

JSNA Health and Wellbeing Profile 2024/25

Smoking

Summary points

- 14.8% of Bristol adults smoked in 2022, higher than the national average of 12.7%.
- There is significant variation in smoking prevalence across the city.

Smoking Prevalence

In 2022, 14.8% of adults in Bristol smoked¹, higher than the national rate of 12.7%. Smoking prevalence in Bristol is higher in males, with 17.7% of adult males smoking compared to 12.0% of females. Nationally, 14.5% of males and 10.9% of females smoke.

Data from 2011 onwards shows four years of high smoking prevalence both nationally and locally (2011-14) before significant decreases in 2015 and 2016 (Figure 1). The apparent drop seen in 2017 is thought to be a statistical anomaly and not a true reflection of the prevalence of smokers. Smoking in Bristol was significantly higher than the England average in 2019 and 2020 but decreased during 2021 and 2022 to fall into the category of ‘statistically similar’.

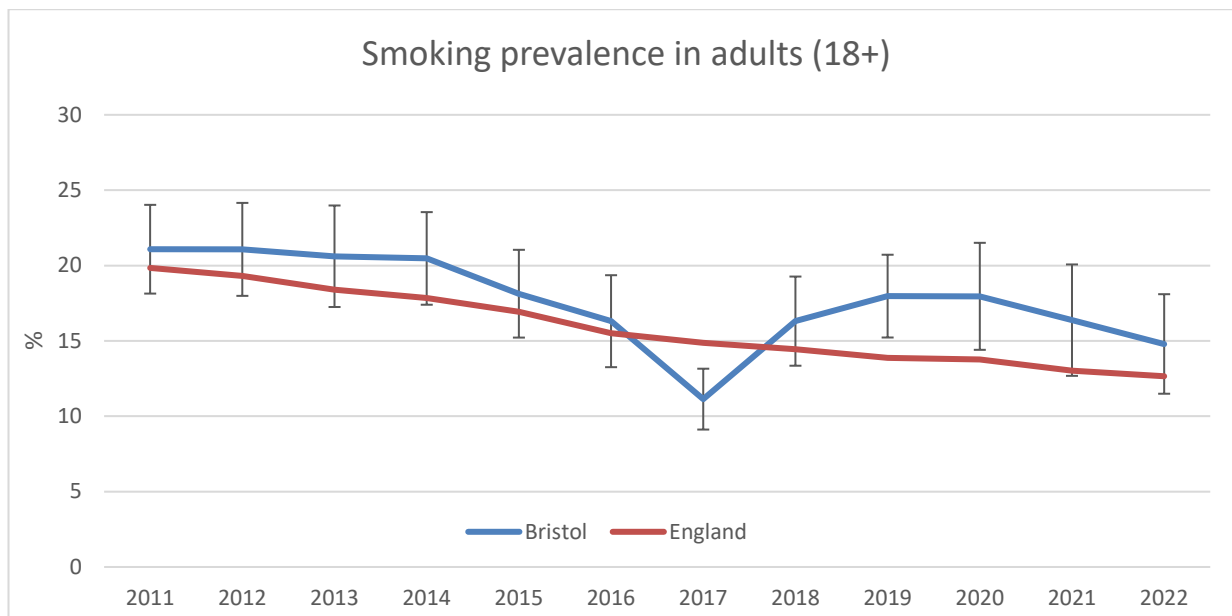


Figure 1: Smoking prevalence in adults. Source: PHE Local Tobacco Control Profiles, February 2024

Published equalities data for Bristol shows that smoking prevalence for residents who rent privately (28.8%) or rent from local authorities / housing associations (25.6%) is significantly higher than for residents who own their house whether owned outright (5.9%) or through a mortgage (7.7%). By socioeconomic group prevalence is lowest for those in managerial and professional roles (10.9%) and highest for those in routine and manual roles (23.1%), followed closely by residents who have never worked or in long term unemployment (22.8%).

¹ Annual Population Survey (APS), via PHE Local Tobacco Control Profiles, May 2024

The Local Quality of Life Survey² data shows there are 15.2% of *households with a smoker* in Bristol, similar to the previous year (15.5%). However, this is significantly higher in the most deprived areas (25.0%) and is lower in the least deprived areas (8.8%). By sub-locality, prevalence of households with a smoker is highest in the Inner City (24.7%) and lowest in North and West (Inner) (9.0%). The percentage of households with a smoker varies across the city by ward from 6.8% of households in Stoke Bishop to 28.8% in Ashley (see figure 2).

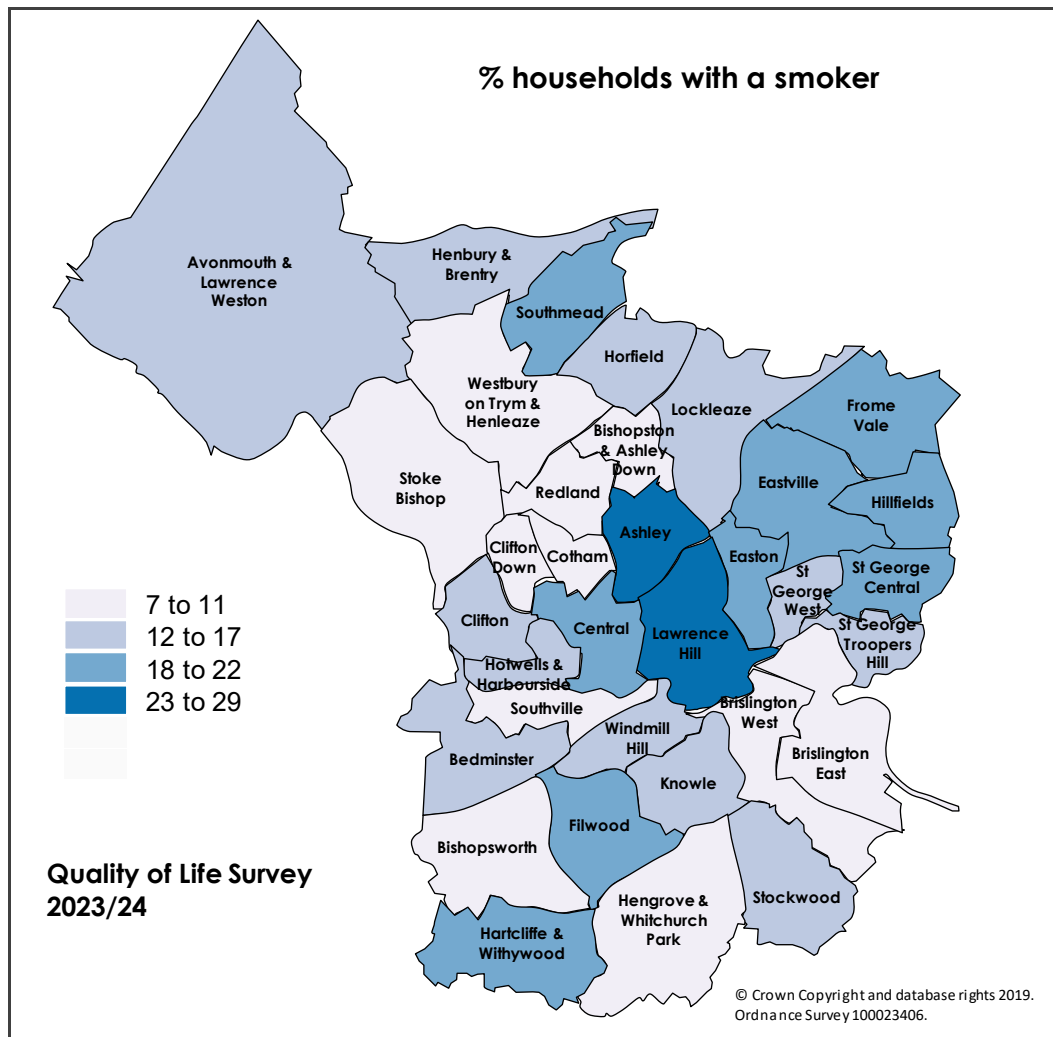


Figure 2: Percentage of households with a smoker, 2023/24, Bristol Quality of Life Survey

Further analysis by equalities group indicates there is higher prevalence (than Bristol average) amongst:

- Disabled people (27.9%)
- People of Black/Black British ethnicity (26.2%)
- Young people aged 16-24 (25.9%)
- People of Mixed ethnicity (25.4%)
- Single parents (22.6%)

² Bristol Quality of Life survey 2023/24

Smoking-related deaths

In the absence of up-to-date smoking attributable hospital admissions and mortality data, deaths from lung cancer and chronic obstructive pulmonary disease (COPD) can be used as a proxy measure.

There were 615 deaths from lung cancer in Bristol in the three-year period 2020-22. This is a rate of 63.4 deaths per 100,000 which is significantly worse than the England average of 48.9 deaths per 100,000 (see figure 3) and fifth highest of all the English core cities. The mortality rate for males in Bristol (75.8 per 100,000) is significantly higher than the rate for females (54.1 per 100,000), both of which are significantly higher than the national averages of 56.9 per 100,000 for males and 42.7 per 100,000 for females.

Historically Bristol has had high smoking rates (linked to being a centre for cigarette manufacture) and to at least a limited extent, this may be responsible for our high smoking-related mortality rates.

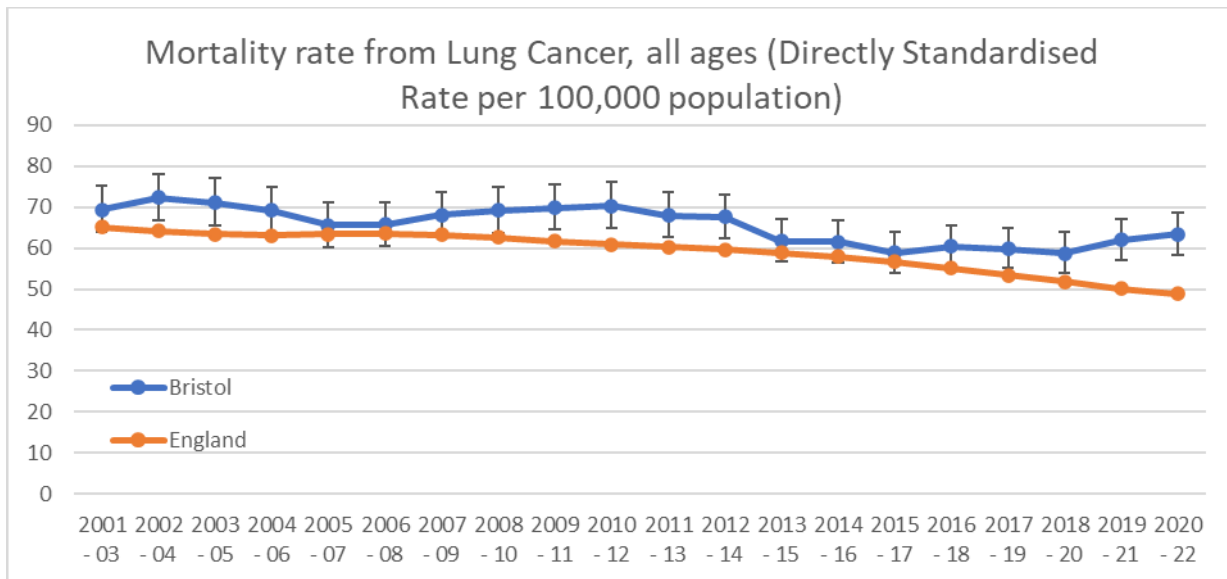


Figure 3: Mortality rate from lung cancer. Source: PHOF (June 2024)

There were 454 deaths from COPD in Bristol in the three-year period 2020-22. This is a rate of 47.1 deaths per 100,000 which is higher (worse) than the England average of 42.8 deaths per 100,000 (see figure 4), but second lowest of all the English core cities. The rate is significantly higher for males in Bristol (60.1 per 100,000) than females (37.1 per 100,000), and whilst the female rate is similar to the national average the male rate is significantly higher than the national average of 50.9 per 100,000.

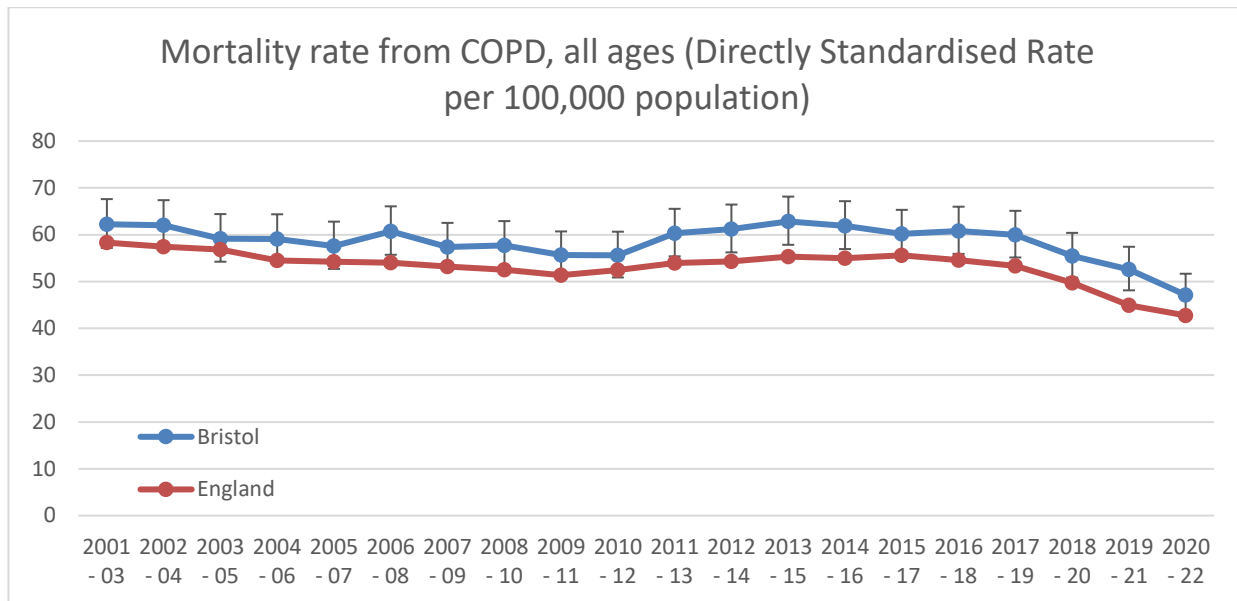


Figure 3: Mortality rate from COPD. Source: PHOF (June 2024)

Smoking in school pupils

Results from the latest [Bristol Pupil Voice survey](#) for 2022 found that 14% of secondary pupils have ever smoked tobacco in the past or smoked now, and the average age when they first tried smoking was 12 years old. 2% of Bristol secondary pupils reported having smoked a cigarette in the last week, a reduction from highs of 10% in 2009.

In terms of e-cigarettes 21% of secondary pupils responded that they have tried them in the past or use one currently, an increase from 17% in 2019, when the previous survey took place. This is in line with the national estimate of 20.5% of children who have ever tried vaping³. 41% of e-cigarette users reported that they had never smoked a conventional tobacco cigarette⁴.

Pupils in foster care, or other care of the local authority were significantly more likely to report that they smoked regularly than the secondary school average (8% vs 2%). Pupils reporting that they were ‘young carers’ or had special educational needs or learning disability, were also significantly more likely to be regular smokers. Pupils with an ethnic background other than White British, were significantly less likely on average to report that they were a regular smoker, than the average for all pupils.

Support to stop smoking services

There has been a steady reduction in smoking prevalence since its peak of over 40% in 1974⁵ to 12.7% in 2022⁶. Whilst the overall smoking prevalence in Bristol has reduced in line with this national trend, there remains distinct pockets of above average smoking prevalence, with some wards reporting up to 31% of all households as having someone smoking within the home⁷.

³ [Use of e-cigarettes among young people in Great Britain - ASH](#)

⁴ [Every Child Matters in Bristol](#)

⁵ [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](#)

⁶ [Smoking Profile - Data - OHID \(phe.org.uk\)](#)

⁷ [Tobacco Control Health Needs Assessment \(bristol.gov.uk\)](#)

At the same time, the use of electronic cigarettes as a method of stopping smoking has increased locally and nationally, with national estimates that up to 9% of adults regularly or occasionally use electronic cigarettes. The vast majority of these people are current or ex-smokers using electronic cigarettes as part of a quit attempt⁸. Electronic cigarettes are now identified as the most effective smoking cessation aid⁹.

Since 2020 Bristol has commissioned a targeted stop smoking service to support those smokers who are likely to be living with a greater addiction to nicotine and who may otherwise face additional barriers to treatment for their nicotine addictions¹⁰.

NICE Guidance¹¹ advises that high quality smoking cessation services should engage at least 5% of their eligible population of smokers in treatment each year. Bristol's Targeted Stop Smoking Service has engaged up to 10.2% annually. The service also exceeds the NICE Guidance target of having 35% of smokers successfully quit by their 4th week of smoking cessation treatment.

Further data / links:

- Local Tobacco Control Profiles - a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. See [PHE Local Tobacco Control Profiles](#)

Covid-19 impact:

The Covid 19 pandemic may have prompted an increase in smoking quitters and a reduction in overall smoking prevalence although it is difficult to isolate this impact from the ongoing increasing trend in quits and decreasing reduction in prevalence.

Date updated: June 2024

Date of next update: May 2025

⁸ [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](#)

⁹ [Latest Cochrane Review finds high certainty evidence that nicotine e-cigarettes are more effective than traditional nicotine-replacement therapy \(NRT\) in helping people quit smoking | Cochrane](#)

¹⁰ [ASH-Briefing Health-Inequalities.pdf](#)

¹¹ [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)