



smoking

Smoking in Wales: current facts

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Welsh Assembly Government



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Canolfan Iechyd Cymru

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Contents

Figures and tables	2
Foreword	3
Summary of key findings	4
1. Introduction	5
2. Background	6
Trends in adult smoking	6
Smoking by country	7
3. Maternity, children and young people	8
Smoking in pregnancy	8
Children who live in households where adults smoke	9
Smoking amongst young people	9
4. Adult smoking	12
Reported smoking status of adults	12
Variations in adult smoking behaviour	13
Factors associated with smoking	15
5. Outcomes and service use	16
Exposure of non-smokers to other people's smoke	16
Smoking cessation services	16
Smoking and general health	16
Deaths from smoking-related diseases	17
6. Conclusion	18
Data sources and notes	19
Selected tables	20

Figures and tables

Fig. 1	Prevalence of cigarette smoking, Wales (1978-2005)	6
Fig. 2	Cigarette smoking by country (2005)	7
Fig. 3	Mothers smoking during pregnancy, by country (2005)	8
Fig. 4	Weekly smoking amongst 15-year-olds, Wales (1986-2004)	10
Fig. 5	Weekly smoking amongst 15-year-olds for selected countries (2002)	11
Fig. 6	Smoking behaviour by sex (2005/06)	12
Fig. 7	Smoking by age group (2005/06)	13
Fig. 8	Smoking by local authority (2004/06)	14
Fig. 9	Smoking by socio-economic class (2005/06)	14
Fig. 10	Smoking by area deprivation score (2005/06)	15
Fig. 11	Non smokers exposure to passive smoke (2005/06)	16
Fig. 12	Deaths from specific causes for people under 75 (2003-05)	17
Table 1	Percentage of adults smoking cigarettes, by sex, 1978 to 2005	20
Table 2	Percentage of 15-year-olds smoking weekly, by sex, 1986 to 2004	20
Table 3	Adults' smoking behaviour, by sex (2005/06)	20
Table 4	Exposure of non-smoking adults to other people's smoke, by sex (2005/06)	20

Foreword by the Chief Medical Officer

Smoking is the largest single preventable cause of premature death and one of the main determinants of health inequalities. It accounts for more than half of the difference in risk of premature death between social classes, with striking differences in prevalence by social position and by geography across Wales. There is a wealth of evidence showing that our current level of smoking is a major cause of lifelong nicotine addiction, avoidable illness and premature deaths.



Against such a background, the announcement by the First Minister in September 2006 that the Welsh Assembly Government aimed to bring the smoke free legislation into force on 2 April 2007 was a major step forward, which will have a significant and beneficial impact on the health of our population. Maximising the benefit of this historic legislation will be a priority in the coming years. We anticipate a reduction in heart attack admissions, with some promising evidence from Scotland supporting this, and that smoking prevalence will reduce but we will need to sustain other actions. Current data shows that some children are taking up the habit around the age of 12. We have to try and prevent young people starting to smoke. We also need to build the campaign for smoke-free homes especially where there are children exposed to second-hand smoke.

The aim is ultimately a smoke-free Wales, but a realistic intermediate goal must be aiming to reach the 17% prevalence level which has already been achieved in both Sweden and California.

I welcome this report in casting a light on evidence relating to smoking in Wales. I would like to congratulate the project team of Cath Roberts, Rachel Dolman and Rhys Gibbon for producing this work.

A handwritten signature in black ink, appearing to read 'Tony Jewell'.

Dr Tony Jewell

Summary of key findings

Trends in adult smoking

- The percentage of adults in Wales who smoke has fallen over the last thirty years.

Maternity, children and young people

- In 2005, 37% of mothers smoked at some stage during their pregnancy or the year before it, with 22% of mothers smoking throughout pregnancy.
- In 2005/06, 37% of households with children contained at least one adult who smoked daily.
- Regular (weekly) smoking was reported by 19% of 15-year-old boys and 28% of 15-year-old girls in 2004.

Adult smoking

- In 2005/06, 25% of adults reported that they currently smoked.
- Men were slightly more likely to smoke than women; the percentage of the population who are smokers decreased with age.
- Adults in households headed by someone in the semi-routine / routine occupation group or someone who had never worked / was long-term unemployed were more likely to smoke than those in other socio-economic groups.
- Adults in more deprived areas (as defined using the Welsh Index of Multiple Deprivation) were more likely to smoke than those in less deprived areas.
- Factors associated with smoking include age, socio-economic group, area deprivation, housing tenure and education.

Outcomes and service use

- In 2005/06, 66% of adult non-smokers said they were regularly exposed to other people's tobacco smoke, mostly in pubs and other public places. (This was before the introduction of the ban on smoking in enclosed public places.)
- In 2006-07, more than 12,000 people contacted smoking cessation services.
- Smokers were more likely to report fair or poor health than those who did not smoke.
- An estimated 6,000 deaths per year are caused by smoking.
- It is estimated that approximately half of persistent smokers will die as a direct result of their habit. It is also estimated that on average smokers die about 10 years younger than non-smokers.

1. Introduction

Smoking is the largest single cause of avoidable ill health and early death in Wales.

Smokers are at greater risk of developing a number of diseases, including lung cancer, heart disease, and chronic obstructive pulmonary diseases (such as bronchitis). Smoking is thought to account for 8 in 10 deaths due to lung cancer, 3 in 4 deaths from chronic obstructive pulmonary disease and 1 in 5 deaths due to heart disease¹. Other cancers which are linked to smoking include those of the mouth, throat, bladder, pancreas, stomach and cervix². About half of all smokers will die from diseases caused by smoking and their risk of dying before the age of 65 is double that of non-smokers. There is also evidence that smoking damages the health of non-smokers. The UK Scientific Committee on Tobacco and Health concluded in 1998 that contact with second-hand smoke causes lung cancer and heart disease among adult non-smokers and respiratory disease, cot death and asthma among children³.

Overall, it is estimated that smoking causes some 6,000 deaths each year in Wales. The cost to the NHS in the UK of treating smoking related diseases is £1.5 billion annually and 34 million working days are lost in England and Wales every year^{4 5}. Smoking has also been recognised as the main reason for the gap in life expectancy between rich and poor. Therefore, reducing smoking is one of the main ways to reduce health inequalities.

Action led by the Welsh Assembly Government has focused on three areas in recent years: discouraging young people from starting to smoke; helping smokers to give up; and extending smoke-free environments. Prevention messages have been targeted at young people in primary and secondary schools in Wales, including the school-based ASSIST peer education project with 12- and 13-year-olds which is being implemented by the National Public Health Service (NPHS) following extensive development work. Working with the NPHS, community-based smoking cessation services have been established across Wales, with the numbers of smokers using the service increasing. Most recently, on 2 April 2007, legislation was introduced banning smoking in enclosed public places in Wales. It is estimated that smoke-free legislation could prevent over 400 deaths each year among non-smokers in Wales from lung cancer, heart disease, stroke and respiratory disease⁶. It is also anticipated that there will be health benefits to smokers, as experience elsewhere suggests that smoke-free legislation can help with cutting down and giving up cigarettes.

This report aims to present a current picture of smoking in Wales, bringing together a variety of sources of statistics on smoking. The focus is on trends in smoking rates among adults and young people, socio-demographic and geographic variations, factors associated with smoking, exposure to second-hand smoke, use of smoking cessation services and outcomes in terms of health and mortality. The data present the picture prior to the introduction of the smoke-free legislation and will provide a baseline against which progress can be monitored. This work will be repeated at appropriate intervals to provide evidence of the effect of the range of policy initiatives in place in Wales.

-
- 1 Royal College of Physicians Tobacco Advisory Group (2000). *Nicotine addiction in Britain*. London: Royal College of Physicians.
 - 2 International Agency for Research on Cancer (2002) *Tobacco smoke and involuntary smoking*. IARC monographs on the evaluation of carcinogenic risks to humans. Vol 83. Lyon: IARC
 - 3 Report of the Scientific Committee on Tobacco and Health (1998). London: Department of Health.
 - 4 Parrott S, Godfrey C, Raw M et al. (1998). Guidance for commissioners on the cost effectiveness of smoking cessation interventions. *Thorax* v 53 (supplement 5, part 2): S1
 - 5 Parrott S, Godfrey C (2004). Economics of smoking cessation. *BMJ* v 328, 947-949.
 - 6 David Cohen and Cathy Liles, University of Glamorgan (2005): *Modelling the Impact of a Ban on Smoking in Public Places in Wales*.

2. Background

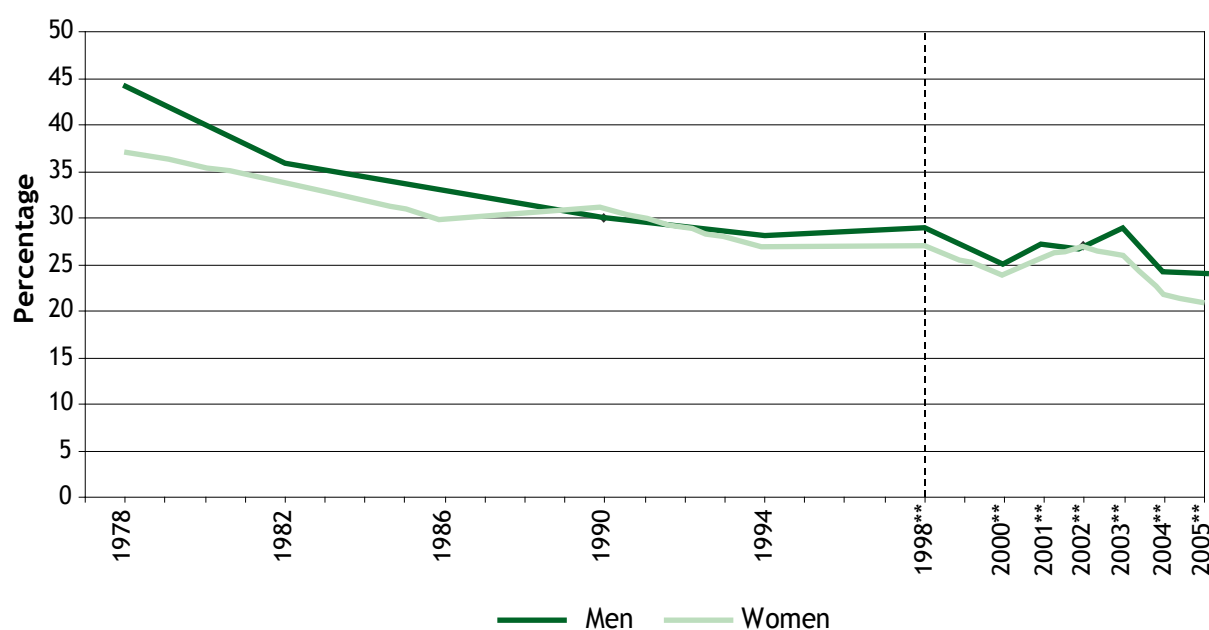
Information about smoking in the population is usually gathered from sample surveys such as the General Household Survey or the Welsh Health Survey. This chapter provides a brief picture of smoking trends in Wales and a comparison with Scotland and England.

Trends in adult smoking

Information regarding smoking behaviour among adults has been reported since the 1970s through the General Household Survey (covering England, Scotland and Wales).

Figure 1 shows the trend in the percentage of cigarette smokers in Wales. It shows that the overall percentage of the population classed as current smokers fell from over 35% in 1978 to under 25% in 2005. Generally there are higher percentages of men smoking than women.

Fig. 1: Prevalence of cigarette smoking, Wales (1978-2005*)



* Information on smoking has been collected annually from 2000 onwards

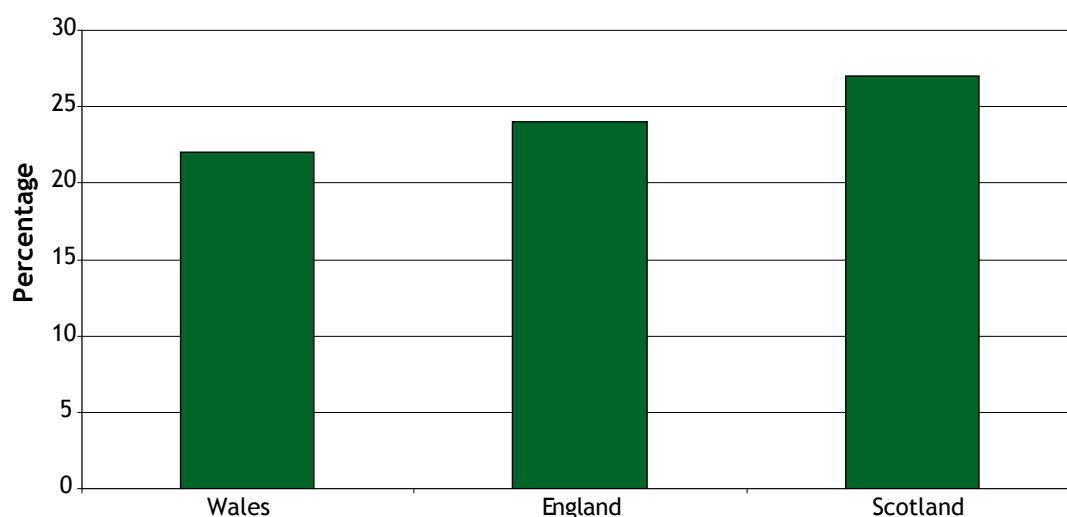
** Weighted data

Source: General Household Survey

Smoking by country

Figure 2 shows the percentage of adult cigarette smokers in England, Scotland and Wales for 2005. The chart illustrates that smoking rates are higher in Scotland than in England and Wales. Of the three nations, Wales has the lowest percentage. However, this difference is unlikely to be significant due to the relatively small sample in each country.

Fig. 2: Cigarette smoking by country (2005)



Source: General Household Survey

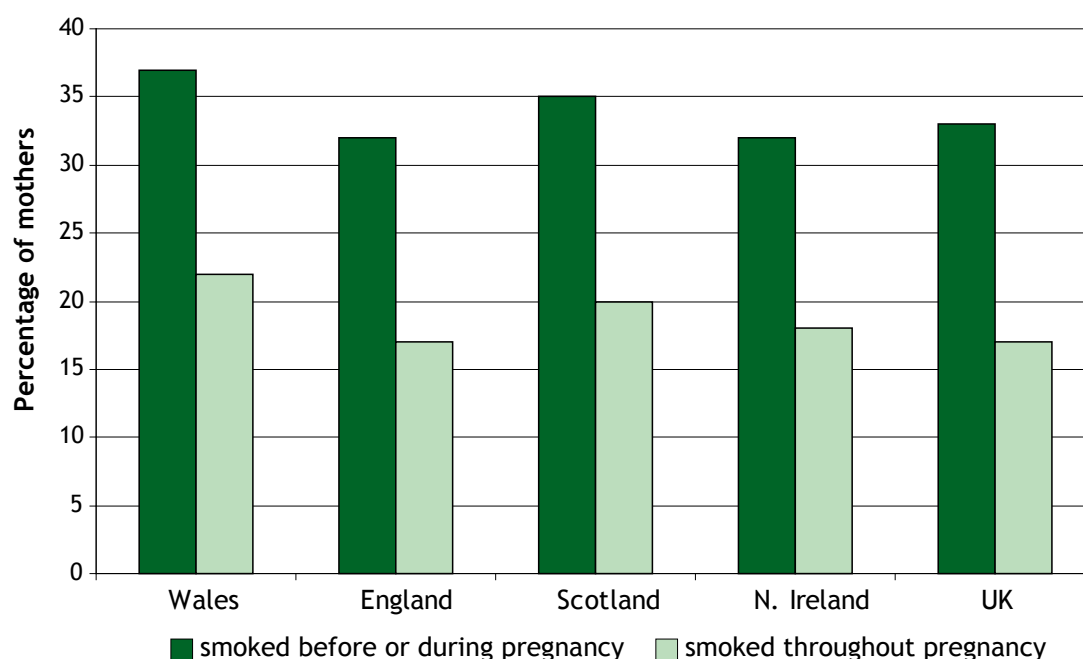
3. Maternity, children and young people

This chapter illustrates the extent to which children and unborn babies are exposed to tobacco smoke. Exposure during pregnancy and at an early age can lead to a greater chance of low birth weight, cot death and lung cancer in later life⁷. Smoking behaviour among young people is also analysed here.

Smoking in pregnancy

Information on smoking during pregnancy is available from the 2005 UK Infant Feeding Survey. Over a third of mothers in Wales (37%) smoked at some stage during their pregnancy or the year before it, with just under half of these (41%) giving up at some point before the birth. Almost a quarter (22%) of mothers smoked throughout their pregnancy (including some who gave up but started again, and some who cut down the amount they smoked). Figure 3 shows that mothers in Wales were more likely to smoke and less likely to give up than in other UK countries.

Fig. 3: Mothers smoking during pregnancy, by country (2005)



Source: Infant Feeding Survey

There were higher levels of smoking before or during pregnancy amongst mothers in routine and manual occupations, and among those aged under 20. These mothers were also less likely to give up before or during pregnancy. The pattern was the same for Wales and the other UK countries.

⁷ Smoking Kills - A White Paper on Tobacco (1998)

After the birth, mothers were asked not only whether they or anyone in the household smoked, but also whether anyone ever smoked inside the home. This gives some indication of the proportion of young infants who are likely to be exposed to tobacco smoke in the home. After 4-6 months, 6% of all mothers in Wales said that they sometimes smoked in the home (that is 29% of mothers who smoke). Overall, 10% of infants lived in a household where at least one person sometimes smoked in the home. After 8-10 months, the figures for mothers smoking in the home and for at least one person smoking in the home were 6% and 9% respectively.

Children who live in households where adults smoke

As well as questions about smoking, the Welsh Health Survey includes questions on the composition of the household. It is therefore possible to identify households containing children and look at the smoking behaviour of adults in these households. In 2005/06, 37% of households with children contained at least one adult who smoked daily (with 43% containing at least one adult who smoked daily or occasionally). From 2007 it will also be possible to look at households with children where an adult smokes in the home.

Smoking amongst young people

Smoking behaviour often starts during adolescence and affects health-related outcomes in later life. Evidence suggests that the later someone starts smoking the less likely it is that they will become addicted⁸. Smoking behaviour in young people is monitored through the Health Behaviour in School-aged Children Study, an international study in which Wales participates.

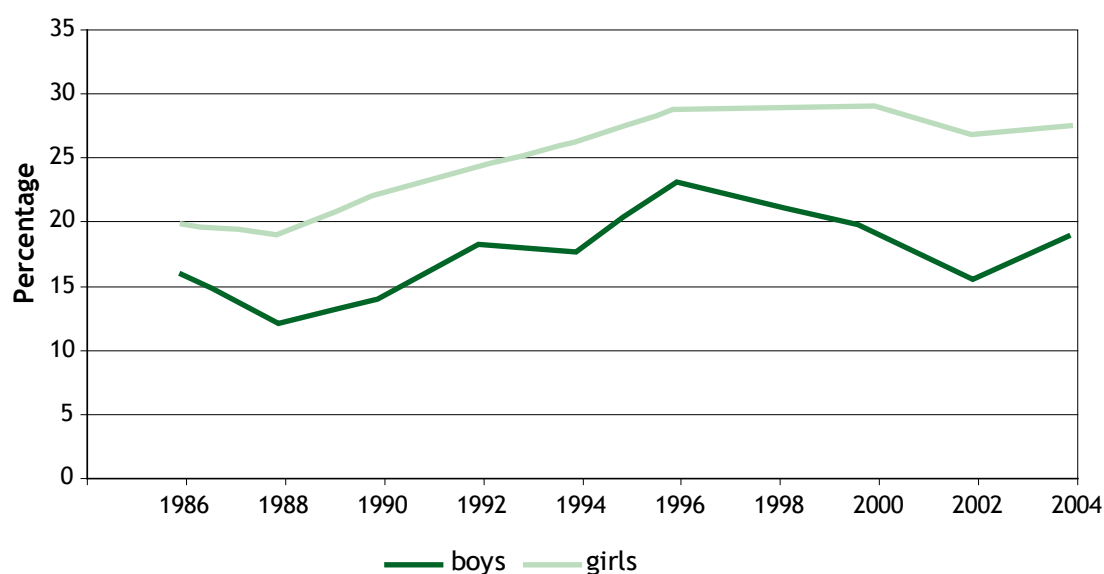
The HBSC study uses the following questions to measure smoking behaviour: whether someone has ever smoked tobacco, how often they smoke at present, and the age at which they first smoked a cigarette.

The proportion of young people in Wales reporting that they have ever smoked tobacco (at least one cigarette, cigar or pipe) rose steadily from age 11 to age 15, with more girls than boys reporting having tried smoking. In 2002, 51% of boys and 65% of girls aged 15 reported ever having smoked.

⁸ US Department of Health and Human Services (1994). Preventing tobacco use among young people: a report of the Surgeon General.

The proportion of 15-year-olds reporting that they smoke weekly can be used as an indicator of regular smoking, and the trend for Wales is shown in figure 4. A higher level of weekly smoking was reported by girls than boys (28% for girls compared with 19% for boys in 2004). Regular (weekly) smoking among 15-year-olds rose sharply between 1988 and 1996, rates then stabilised among girls and fell among boys. A slight drop was observed for girls between 2000 and 2002, the first fall recorded since 1988. Whilst the most recent figures for 2004 showed a slight rise for both boys and girls it would be inappropriate to conclude that smoking amongst young people was rising based on this one year of data. Further data will allow continued monitoring.

Fig. 4: Weekly smoking amongst 15-year-olds, Wales (1986-2004)

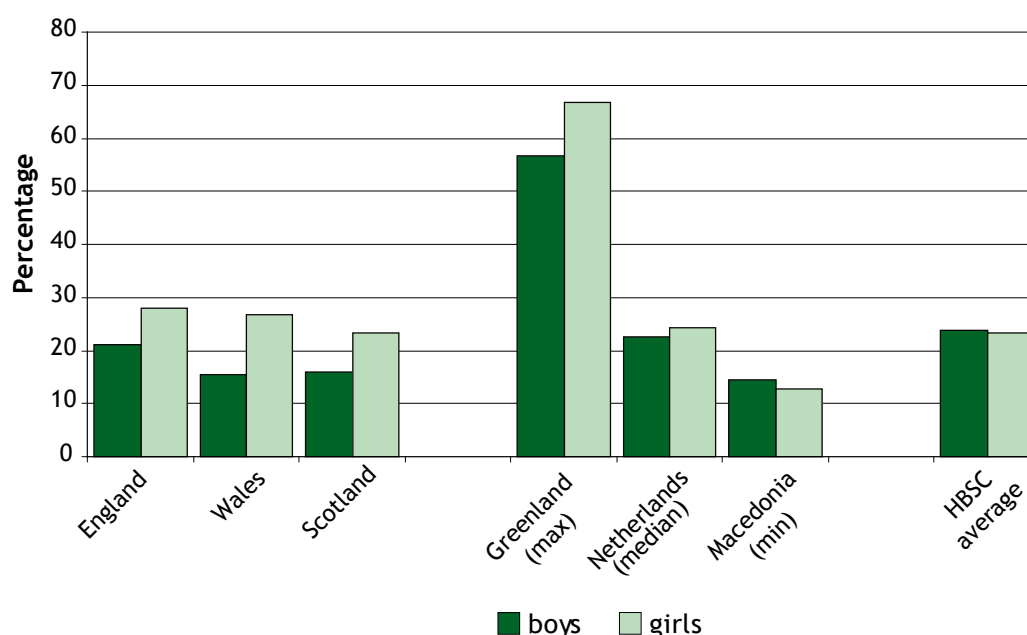


Source: Health Behaviour in School-aged Children

There were 35 countries across Europe and North America that participated in the 2002 HBSC study. Results for regular (weekly) smoking among 15-year-olds for selected countries are shown in figure 5.

The data show smoking levels in Wales were similar to Scotland but slightly lower than in England. Compared with the average for all the HBSC countries, the proportion of 15-year-old boys reporting regular smoking in Wales was lower than the average across countries, but the proportion for girls was slightly higher than average. Greenland reported the highest proportion of regular smokers at age 15, and Macedonia the lowest.

Fig. 5: Weekly smoking amongst 15-year-olds for selected countries (2002)



Source: Health Behaviour in School-aged Children

In Wales, England and Scotland, in 2002, boys and girls who were regular smokers at age 15 reported having their first cigarette at about the age of 12. The average age across HBSC countries was approximately 12 for boys and 13 for girls.

4. Adult smoking

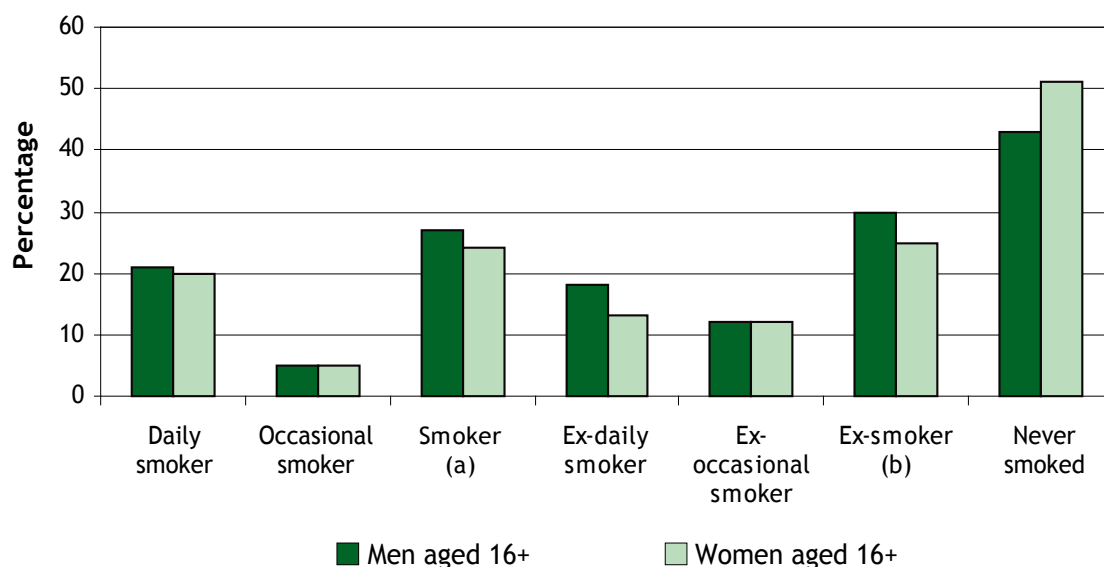
This chapter uses data from the Welsh Health Survey to look at smoking behaviour of adults in Wales and the prevalence amongst different population sub-groups. Identifying patterns in smoking prevalence can help target interventions.

Reported smoking status of adults

In the 2005/06 Welsh Health Survey, 25% of adults reported that they currently smoke, 28% that they used to smoke, and 47% that they have never smoked. This suggests that around 600,000 adults in Wales smoke (either daily or occasionally). The proportion who reported smoking in the Welsh Health Survey was slightly higher than that reported in the General Household Survey. This may be due to differences in the precise questions asked, the context of the surveys, and the fact that the figures quoted from the General Household Survey include cigarette smokers only and may exclude a small number of people who smoke only a pipe or cigar.

Figure 6 shows the reported smoking behaviour of adults by sex. It illustrates that the percentage who have 'never smoked' is higher amongst women than men. A higher percentage of men than women reported themselves as 'daily smokers'. Fewer women 'ex-smokers' supports this pattern suggesting that historically there have been fewer women smokers than men.

Fig. 6: Smoking behaviour by sex (2005/06)



Source: Welsh Health Survey

Smoker (a) indicates those who smoke either daily or occasionally, and ex-smoker (b) indicates those who used to smoke either daily or occasionally.

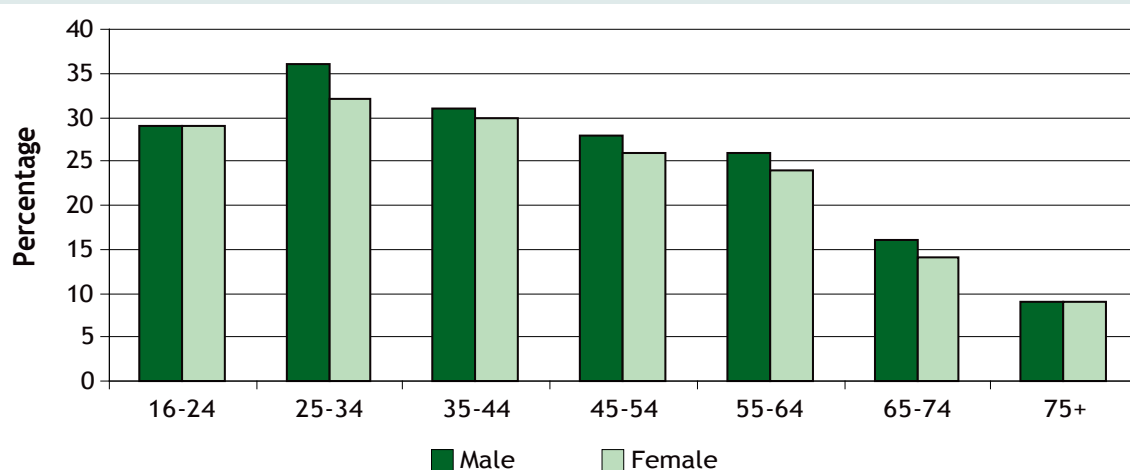
Variations in adult smoking behaviour

Adults' smoking behaviour can be analysed by age, sex and where they live. Data on socio-economic classification and deprivation of an area can also be applied.

Figure 7 shows the percentage by age group reporting themselves as smokers and shows that smoking is highest among men, except in the 16-24 and 75+ age groups where the proportions are the same for males and females. For males the percentage of smokers is highest among those aged 25-34. As age increases the proportion who smoke decreases. The pattern is similar for females, although the peak in the 25-34 age group is less pronounced than that for males.

Results in chapter 3 showed that among 15-year-olds more girls than boys smoked. The results from the Welsh Health Survey show that this pattern is not reflected in the adult population.

Fig. 7: Smoking by age group (2005/06)

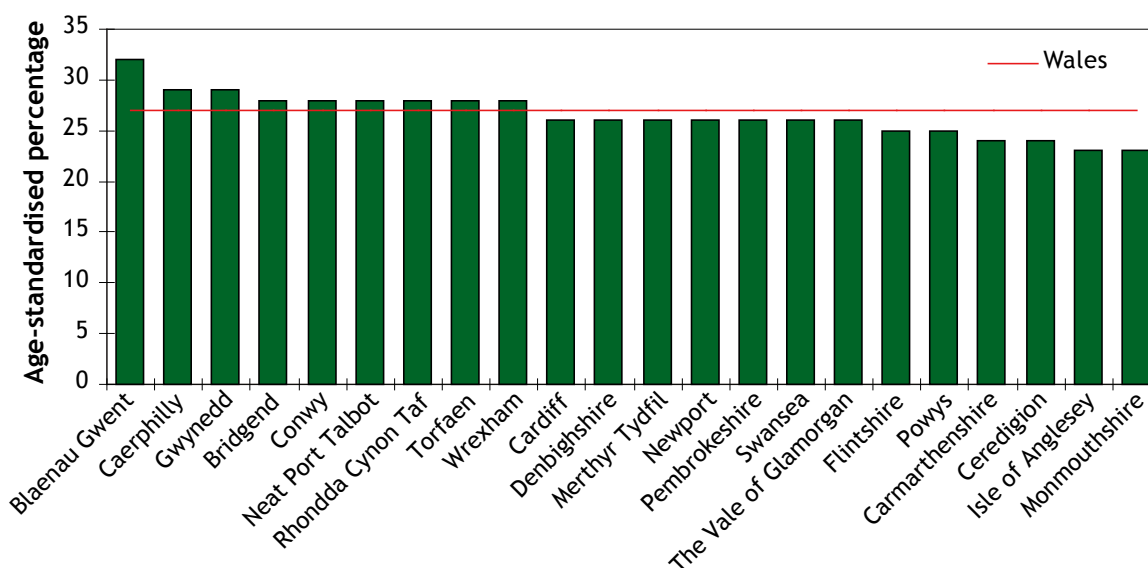


Source: Welsh Health Survey

Figure 8 shows the (age-standardised⁹) percentage of adults living in each local authority who reported themselves as smokers in the Welsh Health Survey (2004/06). The percentages range from 32% to 23%. However, despite this variation, few of the differences are statistically significant due to the relatively small sample size in each local authority.

⁹ Age standardisation enables comparisons of areas that may have different proportions of the population in different age groups.

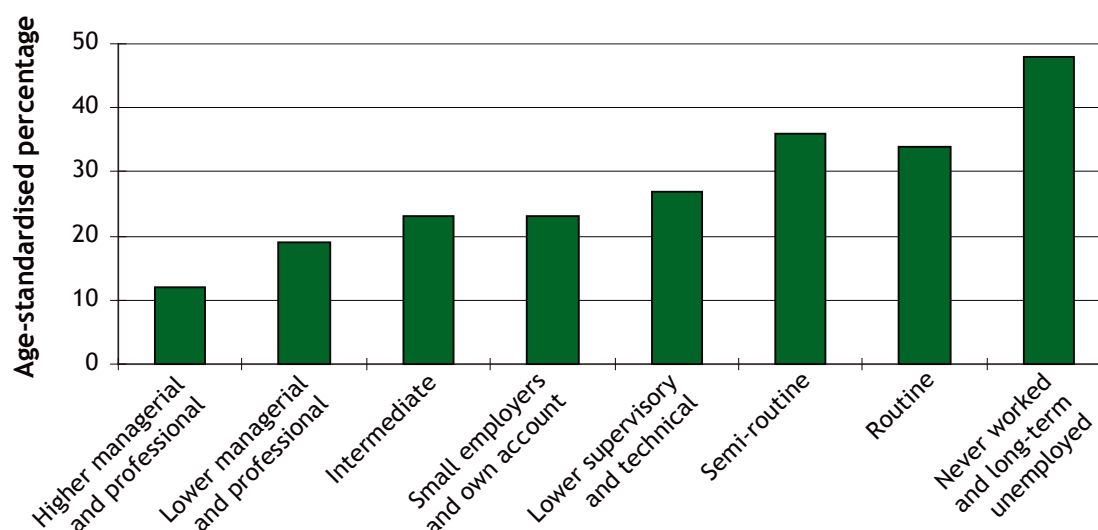
Fig. 8: Smoking by local authority (2004/06)



Source: Welsh Health Survey

Figure 9 shows the (age-standardised) percentage of adults who said they currently smoked, by socio-economic group of the household (using NS-SEC¹⁰). The chart illustrates that adults in households headed by someone in the higher managerial and professional group were least likely to smoke (12%); those in households headed by someone in the semi-routine, routine occupation group or someone who had never worked or was long-term unemployed were most likely to smoke (between 34% and 48%).

Fig. 9: Smoking by socio-economic class* (2005/06)



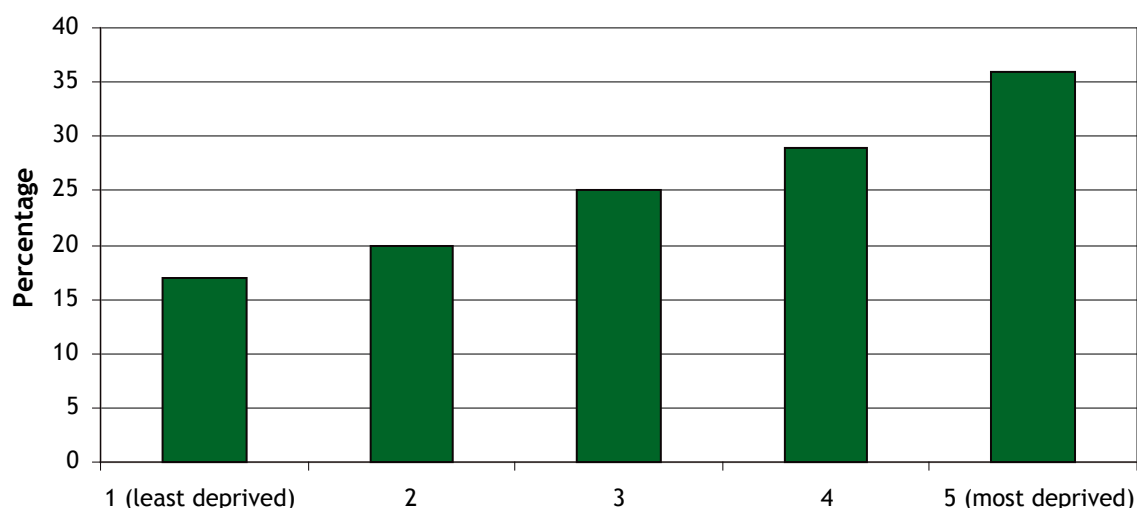
*National Statistics Socio-Economic Classification (NS-SEC)

Source: Welsh Health Survey

¹⁰ NS-SEC is an occupationally based classification of socio-economic position, introduced during 2001 for use in official statistics and surveys. Here the operational categories have been aggregated to eight, based on occupation. NS-SEC of the household reference person is used.

Figure 10 shows adult smokers analysed by area deprivation, based on the Welsh Index of Multiple Deprivation¹¹. That is it shows the percentage in the least deprived fifth of the population who smoke, up to the percentage in the most deprived fifth. The chart suggests that there is a relationship between deprivation and smoking status, with higher smoking rates in the more deprived fifths, compared to the least deprived fifth.

Fig. 10: Smoking by area deprivation score (2005/06)



Source: Welsh Health Survey (2005/06), Welsh Index of Multiple Deprivation 2005

Factors associated with smoking

To explore the factors associated with smoking among adults, various statistical techniques, such as logistic regression, can be used. The data from the Welsh Health Survey were analysed in this way¹².

Results for men and women were looked at separately, and the factors found to be significantly associated with smoking were age, socio-economic group (of household), Welsh Index of Multiple Deprivation score, housing tenure, and highest educational qualification. In addition, economic status was found to be significant for men, and ethnic origin for women. Local authority of residence was not significant once the other variables were taken into account.

The odds of smoking, once other factors were taken into account, were highest among men aged 25-34 and women aged 25-44, thereafter they dropped with increasing age. In general, higher odds of smoking were associated with routine and manual occupation households, increased area deprivation, living in rented accommodation, and lower levels (or lack) of qualification. Unemployed men had higher odds of smoking than those in employment, and white women had higher odds than non-white women.

11 The WIMD is made up of a number of domains including income, employment, health, education, housing, physical environment, and access to services, plus an overall index combining all the domains. WIMD 2005 gives deprivation scores for small areas in Wales (Lower Layer Super Output Areas, or LSOA). LSOAs were split into "fifths" of deprivation according to overall WIMD deprivation scores, and each respondent to the Welsh Health Survey was allocated to the relevant fifth. (E.g. Of the 1,896 LSOAs in Wales, the first bar shows the result for the 379 least deprived LSOAs and the fifth bar shows the result for the 379 most deprived LSOAs.) Information on the WIMD can be found at <http://www.wales.gov.uk/statistics>.

12 Full details of the logistic regression are given in a separate report, available through the Welsh Health Survey webpages. Welsh Health Survey data from 2003/04 and 2004/05 combined was used. The technique estimates the independent effect of each factor on smoking after adjusting for all other factors in the model. For instance, it may be used to look at the effect of socio-economic class on the likelihood of smoking after taking account of other factors such as age, housing tenure and educational qualifications.

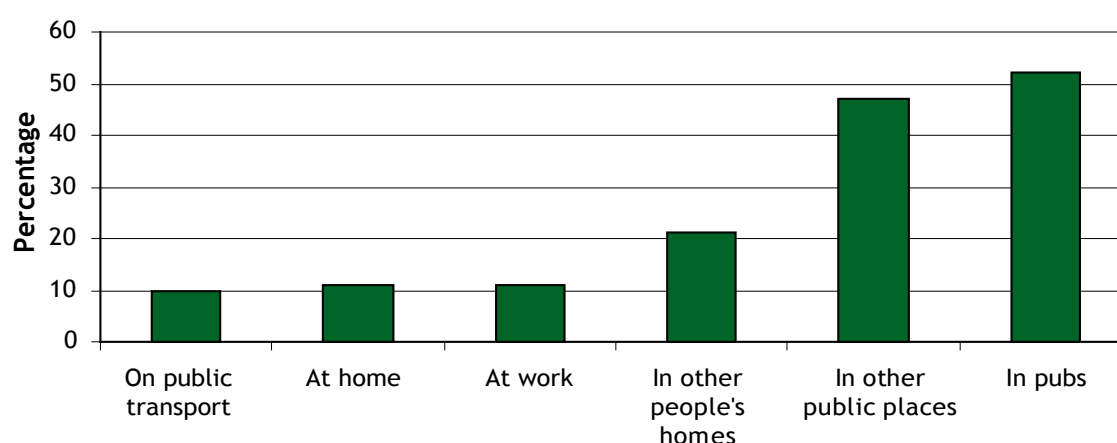
5. Outcomes and service use

This chapter discusses the outcomes of exposure to tobacco smoke. It focuses on exposure of non-smokers to tobacco smoke, before the ban on smoking in enclosed public places was introduced in April 2007; the uptake of smoking cessation services within Wales; smoking and general health and deaths from smoking-related diseases.

Exposure of non-smokers to other people's smoke

The Welsh Health Survey asks adults whether they are regularly exposed to other people's tobacco smoke in a range of places. In 2005/06, 66% of non-smokers said that they were. Figure 11 shows that most non-smokers reported exposure to second-hand smoke in pubs and in 'other public places'. Other places included other people's homes, on public transport, at work and within the home. The ban on smoking in enclosed public places (introduced in Wales from April 2007) will directly affect the levels of smoke individuals are exposed to. In future years the pattern of exposure reflected by this chart is expected to change, with overall numbers falling and the percentage exposed in their own and other people's homes making up most of those exposed.

Fig. 11: Non smokers exposure* to passive smoke (2005/06)



* Those reporting exposure to smoke in more than one type of place are counted in each relevant category

Source: Welsh Health Survey

Smoking cessation services

For the year April 2006-March 2007, people living in Wales made around 12,700 contacts with National Public Health Service smoking cessation services. The number of smokers who participated in a treatment programme was around 9,400, and the number remaining smoke free at the 4-week stage was around 4,800. All figures showed an increase on the previous year.

Smoking and general health

A simple comparison between smoking behaviour and general health would not take account of the influence of other factors or the different characteristics of smokers and non-smokers. Work

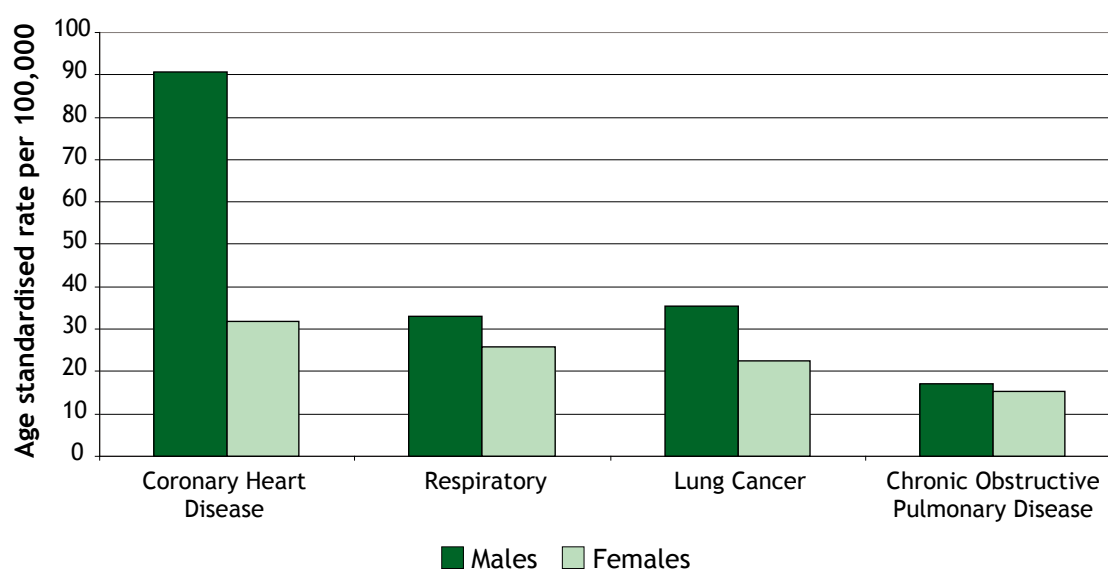
in Scotland examined factors associated with poor self-assessed health¹³. It found that for both men and women in Scotland, ex-regular smokers and current cigarette smokers had significantly higher odds of poor health compared with those who had never smoked. Some exploratory work on the Welsh Health Survey using similar techniques suggested that current smoking was significantly associated with general health, and that men and women who were current smokers were more likely to report fair or poor health than those who did not smoke¹⁴.

Deaths from smoking-related diseases

It has been estimated that between 1998 and 2002 an average of 6,000 deaths per year were caused by smoking in Wales, and that 24% of male deaths and 12% of female deaths were attributable to smoking¹⁵. It is also estimated that approximately half of persistent smokers will die from a condition associated with their habit, that stopping smoking reduces the hazard, and that on average cigarette smokers who continue to smoke die about 10 years younger than life-long non-smokers¹⁶.

Figure 12 shows the direct standardised rate (DSR) (standardised to the European population) for mortality from some specific causes of death: lung cancer, coronary heart disease (CHD), respiratory disease and chronic obstructive pulmonary disease (COPD) by sex for those aged under 75. This provides an indication of early death. The chart indicates that there are higher rates of death from lung cancer, CHD, respiratory disease and COPD in men compared to women. There are a number of reasons why people develop these diseases but one of the main ones is smoking.

Fig. 12: Deaths from specific causes for people under 75 (2003-05)



Source: Healthshow

- 13 Scottish Executive (2005). The Scottish Health Survey 2003. The work used logistic regression - by simultaneously controlling for a number of factors, the independent effect each factor has on the variable of interest can be established.
- 14 Unpublished report by National Centre for Social Research (2007). Applying logistic regression techniques to Welsh Health Survey data.
- 15 Health Development Agency (2004). The smoking epidemic in England.
- 16 Doll *et al* (2004). Mortality in relation to smoking: 50 years' observations on male British doctors. *British Medical Journal*. 328:1519

6. Conclusion

This report has presented a range of statistics related to smoking prior to the ban on smoking in enclosed public places. Evidence from those countries where a ban has been introduced, most recently from Scotland, demonstrates that there will be a beneficial impact on the health of people in Wales in the long term, with an immediate reduction in individuals' exposure to environmental tobacco smoke.

Whilst the ban on smoking in enclosed public places will reduce environmental tobacco smoke, the evidence in this report suggests that the culture and attitude towards smoking must also change, particularly amongst school children and young people. Other policies such as the school-based ASSIST peer education project and community-based smoking cessation services should complement the ban on smoking in enclosed public places.

This report will be repeated after an appropriate interval to help monitor progress in this area.

Data sources and notes

General Household Survey (GHS)

The General Household Survey is conducted by the Office for National Statistics and provides estimates for England, Scotland and Wales. The survey is used to present a picture of households, families and individuals. It commenced in 1971 and has been conducted annually since, except for breaks to review it in 1997/1998 and for re-development work in 1999/2000.

Questions about smoking behaviour have been asked of GHS respondents aged 16 and over in alternate years since 1974. Since 2000 the smoking questions have been included every year.

Care should be used when comparing different years as weighting to compensate for non-response has been introduced in recent years. The effect of weighting on smoking data is small, increasing the overall levels of smoking as weighting reduces the contribution to the overall figure of those aged 60 and over, among whom smoking is relatively low.

www.statistics.gov.uk/statbase/Product.asp?vlnk=5756

Health Behaviour in School-aged Children (HBSC)

The Health Behaviour in School-aged Children study is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe. It involves countries from Europe and North America. Surveys are conducted every four years, and Wales has also undertaken interim surveys every two years. The study is school-based, and in Wales involves a sample of pupils aged around 11, 13 and 15.

www.hbsc.org/

www.hbsc.org/countries/wales.html

Infant Feeding Survey (IFS)

The 2005 Infant Feeding Survey is a national survey providing estimates for the four countries of the UK. It covers the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born, together with information about their smoking and alcohol use.

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/infant-feeding/infant-feeding-survey-2005

Welsh Health Survey (WHS)

The Welsh Health Survey is a source of information about the health and health-related lifestyle of people in Wales. It started in 2003/04 and around 15,000 adults participate fully each year. It is nationally representative of people of different ages, sex and geographic area. Figures shown in this report are for 2005/06 unless otherwise stated.

www.wales.gov.uk/statistics

Age-standardisation

The prevalence of smoking varies by age, and so different age profiles in different groups of people can affect comparisons between them. Age standardisation has been used on selected data within the Welsh Health Survey to remove the confounding factor of age when comparing indicators affected by age or areas of residence with different age profiles. Please see the Welsh Health Survey report for further details. Age-standardisation has also been applied to mortality data.

Selected tables

This section includes selected tables of key figures for Wales. More detailed tables are available in reports of the data sources mentioned above.

Table 1 - Percentage of adults smoking cigarettes, by sex, 1978 to 2005

Per cent

	1978	1982	1986	1990	1994	1998*	2000*	2001*	2002*	2003*	2004*	2005*
Men	44	36	33	30	28	29	25	27	27	29	24	24
Women	37	34	30	31	27	27	24	26	27	26	22	21
All persons	40	35	31	31	27	28	25	27	27	27	23	22

* indicates weighted data

Source: General Household Survey (GHS)

Table 2 - Percentage of 15-year-olds smoking weekly, by sex, 1986 to 2004

Per cent

	1986	1988	1990	1992	1994	1996	1998	2000	2002	2004
Boys	16	12	14	18	18	23	21	20	16	19
Girls	20	19	22	25	26	29	29	29	27	28

Source: Health Behaviour in School-aged Children (HBSC)

Table 3 - Adults' smoking behaviour, by sex (2005/06)

Per cent

	Daily smoker	Occasional smoker	Smoker (a)	Ex-daily smoker	Ex-occasional smoker	Ex-smoker (b)	Never smoked	Non-smoker (c)
Men	21	5	27	18	12	30	43	73
Women	20	5	24	13	12	25	51	76
All persons	20	5	25	15	12	28	47	75

(a) Includes those who smoke daily or occasionally

(b) Includes those who used to smoke daily or occasionally

(c) Includes those who used to smoke daily or occasionally, and those who have never smoked

Source: 2005/06 Welsh Health Survey (WHS)

Table 4 - Exposure of non-smoking adults to other people's smoke, by sex (2005/06)

Per cent

	Regularly exposed to passive smoke	Regularly exposed to passive smoke when:					
		At home	At work	In other people's homes	On public transport	In pubs	In other public places
Non-smoking men	70	11	14	21	11	57	48
Non-smoking women	63	11	8	22	10	46	46
All non-smokers	66	11	11	21	10	52	47

Source: 2005/06 Welsh Health Survey (WHS)