



Statistics on Smoking

England: 2017

Key findings

Hospital admissions (2015/16)

- There were estimated to be around 474 thousand hospital admissions attributable to smoking, which was an increase from 458 thousand in 2005/06.
- As a proportion of all admissions, this has fallen to 4% from 6% in 2005/06.

Deaths (2015)

- There were estimated to be around 79 thousand deaths attributable to smoking. This represents 16% of all deaths.

Adult smoking prevalence (2016)

- 15.5% of adults aged 18+ currently smoke, down from 19.9% in 2010.
- In 2000, 26.8% of adults aged 16+ were smokers¹.
- Prevalence since 2010 has fallen most in younger age groups.

Adult e-cigarette prevalence (2016)

- There were an estimated 2.4 million current e-cigarette users, representing around 5% of adults.
- Prevalence amongst 16 to 24 year olds increased from 2% in 2015 to 6% in 2016.

Expenditure (2016)

- Tobacco was 27% less affordable than it was in 2006.
- Tobacco expenditure as a proportion of total household expenditure has fallen to 1.6%, from 2.9% in 1985.

Smoking at the time of delivery (2016/17)

- Just under 11% of mothers were recorded as smokers at the time of delivery, down from 15% in 2006/07.

1) Based on alternative data from the ONS Opinions and Lifestyle survey, which has a smaller sample size but covers a longer time series. Other adult smoking prevalence data quoted here covers adults aged 18 and over.

This is a National Statistics publication

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.

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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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Part 1: Introduction

This statistical report¹ presents an annual review 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 information includes:

- National smoking related admissions from NHS Digital Hospital Episode Statistics (HES).
- Prescription items used to help people stop smoking from NHS Digital prescribing data.
- Statistics on smoking related deaths and affordability of tobacco, compiled using existing data from the Office for National Statistics (ONS).
- Local Authority smoking related admissions and deaths data from Public Health England, Local Tobacco Control Profiles.

- 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:

- NHS Digital: NHS Stop Smoking Services (SSS).
- NHS Digital: Smoking Drinking and Drug Use amongst young people (SDD).
- NHS Digital: Health Survey for England (HSE).
- NHS Digital: What About Youth Survey (WAY).
- European Health Interview Survey (EHIS).

1. Most figures quoted in this report have been rounded to the nearest whole number. Data sources may quote unrounded figures.

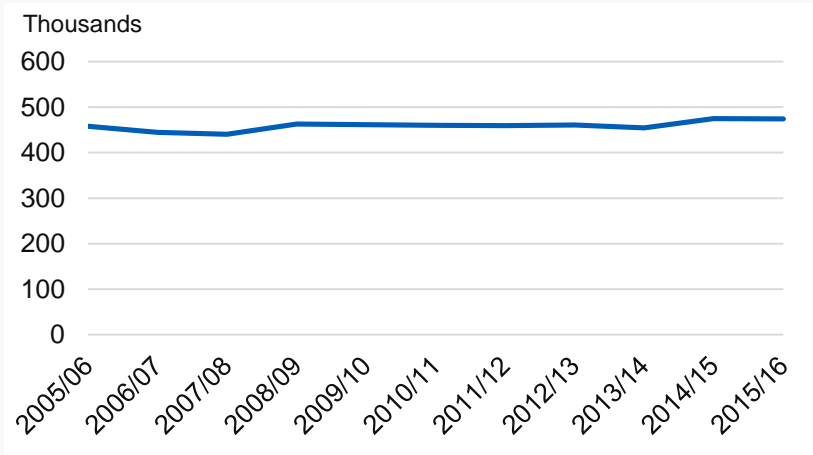
Part 2: Smoking-related ill health and mortality

- This part presents information on the number of hospital admissions and the number of deaths that are attributable to smoking.
- 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 (ONS) 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. 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 PHE Local Tobacco Control Profiles. PHE use the same methodology, but a different source for the proportion of smokers and ex-smokers in the population.

Hospital admissions estimated to be attributable to smoking^{1,2}

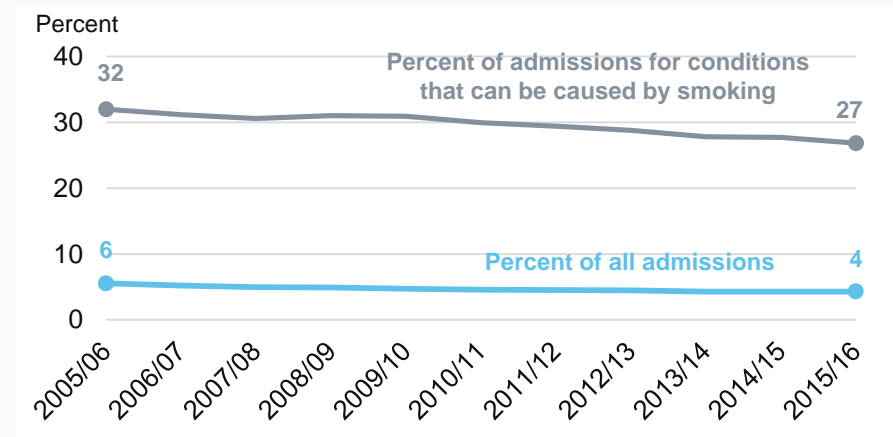
Admissions estimated to be attributable to smoking over time

In 2015/16 there were estimated to be around 474 thousand hospital admissions attributable to smoking. This is up from 458 thousand in 2005/06 (an increase of 4%), and a similar level to 2014/15.



In 2015/16 this represented 4% of all hospital admissions, and 27% of hospital admissions for conditions that can be caused by smoking.

Both of these proportions have fallen over the last 10 years.



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

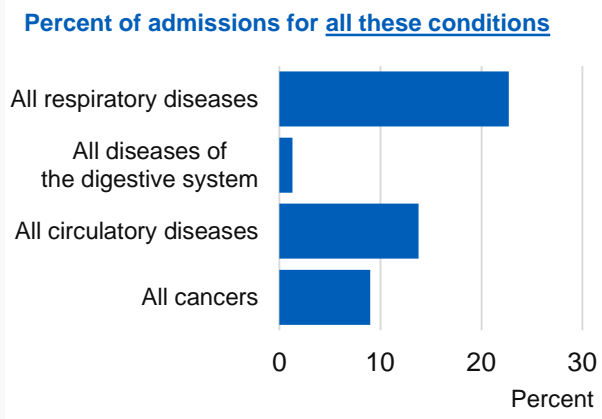
2) Estimates based on smoking prevalence and risks of smokers/ex-smokers developing each disease – see Appendix B: Technical Notes, Section 1 for details.

For more information: Tables 3.1 and 3.2, [Statistics on Smoking, England, 2017](#)

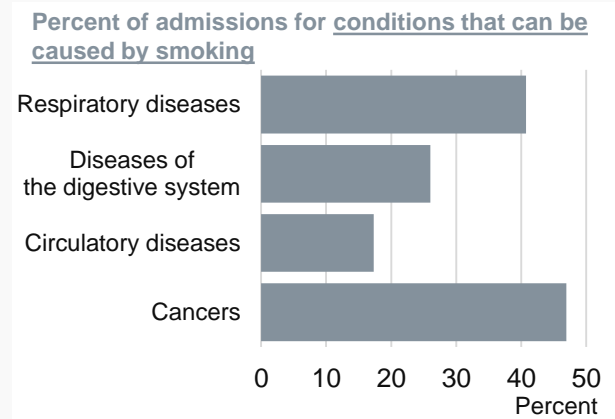
Hospital admissions estimated to be attributable to smoking^{1,2}

Admissions estimated to be attributable to smoking by condition

23% 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.



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.

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.

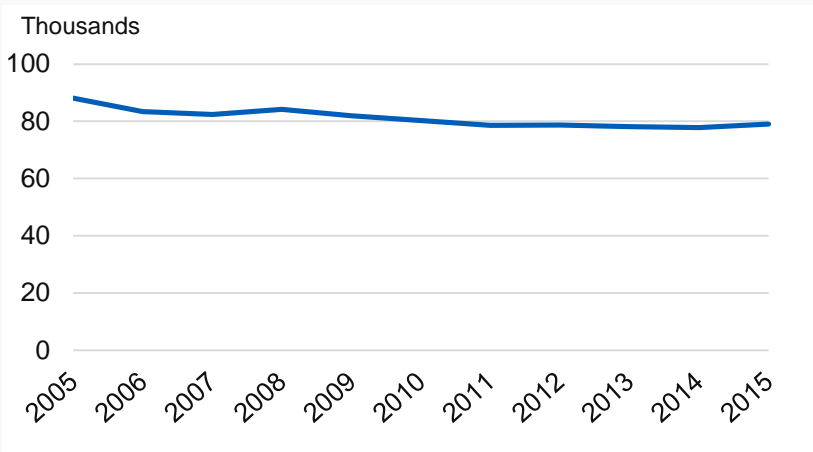
2) Estimates based on smoking prevalence and risks of smokers/ex-smokers developing each disease— see Appendix B: Technical Notes, Section 1 for details.

For more information: Tables 3.1 and 3.2, [Statistics on Smoking, England, 2017](#)

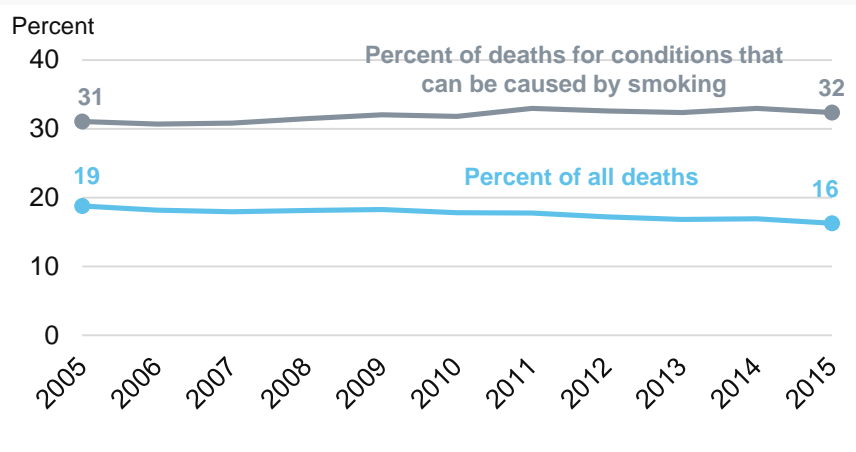
Deaths estimated to be attributable to smoking^{1,2}

Deaths estimated to be attributable to smoking over time

In 2015 there were estimated to be around 79 thousand deaths attributable to smoking, down from 88 thousand in 2005, but up from 78 thousand in 2014.



This represents 16% of all deaths (down from 19% in 2005), and 32% of deaths for conditions that can be caused by smoking (up from 31% in 2005).



1) Registered deaths amongst adults aged 35 and over based on original cause of death.

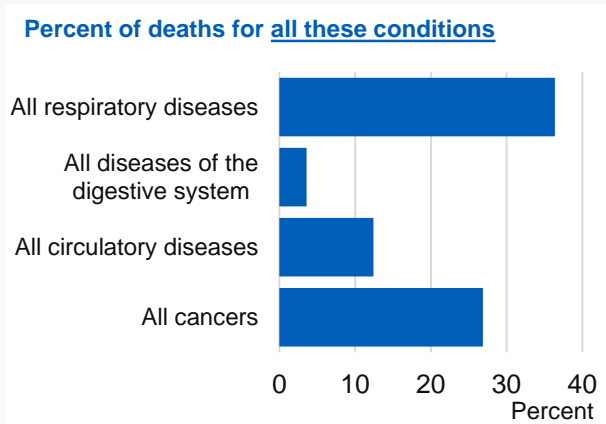
2) Estimates based on smoking prevalence and risks of smokers /ex-smokers developing each disease— see Appendix B: Technical Notes, Section 1 for details.

For more information: Tables 3.4 and 3.5, [Statistics on Smoking, England, 2017](#)

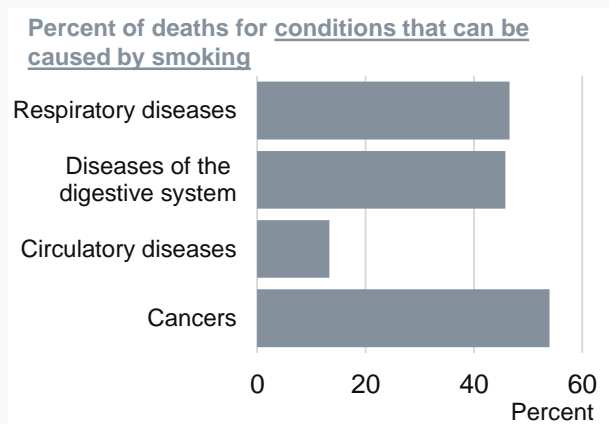
Deaths estimated to be attributable to smoking^{1,2}

Deaths estimated to be attributable to smoking by condition

36% of all deaths for respiratory diseases, were estimated to be attributable to smoking.



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

20% of all deaths.



37% of deaths for conditions that can be caused by smoking.

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.

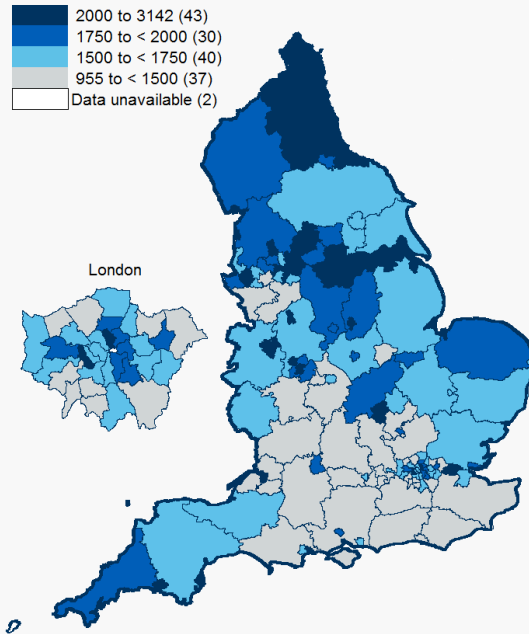
2) Estimates based on smoking prevalence and risks of smokers / ex-smokers developing each disease— see Appendix B: Technical Notes, Section 1 for details.

For more information: Tables 3.4 and 3.5, [Statistics on Smoking, England, 2017](#)

Estimated smoking attributable admissions and deaths by Local Authority

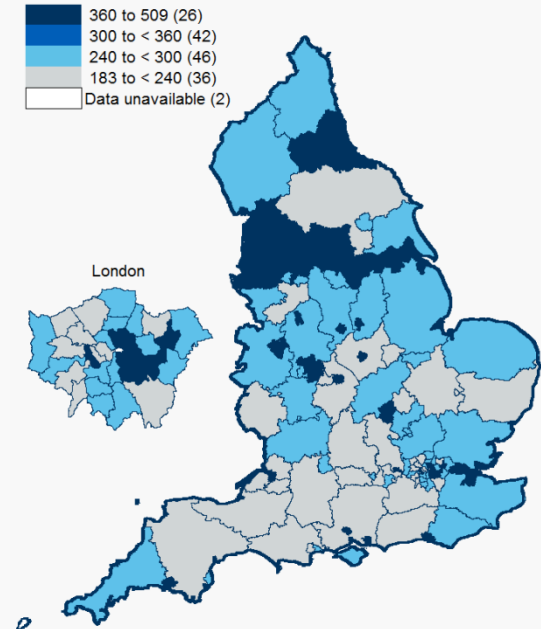
Smoking attributable hospital admissions rate per 100,000 population¹ (2015/16)

Barnsley, Sunderland, Blackpool, and Hartlepool all had rates above 3,000 per 100,000 population. Wokingham and the Isle of Wight had the lowest rates, both below 1,000.



Smoking attributable mortality rates per 100,000 population² (2013-2015)

Manchester had the highest rate with 509 per 100,000 population. Harrow, Rutland, and Wokingham all had rates below 200.



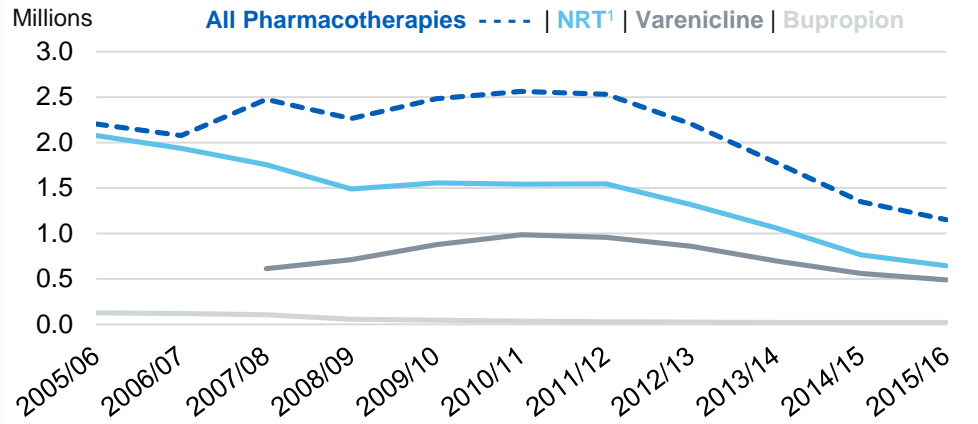
1) Directly standardised rate of estimated smoking attributable admissions in people aged 35+.

2) Estimated smoking attributable deaths per 100,000 population, aged 35+.

Part 3: 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 2015/16 was 1.2 million, compared to 2.2 million ten years ago.

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

In 2015/16, 644 thousand items of NRT were dispensed, down from 766 thousand in 2014/15, and less than a third of the total of ten years ago in 2005/06 (2.1 million).

489 thousand items of Varenicline were dispensed in 2015/16, compared with a peak of 987 thousand items in 2010/11.

Bupropion is the least common item, with 21 thousand dispensed in 2015/16, with little change in the level over the last few years.

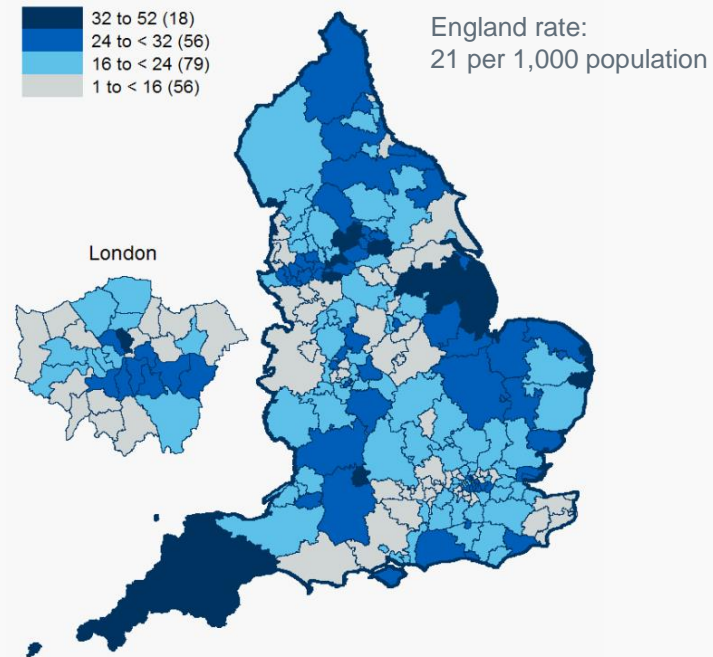
1) Nicotine replacement therapies.

Prescription items used to help people stop smoking

Prescription items dispensed by Clinical Commissioning Group, per 1,000 population

NHS Blackpool had the highest rate of items dispensed, with 52 per 1,000 population. NHS Lincolnshire East and NHS Bradford Districts were the only other CCGs to record rates of over 40 items per 1,000 population (both 42).

NHS Bracknell & Ascot, NHS Windsor, Ascot & Maidenhead, and NHS North & West Reading all recorded rates of below 2 items per 1,000 population.

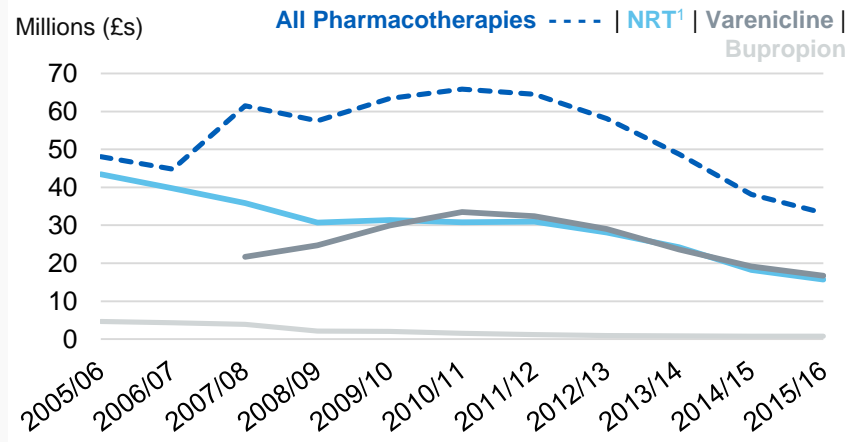


Cost of prescription items used to help people stop smoking

Total cost of prescription items dispensed

£33.2 million was the Net Ingredient Cost (NIC) of all prescription items used to help people quit smoking in 2015/16.

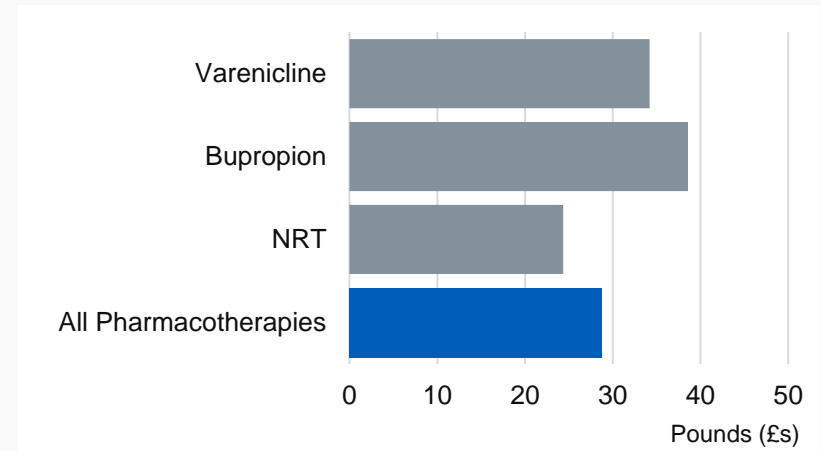
This is around half of the total in 2010/11 when the NIC of all prescription items peaked at £65.9 million.



Average NIC per item

The average NIC per item for all pharmacotherapy items was £29.

The average per item was £39 for Bupropion, £34 for Varenicline and £24 for NRT¹.



1) Nicotine replacement therapies.

For more information: Table 2.1, [Statistics on Smoking, England, 2017](#)

Part 4: 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.
- Most of the smoking prevalence information presented here is taken from the Annual Population Survey (APS) and the Opinions and Lifestyle Survey (OPN). Both are run by the Office for National Statistics (ONS) and the results are presented as part of the 'Adult Smoking Habits' publication.
- 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 England¹.
- Statistics on Women's Smoking Status at Time of Delivery (SATOD) provides information on the prevalence of smoking among pregnant women.
- All data is for adults aged 18 and over unless otherwise stated.

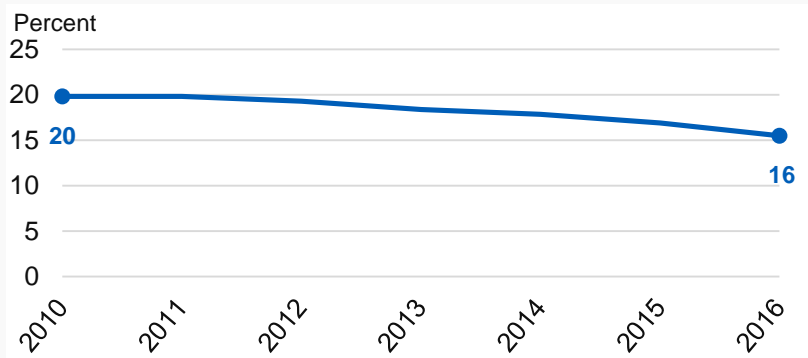
1) The Health Survey for England also provides an alternative source of smoking prevalence data, but is not used for this purpose in this report.

Smoking prevalence in adults

Smoking prevalence over time

15.5% of adults in England currently smoke, down from 19.9% in 2010, and from 16.9% in 2015.

In 2000, 26.8% of adults aged 16+ were smokers¹.



Smoking prevalence by gender

Men were more likely to smoke than women.

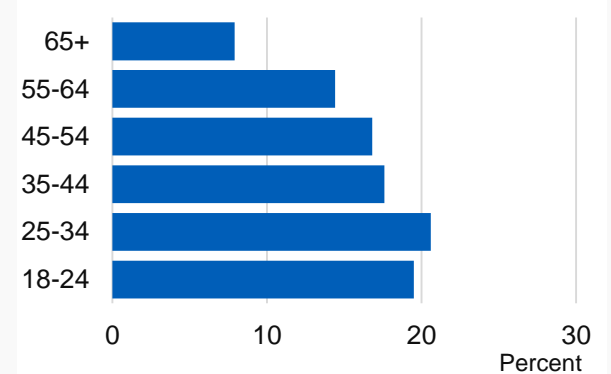
17%



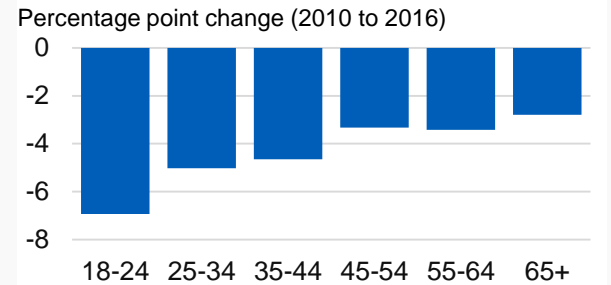
14%

Smoking prevalence by age

Adults aged 25 to 34 were most likely to smoke (21%), with those aged 65 and over the least likely (8%).



Prevalence since 2010 has fallen most in younger age groups.



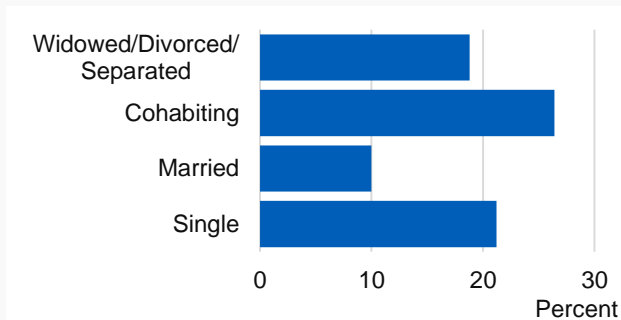
1) Based on alternative data from the ONS Opinions and Lifestyle survey, which has a smaller sample size but a longer time series, and is available at the link below.

For more information: [ONS: Adult smoking habits in the UK, Annual Population Survey, 2016](#)

Smoking prevalence in adults¹

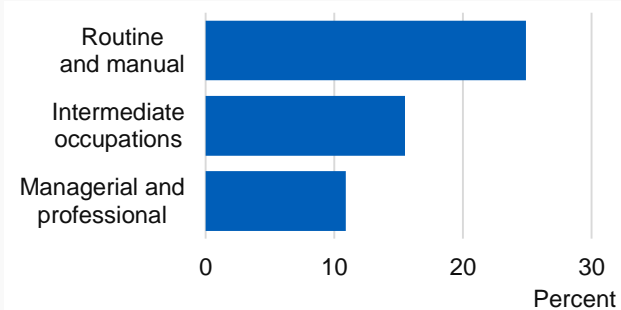
Smoking prevalence by marital status

Married adults were least likely to be smokers (10%).



Smoking prevalence by socio economic status

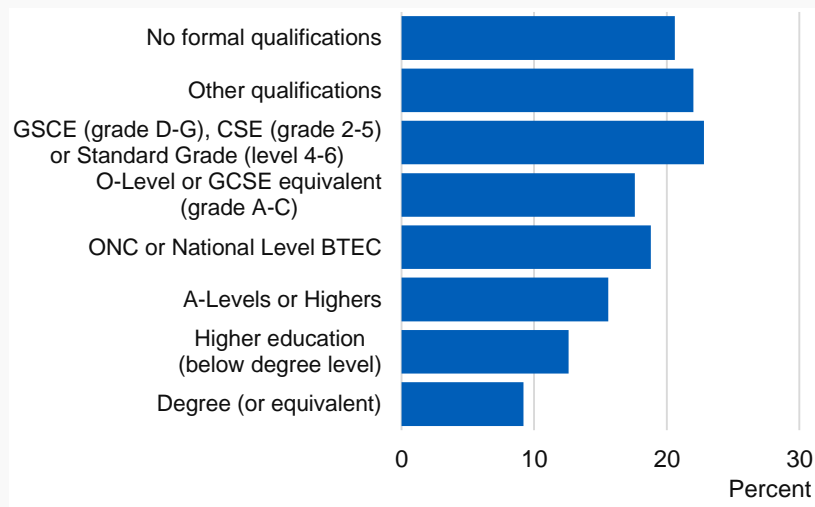
Routine and manual workers were most likely to be smokers (25%).



Smoking prevalence by qualifications

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

Only 9% of those with a degree were smokers compared to 21% with no formal qualifications.



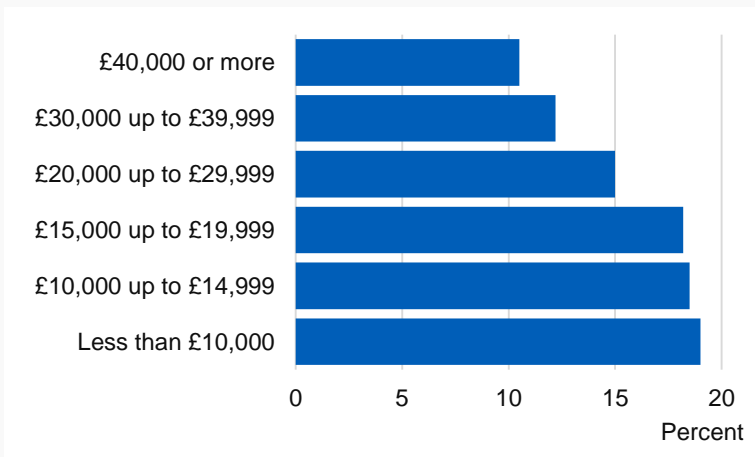
1) Based on persons aged 16 and over.

Smoking prevalence in adults¹

Smoking prevalence by income²

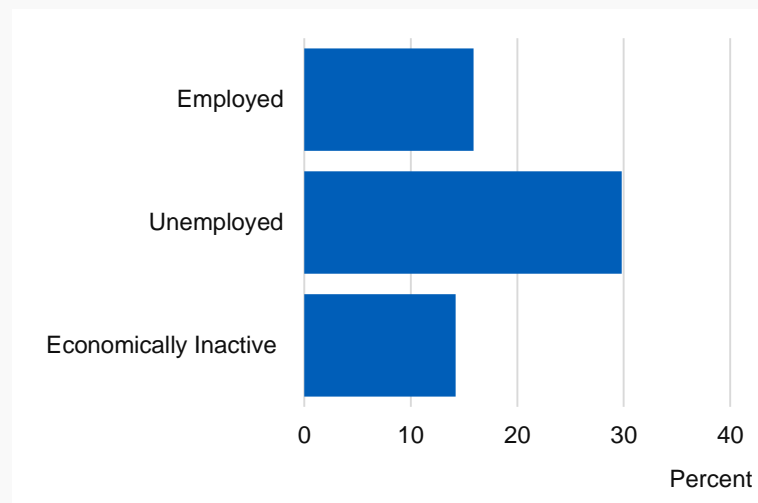
Smoking is less common amongst higher earners.

11% of those earning £40,000 or more were smokers, compared to 19% of those earning less than £10,000.



Smoking prevalence by employment status³

30% of unemployed adults were smokers compared to 16% of employed adults.



1) Based on persons aged 16 and over 2) Gross annual personal income. 3) Unemployed people are those who are not currently in work but who are looking for work. Economically inactive contains those who are not in work, and not looking for work. This includes retired people and students.

Smoking prevalence in adults: national and local comparisons

Smoking prevalence in the United Kingdom

Of the constituent countries of the UK, Northern Ireland (18.1%) and Scotland (17.7%) reported the highest proportion of current smokers, and England had the lowest (15.5%).

Smoking prevalence was 16.9% in Wales.

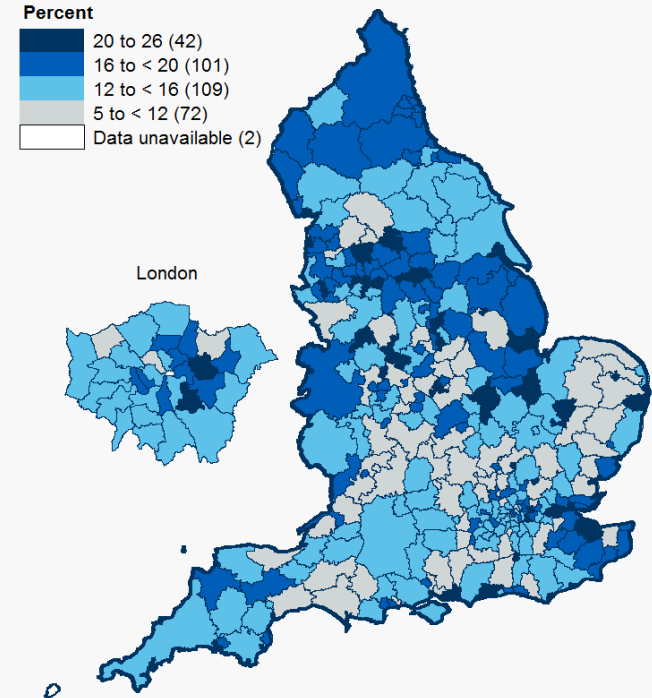
Smoking prevalence in England by Local Authority (LA)¹

In 2016, Blackpool (23%) remained in the top 10 of LAs ranked by smoking prevalence, where it has been since 2012.

Hastings had the highest prevalence in 2016, with 26%.

For the 10 LAs with the lowest prevalence, Chiltern (7%) was the only local area to feature in three consecutive years.

Epsom & Ewell had the lowest prevalence in 2016, with 5%.



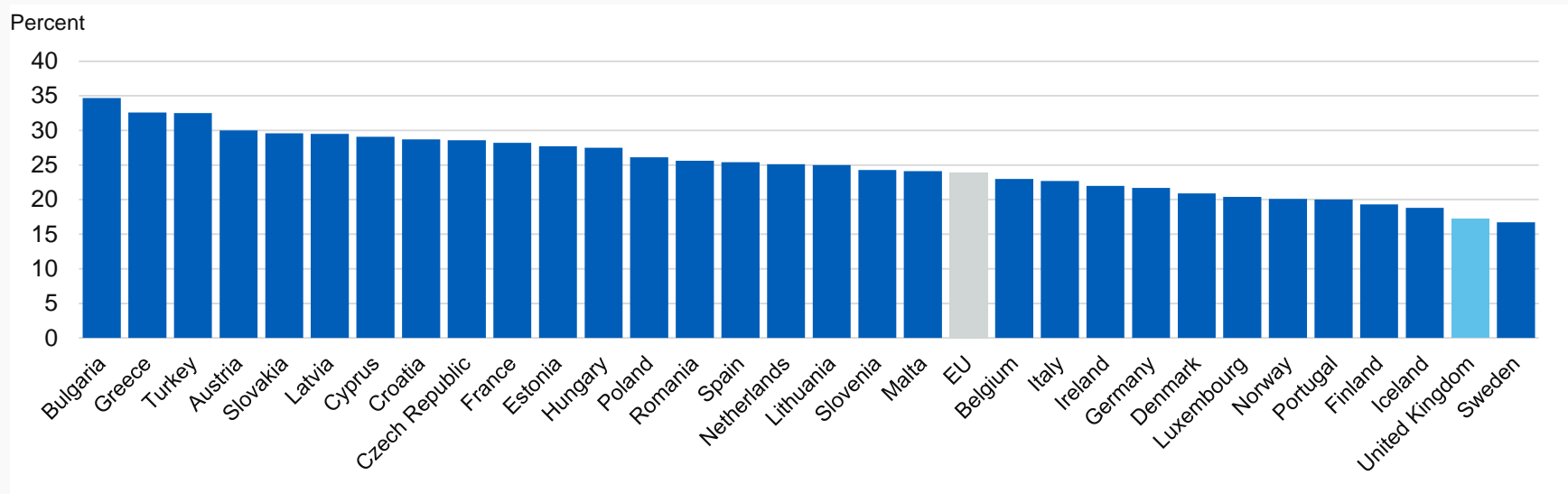
1) Smoking prevalence estimates by LA tend to fluctuate each year due to small samples sizes producing a larger degree of statistical uncertainty.

Smoking prevalence in adults¹: European comparisons

Smoking prevalence - UK comparison with other European countries^{1,2}

Results from the European Health Interview Survey show the UK as having comparably low smoking prevalence, alongside Sweden, with 17%. Overall prevalence across the 28 EU countries was 24%. Turkey, Greece and Bulgaria all had rates above 30%

Turkey, Greece and Bulgaria all had rates above 30%



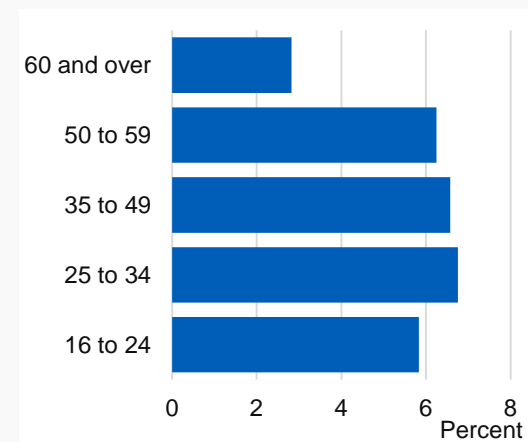
1) Based on persons aged 15 and over. 2) Smokers include both regular and occasional smokers of tobacco products.

For more information: [Eurostat, European Health Interview Survey \(EHIS\), 2014](#)

Smoking in adults: electronic cigarettes¹

E-cigarette prevalence

In 2016, there were an estimated 2.4 million current e-cigarette users, representing around 5% of adults.

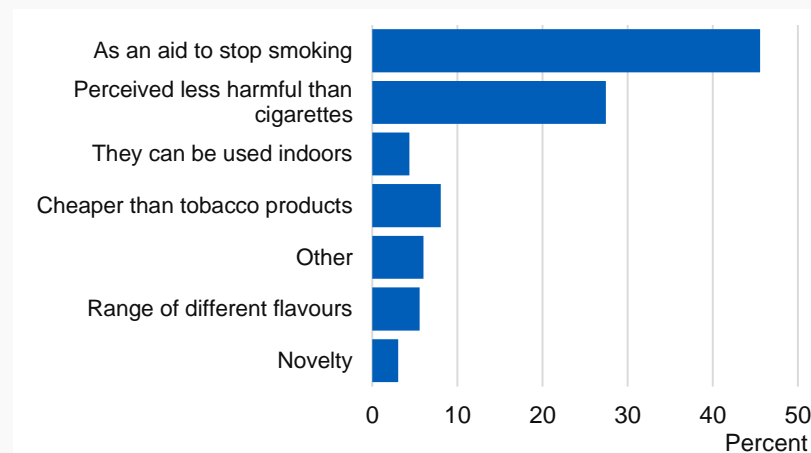


Adults aged 60 and over were least likely to use e-cigarettes (3%). Across other age groups prevalence was around 6% to 7%.

Prevalence amongst 16 to 24 year olds increased from 2% in 2015, to 6% in 2016.

Main reason given for using e-cigarettes

The most common reason e-cigarette users gave for use was to aid themselves in quitting smoking (46%). The next most common reason was that they are perceived to be less harmful than cigarettes (27%).

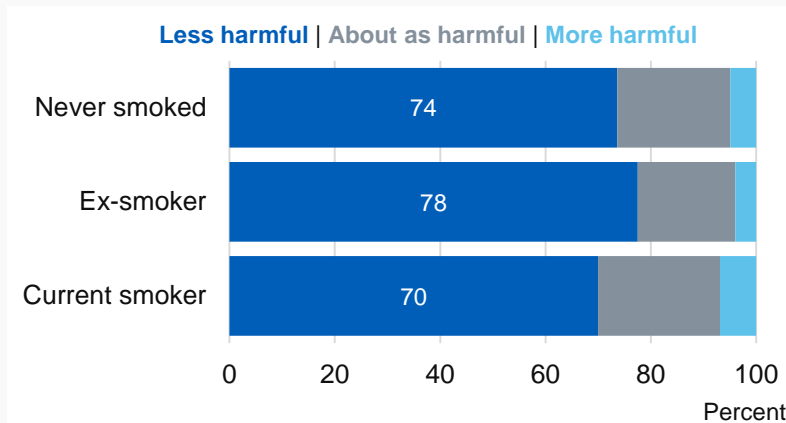


1) Based on persons aged 16 and over.

Smoking in adults: electronic cigarettes

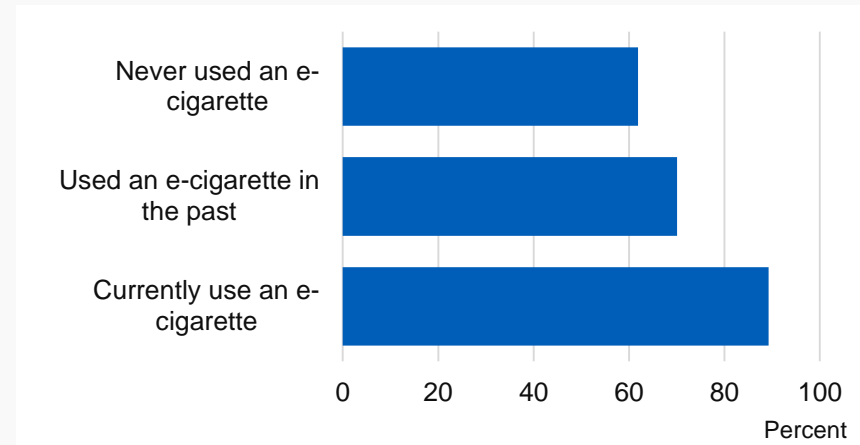
Perception of harm compared to smoking, by cigarette smoking status

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-smokers¹.



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.



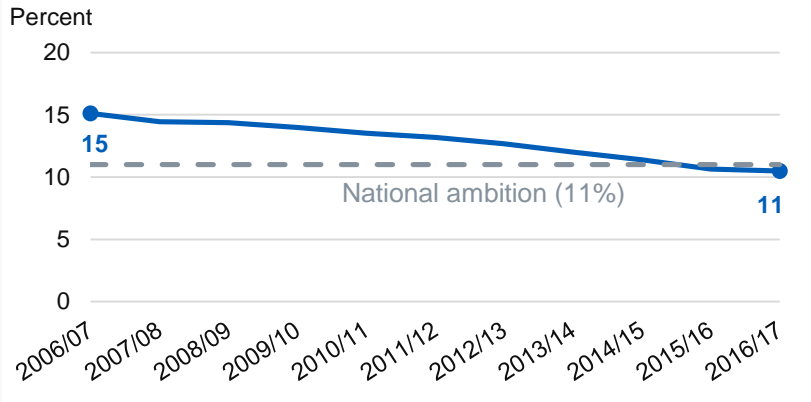
1) A review by Public Health England in 2015 concluded that e-cigarettes are around 95% safer than smoked tobacco: <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>

Smoking during pregnancy

Smoking prevalence over time

Just under 11% of mothers were recorded as smokers at the time of delivery in 2016/17, down from 15% in 2006/07.

This is the second consecutive year that the figure has been below the national ambition of 11%¹.

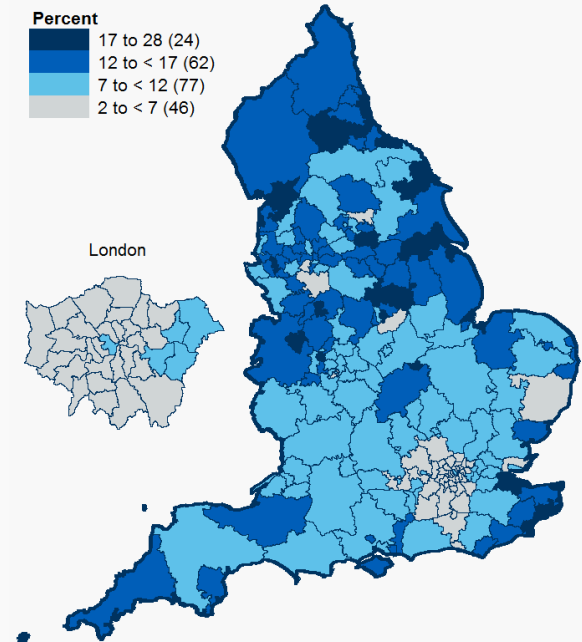


1) See: [Healthy Lives, Healthy People: A Tobacco Control Plan for England](#)
For more information: [Smoking Status at Time of Delivery 2016/17](#)

Smoking prevalence by CCG

104 (50%) of the 209 Clinical Commissioning Groups (CCG's) met the national ambition of 11% or less.

Rates varied from below 3% in NHS West London, NHS Richmond, and NHS Hammersmith & Fulham, to 28% in NHS Blackpool.

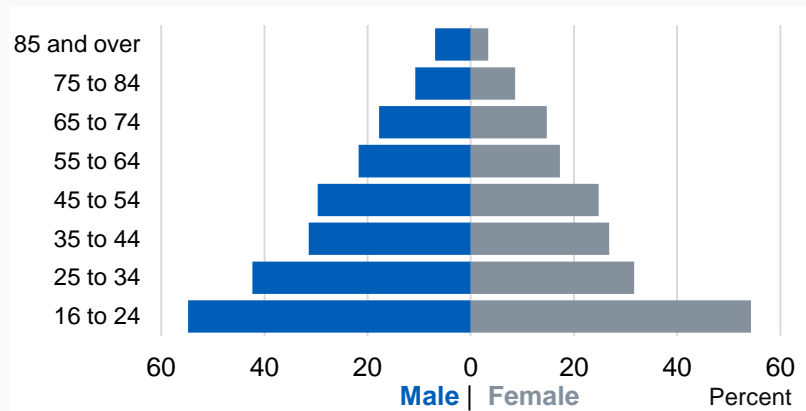


Self reported exposure to second hand smoke¹

Self reported exposure to second hand smoke by age

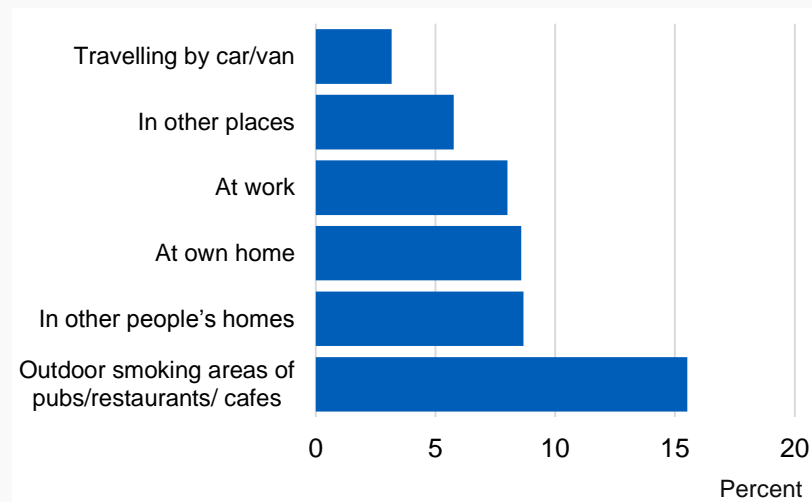
31% of men and 26% of women reported at least some exposure to second hand smoke.

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, followed by at home (including other people's homes).



1) Based on persons aged 16 and over.

Part 5: Smoking patterns in children

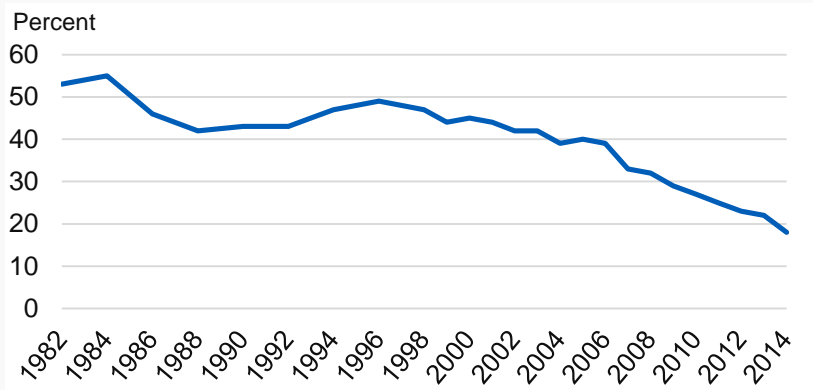
- This part presents a range of information on cigarette smoking patterns in children. Smoking prevalence, consumption and trends among different groups of society and geographical areas are explored.
- The main source of data for smoking prevalence among children is the Smoking, Drinking and Drug Use 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, conducted every 2 years and published by NHS Digital.
- Information is also included from the recent What about YOUth (WAY) survey, which was conducted for the first time in 2014. The survey asked 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.
- *Please note, none of the data in this part has been subject to an update since this report was last published (Statistics on Smoking 2016). SDD 2016 is expected to be published in September 2017.*

Smoking prevalence in children

Smoking prevalence over time

18% of secondary school pupils reported they had tried smoking at least once.

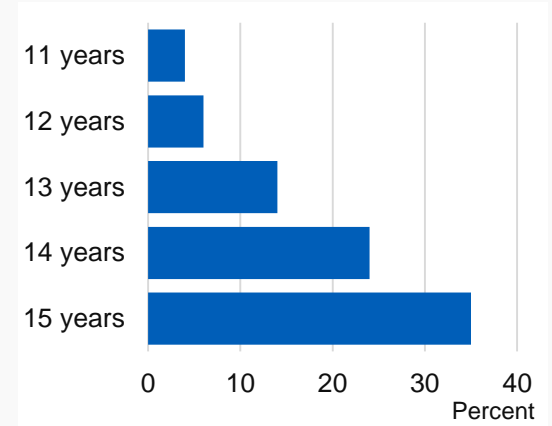
This is the lowest level of smoking prevalence since the survey began in 1982.



Smoking prevalence by age

Smoking prevalence increased with age.

35% of 15 year olds had ever smoked compared to 4% of 11 year olds.



Smoking prevalence by gender

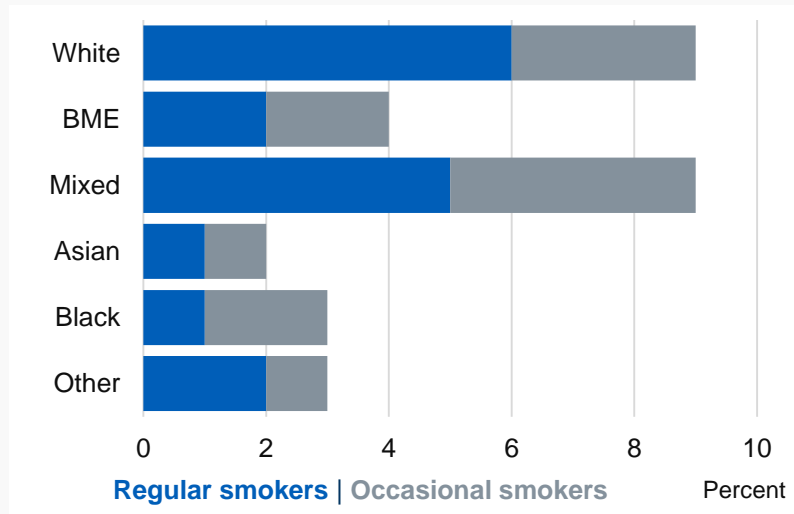
Girls were more likely to be regular smokers (at least once a week) than boys.



Smoking prevalence in children

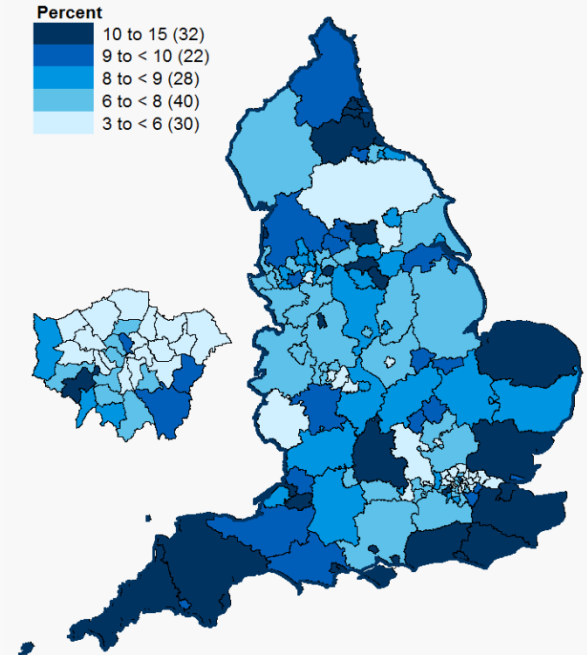
Smoking prevalence by ethnicity

15 year-olds from White or Mixed backgrounds were more likely to be current smokers (regular and occasional combined¹), than those from Asian or Black backgrounds.



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.

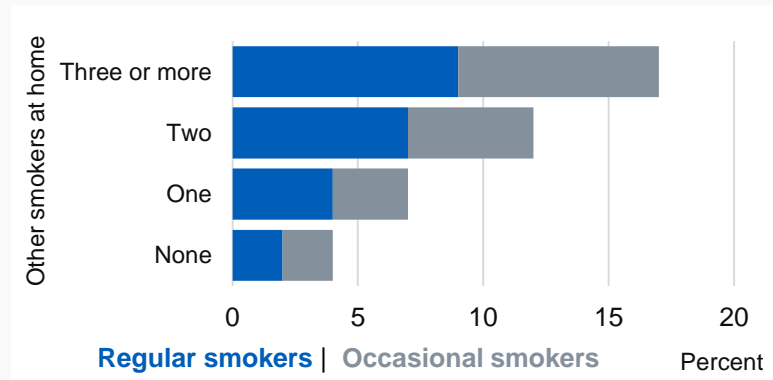
Smoking in children: influences and dependence

Exposure to second hand smoke

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

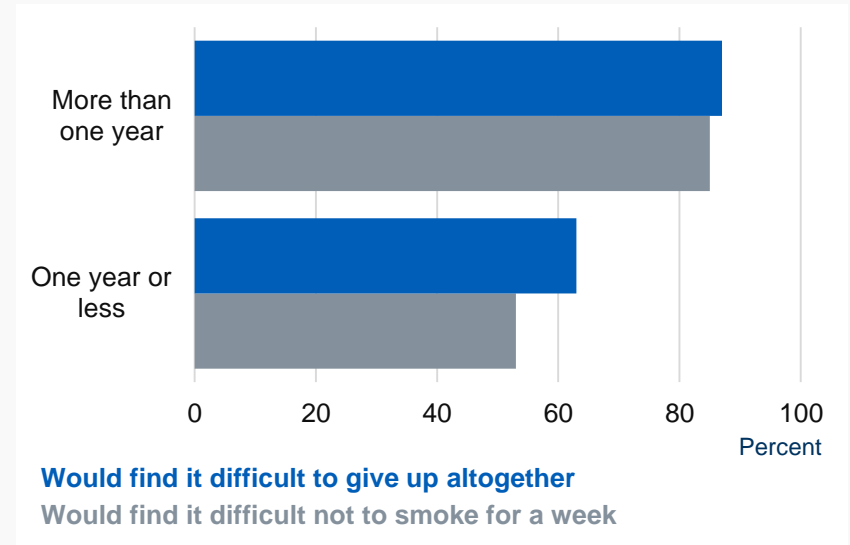
Influence of smokers at home

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



Dependency

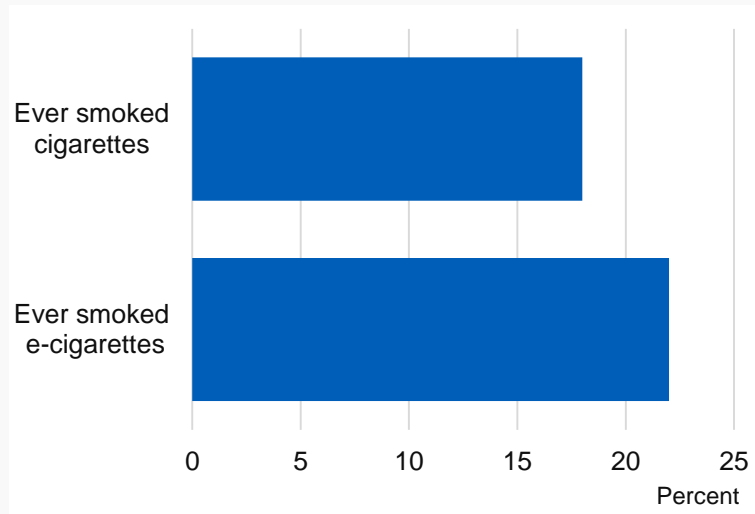
Pupils who had been smoking for more than a year would find it more difficult to stop than those who had been smoking for less time.



Smoking in children: electronic cigarettes

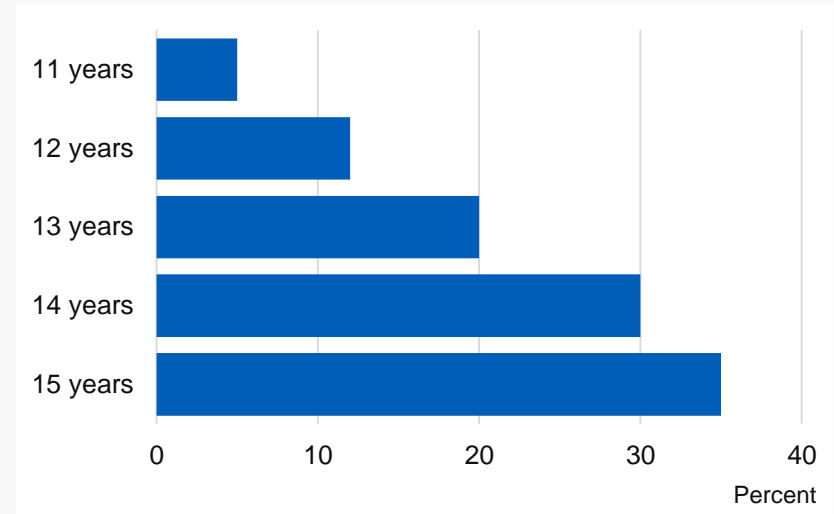
Use of e-cigarettes compared to cigarettes

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



Use of e-cigarettes by age

35% of 15 year olds reported having ever used an e-cigarette.



Part 6: Availability and affordability of tobacco

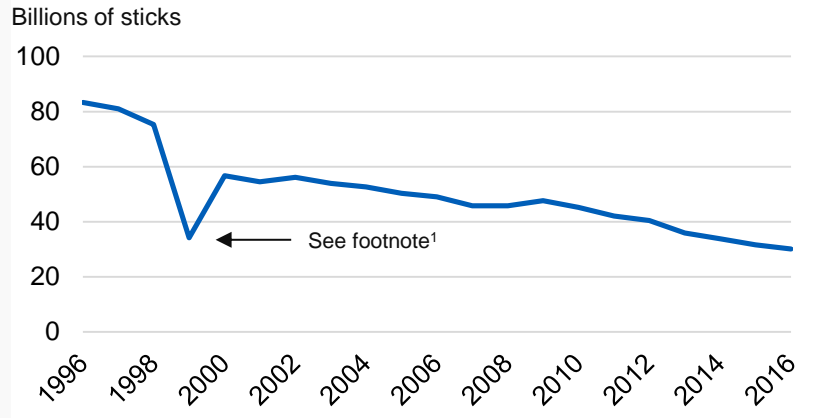
- The availability of tobacco is extracted from Her Majesty's Revenue and Customs (HMRC) Statistical Bulletins and shown as the volume of tobacco released for home consumption.
- The affordability of tobacco is described using information on tobacco price and retail price indices taken from the ONS publication: 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.
- Data on where children get cigarettes is taken from the Smoking, Drinking and Drug Use among Young People survey (SDD). *This data has not been updated since this report was last published (Statistics on Smoking 2016). SDD 2016 is expected to be published in September 2017.*

Availability of tobacco (UK)

Releases of cigarettes over time (for home consumption)

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

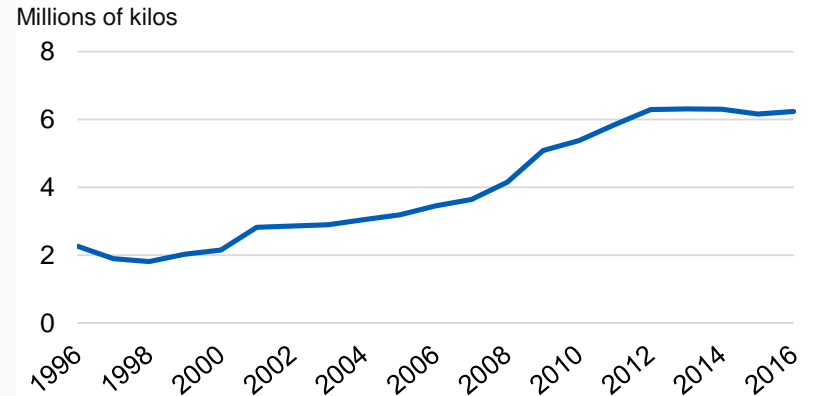
Around 30.0 billion sticks were released in 2016; 64% less than in 1996, and 5% less than 2015.



Releases of hand rolling tobacco over time (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.



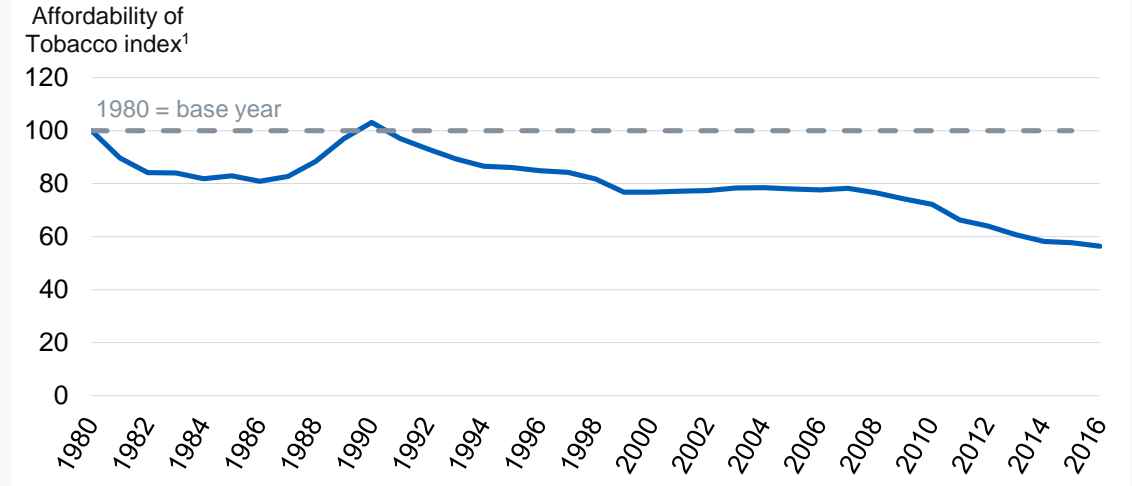
1) Decline in 1999 due to no forestalling taking place – See Appendix B: Technical Notes, Section 3 for more details.

Affordability of tobacco (UK)

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 (2006 to 2016)

Over the last ten years the price of tobacco has increased by 90%².

The price of tobacco increased by 43%³ relative to retail prices, whilst real households' disposable income (adjusted) increased by 4% over the same period.

As a result, tobacco has become 27% less affordable since 2006⁴.

1) For more information see Appendix B: Technical Notes, Section 2

2) Based on Tobacco Price Index

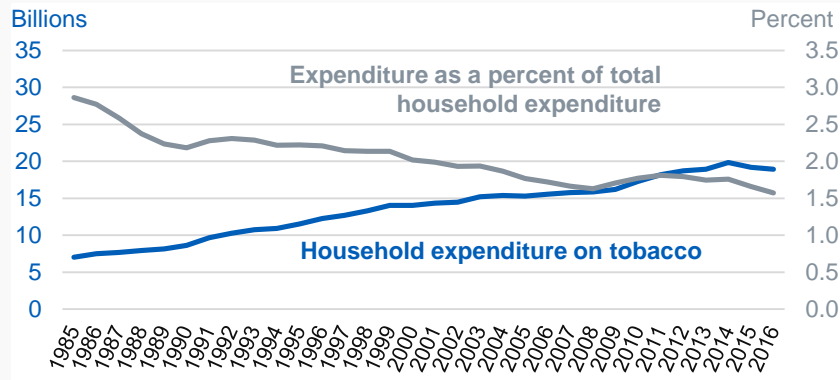
3) Based on Tobacco Price Index Relative to Retail Price Index (all items)

4) Based on Affordability of Tobacco Index

Expenditure on tobacco¹(UK)

Expenditure on tobacco compared to total expenditure

Household expenditure on tobacco has nearly trebled to £18.9 billion in 2016, from £7 billion in 1985, though it has fallen in each of the last 2 years. Tobacco expenditure as a proportion of total household expenditure has fallen from 2.9% to 1.6% over the same period.

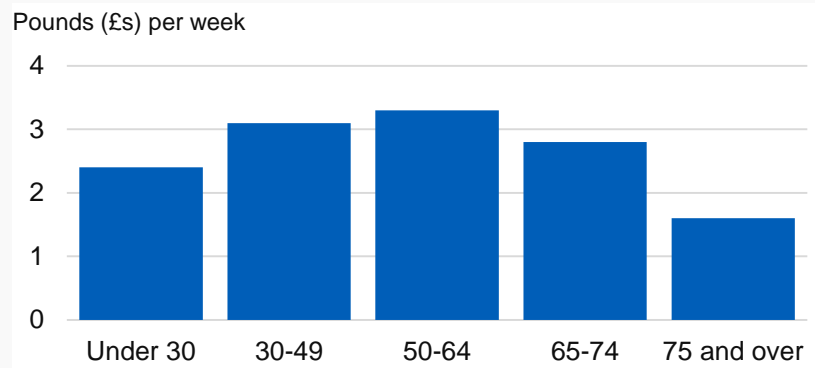


Average weekly expenditure on cigarettes¹

Average weekly household expenditure on cigarettes was £2.80 in 2015/16.

People in the 50-64 age group spent the most, with an average of £3.30 a week.

The lowest weekly expenditure was by those aged 75 or over, with an average of £1.60.



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

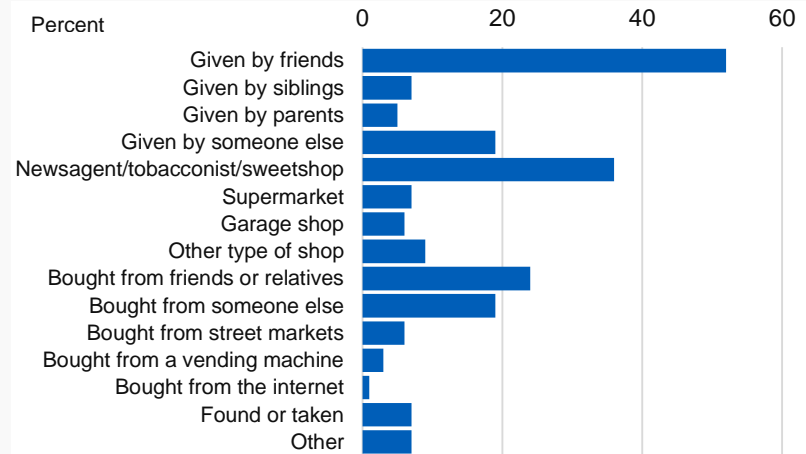
Where children get cigarettes

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.

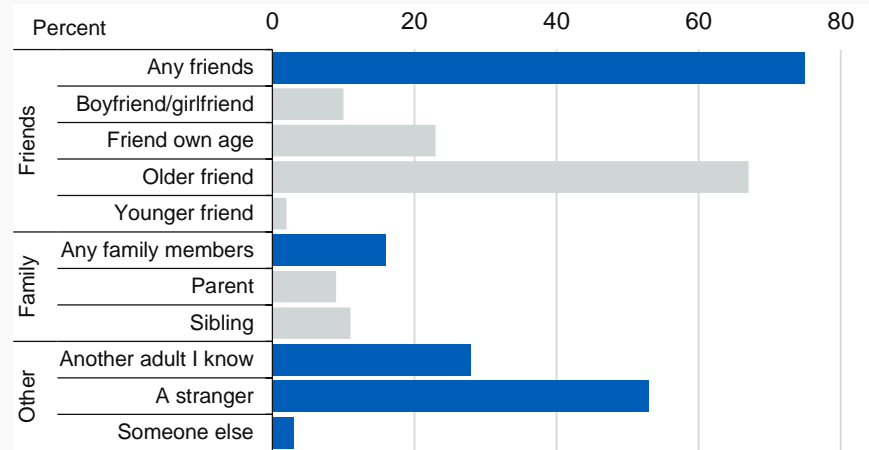
24% usually bought them from friends/relatives.



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.



1) Pupils can state more than one source.

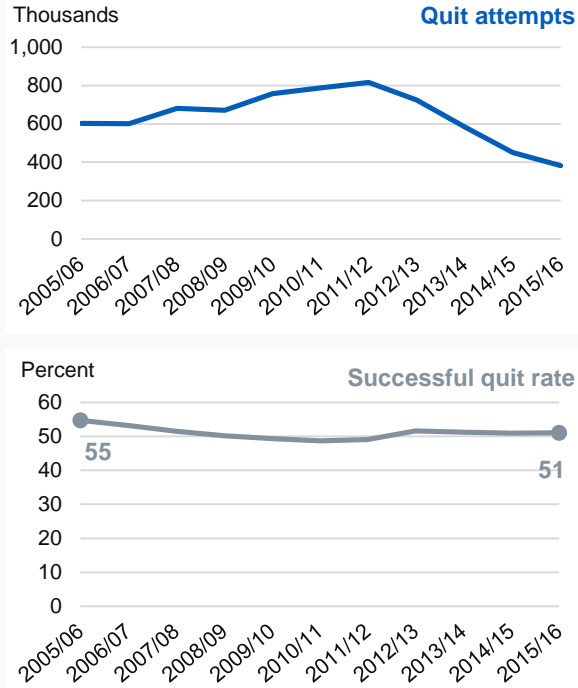
Part 7: Behaviour and attitudes to smoking

- This chapter presents information about behaviour and attitudes towards smoking.
- NHS Stop Smoking Services information for 2015/16 is included in this part and shows the number setting a quit date, and of those, how many successfully quit. *2016/17 data is expected to be published in August 2017.*
- Children's attitudes towards smoking are taken from the Smoking, Drinking and Drug Use among Young People survey (SDD). *This data has not been updated since this report was last published (Statistics on Smoking 2016). SDD 2016 is expected to be published in September 2017.*

Attempts to quit smoking using NHS Stop Smoking Services

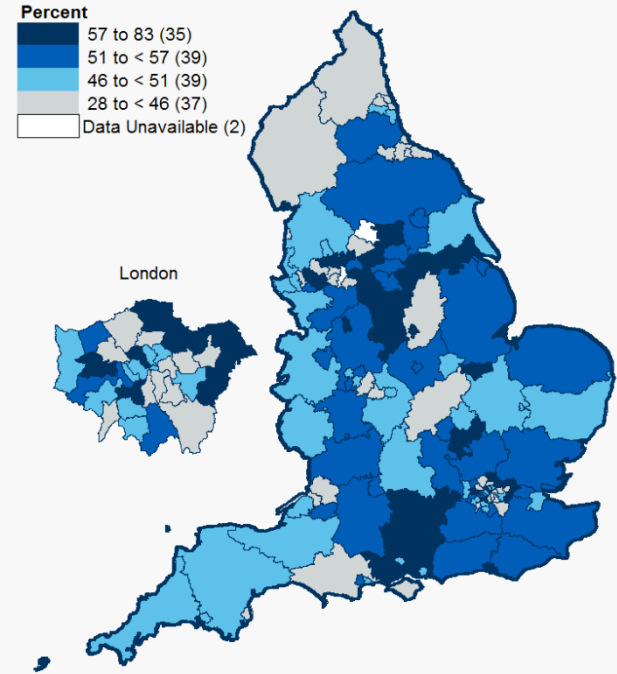
Quit attempts / success rates over time

Quit attempts at Stop Smoking Services have declined in recent years¹. 51% of people reported that they successfully quit at their 4 week follow-up, compared to 55% in 2005/06.



Quit rate by Local Authority²

Successful quit rates ranged from 28% in Cumbria to above 75% in Peterborough, Bracknell Forest and Warrington.



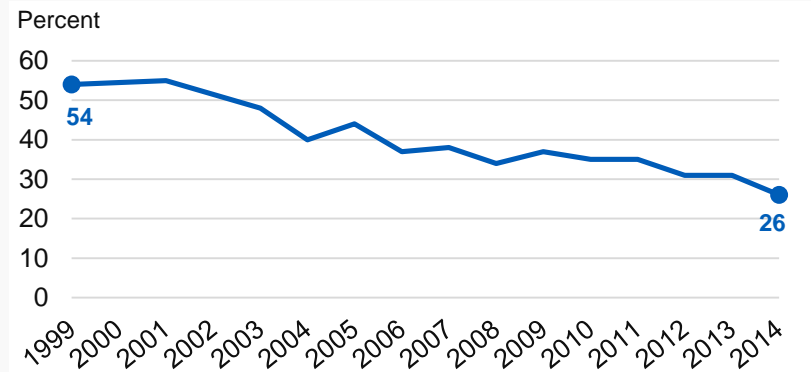
1) Anecdotal evidence suggests this may be due to an increase in people using e-cigarettes to help them stop smoking rather than making use of these services.

2) Bradford LA did not provide any data. Manchester LA do not provide stop smoking services.

Children's attitudes on smoking

Smoking attitudes

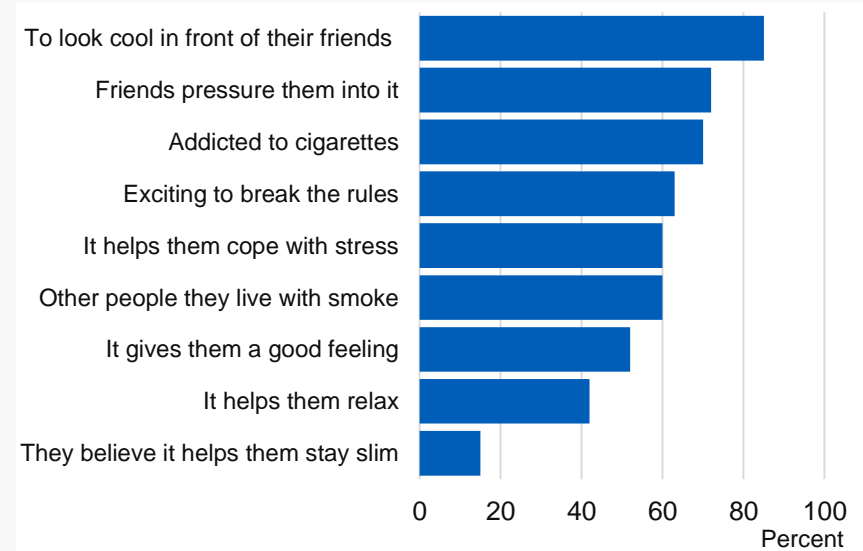
There has been a steady decrease over time in the proportion of secondary school pupils who thought it was OK to try smoking to see what it was like.



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

Reasons for smoking¹

The most common reason pupils thought people their own age smoked was “to look cool in front of their friends”



1) Pupils can state more than one reason.

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