

Smoking Statistics

April 2020

This fact sheet includes statistics on tobacco consumption and smoking-related illness and death.

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 constant until the early 1970s, peaking at 45% in the mid-1960s, 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 through the 1970s and 1980s. Since then, smoking has continued to decline, albeit at a slower rate.² The fall in smoking rates is due to a combination of smokers quitting and a growth in the population 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 variation in measurements.

Government targets are set on the basis of the APS data as this has the largest sample size. 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, 2018⁴

	England	Wales	Scotland	Northern Ireland	UK
Adults	14.4%	15.9%	16.3%	15.5%	14.7%

There are about 7.2 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 59.4% in 2018.

Table 2: Prevalence of cigarette smoking by sex (GLS/OPN/APS), 1974 to 2018, Great Britain & UK⁴

%	1974	1978	1982	1986	1990	1994	1998	2002	2006	2010	2014	2015	2016	2017	2018
Men	51	45	38	35	31	28	28	27	23	21	20	19.3	17.7	17.0	16.5
Women	41	37	33	31	29	26	26	25	21	20	17	15.3	14.1	13.3	13.0
All	45	40	35	33	30	27	27	26	22	20	18.1	17.2	15.8	15.1	14.7

NB: Since 2000 data have been weighted. 1974-2010 figures are from the GLS/OPN surveys and are for Great Britain. Data from 2014 onwards is from the Annual Population Survey and is for the UK.⁴

Table 3: Smoking prevalence by survey, 1974-2018^{2,3,4}

%	1974	1978	1982	1986	1990	1994	1998	2002	2006	2010	2014	2015	2016	2017	2018
OPN/GLS	45.6	40.2	35.3	32.7	30.0	26.8	27.1	25.9	22.0	20.3	18.8	17.8	16.1	16.8	
APS										20.1	18.1	17.2	15.8	15.1	14.7

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

TYPES OF TOBACCO SMOKED

Across Great Britain, 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 2018 Opinions & Lifestyle survey revealed that 40.8% of male and 29.9% of female smokers said they smoked hand-rolled cigarettes.⁴ This is most likely due to the growing unaffordability of 'straight' cigarettes, and that smoking is becoming more concentrated among people on low incomes.

TARGETS TO REDUCE SMOKING

Periodically, the Government sets targets to reduce smoking prevalence in the population.

Most recently, in July 2019, the Government announced its ambition for a Smokefree 2030 (where the overall percentage of the population who smoke is 5% or below) through its consultation document 'Advancing our health: prevention in the 2020s'.

In July 2017, the Conservative Minority Government published a Tobacco Control Plan for England, outlining the steps needed to drastically reduce smoking rates by 2022. Its goals included 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.⁸

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

In general, men are more likely to smoke than women. 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 also more likely to have stopped smoking.

Table 4: Cigarette smoking by age: Percentage of adult population, Great Britain⁴

%	Age				
	16-24	25-34	35-49	50-59	60+
1974	44.3	50.9	52.0	50.4	33.3
1984	34.7	37.9	37.1	39.1	25.8
1994	34.2	31.8	29.5	26.7	17.3
2004	28.9	31.2	29.3	24.1	14.2
2014	23.1	24.2	21.0	18.9	11.4
2015	23.5	24.2	20.3	16.0	10.3
2016	16.6	23.0	18.2	15.0	10.6
2017	19.9	21.9	21.1	17.5	8.3
2018	23.6	20.8	18.6	15.2	10.2

Cigarette smoking by socio-economic group

There is a strong link between cigarette smoking and socio-economic group. In 2017, 25.9% of adults in routine and manual occupations smoked compared with 10.9% in managerial and professional occupations.²

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 5: Prevalence of cigarette smoking by socio-economic classification: Persons aged 16 and over. Great Britain, 2018.

%	Employed	Unemployed	Economically Inactive
Smoker	17.2	32.5	13.9
Ex-smoker	23.5	12.4	32.3
Never-smoker	59.3	55.1	53.8

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.

Table 6: Average daily consumption of manufactured cigarettes per smoker, GB, 1949-2018¹²³⁴

Year	1949	1959	1969	1979	1990	2000	2010	2011	2012	2013	2014	2015	2016	2017	2018*
Men	14.1	18.4	18.9	21.6	16.8	15.0	14.0	13.0	12.0	13.0	12.2	11.6	12.0	11.4	8.6
Women	6.8	11.0	13.7	16.6	13.9	13.0	12.0	12.0	11.0	11.0	10.5	11.0	11.0	10.3	6.6

*Weighted and redesigned question. From 2018 the survey question used to measure average daily cigarette consumption was transformed for telephone and online data collection modes. This means that the data collected 1974-2017 are not comparable with the latest estimates.

Table 7: Average daily cigarette consumption per smoker by qualification level, GB, 2016, OPN⁹

	Degree	A-level	GCSE (D-G)	No formal qualification
Number of cigarettes per day (average)	8.1	10.1	11.1	14.6

CIGARETTE CONSUMPTION AND SOCIO-ECONOMIC GROUP

Higher cigarette consumption is associated with lower socio-economic status. A 2019 YouGov survey commissioned by ASH found that 30% of current smokers in higher social groups (AB) smoked 6 or fewer cigarettes per day compared to 17% in the lower social group (E). People in social group E are more likely to be heavy smokers: 18% reported smoking 21 to 30 cigarettes a day compared with 5% in the highest social group.⁸ 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 35.4% of current smokers in Great Britain had their first cigarette within the first 30 minutes of waking. (OPN 2018)

58.4% of current smokers said they wanted to stop smoking, and only 21.8% said that they do not intend to stop. (OPN 2018)

Illness and disease

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 77,800 deaths a year in England.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."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).¹³ On current smoking trends this is expected to rise to around 10 million a year by 2030.¹⁴ It is predicted that by the end of the 21st century, tobacco will have killed one billion people within the century.¹⁵

For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease.^{12 15} In England it is estimated that in 2015-16, among adults aged 35 and over, around 474,300 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group.¹⁶ The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year.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.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)¹⁹
- alcohol (6,813)²⁰
- road traffic accidents (1,730)²¹
- drug misuse (2,479)²²
- HIV infection (613)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.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, 2017/18

	Number of deaths				% of deaths	
	All deaths	Deaths estimated to be caused by smoking			Men	Women
		Men	Women	Total		
Cancers						
Lung, Trachea and Bronchus	28,147	13,100	9,100	22,200	86	71
Oesophagus	6,438	3,100	1,100	4,200	68	57
Bladder	4,729	1,400	400	1,800	42	28
Pancreas	7,850	800	900	1,700	20	23
Upper respiratory sites	2,415	1,200	300	1,500	70	46
Stomach	3,457	500	200	700	24	12
Kidney & renal pelvis	3,756	800	100	900	32	7
Larynx	660	400	100	500	80	72
Myeloid leukaemia	2,426	300	100	400	21	10
Cervical	635	-	100	100	-	10
Unspecified site	7,565	1,800	800	2,600	51	19

All Cancer	139,013	23,300	13,100	36,400	31	20
Respiratory						
Chronic obstructive lung disease	1,160	700	300	1,000	88	81
Chronic Airway Obstruction	25,587	10,100	9,500	19,600	78	75
Pneumonia, Influenza	25,289	2,700	1,700	4,300	23	12
All Respiratory	68,016	13,500	11,400	24,900	40	33
Digestive						
Stomach and duodenal ulcer	1,717	400	300	800	49	40
Circulatory						
Ischaemic heart disease	53,691	5,100	2,200	7,300	15	11
Aortic aneurysm	4,781	1,700	1,000	2,700	61	51
Cerebrovascular disease (stroke)	29,565	1,500	900	2,400	12	5
Other heart disease	24,036	1,700	1,200	2,900	16	9
Other arterial disease	2,618	200	200	400	14	15
Atherosclerosis	61	0	0	0	25	9
All Circulatory	123,924	10,100	5,500	15,700	16	9
All Deaths	489,455					
Total caused by smoking		47,400	30,400	77,800	20	12

NB: The estimated attributable number of deaths is rounded to the nearest 100.

Numbers may not all total due to rounding.

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:

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 2014²⁶

In good health (%)		
Age Group	Current Smoker	Never Smoker
18-24	83.0	91.9
25-34	79.9	90.7
35-49	69.5	85.2
50-64	56.3	76.0
65+	48.8	62.3
Total	68.3	80.9

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](#).

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