Adult smoking habits in the UK: 2015

Cigarette smoking among adults including the proportion of people who smoke including demographic breakdowns, changes over time, and e-cigarettes.

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1. Main points

- This report describes smoking data for the UK and its constituent countries from the Annual Population Survey in addition to smoking data for Great Britain from the Opinions and Lifestyle Survey.

- In 2015, of all adults in the UK 17.2% smoked, down from 20.1% of adults who smoked in 2010.

- Of the constituent countries, 16.9% of adults currently smoke in England; for Northern Ireland, this figure is 19.0%; Scotland, 19.1%; Wales, 18.1% – in recent years, Scotland and Wales have seen the largest decreases in current smokers.

- In 2015 across the UK, 19.3% of men and 15.3% of women smoked cigarettes.

- From 2010 to 2015, smoking has become less common across all ages in the UK, with the largest decrease observed among those aged 18 to 24 years.

- In Great Britain, average cigarette consumption among smokers has reduced to 11.3 cigarettes each day – the lowest level since 1974.

- In 2015, of all adults in Great Britain who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974.

- In Great Britain, smoking is more common among those earning less than £10,000 per year in addition to those who are currently looking for work.

- 2.3 million people in Great Britain used e-cigarettes in 2015; for half of these, “vaping” is used as a means to quit smoking.

- Around half of current smokers have used e-cigarettes and 14.4% of current smokers currently use e-cigarettes.

2. Collaboration

This publication is produced in partnership with Public Health England.

Public Health England

3. Things you need to know about this release

Historically, our Adult Smoking Habits series has described smoking data for Great Britain from the Opinions and Lifestyle Survey (OPN). For the first time, this release also analyses smoking data from the Annual Population Survey (APS) to bring the data into one place. The APS is a continuous household survey, covering a UK sample of around 320,000 households each year. The sample concerns all adults aged 18 years and above, which differs to the OPN which concerns all adults aged 16 years and above.
The inclusion of the APS data in this release allows comparisons to be made between the different countries of the UK, in addition to comparisons at the level of local authority area due to the larger sample size. The larger sample size also allows for greater precision when it comes to estimating the proportion of the population who currently smoke. For this reason, we describe the prevalence of current smokers in the UK and its countries using data from the APS in Section 5: Smoking data for the UK. Data on smoking prevalence from the OPN will continue to be updated in the accompanying datasets.

The devolved countries of the UK each have their own health surveys, which are used to provide official estimates of smoking in each country; these surveys are also used to track progress against each country’s targets to reduce smoking. The Northern Ireland Health Survey shows that 22% of adults in Northern Ireland currently smoke cigarettes; the Welsh Health Survey shows that 19% of adults in Wales currently smoke cigarettes; the Scottish Health Survey shows that 21% of adults in Scotland are currently smoking cigarettes.

Public Health England, via their Local Tobacco Control Profiles, detail data on a wide range of indicators related to the smoking of cigarettes including different measures of prevalence in adults and young people, smoking-related mortality and the wider impacts of smoking on health. The Health Survey for England also collects data on smoking habits.

4 . Cigarette smoking

Smoking is a leading cause of preventable death in the UK. In 2014, almost 80,000 deaths were attributable to smoking in England. Estimates from the governments of the devolved countries suggest that smoking is responsible for around 2,300 deaths per year in Northern Ireland, 13,500 deaths per year in Scotland and 5,500 deaths in Wales. Exposure to second-hand smoke (passive smoking) can lead to a range of diseases, many of which are fatal, with children especially vulnerable to the effects of passive smoking.

Smoking also has economic costs, adding significantly to the burden on the NHS. Research from Oxford University suggests that smoking cost the NHS in the UK £5.2 billion in 2005 to 2006. In England, there were 1.7 million admissions for conditions that could be caused by smoking in 2014 to 2015; an average of 4.7 thousand admissions per day. Reducing the prevalence of cigarette smoking is therefore a main objective for the government and devolved administrations. The government set a smoking prevalence target for England of 18.5% by 2015, which has been met. The Welsh government has a target of 16% by 2020. The Scottish government has a target of 5% by 2034.

The UK and devolved governments have published the papers Healthy Lives, Healthy People – A Tobacco Control Plan for England, Ten year tobacco control strategy for Northern Ireland, Tobacco Control Action Plan for Wales and Creating a Tobacco-Free Generation – A Tobacco Control Plan for Scotland. These set out their respective strategies for reducing the proportion of the population that smokes and the harm caused by tobacco use.

5 . Smoking data for the UK from the Annual Population Survey, 2010 to 2015 - adults aged 18 years and above

Smoking has become less common in the UK in recent years, explained by decreasing levels of smoking in England, Scotland and Wales since 2010

In 2015, of those aged 18 years and above 17.2% smoked cigarettes in the UK. This proportion is statistically lower than the 20.1% of those who smoked in 2010. This decrease is explained by smoking becoming less common in England, Scotland and Wales. In Northern Ireland, smoking has remained at similar levels in recent years. In England, 16.9% smoked cigarettes in 2015. This proportion is around 3 percentage points lower than that in 2010. Scotland and Wales have both seen decreases of more than 5 percentage points since 2010. In 2015, in Scotland and Wales, respectively 19.1% and 18.1% smoked. The proportion of smokers in Northern Ireland was 19.0% in 2015 (Figure 1).
Figure 1: Smoking has become less common in the UK since 2010, particularly in England, Scotland and Wales

Proportion (%) of current smokers

Source: Annual Population Survey - Office for National Statistics

Notes:

1. Figures are for all those aged 18 years and above.

Proportion of male smokers in the UK is statistically lower than it was in 2010, yet smoking remains more common among men than women

Men are more likely to smoke than women and in 2015 across the UK, 19.3% of men aged 18 years and above smoked cigarettes. For women, 15.3% smoked cigarettes in the UK during the same year. Since 2010, the prevalence of smoking among men and women has dropped by 3 percentage points.

During the period between 2010 and 2015, Scotland and Wales have seen the largest decreases in smoking prevalence among men and women.

Since 2010, smoking has become less common across all age groups in the UK, with the most pronounced decrease observed among those aged 18 to 24 years

In 2015, smoking was most common among those aged 25 to 34 years in the UK. In this group, 23.0% smoked cigarettes. On the other hand, smoking was the least common among those aged 65 years and above. In this group, 8.8% smoked cigarettes.

Since 2010, smoking has become less common across all age groups. The largest decrease since 2010 has been observed among those aged 18 to 24 years; 20.7% in this group smoked cigarettes in 2015, down 5 percentage points since 2010. The decrease in smoking for this age band was the most pronounced in Wales; 21.1% in this group smoked cigarettes in 2015, down 8 percentage points since 2010 (Figure 2).
The age-specific patterns for males and females across the UK are generally consistent with the trends outlined in this section.

**Figure 2: In the UK, between 2010 and 2015 there have been reductions in the proportion of current smokers across all age groups**

![Proportion (%) of current smokers](source)

From 2012 to 2015, Blackpool is the only area to consistently feature in the top 10 of local authorities ranked by smoking prevalence

Smoking prevalence estimates by local authority area have a larger degree of statistical uncertainty due to lower sample sizes. To improve reliability, here we describe local authorities where the proportion of smokers has been consistently high or low on a year-to-year basis. Please note, local authorities in Northern Ireland are not included here as this detail is not available in the Annual Population Survey.

Blackpool is the only area to consistently feature in the top 10 of local authorities ranked by smoking prevalence between 2012 and 2015. In 2015, there were 25.3% of adults in Blackpool who smoked, a figure that is around 8 percentage points higher than the level of smoking in the broader population of the UK. Areas with the lowest levels of smoking prevalence tend to fluctuate on a year-to-year basis. In 2014 and 2015, Chiltern and South Staffordshire both featured in the bottom 10 of local authorities ranked by smoking prevalence. In 2015, there were 8.8% of adults who smoked in Chiltern and 9.0% of adults smoked in South Staffordshire. These figures are both around 8 percentage points lower than the level of smoking in the broader population of the UK.

At the level of local authority, estimates tend to be more affected by characteristics of the local population such as age and deprivation. For example, Blackpool is one of the most deprived areas in England; given that there are links between smoking and deprivation, this is one reason why smoking estimates in Blackpool are high. Chiltern is an area with an ageing population; given that the prevalence of smoking in the UK is lowest among older adults, this is one reason why estimates of current smokers in Chiltern are low.

In 2015, average daily cigarette consumption has reduced in Great Britain to some of the lowest levels; since 2000, this has particularly been the case among those aged 35 to 49 years

The latest 2015 data show that the average number of cigarettes smoked on a daily basis by smokers continues to fall. In 2015, among current smokers aged 16 years and above in Great Britain, 11.3 cigarettes were smoked each day. This average daily consumption is 33% lower relative to when consumption peaked in 1976.

Over time, average daily cigarette consumption among men who smoke has typically been higher than in female smokers. Despite this, in recent years the gap between male and female cigarette consumption has been narrowing. In 2000, male smokers consumed an average of 14.9 cigarettes each day, a figure which was around 15% higher than the average daily consumption of female smokers (12.7 cigarettes each day). In 2015, male smokers consumed an average of 11.6 cigarettes each day, a figure which was around 5% higher than the average daily consumption of female smokers (11.0 cigarettes each day) (Figure 3).

Figure 3: Since 1974, in Great Britain average daily cigarette consumption among male and female smokers has reduced to comparable levels

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

Notes:
1. The average refers to the mean.
2. Data are weighted from 2000 onwards.
3. Data on cigarette use were collected on a two-year basis prior to 2000.
4. Estimates prior to 2005 are based on fiscal year as opposed to calendar year.
When looking at daily average cigarette consumption among smokers by age, since 2000 the largest decrease has been observed among smokers aged 35 to 49 years, with consumption in 2015 being around 25% lower. This is also true when looking at this pattern by sex, however, the reduction is more pronounced among males (29%) than females (19%). Prior to 2000, from 1974 to 1998, the sharpest decrease in daily average cigarette consumption was among smokers aged 25 to 34 years.

In England, average daily cigarette consumption among smokers has fallen by 19% since 2000, with the largest decrease observed among males and females aged 35 to 49 years.

**With the highest level of "quitters" since 1974, the popularity of smoking in Great Britain has dwindled over the past 40 years**

Generally, the prevalence of smoking among the population in Great Britain has fallen and this is reflected in the data on people who have quit. In 2015, of those aged 16 years and above who had previously smoked 56.7% had quit – the highest proportion of quitters since 1974.

In England, 56.4% of those who had previously smoked had quit in 2015. Despite this proportion being higher than that observed in 2000 when 46.8% of smokers had quit, the proportion of quitters in England tends to fluctuate each year (Figure 4).

**Figure 4: In Great Britain, 2015 saw the highest proportion of quitters in over 40 years**

As people get older they are more likely to have quit – partly reflecting that they had more time to do so. In 2015, of those aged 60 years and above 77.9% had quit smoking whereas 23.3% of those aged 16 to 24 years had quit (Figure 5).
In Great Britain, smoking is more common among those earning less than £10,000 per year in addition to those who are currently looking for work.

Generally, as personal incomes increase people are less likely to smoke. In 2015, of those with an annual income of less than £10,000 there were 21.9% who were current smokers while just 10.8% of those with an income of £40,000 or more smoked.

Those with the lowest incomes are also less likely to quit smoking. Of those who had ever smoked and had an income of less than £10,000, there were 51.2% who had quit, while 68.9% of those who had ever smoked and had an income of £40,000 or more had quit.

When looking at smoking status by economic activity, across time those who are employed are less likely to be smokers than those who are looking for work. In 2015, of all employed persons 18.8% were current smokers whereas 29.3% of those looking for work were current smokers. Since 1990, smokers who are currently looking for work tend to smoke more cigarettes each day relative to smokers who are currently employed. However, in 2015 the gap in cigarette consumption between smokers who are employed versus smokers who are looking for work was minimal (Figure 6).
Just over 1 in 10 babies born to mothers who smoke

NHS Digital publishes statistics on women’s smoking status at the time of delivery in England. Over the period 2014 to 2015, there were 11.4% of mothers who were recorded as smokers at the time of delivery. This figure continues a steady year-on-year decline in the percentage of women smoking at the time of delivery from 15.1% in 2006 to 2007.

Estimates on the smoking status during pregnancy from the Opinions and Lifestyle Survey suggest that 13.1% of pregnant women aged 16 to 49 years were smokers in 2015. However, these estimates are based on a small sample of women, with just 60 pregnant women in the survey in 2015. The small sample produces a larger degree of uncertainty around the 2015 estimate; for robustness, it is advised to use the statistics collected at the time of delivery when reporting on the smoking status of pregnant women.

7. Other characteristics of smokers

The data discussed in this publication can be found in the datasets section of the bulletin. In the datasets tables, there is also data for Great Britain and England that has not been included within the commentary including:
• proportion who have never smoked cigarettes, by sex and age, 1974 to 2015
• cigarette smoking status and the proportion of cigarette smokers who have quit, by highest qualification level, 2014 to 2015
• cigarette smoking habits, by economic activity, 1990 to 2015
• cigarette smoking status and the proportion of cigarette smokers who have quit, by socio-economic classification, 2014 to 2015
• cigarette smoking status and the proportion of cigarette smokers who have quit, by relationship status, 2014 to 2015
• adult cigarette smoking habits, by sex and whether dependent children living in household, 2000 to 2015
• cigarette smoking status and the proportion of cigarette smokers who have quit, by age and whether lone person household, 2014 to 2015
• type of cigarette smoked, by sex, 2014 to 2015

8. E-cigarette data from the Opinions and Lifestyle Survey, 2014 to 2015 - adults aged 16 years and above

The data described in this section represent an update to the provisional figures described in our last release. E-cigarettes have been sold since 2004 and in Europe since 2006. Their popularity and availability has increased, which has led to debate around their use. Some feel that e-cigarettes could renormalise smoking, or could be a gateway to smoking by introducing non-smokers to nicotine. Others feel that they could be a useful tool in the effort to reduce tobacco consumption. To date, e-cigarettes have mainly been marketed as a cheaper and healthier alternative to smoking. However, the long-term health effects of using e-cigarettes have yet to be established, which has led to a World Health Organisation call for tighter controls on e-cigarettes. Evidence from Public Health England suggests that e-cigarettes may be 95% safer than smoking tobacco.

The commentary in this section focuses on the most pertinent details – more data on e-cigarette use in Great Britain and England can be found in the accompanying datasets.

Half of current smokers have used e-cigarettes

In Great Britain, there were 2.3 million current e-cigarette users in 2015, around 4% of the population. There were 4 million former users of e-cigarettes and a further 2.6 million people who said they had tried an e-cigarette but never went on to use it.

Half of the 2.3 million current e-cigarette users said their main reason for “vaping” was to aid themselves in quitting smoking. Just over 1 in 5 (21.9%) gave their main reason for vaping was because they felt e-cigarettes were less harmful than cigarettes. Despite the cost difference between vaping and smoking, just 10.2% gave this as the main reason. A further 8.8% said their main reason was because they could use e-cigarettes indoors, where smoking tobacco is banned.

For both current and ex-smokers, the main reason for using e-cigarettes was to help them quit smoking. The second most popular reason for both groups was that they were perceived to be less harmful, although this was the reason for 30.5% of ex-smokers compared with 14.9% of current cigarette smokers. Among current cigarette smokers, 14.2% said that their main reason for using e-cigarettes was that they could be used indoors, compared with 1.6% of ex-cigarette smokers.
Around half of current smokers said they have used an e-cigarette and 14.4% of current smokers also said that they use an e-cigarette. Current e-cigarette users smoke a slightly higher number of cigarettes a day on average (11.8 per day) than the average for all smokers (11.3 per day). Former e-cigarette users’ average daily cigarette consumption (12.2) is higher than those who have never used an e-cigarette (10.6).

E-cigarette use is more common in households with dependent children

In 2015, e-cigarette use was more common in households with dependent children than in households with no dependent children. This applies to those who have tried an e-cigarette, been a user in the past, as well as current users. For instance, among those who reported having dependent children, 14.7% had been an e-cigarette user, which is 3 percentage points higher than those who had been an e-cigarette user with no dependent children in the household. Data on current smokers from the Opinions and Lifestyle Survey show that smoking is less common in households with dependent children in 2015 (Figure 7).

Figure 7: E-cigarette use is more common in households with dependent children, Great Britain, 2015

Proportions (%) of current users; those who have been a user; and those who have tried an e-cigarette

Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. Data shows how e-cigarette use is moderated by the presence or absence of dependent children in the household.

9. Planned improvements

Over the next 12 months, we will be working with Public Health England to improve the method used to calculate the 95% confidence intervals for our smoking statistics. The confidence intervals in this release are based on a normal approximation method, which does not take into account the design of the surveys used to produce the estimates described in this report. We do not feel that the new method will have substantial implications for the main messages reported here.
Starting in June 2017, we will be co-ordinating the release of our smoking statistics with those published by other areas of government including NHS Digital.

Over the coming months, we will also be working with Public Health England on a piece of analysis designed to examine the links between deprivation and smoking. This work will be published upon its completion.

10 . Links to related statistics

Further statistics on smoking can be found on the Drug use, alcohol and smoking pages of our website.

11 . Quality and methodology

The Annual Population Survey and Opinions and Lifestyle Survey Quality and Methodology Information reports contain information on:

- the strengths and limitations of the data
- the quality of the output: including the accuracy of the data and how it compares with related data
- uses and users
- how the output was created

12. Background notes

1. The Annual Population Survey

The data on smoking habits in the UK come from the Annual Population Survey (APS). This survey has an annual sample size of approximately 320,000 respondents, making it possible to generate statistics for small geographical areas. The data on smoking are collected on the Labour Force Survey, which forms a component of the APS.

The data on smoking from the APS concern all respondents aged 18 years and above; this differs to smoking data from the Opinions and Lifestyle Survey (see Note 2), which also collects data from 16 and 17 year olds. The construction of the proportions of the population who have never smoked cigarettes and those who are ex-smokers, also differ, as the OPN asks an additional question around this.

This year we based our headline smoking statistics on data from the APS as this provides a consistent methodology across the whole of the UK. The large sample size also allows analyses to be made at the level of local authority area. Please note, in our release local authorities in Northern Ireland are not included as this detail is not available in the APS.

2. The Opinions and Lifestyle Survey

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

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

The data from the OPN follows on from a series of releases from the General Household Survey (GHS) and General Lifestyle Survey (GLF). The OPN and GLF/GHS provide comparable results. However, there are some differences in the design and content of the 2 surveys. More information can be found in the Opinions and Lifestyle Survey – Smoking Habits Amongst Adults, 2012 publication.
3. Official estimates of smoking prevalence in the devolved countries of the UK

The smoking data for the UK reported in this bulletin allow for comparisons to be made across each constituent country due to the consistent methodology. Official estimates of smoking prevalence in the devolved countries, however, should be taken from the respective health surveys of Northern Ireland, Scotland, and Wales.

4. Reliability

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

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

5. Changes to legislation and government policy

Information on the changes in legislation and government policy can be found on the Action on smoking and health website (ASH).