

Opinions and Lifestyle Survey, Smoking Habits Amongst Adults, 2012

Coverage: **GB**

Date: **26 September 2013**

Geographical Area: **Region**

Theme: **Health and Social Care**

Correction

Corrections have been made to this report, following the identification of an error which lead to the incorrect classification of a number of people as 'ex-smokers', when they should have been classified as 'never smoked'. The necessary corrections have been made to reference tables 1.2, 1.4, 1.6 and 1.7. Figures 2 and 3 have also been corrected. These corrections were made at 15:30 on 10 June 2014.

Key points

- One in five adults (aged 16+) in Great Britain were cigarette smokers in 2012. The rate of smoking in Great Britain has remained largely unchanged over the last five years.
- Smoking rates varied by whether people were in employment or not. Unemployed people (not working but seeking work) were twice as likely to smoke as those either in employment or economically inactive (for example, students or retired people).
- Over half of unemployed 25 to 34 year olds smoked (54%).
- Pregnant women tend to give up smoking (during pregnancy); however, 7% of women continue to smoke when pregnant.
- Men were more likely to smoke hand rolling tobacco than women.

Introduction

This report provides information on smoking rates, average number of cigarettes smoked and smoking during pregnancy in Great Britain during 2012. This release, using data provided by the Opinions and Lifestyle Survey (OPN), continues the series of releases on smoking; previously provided by the General Household Survey (GHS) and the General Lifestyle Survey (GLF)¹.

1. The OPN and GHS/GLF provide comparable results, however, there are some differences in the two surveys' design and content; see Methodology for details.

How the data are used and their importance

Smoking claims [80,000 lives per year](#) in England; therefore reducing smoking has been a key objective of Government policy on improving health.

In 2010 the White Paper [Healthy Lives, Healthy People](#) set out the Government's long-term policy for improving public health and in 2011 a new [Tobacco Control Plan](#) was published. A range of tobacco control legislation has been introduced in recent years including:

- Smokefree legislation.
- Raising the age of sale for tobacco products from 16 to 18.
- Increased retailer sanctions against those that sell to underage smokers.
- Ending tobacco advertising, promotion and sponsorship; the introduction of picture warnings on all tobacco products.
- Making sales from vending machines illegal and ending the permanent display of tobacco products in supermarkets (with small shops to follow in 2015).

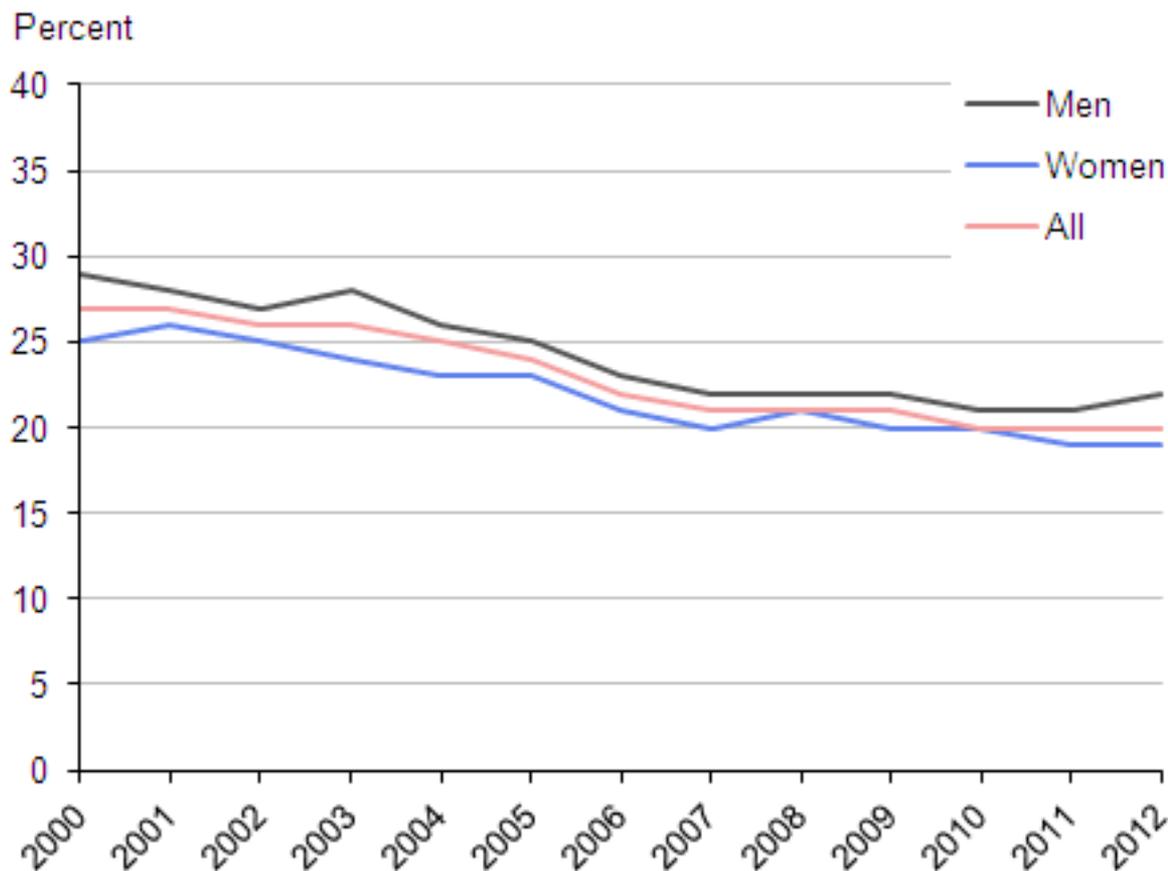
The OPN smoking estimates can be used to understand the impact that such legislative changes have had on smoking.

The OPN smoking estimates are mainly used to inform Government policy with respect to health; however, there are some other important uses. For example, Her Majesty's Revenue and Customs (HMRC) uses OPN data for its estimates of the illicit tobacco market. These estimates are used to calculate the overall indirect tax gap to inform HMRC's contribution to the Treasury's fiscal policy decisions. HMRC also use OPN data for developing and measuring its tobacco fraud strategy. OPN smoking estimates are also used by a wide range of charities, lobbyists and other groups. For example, [Action on Smoking Health \(ASH\)](#), a campaigning public health charity, use these smoking estimates as part of its work to eliminate the harm caused by tobacco.

Key trends in smoking

The proportion of adults smoking in Great Britain has generally been declining since the survey first included a question about smoking in 1974, from 45% in 1974 to 20% in 2012. Most of this decline happened between 1974 and 1994. The proportion of adults smoking continued to fall between 1994 and 2007, but at a much slower rate. However, from 2007 to 2012 the rate of smoking has remained largely unchanged. While the proportion of women smokers has continued to decline over the past five years, the proportion of males smoking has changed very little.

Smoking rates varied between men and women, and between different age groups. Amongst men, those aged 25-34 years old were most likely to smoke (32%); an increase from 26% in 2011 ([Table 1.1 Rates of cigarette smoking by sex and age, 1974 to 2012 \(172.5 Kb Excel sheet\)](#)).

Figure 1: Rates of cigarette smoking, 2000 to 2012, Great Britain

Source: Office for National Statistics

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(26.5 Kb)

Cigarette smoking by economic activity and socio-economic classification

Smoking rates for adults who were economically inactive (for example, students and retired people) have decreased across all age groups. [Table 1.2 Cigarette smoking by age and employment status \(172.5 Kb Excel sheet\)](#), compares adults in employment with those who were unemployed (not working but seeking work) and those who were economically inactive. Unemployed people were twice as likely to be cigarette smokers (39%) compared with employed (21%) and economically inactive (17%). Over half (54%) of unemployed 25 to 34 year olds smoked in 2012.

Smoking rates differ by adult's socio-economic status (a grouping that distinguishes a person's status relative to others based on characteristics such as income, education and occupation). The socio-economic classification (NS-SEC) used in this report is based on information about people's occupation and employment status. As in 2011, rates of smoking in 2012 were highest in routine and manual occupations, such as bar staff and delivery drivers (33%) and lowest in managerial and professional occupations, such as accounting and teaching (14%). The proportion of women

smoking in routine and manual occupations increased from 26% to 32% between 2011 and 2012. ([Table 1.3 Rates of cigarette smoking by sex and Socio-economic Classification \(172.5 Kb Excel sheet\)](#))

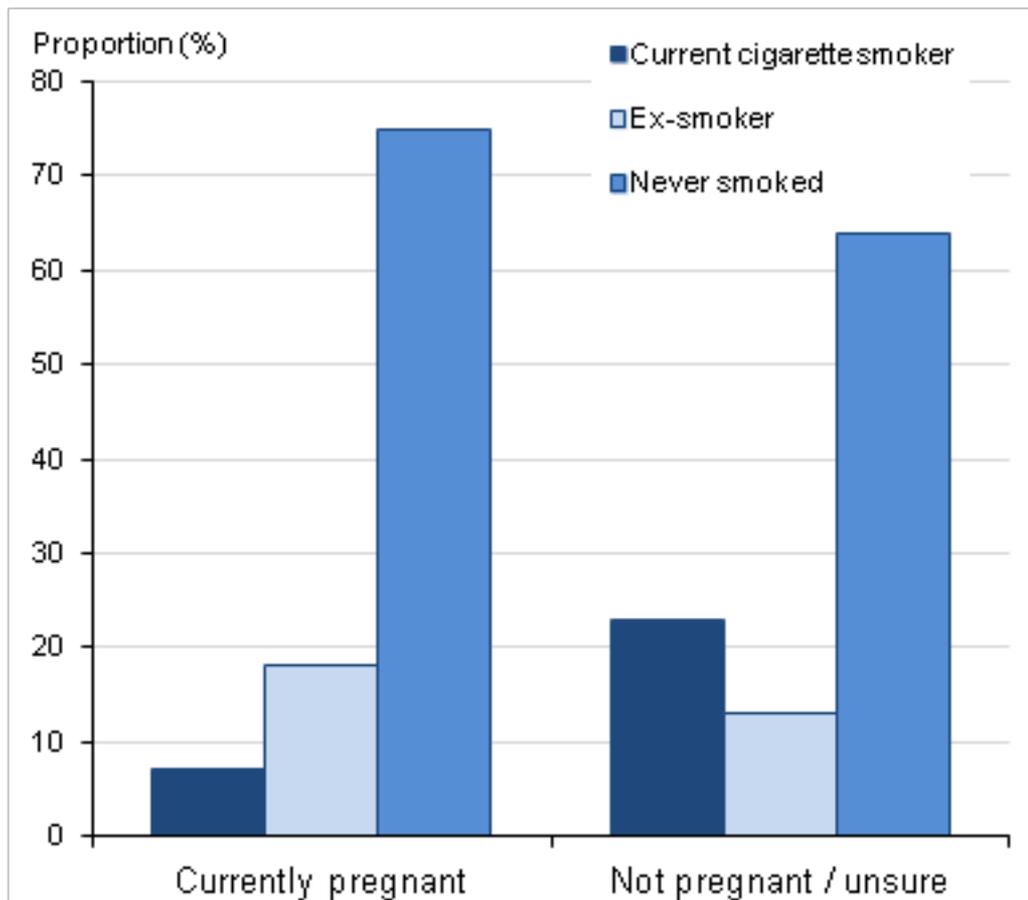
Cigarette smoking by region and country

Smoking rates by region and countries will be released by the Integrated Household Survey (IHS) on 3 October 2013. The IHS release will supplement results in this report. The IHS provides a much larger number of interviews; therefore the results, when broken down by region and country, are a more precise source on regional smoking rates than the Opinions and Lifestyle Survey.

Cigarette smoking and pregnancy

[Table 1.4 Cigarette smoking and pregnancy \(172.5 Kb Excel sheet\)](#), shows that pregnant women aged 16 to 49 were less likely to be smokers than women of the same age who were not pregnant. Pregnant women giving up smoking (during pregnancy) is also observed in the [Infant Feeding Survey 2010](#). However, despite many pregnant women giving up smoking, 7% continued smoking.

It is possible that this smoking rate for pregnant women is underestimated. Given the health risks associated with smoking whilst pregnant, it may be perceived to be less socially acceptable and as a result respondents to the survey may be less likely to admit smoking when pregnant.

Figure 2: Cigarette smoking of women aged 16 to 49 by pregnancy status, 2012, Great Britain

Source: Office for National Statistics

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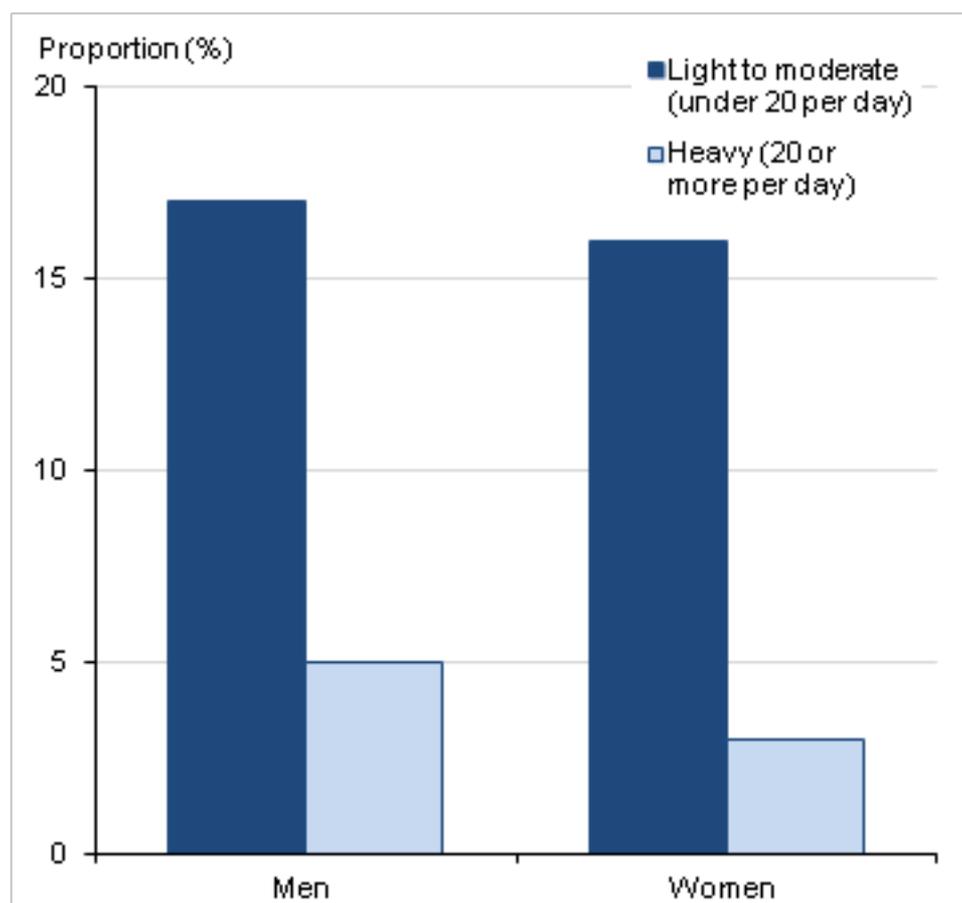
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Cigarette smoking and marital status

In 2012, married people were less likely to be smokers (14%), and more likely to be ex-smokers (24%) than people who were single or cohabiting. Smoking rates were highest among people cohabiting (33%) than for any other marital status group ([Table 1.5 Cigarette smoking by age and marital status \(172.5 Kb Excel sheet\)](#)).

Cigarette consumption

The proportion of heavy smokers (defined as 20 cigarettes or more per day) has continued to fall since 1974; 5% of men and 3% of women were heavy smokers in 2012, compare to 26% and 13% in 1974 respectively. Among both men and women smokers, cigarette consumption varied by age. ([Table 1.6 Cigarette smoking by sex \(172.5 Kb Excel sheet\)](#))

Figure 3: Cigarette smoking by sex, 2012, Great Britain

Source: Office for National Statistics

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In all age groups, the average number of cigarettes smoked per day by men and women in 2012 has decreased since 2011, continuing the decline since the early 1990s ([Table 1.7 Cigarette smoking by sex and age \(172.5 Kb Excel sheet\)](#)). In [Table 1.8 Average number of cigarettes smoked per day by sex and age \(172.5 Kb Excel sheet\)](#), the average number of cigarettes smoked by men in 2012 was 12 compared to 13 in 2011, whilst women smokers on average smoked 11 cigarettes per day. Men aged 50 and over who were smokers, smoked the highest average number of cigarettes per day (14).

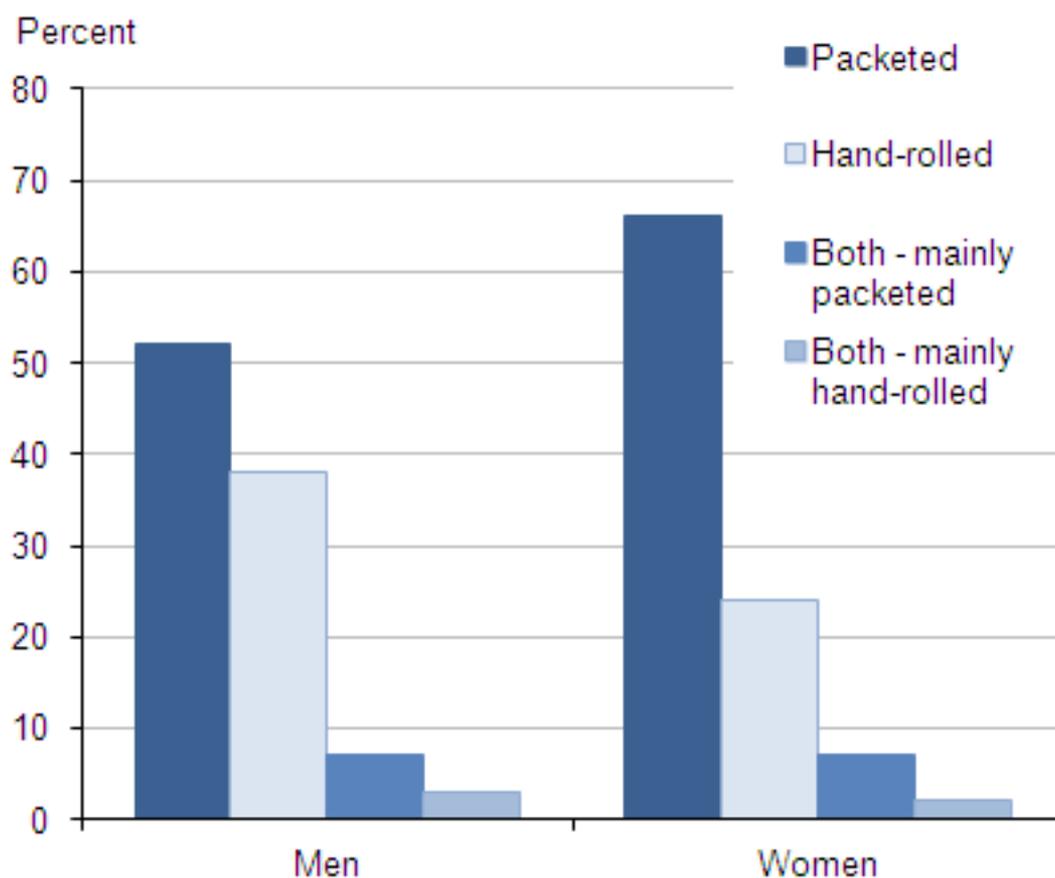
[Table 1.9 Average number of cigarettes smoked per day by sex and Socio-economic Classification \(172.5 Kb Excel sheet\)](#), illustrates that people who work in managerial and professional occupations were most likely to smoke fewer cigarettes per day than those in intermediate and routine and manual occupations (10 compared to 12 cigarettes per day). This is unchanged from 2011.

Cigarette type

Cigarette smokers were asked whether they mainly smoked cigarettes or hand rolled tobacco (HRT). Cigarettes are the most popular form smoked, especially amongst women. Two thirds (66%) of women smokers compared to half of men smokers (52%) smoked cigarettes. Hand rolled tobacco was more popular among men; 38% of men smokers and 24% of women smokers smoked HRT in 2012.

The [GLF 2011](#) reported that there had been a marked increase in the proportion of smokers who mainly smoked hand rolled tobacco (HRT) since the early 1990s. Gilmore et al (2013)¹ suggest that HRT has a tactical role in keeping smokers in the market place when cigarette prices rise, for example, HRT is cheaper to attract starters, keeps smokers in the market and boost consumption. ([Table 1.10 Type of cigarette smoked by sex and age \(172.5 Kb Excel sheet\)](#))

Figure 4: Type of cigarette smoked by sex, 2012, Great Britain



Source: Office for National Statistics

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(17 Kb)

Notes

1. Gilmore, A. Tavakoly, B. Taylor, G and Reed, H. Understanding tobacco industry pricing strategy and whether it undermines tobacco tax policy: the example of the UK cigarette market. *Addiction* 2013; 108: 1317-1326.

The reliability of smoking estimates

It is likely that the survey underestimates cigarette consumption and, perhaps to a lesser extent, prevalence (the proportion of people who smoke). For example, evidence suggests (Kozlowski, 1986)¹ that when respondents are asked how many cigarettes they smoke each day, there is a tendency 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 most likely to occur among young people. To protect their privacy, particularly when they are being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves, so that neither the questions nor their responses are heard by anyone else who may be present².

Notes

1. Kozlowski, L. T, Pack size, reported smoking rates and public health, *American Journal of Public Health*, 76 (11) pp1337-8 November 1986.
2. See Chapter 4, *General Household Survey 1992*, HMSO 1994. This includes a discussion of the differences found when smoking prevalence reported by young adults on the GHS was compared with prevalence among secondary school children.

Methodology

What are the similarities between the General Lifestyle Survey and the Opinions and Lifestyle Survey?

The Opinions and lifestyle Survey (OPN) uses the same approach to sampling as the General Lifestyle Survey (GLF). That is, a random sample of addresses is drawn from the Postcode Address File (PAF). Initially, a sample of postcode sectors is drawn, and from within those, a list of addresses is chosen. The design means that every address and every person in Great Britain has an equal chance of selection. The PAF is ordered by region and other socio-demographic indicators provided by the census. Ordering the PAF helps to ensure the sample represents the general population of Great Britain.

Both the OPN and GLF surveys use Computer Aided Personal Interviewing (CAPI). Interviewers visit sampled addresses and interview respondents with the aid of a laptop. Face to face interviewing helps to maximise participation in the survey, which is around 60% of sampled addresses for both surveys.

All of the trends reported on in this release are based on the same questions previously included on GLF. Therefore, no trend changes will have been introduced as a result of changing question wording.

After data collection, the results are 'weighted' to ensure they represent the general population of Great Britain. The approach to weighting is the same for both surveys. Firstly, an adjustment is made to account for those respondents who chose not to take part in the surveys. Secondly, the samples are grossed up to total the GB population, taking account of the age and gender profile of the population, as well as the distribution of people across Local Authorities.

What are the differences?

The primary difference between these two surveys is the approach to interviewing residents of sampled addresses. The GLF aimed to interview all residents in the household aged 16 or above. The OPN only interviews one person aged 16 or above in each sampled household. The OPN randomly selects a resident for interview, thus reducing the potential for selection bias. Despite a different approach to within household sampling selection, the achieved number of interviews is broadly the comparable between the two surveys. The GLF achieved approximately 13,500 adult interviews per year compared to approximately 13,000 adult interviews per year on the OPN.

There was a reduction in the number and detail of questions migrated from the GLF to the OPN. Details of the questions that were moved from the GLF to the OPN are provided in Appendix A of the [Future of the GLF \(108.9 Kb Pdf\)](#) update.

What do these differences mean for comparability?

Using the OPN in place of the GLF has not impacted on the results presented in this report.

The reduction in achieved sample size has not led to significant loss in precision. The confidence intervals around key estimates such as the national (Great Britain) smoking rate are comparable between the GLF and OPN. Results on smoking habits have been found to follow the same patterns by various socio-demographic characteristics such as age, gender and employment status. The comparability of these estimates is deemed sufficient to make comparisons between 2012 and previously reported results.

However, the reduction in questions asked on topics covered by the GLF has led to a discontinuation of some outputs. For example, in the case of smoking, the age at which people started smoking is no longer reported on, as the source data is not collected on the OPN. Similarly, questions on tobacco dependency were no longer asked from January 2012.

Background notes

1. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

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