Key facts

Smoking prevalence
• In 2014, 19% of adults in Great Britain currently smoked, down from a peak of 46% in 1974.
• Average consumption among smokers was 11 cigarettes a day – the lowest daily cigarette consumption since the series began when it was 16.
• In 2014, 18% of secondary school pupils reported they had tried smoking at least once.

Hospital admissions
• There were 1.7 million admissions for conditions that could be caused by smoking in 2014/15. This is an average of 4.7 thousand admissions per day.
• Of these 475 thousand (28%) were estimated to be attributed to smoking.

Deaths
• There were 78,000 deaths in 2014 which were estimated to be attributed to smoking.

E-cigarettes
• In 2015, 4% of adults in Great Britain were current e-cigarette users.
• More secondary school pupils reported having tried e-cigarettes at least once (22%) than traditional cigarettes (18%).

Expenditure
• In 2015, tobacco was 27% less affordable than it was in 2005.
• Tobacco expenditure as a proportion of total household expenditure has fallen to 1.7% in 2015 from 3.3% in 1985.

Prescriptions
• In 2014/15 the number of prescription items dispensed in England to help people stop smoking was 1.3 million, compared to 2.0 million ten years ago.
• The net ingredient cost was £38.1 million.
This is a National Statistics publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:
• meet identified user needs;
• are well explained and readily accessible;
• are produced according to sound methods; and
• are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

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Introduction

This statistical report\(^1\) presents a range of information on smoking by adults and children drawn together from a variety of sources for England. More information can be found in the source publications which contain a wider range of data and analysis.

Newly published data includes:
- New information from the Health and Social Care Information Centre (HSCIC) Hospital Episode Statistics (HES), as well as data from the Prescribing team at the HSCIC.
- New analyses of data on deaths and affordability of smoking, both from ONS.

The latest information from already published sources includes:
- NHS Stop Smoking Services (SSS), Statistics on Smoking, Drinking and Drug Use (SDD), Opinions and Lifestyles Survey (OPN), Statistics on Women’s Smoking Status at Time of Delivery (SATOD) and Health Survey for England (HSE).

Topics covered in this report include:
- Smoking prevalence
- Behaviours and attitudes to smoking
- Smoking-related costs and the effect on health in terms of hospital admissions and deaths from smoking related illnesses

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\(^1\) Most figures quoted in this report have been rounded to the nearest whole number. Unrounded data may be found in the associated data sources.
Part 1: Smoking patterns in adults

• This part presents a range of information on cigarette smoking patterns in adults. Smoking prevalence, consumption and trends among different groups of society and geographical areas are explored, along with smoking during pregnancy.

• The main source of data for smoking prevalence among adults is the Opinions and Lifestyle Survey (OPN): Smoking Habits Amongst Adults carried out by the Office for National Statistics. This is an annual survey covering adults aged 16 and over living in private households in Great Britain.

• Statistics on Women’s Smoking Status at Time of Delivery (SATOD) provides information on the prevalence of smoking among pregnant women.

• Information is also summarised from the Health Survey for England (HSE) which is published by HSCIC and has been carried out since 1994. The survey is designed to measure health and health-related behaviours in adults and children in England.
19% of adults in Great Britain currently smoke, down from a peak of 46% in 1974 when the series began.

Cigarette consumption
Average consumption among smokers was 11 cigarettes a day – the lowest daily cigarette consumption since the series began, when it was 16.

Smoking prevalence by age
Younger adults were more likely to smoke. Nearly a quarter of 16 to 34 year olds were smokers compared to 11% of those aged 60 and over.

Smoking prevalence by gender
Men were more likely to smoke than women. 20% 17%
Married adults were least likely to be smokers (12%).

Routine and manual workers were most likely to be smokers (30%).

Smoking prevalence by marital status

Smoking prevalence by qualifications

Adults with a higher level of qualifications were less likely to be smokers.

Only 9% of those with a degree were smokers compared to 19% overall.

1) Socio economic status

For more information: [Adult smoking habits in Great Britain: 2014](#)
Smoking prevalence in adults
Health at a Glance 2015 – Organisation for Economic Co-operation and Development (OECD)

Daily smoking rate - UK comparison with other OECD countries

The UK reports an adult daily smoking rate of 20%, which is consistent with the OECD average. Greece has the highest level of almost double this at 39%.

Sweden, Brazil, Iceland and Mexico all have a rate below 12%.

For more information: Health at a Glance 2015
Smoking prevalence in adults
Health Survey for England (HSE), 2013

Smoking prevalence by income

The proportion of current smokers in the lowest two income quintiles was double the proportion in the highest two income quintiles.

Highest income

Lowest income

Smoking prevalence by level of deprivation

Those living in the most deprived areas had the highest proportion of current smokers.

Least deprived

Most deprived

1) Based on equivalised household income quintiles (age standardised)
2) Based on index of multiple deprivation quintiles (age standardised)

For more information: Chapter 8 HSE 2013
Smoking prevalence in the United Kingdom

Of the constituent countries of the UK, Scotland reported the highest proportion of current smokers (20%) and England (18%) and Northern Ireland (18%) had the lowest. Current smoking prevalence was 19% in Wales.

Smoking prevalence by region

In England, at a regional level there appeared to be a North/South divide.

Smoking prevalence in London, the South East and the South West (17%) was significantly lower than the North East, North West and Yorkshire and The Humber (all above 19%)
Smoking in adults, use of E-Cigarettes
Adult Smoking Habits in Great Britain, 2015 provisional data

E-cigarette use as a percentage of the population

In 2015, there were an estimated **2.2 million** current e-cigarette users\(^1\).

This represents **4%** of adults in Great Britain although usage varied by age and gender.

Reasons for using E-cigarettes

**53%** of e-cigarette users gave the main reason for use **“As an aid to stop smoking”**.

The next most common reason was **“They are perceived to be less harmful than cigarettes” (22%)**.

1) Aged 16 and over.

For more information: [Adult Smoking Habits in Great Britain: 2014](#)
90 (43%) of the 211 Clinical Commissioning Groups (CCG’s) met the national ambition¹ of 11% or less women smoking at the time of delivery.

Smoking prevalence over time
11.4% of mothers were recorded as smokers at the time of delivery, which is lower than 2013/14 (12.0%). This continues the steady year-on-year decline in the percentage of women smoking at the time of delivery from 15.1% in 2006/07².

Smoking prevalence by CCG
Rates varied from 2% in NHS Central London (Westminster) to 27% in NHS Blackpool.

1) See: Healthy Lives, Healthy People: A Tobacco Control Plan for England
2) Quarterly SATOD data for 2015/16 has seen the number of mothers smoking at time of delivery drop below the national ambition of 11%. The full annual publication will be available on 16th June 2016.

For more information: SATOD 2014/15
Self reported exposure to second hand smoke
Health Survey for England (HSE), 2013

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.

Self reported exposure to second hand smoke by location
Exposure was most likely to occur in outdoor smoking areas of pubs/restaurants/cafes or at home (including other people’s homes).
More men than women were exposed to second hand smoke at work, when travelling by car/van and in outdoor smoking areas.

For more information: Chapter 8 HSE 2013
Part 2: Smoking patterns in children

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

- The main source of data for smoking prevalence among children 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 published by the Health and Social Care Information Centre.

- Information is also included from the recent What about YOUTH (WAY) survey, which was conducted for the first time in 2014. The survey asks thousands of 15 year olds questions about a range of subjects, including smoking. As the sample size is much larger than SDD it is possible to produce lower level analyses.
18% of secondary school pupils reported they had tried smoking at least once. This is the lowest level of smoking prevalence since the survey began in 1982.

Smoking prevalence increased with age. 35% of 15 year olds had ever smoked compared to 4% of 11 year olds.

Girls were more likely to be regular smokers (at least once a week) than boys.

For more information: Tables 2.1a, 2.1b and 2.2, Chapter 2, SDD Survey 2014
Smoking prevalence in children
What about YOUth (WAY) survey, 2014

Smoking prevalence by ethnicity

15 year-olds from **White** or **Mixed** backgrounds were more likely to be current smokers (regular and occasional combined\(^1\)), than those from **Asian** or **Black** backgrounds.

- **White**: Regular smokers and occasional smokers
- **BME**: Regular smokers and occasional smokers
- **Mixed**: Regular smokers and occasional smokers
- **Asian**: Regular smokers and occasional smokers
- **Black**: Regular smokers and occasional smokers
- **Other**: Regular smokers and occasional smokers

Smoking prevalence by Local Authority

Current smoking prevalence varied from **15%** in **Brighton and Hove** and **14%** in **Richmond upon Thames**, to **4%** in **Enfield** and **3%** in **Redbridge**.

1) Regular smokers reported smoking at least one cigarette a week, occasional smokers reported smoking less than one cigarette a week.

For more information: [Tables 7.4 and 7.9, Chapter 7, WAY Survey 2014](#)
Smoking in children: Influences and dependence
Statistics on Smoking, Drinking and Drug Use (SDD), 2014

Exposure to second hand smoke

64% of secondary school pupils reported being exposed to second-hand smoke in the last year.

Influence of smokers at home

Pupils were more likely to smoke if they lived with other smokers.

Dependency

Pupils who had been smoking for more than a year would find it more difficult to stop than those who had been smoking for less time.

For more information: Tables 3.24, 4.3 and 4.4, Chapters 3 and 4, SDD Survey 2014
Use of E-cigarettes

More secondary school pupils reported having tried e-cigarettes at least once (22%) than traditional cigarettes (18%).

Use of water pipe tobacco

1 in 10 pupils had used water pipe tobacco at least once.

For more information: Tables 2.2, 2.14 and 2.16, Chapter 2, SDD Survey 2014
Part 3: Availability and affordability of tobacco

- The availability of tobacco is extracted from *Her Majesty’s Revenue and Customs (HMRC) Statistical Bulletins* and shown as the volume of tobacco released for home consumption.

- The affordability of tobacco is described using information on tobacco price and retail price indices taken from the ONS publication: *Focus on Consumer Price Indices* and households’ disposable income data published by ONS in the *Economic and Labour Market Review*, formerly *Economic Trends*.

- 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.
  - Living Costs and Food Survey (LCF) a part of the Integrated Household Survey (IHS) managed by ONS and used to provide information for the Consumer Prices Index and the Retail Prices Index.
Availability of tobacco
Her Majesty’s Revenue and Customs (HMRC), UK, 1996 to 2015

Releases of cigarettes (for home consumption)

Releases of cigarettes for home consumption have fallen since the mid-1990’s.

Around 31.6 billion sticks were released in 2015; 62% less than in 1996.

Between 2004 and 2013, releases of hand-rolling tobacco more than doubled, reflecting the increase in the proportion of adults who smoked hand-rolled cigarettes.

Releases have fallen by 2% since 2013.

Releases of hand rolling tobacco (for home consumption)

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
Her Majesty’s Revenue and Customs (HMRC), UK, 1980 to 2015

Long term trend

In the UK since 1980 (an arbitrarily chosen base year) prices of tobacco, as measured by the tobacco price index, have increased more than the retail price index.

This has made tobacco less affordable over this period.

Last ten years (2005 to 2015)

Over the last ten years the price of tobacco has increased by 89%.

The price of tobacco increased by 41% relative to retail prices, whilst real households’ disposable income (adjusted) increased by 3% over the same period.

As a result, tobacco has become 27% less affordable since 2005.

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, 2016
### Expenditure on tobacco

**Office for National Statistics (ONS), 2015**

#### Expenditure on tobacco compared to total expenditure

UK household expenditure on tobacco has nearly trebled to **£19.3 billion** in 2015, from **£7 billion** in 1985.

However, tobacco expenditure as a proportion of total household expenditure has fallen to **1.7%** over the same period, from **3.3%** in 1985.

#### Average weekly expenditure on cigarettes

Average weekly household expenditure on cigarettes was **£3.40** in 2014.

People in the **50-64** age group spent the most, with an average of **£4.40** a week.

The lowest weekly expenditure was by those aged **75 or over**, with an average of **£1.30**.

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

For more information: [Tables 1.2 Statistics on Smoking, England, 2016](#), [Table A11: ONS Family Spending 2015](#)
Where children get cigarettes
Statistics on Smoking, Drinking and Drug Use (SDD), 2014

Where pupils get cigarettes¹
52% of secondary school pupils who smoked were usually given them by friends.
46% of pupils said that they usually bought cigarettes from some form of shop.
24% bought them from friends/relatives.

Who buys cigarettes for pupils¹
Friends (75%) were the most likely people to buy cigarettes on behalf of pupils who had been bought them, particularly older friends (67%).
Strangers (53%) were the next most common source.

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1) Pupils can state more than one source.
For more information: Tables 3.1 and 3.17, Chapter 3, SDD Survey 2014
Part 4: Behaviour and attitudes to smoking

- This chapter presents information about both adults’ and children’s behaviour and attitudes towards smoking.
- Statistics on attitudes towards smoking in cars are taken from the *Action on Smoking and Health (ASH) YouGov survey findings* from 2015.
- *NHS Stop Smoking Services* information for 2014/15 can also be found in this part and includes the number setting a quit date and of those, how many successfully quit.
- Children’s attitudes towards smoking are taken from the *Smoking, drinking and drug use among young people* survey for 2014.
85% of adults in England agreed that smoking should be banned in cars carrying children younger than 18 years of age.

Among smokers, 74% support the measure including 50% who strongly support it.

59% of adults in England agreed that smoking should be banned in all cars.

For more information: ASH YouGov survey findings, 2015
Attempts to quit smoking
NHS Stop Smoking Services (SSS), 2014/15

Quit attempts at Stop Smoking Services have declined in recent years\(^1\).

**Quit rate by Local Authority**
Successful quit rates ranged from **23%** in **Manchester**, (although there are concerns around the quality of their data) and **30%** in **Middlesbrough**, to **83%** in **Warrington**.

**51%** of people reported they had successfully quit at their 4 week follow-up, compared to **56%** in 2004/05.

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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.  
For more information: [Tables 1.2 and 3.3, SSS 2014/15]
Children’s attitudes on smoking
Statistics on Smoking, Drinking and Drug Use (SDD), 2014

Smoking attitudes
There has been a steady decrease over time in the proportion of secondary school pupils who thought it was OK to try smoking to see what it was like.

Older pupils were more likely to think it was OK; 50% of 15 year olds compared to 5% of 11 year olds.

For more information: Tables 4.10 and 4.13, Chapter 4, SDD Survey 2014
Part 5: Smoking-related costs, ill health and mortality

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

• Admissions to NHS hospitals in England with a primary diagnosis of diseases that can be caused by smoking is taken from the latest available Hospital Episode Statistics (HES).

• Information on smoking-attributable hospital admissions (HES) and mortality (Office for National Statistics) are estimates of the numbers of admissions and deaths in England which were caused by smoking.

• The estimates of the proportion of hospital admissions and deaths attributable to smoking in this chapter follow a recognised methodology, which 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.

• Information is also presented on the prescription items used to help people stop smoking, using Prescription Analysis and Cost (PACT) data, which are accessed from NHS Prescription Services.
1.7 million admissions for conditions that could be caused by smoking; average of 4.7 thousand admissions per day.

311 thousand (22%) more admissions than in 2004/05.

Breakdown by gender
(percent of all admissions for conditions that can be caused by smoking)

- Male: 54%
- Female: 46%

42% of hospital admissions for conditions that can be caused by smoking were for circulatory diseases.

Breakdown by condition
(percent of all admissions for conditions that can be caused by smoking)

- Circulatory diseases: 42%
- Respiratory diseases: 15%
- Cancers: 4%
- Other diseases: 4%
- Diseases of the digestive system: 3%

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

For more information: Tables 3.1 and 3.2, Statistics on Smoking, England, 2016
Hospital admissions estimated to be attributable to smoking\(^1,2\)
Hospital Episode Statistics (HES), 2004/05 to 2014/15

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

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, 2016

475 thousand hospital admissions for conditions estimated to be attributable to smoking in 2014/15, up from 452 thousand in 2004/05.

This represents 4% of all hospital admissions, and 28% of hospital admissions for conditions that can be caused by smoking.

Both of these proportions have fallen over the last 10 years.
Hospital admissions estimated to be attributable to smoking\textsuperscript{1,2}

Hospital Episode Statistics (HES), 2014/15

Admissions estimated to be attributable to smoking by condition

- 23\% of all admissions for \textbf{respiratory diseases}, were estimated to be attributable to smoking.
- 48\% of admissions for \textbf{cancers} (that can be caused by smoking), were estimated to be attributable to smoking.

Admissions estimated to be attributable to smoking by gender

- 6\% of all admissions.
- 31\% of admissions for conditions that can be caused by smoking.
- 3\% of all admissions.
- 23\% of admissions for conditions that can be caused by smoking.

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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, 2016
Deaths estimated to be attributable to smoking\textsuperscript{1,2}
Office for National Statistics (ONS), 2004 to 2014

Deaths estimated to be attributable to smoking – last 10 years

78 thousand deaths estimated to be attributable to smoking in 2014, down from 90 thousand in 2004.

This represents 17\% of all deaths (down from 19\% in 2004), and 33\% of deaths for conditions that can be caused by smoking (up from 31\% in 2004).

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 3.3 and 3.4, Statistics on Smoking, England, 2016
Deaths estimated to be attributable to smoking \(^1,2\)
Office for National Statistics (ONS), 2014

Deaths estimated to be attributable to smoking by condition

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<th>Percent of all deaths</th>
<th>Percent of deaths for conditions that can be caused by smoking</th>
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<td>All respiratory diseases</td>
<td>Respiratory diseases</td>
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<tr>
<td>All diseases of the digestive system</td>
<td>Diseases of the digestive system</td>
</tr>
<tr>
<td>All circulatory diseases</td>
<td>Circulatory diseases</td>
</tr>
<tr>
<td>All cancers</td>
<td>Cancers</td>
</tr>
</tbody>
</table>

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

55% 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

- **Male:** 21% of all deaths.
- 38% of deaths for conditions that can be caused by smoking.

- **Female:** 13% 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 3.3 and 3.4, Statistics on Smoking, England, 2016](#)
Estimated smoking attributable admissions and deaths by Local Authority
Local Tobacco Control Profiles for England, Public Health England (PHE)

Smoking attributable hospital admissions rate per 100,000 population\(^1\) (2014/15)

**Blackpool** had the highest smoking related hospital admission rate with 2,830 per 100,000 population, and **City of London** had the lowest rate with 880.

Smoking attributable mortality rates per 100,000 population\(^2\) (2012-2014)

**Manchester** had the highest rate of smoking related mortality rate with 458 per 100,000 population, and **Harrow** had the lowest rate with 185.

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1) Directly standardised rate of estimated smoking attributable admissions in people aged 35 and over.
2) Estimated smoking attributable deaths per 100,000 population, aged 35+.

For more information: [PHE - Local Tobacco Control Profiles for England](https://www.gov.uk/government/publications/local-tobacco-control-profiles)
Prescription items used to help people stop smoking
Prescription Analysis and Cost (PACT) data, 2014/15

The number of prescription items dispensed in England in 2014/15 was **1.3 million**, compared to **2.0 million** ten years ago.

Prescription items dispensed peaked at **2.6 million** in 2010/11.

**Type of prescription items dispensed**

In 2014/15, 766 thousand items of NRT were dispensed, less than half the level it was in 2005/06 when it peaked at 2.1 million.

561 thousand items of Varenicline were dispensed in 2014/15, compared with a peak of 987 thousand items in 2010/11.

Prescription items for Bupropion have been steadily since 2004/05. In 2014/15, 21 thousand items were dispensed.

1) Nicotine replacement therapies

For more information: Table 2.1, Statistics on Smoking, England, 2016
Prescription items used to help people stop smoking
Prescription Analysis and Cost (PACT) data, 2014/15

Prescription items dispensed by region

North of England dispensed the most prescription items, with 416 thousand. More than 400 thousand items were also dispensed in Midlands and East of England. London dispensed the lowest number of items (175 thousand).

Prescription items dispensed by Area Team, per 1,000 population

For more information: Table 2.2, Statistics on Smoking, England, 2016
**Cost of prescription items used to help people stop smoking**

*Prescription Analysis and Cost (PACT) data, 2014/15*

---

**Total cost of prescription items dispensed**

- **£38.1 million** was the Net Ingredient Cost (NIC)\(^1\) of all prescription items used to help people quit smoking in 2014/15.
- This is **42% lower** than in 2010/11 when the NIC of all prescription items peaked at **£65.9 million**.

**Average NIC per item**

- The average NIC per item for all pharmacotherapy items was **£28**.
- The average per item was **£38** for Bupropion, **£34** for Varenicline and **£24** for NRT\(^2\).

---

1) 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, prescription charges or fees.

2) Nicotine replacement therapies

**For more information:** Table 2.1, Statistics on Smoking, England, 2016
Additional resources relating to smoking statistics


Smoking Related Behaviour and Attitudes from Omnibus Survey (ONS) – Last version 2008/09.

Chartered Trading Standards Institute: Improving the Health of Society – Various reports.

Summary of Public Health Indicators using Electronic Data from Primary Care - Published September 2008.

Scientific Committee on Tobacco and Health (SCOTH) report – Published March 1998

* Dates correct at 28 April 2016
Provide feedback

This publication has been reformatted following feedback gathered from a user consultation\(^1\). We would welcome further feedback from users on the new format.

We would also welcome feedback on the content but please consider that one of the drivers for the consultation was to produce these reports in the most cost-effective way so any suggestions for including a new data source would have to be considered against this criteria.

Please send your feedback to enquiries@hscic.gov.uk and quote “Feedback on Smoking statistics” in the subject heading.

1) Link to consultation
Connect with us

- [www.hscic.gov.uk](http://www.hscic.gov.uk)
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