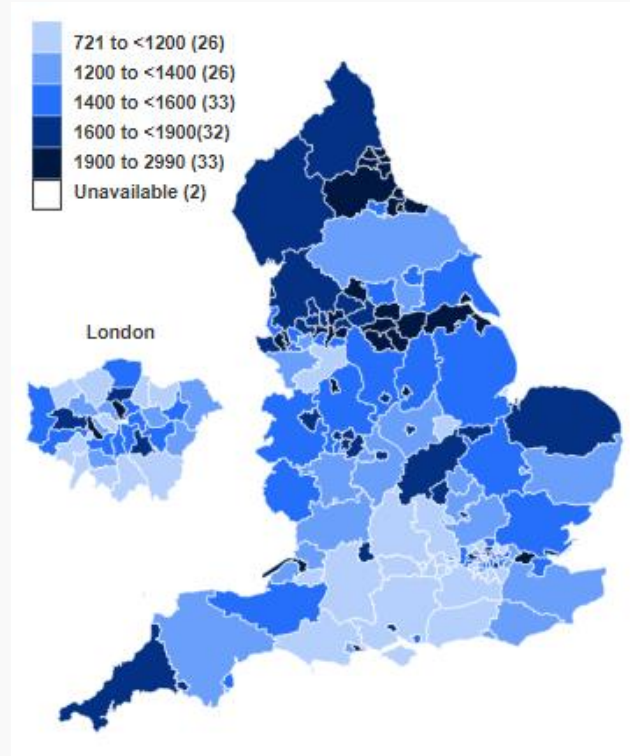
2) Estimates based on smoking prevalence and risks of smokers/ex-smokers developing each disease— see Appendix B: Technical Notes, Section 1 for details.

Smoking related ill health

Estimated smoking attributable hospital admissions rate per 100,000 population¹, by Local Authority (2017/18)

Blackpool and Sunderland recorded rates above 2,900 per 100,000 population.

Wokingham had the lowest rate; 721 per 100,000 population. This was followed by Rutland (877), Isle of Wight (877), and Redbridge (913).



1) Age standardised rate for people aged 35+.

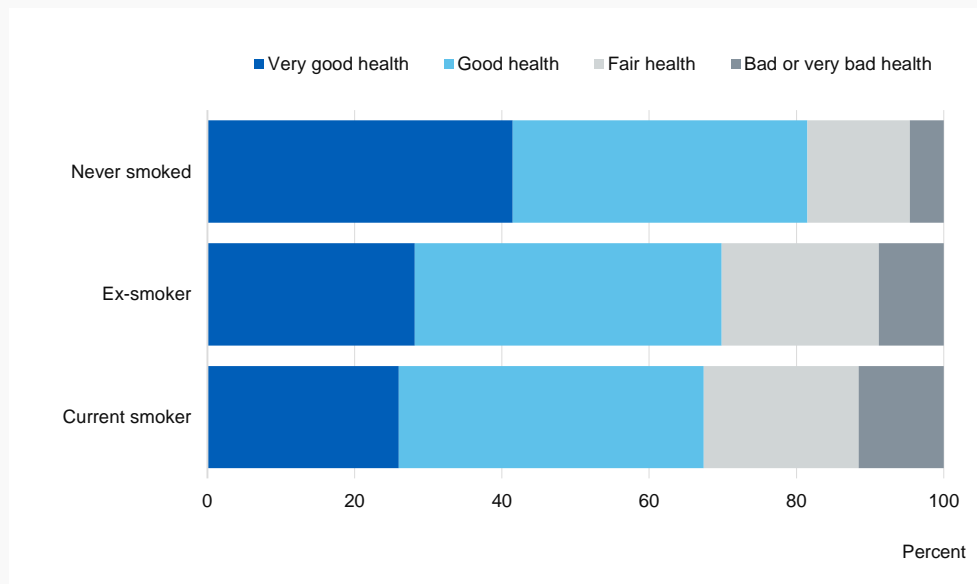
Smoking related ill health

Self reported health by smoking status

Adults (aged 18+) who have never smoked were more likely to report better health than current¹ or ex-smokers.

41% of those who had never smoked reported being in very good health, compared to 26% of current smokers.

Conversely, 12% of current smokers, reported being in bad or very bad health, compared to 5% of those who had never smoked.



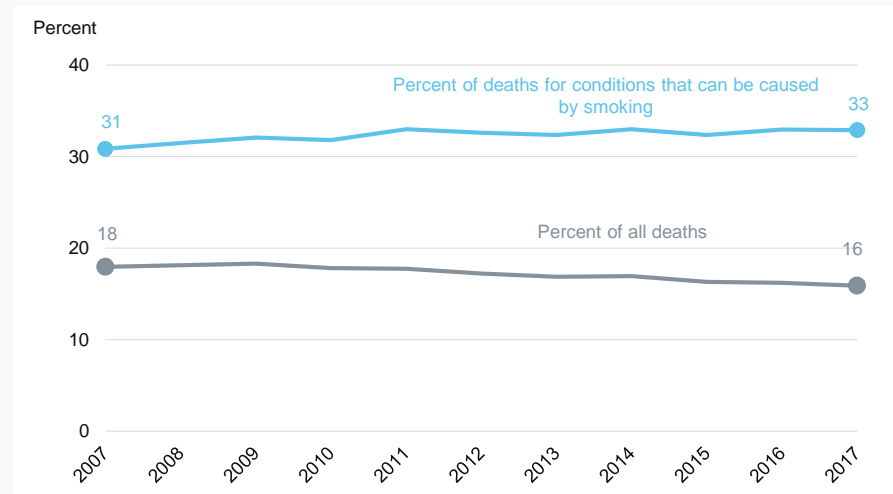
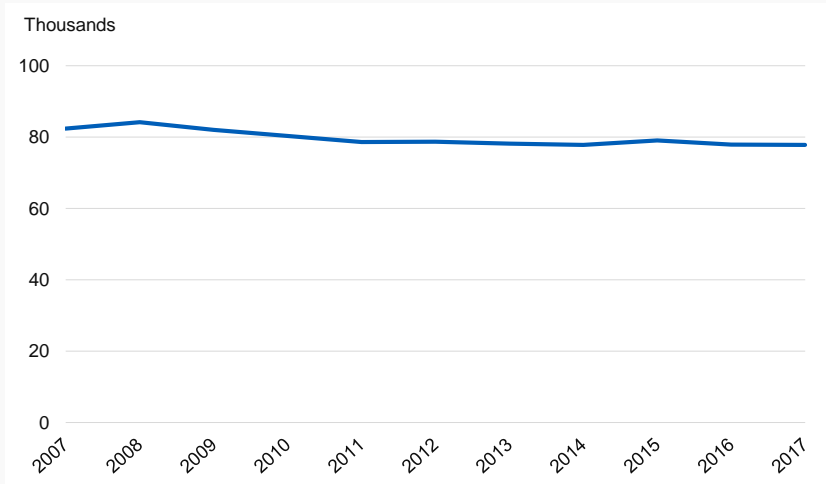
1) Anyone who answered yes to the question 'do you smoke cigarettes at all nowadays?' was recorded as a current smoker.

Smoking related mortality

Deaths estimated to be attributable to smoking, by year^{1,2}

In 2017 there were estimated to be 77,800 deaths attributable to smoking. This is similar to 2016 (77,900) and a decrease of 6% from 2007 (82,400).

This represents 16% of all deaths (down from 18% in 2007), and 33% of deaths for conditions that can be caused by smoking (up from 31% in 2007).



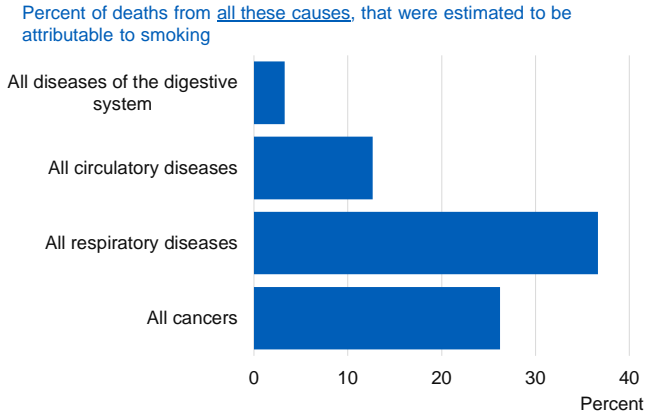
1) Registered deaths amongst adults aged 35 and over.

2) Estimates based on smoking prevalence and risks of smokers/ex-smokers developing each disease – see Appendix B: Technical Notes, Section 1 for details.

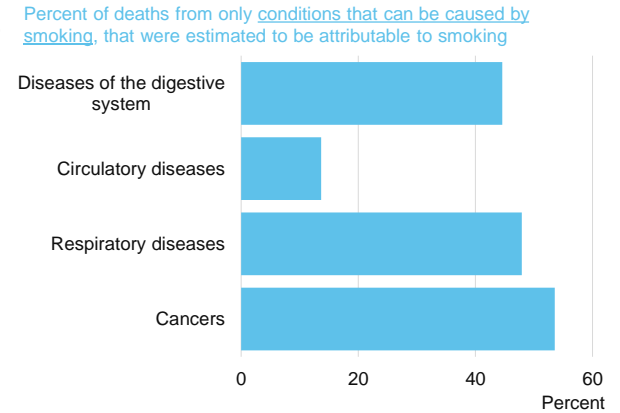
Smoking related mortality

Deaths estimated to be attributable to smoking, by cause^{1,2}

37% of all deaths for respiratory diseases, were estimated to be attributable to smoking.



54% of deaths for cancers (that can be caused by smoking), were estimated to be attributable to smoking.



Deaths estimated to be attributable to smoking, by gender^{1,2}

20% of all deaths.



38% of deaths for conditions that can be caused by smoking.

12% of all deaths.

27% of deaths for conditions that can be caused by smoking.

1) Registered deaths amongst adults aged 35 and over based on original cause of death.

2) Estimates based on smoking prevalence and risks of smokers/ex-smokers developing each disease – see Appendix B: Technical Notes, Section 1 for details.

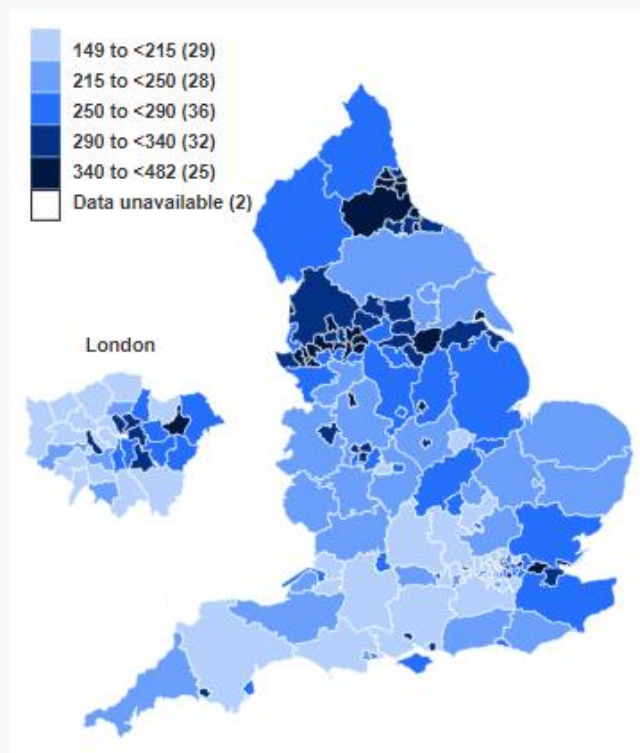
For more information: : Tables 3.4 and 3.5, [Statistics on Smoking, England, 2019](#)

Smoking related mortality

Estimated smoking attributable mortality rates per 100,000 population¹, by Local Authority (2015-2017)

Manchester had the highest rate with 482 per 100,000 population, followed by Kingston upon Hull (475), and Blackpool (450).

The lowest rates were in Harrow (149), Wokingham (166), and Rutland (181).



1) Age standardised rate for people aged 35+.

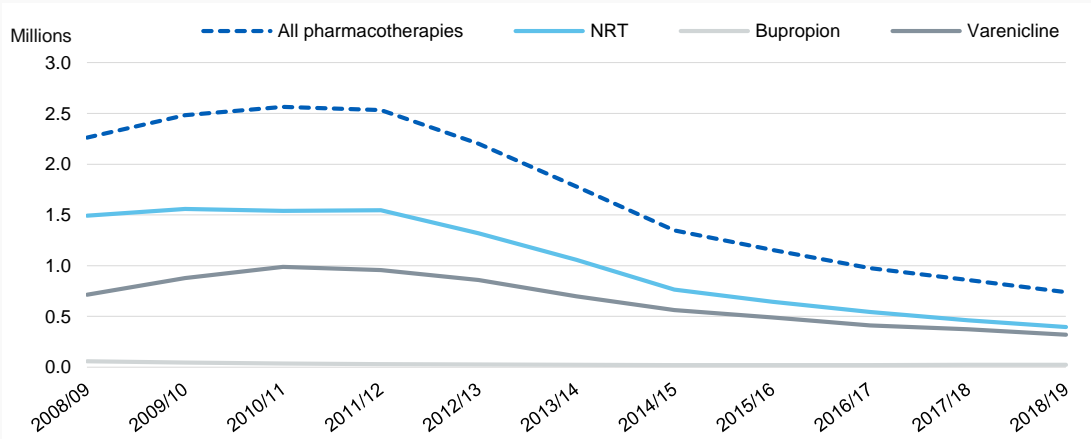
Part 2: Prescription items used to help people stop smoking

This section presents information on the number of prescription items used to help people stop smoking, using Prescription Analysis and Cost (PACT) data, which are accessed from NHS Prescription Services.

The Net Ingredient Cost (NIC) is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, dispensing costs, prescription charges or fees.

There are three main pharmacotherapies prescribed for the treatment of smoking dependence in England: Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix).

Prescription items used to help people stop smoking



The number of prescription items dispensed in England in 2018/19 was 740 thousand, compared to 2.26 million ten years ago.

Prescription items dispensed peaked at 2.56 million in 2010/11.

In 2018/19, 396 thousand items of NRT were dispensed, down from 463 thousand in 2017/18, and around a quarter of the total of ten years ago in 2008/09 (1.49 million).

320 thousand items of Varenicline were dispensed in 2018/19, compared with a peak of 987 thousand items in 2010/11.

Bupropion is the least common item, with 24 thousand dispensed in 2017/18, with little change in the level over the last few years.

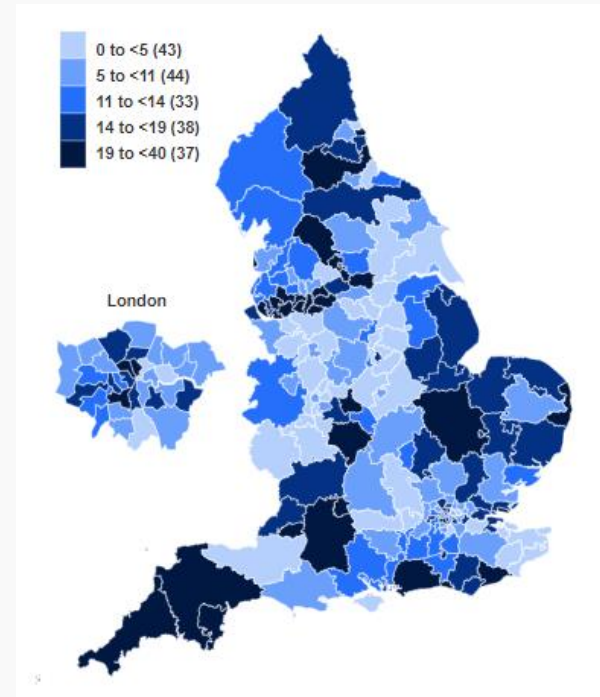
Prescription items used to help people stop smoking

Prescription items dispensed by Clinical Commissioning Group, per 1,000 population

The rate of items dispensed per 1,000 population in 2018/19 was 13 for England.

NHS Bradford City CCG had the highest rate of items dispensed, with 40 per 1,000 population. NHS Manchester (35) and NHS Wakefield (33) had the next highest rates.

NHS Wyre Forest, NHS South Worcestershire and NHS Redditch and Bromsgrove all recorded rates of below 1 item per 1,000 population.

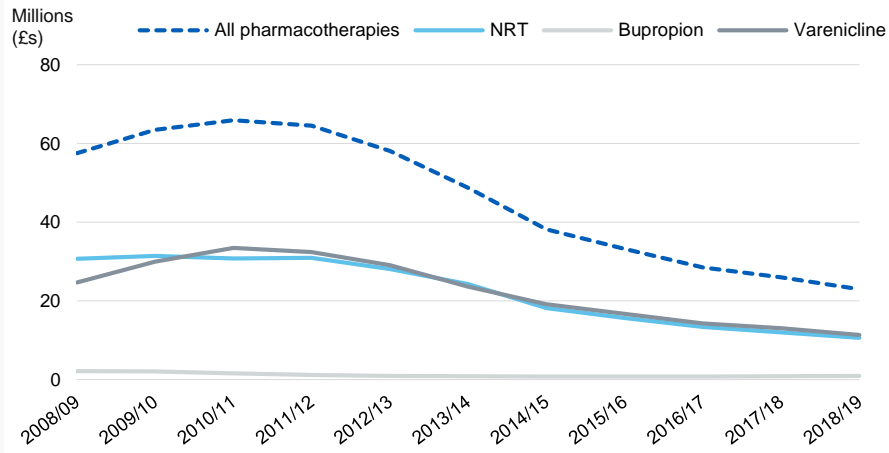


Cost of prescription items used to help people stop smoking

Total cost of prescription items dispensed

£23.0 million was the Net Ingredient Cost (NIC) of all prescription items used to help people quit smoking in 2018/19.

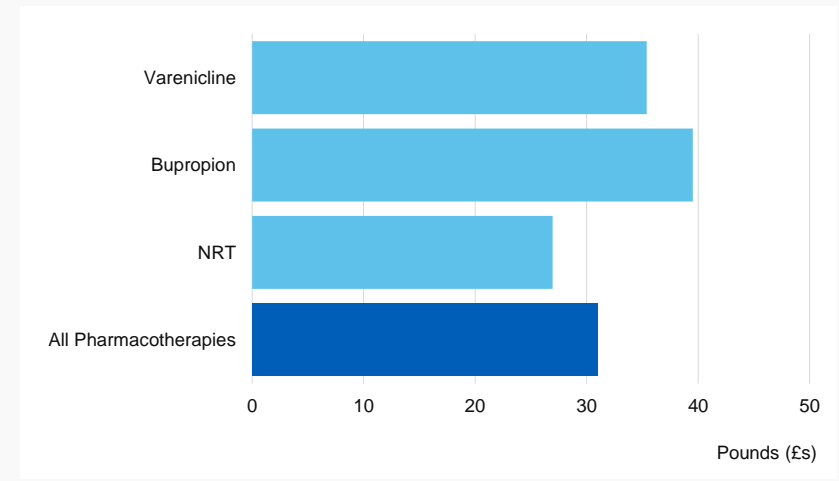
This is a fall of 65% compared to 2010/11 when the NIC of all prescription items peaked at £65.9 million.



Average Net Ingredient Cost (NIC) per item

In 2018/19, the average NIC per item for all pharmacotherapy items was £31.

The average per item was £40 for Bupropion, £35 for Varenicline and £27 for NRT.



Part 3: Smoking patterns among adults

This part presents information on smoking patterns among adults. Smoking prevalence, consumption and trends among different groups of society and geographical areas are explored, along with smoking during pregnancy. The following sources have been used:

- Smoking prevalence information is primarily taken from the Annual Population Survey (APS), with some additional analyses included from the Opinions and Lifestyle Survey (OPN). This year, data from the OPN are based on survey questions designed for telephone data collection, as part of a wider transformation programme to modernise data collection for online and telephone modes. Further information can be found in the Office for National Statistics (ONS) publication¹.
- International comparisons of daily smoking prevalence are taken from the Organisation for Economic Co-operation and Development 's (OECD) health statistics database.
- NHS Digital's Statistics on Women's Smoking Status at Time of Delivery (SATOD) report provides information on the prevalence of smoking among pregnant women.
- Data on exposure to second hand smoke is taken from the Health Survey for England (HSE) which is published by NHS Digital. The survey is designed to measure health and health-related behaviours in adults and children in England¹.

All data is for adults aged 18 and over in England unless otherwise stated.

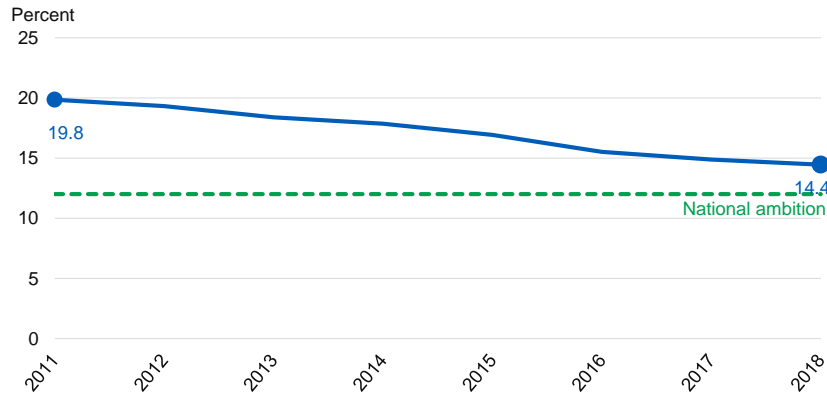
1. [ONS: Opinions and Lifestyle Survey](#)

2. The Health Survey for England also provides an alternative source of smoking prevalence data, but is not used for this purpose in this report.

Smoking prevalence among adults

Smoking prevalence, by year

14.4% of adults in England are current smokers, down from 14.9% in 2017, and 19.8% in 2011. This equates to a drop of around 1.8 million smokers in the adult population since 2011¹. The rate is above the current national ambition of 12% or less.



In 2000, 26.8% of adults aged 16+ were smokers².

1) From approximately 7.7 million (2011) to 5.9 million (2018). Based on the weighted adult population in England for the respective years.

2) Based on alternative data from the ONS Opinions and Lifestyle Survey, which has a smaller sample size but a longer time series, and is available at the link below.

For more information: [ONS: Adult smoking habits in the UK : 2018](#); [ONS: Opinions and Lifestyle Survey](#)

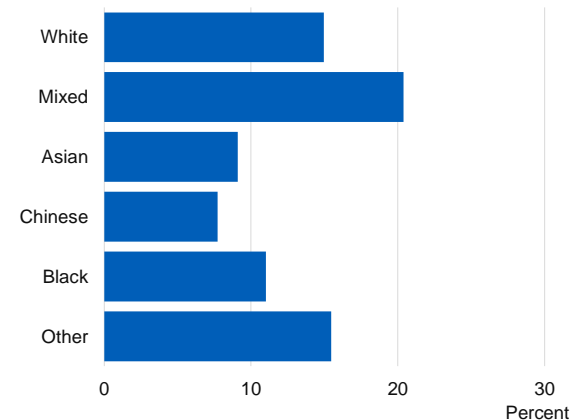
Smoking prevalence, by sex

Men were more likely to currently smoke than women.



Smoking prevalence, by ethnicity

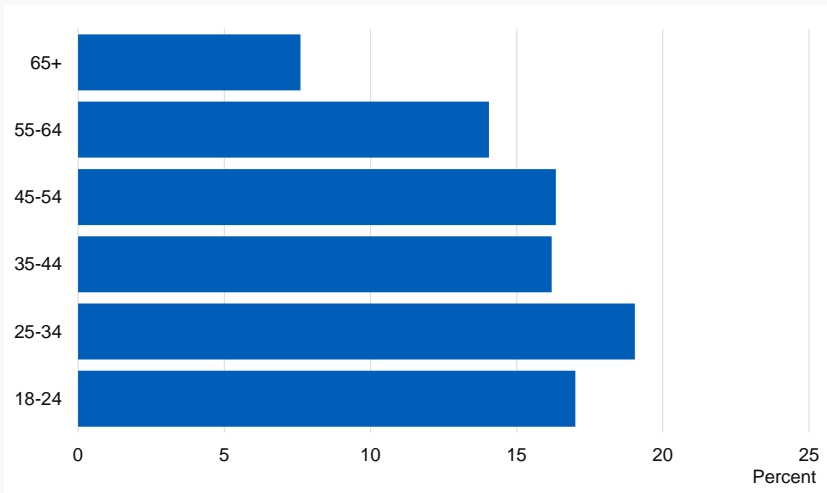
Adults of Black, Asian, or Chinese ethnicities were less likely to be current smokers than those of Mixed, White, or Other ethnicities.



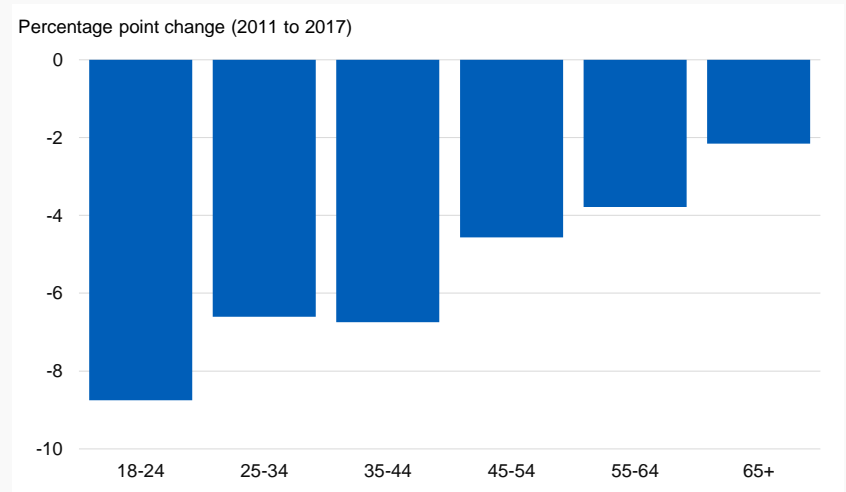
Smoking prevalence among adults

Smoking prevalence, by age

The likelihood of being a current smoker is highest in younger age groups. Adults aged 25 to 34 were most likely to smoke (19%), with those aged 65 and over the least likely (8%).



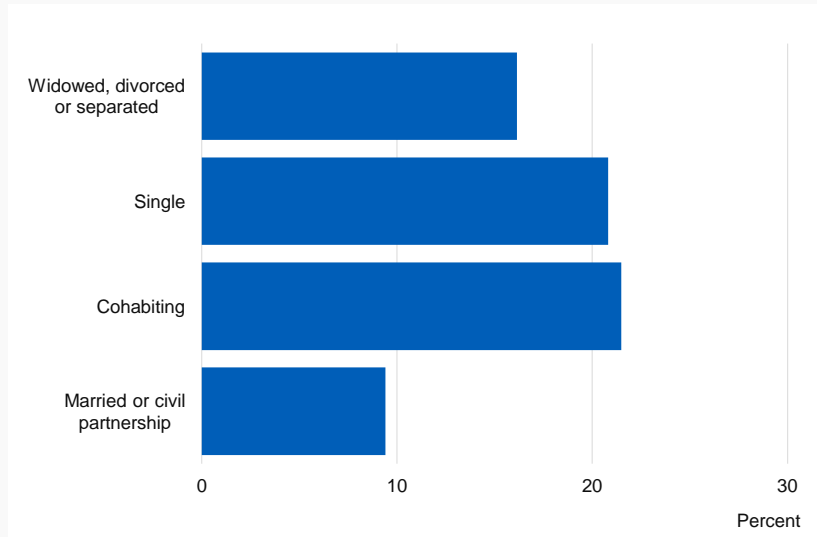
However, prevalence since 2011 has fallen most in the younger age groups.



Smoking prevalence among adults

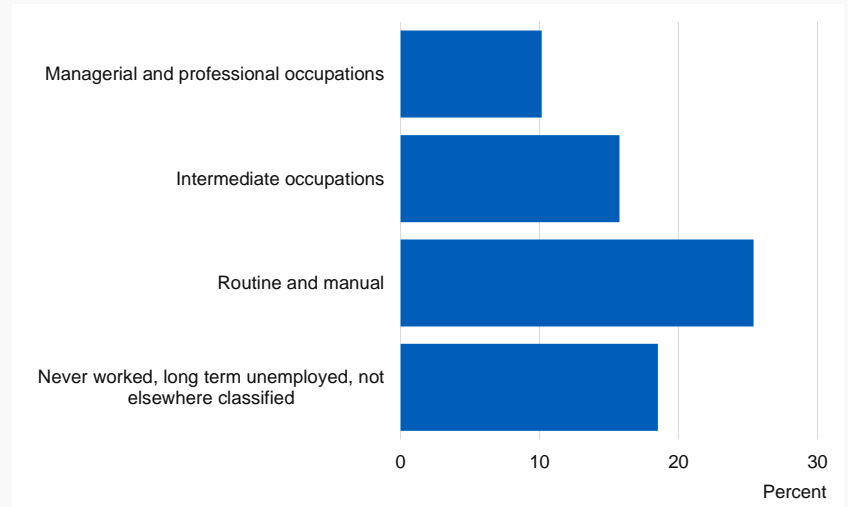
Smoking prevalence, by marital status

Married adults were least likely to be current smokers (9%). Prevalence for other groups ranged from 16% to 21%.



Smoking prevalence, by socio-economic status

Adults classified as routine and manual workers were most likely to be current smokers (25%). Those in managerial and professional occupations were least likely (10%).

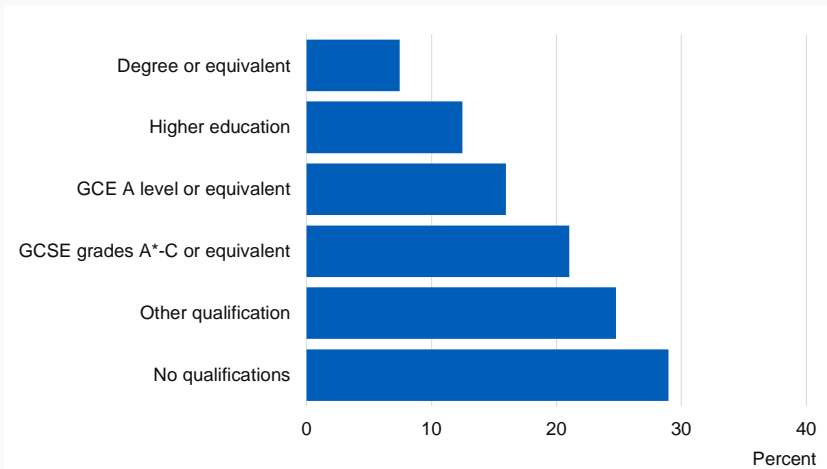


Smoking prevalence among adults

Smoking prevalence, by qualifications

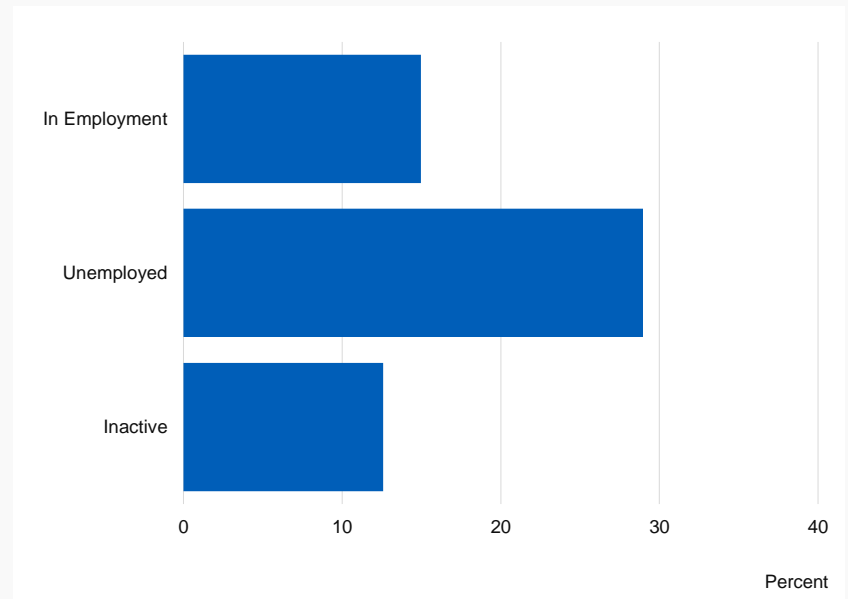
Adults with higher levels of qualifications were less likely to be current smokers.

Only 7% of those with a degree were current smokers compared to 29% with no formal qualifications.



Smoking prevalence, by employment status¹

29% of unemployed adults were current smokers compared to 15% of employed adults.



1) Unemployed people are those who are not currently in work but who are looking for work. Inactive contains those who are not in work, and not looking for work. This includes retired people and students.

Smoking prevalence among adults

Smoking prevalence in the United Kingdom

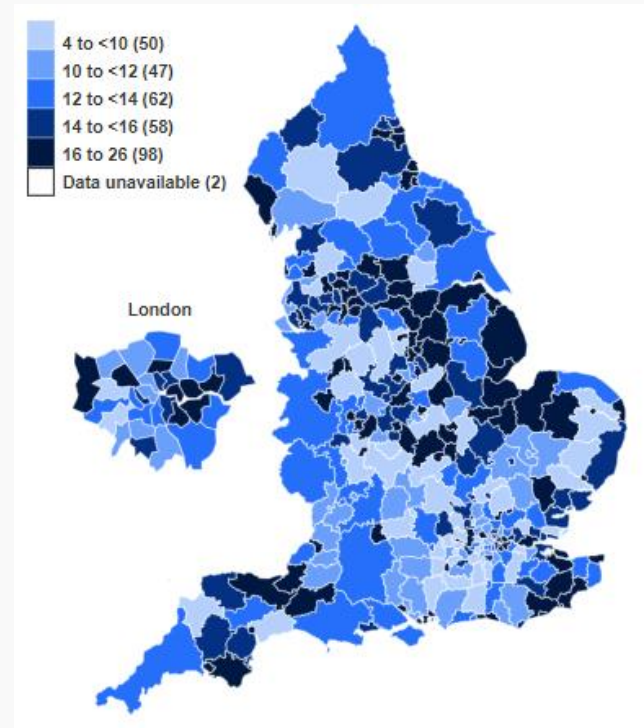
The prevalence of current smokers in the UK was 14.7%. Of the constituent countries, England had the lowest (14.4%).

Prevalence was 15.5% in Northern Ireland, 15.9% in Wales and 16.3% in Scotland.

Smoking prevalence in England by Local Authority (LA)¹

Kingston upon Hull and Lincoln had the highest smoking prevalence with 26% of the adult population reporting they smoked.

Rushcliffe and Richmond upon Thames had the lowest smoking prevalence with 4% and 6% of adults reporting they smoked in 2018 respectively.



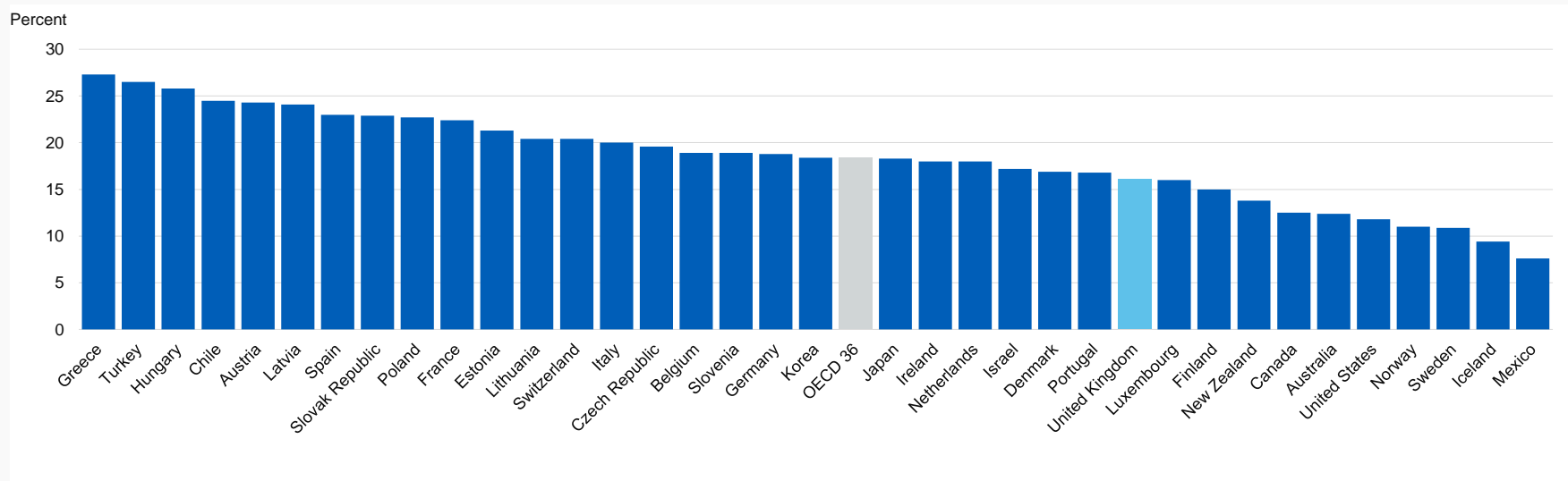
1) Smoking prevalence estimates by LA tend to fluctuate each year due to small samples sizes producing a larger degree of statistical uncertainty.

Smoking prevalence among adults¹

Daily smoking prevalence: UK comparison with other OECD² countries³

The daily smoking level of 16% reported for the UK in 2016, was 2 percentage points lower than the OECD average of 18%. Greece reported the highest daily smoking level with 27%.

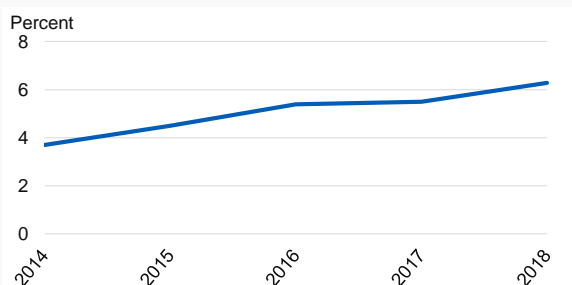
Mexico, Iceland, Sweden, Norway and USA reported daily smoking levels of less than 12%.



1) Based on persons aged 15 and over, or closest available equivalent. 2) Organisation for Economic Co-operation and Development 3) 2017 or nearest available year.

Use of e-cigarettes¹ by adults²

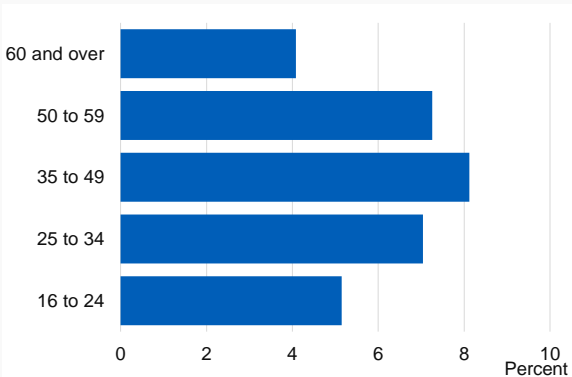
E-cigarette prevalence



6.3% of adults were current e-cigarette users. This continues the upward trend since 2014 when it was 3.7%.

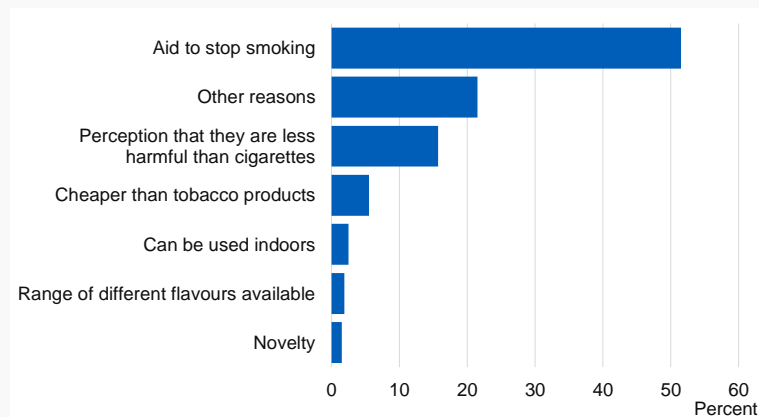
Adults aged 35 to 49 were most likely to use e-cigarettes (8.1%).

Adults aged 60 and over were least likely (4.1%).



Main reason given for using e-cigarettes

The most common reason e-cigarette users gave for use was to aid themselves in quitting smoking (51.5%). The next most common reason was “Other” (21.5%) which included "because I enjoy it" and "because it's something I do with my friends”



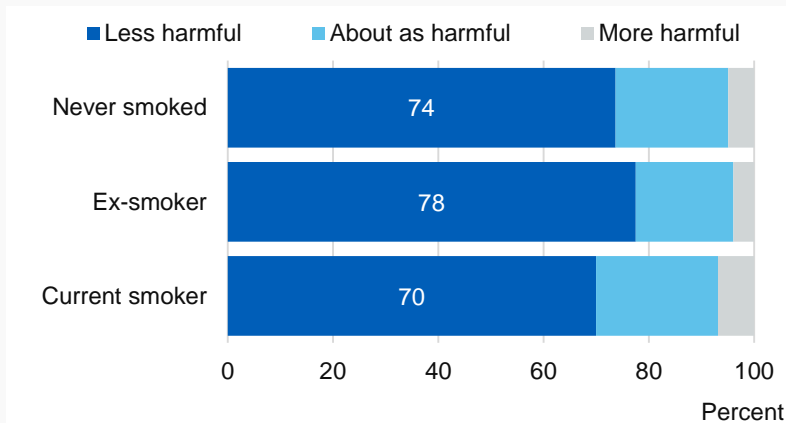
1) Use of e-cigarettes is often referred to as “vaping”. 2) Based on persons aged 16 and over.

Use of e-cigarettes by adults

Please note: perception of e-cigarette harm is based on 2016 estimates, as these have not been updated since (due to the question no longer being on the survey).

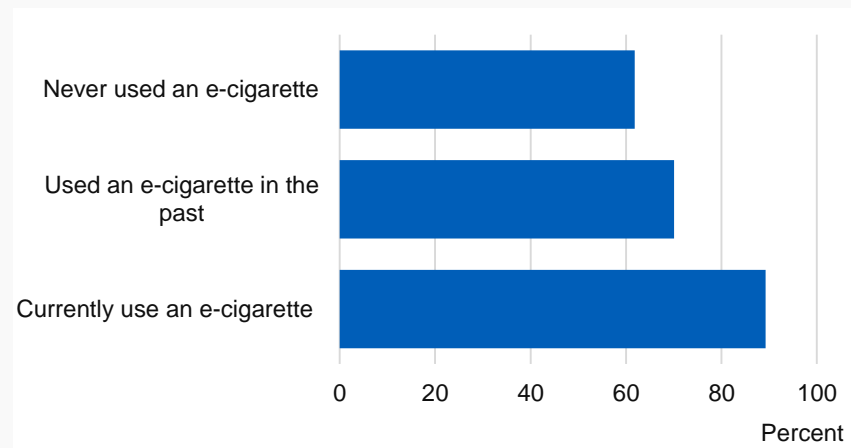
Perception of harm compared to smoking, by cigarette smoking status

Smokers tend to have a biased perception of e-cigarettes when compared to the perceptions held by ex-smokers. 70% of smokers believed e-cigarettes were less harmful than cigarettes, compared to 78% of ex-smokers¹.



Proportion of current smokers who perceive e-cigarettes to be less harmful, by e-cigarette use

Smokers were more likely to believe e-cigarettes are less harmful if they currently use one; 89% compared to 62% of smokers who have never used an e-cigarette.



1. [Evidence reviews by Public Health England on the impact of e-cigarettes](#)

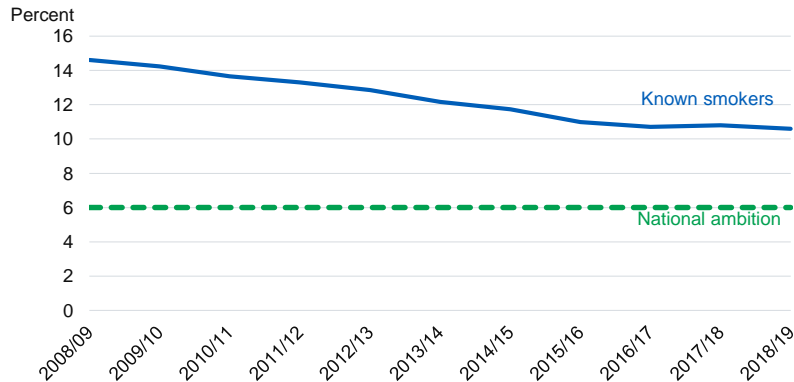
For more information: [ONS: Adult smoking habits, Opinions and Lifestyle Survey, 2016](#)

Smoking during pregnancy

Smoking prevalence, by year

10.6% of pregnant women were known to be smokers at the time of delivery in 2018/19. This is similar to 2017/18 (10.8%) but down from 14.6% in 2008/09.

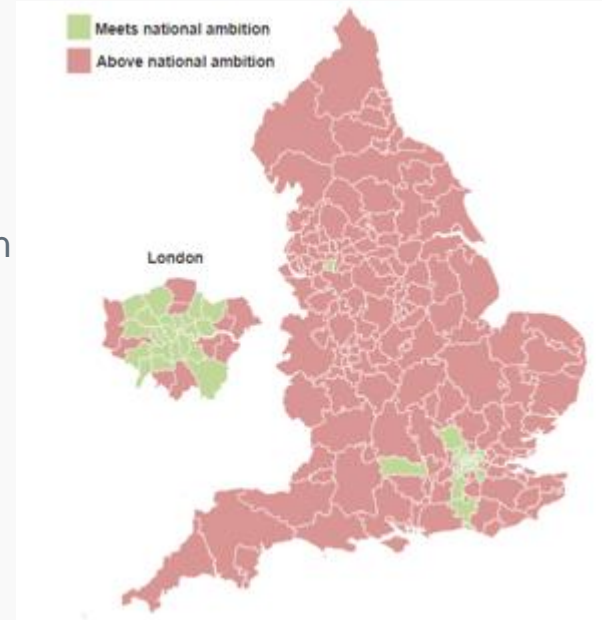
The current national ambition is to achieve a level of 6% or less by 2022¹.



Smoking prevalence, by CCG

28 out of 195 Clinical Commissioning Groups (CCGs) met the new national ambition of 6% or less.

Rates varied from 1.6% in NHS West London, to 25.7% in NHS Blackpool.



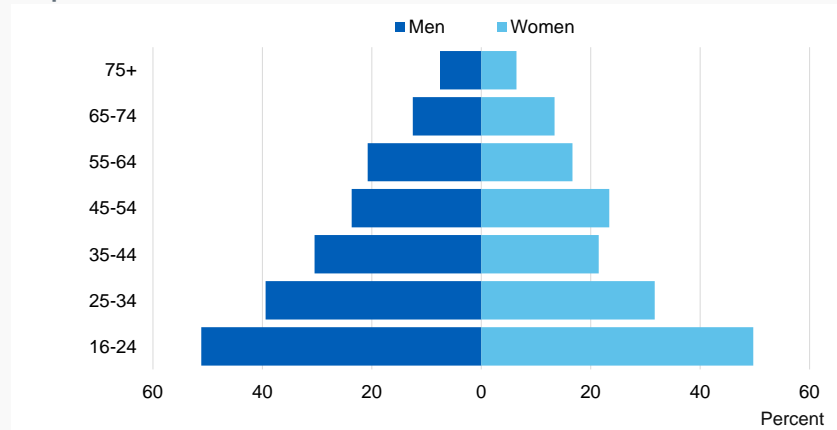
1) See: [Towards a Smokefree Generation - A Tobacco Control Plan for England](#)
For more information: [Smoking Status at Time of Delivery 2018/19](#)

Self reported exposure to second hand smoke¹

Self reported exposure to second hand smoke, by age

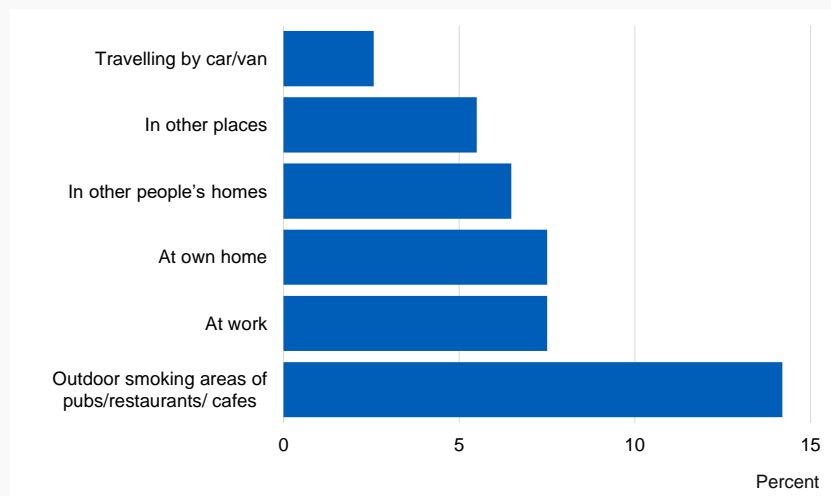
28% of men and 24% of women reported at least some exposure to second hand smoke.

Exposure was highest among those aged 16-24 with half of this group reporting at least some exposure.



Self reported exposure to second hand smoke, by location

Exposure was most likely to occur in outdoor smoking areas of pubs/restaurants/cafes, followed by at work and home.



1) Based on persons aged 16 and over.

Part 4: Smoking patterns among young people

This part presents a range of information on cigarette smoking patterns among young people. Smoking prevalence, consumption and trends among different groups of society and geographical areas are explored.

The source of data is the Smoking, Drinking and Drug Use among Young People survey (SDD). This is a survey of secondary school pupils in years 7 to 11 (mostly aged 11 to 15) in England, conducted every 2 years and published by NHS Digital.

At time of publication the most up to date information is from SDD 2016. NHS Digital are planning on publishing the SDD 2018 survey on 25th July 2019 on the following link: <http://digital.nhs.uk/pubs/sdd18>

Pupils were categorised in three ways based on the responses given:

- Regular smokers (defined as usually smoking at least one cigarette per week);
- Occasional smokers (defined as usually smoking less than one cigarette per week); or
- Non-smokers.

The term 'current smoker' used in this report includes regular and occasional smokers.

One of the national ambitions in the government's new tobacco control plan published in 2017¹, is to reduce the number of 15 year olds who regularly smoke to 3% or less. This ambition will be measured via the SDD survey.

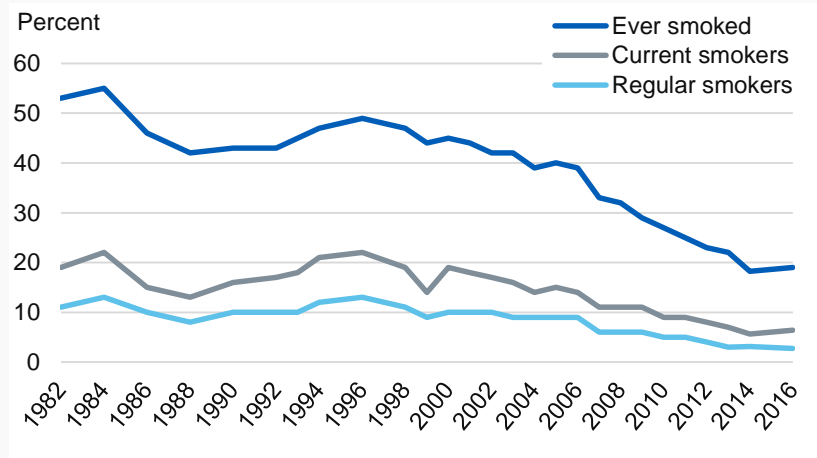
1) [Tobacco control plan for England](#)

Smoking prevalence among young people

Smoking prevalence, by year

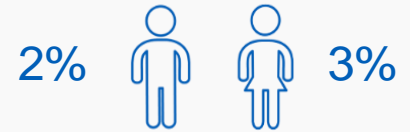
In 2016, 19% of pupils reported they had tried smoking at least once, similar to 2014. There has previously been a steady decline since 1996.

6% of pupils were current smokers, and 3% were regular smokers¹.

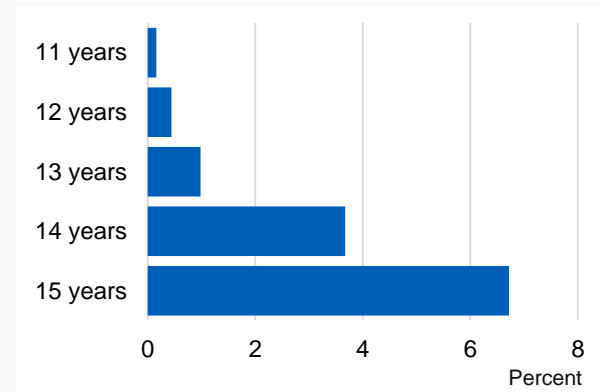


Regular smoking prevalence, by sex and age

Similar proportions of boys and girls said they were regular smokers.



The proportion of regular smokers increased with age; from less than 1% of 11 and 12 year olds, to 7% of 15 year olds.



1) Regular smokers defined as usually smoking at least one cigarette per week.

Smoking among young people: Influences and dependence

Exposure to second hand smoke

In the last year, 62% of pupils reported being exposed to second hand smoke in the home¹ or in a car^{2,3}.

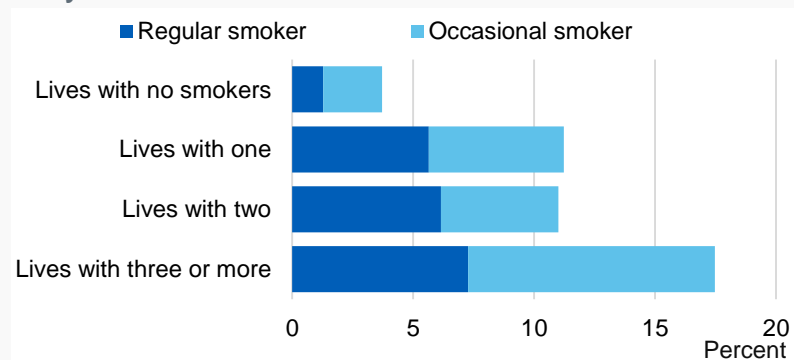


57%

25%

Influence of smokers at home

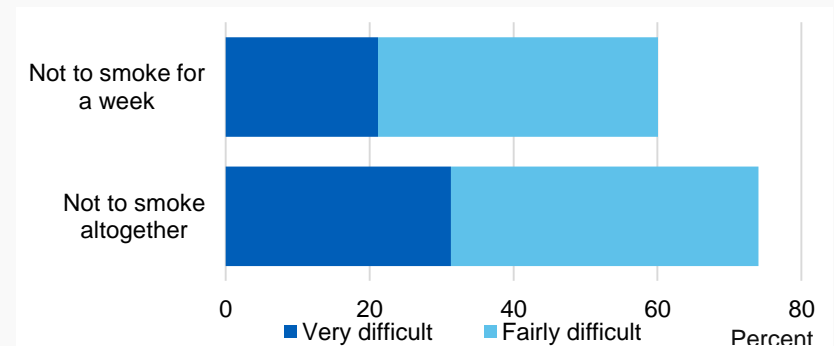
Pupils were more likely to smoke themselves if they lived in a household with other smokers.



Dependency on smoking (regular smokers)

Pupils who smoke regularly tend to see themselves as dependent on the habit.

60% of regular smokers reported that they would find it very or fairly difficult to not smoke for a week, while 74% reported that they would find it very or fairly difficult to give up smoking altogether.



1. Includes at home or in someone else's home. 2. Some of these pupils reported being exposed to smoke in both a home and a car.

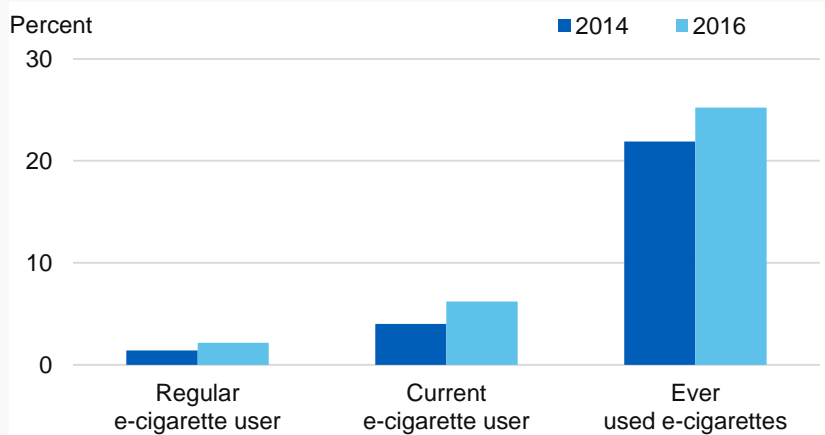
3. A ban on smoking in cars with under 18s present was introduced in October 2015.

Use of e-cigarettes by young people

E-cigarette prevalence, by year

A quarter of pupils (25%) reported they had ever used e-cigarettes. This is up from 22% in 2014.

Current and regular e-cigarette prevalence remain low but have increased from 4% to 6%, and from 1% to 2% respectively since 2014.

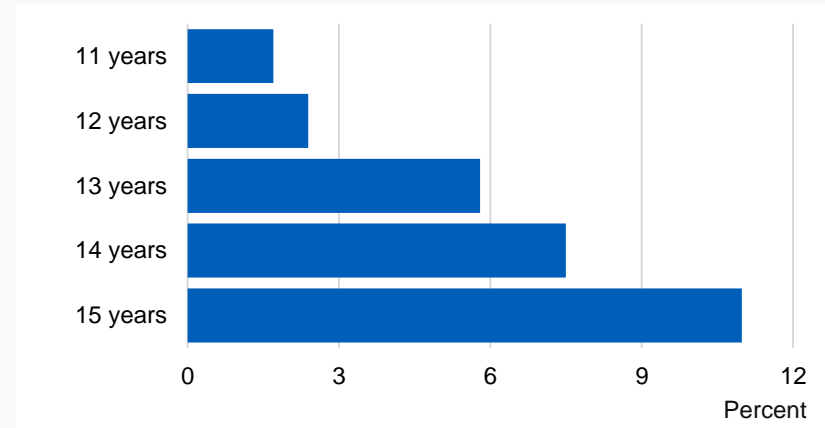


Current e-cigarette use, by sex and age

Boys were more likely than girls to be current e-cigarette users.



Current e-cigarette use increased with age: 2% of 11 year olds, to 11% of 15 year olds.



Part 5: Patterns in tobacco consumption and spending

This section looks at how the availability and affordability of tobacco has changed over time, expenditure on tobacco, the value of the illicit tobacco market, and where young people get cigarettes. The data sources included are as follows:

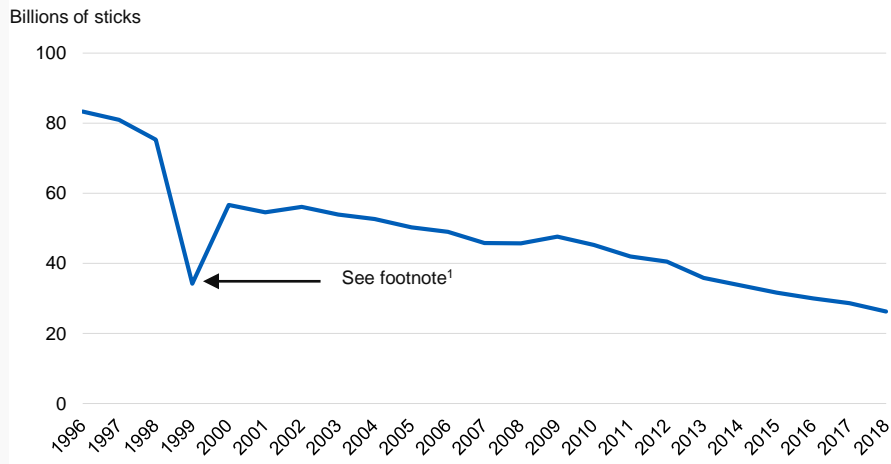
- Availability of tobacco, and illicit tobacco sales data for the UK is extracted from Her Majesty's Revenue and Customs (HMRC) statistical bulletins.
- Affordability of tobacco in the UK has been calculated using information on tobacco price and retail price indices taken from the Office for National Statistics (ONS) consumer price indices and households' disposable income datasets.
- Data on tobacco expenditure and household expenditure are taken from two sources:
 - ONS Consumer Trends which gives annual figures for UK household expenditure on tobacco and total household expenditure.
 - ONS Family Spending in the UK statistical bulletin, for weekly expenditure on cigarettes.
- Data on where young people (secondary school pupils aged 11 to 15) get cigarettes is taken from the Smoking, Drinking and Drug Use among Young People survey (SDD).

Availability of tobacco (UK)

Releases of cigarettes (for home consumption)

Releases of cigarettes for home consumption have continued to fall since the mid-1990's.

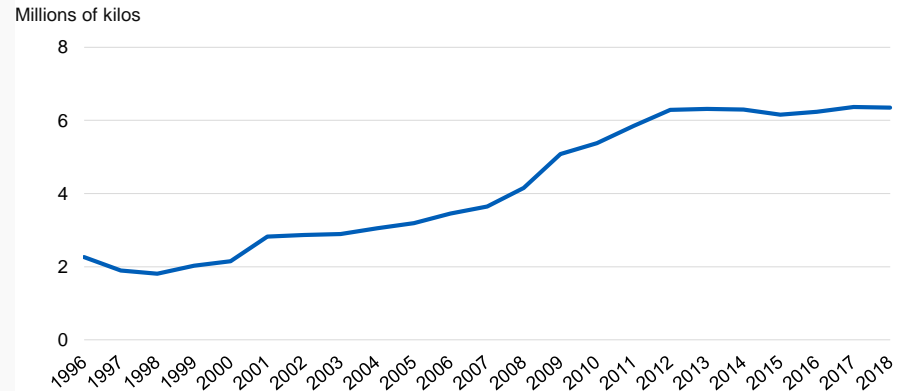
26.2 billion sticks were released in 2018; 69% less than in 1996, and 8% less than 2017.



Releases of hand rolling tobacco (for home consumption)

Between 2004 and 2012, releases of hand-rolling tobacco more than doubled, reflecting the increase in the proportion of adults who smoked hand-rolled cigarettes.

Releases have remained fairly steady since 2012.



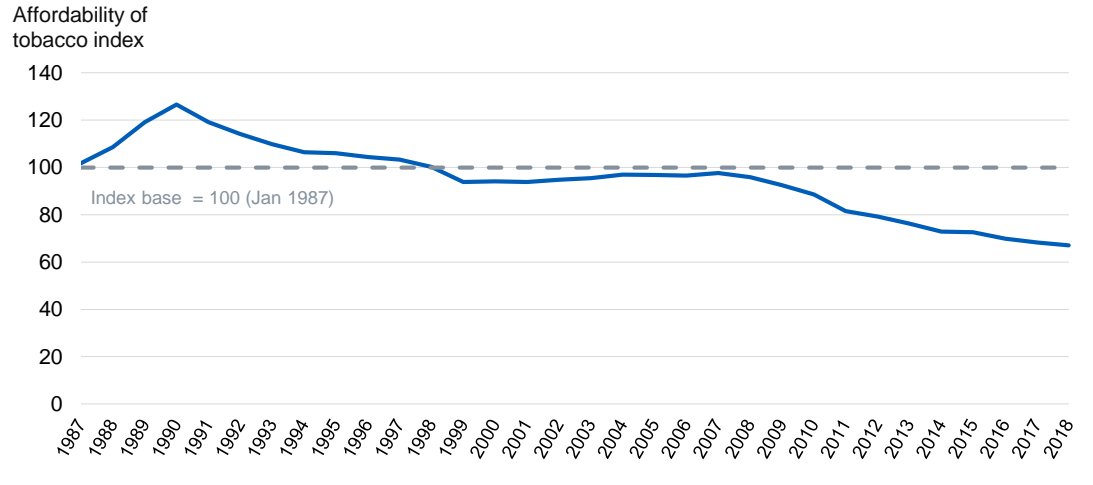
1) Decline in 1999 due to no forestalling taking place – See Appendix B: Technical Notes, Section 3 for more details.

Affordability of tobacco (UK)

Long term trend

In the UK since 1987 (an arbitrarily chosen base year) prices of tobacco, as measured by the tobacco price index, have increased more than the retail price index.

Consequently the affordability of tobacco index¹ has fallen over this period; in other words tobacco has become less affordable.



Last ten years (2008 to 2018)

Over the last ten years the price of tobacco has increased by 97%².

The price of tobacco increased by 50%³ relative to retail prices, whilst real households' disposable income (adjusted) increased by 5% over the same period.

As a result, tobacco has become 30% less affordable since 2008⁴.

1) For more information see Appendix B: Technical Notes, Section 2

2) Based on Tobacco Price Index

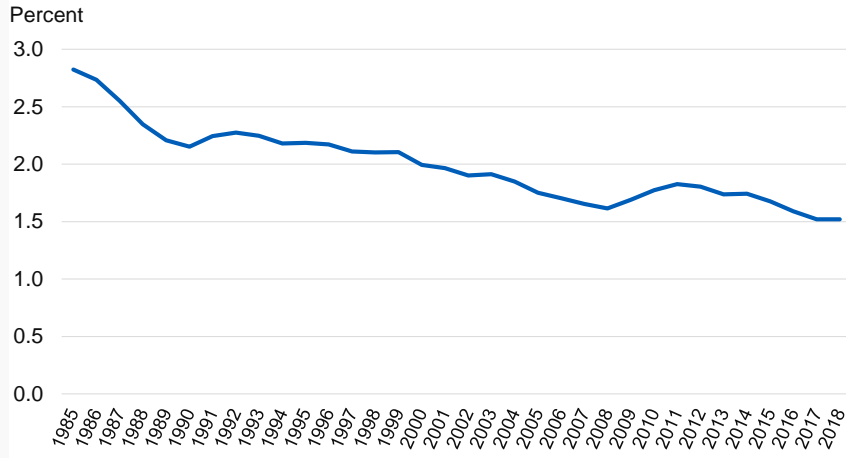
3) Based on Tobacco Price Index Relative to Retail Price Index (all items)

4) Based on Affordability of Tobacco Index

Expenditure on tobacco (UK)

Expenditure on tobacco as a percent of total household expenditure

Tobacco expenditure as a proportion of total household expenditure was 1.5% in 2018. It fell from 2.8% in 1985 to 1.6% in 2008, but has been fairly stable over the last ten years.

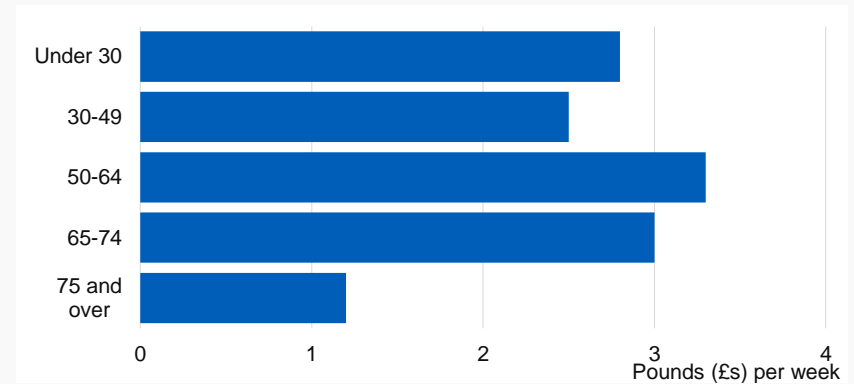


Average weekly expenditure on cigarettes¹

Average weekly household expenditure on cigarettes was £2.60 in 2017/18.

People in the 50-64 age group spent the most, with an average of £3.30 a week.

The lowest weekly expenditure was by those aged 75 or over, with an average of £1.20.



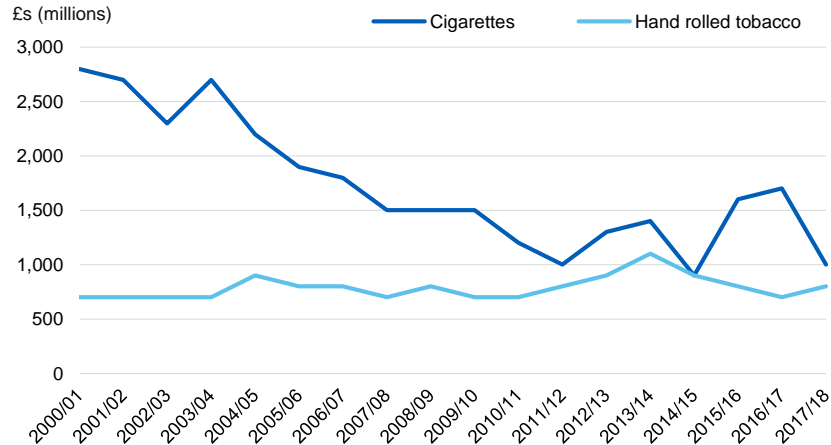
1) Across all households whether they include smokers or not.

Illicit tobacco market (UK)

Illicit market tax gap estimates (value of lost tax)^{1,2}

The cigarette tax gap decreased to an estimated £1.0 billion in 2017/18 from £1.7 billion in 2016/17.

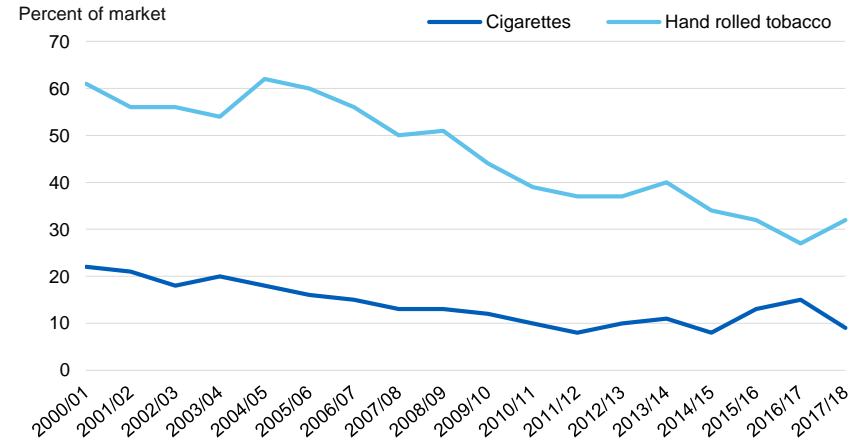
The hand rolled tobacco tax gap increased to an estimated £0.8 billion in 2017/18 from £0.7 billion in 2016/17.



Illicit market share estimates²

The illicit market share for cigarette sales decreased to 9% in 2017/18 from 15% in 2016/17.

The illicit market share for hand rolled tobacco has increased to 32% from 27% in 2016/17.



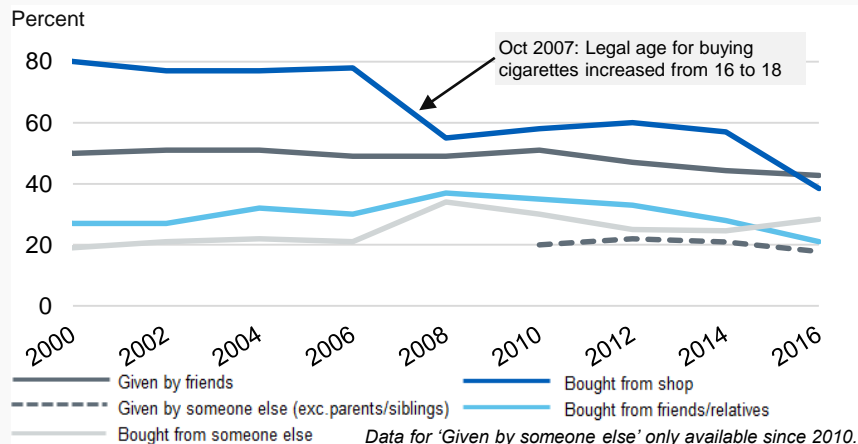
1) Based on the weighted average price of all UK duty paid cigarettes/hand rolled tobacco. 2) Figures are subject to confidence intervals. See source data for further details.

For more information: Tables 3.3 to 3.5 - [HMRC: Tobacco tax gap estimates](#)

Where young people get cigarettes¹

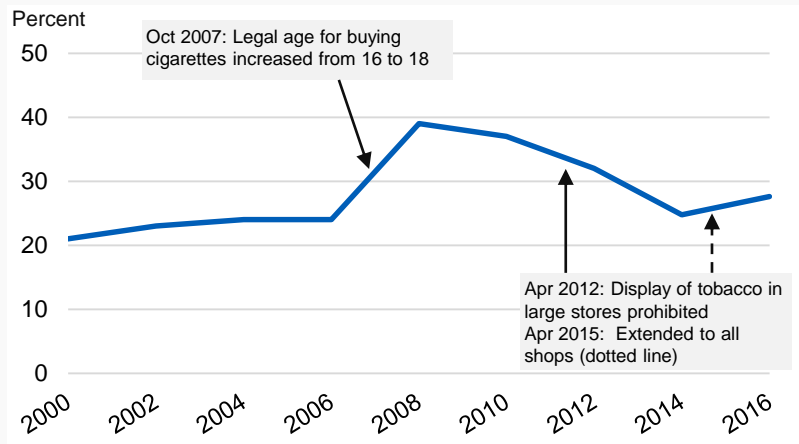
Usual sources of cigarettes (regular smokers)²

The most common source of cigarettes for regular smokers in 2016 was to be given them by friends (43%). 38% usually bought cigarettes from shops, a sharp decline from 57% in 2014 (The display of tobacco products in all shops has been prohibited since 2015).



Difficulty buying from shops (current smokers)

The proportion of smokers who said they found it difficult to buy cigarettes from shops increased to 28% in 2016. This follows a period where reported difficulty fell for several years, having been preceded by a sharp increase in 2008³.



1) Over the years, there have been changes in legislation designed to limit young people's access to cigarettes. See source publication below for more information. 2) Pupils could give more than one answer. Only the most common sources are discussed – see table 3.1 of the source publication below for a full list. 3) Legal age for buying cigarettes increased from 16 to 18 in Oct 2007.

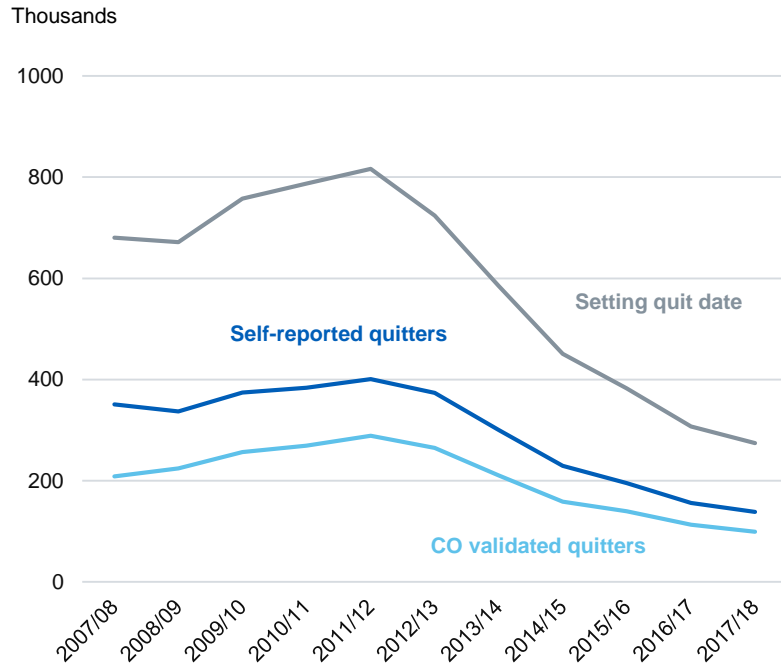
Part 6: Behaviour and attitudes to smoking

This part presents information about behaviour and attitudes towards smoking, and includes:

- NHS Stop Smoking Services information on quit attempts and successful quit rates. The latest annual data is for 2017/18. *2018/19 data is expected to be published on 3 Sept 2019¹.*
- Young people's (secondary school pupils aged 11 to 15) attitudes towards smoking, taken from the Smoking, Drinking and Drug Use among Young People survey (SDD).

1) See [Statistics on NHS Stop Smoking Services in England](#)

Attempts to quit smoking using NHS Stop Smoking Services



Setting a quit date²

- The number of people setting a quit date fell for the sixth consecutive year to 274,021 in 2017/18. This represents a decrease of 11% on 2016/17¹.
- The reduction in recent years may be partly due to the increased use of e-cigarettes which are widely available outside of these services.

Successful self-reported quitters²

- The number of successful self-reported quitters also fell for the fifth consecutive year to 138,426. This was a decrease of 11% on 2016/17¹.
- This means that the self-reported quit rate was 51% which has remained fairly stable in recent years.

CO validated successful quitters²

- 36% (98,802) of people setting a quit date had their results confirmed by Carbon Monoxide (CO) validation².

1) Comparison excludes LAs who are still running a service but did not submit data for all quarters in 2016/17 and 2017/18.

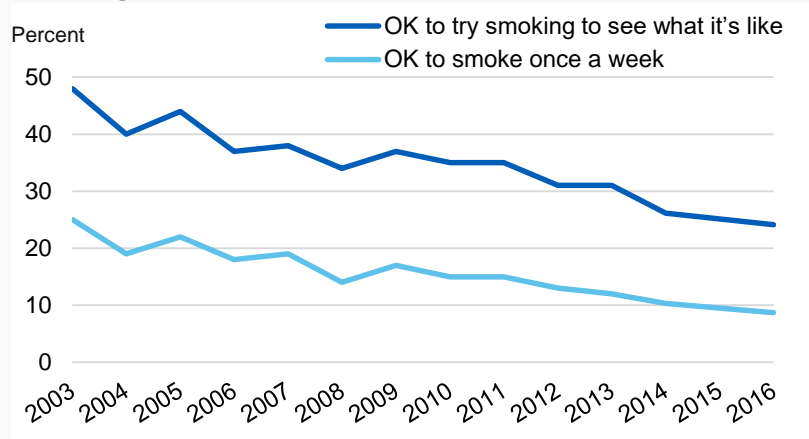
2) See report for details on definitions.

Young peoples' attitudes to smoking

Pupils' attitudes towards smoking, by year

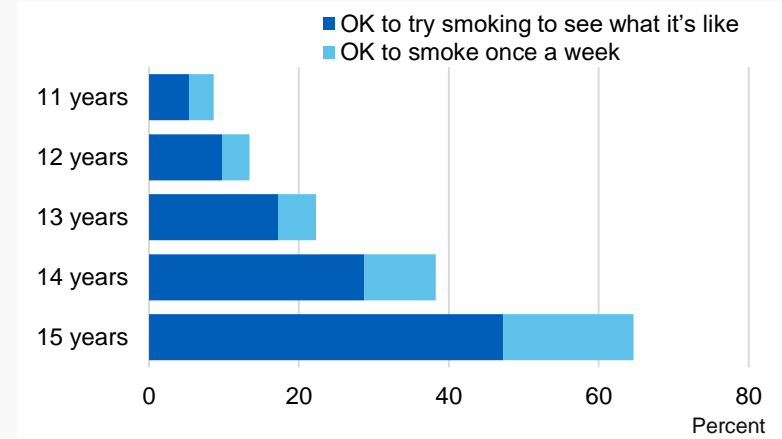
24% of pupils reported that it was OK to try a cigarette to see what it was like, and 9% reported that it was OK to smoke once a week.

Since these questions were first asked, there has been a general decline in positive attitudes towards smoking.



Pupils' attitudes towards smoking by people of their same age, by age

Younger pupils were less likely to think that it was OK to try smoking to see what it was like; 5% of 11 year olds, compared with 47% of 15 year olds, or that it was OK to smoke once a week; 3% and 17% respectively.



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