

# Smoking in Scotland where are we now?

**Key facts, figures and trends**



# Contents

<b>Foreword</b>	page 3
<b>Adult smoking</b>	page 4
<b>Young people and smoking</b>	page 6
<b>Smoking and inequalities</b>	page 8
<b>Smoking in pregnancy and amongst other population groups</b>	page 10
<b>Tobacco sales and the illicit market</b>	page 13
<b>Second-hand smoke</b>	page 16
<b>Public attitudes</b>	page 18
<b>Conclusions</b>	page 20
<b>Source data and references</b>	page 21



## Traffic light system used in this report

This report uses a traffic light system to identify areas of success or concern in each topic area by considering the data available against the following criteria.

A **green** traffic light means: Positive progress, targets have been met

An **amber** traffic light means: Unclear progress, targets not met, or limited data relating to outcome

A **red** traffic light means: Lack of progress, no data, or concern over trend

## Further reading on the web

**ASH Scotland website** – for reports, briefings, and campaigns on tobacco in Scotland  
[www.ashscotland.org.uk](http://www.ashscotland.org.uk)

**ASH Scotland blog** – comment and analysis on current tobacco control issues  
[www.tobaccounpacked.wordpress.com](http://www.tobaccounpacked.wordpress.com)

**Tobacco Information Scotland** – a portal for obtaining statistics, information on government policies and legislation, and tobacco industry documentation  
[www.tobaccoinscotland.org.uk](http://www.tobaccoinscotland.org.uk)

**Tobacco Tactics** – a wiki run by the Tobacco Control Research Group at the University of Bath, providing up-to-date referenced information on the tobacco industry and its allies  
[www.tobaccotactics.org](http://www.tobaccotactics.org)

**Creating a Tobacco-Free Generation** – the new Scottish Government strategy on tobacco control, published in March 2013, setting an ambitious target to reduce smoking prevalence to 5% by 2034  
[www.scotland.gov.uk/Publications/2013/03/3766](http://www.scotland.gov.uk/Publications/2013/03/3766)

This report was made possible through funding from Cancer Research UK. The image on the front cover is reproduced courtesy of Cancer Research UK.



# Foreword



ASH Scotland presents this report, updating on the state of tobacco use in Scotland at the start of a new year. It seems an appropriate time given the large numbers of smokers in Scotland that make an attempt to quit the habit for good each January 1st. I wish them all the best for their attempts. Stopping smoking can be difficult but with willpower and perseverance the health and economic benefits of a smoke-free future are there for the taking.

In a similar positive spirit to those recent ex-smokers who are at the start of a journey towards a longer, healthier life, Scotland itself is continuing its journey towards a brighter future. In March last year the Scottish Government launched a new tobacco control strategy: Creating a Tobacco Free Generation. It contained an ambitious goal, to reduce smoking in Scotland to very low levels (5% or

less) by 2034, and to substantially reduce the stubborn and damaging inequalities in smoking between the richest and poorest in society. Scotland joins a handful of nations – including New Zealand, Ireland and Finland – in leading the world by setting such a goal.

The assessment of smoking in Scotland presented in this report shows we have much to be positive about, but also highlights areas where we must up our game if we are to be successful in putting smoking out of fashion for the next generation. We find that most previous Government targets have been met – including large reductions in smoking rates among 16 to 24 year olds, a key group, representing a significant achievement. However, while smoking has reduced among all sections of society the large inequalities in smoking between rich and poor have remained resistant to change.

The challenges are clear. We have been, and continue to be, very successful in tackling tobacco use in Scotland. But to achieve the vision set out in the Scottish Government's new strategy, we need to redouble our efforts, investigating and adopting radical new approaches to tackle the smoking epidemic which continues to claim around 13,000 lives in Scotland each year. ASH Scotland, along with our partners and colleagues at both national and local level, looks forward to the road ahead.

**Sheila Duffy**  
Chief Executive, ASH Scotland  
January 2014

# Adult smoking



**smoking cessation services exceeding performance targets**

In terms of numbers of smokers, this means that just over one million (estimated at 1.01m<sup>1</sup>) adults in Scotland continue to smoke. This too has reduced (from an estimate of around 1.16m adults in 2002)<sup>1</sup>, with reductions in smoking prevalence being partially offset by a continually rising adult population.



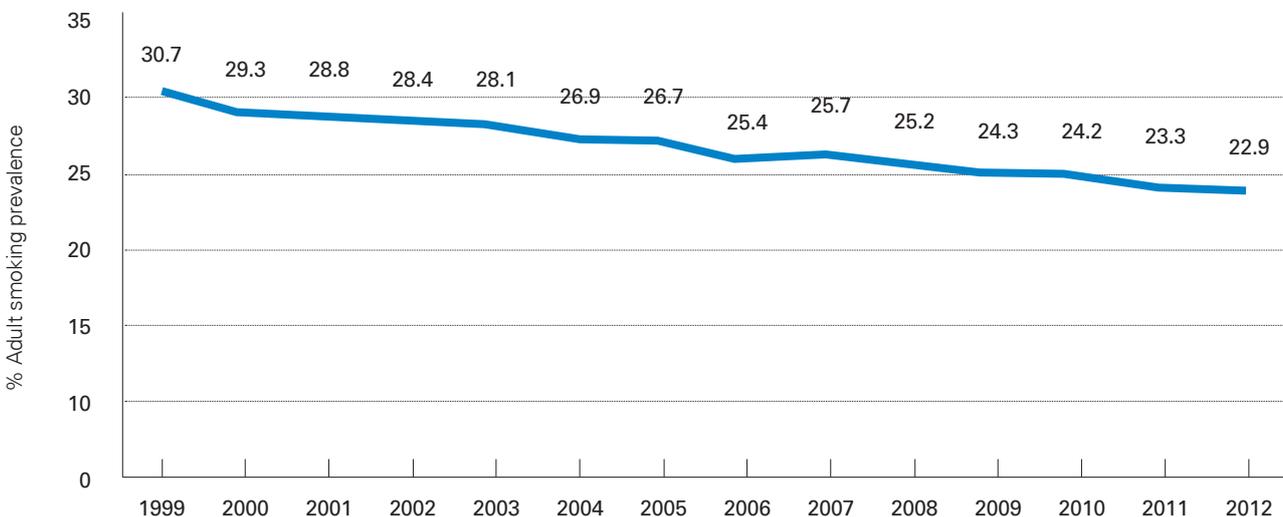
**continuing improvement, but failure to achieve 2010 adult prevalence reduction target**

The relatively consistent trend in reducing prevalence is positive, however it was not enough to meet a prevalence reduction target of 22% by 2010 set previously by the Scottish Government<sup>2</sup> and smoking remains higher in Scotland than the rest of the UK. The speed of decline in adult prevalence has been relatively consistent, reducing by around 0.6 percentage points per year over the last decade or so of monitoring. However the decline will have to be faster still, at an average of about 0.8 percentage points per year, to meet the target of 5% adult smoking prevalence by 2034.

The adult (age 16 and over) smoking rate in Scotland is currently between a quarter and a fifth of the adult population. There has been a consistent trend of reduction over recent years, from 30.7% in 1999, to 22.9% in the most recent 2012 survey.

As well as a decreasing number of smokers, the average number of cigarettes smoked by adult smokers in Scotland has decreased over

Adult (16+) smoking prevalence in Scotland, 1999 to 2012



## At a glance: adult smoking

- Has declined from 30.7% in 1999 to 22.9% in 2012
- Just over one million adult (aged 16+) smokers in Scotland
- NHS stop-smoking services have exceeded performance targets



the last decade or so, from 15.3 cigarettes per day in 2003 to 13.5 in 2012.

From 2008/9 to 10/11 each NHS health board had a target to support 8% of its local population of smokers to quit through smoking cessation services (quitting is self-reported at one month)<sup>3</sup>.

In response to the target, and with the

contribution of pharmacy-based services offering accessible stop-smoking support, there were large increases in the number of quit attempts made through services. At the end of the monitoring period the target of 83,975 quits was exceeded (by 5,100 or 6.1%<sup>4</sup>) at the national level, though some individual health boards fell short of meeting their local component of the target. Interim reporting for the revised target for the next period (2011/12 to 13/14) show that nearly all boards are currently already on, or exceeding, the new target<sup>5</sup>.



# Young people and smoking

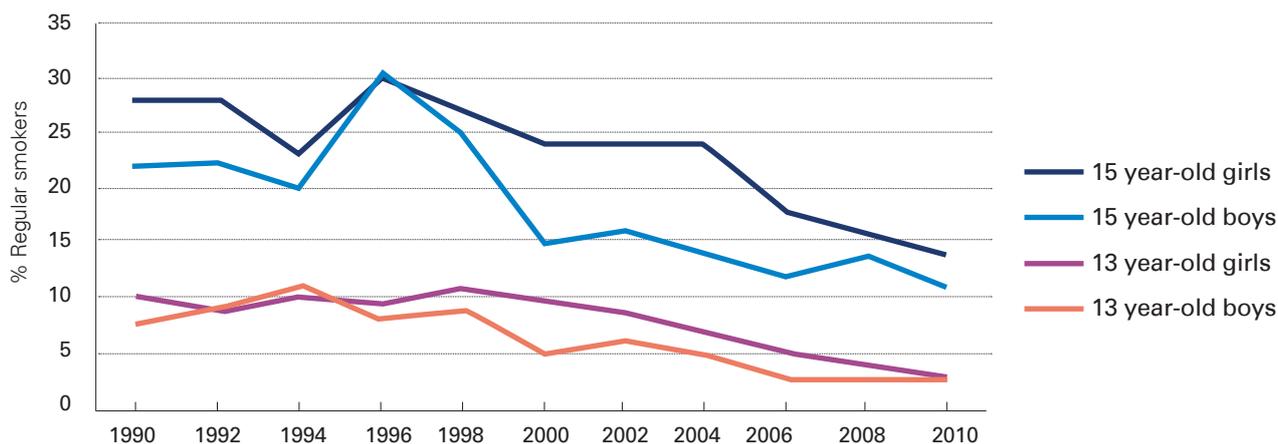


performance positive for smoking prevalence amongst younger teenagers, now at historic lows

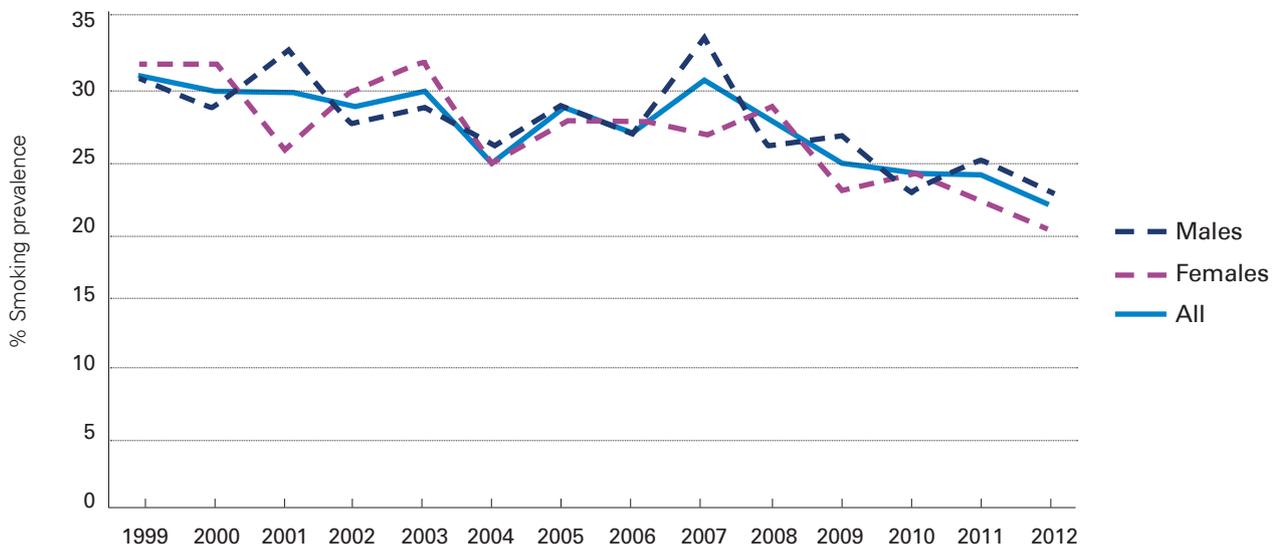


trend among young adults (16-24 year olds) has been more variable, but showing recent positive signs and 2012 prevalence target has been met

Regular smoking (at least one cigarette a week) among 13 and 15 year olds in Scotland, 1990 to 2010



Smoking prevalence among 16-24 year olds in Scotland, 1999 to 2011



Smoking among 13 and 15 year olds is reducing. For 15 year olds, it has declined from a peak of 30% in 1996 to 11% for boys and 14% for girls in 2010. This is already at the 2014 target<sup>6</sup> of 14% for 15 year olds girls, and approaching the 2014 target of 9% for 15 year old boys.

For 13 year olds, prevalence is lower and has followed a similar pattern of decline, currently at 3% for both boys and girls. As was the case among 15 year olds, this already meets the 2014 target for girls (3%) and is close to the 2014 target for boys (2%).

For most of the last decade smoking

prevalence has tended to be higher amongst 13 and 15 year old girls compared to boys, with the gap narrowing as prevalence has reduced.

For young adults, the picture has been more mixed over the last decade or so. For the period between 1999 and 2007 the trend was unclear, with dips and rises. This is probably in part a result of the data coming from a sub-sample of a larger survey, so a degree of statistical noise is unavoidable. However, since 2007 a more consistent declining trend is apparent, with prevalence in 2012 at a new low of 22%. This means the 2012 target of 23%<sup>6</sup> smoking prevalence in this age group has been successfully achieved.

## At a glance: young people and smoking

- Smoking among 13 and 15 year olds in Scotland at lowest since modern surveys began
- Among 13 and 15 year olds, on track to achieve targets for 2014
- Among 16-24 year olds, good progress in recent years means the target of 23% or lower smoking by 2012 was achieved



# Smoking and inequalities



**smoking cessation services exceeded performance targets for working with smokers from deprived areas**



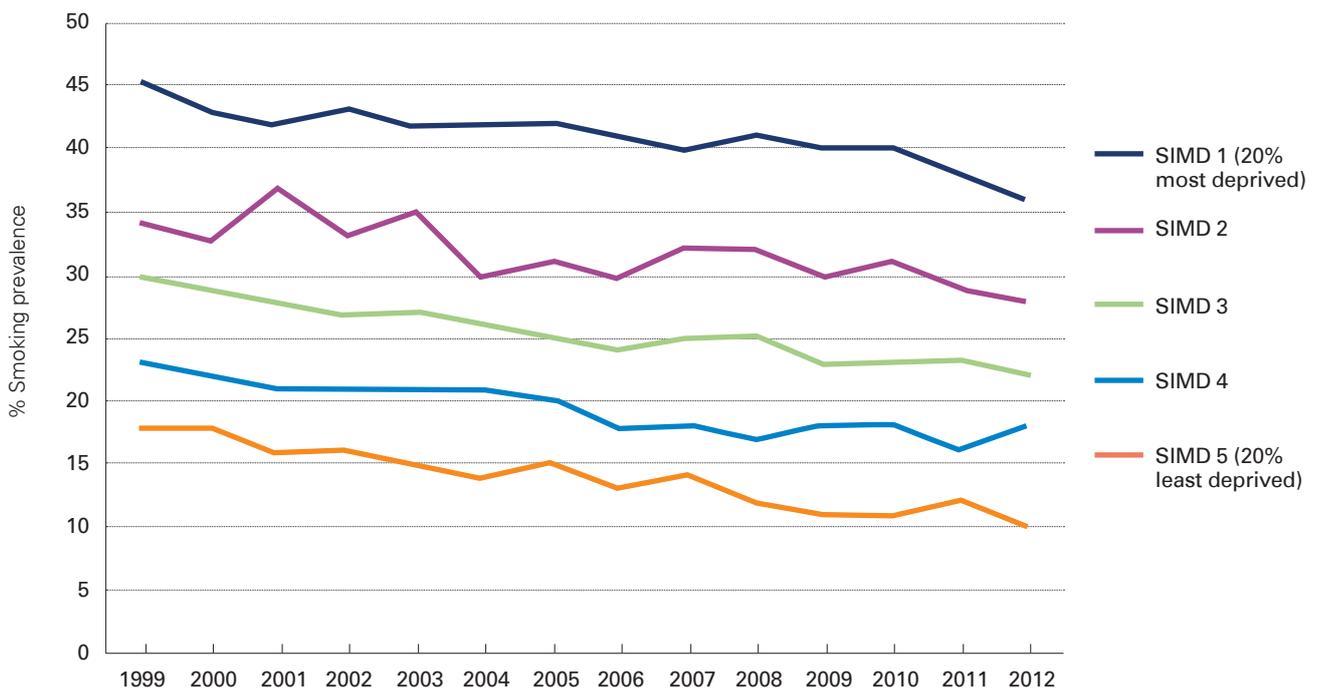
**while smoking has declined in all deprivation groups, relative gaps between rich and poor have not closed significantly**

Smoking is strongly and persistently patterned by deprivation. Smoking prevalence in the most deprived fifth of areas was 36% in 2012 compared to 10% in the least deprived fifth. As with adult smoking prevalence overall, there has been positive progress in reducing smoking rates across all sections of society. Even among the most deprived fifth of areas, smoking has reduced from 45% in 1999 to 36% in 2012.

People living in the most deprived areas of Scotland also tend to smoke more cigarettes per day. In 2011 the average number of cigarettes smoked per day by smokers living in the least deprived fifth of Scotland was 12.6, compared with 15.3 for those living in the most deprived fifth.

Although progress has been made in reducing smoking prevalence over the last ten years among all sections of society, the gaps

Adult (age 16+) smoking prevalence in Scotland by Scottish Index of Multiple Deprivation quintiles, 1999 to 2012, from the Scottish Household Survey using 2012 SIMD rankings



between the richest and poorest in society have not closed significantly. Smoking is a major contributor to low life expectancy in poorer areas, the deaths and illness caused by smoking compounding the difficulties the most disadvantaged in society face. The persistent deprivation gradient in smoking between the most deprived and the rest of Scotland must be tackled, an aim reflected in the targets set out in the new tobacco control strategy for Scotland.

Scotland's smoking cessation services provided through the NHS have a 'HEAT' target to help

smokers from the most disadvantaged areas quit. The target for 2011/12 to 13/14 is to *'deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board Scottish Index of Multiple Deprivation areas'*<sup>5</sup>. Reporting of data till March 2013 (one year before the three-year target ends) shows that across Scotland, 50,154 successful quits at one month have already been achieved, exceeding the target.

## At a glance: smoking and inequalities

- Smoking has declined amongst the most and least deprived alike, but gaps between rich and poor have remained largely unchanged
- Even in the most deprived fifth of areas, smoking has reduced from 45% in 1999 to 36% in 2012
- NHS stop-smoking services have been effective in targeting areas of deprivation



# Smoking in pregnancy and amongst other population groups



**pregnancy target met and improvements in identification**



**no or limited data for many other population groups in Scotland**

## Pregnancy

Because smoking in pregnancy carries the risk of a range of serious health complications, encouraging pregnant women (and their partners and families) to stop smoking is a priority. There has been success in reducing smoking prevalence among pregnant women over the last decade or so, with a Scottish Government target to reduce the percentage of pregnant women who smoke at first midwife appointment to 20% by 2010<sup>7</sup> being met early in 2008.

A concern remains over whether this achievement can be maintained, and improved upon as substantial reductions in smoking at booking have not been seen since 2008. However this is likely due to improvements in detecting smoking through methods like the increasingly widespread use of carbon monoxide breath monitoring. The proportion of those whose smoking status was unknown has declined from 14% in 2009 to 5% in 2012 meaning that it is likely some smokers who would previously have gone undetected are now being correctly recorded as smokers. As this allows the offering and provision of evidence-based and non-judgemental support to stop smoking for these women, it is a positive development rather than a negative.

There remain significant disparities across the social spectrum, mothers from the most deprived fifth of areas are five times more likely to smoke compared to mothers from the most advantaged fifth of areas. Smoking prevalence in pregnant women is also much higher in younger women, 39% of pregnant women under the age of 20 smoking at first midwife appointment.

## Ethnicity

It is difficult to gather data on the prevalence of smoking in minority ethnic groups in Scotland due to challenges in surveying sufficient numbers of individuals from these



Pregnancy: Smoking at first midwife appointment in Scotland, 2001 to 2012



### At a glance: pregnancy and other groups

- Smoking in pregnancy has reduced to less than 20%, meeting targets, with more smokers being correctly recorded as smokers rather than having an unknown smoking status
- Smoking rates are substantially higher in people with mental health conditions, tending to increase with the severity of the condition
- Good data on smoking is not available for many other groups of interest in Scotland, but some differences are apparent by ethnicity, disability status, religion, and sexual orientation



communities in a representative manner. A report using four years (2008-2011) of the nation-wide Scottish Health Survey<sup>8</sup> reported on prevalence by ethnic group. Even combining four years of survey data, the number of respondents in these ethnic groups is still too small to estimate smoking prevalence reliably, however the report does note that respondents from 'Pakistani' and 'Asian, Other' ethnicities were less likely to smoke than the national average (13% and 9% respectively, compared to the average of 25%). Older survey work<sup>9</sup> conducted in England noted that there are also large gender differences in smoking within some ethnic groups (e.g. smoking in Pakistani and Indian women was very low at around 5%, while the rate among men was more similar to the general population) - some of these differences may be true for Scotland also.

It is important to note that not all tobacco is smoked and the use of oral tobacco products by black and minority ethnic communities can represent a risk to health. Reliable figures on the use of oral tobacco products in Scotland are not currently available.

### People with disabilities

Respondents to the Scottish Health Survey in 2008-2011<sup>8</sup> who reported a limiting long-term disability were more likely to smoke (34%) compared to those who have a non-limiting condition (23%) or no condition (22%). Those who had a limiting long-term disability were also more likely to smoke more cigarettes a day on average (15.2) than those with a non-limiting condition (14.2) or no condition (13.7).

### People with mental health issues

Smoking rates amongst people with mental health issues is higher than in the general population. It tends to increase with increasing severity of the mental health disorder, and is highest among inpatients of mental health services, where the smoking prevalence can be upwards of 70%<sup>10</sup>. Smokers with mental health issues are more likely to be heavily

addicted to smoking, and are less likely to succeed in any given quit attempt. However they are just as likely to want to quit.

### Older people

The 2011 census shows that 17% of the Scottish population are aged 65 and over, and the number of people aged 80 and over has increased by 19 per cent since 2001<sup>11</sup>. However, older people can often be neglected when it comes to health promotion. Whilst 41% of 65 to 74 year olds, and 35% of those aged over 75 define themselves as ex-regular cigarette smokers, 18% of those aged 65 to 74 and 9% of those over 75 still reported smoking in the 2012 Scottish Health Survey<sup>12</sup>. While the overall smoking prevalence for Scotland in the same survey is higher at 25%, older smokers are more likely to be affected by health conditions caused by smoking and smokers are never too old to gain benefits from giving up smoking.

### Other groups

Many sub-populations in Scotland have varying levels of tobacco consumption, or characteristics that might necessitate tailored interventions, however good quality information on smoking prevalence in these groups is not always available. Looking by religion, the Scottish Health Survey equality groups report for 2008-2011<sup>8</sup> shows that smoking prevalence in Roman Catholics and those who do not belong to any religion was slightly higher (both 28%) than the national average at the time of 25% whereas Muslims and 'Other Christians' had the lowest smoking prevalence (both 16%).

In the same survey looking at sexual orientation, gay and lesbian and bisexual respondents to the survey had slightly higher smoking prevalence than heterosexuals, but this difference was not large enough to be statistically reliable. However gay and lesbian smokers smoked more cigarettes (17.8 per day) than the national average at the time (14.2 per day).

# Tobacco sales and the illicit market



**continuing decline in legal manufactured cigarette sales, declines in the illicit market for both manufactured cigarettes and hand-rolled tobacco**



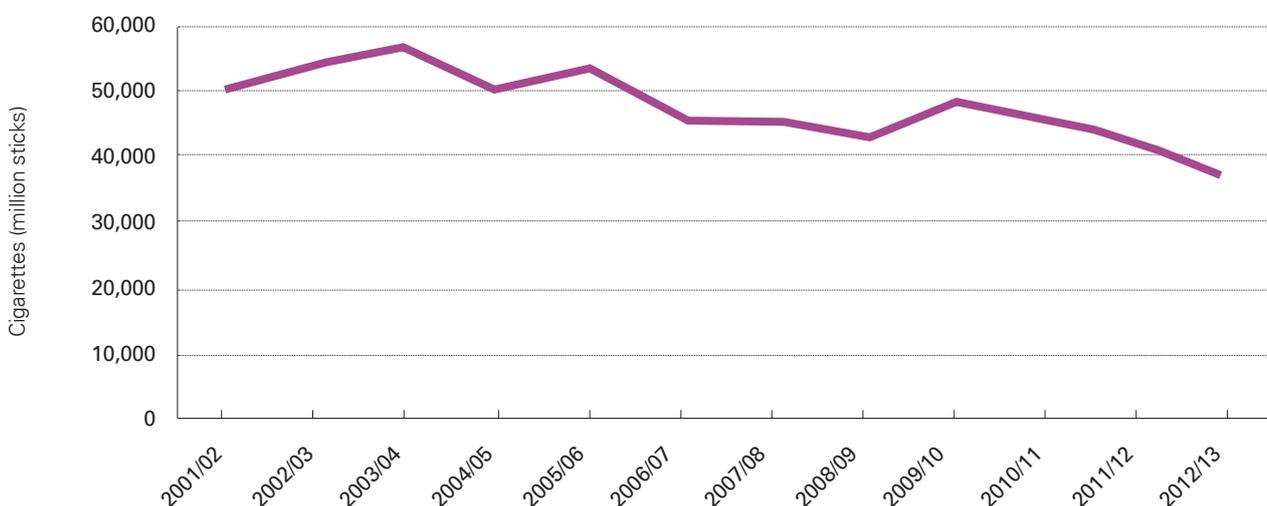
**increasing volume of legal hand-rolled tobacco sales, largely due to cheaper price**

Data on tobacco sales volumes and the size of the illicit market are only available at the UK level, compiled by HM Revenue and Customs.

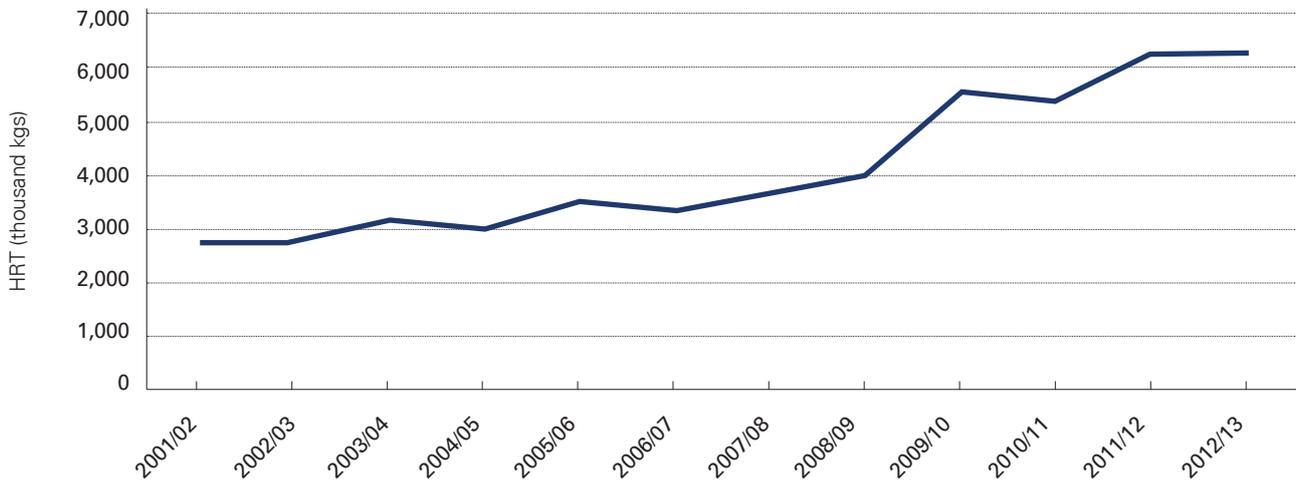
The volume of premade cigarettes released onto the UK market by tobacco manufacturers has been in gradual decline for the last decade from over 50 billion cigarettes in the early 2000s to around 38 billion in the most recent year tax data is available (2012/13). Within the UK cigarette market, in more recent years there has been a declining trend in 'premium' higher price brands while the market share of lower price 'economy'

brands has risen. Ultra-low price brands were introduced by tobacco companies from around 2006 allowing smokers to further 'downtrade' to these new cheaper brands rather than reducing or ceasing consumption in response to rising prices<sup>13</sup>. Tobacco companies adopt pricing strategies that mean taxes rises on ultra-low price brands are not always fully passed on to the consumers<sup>13</sup>, keeping the prices low and the consumers of these products smoking while increasing prices and profits on the more expensive brands to compensate.

Cigarettes (in million sticks) released onto UK market for consumption, from HMRC statistics



Hand rolled tobacco (in thousand kilograms) released onto UK market for consumption, from HMRC statistics



The volume of hand-rolled tobacco released for sale in the UK has risen, particularly over the last four years as consumers have downtraded to the comparatively cheaper hand-rolled tobacco from cigarettes. About six thousand tonnes of hand-rolled tobacco was released onto the UK market in the last year of data (2012/13). While some action was taken in the 2011 Westminster Budget to increase hand-rolled tobacco duty by an additional 10% to reduce this differential, hand-rolled tobacco

remains significantly cheaper to smoke than manufactured cigarettes.

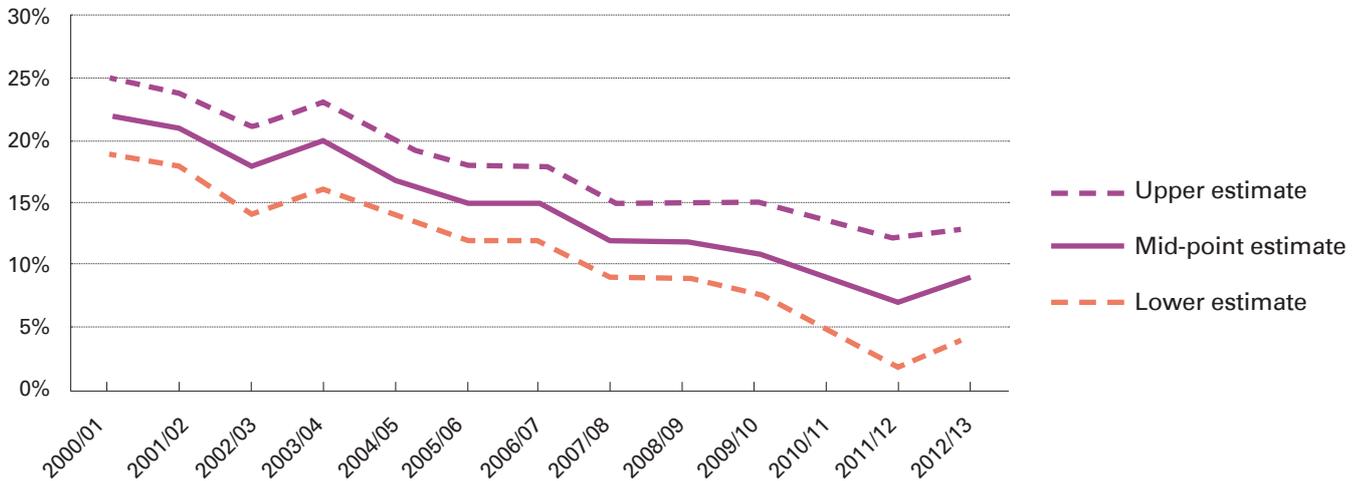
HMRC also produces estimates of the size of the illicit market share in cigarettes. The illicit market consists of smuggled, bootlegged, counterfeit and otherwise illegally manufactured tobacco. Through effective enforcement, significant progress has been made in tackling the illicit market over the last decade, with the illicit market for cigarettes declining by roughly

## At a glance: tobacco sales and the illicit market

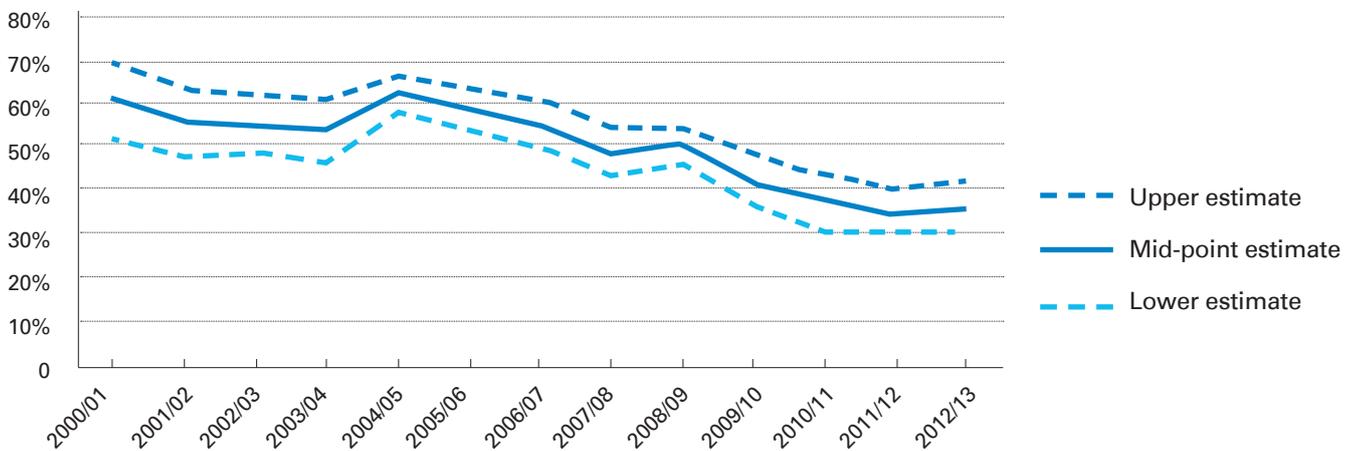
- Cigarette stick sales are in decline, but still 38 billion were released onto the UK market in 2012/13
- Hand-rolled tobacco volumes are on the increase, due to price differences between this and premade cigarettes
- The illicit trade in tobacco products in the UK is on a long-term declining trend due to effective enforcement work



HMRC mid-point, upper, and lower estimates of UK illicit cigarette market share, 2000/01 - 2012/13



HMRC mid-point, upper and lower estimates of UK illicit hand-rolled tobacco market share, 2000/01 - 2012/13



half, from above 20% at the turn of the century to around 10% now. Similar success has been had in reducing the illicit market share in hand-rolled tobacco, which now stands at around 36%. While the figures show a slight increase in the estimated illicit market for the most recent year, interpretation of this should be cautious as HMRC state regarding their 'tax gap' method that *'[t]he mid-point estimate should be interpreted as an indicator of long-term trends*

*rather than a precise estimate of year-to-year changes'.*

It is notable that this success in reducing the illicit trade has been achieved despite repeated dire warnings from the tobacco industry to the contrary. Raising the spectre of the illicit trade is largely a lobbying tool used by the industry to deter policy makers from implementing effective tobacco control regulations<sup>14</sup>.

# Second-hand smoke



**adult second-hand smoke exposure has declined substantially, due to effective tobacco control measures**



**data has only recently been routinely collected in Scotland for child second-hand smoke exposure, and still large numbers of children are exposed**

Exposure to the smoke of others is now a well-established cause of disease in both adults and children. Reducing exposure is a public health priority.

Adult non-smokers' exposure to second-hand smoke (SHS) has decreased significantly over time. Only 18% report regular exposure to SHS in their own or other's homes in the most recent survey in 2012, compared to 33% in 1998. The 2006 smoking ban in most public indoor areas also substantially reduced regular exposure in public places (defined as 'on public transport, in pubs, or other public places'), dropping from 48% in 2003 pre-ban to 7% in 2008 post-ban, with an accompanying rise in

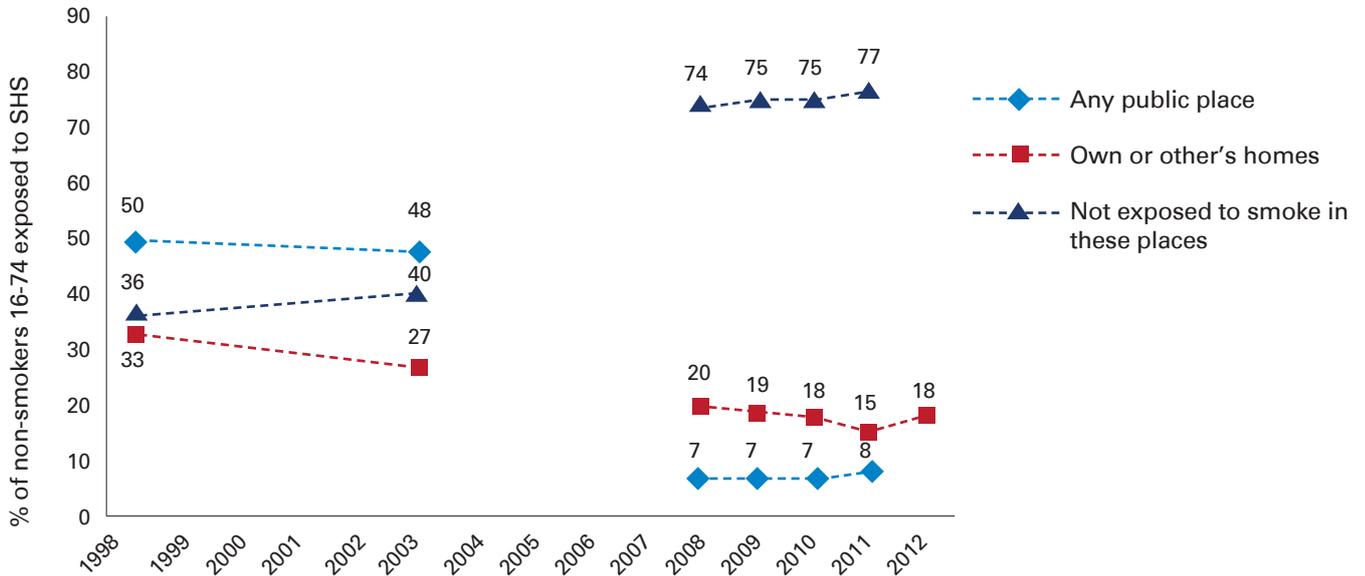
people reporting they were not exposed to SHS in the home or public places (no surveys were carried out 2004-2007).

The survey questionnaire changed its wording on the 'public places' question between 2011 and 2012 to 'outside buildings, or in any other public place' meaning the trend on this item from 2012 onwards is no longer comparable with past data in the graph. In 2012 16% of non-smoking adults aged 16 and over reported exposure to smoke under this new definition of public places. From the same survey, about 2% of non-smoking adults aged 16 or over in 2012 reported regular exposure to second-hand smoke in cars and vans, with the figure being highest in the youngest, 16-24, age group (6%).

## At a glance: second-hand smoke

- **Adult second-hand smoke exposure in the home has decreased from 33% in 1998 to 18% in 2012**
- **Exposure in public places has dropped dramatically, in large part due to the effect of the 2006 smoking ban**
- **Still around 12% of children under 16 in Scotland report exposure to smoke in their home, representing approximately 100,000 children**

Percentage of non-smokers (aged 16-74) in Scotland regularly reporting exposure to second-hand smoke, by location, 1998 - 2012



Information on child exposure to second-hand smoke has only recently been gathered in these surveys. In 2012, 19% of children (aged 0 to 15) were living in a home where people smoked in the accommodation. A slightly lower proportion of children, 12% reported that they were exposed to smoke in the home. The difference between these suggests that some measures might be being taken to minimise direct child exposure to second-hand smoke (such as not smoking when the child is in the same room),

however because SHS lingers in the air long after the cigarette is extinguished, these children may still be exposed to some of the harms from the smoke.

Using estimates of the total population aged under 16 in Scotland<sup>1</sup>, there are about 170,000 children under 16 in Scotland living in a home where people smoke within the accommodation, and about 100,000 that report direct exposure to second-hand smoke in their own home.





## Public attitudes



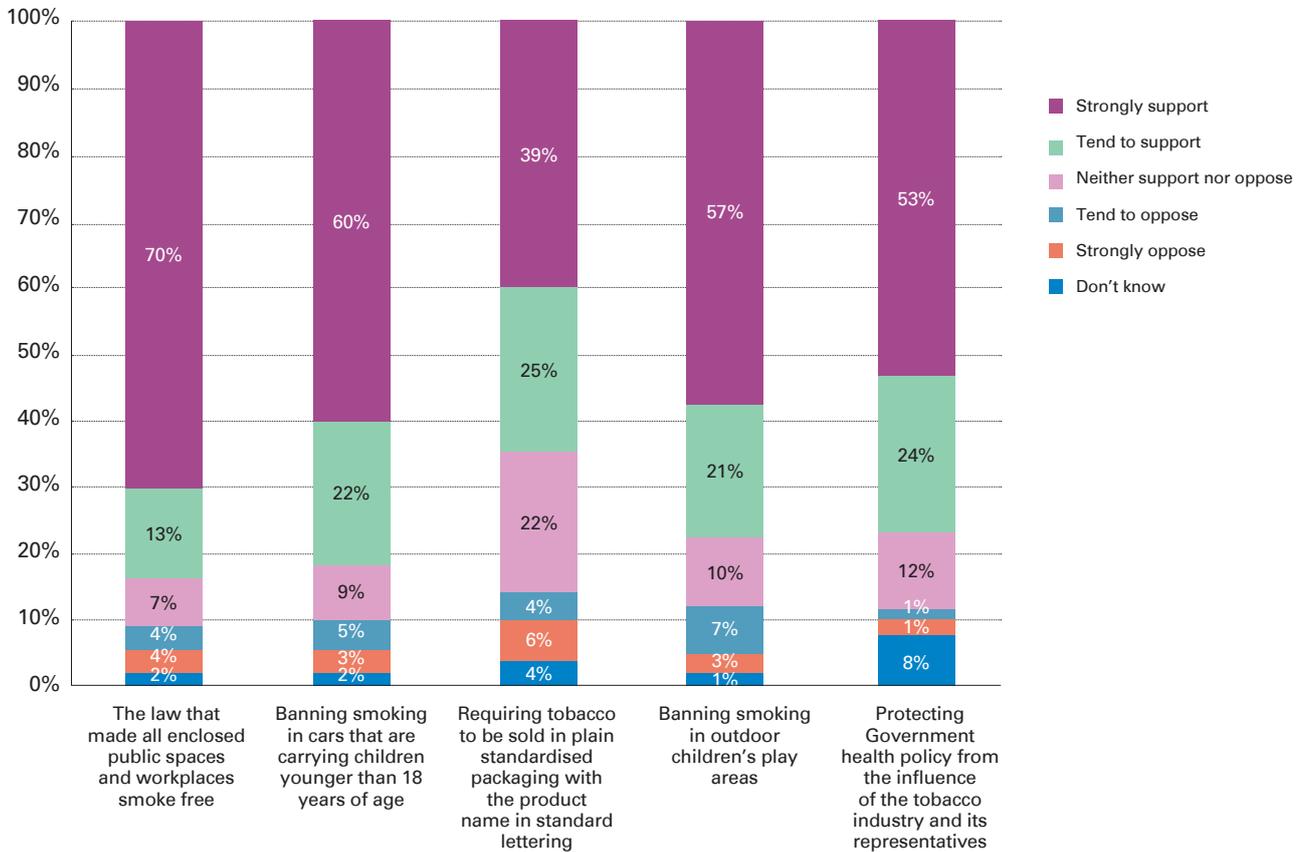
**Public support in Scotland strongly behind tobacco control measures**

Most headline tobacco control measures are popular and demonstrate a high level of support in opinion polls. ASH Scotland has carried out opinion polling by YouGov Plc over the course of several years. A constant in the polling has been that key elements of tobacco control action, both past actions and proposed future measures, show strong popular support.

### At a glance: public attitudes

- The public in Scotland strongly supports tobacco control measures, including the 2006 smoking ban which remains very popular
- New measures, such as standardised packaging and banning smoking in cars carrying children have solid majority support and very little opposition
- The public are supportive of further Government action on tobacco

Public support for tobacco control measures among adults (18+) in Scotland in 2013



Scotland's smoke-free public places law remains strongly supported amongst the public, consistently polling above 80% support in the years we have carried out surveys following the implementation of the law in 2006.

Moves to further reduce the exposure of children to second-hand smoke by banning smoking in cars carrying children under 18 years old also finds strong popular support, with over 80% of the public supportive. Support for banning smoking in outdoor play areas frequented by children is also backed by a majority of adults, 78% supporting the move.

The Scottish Government has taken a strong stance on regulations to limit the ability of the tobacco industry to market its product, committing to introduce standardised packaging for tobacco products to reduce youth

recruitment to smoking, as is now the case in Australia. This move also finds a solid majority of public support, with 64% of adults in Scotland supporting the move and only 10% opposing.

The public also recognises the importance of protecting health policy from the influence of the tobacco industry, whose goals to sell more tobacco are in opposition to the aims of improving health and reducing health inequality - 77% of people in Scotland support this principle.

Finally, when asked to think about the Government's activities to limit smoking, 37% of adults in Scotland felt the Government were 'doing about right', 40% felt they weren't doing enough, and only 13% felt they were doing too much.

# Conclusions

This report documents the continued successes in reducing smoking and tobacco use in Scotland. Most previous Government targets on smoking have been met or appear on track, including securing reductions in smoking rates among the 16 to 24 age group.

As well as successes, the figures presented highlight the areas where we need renewed effort and innovative thinking to tackle problems that have so far been resistant to change. While measures to reduce smoking have benefited all sections of society, the inequalities in smoking rates between the best-off and worst-off in society have not been substantially reduced. While the lack of high-quality information on smoking patterns amongst specific groups that we identified in a previous edition of this report in 2010 has been partially addressed for some groups, many gaps remain.

As we look towards a Scotland where, within a generation, we wish to see smoking rates at very low levels, it is clear that more needs to be done now than ever before. ASH Scotland champions this cause, but does not work alone and partnership working with organisations and individuals from all sectors and walks of life will

As we look towards a Scotland where, within a generation, we wish to see smoking rates at very low levels, it is clear that more needs to be done now than ever before



be essential in realising the goal of a tobacco-free generation.

Fortunately and reassuringly the Scottish public is also with us in this challenge; public support for tobacco control measures is high and people want to see more done to tackle smoking in our society. Our work taking action on smoking and health frequently shows us that the loudest voices that oppose attempts to reduce the harms of tobacco in Scotland are the tobacco industry themselves and others who financially benefit from the sale of tobacco products. Such opposition lacks credibility and pales in comparison to the wide alliance of individuals and organisations who want to end the damage smoking causes to individuals, families and communities across the nation.

With a strong commitment from Government and support from society to put an end the smoking epidemic in Scotland, this report shows us we can feel positive about our work in the past and hopeful about the future. Now is the time to get to work to shape a better, healthier Scotland for the next generation.

# Source data and references

## Source data for each section

**Foreword:** '13,000 lives in Scotland each year' - Scottish Public Health Observatory (ScotPHO). 2012. ScotPHO Smoking Ready Reckoner - 2011 Edition. Available from: [www.scotpho.org.uk/downloads/scotphoreports/scotpho120626\\_smokingreadyreckoner.pdf](http://www.scotpho.org.uk/downloads/scotphoreports/scotpho120626_smokingreadyreckoner.pdf) [Accessed 10 December 2013]

**Adult smoking:** Adult smoking prevalence from the Scottish Household Survey. More details on the survey are available from: [www.scotland.gov.uk/Topics/Statistics/16002](http://www.scotland.gov.uk/Topics/Statistics/16002) [Accessed 10 December 2013]

Average adult smoking cigarette consumption from the Scottish Health Survey. More details on the survey are available from: [www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey](http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey) [Accessed 10 December 2013]

**Young people and smoking:** Regular smoking among 13 and 15 year olds from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). More details on the survey are available from: [www.isdscotland.org/Health-Topics/Public-Health/SALSUS/](http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/) [Accessed 10 December 2013]

Smoking prevalence among 16-24 year olds in Scotland from the Scottish Household Survey. More details on the survey are available from: [www.scotland.gov.uk/Topics/Statistics/16002](http://www.scotland.gov.uk/Topics/Statistics/16002) [Accessed 10 December 2013]

**Smoking and deprivation:** Smoking prevalence in Scotland by SIMD from the Scottish Household Survey. More details on the survey are available from: [www.scotland.gov.uk/Topics/Statistics/16002](http://www.scotland.gov.uk/Topics/Statistics/16002) [Accessed 10 December 2013]

Average cigarette consumption by SIMD from the Scottish Health Survey. More details on the survey are available from: [www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey](http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey) [Accessed 10 December 2013]

Smoking in pregnancy and other population groups: Smoking at booking in Scotland from the Scottish Morbidity Record 02 (SMR02). More details on these data are available from: [www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/](http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/) [Accessed 10 December 2013]

Tobacco sales and the illicit market: Data on tobacco clearances for both cigarettes and hand-rolled tobacco from HM Revenue and Customs. More details on these data are available from: [www.hmrc.gov.uk/statistics/tobacco.htm](http://www.hmrc.gov.uk/statistics/tobacco.htm) [Accessed 10 December 2013]

Estimates of the illicit market share for both cigarettes and hand-rolled tobacco from HM Revenue and Customs analysis of tax gaps. More details on this method are available from: [www.hmrc.gov.uk/statistics/tax-gaps.htm](http://www.hmrc.gov.uk/statistics/tax-gaps.htm) [Accessed 10 December 2013]

**Second-hand smoke:** Reported exposure to second-hand smoke among both adults and children from the Scottish Health Survey. More details on the survey are available from: [www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey](http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey) [Accessed 10 December 2013]

**Public attitudes:** All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 1046 adults. Fieldwork was undertaken between 1st and 19th February 2013. The survey was carried out online. The figures have been weighted and are representative of all Scottish adults (aged 18+).

## Numbered references

1. Derived by applying the relevant survey proportion to the General Register Office for Scotland mid-year population estimates for the relevant population for the same year. GROs mid-year population estimates are available from: [www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/](http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/) [Accessed 10 December 2013]
2. Scottish Government. Scotland Performs: National Indicators (2007). Available from: [www.scotland.gov.uk/About/Performance/scotPerforms/indicators/reduceSmoking](http://www.scotland.gov.uk/About/Performance/scotPerforms/indicators/reduceSmoking) [Accessed 10 December 2013]
3. Scottish Government. Scotland Performs: NHSScotland. Available from: [www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance](http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance) [Accessed 10 December 2013]
4. Galbraith L. 27 September 2011. NHS Smoking Cessation Service Statistics (Scotland) 1st April 2008 to 31st March 2011. ScotPHO. Available from: <http://www.scotpho.org.uk/publications/reports-and-papers/795-nhs-smoking-cessation-service-statistics-scotland-1st-april-2008-to-31st-march-2011> [Accessed 10 December 2013]
5. Scottish Government. HEAT Target: Smoking Cessation. Available from: [www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/smokingcessation](http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/smokingcessation) [Accessed 10 December 2013]
6. Scottish Government. 2008. Scotland's future is smoke-free: a smoking prevention action plan. Edinburgh: The Stationary Office. Available from: [www.scotland.gov.uk/Publications/2008/05/19144342/13](http://www.scotland.gov.uk/Publications/2008/05/19144342/13) [Accessed 10 December 2013]
7. Scottish Executive. 2004. A breath of fresh air for Scotland - Improving Scotland's health: the challenge, tobacco control action plan. Edinburgh: The Stationary Office. Available from: [www.scotland.gov.uk/Resource/Doc/26487/0013536.pdf](http://www.scotland.gov.uk/Resource/Doc/26487/0013536.pdf) [Accessed 10 December 2013]
8. Whybrow P, Ramsay J, MacNee K. 2012. Scottish Health Survey Topic Report: Equality Groups. Scottish Government. Available from: [www.scotland.gov.uk/Publications/2012/10/8988](http://www.scotland.gov.uk/Publications/2012/10/8988) [Accessed 10 December 2013]
9. National Statistics, NHS Health and Social Care Information Centre. Health Survey for England 2004: The Health of Minority Ethnic Groups – headline tables. Available from: [www.hscic.gov.uk/catalogue/PUB01209](http://www.hscic.gov.uk/catalogue/PUB01209) [Accessed 10 December 2013]
10. Royal College of Physicians, Royal College of Psychiatrists. 2013. Smoking and mental health. London: RCP. Available from: [www.rcplondon.ac.uk/publications/smoking-and-mental-health](http://www.rcplondon.ac.uk/publications/smoking-and-mental-health) [Accessed 10 December 2013]
11. National Records of Scotland. 2011 Census: Census results. Available from: [www.scotlandscensus.gov.uk/en/censusresults/](http://www.scotlandscensus.gov.uk/en/censusresults/) [Accessed 10 December 2013]
12. The Scottish Government. The Scottish Health Survey 2012. Available from: [www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey](http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey) [Accessed 10 December 2013]
13. Gilmore AB, Tavakoly B, Taylor G, Reed H. 2013. Understanding tobacco industry pricing strategy and whether it undermines tobacco tax policy: the example of the UK cigarette market. *Addiction*. Jul;108(7):1317-26.
14. All Party Parliamentary Group on Smoking and Health. 2013. Inquiry into the illicit trade in tobacco products. Available from: [www.ash.org.uk/APPGillicit2013](http://www.ash.org.uk/APPGillicit2013) [Accessed 10 December 2013]

We are an independent Scottish charity taking action to reduce the harm caused by tobacco.

Our vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.

There are a number of ways in which you can work with us and support us:

- **Join our campaign list**
- **Support our work with a donation**
- **Receive our free daily and weekly bulletins**
- **Join the Scottish Tobacco Control Alliance (STCA)**
- **Attend one of our professional training courses**
- **Arrange a Tobacco Awareness Raising Session (TARS) for your organisation**
- **Ask a question of our free public enquiry service**

You can support our work by donating to our Next Generation Fund which we have set up to support a range of charitable activities to ensure the next generation of young people can grow up free from the harm caused by tobacco.

**[www.ashscotland.org.uk/about-us/next-generation-fund](http://www.ashscotland.org.uk/about-us/next-generation-fund)**

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