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Smoking in Society

The Prevalence of Smoking

General Smoking Prevalence

Worldwide, it has been estimated that some 1.3 billion people smoke (WHO World Health Report, 2003). In Great Britain, recent estimates suggest that around 10 million adults are regular smokers, representing some 21 per cent of the adult population (General Household Survey, 2007). There is some regional variation, with the adult smoking prevalence in Scotland being the highest at 25 per cent, compared to 22 per cent in England and 20 per cent in Wales.

The prevalence of smoking in Britain has declined over the years. Back in 1948, cigarette smoking was extremely common among men at 65 per cent, with 82 per cent using some form of tobacco. There was a rapid reduction in the 1970s and the early 1980s, with rates dropping from 45 per cent in 1974 to 35 per cent in 1982. The rate of decline then slowed, with prevalence falling by only about one percentage point every two years until 1994, after which it leveled out at about 27 per cent before resuming a slow decline this decade.

Smoking Prevalence and Sex

The prevalence of smoking in Britain is only slightly higher among men than among women, with 23 per cent of men and 21 per cent of women being smokers. While current rates do not differ widely, historically speaking, the decline in smoking has been much more pronounced among men than women. This is mainly because smoking was not as popular among women in the past as it was among men (it was only at 41% in 1948) (see figure 1).

Many have argued that the smoking prevalence among women has been maintained, at least to some extent, by the advertising strategies of tobacco companies. Indeed, internal tobacco industry documents are available that clearly show attention to themes such as independence and weight control in cigarette marketing strategies aimed at women (American Heart Association, 2009).

Smoking Prevalence and Age

In 2007, 6% of young people aged 11 to 15 years said they smoked regularly (at least once a week). This is down from 9% in 2006, and is the lowest level since national surveys began. The proportion of regular smokers increases with age, from 1% of 11 year olds to 15% of 15 year olds.

When faced with a young smoker one's first reaction may be to view their smoking exclusively in terms of 'bad behaviour', maybe fuelled by a desire to rebel against adults, conform to peer groups, or simply to proclaim an independent mind. However, while these motivations may be factors, there is plenty of evidence to suggest that nicotine addiction is also a common driver of youth smoking. In a study of 95 smokers aged 12 to 13 years, (Di-Franza et al 2000) found that 63% reported having experienced one or more withdrawal symptoms when unable to smoke.

As with women, young people have been extensively targeted by tobacco industry marketing efforts. Strategies have been developed to recruit young smokers and the success of some brands is based on

recruiting people young. In addition, there is evidence that the industry has actively searched for ways to circumvent the regulations set in place to protect young people (Devlin, Eadie & Angus, 2003).

Smoking Prevalence and Ethnicity

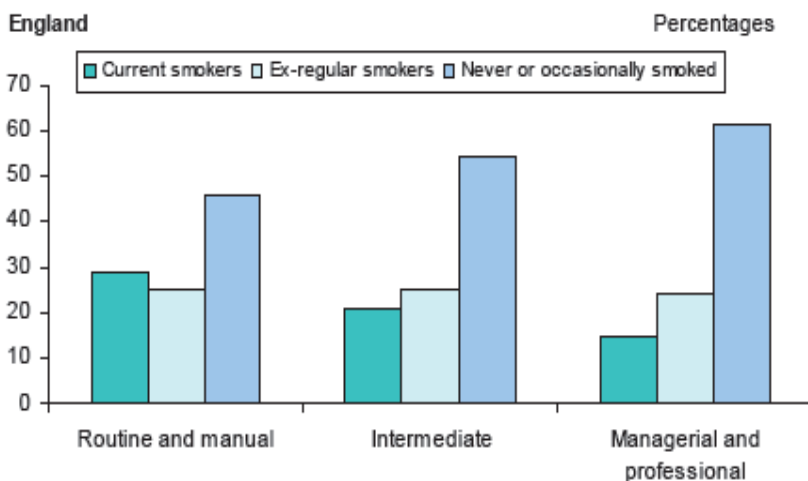
Smoking rates vary considerably between ethnic groups. In men, compared to the national average of 24%, rates are particularly high in the Bangladeshi (40%), Irish (30%) and Pakistani (29%) populations. Among women, smoking rates are low (at 8% or below) with the exception of Black Caribbean (24%) and Irish (26%) compared with the general population (Health Survey for England, 2004).

Ethnic minorities have been shown to possess relatively poor knowledge concerning the link between cigarette smoking and disease and to be less likely to cite smoking as a health risk than the UK population as a whole (HDA, 2000). Another issue relating to certain cultural groups is the use of smokeless, chewing tobacco such as Gutka.

Smoking Prevalence and Economic Status

Smoking is a major determinant of the health gap between rich and poor. There is a strong link between cigarette smoking and socio-economic group and death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off (Acheson, 1998).

Figure 1: Smoking by Socioeconomic Group
(Source: General Household Survey, 2006).



Economically poorer smokers spend a disproportionately large share of their income on cigarettes compared with more affluent smokers. In 2003 the poorest 10 per cent of households spent nearly 2.5 per cent of income on cigarettes per week, whilst the richest 10 per cent of households spent 0.52 per cent (ONS, 2004).

Socioeconomic status has been the focus of recent government policy aimed at addressing the effect of smoking on health inequalities (Dept of Health, 2008).

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