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.

### Key facts

- **Hospital admissions attributable to smoking (2016/17)**
  - 484,700
  - An increase of 2% on the previous year. This represents 4% of all hospital admissions.

- **Deaths attributable to smoking (2016)**
  - 77,900
  - A decrease of 2% on the previous year. This represents 16% of all deaths.

- **Adult current smokers (2017)**
  - 14.9%
  - Down from 15.5% in 2016, and 19.8% in 2011.

- **Mothers were smokers at the time of delivery (2017/18)**
  - 10.8%
  - Down from 15.8% in 2006/07, but above the current national ambition of 6% or less.
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.


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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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: National 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.

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).

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.

1. Most figures quoted in this report have been rounded to the nearest whole number. Data sources may quote unrounded figures.
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, as relative risks are only available for this age group.

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 2016/17 there were estimated to be 484,700 hospital admissions attributable to smoking. This is up from 474,300 in 2015/16 (an increase of 2%), and from 444,700 in 2006/07 (an increase of 9%).

In 2016/17 this represented 4% of all hospital admissions (down from 5% in 2006/07), and 27% of hospital admissions for conditions that can be caused by smoking (down from 31% in 2006/07).

1) For 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.

For more information: Tables 3.1 and 3.2, Statistics on Smoking, England, 2018
Smoking related ill health

Hospital admissions estimated to be attributable to smoking, by cause¹,²

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 gender¹,²

6% of all admissions. 31% 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.

For more information: Tables 3.1 and 3.2, Statistics on Smoking, England, 2018
Smoking related ill health

Estimated smoking attributable hospital admissions rate per 100,000 population\(^1\), by Local Authority (2016/17)

Blackpool, Manchester, Kingston upon Hull, Sunderland and Hartlepool all recorded rates above 3,000 per 100,000 population. Wokingham had the lowest rate; 969 per 100,000 population. This was followed by Windsor & Maidenhead (1051), Isle of Wight (1082), and Redbridge (1091).

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1) Age standardised rate for people aged 35+.
For more information: Table 3.3, Statistics on Smoking, England, 2018, sourced from the PHE Local Tobacco Control Profiles.
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 current\(^1\) or ex-smokers.

42% of those who had never smoked reported being in very good health, compared to 26% of current smokers.

Conversely, 11% 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.

For more information: ONS: Adult smoking habits, Annual Population Survey, 2017
Smoking related mortality

Deaths estimated to be attributable to smoking, by year\(^1,2\)

In 2016 there were estimated to be 77,900 deaths attributable to smoking. This is down from 79,100 in 2015 (a decrease of 2%), and from 83,400 in 2006 (a decrease of 7%).

This represents 16% of all deaths (down from 18% in 2006), and 33% of deaths for conditions that can be caused by smoking (up from 31% in 2006).

---

1) Registered deaths amongst adults aged 35.
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, 2018
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.

- Percent of deaths from all these causes:
  - All cancers: 30%
  - All respiratory diseases: 20%
  - All circulatory diseases: 15%
  - All diseases of the digestive system: 5%

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, 2018
Smoking related mortality

Estimated smoking attributable mortality rates per 100,000 population¹, by Local Authority (2014-2016)

Manchester had the highest rate with 499 per 100,000 population, followed by Kingston upon Hull (470), and Knowsley (464).

The lowest rates were in Harrow (162), Wokingham (181), and Rutland (184).

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¹ Age standardised rate for people aged 35+.

For more information: Table 3.6, Statistics on Smoking, England, 2018, sourced from the PHE Local Tobacco Control Profiles.
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 2017/18 was 0.86 million, compared to 2.48 million ten years ago.

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

In 2017/18, 463 thousand items of NRT were dispensed, down from 542 thousand in 2016/17, and around a quarter of the total of ten years ago in 2007/08 (1.76 million).

373 thousand items of Varenicline were dispensed in 2017/18, compared with a peak of 987 thousand items in 2010/11.

Bupropion is the least common item, with 23 thousand dispensed in 2017/18, with little change in the level over the last few years.

For more information: Table 2.1, Statistics on Smoking, England, 2018
Prescription items dispensed by Clinical Commissioning Group, per 1,000 population

In 2017/18, NHS Bradford City CCG had the highest rate of items dispensed, with 40 per 1,000 population. NHS Bradford Districts (33), NHS Manchester (32) and NHS Wakefield (32) had the next highest rates.

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

For more information: Table 2.2b, Statistics on Smoking, England, 2018
Cost of prescription items used to help people stop smoking

Total cost of prescription items dispensed
£26.0 million was the Net Ingredient Cost (NIC) of all prescription items used to help people quit smoking in 2017/18.
This is a fall of 61% compared to 2010/11 when the NIC of all prescription items peaked at £65.9 million.

Average Net Ingredient Cost (NIC) per item
In 2017/18, the average NIC per item for all pharmacotherapy items was £30.
The average per item was £39 for Bupropion, £35 for Varenicline and £26 for NRT.

For more information: Table 2.1, Statistics on Smoking, England, 2018
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). The latter has a smaller sample size but a longer time series, and provides some data not included in the APS (e.g. e-cigarette use). Both are run by the Office for National Statistics (ONS) and the results are presented as part of the ‘Adult Smoking Habits’ publication. In these surveys anyone who answered yes to the question ‘do you smoke cigarettes at all nowadays?’ is recorded as a current smoker.

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

1) 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
14.9% of adults in England are current smokers, down from 15.5% in 2016, and 19.8% in 2011. This equates to a drop of around 1.6 million smokers in the adult population since 2011\(^1\).

Smoking prevalence, by sex
Men were more likely to currently smoke than women. 17% 13%

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.

In 2000, 26.8% of adults aged 16+ were smokers\(^2\).

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1) From approximately 7.7 million (2011) to 6.1 million (2017). 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, Annual Population Survey, 2017
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 (20%), with those aged 65 and over the least likely (8%).

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

For more information: ONS: Adult smoking habits, Annual Population Survey, 2017
Smoking prevalence among adults

Smoking prevalence, by marital status
Married adults were least likely to be current smokers (10%). Prevalence for other groups ranged from 17% to 22%.

Smoking prevalence, by socio economic status
Adults classified as routine and manual workers were most likely to be current smokers (26%). Those in managerial and professional occupations were least likely (10%).

For more information: ONS: Adult smoking habits, Annual Population Survey, 2017
Smoking prevalence among adults

Smoking prevalence, by qualifications
Adults with higher levels of qualifications were less likely to be current smokers.
Only 8% of those with a degree were current smokers compared to 28% with no formal qualifications.

Smoking prevalence, by employment status
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.
For more information: ONS: Adult smoking habits, Annual Population Survey, 2017
Smoking prevalence among adults

Smoking prevalence in the United Kingdom
The prevalence of current smokers in the UK was 15.1%. Of the constituent countries, England had the lowest (14.9%).
Prevalence was 16.5% in Northern Ireland, 16.3% in Scotland, and 16.1% in Wales.

Smoking prevalence in England by Local Authority (LA)¹
Since 2012, Blackpool has consistently featured in the ten local authorities with the highest smoking prevalence. This trend continued into 2017, with 22% of Blackpool’s adult population reporting they smoked.
Chiltern has featured in the 10 local authorities with the lowest prevalence for the fourth consecutive year with 6% of adults reporting they smoked in 2017.

¹) Smoking prevalence estimates by LA tend to fluctuate each year due to small samples sizes producing a larger degree of statistical uncertainty.
For more information: ONS: Adult smoking habits, Annual Population Survey, 2017
Smoking prevalence among adults

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 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) 2016 or nearest available year. Chile has not provided data since 2009 so was excluded.

For more information: OECD Health Statistics
Use of e-cigarettes\(^1\) by adults\(^2\)

5% of adults were current e-cigarette users. This is similar to 2016, but an increase since 2014 (4%).

Adults aged 25 to 34, and 35 to 49 were most likely to use e-cigarettes (8% and 7% respectively). Adults aged 60 and over were least likely (3%).

Main reason given for using e-cigarettes

The most common reason e-cigarette users gave for use was to aid themselves in quitting smoking (48%). The next most common reason was that they are perceived to be less harmful than cigarettes (30%).

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

For more information: ONS: Adult smoking habits, Opinions and Lifestyle survey, 2017
Use of e-cigarettes by adults

Please note: Data on perception of e-cigarette harm was not collected in the Adult Smoking Habits 2017 report, and so there has been no update to this data since the Statistics on Smoking 2017 publication.

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-smokers.

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.


For more information: ONS: Adult smoking habits, Opinions and Lifestyle Survey, 2016
Smoking during pregnancy

Smoking prevalence, by year
Just under 11% of pregnant women were known to be smokers at the time of delivery in 2017/18. This is similar to the level recorded in 2016/17, but down from 16% in 2006/07. The current national ambition is to achieve a level of 6% or less by 2022¹.

Smoking prevalence, by CCG
35 out of 207 Clinical Commissioning Groups (CCGs) met the new national ambition of 6% or less.

Rates varied from 2% in NHS Central London (Westminster), to 26% in NHS Blackpool.

1) See: Towards a Smokefree Generation - A Tobacco Control Plan for England
For more information: Smoking Status at Time of Delivery 2017/18
Self reported exposure to second hand smoke

Please note: This topic was not included in the Health Survey for England 2016 report, and so there has been no update to this data since the Statistics on Smoking 2017 publication.

Self reported exposure to second hand smoke, by age

31% of men and 26% of women reported at least some exposure to second hand smoke. Exposure was highest among those aged 16-24 with over half of this group reporting at least some exposure.

For more information: Adult Cigarette Smoking, Health Survey for England 2015
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.

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 2017, 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

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 smokers\(^1\).

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.

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

For more information: Tables 2.1 and 2.2, Chapter 2, *Smoking, drinking and drug use among young people, 2016*
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 home\(^1\) or in a car\(^2,3\).

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<th>Percent</th>
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<td>Lives with no smokers</td>
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<tr>
<td>Lives with one</td>
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<td>Lives with two</td>
<td></td>
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<tr>
<td>Lives with three or more</td>
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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.

For more information: Tables 3.18, 4.3 and 4.5, Chapters 3 and 4: Smoking, drinking and drug use among young people, 2016.

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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.

For more information: Tables 5.2 and 5.3, Chapter 5, Smoking, drinking and drug use among young people, 2016
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. 28.6 billion sticks were released in 2017; 66% less than in 1996, and 5% less than 2016.

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.

For more information: Table 3, HMRC Statistical Bulletin: Tobacco duties
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 index\(^1\) has fallen over this period; in other words tobacco has become less affordable.

Last ten years (2007 to 2017)
Over the last ten years the price of tobacco has increased by 91\(^2\). The price of tobacco increased by 45\(^3\) relative to retail prices, whilst real households’ disposable income (adjusted) increased by 2% over the same period.
As a result, tobacco has become 30% less affordable since 2007\(^4\).

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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

For more information: Table 1.1, Statistics on Smoking, England, 2018
Expenditure on tobacco (UK)

Expenditure on tobacco as a percent of total household expenditure

Tobacco expenditure as a proportion of total household expenditure was 1.6% in 2017. 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 cigarettes

Average weekly household expenditure on cigarettes was £2.90 in 2016/17.

People in the under 30 age group spent the most, with an average of £3.70 a week.

The lowest weekly expenditure was by those aged 75 or over, with an average of £1.10.

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

For more information: Table 1.2, Statistics on Smoking, England, 2018 and Table A11: ONS Family Spending 2017
Illicit tobacco market (UK)

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

The cigarette tax gap rose to an estimated £1.8 billion in 2016/17, increasing from £0.9 billion in 2014/15. This had followed a period of decline from £2.8 billion in 2000/01.

The hand rolled tobacco tax gap was estimated to be £0.7 billion in 2016/17.

Illicit market share estimates\(^2\)

The illicit market share for cigarette sales rose in the last two years (to 15% in 2016/17), driven by total cigarette consumption continuing to decline while the illicit cigarette market remains fairly stable. Previously, there had been a long-term decrease.

The illicit market share for hand rolled tobacco has continued a long-term decrease (to 28% 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 1.1 to 1.3 - HMRC: Tobacco tax gap estimates
Where young people get cigarettes

**Usual sources of cigarettes** (regular smokers)
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 2008.

---

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.

**For more information:** Tables 3.4 and 3.6, Chapter 3, *Smoking, drinking and drug use among young people, 2016*
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 2016/17. 2017/18 data is expected to be published on 16 August 2018.\(^1\)

• 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

Quit attempts / success rates, by year

Quit attempts at NHS Stop Smoking Services have declined in recent years¹.

The self-reported quit rate for 2016/17 was 51%, which has remained fairly stable in recent years.

Successful quit rates ranged from above 75% in:
- Bracknell Forest
- Redbridge
- Isles of Scilly
- Kingston Upon Hull.

to below 30% in:
- Trafford
- Cumbria
- Barnet

---

1) Anecdotal evidence suggests this may be due to an increase in people using e-cigarettes to help them stop smoking rather than making use of these services.
2) Bradford, Enfield and York did not provide any data. Manchester and Isle of Wight do not provide stop smoking services.

For more information: Tables 2.1 and 3.3, NHS Stop Smoking Services - 2016/17.
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.

For more information: Tables 4.10 and 4.11, Chapter 4, Smoking, drinking and drug use among young people, 2016
This publication may be requested in large print or other formats.

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