This fact sheet includes statistics on tobacco consumption and smoking-related illneses and death. November 2017.

SEE ALSO
• This fact sheet contains key statistics on smoking and smoking-related illnesses among adults in Great Britain (and UK where these are available).
• For information on youth smoking, see ASH Fact Sheet: Young people and smoking.
• For information on use of e-cigarettes see ASH Fact Sheets: Use of -e-cigarettes among adults in Great Britain and Use of e-cigarettes among children in Great Britain.

TRENDS IN SMOKING
The highest recorded level of smoking among men in Great Britain was 82% in 1948, of whom 65% smoked manufactured cigarettes. At that time, significant numbers of men smoked pipes or cigars as well as, or instead of, manufactured cigarettes. By contrast, women have tended to smoke only cigarettes. Smoking prevalence among women in 1948 was 41% and remained fairly constant until the early 1970’s, peaking at 45% in the mid 1960’s, according to tobacco industry surveys.¹

Overall the proportion of adults (aged 16 and over) smoking in Great Britain has been declining since 1974 when national government surveys on smoking among adults first began. The fastest decline was in the 1970s and 1980s. Since then smoking has continued to decline but at a slower rate.² The fall in smoking is due to a combination of smokers quitting and a growth in the proportion of people who have never smoked.

Various methods have been used to measure smoking rates in Great Britain over the years. There are three Government surveys from which data in this factsheet is sourced: The General Household/General Lifestyle Surveys (GLS), the Opinion & Lifestyle Survey (OPN), and the Annual Population Survey (APS)². Table 3 demonstrates the variance in measurements.

Government targets are set on the basis of the APS data as this has the largest sample size. Which survey the data in this fact sheet is from is referenced throughout. Please note that due to differences in sample size and methodology overall prevalence figures differ between surveys though the trends are consistent.

Table 1: Cigarette Smoking Prevalence, Adults Aged 18 and Over, Countries of the UK, 2016, APS⁴

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Wales</th>
<th>Scotland</th>
<th>N. Ireland</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>15.5</td>
<td>16.9</td>
<td>17.7</td>
<td>18.1</td>
<td>15.8</td>
</tr>
</tbody>
</table>

There are about about 7.6 million adult cigarette smokers in the United Kingdom.⁴ The proportion of the population who have never smoked has increased from 37.4% in 1974 to 59.2% in 2016. In addition, the proportion of cigarette smokers who have quit more than doubled between 1974 and 2016 from 26.7% to 60.6%.⁴
AT A GLANCE

- There are 7.6 million adult cigarette smokers in the United Kingdom.
- Across almost all age groups men are more likely to smoke than women.
- There is a strong link between cigarette smoking and socio-economic group.
- The latest Tobacco Control Plan was released in July 2017.
- Smoking accounts for approximately 79,000 deaths a year in the United Kingdom.
- About half of all life-long smokers will die prematurely.

Table 2: Prevalence of cigarette smoking by sex, 1974 to 2016, Great Britain, GLS, OPN, and APS

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>51.0</td>
<td>45.6</td>
<td>38.0</td>
<td>35.0</td>
<td>31.0</td>
<td>28.0</td>
<td>28.0</td>
<td>27.0</td>
<td>23.0</td>
<td>21.0</td>
<td>20.0</td>
<td>19.3</td>
<td>17.7</td>
</tr>
<tr>
<td>Women</td>
<td>41.0</td>
<td>37.0</td>
<td>33.0</td>
<td>31.0</td>
<td>29.0</td>
<td>26.0</td>
<td>26.0</td>
<td>25.0</td>
<td>21.0</td>
<td>20.0</td>
<td>17.0</td>
<td>15.3</td>
<td>14.1</td>
</tr>
</tbody>
</table>

NB: Since 2000 data have been weighted. 1974-2014 figures are from the GLS/OPN. Data from 2015 onwards is from the Annual Population Survey.4

Table 3: How smoking has been measured, 1974-2016

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OPN/GLS</td>
<td>45.6</td>
<td>40.2</td>
<td>35.3</td>
<td>32.7</td>
<td>30.0</td>
<td>26.8</td>
<td>27.1</td>
<td>25.9</td>
<td>22.0</td>
<td>20.3</td>
<td>18.8</td>
<td>17.8</td>
<td>16.1</td>
</tr>
<tr>
<td>APS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.1</td>
<td>18.1</td>
<td>17.2</td>
<td>15.8</td>
</tr>
</tbody>
</table>

NB: The earliest data available from the APS is from 2010.4

Overall the proportion of adults (aged 16 and over) smoking in Great Britain has been declining since 1974 when national government surveys on smoking among adults first began.

Type of tobacco smoked

Since 1990 there has been a steady increase in the number of smokers using mainly hand-rolled tobacco. In 1990, 18% of male smokers and 2% of female smokers said they smoked mainly hand-rolled cigarettes but by 2011 this had risen to 40% and 26% respectively.4 The 2016 Opinions & Lifestyle survey revealed that 37.3% of male and 27.5% of female smokers said they smoked hand-rolled cigarettes.4

Targets to reduce smoking

Periodically the Government sets targets to reduce smoking prevalence in the population. Most recently, the Conservative Minority Government published a Tobacco Control Plan for England in July 2017 outlining the steps needed to drastically reduce smoking rates by 2022. Its goals include reducing the number of 15 year olds who smoke regularly from 8% to 3% or below, reducing smoking in adults from 15.5% to 12%, and reducing smoking in pregnancy from 10.7% to 6% or below.6
In March 2011 the Coalition Government launched its Tobacco Control Plan for England in which it set out ambitions to reduce adult smoking prevalence to 18.5% or less by 2015 and to reduce smoking among 15 year-olds to 12% or less by 2015.7
In its strategy paper launched on 1 February 2010 the Labour Government set new targets to reduce smoking among the general population to 10% of adults and to 1% or less among children by 2020.6
In the 1998 White Paper ‘Smoking Kills’ the Government set a target to reduce adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.5 The target for the general population was achieved in 2007 but not for lower socio-economic groups (28% in 2011).

CIGARETTE SMOKING BY GENDER AND AGE

Across all age groups men are more likely to smoke than women, except among 11-15 year olds, for which the opposite is true. Since 2010 smoking has become less common across all age groups.4 Smoking continues to be lowest among people aged 60 and over. Although they are more likely than younger people to have ever been smokers, they are more likely to have stopped smoking.

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Tobacco Consumption

Since the mid-1970s cigarette consumption has fallen among both men and women, particularly among heavy smokers (defined as those smoking more than 20 cigarettes a day). In 1974, 26% of men and 13% of women were heavy smokers compared with 5% of men and 3% of women in 2012. The average number of cigarettes smoked per day by men and women has seen a general downward trend.

Cigarette Smoking and Socio-economic Group

There is a strong link between cigarette smoking and socio-economic group. In 2016, 25.7% of adults in routine and manual occupations smoked compared with 10.9% in managerial and professional occupations.

Historically there has been a slower decline in smoking among manual groups, resulting in smoking becoming increasingly concentrated in this population. However, in recent years, smoking rates have fallen by a similar amount across all social groups, so that the differential between non-manual and manual has not changed significantly.

Table 4: Cigarette smoking by age: Percentage of adult population, OPN

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>25-34</th>
<th>35-49</th>
<th>50-59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>44.3</td>
<td>50.9</td>
<td>52.0</td>
<td>50.4</td>
<td>33.3</td>
</tr>
<tr>
<td>1984</td>
<td>34.7</td>
<td>37.9</td>
<td>37.1</td>
<td>39.1</td>
<td>25.8</td>
</tr>
<tr>
<td>1994</td>
<td>34.2</td>
<td>31.8</td>
<td>29.5</td>
<td>26.7</td>
<td>17.3</td>
</tr>
<tr>
<td>2004</td>
<td>28.9</td>
<td>31.2</td>
<td>29.3</td>
<td>24.1</td>
<td>14.2</td>
</tr>
<tr>
<td>2014</td>
<td>23.1</td>
<td>24.2</td>
<td>21.0</td>
<td>18.9</td>
<td>11.4</td>
</tr>
<tr>
<td>2015</td>
<td>23.5</td>
<td>24.2</td>
<td>20.3</td>
<td>16.0</td>
<td>10.3</td>
</tr>
<tr>
<td>2016</td>
<td>16.6</td>
<td>23.0</td>
<td>18.2</td>
<td>15.0</td>
<td>10.6</td>
</tr>
</tbody>
</table>

Table 5: Prevalence of cigarette smoking by socio-economic classification: Persons aged 16 and over. Great Britain: 2016, OPN (%)

<table>
<thead>
<tr>
<th>Socio-economic group</th>
<th>Smoker</th>
<th>Ex-Smoker</th>
<th>Never smoked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial &amp; professional</td>
<td>10.9</td>
<td>23.8</td>
<td>65.3</td>
</tr>
<tr>
<td>Intermediate</td>
<td>15</td>
<td>25.5</td>
<td>59.5</td>
</tr>
<tr>
<td>Routine &amp; manual</td>
<td>25.7</td>
<td>25.4</td>
<td>48.9</td>
</tr>
</tbody>
</table>

Cigarette consumption and socio-economic group

Higher cigarette consumption is associated with lower socio-economic status. A YouGov survey commissioned by ASH found that 32% of current smokers in higher social groups (AB) smoked 6 or fewer cigarettes per day compared to 16% in the lower social group (E). People in social group E are more likely to be heavy smokers: 13% reported smoking 21 to 30 cigarettes a day compared with 9% in the highest social group.

OPN data finds similar trends: as Table 7 notes, smokers with a degree smoke on average 6.5 fewer cigarettes a day than those with no formal qualifications.

Dependence on cigarette smoking

There are several ways of measuring dependence on smoking including the desire to quit amongst those who nevertheless continue to smoke. Other ways of measuring dependence include how soon the first cigarette of the day is smoked after waking.

OPN data shows 45% of current smokers in Great Britain had their first cigarette within the first 30 minutes of waking.

59.3% of current smokers said they wanted to stop smoking, and only 19.6% said that they don’t want to ever stop smoking.

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ILLNESS AND DISEASE

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 79,000 deaths a year in the United Kingdom.\textsuperscript{11} Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. The 2010 US Surgeon General report, ‘How Tobacco Smoke Causes Disease’, concludes that “there is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product.”\textsuperscript{12}

It is estimated that the global yearly death toll as a result of tobacco use is currently 7 million (including exposure to secondhand smoke).\textsuperscript{13} On current smoking trends this is expected to rise to around 10 million a year by 2030.\textsuperscript{14} It is predicted that by the end of the 21st century, tobacco will have killed one billion people within the century.\textsuperscript{15}

For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease.\textsuperscript{12,15} In England it is estimated that in 2015-16, among adults aged 35 and over, around 474,000 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group.\textsuperscript{16} The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year.\textsuperscript{17}

DEATHS CAUSED BY SMOKING

Smoking is the leading cause of preventable death and disease in the UK. About half of all life-long smokers will die prematurely, losing on average about 10 years of life.\textsuperscript{18} Smoking kills more people each year than the following preventable causes of death combined. [figures for England except HIV which is for UK and traffic accidents for Great Britain]

- obesity (34,100)\textsuperscript{19}
- alcohol (6,813)\textsuperscript{20}
- road traffic accidents (1,730)\textsuperscript{21}
- drug misuse (2,479)\textsuperscript{22}
- HIV infection (613)\textsuperscript{23}

Most smoking-related deaths arise from one of three types of disease: lung cancer, chronic obstructive pulmonary disease (COPD which incorporates emphysema and chronic bronchitis) and coronary heart disease (CHD). In 2015, 16% (79,000) of all deaths of adults aged 35 and over in England were estimated to be attributable to smoking.\textsuperscript{16}

Of these smoking caused:

- 37,400 (27%) of all cancer deaths
- 23,200 (35%) of all respiratory deaths
- 16,400 (13%) of all circulatory disease deaths
Table 8: Estimated percentages and numbers of deaths attributable to smoking in England by cause among adults aged 35 and over, 2015*  

<table>
<thead>
<tr>
<th>Cancers</th>
<th>Number of deaths</th>
<th>% of deaths</th>
<th>Deaths estimated to be caused by smoking</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All deaths</td>
<td>All</td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Lung, Trachea and Bronchus</td>
<td>28,560</td>
<td>13,300</td>
<td>9,400</td>
<td>22,600</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>6479</td>
<td>3,000</td>
<td>1,200</td>
<td>4,200</td>
</tr>
<tr>
<td>Bladder</td>
<td>4,480</td>
<td>1,300</td>
<td>400</td>
<td>1,700</td>
</tr>
<tr>
<td>Pancreas</td>
<td>7,490</td>
<td>800</td>
<td>900</td>
<td>1,700</td>
</tr>
<tr>
<td>Upper respiratory sites</td>
<td>2,245</td>
<td>1,100</td>
<td>300</td>
<td>1,400</td>
</tr>
<tr>
<td>Stomach</td>
<td>3,537</td>
<td>500</td>
<td>100</td>
<td>700</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>3,681</td>
<td>700</td>
<td>100</td>
<td>800</td>
</tr>
<tr>
<td>Larynx</td>
<td>674</td>
<td>400</td>
<td>100</td>
<td>500</td>
</tr>
<tr>
<td>Myeloid leukaemia</td>
<td>2,279</td>
<td>300</td>
<td>100</td>
<td>400</td>
</tr>
<tr>
<td>Cervical</td>
<td>608</td>
<td>-</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Unspecified site</td>
<td>8,357</td>
<td>2,000</td>
<td>900</td>
<td>2,900</td>
</tr>
<tr>
<td>All Cancer</td>
<td>68,390</td>
<td>23,400</td>
<td>13,500</td>
<td>36,900</td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive lung disease*</td>
<td>27,121</td>
<td>10,800</td>
<td>10,200</td>
<td>20,800</td>
</tr>
<tr>
<td>Pneumonia, Influenza</td>
<td>27,375</td>
<td>2,700</td>
<td>1,800</td>
<td>4,500</td>
</tr>
<tr>
<td>All Respiratory</td>
<td>61,744</td>
<td>12,300</td>
<td>10,800</td>
<td>23,200</td>
</tr>
<tr>
<td>Digestive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach and duodenal ulcer</td>
<td>1,744</td>
<td>500</td>
<td>300</td>
<td>900</td>
</tr>
<tr>
<td>Circulatory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ischaemic heart disease</td>
<td>56,258</td>
<td>5,100</td>
<td>2,300</td>
<td>7,400</td>
</tr>
<tr>
<td>Aortic aneurym</td>
<td>5,370</td>
<td>2,000</td>
<td>1,200</td>
<td>3,200</td>
</tr>
<tr>
<td>Cerebrovascular disease (stroke)</td>
<td>31,670</td>
<td>1,600</td>
<td>1,100</td>
<td>2,700</td>
</tr>
<tr>
<td>Other heart disease</td>
<td>21,784</td>
<td>1,600</td>
<td>1,200</td>
<td>2,800</td>
</tr>
<tr>
<td>Other arterial disease</td>
<td>2,443</td>
<td>200</td>
<td>200</td>
<td>400</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>127</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Circulatory</td>
<td>126,101</td>
<td>10,400</td>
<td>6,000</td>
<td>16,400</td>
</tr>
<tr>
<td>All Deaths</td>
<td>223,044</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total caused by smoking</td>
<td>47,000</td>
<td>30,800</td>
<td>77,800</td>
<td>21</td>
</tr>
</tbody>
</table>

NB: The estimated attributable number of deaths is rounded to the nearest 100. Numbers may not all total due to rounding.

*ICD codes J40-J44 which includes bronchitis, emphysema and other chronic obstructive lung disease. The proportion of deaths attributable to smoking is the median (mid-point) between the highest and lowest estimates for this group of diseases.
THE HEALTH CONSEQUENCES OF ACTIVE SMOKING

Cancers
- Oropharynx
- Larynx
- Esophagus
- Trachea, bronchus, and lung
- Acute myeloid leukemia
- Stomach
- Liver
- Pancreas
- Kidney and ureter
- Cervix
- Bladder
- Colorectal

Chronic Diseases
- Stroke
- Blindness, cataracts, age-related macular degeneration
- Congenital defects—maternal smoking: orofacial clefts
- Periodontitis
- Aortic aneurysm, early abdominal aortic atherosclerosis in young adults
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, tuberculosis, asthma, and other respiratory effects
- Diabetes
- Reproductive effects in women (including reduced fertility)
- Hip fractures
- Ectopic pregnancy
- Male sexual function—erectile dysfunction
- Rheumatoid arthritis
- Immune function
- Overall diminished health

Note: The condition in red is a new disease that has been causally linked to smoking in the report:
The Health Consequences of Smoking—50 Years of Progress, A Report of the US Surgeon General

THE HEALTH CONSEQUENCES OF PASSIVE SMOKING

Children
- Middle ear disease
- Respiratory symptoms, impaired lung function
- Lower respiratory illness
- Sudden infant death syndrome

Adults
- Stroke
- Nasal irritation
- Lung cancer
- Coronary heart disease
- Reproductive effects in women: low birth weight

Note: The condition in red is a new disease that has been causally linked to smoking in the report:
The Health Consequences of Smoking—50 Years of Progress, A Report of the US Surgeon General

For more information on issues raised visit www.ash.org.uk Planned review date: March 2018
NONFATAL DISEASES

There are many medical conditions associated with or aggravated by smoking, which may not be fatal but still cause years of debilitating illness. These include:24,25

Heart and circulation:  • Angina, Buerger’s Disease (severe circulatory disease), Peripheral vascular disease

Respiratory:  • Asthma, Common cold, Chronic rhinitis (inflammation of nose), Influenza, Tuberculosis

Stomach/digestive system:  • Colon polyps, Crohn’s disease (chronic inflamed bowel), Duodenal ulcer, Stomach ulcer

Mouth:  • Gingivitis & Periodontitis (gum disease), Tooth loss, Tooth discolouration

Ligaments, muscles and bones:  • Ligament, tendon and muscle injuries, Neck and back pain, Osteoporosis (in both sexes), Rheumatoid arthritis

Eyes:  • Cataract, Macular degeneration, Nystagmus (abnormal eye movements), Optic neuropathy (loss of vision), Ocular histoplasmosis (fungal eye infection), Tobacco Amblyopia (loss of vision), Diabetic retinopathy, Optic neuritis

Skin:  • Psoriasis, Skin wrinkling

Reproductive functions:  • Female fertility (30% lower), Menopause (onset 1.74 years earlier on average), Male fertility (Impotence, Reduced sperm count and motility, sperm less able to penetrate the ovum, increased shape abnormalities)

Other:  • Depression, Hearing loss, Multiple sclerosis, Type 2 Diabetes

PERCEPTIONS OF HEALTH

Smoking has an impact on people’s perceptions of health, with smokers in some age groups twice as likely as non-smokers of a similar age to feel that they are not in good health.

Table 9: Perceived health by age and smoking status, UK, January to December 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Current Smoker</th>
<th>Never Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>83.0</td>
<td>91.9</td>
</tr>
<tr>
<td>25 - 34</td>
<td>79.9</td>
<td>90.7</td>
</tr>
<tr>
<td>35 - 49</td>
<td>69.5</td>
<td>85.2</td>
</tr>
<tr>
<td>50 - 64</td>
<td>56.3</td>
<td>76.0</td>
</tr>
<tr>
<td>65+</td>
<td>48.8</td>
<td>62.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>68.3</td>
<td>80.9</td>
</tr>
</tbody>
</table>

Integrated Household Survey, January to December 2014

RESOURCES

For information about tobacco use and related harm at local level in England, please refer to Public Health England’s Local Tobacco Control Profiles for England. For more statistics on deaths from smoking in the UK and worldwide see Deaths from Smoking.

For more information on issues raised visit www.ash.org.uk Planned review date: March 2018
REFERENCES

5. PSA Delivery Agreement 18: Promote better health and well-being for all. The Treasury, Oct 2007
10. YouGov. Total sample size was 12,696. Fieldwork was undertaken between 16th February and 19th March 2017. All surveys were carried out online. The figures have been weighted and are representative of all GB Adults (aged 18+).
11. Estimated premature deaths for each jurisdiction are as follows: England – 77,800; Scotland – 10,000; Wales – 5,500; N. Ireland – 2,300. Sources: Statistics on Smoking: England, 2016; ASH Scotland Smoking and Tobacco Statistics Fact Sheet 2016; Welsh Government - Health Improvement Nidirect-smoking
17. Local costs of smoking, 2015 Action on Smoking and Health
21. Reported Road Casualties in Great Britain: Main Results 2014 Dept for Transport, 2015